

Tbilisi State Medical University EUA Evaluation Report

EUA - European University Association Institutional Evaluation Programme

FOREWORD

In 1994, the CRE, one of the founding members of the European University Association (EUA), started to offer its member institutions the possibility of being reviewed by an international panel of experts which would assess their strengths and weaknesses in terms of strategic policy and quality management. Since its creation in March 2001 the EUA has taken over and is further developing this key service to members. Over 80 universities from across Europe have already benefited from this support over the last almost ten-year period.

Focussed on the institution as a whole, the Institutional Evaluation Programme offers an external diagnostic from experienced university leaders from various higher education systems in Europe. This external diagnostic serves as a tool for institutional leadership preparing for change. The Association does not wish to provide universities with a blueprint for development; the review process is a consultative one, intended to disseminate best practice, promote self-understanding, and strengthen university leadership by developing shared references which help member institutions to improve quality.

The participation of the Tbilisi State Medical University (TSMU)

In the summer of 2002, the TSMU led by its Rector Khetsuriani invited the EUA to undertake an institutional evaluation of the university as one step in its broad strategic objective on progressively converging to the standards of the European area of higher education and for validation of this strategy.

In the annual extended meeting of the steering committee of the Institutional Evaluation Programme (October 2002), the EUA gave a positive answer to the TSMU request, and appointed a review team composed of:

- * Professor Alberto Amaral, former Rector of Universidade do Porto, Portugal - chairperson of the team
- * Professor Bertrand Weil, former Vice-rector of Universite Paris XII
- * Professor Ustun Erguder, former Rector of Bogazici University, Turkey
- * Violeta Atanassova, EUA Secretariat, Brussels - secretary of the team.

INTRODUCTION

Tbilisi is the capital of Georgia and is situated in the south east of part of the country. It is the largest city in the country with a population of almost 1.5 million and as such the main economic, commercial and cultural centre.

TSMU, which was established in 1918 as a part of the Tbilisi State University, is the first university in Georgia to request a EUA Institutional Evaluation. The university gained its status as an independent medical school - Tbilisi State Medical Institute - in 1930, following the traditional soviet organisational model. In 1992 it was given its present name of Tbilisi State Medical University. At present the university has 9 faculties and just over 5,000 undergraduate students.

As in the EUA standard process, the review team visited the university twice. After receiving the self-evaluation report (SER) prepared by the university under the leadership of the self-evaluation team formed for that purpose the review team made a preliminary visit to TSMU from 5th to 6th March 2003. After getting from TSMU additional material that was requested after the first visit the review team visited the university for the second time, from 29 September to 1st October 2003.

The review team is grateful to TSMU for its hospitality and wants to express its appreciation to all members of the institution who have participated in a large number of meetings in order to help the review team to form a clearer view of the institution and of its strong and weak points. The review team has appreciated the lively discussions that were provided by the members of TSMU. In particular the EUA team is grateful to the Rector of the TSMU, Professor Ramaz Khetsuriani, to Dr. Gaiane Simonia who acted as liaison officer and gave an invaluable contribution to the timely organisation of the programme of the visits and to facilitate the daily life of the reviewers, to Vice-Rectors Zaza Avaliani and Zurab Vadachkoria who were present during most of the activities of the review team.

The SER produced by TSMU was very informative and self-critical and all the additional elements were provided as demanded by the review team. Some very valuable material on the national context was also made available to the team, namely the 2001 draft report of European Observatory on Health Care Systems - Health Care Systems in Transition: Georgia.

During the visits the review team met the rector and the vice rectors as well as the heads of departments (including Dr. Gaiane Simonia head of the Department of Quality), the deans of faculties, heads of university hospitals, several heads of chairs, representatives from ministries, nongovernmental and governmental organisations, members of the administrative and technical staff, a large number of staff members including assistants and assistant professors, undergraduate and postgraduate students and hospital residents

The visits and the discussions with staff and students helped us to set the self-evaluation and the strategic questions of the university, as perceived by the TSMU community itself, in their wider context, national as well as European.

