RULES OF RESIDENCY

Approved on the basis of subsections 7 (3) and 7 (4) of the University of Tartu Act and clause 12 (2) 9) of the Statutes of the University of Tartu, adopted by the University of Tartu senate regulation no. 11 of 21 July 2014 and approved by council resolution no. 18 of 29 July 2014. [effective as of 1 January 2016]

I. General provisions

1. The Rules of Residency regulate the admission of candidates to the positions of resident doctors in the residency of the University of Tartu (hereinafter “university”), the organisation of the theoretical and practical training of residency and the conditions of and procedure for exclusion of residents from residency.

2. Residency means training in a medical or dental specialisation following medical or dentist studies, which aims to take the knowledge and practical skills of resident doctors to a level at which they are able to work as independent specialist doctors.

3. The total number and division of resident doctors are specified in the state-commissioned residency agreement.

4. Training in residency is provided on the basis of the residency programme approved by the Senate and the individual curriculum drawn up by the general supervisor of the residency specialisation (“general supervisor of the specialisation”) and in accordance with the framework requirements for residency established by the Minister of Social Affairs.

5. Residency comprises theoretical training that takes place at the University and practical training that takes place at the residency base (“institution”). Theoretical training amounts to up to 20 per cent and practical training to at least 80 per cent of the total volume of residency under the residency programme.

6. For the purpose of organisation of practical training at the institution, the University enters into contracts in accordance with the framework requirements for residency established by the Minister of Social Affairs.
7. The unit of calculation of residency training is the academic year, which starts on 1 September and ends on 31 August. Resident doctors are entitled to four weeks’ holiday each academic year.

8. Decisions relating to the organisation of residency, including the grade of the final examination, can be contested by a resident in accordance with the procedure established in the Study Regulations of the University, unless otherwise provided for in these Rules. In case of contestation of decisions relating to the organisation of residency, the vice dean for residency of the Faculty of Medicine (“vice dean for residency”) performs the tasks assigned to the vice dean for academic affairs by the Study Regulations. [effective as of 1 January 2016]

81. If the dean of the Faculty of Medicine has not appointed a vice dean for residency, the dean shall perform the tasks assigned to the vice dean for residency by these rules. [effective as of 1 January 2016]

II. Procedure for admission to residency

II. 1. Applying for residency

9. All persons who have been registered as a doctor or dentist in the Health Board and:
   9.1. completed medical or dentist studies at the University, being matriculated to medical or dentist studies in the 1997/1998 academic year or later;
   9.2. completed medical or dentist studies and internship at the University, being matriculated to medical or dentist studies in the 1997/1998 academic year or later;
   9.3. have foreign higher education which corresponds to the education specified in section 9.1 or 9.2 have the right to apply for residency.

91. A person excluded from residency due to lack for progress can apply for residency only after two years from being excluded from residency. [effective as of 1 January 2016]

10. One can apply for up to two residency specialisations, indicating the first and second preference. Once the documents have been submitted, the order cannot be changed. If a candidate qualifies for both specialisations, the candidate will be admitted to the specialisation listed as their first preference. [effective as of 1 April 2020]

11. To apply for residency, the applicant submits the application electronically or on paper. If the data necessary for application is not accessible to the University from national registers via the Study Admission Information System or from the University’s Study Information System, the applicant submits the following documents electronically or on paper in addition to the application:
   11.1. diploma and diploma supplement of medical or dentist studies of the University;
   11.2. document certifying completion of internship at the University if the candidate was matriculated to medical or dentist studies at the University before the 1997/1998 academic year;
   11.3. document certifying higher education corresponding to the education specified in section 9.1 or 9.2 if the candidate has obtained higher education abroad;
   11.4. an identity document or a copy thereof;
   11.5. curriculum vitae;
   11.6. foreigners have to submit a document proving right of residency in Estonia, a long-term residence permit or a fixed-term residence permit that entitles them to work in Estonia. [effective as of 1 April 2020]

