

Programme evaluation  
of  
Master programme in  
Health Economics, Policy and Management

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2005-2008

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Institute of Health Management and Health Economics  
Faculty of Medicine  
University of Oslo

## **Preword**

The purpose of this report is to provide a self-evaluation of the Master programme in Health Economics, Policy and Management in the period from August 2005 to January 2009. The report is to act as a background paper for an external evaluation committee being appointed by the Faculty of Medicine. The report focuses on three main aspects. First, a description of the programme itself is given together with a short presentation of courses. Second, a summary of the various evaluations held at this programme is provided. Third, our own experiences (main weaknesses and strengths) are presented, including the rationales for the various revisions that have been implemented over time.

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Oslo, February 5 2009

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## **1. Introduction: the study programme - history and composition.**

The Master's Degree in Health Economics, Policy and Management (IMA) was established in the autumn of 2005 and grew out of the Bachelor programme in Health Management and Health Economics which started 3 years earlier, in 2002. The main purpose of a Master programme was to respond an observed demand for such a programme in Norway as well as to supply a complete educational programme for our Bachelor candidates.

The intention of IMA is to provide competence and to enable the students to fulfil the various needs of the health care sector both as concerns administration, management and research.

The master programme is multidisciplinary and holds three main disciplines; health management and health policy, health economics and medicine. The structure and content of IMA builds partly on our prior experiences of the experience based master programme (EMA), first established as a one year candidate program in 1986, which successfully have educated more than 20 generations of health care managers in the Norwegian Health Care sector. During this time research in the field of health services has been increasing.

### ***1.1 Composition and structure:***

The Master's Degree in Health Economics, Policy and Management (IMA) is a two-year programme (120 ECTS) and consists of mandatory courses, elective courses and a master thesis. Some mandatory courses and most elective courses can be taken abroad or at other educational institutions in Norway. The programme supplies courses within many disciplines such as health and medicine, equity and need, leadership and organization, economic evaluation, health policy and health politics, statistics and research design, comparative perspectives, business economics and health economics. Below, in table 1, an overview of the programme is provided.



**Table 1: The composition structure of IMA**

4. semester	HMM4501 - Thesis work		Elective course
3. semester	HMM4501 - Thesis work	Elective course	Elective course
2. semester	<u>HMM4301 - Optimal allocation of health care resources and economic evaluation of health care technologies</u>	<u>HMM4104 - Research Design and Qualitative Methods</u>	Elective course
1. semester	<u>HMM4101 - Research methods and statistics</u>	<u>HMM4401 - Health and medicine or elective</u>	<u>HMM4202 - Structure, organization and financing of health care systems</u>
	10 ECTS credits	10 ECTS credits	10 ECTS credits

In the following, the courses that have been offered at IMA are listed. The courses are divided under four different headlines; (i) health management and health policy (ii) health economics, (iii) medicine, and (iv) quantitative and qualitative methods<sup>1</sup>.

#### **Courses offered in the field of health management and health policy:**

##### **Mandatory courses:**

- HMM4201-Leadership and organization. This course was a mandatory course from the autumn of 2005 to the autumn of 2008 but became elective from Fall 2008.
- HMM4202- Structure, organization and financing of health care systems. This course was an elective course from 2005 to 2008 but became mandatory in the autumn of 2008.

##### **Elective courses:**

- HME4203- Topics in comparative health systems and reforms. This course was offered as an elective course in the spring of 2006.
- HME4204- Health Politics. This course was offered in the spring of 2005 and 2006.

<sup>1</sup> For more information on each of the courses, please see attachment 1.

