

# **European Public and Global Health**

**Faculty of Health, Medicine and Life Sciences  
Maastricht University**

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This report was finalised on 16 June 2014.

# Report on the bachelor's programme European Public Health and the master's programmes European Public Health and Global Health of Maastricht University

This report considers the NVAO's Assessment framework for limited programme assessments as a point of departure.

## Administrative data regarding the programmes

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### Bachelor's programme European Public Health

Name of the programme:	European Public Health
CROHO number:	50296
Level of the programme:	bachelor's
Orientation of the programme:	academic
Number of credits:	180 EC
Specialisations or tracks:	-
Location(s):	Maastricht
Mode(s) of study:	full time
Expiration of accreditation:	24 October 2017

### Master's programme European Public Health

Name of the programme:	European Public Health
CROHO number:	60379
Level of the programme:	master's
Orientation of the programme:	academic
Number of credits:	60 EC
Specialisations or tracks:	-
Location(s):	Maastricht
Mode(s) of study:	full time
Expiration of accreditation:	15 July 2015

### Master's programme Global Health

Name of the programme:	Global Health
CROHO number:	66902
Level of the programme:	master's
Orientation of the programme:	academic
Number of credits:	60 EC
Specialisations or tracks:	-
Location(s):	Maastricht
Mode(s) of study:	full time
Expiration of accreditation:	11 April 2016

The visit of the panel European Public and Global Health to the Faculty of Health, Medicine and Life Sciences of Maastricht University took place on 1, 2, 3 April 2014.

## **Administrative data regarding the institution**

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Name of the institution:	Maastricht University
Status of the institution:	publicly funded institution
Result institutional quality assurance assessment:	positive

## **Quantitative data regarding the programmes**

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The required quantitative data regarding the programmes are included in Appendix 5.

## **Composition of the panel**

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The panel that assessed the bachelor's programme European Public Health and the master's programmes European Public Health and Global Health consisted of:

- Prof. Margreet Wieringa-de Waard, professor emeritus of the Department of General Practice at the Academic Medical Center- University of Amsterdam (AMC-UvA);
- Dr. Harro Maat, university lecturer at the Knowledge, Technology and Innovation group, Social Sciences Department, Wageningen University;
- Prof. Allan Krasnik, director of the Research Centre of Migration, Ethnicity and Health, University of Copenhagen;
- Prof. Manfred Wildner, head of the Health Department at the Bavarian Health and Food Safety Authority and apl. Professor of Public Health Policy and Administration, Ludwig-Maximilians-University Munich;
- Dr. Cristiana Bastos, senior researcher at the Social Sciences Institute, University of Lisbon;
- Dr. Alena Petrakova, senior advisor at the Public Health Capacity and Communication Department and the former Head of Country Cooperation Section at ECDC (European Centre for Disease Control), Stockholm;
- Lisanne van Ruiten, BSc, student at the Research Master's programme Global Health at the VU University Amsterdam

The panel was supported by Mrs. A.J. (Adrienne) Wieldraaijer-Huijzer, MA, who acted as project manager and secretary for the reports on the distinctive quality feature internationalisation, and Mrs. J.J. (Jasne) Krooneman, MSc, who acted as secretary for the limited programme assessments.

The board of Maastricht University and the Accreditation Organisation of the Netherlands and Flanders (NVAO) approved the composition of the panel. Appendix 1 contains the curricula vitae of the members of the panel. All members of the panel and the secretaries signed a declaration of independence as required by the NVAO protocol to ensure that they judge without bias, personal preference or personal interest, and the judgement is made without undue influence from the institute, the programme or other stakeholders (see Appendix 8).

## Brief description of the procedures

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### *Preparations*

QANU received the critical reflections of the bachelor's programme European Public Health and master's programmes European Public Health and Global Health of Maastricht University on 31 January 2014. After having established that the reflections fulfilled the criteria of relevance and completeness, the project manager distributed them along with additional information to the members of the panel. They read the reports and prepared questions, comments and remarks on each critical reflection prior to the site visit. The project manager collected these questions in a document and arranged them according to panel conversation and subject. Some additional questions were sent to the institution for further clarification.

In addition, all panel members read recent theses from all three programmes. In consultation with the chair of the panel, fifteen theses from the bachelor's programme European Public Health, ten theses from the master's programme European Public Health and ten theses from the master's programme Global Health were selected, covering the full range of marks given. The panel members received QANU's checklist for the assessment of theses to ensure that their assessments were comparable and included a reflection on the international and intercultural learning outcomes. Since the programmes lead to scientific degrees, the panel paid specific attention to the scientific level of the theses, the academic requirements, carefulness of judgement by the reviewer of the programme, and the assessment procedure used.

Prior to the site visit, the panel requested insight into the structure, content, assessment and evaluation of all courses. During the site visit, it assessed the quality of the course descriptions, student information, and exams in more detail. An overview of all documents and theses reviewed by the panel is included in Appendix 7.