111. In order to check and verify the submitted documents, the university has the right to use the study information system of the University of Tartu and to request information from other educational institutions and authorities. [effective as of 29 March 2019]

12. All original documents (except documents drawn up for submission to the University) must be accompanied by a copy. A notarised copy or a copy certified by the issuer can be submitted in place of an original document. Documents not drawn up in Estonian or English must be accompanied by a translation in Estonian or English certified by a notary or a sworn translator. Electronically submitted documents must be electronically signed or approved with a qualified electronic signature or seal. [effective as of 1 April 2020]
13. The electronic application and other electronic documents can be submitted in the Study Admission Information System at www.sais.ee from 1–19 June. The application and other documents on paper can be submitted at the Dean’s Office of the Faculty of Medicine or sent by mail. The Dean’s Office of the Faculty of Medicine accepts documents on working days from 1–19 June. Documents sent by mail are timely submitted if received by the university by 19 June at the latest. If the information included in the application of an applicant is incomplete and/or the applicant fails to submit all the required documents by 19 June, the university will give the applicant at least one working day for eliminating the shortcomings. [effective as of 1 April 2020]

II. 2. Entrance examinations

14. Residency entrance examinations are held once a year. The vice dean for residency sets the times of the entrance examinations by no later than 20 May. [effective as of 1 January 2016]

15. The entrance examinations are held in Estonian and consist of a written part and an oral part.

16. The substantive requirements and the procedure for taking the entrance examinations is established by the Council of the Faculty of Medicine by no later than 1 April. [effective as of 1 January 2016]

17. On a proposal of the general supervisor of the specialisation, the vice dean for residency establishes entrance examination committees that consist of three to five members. At least one of the members of the entrance examination committee must come from outside of the University. [effective as of 1 January 2016]

18. At the beginning of the entrance examination, the chair of the entrance examination committee introduces the work organisation during the examination, the principles of drawing up a ranking list and the time, place and manner of communicating the results.

II. 3. Filling resident doctor places

19. Candidates are admitted to residency on the basis of the ranking lists of the specialisations, which are drawn up on the basis of the grade of the final examination of medical or dentist studies and the result of the entrance examination.

20. The maximum possible score upon application for residency is 40 points, which is obtained by summarising the grade of the final examination of medical or dentist studies and the score obtained for the entrance examination.

21. The grade of the final examination of medical or dentist studies is converted into a 10-point system. In the case of the conversion of the grade of the final examination of medical or dentist studies into the 10-point system, the grade ‘very good’ (5) means 10 points, ‘good’ (4) means 8 points, ‘satisfactory’ (3) means 6 points and, in the case of the grading system used since 1999, ‘excellent’ (A) means 10 points, ‘very good’ (B) means 9 points, ‘good’ (C) means 8 points, ‘satisfactory’ (D) means 7 points and ‘poor’ (E) means 6 points. The academic results of a candidate who obtained education abroad are re-graded by the entrance examination committee.

22. Up to 30 points can be obtained for the entrance examination. The written part and oral part of the entrance examination are graded separately. The Council of the Faculty of Medicine approves the division of the score between the oral part and written part separately for each residency specialisation. The entrance examination will be deemed to have been passed if the candidate obtains at least 15 points for the oral and written part of the examination. [effective as of 1 January 2016]

23. If the scores of candidates are equal, preference will be given to the candidate who holds a doctorate in the respective specialisation, followed by the candidate who has submitted a dissertation for defence in the respective specialisation and, finally, the candidate whose score for the entrance examination is higher.

24. The results of the entrance examination will be communicated by the entrance examination committee of the specialisation within three working days of the examination.
25. To contest the result of an entrance examination, the applicant files a written appeal with the vice dean for residency within two working days following the disclosure of the examination results. For the admissions period the dean of the Faculty of Medicine forms an appeal committee comprising at least the vice dean for residency, the head of the dean’s office of the Faculty of Medicine and a person appointed by the dean. The appeal committee will inform the appellant and other parties to the dispute within five working days of filing of the appeal whether the committee has decided to: [effective as of 29 March 2019]
   25.1. uphold the score given for the entrance examination,
   25.2. raise the score given for the entrance examination, or
   25.3. reduce the score obtained for the entrance examination.