- HME4205- Internship: This course has been offered every autumn since 2006, and will be offered again the autumn of 2009.
- HME4206- Topics in Health Policy. This course was offered in the spring of 2007, and, somewhat modified, in the spring of 2009.
- HME4207- Nordic Health Policy and Politics. This course was offered in the spring of 2007.
- HME4208- Just Health Care: This course was first offered in the spring of 2008 and will be offered again in the spring of 2009.
- HME4209- Leadership and organization. This course was offered as a mandatory course in the autumn of 2005, 2006 and 2007. At was at that time named: HMM4201: Leadership and organization. It will be offered as an elective course in the spring of 2010.
- HME4210- Leadership in practice. This course is an “elevator course” meaning that it is simultaneously offered as bachelor course and a IMA course. It will first be offered for the first time this spring (spring 2009). This course is held in Norwegian.

### **Courses offered within health economics:**

#### **Mandatory courses:**

- HMM4301: Optimal allocation of health care resources and economic evaluation of health care technologies. This course has been offered in the spring of 2006, 2007, and 2008 and will be offered in the spring of 2009.

#### **Elective courses:**

- HME4302-Health Economics. This course is offered every second year. It was first offered in the spring of 2007, and will be offered again this spring (spring 2009).
- HME4303- Project evaluation and analysis of investment decisions. This course was first offered in the spring of 2006 and will be offered again in the autumn of 2009.
- HME4304- Designing Management control systems in Health care Organizations. This course was first offered in the spring of 2007, and was offered again in the autumn of 2008.
- HME4305- Methods for the economic analysis of costs and demand in health care. This course was first offered in the autumn of 2008.
- HME4306- Topics in Health Economics. This course was offered in the autumn of 2007.
- HME4307- Measuring QALYs: A theoretical and practical approach. This course was offered in the spring of 2008.
- HME4308- Market failures. This course is offered both to bachelor students and master students (“elevator course”) and is first held this spring (spring 2009).

### **Courses offered within medicine:**

#### **Mandatory course:**

- HMM4401- Health and Medicine: This course has been offered every autumn semester since the master programme started.

**Elective courses:**

- HME4401- Need for health care services related to demographic, epidemiologic, and health care technology development. This course was offered in the autumn of 2007, and will be offered again in the autumn of 2009.
- HME4402- Evaluation of the quality of services delivered by the health care sector. This course has been offered in the spring of 2007, 2008 and 2009.
- HME4404- Health Communication. This course has been offered in the spring of 2007, 2008 and 2009.

**Courses offered within quantitative and qualitative methods****Mandatory courses:**

- HMM4101: Research methods and statistics. This course has been offered every autumn semester since the programme started.
- HMM4104: Research Design and Qualitative Methods. This course has been offered every autumn semester since the programme started.

**Evaluation:**

*It is our opinion that we have been able to supply a sufficient number of courses every semester and that the courses are within relevant topics. With one exception, the mandatory courses have been stable over time while the elective courses have changed somewhat over time depending on resource availability and student requests. We think that we have achieved a sound balance between the three disciplines although there has been a concern whether or not our total supply is able to provide a sufficient degree of specialization within each of the three disciplines.*

**2. The programme aim - as described in the programme plan**

The programme aim, as stated in the programme plan of IMA, is to offer “an analytical and applied knowledge on the organisation of health care in Norway and in other countries” through its “multidisciplinary approach which represents an essential measure for addressing adequately the complexity and multidimensionality of health care related issues”<sup>2</sup>

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<sup>2</sup> For more information on the Programme Plan, please see attachment 2.

The application requirements of the programme secure that the applicants' background is within social sciences. To be accepted to the programme applicants with a bachelor degree within health sciences are required to have 60 ECT credits within social sciences. Those without a background in medicine are required to take a course in the concepts and mechanisms of health and medicine as part of the programme to secure their understandings of the medical field.

The multidisciplinary approach combined with the relatively large number of elective courses has allowed students to take a broader approach by combining courses from several disciplines. In addition, it has, at least partly, been possible to specialise in each discipline. In the field of health economics the focus is on areas such as the economic analysis of health policies, economic incentives, normative issues such as cost-benefit analysis, the determinants of hospital efficiency, factors behind the demand for health services and health labour markets. The field of health management and health policy focuses on the organisation and management of health care sectors and covers topics such as hospital performance, bargaining institutions and procedures, benchmarking procedures, changes in leadership and organizational culture, and the implementation of innovative technological solutions within healthcare and the recent re-centralisation of hospital ownership in Norway.