The project manager drafted a programme for the site visit. This was discussed with the chair of the panel and the co-ordinator of the programme. As requested by QANU, the co-ordinator of the programme carefully selected discussion partners. The panel approved the selection. A schedule of the programme with all partners is included in Appendix 6.

### *Site visit*

The site visit to Maastricht University took place on 1-3 April 2014. It started with a preparatory meeting, during which the panel was instructed, and its tasks and functioning were discussed. The panel members took note of the domain-specific framework of reference (Appendix 2) and discussed their findings based on the critical reflections. They also discussed the theses, the working methods, and the questions and issues to be raised in the interviews with representatives of the programmes and other stakeholders. During the site visit, the panel studied documents provided by the co-ordinator of the site visit, including minutes of the Board of Studies and the Board of Examiners, course descriptions, written exams, assignments and other assessments.

During the site visit, the panel interviewed the programme management, students, staff members, graduates, members of the Board of Studies, the Board of Examiners and the Advisory Boards. In addition, it interviewed staff responsible for the internationalisation activities within the faculty. The panel did not speak with representatives of the central international marketing team of the university. It also studied additional materials made available by the programmes upon request. Prior to the site visit, both staff members and

students were informed about the opportunity to speak to the panel confidentially during the ‘consultation hour’. No requests were received.

After the concluding meeting with the management, the panel members extensively discussed their assessment of the programmes and prepared a preliminary presentation of the findings. Because the assessment framework for the distinctive quality feature internationalisation does not run parallel with the assessment framework for limited programme assessments, the scorings and arguments for both assessments were discussed separately during the site visit. The site visit was concluded with a presentation of the preliminary findings by the chairman. It consisted of a general assessment and several specific findings and impressions of the programmes, as well as some recommendations.

### *Report*

After the visit, the secretaries produced a draft version of the report. They submitted the report to the panel. The secretaries processed corrections, remarks and suggestions for improvement provided by the panel members to produce the revised draft report. This was then sent to Maastricht University to check for factual errors. The comments and suggestions provided by Maastricht University were discussed with the chair of the assessment panel and, where necessary, with the other panel members. Based on the panel’s decisions to incorporate or ignore comments and suggestions, the secretary compiled the final version of the programme report.

In assessing the programmes, the panel established that the assessment framework for the distinctive quality feature internationalisation does not run parallel with the assessment framework for limited programme assessments. Although many topics are part of both assessments, the standards and criteria do not follow the same structure and order. The framework of the distinctive quality feature internationalisation consists of five standards (instead of three); it requires substantiated and weighted judgements on 21 levels (instead of four); and one standard in this framework can include aspects from more than one standard of the framework for the limited programme assessment. To improve readability, clarity and argumentation, the panel decided not to integrate the two reports, but to draw up separate sections for the limited programme assessment and the distinctive quality feature internationalisation assessment. As a consequence, the different reports will sometimes refer to each another, but they can also be read individually. The report on the distinctive quality feature internationalisation contains a separate summary for every programme that can be included in a general summary about the programmes when the final decisions are published by the NVAO.

### *Decision rules for limited programme assessment*

In accordance with the NVAO’s Assessment framework for limited programme assessments (as of 22 November 2011), the panel used the following definitions for the assessment of both the standards and the programme as a whole.

### **Generic quality**

The quality that can reasonably be expected in an international perspective from a higher education bachelor’s or master’s programme.

### **Unsatisfactory**

The programme does not meet the current generic quality standards and shows serious shortcomings in several areas.



### **Satisfactory**

The programme meets the current generic quality standards and shows an acceptable level across its entire spectrum.

### **Good**

The programme systematically surpasses the current generic quality standards across its entire spectrum.

### **Excellent**

The programme systematically well surpasses the current generic quality standards across its entire spectrum and is regarded as an (inter)national example.

### **Assessment rules final conclusion limited programme assessment**

The final conclusion regarding a programme will always be “unsatisfactory” if standard 3 is judged “unsatisfactory”. In case of an unsatisfactory score on standard 1, NVAO cannot grant an improvement period.

The final conclusion regarding a programme can only be “good” if at least two standards are judged “good”; one of these must be standard 3.

The final conclusion regarding a programme can only be “excellent” if at least two standards are judged “excellent”; one of these must be standard 3.

### *Decision rules for distinctive quality feature internationalisation*

In accordance with the NVAO Frameworks for the Assessment of Internationalisation (as of 14 November 2011), the panel used the definitions taken from the NVAO’s assessment frameworks for limited programme assessments (as of 22 November 2011). These definitions relate to both the assessments at the level of standards and criteria and the overall decision regarding the internationalisation of the programme.

### **Assessment rules overall programme assessment distinctive quality feature for internationalisation**

All standards have the same weight. Overall programme assessment is based on the following assessment rules:

The programme is assessed as excellent when at least 3 standards are assessed as excellent and 2 standards as good.