26. Candidates admitted to residency are entered in the list of resident doctors by no later than 1 September by an order of the vice rector for academic affairs based on a motion of the vice dean for residency. The order indicates the end date of residency based on the standard term of the residency specialisation. [effective as of 1 January 2016]

27. If any vacant resident doctor places remain in a residency specialisation, a follow-up competition to fill them may be carried out at the time set by the vice dean for residency. The follow-up competition will take place on the same conditions and in accordance with the same procedure as the regular competition. [effective as of 1 January 2016]

28. If a first-year resident doctor does not commence their studies or does not appear at the institution within two weeks of the start of the academic year without good reason, they will be excluded from the list of resident doctors. The vacant resident doctor place will be filled on the basis of the ranking list with a person who applied for the same specialisation in the same year and who meets the admission criteria.

III. Residency programme

29. At the request of the Council of the Faculty of Medicine, the Senate approves the residency programme of each residency specialisation in accordance with the Regulation “Framework Requirements for Residency and Procedure for Conducting Residency” of the Minister of Social Affairs and also determines
   29.1. the name of the minor specialisation in Estonian and English;
   29.2. the name of the profession of the specialist doctor in Estonian and English;
   29.3. language requirements for completing residency;
   29.4. the prerequisites for taking the final examination, the substantive requirements for the final examination and the procedure for taking the final examination. [effective as of 1 April 2020]

291. A residency programme belongs to the Faculty of Medicine and it is managed by the Faculty of Medicine. [effective as of 1 January 2016]

292. The minor specialisations approved in residency programmes are in compliance with the additional competences of residency specialisations established by the regulation of the minister of social affairs. [effective as of 26 May 2017]

30. The residency programme may be amended for each academic year; the amended residency programme is the version for the respective academic year. The Council of the Faculty of Medicine approves the residency programme amended due to changes in the period of validity of the version of the residency programme, learning outcomes of a single theoretical training course or a practical course cycle, the forms and procedure for assessment of learning outcomes obtained, the prerequisites for taking the final examination of residency, the substantive requirements for the final examination and the procedure for taking the final examination or the list of institutions or due to the substitution, closure or addition of a single theoretical training course or a practical training cycle. The Senate approves the amendment of the name of a residency specialisation, amendment of the name of a minor specialisation, opening or closing a minor specialisation, amendment of the name of the profession of a specialist doctor, amendment of the standard duration and volume of residency, substantial amendment of the goals and learning outcomes of a residency programme and closing of a residency program. Amendments to a residency
programme for the next academic year are approved no later than by 1 April. A decision to amend a residency programme specifies the academic year(s) in which the updated version of the residency programme is applicable to admitted resident doctors. [effective as of 1 April 2020]

31. A resident doctor is permitted to change their residency programme by an order of the vice rector for academic affairs on a motion of the vice dean for residency: [effective as of 1 January 2016]
   31.1. in the event of closure of the residency programme;
   31.2. with the consent of the general supervisors of both residency specialisations. In such an event the change of residency programme will be taken into account upon setting the admission limit for residency specialisations for the next academic year.