However, the review team had on one occasion the sensation that some actors were not being completely candid, ignoring the fact that the members of the review team are colleagues from foreign countries coming to discuss with their local colleagues the problems and aspirations of TSMU, in an open and friendly way.

Some general considerations about EUA Institutional Evaluation Programme

The present EUA Institutional Evaluation Programme has been run for several years and in several evaluations it became obvious that the reviewed institutions were not well acquainted with the meaning of an institutional audit.

David Dill defines audit as an externally driven peer review of internal quality-assurance, assessment, and improvement systems. Audits do not address academic standards, or determine the quality of teaching and learning outcomes, but evaluate how an institution satisfies itself that its chosen standards are being achieved.

The purpose of the present exercise consists in helping the university asking for evaluation:

*To check its long- and mid-term aims

*To look at the external and internal constraints shaping its development

*To discuss the strategies taking account of these constraints in order to reach the planned institutional profile, i.e. to enhance its quality- if quality is defined as the adequacy of means to purpose.

The comments of the review team are based upon a written self-evaluation report and upon information and impressions collected in a large number of interviews during a short preliminary visit and a two and half days final visit. Georgia's higher education system is very different from the national higher education systems of the reviewers. This implies that the reviewers can only provide a broad impression about the institution and this means that our comments will be limited to major problems without going into much detail.

Contextual factors

To better understand the problems of TSMU they must be seen within the specific context of Georgia's society, and their health and higher education systems. A good presentation of the contextual factors was provided by the self-evaluation of TSMU and mainly by the 2001 draft report on Georgia's health sector produced by the European Observatory on Health Care Systems, an organisation which is a partnership between the World Health Organization Regional Office for Europe, the Governments of Norway and of Spain, the European Investment Bank, the World Bank, the London School of Economics and Political Science and the London School of Hygiene and Tropical Medicine.

In the aftermath of the collapse of the former Soviet Union, Georgia declared independence in 1991, which was followed by an intense civil conflict resulting in separatist pressures in autonomous regions and the displacement of some 270 000 people in 1993. At the same time the economy collapsed - the gross domestic product (GDP) was in 1994 70% of its 1990 level and in 1993, inflation was over 1200% - due both to civil war and to the disruption of trade between republics.

The economic collapse also resulted in a sharp fall in the standard of living. The health-care system inherited by Georgia at independence was costly to run, heavily weighted to secondary and tertiary care and contained large built-in inefficiencies. As it could not be maintained, the population health deteriorated, there was an outbreak of previously prevented diseases such as diphtheria due to a breakdown of national immunization campaigns, the incidence of tuberculosis has increased almost five times from 1988 to 1997 and salaries, equipment and drugs were delayed or became unavailable and patients were obliged to pay full costs for many services. To make things worse, many refugees were housed in hospital facilities, occupying between 80% and 90% of the existing hospital capacity at the height of the civil war.

This situation has forced the government to reform the health sector. Planning for the health reforms began in 1993, led by the Ministry of Health, with the assistance of the World Bank. The first changes took place in 1995, with assistance from the World Bank, the United Nations Children's Fund (UNICEF), World Health Organisation (WHO) and the American International Health Alliance (AIHA). The reforms introduced new concepts, including social insurance, official user fees and new provider payment mechanisms and represented a dramatic move away from what was, at least in theory, a wholly tax-funded health-care system.

Before the reforms the system was heavily centralised, more based on treatment than on prevention, relying strongly on an excessive number of hospitals and hospital beds, with emphasis on secondary and tertiary health care. In 1991 there were 53 122 beds in 390 hospitals which corresponded to about 1153 beds per 100 000 population (to be compared against for instance 330 in Norway and 340 in the Netherlands). In 1990, Georgia had 4.9 physicians per 1000 population compared to 3.9 in the former Soviet Union and 3.1 in the European Union.