### **Evaluation:**

*The multidisciplinary Bachelor programme in Health Management and Health Economics has no parallel in Norway which again represented a challenge when establishing IMA. In order to attract students from other educational fields (externals) without the similar background in medicine and health care sciences, the programme needed to be constructed in a way that made it attractive for external students while on the same time ensuring the quality of the programme. The successful recruiting of students holding bachelor's degrees within economics, political science and health sciences have enriched the programme and made sure that the aim as concerns multidisciplinary is strengthened<sup>3</sup>. Furthermore, the international students have enriched the master programme as well.*

*To ensure the quality of the programme several evaluations have been conducted throughout the years. Especially evaluations based on the students' feedback have been highlighted.*

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<sup>3</sup> The themes of the master's theses reflect the multidimensionality of the programme. Please see attachment 3 for themes of the master's thesis.



*Based on these evaluations several programme reforms have been implemented. In the following these reforms will be presented in more detail.*

## **2.1 Learning outcomes relatively to the needs of society and the needs of students.**

The need for personnel with a background in social sciences and health management has proved strong. The establishment of a Master's Degree in Health Economics, Policy and Management has triggered a demand for our students. The analytical skills our programme students develop throughout the programme seems to prepare for working at various levels and at various institutions within the health care sector.

Programme students are believed to develop an ability to analyse and evaluate complex policy and organisational challenges at both the micro level and at higher levels within health care systems. Examples may be managing organisational processes, implementing policy reforms and providing advice to health care decision-makers. In the course of the programme students further acquire a broad range of specific competencies within topics such as political and organisational analysis, statistics, economics, technology assessment and national and international health care law. These competencies should enable students to successfully meet challenges on a multitude of levels within health care systems. The multidisciplinary approach of the programme seems to prepare the students for working as analysts within the health care sector. The focus on the design of the health care system and its history equip the candidates with unique knowledge when it comes to understanding the health care system.

### **Evaluation:**

*The Institute has not undertaken a formal investigation of what has become of the Master's Degree candidates. However, informal information passed on from former students confirms that all national candidates hold relevant jobs within the health care sector: Some students have continued with research related issues while others have started to work as executive officers in the health care sector. Some of the international candidates have been recruited to positions within the health care sector in Norway, while others have returned to their countries. One of our candidates is working for the World Bank. The trend both for the bachelor- and the master candidates has shown that the candidates are recruited to relevant jobs even before they graduate. The candidate investigation done for the Bachelor Degree*



candidates in 2007 showed that the average time for receiving a relevant job was 1.1 month after graduating.

### **3. Measures for quality improvements.**

The programme consists of 40-50 ECT credits of elective courses, 40-50ECT credits of mandatory courses and 30ECT credits of thesis. The students are allowed to take 30 of the elective ECT credits outside the Institute (external courses), which should make it possible for students to specialise further. "Godkjenningskomiteen" at the Institute has the responsibility for identifying whether or not the external courses are sufficient relevant for our own programme.

#### **Evaluation:**

*It has been a challenge to offer a sufficient broad range of courses within all three disciplines. In order to achieve such a goal it has been necessary to employ lecturers in Professor 2 positions. However, since these lecturers have their main position outside our institute, it has been difficult to undertake a long-term planning of teaching activities. In addition, the employment of part-time lecturers has sometimes hampered coordination and communication between those with teaching responsibilities. A higher number of permanent lecturers is believed to improve much on such problems.*

#### **3.2 Lecture forms and student evaluation forms**

Several forms of teaching are used at IMA where "traditional" formal lecturing is the most common one. However, student presentations, group work, computer based teaching and written assignments are also teaching forms frequently used. To improve the quality of the programme different types of channels for student feedback (student evaluations) have been introduced (for more on this see section 4).