311. The timeliness and quality of residency training is assessed regularly in the course of internal or external evaluation of residency programmes. By the evaluation, the residency programmes and the corresponding training activities are systematically analysed to clearly identify the areas in which the programmes and training activities need to be updated and improved and to plan development activities. Residency programmes are evaluated at least once in five academic years. Residency programmes are evaluated in the following areas:
   311.1. the content and structure of the residency programme;
   311.2. resident doctors;
   311.3. the supervision of resident doctors;
   311.4. the learning process;
   311.5. resources.
[effective as of 1 April 2020]

312. In the internal evaluation of a residency programme, the general supervisor of the specialisation compiles an evaluation report including, among other topics, an activity plan on further development activities, and submits it to the residency committee for discussion, possible changes and approval.
[effective as of 1 April 2020]

313. The general supervisor of the specialisation may propose organising an external evaluation of the residency programme instead of an internal evaluation. In the course of external evaluation, at least two recognised experts from outside Estonia use the evaluation report compiled by the general supervisor of the specialisation and the information received during the evaluation visit to analyse the strengths and weaknesses of the programme and the corresponding training activities and give advice on updating and improving the programme and training activities. Based on the final report of the external evaluation, the general supervisor of the specialisation compiles an activity plan on further development activities, and submits it to the residency committee for discussion, possible changes and approval. [effective as of 1 April 2020]

314. The vice dean for residency convenes the residency committee. The committee comprises the vice dean for residency as chair of the committee, five general supervisors of specialisations, two representatives of resident doctors, one representative of students, one representative of the Estonian Medical Association and one representative of the Estonian Hospitals Association. The representatives of resident doctors are elected according to the procedure described in clause 315. The student representative is appointed by the student council of the Council of the Faculty of Medicine from among the students of medicine or dentistry. The discussion of the activity plan compiled based on the internal evaluation report or external evaluation final report of the residence programme must involve at least one representative of the relevant professional association and at least one representative of resident doctors of the relevant specialisation with voting rights. The general supervisor of the relevant specialisation may participate in the discussion with the right to speak. The general supervisor of the specialisation appoints the representative of the relevant professional association and the representative of resident doctors to be involved in the discussion of the residency programme, coordinating the appointment of the representative of resident doctors with the resident doctors of the relevant specialisation. The activity plan compiled based on the internal evaluation report or the external evaluation final
report is approved if more than half of committee members with voting rights have voted in its favour. [effective as of 1 April 2020]

315. Resident doctors elect the representatives of resident doctors for the residency committee from among themselves. The elections take place by secret ballot every year in May. The vice rector for residency announces the elections and the deadline for submission of candidates at least four weeks before the elections. All resident doctors may nominate candidates, including themselves. A written consent of the candidate is necessary to nominate the candidate. Each voter has one vote. The election results are approved in the form of a ranking list. If multiple candidates receive an equal number of votes, the ranking is determined by drawing lots. The representatives of resident doctors are elected for one year and the mandate of the elected committee members starts from the beginning of June. The mandate of the representatives of resident doctors in the residency committee runs until new representatives take office. If a member of the residency committee is unable to participate in the work of the committee, the vice dean for residency may appoint the next candidate in the ranking list to substitute for the withdrawn member of the residency committee until the withdrawn member returns, but no longer than until the next elections. [effective as of 1 April 2020]

316. Feedback on residency programmes is regularly collected from resident doctors. For this, resident doctors fill in an anonymous questionnaire at least once in academic year and assess institutions at least twice in academic year according to procedure described in clause 44. [effective as of 1 April 2020]

IV. Organisation of training

32. In residency, training takes place on the basis of an individual curriculum drawn up on the basis of the residency programme, i.e. a resident doctor completes theoretical and practical training in the order specified in their individual curriculum.

33. Theoretical training takes place in the form of:
   33.1. contact studies such as lectures, seminars and practical training and is evaluated in graded examinations and pass/fail examinations;
   33.2. independent work that comprises the independent acquisition of knowledge, studying of problems and drawing up written papers that are evaluated in graded examinations and pass/fail examinations.

34. Practical training takes place at the institution in the form of the work of a specialist doctor under the supervision of qualified specialist doctor and in the form of seminars, meetings, clinical conferences and analysis of illness cases.

35. Graded examinations and pass/fail examinations are taken and evaluated in residency in accordance with the requirements established in the Study Regulations of the University, unless otherwise provided by these Rules.