With deterioration of economic conditions collapse was inevitable. Following traditional World Bank policies, reforms relied strongly on privatisation of the whole sector, cost recovery, and efficiency promotion while relying on market forces to trim down the massive over-capacity in the hospital sector and the excessive number of physicians.

The main instrument of the new policy is the State Medical Insurance Company (SMIC). The SMIC funds are collected from employees and employers, with employers contributing 3% and employees 1% of salary. Transfers from general government revenues cover contributions for

the unemployed, pensioners, and children. In theory, basic health care is paid for by the SMIC, with additional funding for certain services from Municipal Health Funds and with preventive health activities through the Ministry of Labour, Health and Social Affairs (MoLHSA). In addition, many services are subject to official fees, although informal payments are also very widespread.

The SMIC and Municipal funds cover a Basic Benefits Package (BBP). Under the BBP concept, all services included in the BPP list are either free or partially subsidized. For any services not included in the BBP, patients must pay the hospital or doctor directly (or through private insurance, if they possess it). While the programmes outlined under the BBP appear to be wide-ranging, what is covered in programmes is fairly limited. Condition, socio-economic status or age determines eligibility for treatment.

Most health-care providers have become independent from the state. Being financially and managerially autonomous, they are responsible for administering their own affairs under contract with the SMIC or the municipalities. Contracts are made with municipalities for the municipal programmes, with the MoLHSA for the state health and prevention programmes, or with SMIC for programmes covered under the BBP programme. In addition, a large number of polyclinics and hospitals have been privatised.

The majority of the health-care workers, once employed as state salaried workers, are now employees of the institutions in which they work. In 1995, 120 000 health-care employees changed status in this way. Their incomes are calculated based on a number of factors, including case payments but the high level of medical staffing makes them one of the lowest paid professional sector in Georgia, with an average pay below the "extreme poverty line" (equivalent to the costs of a minimum survival food basket) of GeL 40 per month per equivalent adult. This has resulted in a system of illegal payments to clinicians that supplement their income in a way that largely exceeds their official formal remuneration, originating widespread corruption and depriving a significant part of the population from access to health care services.

Despite the idea of some form of social protection as State Medical Insurance, the level of state funding of health is too low for the system to be effective. Government expenditure on health as a percentage of GDP has dropped from just over 4% in 1991 to 0.70 % in 1998 and to 0.59% in 1999. This low level of funding means that many of those insured under the SMIC programme will not be able to receive services intended to be guaranteed under it.

Estimates by different agencies refer to the fact that a large number of people are deterred from seeking any medical services at all due to the high level of out-of-pocket payments charged, or delay their visits to health-care providers - illness of a family member being identified as one of the most prevalent causes of

impoverishment in Georgia. Indeed, the idea that formalizing charges would reduce informal payments and stop excessive charging of patients did not work and out-of-pocket payments have continued to flourish alongside formal charging, often with catastrophic financial consequences for affected households while allowing physicians a standard of living that is far above the level provided by legal payments.

The government was convinced - and traditional World Bank policies play an important role - that market forces, subject to certain regulations, would reduce the imbalances of the system. Payment of health providers by reimbursing services and payment of doctors on a fee-per-service basis (rather than salaries), were intended to eliminate the problems of excessive number of beds and of excessive staff numbers. Apparently the results fell short of expectations. It is true that the number of available beds has fallen but efficiency was also negatively affected as the occupancy rate has dropped from 72.9% in 1980 to 27.6% in 1997. Despite some reduction in the number of physicians, the lower number of admitted patients also affected the situation of excessive staffing. In 1999 the ratio of doctors to beds in was 0.9 (or 0.4, considering hospital doctors only), but it was 3.2 (or 1.5 for hospital doctors only) for each occupied bed. In other words, each hospital doctor was, on average, responsible for less than one patient.

Medical education is another area of deep concern. Prior to independence Tbilisi State Medical University was the only institution in higher medical education. Since independence, however, over 50 new training institutions have opened, some with questionable training standards creating a major challenge for policy-makers. Around 14,000 students are enrolled in these institutions, with around 3000 graduating yearly (of these some 500 are graduates from TSMU).