The programme is assessed as good when at least 3 standards are assessed as good or excellent and no standard is assessed as unsatisfactory.

The programme is assessed as unsatisfactory when 1 or more standards are assessed as unsatisfactory.

In all other cases the programme is assessed as satisfactory.



# I – Limited Programme Assessment



# Bachelor's programme European Public Health

## Summary judgement

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This report provides an overview of the panel's findings and considerations regarding the bachelor's programme European Public Health of Maastricht University. The panel based its judgement on information acquired from the critical reflection, a number of selected theses, the interviews held during the site visit, additional reading material which was available during the site visit, and the digital learning environment. The panel found positive aspects as well as points for improvement. After careful consideration, it concludes that the bachelor's programme European Public Health satisfies the requirements for re-accreditation.

### *Standard 1*

According to the panel, the domain-specific framework of reference is clearly formulated and well worked out. It covers the full breadth of the three educational programmes (bachelor's programme European Public Health, master's programme European Public Health, and master's programme Global Health) and simultaneously provides sufficient depth for a European health and public health focus. Regarding the profile of the bachelor's programme, the panel is rather enthusiastic as well. The programme distinguishes itself in a positive sense from other programmes in the field, with its highly appreciated, multidisciplinary approach. It has an academic as well as a practical orientation, and graduates can be considered generalists. Despite their clear link with the Dublin descriptors, the intended learning outcomes require further specification. The panel observed that in discussions during the site visit more specific formulations were given, in particular about its focus on European integration and public health, which is not optimally reflected in the intended learning outcomes. It would be useful to include more detail in the intended learning outcomes, so that they can provide firm guidance on which topics have to be included in or excluded from the curriculum.

### *Standard 2*

The curriculum of the bachelor's programme European Public Health provides a broad and solid basis for students, according to the panel. Throughout the curriculum, methodological approaches, skills and critical thinking are taught on an ongoing basis, as horizontal tracks alongside the topics specific to each semester and their corresponding modules. The panel finds the curriculum coherent and well structured, noting that it covers many topics and competences without becoming superficial. Students seem to particularly appreciate the multidisciplinary approach, and they are capable of identifying the different tracks throughout the courses. The curriculum allows for changes to be implemented, and recent developments from the field can be added to the course materials. There is a firm connection between the intended learning outcomes and the courses and tracks in the curriculum, and talented and highly motivated students have the opportunity to participate in the honours programme.

Active and Self-Directed Learning (ASDL) is the didactic concept of the programme and aims to stimulate an investigative attitude in students. It is precisely this concept that was debated during the site visit. Some people in the programme argued that it facilitated free-riding, while others claimed that it keeps students alert and encourages them to help each other. The panel agrees with the latter statement and feels that the concept functions properly only if there is sufficient supervision by a tutor. The lectures and tutorials fit the didactic concept very well, and the programme-specific services are considered adequate.

The panel studied the intake and workload of students and considers both to be suitable for the programme. The programme turns out to be feasible as well: during the site visit students

indicated that they know what is expected from them, they know whom to consult when they experience difficulties, and they are supported financially to participate on fieldtrips.

Although the panel advises the programme management to encourage more staff to take the University Teaching Qualification in the near future, it is confident that the programme has good teaching staff. It is also convinced that the quantity of staff members is adequate.

The panel is impressed by the proactive attitude of the Educational Committee, and considers it one of the strengths of the quality control cycle and of great value to the programme. In addition, it finds the European Health Advisory Board a useful critical asset.

### *Standard 3*

The Board of Examiners is responsible for the rules and regulations applicable to all examinations in the bachelor's programme European Public Health. Although the Board holds regular meetings and the panel has no reason to doubt the assessment system, it encourages the Board to delegate less, adopt a proactive attitude and take full responsibility for the final outcomes of the programme. According to the panel, there is sufficient variation in the assessment types, and they appear to match the didactic concept.

Students are guided well throughout the thesis procedure. They receive a list of supervisors and possible topics to choose from, but can also formulate their own research interests. They meet their supervisors individually and in groups, and they can always contact them via e-mail. A new thesis assessment form was introduced in 2012, which entails subcategories that can be evaluated with plusses and minuses. Although the new thesis assessment form comes with instructions and a translation key, the panel is of the opinion that the implementation needs to be worked out in more detail.

The panel read several theses and was satisfied with the overall level achieved. In the majority of the selected theses there was a clear objective, a logical and consistent line of reasoning, consistent use of footnotes and referencing, and the work demonstrated an adequate knowledge of the literature in the field. The panel did notice, however, that not all theses include an explicit evaluation of the relevance of the thesis topic and the research outcomes for the European Public Health domain.

The alumni assured the panel that there is a good connection to further studies and the labour market. They continue to have strong links with the bachelor's programme, which the panel appreciates. The multidisciplinary approach and the European perspective appear to be the most useful facets in future careers.