36. In cooperation with the resident doctor, the general supervisor of the specialisation draws up the individual curricula of the resident doctor for each academic year on the basis of the residency programme, specifying the theoretical training courses and practical training cycles to be completed during the academic year, the workload of the resident doctor, the schedule of training and the list of compulsory literature. [effective as of 1 April 2020]

37. The individual curriculum of the first year of residency is drawn up by 1 August and the curricula for the following academic years are drawn up by 1 June. At the request of the resident doctor, their individual curriculum may be amended throughout the academic year with the consent of the general supervisor of the specialisation and the relevant institutions, provided that it does not impede the completion of the residency programme.

371. Residency is normally done full-time. A resident doctor can request to complete a practical training cycle of residency or a part of it on a part-time basis if the resident doctor raises a child
under three years of age or a disabled child, is a doctoral student or takes care of a family member who needs assistance in everyday tasks due to illness, disability or another special need. Vice dean for residency allows the resident doctor to complete a particular practical training cycle of residency or a part of it on a part-time basis if it does not interfere with achieving the learning outcomes of the cycle nor with the completion of other practical training cycles agreed upon in the individual curriculum, and, if possible, considering the organisation of work and resources of the institution, including the institution’s possibility of appointing a supervisor for the resident doctor. If the vice dean for residency refuses to allow part-time residency, the reasons for such a decision must be given in writing.
[effective as of 1 April 2020]

372. The workload of practical training is 40 hours per week in full-time residency and 20 hours per week in part-time residency. In case of part-time residency, the standard duration of study of the resident doctor is extended by the length of the practical training cycle or its part.
[effective as of 1 April 2020]

373. The practical training cycles of residency can be completed on a part-time basis over a period of up to 22 months, corresponding to 11 months of practical training cycles according to standard duration. The practical training cycle or its part can be completed part-time only over a period of an even number of months. The part-time completion of a practical training cycle or its part can start on the first day of a calendar month.
[effective as of 1 April 2020]

374. If the resident doctor wishes to complete a practical training cycle or its part on a part-time basis in the next academic year, the resident doctor submits a corresponding request together with the opinion of the general supervisor of the specialisation and the institution to the vice dean for residency by the due date of submitting the individual curriculum for the next academic year at the latest. If the resident doctor wishes to complete a practical training cycle or its part on a part-time basis in the current academic year, the resident doctor submits a corresponding request together with the opinion of the general supervisor of the specialisation and the institution to the vice dean for residency at least two months before the start date of the practical training cycle or its part to be completed on a part-time basis. If the resident doctor no longer wants to complete a practical training cycle or its part on a part-time basis, the resident doctor submits a corresponding request together with the opinion of the general supervisor of the specialisation and the institution to the vice dean for residency at least two months before the date on which the workload is supposed to change. If the resident doctor has already started to complete a practical training cycle or its part on a part-time basis, the resident doctor can return to full-time residency only after completing a practical training cycle or its part on a part-time basis for an even number of months.
[effective as of 1 April 2020]

375. The general supervisor of the specialisation asks for the institution’s opinion on whether the resident doctor can complete a practical training cycle or its part on a part-time basis at that institution. [effective as of 1 January 2016]

376. The changing of the resident doctor’s workload and the extension of the standard duration of study due to completing a practical training cycle or its part on a part-time basis is formalised by an order of vice dean for residency. The order by which the resident doctor takes up part-time residency also specifies the practical training cycles to be completed on a part-time basis. [effective as of 1 April 2020]

V. Supervision of resident doctor

38. On a proposal of the head of the institute, the vice dean for residency appoints one of the members of the teaching staff of the structural unit of the residency specialisation whose professional work experience is at least five years as the general supervisor of the specialisation for three years. [effective as of 1 January 2016]
39. The general supervisor of the specialisation is required to draw the individual curricula of the resident doctors of their specialisation and to coordinate these with the institutions, follow the completion of the individual curricula, draw up the schedule of graded examinations and pass/fail examinations for each academic year, organise residency entrance examinations and final examinations, and cooperate with their supervisors for the purpose of organisation of training in the institutions.