The quality of these new schools is unknown, but is suspected to be low in many. Less than 5% of graduates from these schools took and passed the state final medical examination in 1998. In 1998, around 80% of medical graduates of these new colleges remained unemployed. Under new legislation passed in 1998, responsibility for accreditation of medical education was passed from the MoLHSA to the Ministry of Education, and since this time the accreditation process has effectively ceased. The need for strengthened accreditation is apparent, both to prevent students wasting time on an inadequate education and to ensure public safety.

Following the advice of international agencies, under the new health-care-system structure, the state's role is limited to such areas as health promotion, immunization, research and education, and regulation and accreditation. Its main responsibility is for the development and implementation of government policy on health care and research, and all state activities of service provision were discontinued, being privatised or semi-privatised.

However, instead of implementing strong regulation mechanisms (accreditation of educational provision being

just one of them) the government has relied on the invisible hand of the market. While training and accreditation procedures continue to need further strengthening to ensure public safety and to assist the new management structures brought about through the decentralization process, it is quite questionable whether this practice of delegating state healthcare obligations and financial resources to private sector has been economically and socially effective.

One problem frequently observed in World Bank interventions is the introduction of market mechanisms without ensuring that a complete system has been effectively implemented. In general, this takes place without creating appropriate regulation mechanisms, for instance for consumer protection and for avoiding undesirable effects in terms of ethically or socially unacceptable distribution outcomes in terms of equity. This is the more surprising as it is well known that in the absence of such surveillance mechanisms, private sector opportunism and corporate self-interest would severely distort the alleged smooth adjustment process of supply and demand.

For instance, in well-implemented market private institutions providing low quality education such as those mentioned in the case of Georgian medical education would become fast bankrupt due to the heavy compensations they would be forced to pay students or their parents when appropriately sued in a court of justice.

THE INSTITUTIONAL REVIEW

1. First impressions

To a first time visitor the TSMU gives the impression of being in financial difficulty: large buildings but in considerable need of repair, a hospital partly occupied by refugees and in bad physical condition, lack of modern scientific and pedagogic equipments, unavailability of many prestigious scientific journals and books.

The interviews with younger members of staff, graduate and undergraduate students were a very pleasant surprise. Those interviewed by the evaluation team were in general proficient in the use of English (in some cases of French), very enthusiastic about their work, open minded and outspoken, highly appreciative of the quality of the institution and of their professors. A considerable number of them had international experience and it became evident that all the younger generation was deeply grateful to TSMU for offering them international opportunities.

There is an overall feeling that young people are proud of being associated with TSMU and feel very loyal to the institution. The review team wishes to express its conviction that the institution has considerable capacity for improvement and innovation when the quality and enthusiasm of its younger members is taken into consideration.

2. Strengths of TSMU

Despite a difficult external context, TSMU has an important set of strengths that may help in the future development of the institution:

- * Enthusiasm at all levels in the institution and the work done;
- * Desire to stay the best in the country;
- * A clear vision and strong central leadership;
- * Good international links. Young people go abroad and come back with a vision of good practices;
- * University supports initiatives to go abroad for professional reasons;
- * A desire for objective evaluation of teaching and learning;
- * Young faculty and students appear to be proficient in English;
- * Good historical reputation of the university.

3. Constraints

The university has to survive under some outside constraints and faces a number of external threats. The review team consider as most important the following:

- * A difficult financial situation as the State only contributes roughly 25% of the total institutional budget.
- * Very low salaries - below the poverty level - paid by financial resources transferred from the state budget, which might lead to "moonlighting" at the expense of the university.
- * The use of a World Bank type recipe consisting in admission of students paying full cost fees, which allows the academic staff to significantly increase their salaries. As the increase in salary is proportional to the number of teaching hours this has a negative effect on other activities, namely on research.
- * A not very clear system of taxes: the university complains that it is treated by the state as a for profit commercial institution in their operations related to fee paying students.
- * Strong competition from a large number of private schools of medicine, which apparently operate without any proper governmental scrutiny of the quality of their operations.
- * Of those buildings utilised by the university several are quite old and need urgent repair work.
- * Low investment in equipment, with insufficient provision of computers, terminals and other IT equipment for students. The library has been recently equipped with 25 terminals allowing for INTERNET access using fibber optics - however, it is to be expected that demand will increase sharply which will require a substantial increase in the number of available terminals.