Due to the satisfactory overall level of the theses and the good connection to further studies and the labour market, the panel is convinced that the learning outcomes are achieved upon graduation.

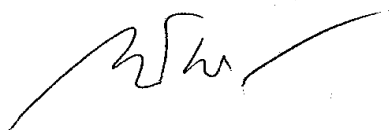
The panel assesses the standards from the Assessment framework for limited programme assessments in the following way:

*Bachelor's programme European Public Health:*

Standard 1: Intended learning outcomes	satisfactory
Standard 2: Teaching-learning environment	good
Standard 3: Assessment and achieved learning outcomes	satisfactory
General conclusion	satisfactory

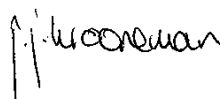
The chair and the secretary of the panel hereby declare that all members of the panel have studied this report and that they agree with the judgements laid down in it. They confirm that the assessment has been conducted in accordance with the demands relating to independence.

Date: 16 June 2014.



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Prof. M. Wieringa-de Waard



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J.J. Krooneman, MSc

## Description of the standards from the Assessment framework for limited programme assessments

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### Standard 1: Intended learning outcomes

The intended learning outcomes of the programme have been concretised with regard to content, level and orientation; they meet international requirements.

#### Explanation:

As for level and orientation (bachelor's or master's; professional or academic), the intended learning outcomes fit into the Dutch qualifications framework. In addition, they tie in with the international perspective of the requirements currently set by the professional field and the discipline with regard to the contents of the programme.

### Findings

This standard starts by providing an insight into the panel's findings regarding the domain-specific framework of reference (1.1). Subsequently, attention is paid to the profile and orientation (1.2) and the intended learning outcomes and their level (1.3).

#### 1.1 Domain-specific framework of reference

As can be read in the domain-specific framework of reference (see Appendix 2), the bachelor's programme in European Public Health bridges the gap between public health science on the one hand, and national, European, and global public health developments and policies on the other. The programme is not limited to academic and theoretical notions only, but focuses on the activities of European and global public health institutions as well.

The panel studied the domain-specific framework of reference and considers it clearly formulated and well worked out. It appreciates the rather general description of the domain in which the three educational programmes operate (bachelor's programme European Public Health, master's programme European Public Health, and master's programme Global Health), and the more distinctive descriptions of the European health and global health areas. The framework covers the full breadth of the programmes and simultaneously provides sufficient depth for a European health and public health focus.

#### 1.2 Profile and orientation

According to the critical reflection, the mission of the bachelor's programme European Public Health is to educate students to become state-of-the-art, all-round specialists in European Public Health. The focus within the bachelor's programme is upon:

- Public health as collective action for sustained, population-wide health improvement, reflecting the present-day scientific context of public health;
- The European dimension of public health issues and developments within local, regional, national and global public health arrangements, thus reflecting the European perspective of the programme;
- A contemporary and adaptive European agenda for public health, listing current and future public health issues, problems and challenges in the European region, thus providing the scope and limitations of the curriculum.

Although public health was previously focussed on public groups at risk and only included the traditional disciplines of epidemiology, social medicine, microbiology, human biology, socio-medical hygiene and prevention, the modern vision is much broader. New public health



includes other, equally important areas for attention: environmental hygiene, ecology, health promotion, mental and social health hygiene, social sciences such as sociology, economics, psychology, political science, and organisation and administrative studies, as well as research and theory in the field of care and health care systems. Graduate students of the bachelor's programme are expected to act and think with a strong awareness of these concepts of new public health, and be capable of placing them in a European and international context. The bachelor's programme is academically oriented and requires critical and analytical thinking and reasoning.

The panel analysed the profile and orientation of the bachelor's programme and argues that it distinguishes itself positively from other programmes in the field by its clear and well defined focus on European public health challenges. In its opinion, the profile of the bachelor's programme was well explained during the site visit and is academically oriented as well as practice-oriented. It is enthusiastic about the multidisciplinary approach of the profile and states that, due to this broad bachelor's training, the term 'all-round specialist' should be replaced by the term 'generalist'.

### **1.3 Intended learning outcomes and academic level**

Based on the profile of the bachelor's programme European Public Health, the management formulated 28 intended learning outcomes (see Appendix 3). They are linked to the Dublin descriptors, which cover five main requirements, including applying knowledge and insight, formation of a judgement, and learning attitude and skills.

The panel investigated the intended learning outcomes and advises the bachelor's programme to specify some of them further. For example, the first intended learning outcome, to have a robust disciplinary knowledge in public health issues, is specific for the programme. However, the second intended learning outcome, to have the capacity to look beyond the boundaries of core disciplines, is rather broad. The panel recommends further specification here, to provide clear guidance about which topics have to be included in or excluded from the curriculum. It feels that the learning outcomes were explained with a certain specificity during the site visit, but this is not optimally reflected in the intended learning outcomes. Nevertheless, it appreciates the clear link between the intended learning outcomes and the Dublin descriptors and considers them to be adequate.