#### **Evaluation:**

*The forms of teaching applied are decided by the individual lecturer and consequently vary across courses. All in all we are relatively satisfied with the forms chosen. However, two reforms have been discussed: First, to encourage more use of written assignments, since both the students themselves as well as lecturers are satisfied with the learning outcomes of this form. Second, to make sit-in on lectures compulsory, since, for some courses, the student attendance has been low. This problem may partly be due to a high fraction of part-time*

*students. The use of two types of student's evaluations is believed to continuously provide us with information on how to improve on quality: First, the mid-term evaluations, being formal meetings between the programme leader and student representatives. Second, end-term evaluations which are based on a standardised internet based questionnaire form.*

### **3.3 Internship**

On the third semester the students have the opportunity to take an internship course. This course enables the students to observe leadership and organization in an actual institution within the health care sector. This course is practical, very popular and many of the students use their observations from the actual institutions as empirical data when writing their master's thesis. Further this course enables the students to make contacts for their future career. Some of the students have also been recruited to projects upon which they base their master's thesis.

#### **Evaluation:**

*This hands-on experience is a unique opportunity for the students to both participate, observe and to reflect upon real situations within the health care sector. It also provides the institute with student feedback as to whether our courses are sufficient relevant.*

### **3.4 Forms: the evaluation of students**

Mid-term papers, written exams, home exams and oral presentations are the different evaluations made use of at IMA. All of the mandatory courses except for the Research Design course make use of grades. The Research Design course evaluates the students using passed/not passed. The elective 10 ECT credits courses make use of grades while most of the elective 5 ECT credits courses make use of passed/not passed. In some courses the mid term paper counts for the final grade, while some only make use of passed/not passed when evaluating the mid term papers. In the spring of 2008 it was decided that the grading system of the master thesis should change from passed/not passed to the use of A-E and F. The argument in favour of such a change was to encourage the students to invest effort into improving the quality of their master thesis. The class of 2008 will be affected by this change- and the new grading system will first be introduced in the spring of 2010.

#### **Evaluation:**

*The various types of evaluation forms have been much debated among staff members over the years. The statistics of grades (see section 4.4) shows that the master programme makes use*

*of the whole grading scale (from A to F). It has been a concern whether we deviate from the grading practice at Master's levels at other institutions, both nationally and internationally. We know for example that Master programmes in African countries and the U.S tend only to make use of A's and B's.*

### **3.5. Arrangements for functionally disabled students**

The Institute of Health Management and Health Economics follows the University of Oslo's rules when it comes to arrangements for functionally disabled students. Through individual arrangements of the students' daily studies and in exam situations the Institute make arrangements in order to offer the same educational opportunities for functionally disabled students. All three study programmes at the Institute have a contact person for the functionally disabled students, and this person is also in a dialogue with the central counselling office.

### **3.6. Internationalisation**

Throughout the year we receive emails from students all over the world wishing to apply for the International master in Health Economics, Policy and Management. In 2005 3 international applicants was accepted to the programme. In 2007 13 was accepted. Last year there were 98 international applicants to our programme and we offered a place to 13 of these. For the year 2009 97 international students have already applied to the programme.

The international students at the master's programme come from all over the world: Poland, Ethiopia, South-Korea, Lithuania, White Russia, China, USA, Germany, Bulgaria, Holland, Tanzania, Austria, Ghana, Cameroon, Ukraine, Finland, Canada and Great Britain.

The master programme holds two Erasmus agreements which make it possible for our programme students to study one semester abroad. The Institute holds one agreement with the Erasmus Universiteit Rotterdam, and one with the Technische Universität Berlin.

The university in Rotterdam offers a master programme in Health Economics, Policy and Law which is quite similar to our own master programme. This programme focuses on the contribution of the sciences of economics, public administration and law to the analysis and explanation of health policy. Like our own programme the programme in Rotterdam has an international perspective.

The university in Berlin also offers courses within health management and health economics; however, these courses are all held in German.