* A central university hospital that is partly occupied by refugees from Abkhazia, as consequence of the recent civil war following the declaration of independence. The general present physical conditions of this hospital are poor and need urgent revision.

* A difficult situation resulting from the reform of the national health system that has drastically reduced the number of patients. Hospital beds have very low occupancy rate and at least in some areas it is possible that students do not get enough clinical training. For instance, the paediatric clinic has 615 beds for 4,185 registered patients, and of these some 1400 are in ambulatory treatment - this corresponds to only 4.5 patients/bed/year. The situation is not so bad at the central hospital with 11,984 registered patients for 430 beds, although the occupancy rate is still low as a significant percentage of those patients are in ambulatory treatment.

* The situation is very difficult in obstetrics, as TSMU uses three affiliated maternity houses with an average of 700 deliveries/year, which is quite insufficient for the number of students. This difficult situation results from the fact that those clinics do not have contracts with the SMIC and do not receive programme-funding from the government, and as such are avoided by all parturients incapable of paying out-of-pocket health services.

* TSMU has also rented 16 clinical bases in 17 medical institutions located in Tbilisi but this arrangement is not quite satisfactory, namely after the privatisation of the sector.

* The questionable governmental decision of placing postgraduate medical education under the control of the MoLHSA and the Academy of Advanced Training of Physicians, in what seems a reminiscence of the old Soviet system.

* The organization of the university is too hierarchical and rigid to encourage the motivation and resourcefulness of the young faculty and students.

* The Scientific Council is too large (92) for meaningful deliberation. There are also no elected representatives from the rank and file faculty.

4. Educational reform

TSMU has implemented a full ranging reform of its study programmes in order to converge with European standards. Since 2000 the ECTS system has been implemented in some faculties (General Medicine, Biomedicine and Pharmacy) and next year will be extended to all faculties of TSMU. The core curriculum for Medicine has been revised in accordance with the European standards (the European Commission 93/16 Directive): the number of hours has been reduced from 8000 to 5760, the seven years of study were reduced to six and non-profile unnecessary disciplines were removed from the core curriculum and teaching programmes.

TSMU has carefully analysed possible alternatives before selecting a proper model of medical education for the

post-Soviet era. The institution rightfully recognised that the immediate implementation of models based entirely on problem-based learning, distance education or e-learning would be impossible. Such implementation to be successful would have required considerable financial resources, advanced technical facilities and textbooks that are behind the reach of TSMU due to the economic crises following Georgia's independence.

Therefore, TSMU has wisely chosen an outcome-based model, which does not follow a single strategy of teaching processes and can easily incorporate some elements of the other models while preventing curriculum fragmentation. This will allow for the combination of the outcomes-based model with elements of problem-based model (as has been used during the basic stage) or with elements of case-based model as has been used for the clinical stage of studies.

The evaluation team has formed the impression that at TSMU there is a separation of the Medicine programme in two stages, basic and clinical. We suggest that TSMU abandons this classical view of pre-clinical and clinical boundaries, and follows the new trends in medical education that favour contacts of students with patients as early as possible.

The evaluation team took good note of the care TSMU exercises to follow the progress of students, a good example of this being the introduction of two integrative multidisciplinary examinations at the end of each (basic and clinical) stage of study.

The evaluation team congratulates TSMU by its efforts to integrate teaching with research. Several examples were mentioned of successful implementation of research activities by students, while the organisation of the Annual Scientific Conference where the best papers produced by students are presented on a competitive basis should be seen as an example for many HE institutions. However, teaching hours for young faculty (maximum 700, minimum 400 hours/year) appears to be very extensive leaving almost no time for research.