40. The contract to be made with the institution will set out that the institution will organise the supervision of a resident doctor on the following terms:

   40.1. the institution will appoint to the resident doctor a supervisor for the cycle of practical training who is responsible for the work of the resident doctor as a specialist doctor;
   40.2. a doctor who has at least five years’ professional experience can be the supervisor of the resident doctor at the institution. One supervisor may have one supervised resident doctor at a time or, by way of exception and with the consent of the general supervisor, two supervised resident doctors.
   40.3. The supervisor of a resident doctor in the institution is to instruct the resident doctor, give him/her feedback and exercise supervision over his/her activities. The supervisor of a resident doctor must ensure that the resident doctor is able to consult the supervisor on a daily basis regarding matters related to the practical work of a doctor. [effective as of 1 April 2020]

VI. Completion of an individual curriculum and progress in studies

41. Before the start of the next academic year, a resident doctor is required to complete 100% of the theoretical and practical training prescribed in their individual curriculum for the previous academic year.

42. A resident doctor must keep a residency diary that reflects the completion of the theoretical resident doctor training and acquisition of practical skills in accordance with the individual curriculum and the residency programme.

43. The contract to be made with the institution stipulates that at the end of the practical training cycle, the supervisor of the resident doctor at the institution submits a written opinion on how the practical skills of the resident doctor correspond to the learning outcomes of the practical training cycle approved in the residency programme, the individual curriculum and the residency programme and how the resident doctor applies theoretical knowledge in practice. [effective as of 1 April 2020]

44. The resident doctor must draw up a written report on the completion of practical training at institutions twice per academic year and submit it to the general supervisor of the specialisation by 1 December and 1 June along with his/her assessment on the institutions. [effective as of 1 April 2020]

45. By 1 January and 1 July each year the general supervisor of the specialisation evaluates the progress of all of the resident doctors of the specialisation based on their individual curricula and residency programme and submits their written decision to the vice dean for residency. The prerequisite for a positive evaluation of the progress of a resident doctor is that the resident doctor has participated in the prescribed theoretical training and practical training cycles and the results of graded examinations and pass/fail examinations are positive. Upon evaluation of the progress of a resident doctor, the general supervisor of the specialisation also takes into account the report of the resident doctor and the opinions of the supervisors on the practical application of the practical skills and theoretical knowledge of the resident doctor. [effective as of 1 January 2016]

46. A resident doctor who has completed practical training in the volume allowing transfer to the next academic year and completed the individual curriculum, including having positively taken the required graded and pass/fail examinations, and whose progress has been positively assessed by the general supervisor of the specialisation, is transferred to the next academic year by an order of the vice dean for residency by 15 September or 15 February. If the resident doctor has completed a practical training cycle or its part in part-time study, two months of part-time study account for one when calculating the volume of completed training. [effective as of 1 April 2020]
47. Upon final evaluation of the progress of a resident doctor before the final examination, the general supervisor of the specialisation evaluates, in addition to what has been specified in section 45, the progress of the resident doctor under the residency programme on the whole and makes an assessment of whether the resident doctor will complete the theoretical and practical training prescribed in the residency programme by the end of the standard duration of residency. A positive assessment of the general supervisor of the specialisation is the prerequisite for allowing the resident doctor take the final examination.