Since the Erasmus agreements were established only three of our programme students have made use of the exchange agreement in Rotterdam and none of our students have been to Berlin. We have had four exchange students coming from Rotterdam and five coming from Berlin. This spring (2009) three students are coming from Rotterdam. Many of our students have shown interest of studying in Berlin, but the language problem has been a huge barrier. The latest news from the Technische Universität Berlin though, says they are planning to implement courses taught in English in the winter semester of 2009/2010.

**Evaluation:**

*Along with the language problem in Berlin, both the international environment at the master programme and the popular Internship course offered in the third semester at the Institute may explain the low interest in the exchange programmes. Further, a large number of our students hold part time work in addition to their master's studies. To improve the recruitment to the Erasmus exchange programme the Institute aims at marketing the exchange programme to a higher extent and also to inform about the total living costs of attending such an exchange programme. Both in Berlin and Rotterdam the accommodations prices are lower than in Norway which makes it possible for the students to manage on the basis of student loans and Erasmus grants.*

*Attending an exchange programme will enhance the International Master's Degree because it will improve the students' language skills at the same time as it may improve the students' chances of working at the international level after graduating.*

**3.7 Learning environment and the students' attachment to the programme.**

All teaching, except for the computer teaching, takes place either in Harald Schjeldrups Hus, or in Forskningsveien 2B. Since most of the lectures are held in Harald Schjeldrups Hus both the coffee bar on the ground floor, and the Institutes facilities on the 2<sup>nd</sup> floor become important for the students social and scientific milieu. The Institute offers a reading room and a computer room for the master students. Further, the red sofas in the hallway are a popular gathering point for discussions. The fact that the students' facilities are placed on the same



floor as many of the lecturers' offices makes cooperation and discussion between students and staff easy to arrange.

At the mid term evaluations in the spring of 2007 the student representatives asked for more social initiatives from the Institute. Because the students' organisations have not been very active the last couple of years, the Institute has this year arranged a meeting for all the new representatives in the beginning of the semester where the head of Institute together with the student advisers inform about the different forums at the Institute. The student representatives have this year arranged three different happenings- one academic arrangement where former master students informed about their master's thesis and about their current job, and two social events. The bachelor students were also invited to these events.

**Evaluation:**

*The fact that about half of the students hold part time work, influence both the learning environment as well as the social environment. Unfortunately, only about half of the master students make daily use of the Institute's facilities.*

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**3.8 Digital learning facilities and the use of class frontier.**

All of the master courses now make more or less use of class frontier. Further the Statistics course makes use of SPSS, and the HME4305 course this year made use of an advanced programme called LIMDEP.

**4. Indicators measuring programme quality?**

Since the programme was first established, it has focused significantly on the students' own evaluation of the programme. Because of the diversity within this programme, the students' feedback has been of great value in developing the programme further.

**4.1: The students' evaluation of the master programme.**

The student representatives have at mid-term evaluations pointed at the following:

- It has been somewhat difficult to set up a complete two year plan for the programme as the elective courses normally are announced only a year ahead.

*Comment: The Institute is now working on announcing elective courses earlier, however, due to sabbaticals and other obligations, it will prove difficult to do this perfectly.*



- The students have very different views on the academic challenges each course represent (hard/easy).

*Comment: The students' diverse academic background has made it challenging for lecturers when designing courses and the associated reading lists. This has partly been dealt with by introducing prerequisites to some courses, and partly by suggesting supplementary literature.*

- Many of the international students miss out on information because they were not used to receiving information through emails and class frontier.

*Comment: We now inform thoroughly on this issue at information meetings arranged at the beginning of each semester. Also a small handbook is handed out which among other things explains the importance of checking emails and using class frontier.*

- Information on change of time and place of lectures has happened with a too short notice.

*Comment: This is now improved on since the Institute has started to make use of the room booking system called syllabus in the spring of 2009. Because of this the Institute has got access to other seminar rooms in Harald Schjeldrups Hus, meaning that changes in time schedules more easily can be undertaken. Earlier we only had access to seminar room number 1.*

- The computer rooms have not been optimal.