### **Considerations**

The panel studied the domain-specific framework of reference, the profile and orientation, and the intended learning outcomes of the bachelor's programme European Public Health. It is rather enthusiastic regarding the domain-specific framework of reference: it covers the full breadth of the three educational programmes (bachelor's programme European Public Health, master's programme European Public Health, and master's programme Global Health) and simultaneously provides sufficient depth for a European health and public health focus. The profile of the bachelor's programme is a positive feature as well; the panel appreciates the multidisciplinary approach and the academic and practical orientation of the programme. The intended learning outcomes, although satisfactory, could be specified further. Despite the fact that some intended learning outcomes require more detail, the panel appreciates their clear link with the Dublin descriptors.

## **Conclusion**

*Bachelor's programme European Public Health:* the panel assesses Standard 1 as **satisfactory**.

## **Standard 2: Teaching-learning environment**

The curriculum, staff and programme-specific services and facilities enable the incoming students to achieve the intended learning outcomes.

### **Explanation:**

The contents and structure of the curriculum enable the students admitted to achieve the intended learning outcomes. The quality of the staff and of the programme-specific services and facilities is essential to that end. Curriculum, staff, services and facilities constitute a coherent teaching-learning environment for the students.

## **Findings**

This standard provides an insight into the curriculum (2.1) of the bachelor's programme European Public Health. Special attention is paid to the relation between the learning outcomes and the curriculum in section 2.2. Then the didactic concept, teaching formats and programme-specific services (2.3) and the feasibility (2.4) of the bachelor's programme are analysed. In section 2.5 the quality and quantity of the teaching staff are discussed. This standard concludes with an analysis of the programme-specific quality control (2.6).

### **2.1 Curriculum**

The bachelor's programme European Public Health has a study load of 180 EC, which is spread over three academic years. Each academic year is divided into two semesters. These semesters consist of modules during which the four phases of the didactic concept Active and Self-Directed Learning (ASDL) are followed: sensitising, exploration, integration and application. For a schematic overview of the curriculum, please see Appendix 4.

#### Year 1

##### *Semester 1: European Public Health Problems Today*

In the sensitising phase of the first semester, students are introduced to several key public health aspects, such as the history of public health, the definition, principles and concepts of the traditional and new public health, and a broad range of determinants of health. The aim is to raise questions about current European public health topics, such as factors influencing individual and community health in Europe. In the exploration phase, public health themes are clarified and explored with the aid of concepts, patterns of thought, models and theories from the perspective of several disciplines. In addition, the basics of research design, epidemiology and statistics are introduced. In the final part of the semester, the integration and application phase, students have the opportunity to apply frameworks of public health and the concept of traditional and new public health to a European public health topic of their choice in an academic paper. Students are provided with training on writing a paper in English and given feedback on their English language skills two times during the first year of the curriculum by colleagues from the Language Centre.

##### *Semester 2: The Shape of Public Health in Europe Today*

In the second semester, students learn to analyse the field of European public health from the theoretical perspective of institutionalisation. In this sensitising phase, the importance is stressed of studying the way institutionalisation takes shape in different parts of the field and in various countries for several reasons. In the exploration phase, the impact is highlighted of the institutional organisation of a field for health care delivery on the one hand and for possibilities for European integration on the other. In the integration and application phase, the overall aim of the assignments and second paper is to identify which institutions should be taken into consideration if one wants to make an integrative policy on a certain topic.

## Year 2

### *Semester 3: European Public Health Objectives*

In the second academic year of the bachelor's programme European Public Health, students adopt a detailed look at European public health policies. In the exploration phase, they explore the consequences of the principles of the free movement of persons, goods, services and capital. Interventions are introduced and analysed in their political, ethical and economic dimensions. The semester concludes with the integration and application phase, in which students have to hand in assignments and take an examination.

### *Semester 4: Minor: education inside or outside FHML*

In semester 4, students are required to attend educational modules or units outside the European Public Health bachelor's programme. The student may select components of his/her own choice, with a minimum study load of 30 EC.

## Year 3

### *Semester 5: Making Public Health Work in Europe*

In the beginning of the third academic year, students are confronted with the contrasts between the European approach to healthcare and public health, and that of the United States of America. In addition, it is comparative among the 28 countries of the European Union. This comparative approach sets the stage for identifying what is common in European approaches to healthcare and the broader promotion of health. This sensitising phase is followed by an exploration phase, in which the students will apply the theme of change for public health to European health systems and health strategies. The integration and application phase contains the preparations for a research proposal and is concluded with a cumulative exam.

### *Semester 6: Shaping Europe's Future of Public Health*

This last semester of the curriculum is dedicated to the completion of an internship and writing the bachelor's thesis.