The library has been recently equipped with 25 terminals allowing for INTERNET access using fibber optics, and this will provide the means for progressively increasing the use of e-learning and IT related technologies. At present TSMU owns a communication's network with all buildings interconnected with 100Mbps fibber optical links and connected to the Georgian Backbone Network via fibber optical links.

5. Quality culture

TSMU has taken the strategic decision of viewing quality assurance as a management tool for improving methods of governance, financing, research, teaching and learning. The present evaluation commissioned from the EUA is part of this strategy, setting TSMU as an example for the other higher education institutions in the region.

TSMU has also established a Department of Quality and Strategic Management, as part of its administration

reform and we hope that the present EUA evaluation will provide the institution with a strong tool to draw the attention in the university to the relevant issues of quality, which assume an increased importance for an institution trying to develop a consistent internationalisation strategy and looking for a place in the European area of higher education.

Although much remains to be done, the evaluation team draws attention to the recent implementation of interdisciplinary examinations, and to the use of questionnaires allowing for the evaluation of teaching quality by students.

The evaluation team also registers that the Research Department has set criteria for funding research proposals on a competitive basis that takes into account quality, innovative potential and relevance for the development of Georgia.

At last, the periodical renewal (every 5 years) of the work contracts of the academic staff on a basis of open competition with outside candidates and taking into account the quality of teaching and research seems a strong method for institutional development and quality enhancement.

However, TSMU has not yet developed a consistent policy of Quality. There are no follow-up activities, some measures wait full implementation, and there are not as yet clear incentives for quality improvement or pedagogical innovation. The university's top management needs to intensify its efforts to ensure that the process does not lose momentum until it is fully operational.

6. Internationalisation policy

TSMU has a well-developed policy of internationalisation based on establishment of contacts with numerous European universities and international organisations. TSMU has been among the first universities of Post-Soviet countries to be selected for participation in the EUA Quality Culture project and has actively participated in the EUA Graz Convention in May 2003.

TSMU has an active participation in a number of international organisations such as EUA, IAU, EUCEN, AMEE (Association for Medical Education in Europe), EMSA (European Medical Students Association), EAIE and UNESCO.

TSMU has developed a policy for attracting international students in order to complement its revenues (annual fees of US \$ 2,000), and university members, including undergraduate students, postgraduate students and junior staff recognise the benefits of this activity.

Finally, TSMU has taken steps to reform its study programmes in accordance with the available European norms (namely for Medicine, Dental Medicine and Pharmacy) and has introduced an ECTS system following the recommendations of the Bologna Declaration.

7. Research policy

TSMU research policy is faced with a serious number of constraints, namely lack of funding, low investment in equipment, outdated or unavailable equipment in the more modern techniques and inadequate salaries, which forces researchers to dedicate an excessive proportion of their time to other activities, and to moonlighting of academic staff due to low salaries is an additional restriction.

These constraints lead TSMU to give emphasis to applied as opposed to basic and theoretical research due to income generation pressures and to the fact that PhD students seem concentrated in the medical field and in applied clinical research while basic research does not benefit from the presence of PhD students.

No comparative data exists on scientific performance, i.e. contribution to refereed journals in comparison with international and regional similar institutions. Consequently it is difficult to judge performance, although it is apparently below average by European standards, which might be explained by a difficult external context.

There are international quality standards for medicine and the life sciences that TSMU needs to adopt for improving its international standing. In medicine it is not possible to argue that there is research with such Georgian specificity that should be assessed by specific Georgian standards, different from those of international practices. Therefore the review committee strongly recommends that TSMU changes its publication strategy in favour of increasing the number of papers submitted to the most prestigious international scientific journals and this obviously means publishing in English. If a university wants to be known by its scientific reputation then its research results must be known world-wide which almost excludes publication in languages without universal impact.

8. Students

The evaluation team formed an excellent opinion about the quality of TSMU students. They are dedicated, hard working, loyal to the institution and open to experimenting diverse teaching environments such as those offered by international exchange.