*Comment: Because the Institute have not had a computer room sufficiently large for teaching activities, we have now borrowed computer rooms at Domus Medica. However, these rooms have not been optimal however: The lecturers and the students have often found dysfunctional computers where important programmes have not been installed properly. Because these computer rooms are open for students on a daily basis, it has been difficult to ensure all the computers are optimal for every class.*

- Too few computers at the Institute's computer room and too few desks in the reading room influence both the social environment and academic environment of the students.

*Comment: The Institute should have provided more computers; however, this has not yet happened. Because of many part time students, however, the reading room are usually never crowded and those students who make use of the reading room often bring their lap tops as a consequence of the lack of computers in the computer room.*

- The general feedback as concerns the content of course and the ability of lecturers have been positive over the years.

**Evaluation:**

*The mid-term evaluations where the student representatives meet with the programme leader and the student adviser have been of great importance to further develop the programme both as concerns administrative matters and teaching matters. Since mid-term evaluations are held in the middle of the semester, the Institute has had the possibility to revise underway according to the feedback of the students. However, end-term evaluations have been less successful due to a very low response rate from the students. Due to this, the internet based questionnaire form has not generated any valuable information. In the future, we need to find ways to improve on the response rate.*

**4.2 Recruiting of students.**

Admission to the Master's Degree Programme in Health Economics, Policy, and Management requires a Bachelor's Degree, either in Health Management and Health Economics, in Social Sciences, in Economics, in Public Administration, or in Health Sciences. Norwegian students with a Cand. mag. Degree may also be admitted, provided that they fulfill the general admission requirements.

All applicants with a Bachelor's Degree are required to have a minimum of 10 ECTS credits in Statistics or Social Science Methodology. Students without a degree in Social Sciences or Economics must have at least 60 ECTS credits within Social Sciences or Economics.

**Evaluation:**

*The master programme aims to recruit students with a diverse educational and cultural background. The Institute believes the students' diverse background enriches the programme. In 2008 we offered 37 places for Nordic applicants and 14 places for International students. The academic background of the 37 Nordic applicants is presented in table 2. The table confirms that we have been successful in recruiting students with different backgrounds.*

**Table 2. The academic background of IMA students (2008)**

BA in Health Sciences (nursing, physical therapy)	BA in Economics	BA in other Social Sciences (political science, sociology, international studies and psychology)	BA in Health Management and Health Economics
8	13	9	7

#### **4.3 Achieved results (grades, fails, absence)**

Up to now, 26 of the master students have graduated since the programme started in 2005. Many students are part time students which may explain why only 26 have graduated at this point.

#### **4.4 Statistics- grades**

Table 3, below, shows the average grade over time for the mandatory courses at our programme.

**Table 3: The average grades for four mandatory courses over four years.**

Mandatory course	HMM4101	HMM4401	HMM4301	HMM4201	HMM4202
2005	C	C		B	
2006	C	C	C	C	
2007	C	C	C	C	
2008	C	B	C		C

#### **Evaluation:**

*The table confirms the tendency of our lecturers to utilize the full grading scale.<sup>4</sup>*

### **5. Programme revisions in the period 2005-2009**

A decision to revise the master's programme was made in the spring of 2008<sup>5</sup>. The changes were introduced the autumn of 2008 affecting the student vintage of 2008.

<sup>4</sup> For statistics drawn from the studentdatabase, please see attachment 4.

- The students found the elective course HME4202, offered in the second semester, to be more of an introductory course than the mandatory course HMM4201 offered in the first semester. This feedback led the programme leader to initiate a change. HME4202 was moved to the first semester and became a mandatory course, while the course HMM4201 became an elective course.
- Student representatives reported that the Research Design course, offered on the third semester, partly overlapped with the course in Statistics, offered in the 1<sup>st</sup> semester. In addition, staff members were of the opinion that Research Design was offered too late in the study. For this reason, this course was moved to the second semester to prepare students earlier for their future thesis work. In addition, the content of the course is partly changed to avoid any overlapping. The course is taught for the first time in its new form in the spring of 2009.
- As mentioned in section 3.4 the grading system of the master thesis is now changed from passed/not passed to A-E and F.