Throughout the curriculum, methodological approaches, skills and critical thinking are taught on an ongoing basis, as horizontal tracks alongside the topics specific to each semester and their corresponding modules. There are three horizontal tracks: *Trajectory Academic Thinking*; *Trajectory Methods, Epidemiology, Statistics*; and *Trajectory Skills*.

The panel studied the curriculum and is of the opinion that it provides a broad and solid basis for students. It is coherent, well-structured and covers many topics and competences without becoming superficial. The curriculum allows changes to be made and is open to recent developments in the field. Students are capable of identifying the tracks throughout the courses, and they seem to particularly appreciate the multidisciplinary approach.

During the site visit, the management clarified that a new honours programme had recently been introduced. This honours programme offers talented and highly motivated students of all academic programmes of the faculty the chance to accelerate in one or more thematic fields of medicine, health care and biomedical sciences outside the regular programmes. Rather than focussing on predefined learning objectives, the honours programme stimulates the students to develop academic skills and professional competencies. The programme has a study load equivalent to 15 EC: students participate in a project with a study load equivalent

to 9 EC and follow electives with a study load equivalent to 5 EC. A study load of 1 EC is reserved for attending general lectures and meeting experts.

## **2.2 Relation between learning outcomes and the curriculum**

The panel analysed the relation between the learning outcomes and the curriculum. It also focussed on the cohesion and composition within the curriculum.

According to the panel, there is a solid link between the learning outcomes and the courses and tracks in the curriculum. An example in which this relation is clearly expressed is the *Infectious Diseases: Tuberculosis* course. This course introduces different aspects of an infectious disease with considerable morbidity and mortality, its association with other developments in the society, the primary, secondary and tertiary prevention, and the (inter)national collaboration in the surveillance and control of this disease. The content can be linked to several learning outcomes, such as having a robust interdisciplinary knowledge of public health issues (1), being able to reflect critically on the field of study and its relation to other fields and the social environment (13), and acquiring an original and critical style of scientific thinking and analysis and professional intervention (18).

## **2.3 Didactic concept, teaching formats and programme-specific services**

The panel examined which didactic concept and teaching formats form the foundation of the education offered, and which programme-specific services contribute to this.

According to the critical reflection, Active and Self-Directed Learning (ASDL) – a variant of Problem-Based Learning – was developed as a new didactic concept especially for the bachelor's programme European Public Health. The concept stimulates an investigative attitude and independence in the student. A key feature of this concept is that the student plays an active role in his/her own learning process, which is focused specifically on meaningful learning that fosters the recognition of the coherence between concepts and the ability to critically evaluate those concepts. The ASDL concept emphasises student progress through four learning phases: sensitising, exploration, integration and application. In the sensitising phase, students are made aware of the problems within the field. In the exploration phase, students need to discover solutions to the problems. In the integration phase, it is important for the students to reflect critically and be creative with respect to the solutions presented. In the final phase, application, the focus is on the application of what has been learned and on reflection on the entire work cycle by the student.

The ASDL concept is executed by a set of teaching formats, ranging from lectures, tutorials, and training sessions to workshops, colloquia and role play.

Students of the bachelor's programme have access to tutorial rooms and lecture halls, four laboratories, the University Library, the Learning and Resource Centre, the electronic library and a Computer Resource Centre.

The panel analysed the didactic concept, teaching formats and programme-specific services and concludes that they all contribute adequately to the teaching and learning environment. The didactic concept was discussed intensively during the site visit. Students indicated that in some cases, ASDL provides opportunities for free-riding. Teachers stressed that ASDL is a constructive and collaborative process which requires a systematic approach. Tutors have to closely supervise the ASDL procedure, and within each group of students, a chair is appointed in order to guarantee that good practices are followed. Students are trained in their role as chairperson and group member: they learn how to participate within the group and

how to behave in different group dynamics. In every tutorial the roles in the group change, and at the end of the tutorial the roles are evaluated. In addition, teachers pointed out that some of the students are rather hesitant to participate within a group due to their cultural background. The panel believes that the diversity of students' understanding of what their role should be in terms of proactivity is a challenge to ASDL, but that it seems to function well. ASDL is a tool to keep everybody alert and to help each other, according to the panel. It was pleased to find out that students are assessed on the basis of individual exams at the end of a course.

## **2.4 Feasibility**

The quantitative data regarding intake, transfers and graduates, the achieved teacher-student ratio and the average amount of face-to-face instruction per stage of the study programme can be found in Appendix 5.

### *Intake*

As further elaborated in the critical reflection, students who completed Dutch pre-university education are admitted without further requirements. Students with a non-Dutch diploma that is equivalent to the Dutch VWO diploma are admitted as well.

The goal of the programme is to achieve a truly international student population. Currently, a quarter of the students originates from the Netherlands, and around 50% comes from Germany. The intake has increased from 48 in 2007-2008 to 89 in 2012-2013.

The panel considers the intake to be adequate. It supports the programme management's aim for a more diverse international student body.