The Students Union plays an important role in the relationship of the students with the university and it is given financial support by TSMU. The Union also develops activities in the areas of cultural activities and sports as well as in the allocation of scholarships to students.

However, the evaluation team realised that genuine social support for students is virtually inexistent. There are no university restaurants, university accommodation is very limited and there is no programme for supporting students from deprived families who want to enter the university. From the interviews conducted with students it became obvious that those enrolled at TSMU came from the better-off sector of Georgian society, a problem that is further exacerbated by the system of fee-paying students. Unless some measures are taken to protect students from poor backgrounds the higher education system will remain a tool for perpetuation of social inequalities.

Despite its present financial constraints the university might wish to consider developing efforts, preferably with active support from the government, to devise a more flexible and extensive student support system.

9. Review summary and recommendations

The team has been impressed by the energy and commitment that the TSMU senior staff has brought to the evaluation process. However, change cannot be imposed from above, and maintaining the momentum and securing widespread support for the process throughout the university presents a major challenge for TSMU for the coming years.

The review team encourages all those who have participated in the evaluation process, and particularly those younger members of staff upon whose continued motivation and will to succeed the future sustained development of the institution depends, to maintain their commitment in order to overcome the inherited conservatism still evident in different parts of the university.

The following summary of recommendations is intended to highlight the key issues identified by the evaluation team:

* The general organisation of TSMU needs to be revised by progressively replacing "chairs", as they are nowadays, by new structures based on practical definitions of scientific fields, functioning on the basis of collegiality;

* There should be a dissociation of grades and functions for the staff members, permanent professors as well as temporary staff (associates professors, assistants professors, researchers, etc.) of these new structures as well as in the present chairs;

* All the partners of these structures should be collectively responsible for the achievement of teaching duties as well as for the research activity and the international publication of their results;

* Each partner of these new structures (which could be designed as "teaching learning and research department of subject X) should experience the rotation in the time of all the duties: designing the training that is being offered, i.e. teaching, performing research, involving in administration of the structure or of the university;

* Each personal duty of teaching, research or administration should be collegially discussed within the structure to enable certain members of the staff to be on full time duty in research or in management for defined periods of time, e.g. one semester, one year, etc., and be discharged of teaching duties during these periods;

* Despite the positive efforts of the university to encourage international links both by faculty-students, and the institution, networking with foreign institutions on a more long-term basis should be on the agenda for young faculty to see and acquire good and contemporary practices and import them into Georgia;

* International links might be used to make up for deficiencies - for example, links as those already established with Hacettepe University of Turkey would help closing the gap in clinical work;

* A system of institutional support must be established to facilitate applications for international grants;

* The university is under an important financial pressure. Its efforts to recruit fee-paying foreign students may be enhanced and extended as an income generating activity. The university might wish to analyse the possibility of increasing the present level of tuition fees for foreign students. However the government needs to revise its current tax policy over the fee-paying sector of the university;

* The university should make a concerted effort (and cooperate with authorities) to address strategically the discrepancy between the medical services offered and demanded;

* The government needs to establish an effective system for accreditation of medical degrees, as the present policy of allowing private institutions to operate without any minimum quality standards is not acceptable;

* Efforts should be made to enable the university to give out family practice degrees and to conduct residencies in this area that should be supported from the relevant governmental structures (MoLHSA). In Europe medical schools today should have strong programmes in family medicine. Children are a large part of the patients in primary care and parents always have questions regarding development and nutrition besides more specific medical problems;

* The Ministry of Health selects the non-fee paying residents while the university does the teaching without any funding, except for a very insufficient governmental funding for teaching residents. This should be changed;

* The problem of the lack of patients for training medical students needs to be urgently addresses, if necessary by establishing contracts between the university hospitals and the SMIC. This is even more urgent in the case of obstetrics and maternity care - the government should consider the establishment of a maternity inside the main university hospital, supported by contracts with the SMIC and by programme funding;