48. The university can take into account previous studies or studies completed outside the residency programme as part of the residency programme, but not with regard to the final examination. Previous studies or studies completed outside the residency programme can be taken into account as part of completing practical training to the extent of up to 50 % of the volume of practical training prescribed in the residency programme. The residency programme may set out theoretical training courses and practical training cycles with regard to which previous studies and studies completed outside the residency programme are not taken into account. [effective as of 1 April 2020]

49. Previous studies or studies completed outside the residency programme will be evaluated and taken into account as part of the residency programme by way of individual evaluation. A resident doctor requesting that their previous studies or studies completed outside the residency programme be taken into account submit the request to the general supervisor of the specialisation. The vice dean for residency decides on accepting or rejecting the previous studies or studies completed outside the residency programme, based on the consent of the general supervisor of the specialisation corresponding to the content of the theoretical training or practical training cycle submitted for evaluation and the consent of the general supervisor of the specialisation of the resident doctor. [effective as of 1 April 2020]

VII. Completion of training abroad

50. Resident doctors can complete a part of their training abroad as recipients of scholarships of international organisations, programmes, governments, funds and universities or on their own initiative if:

50.1. the planned training corresponds to the residency programme;
50.2. the duration of the training abroad is less than half of the standard duration of the respective specialisation of residency, unless otherwise provided for in the residency programme.

51. The correspondence of the training to be completed abroad to the residency programme is assessed by the vice dean for residency on the basis of an application of the resident doctor and the consent of the general supervisor of the specialisation. [effective as of 1 January 2016]

52. Regarding a resident doctor who takes up training abroad it is deemed that residency at the University will not be interrupted or extended by the period spent abroad. A student is registered as an international student by an order of the vice dean for residency, specifying the respective University or hospital and the time of study there. [effective as of 1 January 2016]

53. Pass/fail examinations and graded examinations taken in foreign universities are evaluated and accepted in accordance with the procedure set out in sections 48 and 49 of these Rules.

VIII. Suspension and extension of residency

54. The residency of a resident doctor can be suspended at their request in the following events:

54.1. for completion of a doctoral curriculum for up to four years;
54.2. upon commencement of service in the Defence Forces of Estonia for up to one year;
54.3. for health reasons on the basis of a medical certificate for up to two years;
54.4. to care for a child until the child reaches the age of three years. With this reason the mother of a child has the right to apply for the suspension of residency as of the seventh month of pregnancy on the basis of a medical certificate and, following the birth of the child, both parents have such a right on the basis of a copy of the birth certificate of the child; [effective as of 1 April 2020]
54.5. at the request of the resident doctor for up to one year. [effective as of 1 April 2020]

55. Residency will not be suspended for a period shorter than one month. To suspend the residency for completion of a doctoral curriculum, upon commencement of service in the Defence Forces of Estonia and at the resident doctor’s request, the corresponding application must be submitted at least two months before the planned starting date of suspension. In justified cases, the application for suspending residency at the resident doctor’s request may be also submitted less than two months before the planned starting date of suspension. The suspension of residency and the related postponement of the end date of residency by the period of suspension of residency will be formalised by an order of the vice dean for residency. [effective as of 1 April 2020]

56. In the last year of residency, the vice dean for residency may, on the basis of an application of a resident doctor and with the consent of the institution, allow the extension of the residency for the purpose of eliminating the lag and postpone the end date of residency. The extension of residency is formalised by an order of the vice dean for residency. [effective as of 2 May 2016]

57. A resident doctor whose residency has been extended will compensate the University for their training expenses (those related to training at the University, the University’s organisation expenses and the organisation expenses of the institution). The training expenses to be compensated by the resident doctor will be determined by the vice dean for residency on the basis of the rates of the expenses relating to training resident doctors, which serve as the basis for the cost of the resident doctor place specified in the state-commissioned residency agreement. The training expenses will be compensated on the basis of monthly invoices which the University will issue electronically at least 14 days before the due date. The University will not compensate the institution for the wages of the resident doctor whose residency has been extended. [effective as of 1 January 2016]

IX. Final examination of residency

58. Residency ends with the taking of the final examination.

59. The vice dean for residency sets the dates and times of the final examinations by an order. [effective as of 1 January 2016]

60. The results of the final examination are graded by the final examination committee established by the vice dean for residency, which consists of three to five members of the respective residency specialisation. At least half of the members of the final examination committee must come from outside of the University. [effective as of 1 January 2016]

61. Before resident doctors take the final examination, the chair of the final examination committee explains to them the principles of grading the final examination and announces the time, place and manner of disclosure of the results of the final examination.