### *Workload and feasibility*

During the site visit, students estimated that they spend between 25 and 40 hours per week on their studies, with an increase of workload over the years. They also indicated that some courses have a higher workload than others, and that the peak of the workload is in the second academic year. The panel finds the workload adequate.

During the site visit students argued that the programme is certainly "doable", but that some struggle with statistics and therefore would like to have more statistics in the curriculum. Other students stated that they required more extensive and earlier feedback on semester papers. The teachers explained that they use standardised feedback forms for each paper produced. The student advisors elaborated on the kind of problems students face during their studies and stated that bachelor's students consult them more often than master's students. This is probably related to the fact that the bachelor's students are generally younger and 'stay' for a longer period of time. During the site visit, students (as well as the staff members) confirmed that they know whom to consult if they have questions regarding their studies in general or regarding a particular course, and that they always get a quick response. In addition, students are pleased with the low costs for fieldtrips. For their latest Kraków trip the students had to pay only 100 Euros, which covered the entire journey. The panel is satisfied with the feasibility of the programme.

## **2.5 Teaching staff**

The panel focussed on the quality and quantity of the teaching staff in the bachelor's programme European Public Health.

### *Quality*

Of the 37 staff members involved in the bachelor's programme European Public Health, 6 are full professors, 9 are associate professors, 11 are assistant professors, 5 are teachers and 6 are PhD students/researchers. The core staff comprises 21 members, of whom 12 have a University Teaching Qualification.

The panel is pleased with the overall quality of the teaching staff. However, it advises the programme management to encourage more staff members to take the University Teaching Qualification in the near future. Furthermore, it would like to stress the importance of supervision during the ASDL process, and the important role tutors have to prevent students from free-riding.

### *Quantity*

The staff-student ratio for the bachelor's programme European Public Health is 1:24.8. According to the panel, the quantity of the teaching staff is adequate.

## **2.6 Programme-specific quality control**

The Faculty of Health, Medicine and Life Sciences provides three types of evaluations: standard evaluations of modules, in-depth evaluations of new/substantially revised modules, annual reports/programme evaluations containing a comprehensive comparison of module evaluations. In addition, the student association of the bachelor's programme European Public Health, EUnitas, conducts module evaluations as well. During semester 4, when students attend the minor period, the quality is assured by a minor coordinator who approves the study plans of students going abroad. Since 2007, the programme has an external European Health Advisory Board as well.

During the site visit, the representatives of the Educational Committee explained that they look after 9 master's programmes and 2 bachelor's programmes in total. All these programmes except one bachelor's programme and one master's programme are taught in English and have European and non-European students. The panel appreciates the fact that the Education Committee has staff and student members from various programmes and is open to international student members as well. In addition, it is well informed about the topics discussed in the student council. It analyses the programme evaluations and discusses the nominal plan, which indicates the objectives and workload of each module. It meets at least once a month and can meet more often in case of emergencies, or schedule a longer session. The members of the Educational Committee told the panel during the site visit that the programmes do not have many serious problems and hence the discussions are more about the details. The Educational Committee is well aware of its role as an advisory board and provides advice upon request, as well as on a voluntary basis. During the site visit it became clear that the Educational Committee has a clear role in the programme-specific quality control, and that its advice is often followed up at higher institutional level(s). The panel is impressed by the proactive attitude of the Committee, and considers it one of the strengths of the quality control cycle and of great value for the programme.

The panel finds the European Health Advisory Board a useful critical asset that carries out a 'reality check' for the programme management.

## Considerations

The curriculum of the bachelor's programme European Public Health provides a broad and solid basis for students. It is coherent, well structured and covers many topics and competences without becoming superficial. In addition, the panel is pleased that the curriculum is constantly being improved and provides sufficient opportunities to include recent developments in the course materials. As well as the regular curriculum, talented and highly motivated students have the opportunity to attend the honours programme, which the panel greatly values. It is also confident that the learning outcomes are adequately connected to the courses and tracks offered in the programme.

Although there was a discussion about the ASDL procedure, as some people in the programme argued that it seems to facilitate free-riding, the panel is convinced that when the process is intensively supervised by a tutor, it functions properly: it keeps students alert and stimulates them to help each other. The teaching formats, such as lectures and tutorials, fit the didactic concept, and the programme-specific services contribute to this as well.

The panel studied the intake and workload and considers them to be adequate. It is satisfied with the feasibility of the programme: students know whom to contact if they experience difficulties, and they are financially supported during fieldtrips.

Despite the fact that the panel advises the programme management to encourage more staff members to take the University Teaching Qualification in the near future, it is convinced that the programme has good and easily approachable teaching staff. There are sufficient teachers available to support the student body. The panel is impressed by the proactive attitude of the Educational Committee, and considers it one of the strengths of the quality control cycle.

## Conclusion

*Bachelor's programme European Public Health:* the panel assesses Standard 2 as **good**.



### **Standard 3: Assessment and achieved learning outcomes**

The programme has an adequate assessment system in place and demonstrates that the intended learning outcomes are achieved.