* The poor conditions of the main TSMU hospital need to be urgently redressed. A stable solution for the refugees needs to be worked out while the building needs an important investment in repair works and re-equipment;

* Self-learning approaches should be encouraged more. For instance, the number of IT terminals should be increased to facilitate self-learning. Expanding the use of new technologies (e-learning and distance learning, an e-catalogue for the library, etc.) is important to take profit of the excellent IT communication network now available;

* The "spiral teaching modules", on the responsibility of "departments", have to be strengthened by a critical

external reading of the list of pedagogic and practical skills, as well as of the specific learning outcomes given to the students for the achievement of this module;

* The links between the pedagogic and practical skills, and the learning outcomes should be periodically evaluated at the level of the "Quality Assurance Department (QAD)" or by any other independent structure;

* The links between pedagogic methods and skills should be continuously revised;

* The links between pedagogic skills and the nature and pertinence of the questions asked during the term examinations should be evaluated at the level of the QAD or any independent structure;

* The links between learning outcomes and the topics of the state six-year examination should be checked periodically in order to have the best results at this examination available to TSMU students;

* Methods of measuring, evaluating and criticizing learning outcomes must be devised;

* The strategy for scientific publications must be changed. A system of institutional support for publications by researchers in international referred journals should be established;

* TSMU has initiated the implementation of a Quality Assurance system but so far this system is neither fully operational nor stable. TSMU needs to continue its strong implementation policy until an appropriate quality culture and proper management are an irreversible acquisition of the institution;

* TSMU has taken some important steps towards its integration in the European area of higher education. TSMU needs to reinforce this process by developing further this policy, for instance by fully implementing the ECTS system and the diploma supplement, by reducing the number of formal contact hours, leading more time for the students' independent work, by elaborating joint curricula with European universities for postgraduate studies and continuous education, and internationalising its scientific degrees (master and PhD), while paying attention to the developments of the directive presented by the European Commission to the European Parliament, relative to the recognition of professional qualifications (Brussels, 07.03.2002, COM(2002)119 final, 2002/0061 (COD);

* In its steps towards Europe TSMU needs to consider the partnership and co-operation agreement between Georgia and the European Community. This approximation

should be conducted in conformity with relevant national legislation, namely the Presidential Decree No 317 of July 24 of 2000, and the Presidential Enactment No 613 of June 14 of 2001 on strategy of harmonisation of Georgian legislation with that of EU;

* The EUA Institutional Evaluation Programme allows for the follow-up of the institutional audits. The review team considers that TSMU needs the assistance of EUA for monitoring and support of its policies aiming at quality improvement and integration with the European higher education area, as referred in the two preceding paragraphs.

ENVOI

Despite some difficult outside constraints, the quality and commitment of TSMU's top management and the excellence of many of its actors – namely those integrating the younger generation with whom the evaluation team met – associated with a well perceptive atmosphere favouring change are good guarantee of the final success of the process of transformation of TSMU.

Despite its outside negative context TSMU remains the best reputed university in Georgia and its reputation allows the institution to attract an interesting number of international students. The present process of transformation of TSMU should be seen as an example by other institutions and the review team supports its decision of looking to Europe for defining its objectives in terms of quality and structure of study programmes.

TSMU is now well aware that it is living in a world of permanent change and increasing competition, and that converging to the objectives of the new European higher education area is a very demanding process. With this in mind and considering the leadership and vision of the Rector Professor Ramaz Khetsuriani and his team, and the active support of the government, the evaluation team is sure that TSMU will not defraud the enthusiasm and capacity for change of its younger members, while using to its better advantage the openness of spirit of the new generation tempered by the wisdom of its more mature academics.

If TSMU strictly follows these recommendations (including monitoring by a European review team) it will be able to pursue and implement the objectives of the Bologna Process, in order to fulfill the necessary conditions to become eligible as a higher educational school in the emerging European educational area.

The evaluation team believes that TSMU is indeed prepared to meet the challenge.