62. The results of the final examination are announced within two working days of the examination.

63. A resident doctor has the right to re-sit the examination twice at the time set by the final examination committee.

64. If a resident doctor fails to appear at the final examination, the notation ‘not present’ will be made on the examination protocol. If their absence is not for a good reason, one attempt to take the examination will be deemed as exhausted. If there is a good reason, the notation ‘Not present’ will be cancelled if a certificate evidencing the reason is submitted to the chair of the final examination committee within five working days of the examination. A resident doctor who fails to take the examination for a good reason has the right, by a decision of the final examination committee, to take the final examination at the time set by the final examination committee.

X. Completion of residency and exclusion from residency

65. A resident doctor who completes the residency programme and passes the final exam will be deemed to have completed the residency and the University will give them a certificate certifying the completion of the residency and a diploma supplement.
66. Exclusion from residency (the list of resident doctors) takes place by an order of the vice rector for academic affairs on a motion of the vice dean for residency for the following reasons: [effective as of 1 January 2016]

66.1. on the initiative of the University:
   66.1.1. in connection with the full completion of the residency programme;
   66.1.2. due to a lack of progress. Progress is evaluated twice per academic year in accordance with section 45;
   66.1.3. after failing the same graded examination or pass/fail examination three times; [effective as of 1 January 2016]
   66.1.4. due to inappropriate behaviour in the form of violating the medical code of ethics or in the events specified in the Study Regulations of the University;
   66.1.5. upon expiry of the final date of residency;
   66.1.6. in the event specified in section 57 if the training expenses are not compensated by the due date;
   66.1.7. if the resident doctor does not commence studies within two weeks of the start of the academic year or fails to appear at the institution within the first two weeks of the practical training cycle provided for in the individual curriculum of the resident doctor;

66.2. at the request of the resident doctor;
66.3. for the following reasons beyond the control of the parties:
   66.3.1. if a court has identified the limited active legal capacity of the resident doctor;
   66.3.2. on the basis of a judgment that prohibits the resident doctor from working as a doctor;
   66.3.3. due to the death of the resident doctor.

X1. Examination in minor specialisation for specialist doctors [effective as of 26 May 2017]

661. The university organises examinations in a minor specialisation for specialist doctors who were registered as a specialist doctor in the respective specialisation before 1 July 2013. The procedure for taking an examination in the minor specialisation and issuing the document certifying the passing of an examination in the minor specialisation is established by the council of the Faculty of Medicine. Taking the examination in a minor specialisation is for a fee, the amount of the fee is established by the dean of the Faculty of Medicine. [effective as of 26 May 2017]

XI. Implementing provisions

67. Regulation no. 20 of the Council of the University of Tartu of 17 December 2010 (amended by Regulation no. 18 of the Council of the University of Tartu of 16 December 2011) ‘Rules of Residency’ is hereby repealed.

671. The council of the Faculty of Medicine establishes the procedure for taking the examination in a minor specialisation and issuing the document certifying the passing of the examination in a minor specialisation, and the dean of the Faculty of Medicine establishes the fee for taking an examination in the minor specialisation on 1 October 2017 at the latest. [effective as of 26 May 2017]

672. Residency programmes approved before 1 January 2020 will be aligned with clause 29 of these rules by 1 April 2022. [effective as of 1 April 2020]

673. The first evaluation of residency programmes according to clause 311 takes place in 2023 at the latest or when five years have passed from the previous external evaluation. If five years pass from external evaluation before 2023, the new evaluation must be organised in 2023 at the latest. [effective as of 1 April 2020]

674. The vice dean for residency convenes the residency committee on 1 June 2020 at the latest. The first elections of the representatives of resident doctors according to clause 313 take place in May 2020. [effective as of 1 April 2020]

68. The Rules will enter into force on 1 January 2014.