## **6. IMA and future challenges**

The important future challenge is to ensure a sufficient high interest among IMA stakeholders. The fulfilment of such an objective will ensure a high number of talented applicants to our programme being a precondition for future successes. Such a development can not be assured through active marketing and the use of networks within the Norwegian health care sector, alone. More important is probably a future supply of a sufficiently wide range of relevant courses - each with a content being close to the "research frontier" within each discipline such as health politics, health management and health economics. In addition, there are four additional factors that need to be addressed in the future to strengthen IMA and ensure adequate recruitment. Each one is commented on below.

### **6.1 Further development of courses and coordination.**

A process is already started in which learning objectives, for each course, become more explicitly stated. However, there is still more to be done in this respect. Precise statements of learning objectives may "sharpen" courses and create stronger awareness among students.

Up to now, a main impression is that the content of each course mainly has been defined independent of other courses, maybe with the exception of some courses within the same discipline. If so, improvements can be achieved by strengthening the coordination of courses.



A number of similar topics are already presented in different courses and coordination across these courses should enable a sub-disciplinary perspective that clearly should benefit our students.

### **6.2 Student through-put**

For the time being the student through-put is too low. About 50% of our students have not completed their Master programme within the expected 2 years cycle. The explanation for this observation is the presence of a too high share of part-time students. It is our opinion that an increased student through-put would improve the learning environment substantially. A higher number of students present at the institute at any time would presumably create a better learning environment by improving inter student communication and thus informal learning processes through discussions and seminar activities. We need to consider how to restore full-time students, although being a difficult task since this is a problem many departments at higher educational institutions are being confronted with these days.

### **6.3 Student exchange**

As mentioned earlier in this report, our institute has established formal student-exchange agreements with two European educational institutions. In spite of this, quite few of our students have taken the opportunity to visit the same institutions. This is clearly disappointing; in view of the potential such visits may have in adding to the understanding of the variety in organization of health care institutions across Europe. The next few years we should invest more effort into encouraging our students to take the opportunity offered to them.

### **6.4 Resources**

The number of enlisted students relatively to the size of the academic staff (faculty) is small at our institute. Our rather low capacity has several implications among them the undersupply of adequate courses in three respects. First, because too few resources makes it difficult to supply a sufficient amount of courses that gives room for a complete specialization within each discipline, which was the intention when our Master programme first was established. Second, it becomes difficult to supply those courses already being in effect on a regular basis. Third, for many courses we have to rely on external lecturers, to a lesser extent being updated on recent research findings. To accommodate some of the student frustrations, minor courses (5 ECTS) and "elevator course" (supplied simultaneously for bachelor and master have been



supplied). However, in order to be able to establish a fully satisfactory range of courses, a larger faculty is imperative.

## **7. The rationale for a continuation of IMA**

The Master programme in Health Economics, Policy and Management has, within a short time period, established itself as an attractive study programme with a standard fulfilling reasonable quality requirements. To our knowledge all our candidates that have completed their degree have found adequate work. In addition, there seems to be a growing interest for our programme among students from abroad.

The programme seems to be well adapted to the labour market needs and the anchoring of a programme in midst an active health service research environment seem to have ensured candidates possessing the competence needed to perform in a satisfactory way. Our institute also have a well-established contact with the main organisations of the Norwegian health care sector being a guarantee for a relevant programme.

The IMA programme now represents an important part of the activities at the Institute of Health Management and Health Economics. The overall number of applicants has been steadily increasing since the programme was first established. Our students have provided us with feedbacks being positive or very positive. It is our impression that IMA has filled a gap both within the Norwegian educational sector and among organisations in the health care sector.