#### **Explanation:**

The level achieved is demonstrated by interim and final tests, final projects and the performance of graduates in actual practice or in post-graduate programmes. The tests and assessments are valid, reliable and transparent to the students.

### **Findings**

This standard considers the findings with regard to the assessment system (3.1) and subsequently deals with the question of whether the graduates have achieved the learning outcomes (3.2).

#### **3.1 Assessment system**

The panel analysed the assessment system of the bachelor's programme European Public Health and focussed on the assessment policy, including the functioning of the Board of Examiners, the examinations and the thesis procedure.

##### *Assessment policy*

The Board of Examiners is responsible for the rules and regulations applicable to all examinations in the bachelor's programme European Public Health. During the site visit, the Board explained that it is responsible for 2 bachelor's programmes and 9 master's programmes. The Executive Board, which consists of the chair, the vice-chair and the secretary, meets once a week to discuss problems that have arisen. The complete Board consists of the Executive Board plus four extra staff members, and they meet every four to six weeks. During those meetings several topics are discussed, such as assessment plans or the organisation of resits. The panel noted that the Board of Examiners is currently not proactive enough. It delegates many responsibilities, and by doing so it seems to lose its grip on the final outcome of the programme. The final check of whether or not a thesis has passed, for example, is delegated to the thesis coordinators. The Board also considers it the task of the thesis coordinator to check the thesis for plagiarism and fraud. Although the panel finds the assessment forms clear and does not have a substantial reason to doubt the assessment system, it encourages the Board of Examiners to adopt a proactive attitude in the near future and take full responsibility for the final outcome of the programme.

##### *Examinations*

Students are evaluated in a number of different ways. The more traditional exam with open and multiple-choice questions is most frequently employed, although other forms of assessment, such as presentations and written papers can also be used. In all cases, the individual assessments comprise at least 50% of the final unit results. According to the panel, there is sufficient variation in the assessment types, and they match the didactic concept.

##### *Thesis procedure*

From the beginning of semester 5, the placement coordinator gathers internship opportunities for the bachelor's students of European Public Health. Approximately 90% of the placements are external, in the sense that students will go to an external institution to execute their entire internship. Students can apply for at least two placement opportunities, giving a first and second choice. Once students have been informed about their internship, they work in thesis groups on their thesis proposals. They have to produce an acceptable

proposal before progressing to the research phase. Students submit their thesis proposal at the end of January for grading by the thesis supervisor. The internship placement lasts 17 weeks, and during it students are expected to spend 40 hours per week on their research and thesis combined. Students spend about 4-6 weeks after the return from the placement finalising their thesis submission. Meetings between thesis group supervisors and students are scheduled as needed. On average, students have 5.7 meetings with their thesis supervisor, with an average duration of 21.8 minutes.

During the site visit, students explained that they are guided well throughout the thesis procedure. In the beginning of the thesis period, they receive a list of supervisors and possible topics to choose from. They may also formulate their own research interest. They indicated that they usually have more than 5.7 meetings with their supervisor, and this was also confirmed by teachers. Teachers stated that they assist in group meetings, individual meetings and have a lot of e-mail communication with their students regarding the thesis process. If students opt to conduct research abroad, supervisors are also available for Skype meetings. On average, 30 hours of supervision are allocated per student.

The Board of Examiners explained that they introduced a new thesis form in 2012. The previous thesis assessment form had 5 categories, and it was not clear to supervisors what each category meant. Therefore, the Board designed a more specific form, with subcategories that can be evaluated with plusses and minuses. Although the new form comes with instructions and a translation key, the panel is of the opinion that its implementation needs to be worked out in more detail. It noticed that not all supervisors currently indicate the categories with plusses and minuses and that the clear guidance and feedback could not always be observed in the final thesis.

### **3.2 Achieved learning outcomes**

The panel studied several theses and confirmed that the overall level is what one would expect of an academic bachelor's level. In the majority of the selected theses, there was a clear objective, a logical and consistent line of reasoning, consistent use of footnotes and referencing, and the work demonstrated an adequate knowledge of the literature in the field. The panel did notice, however, that not all theses include an explicit evaluation of the relevance of the thesis topic and the research outcomes for the European Public Health domain. The panel recommends that the programme encourages students to address this link more explicitly in future. Nevertheless, the panel generally agrees with the grading.

From the interview with alumni, it became clear that there is a good connection to further opportunities in academia and, eventually, to the labour market. According to them, the multidisciplinary approach is one of the main advantages of the programme. In addition, they pointed out that the European perspective really broadened their understanding. As a consequence, they felt comfortable searching for master's programmes throughout the entire European region. All master's applications were accepted, and some graduates had even received job offers before finishing their master's degree. This was partly the result of solid networking.

The alumni continue to have strong ties to the bachelor's programme. Maastricht University organises alumni circles, and they are invited to open days. The alumni can also join a Facebook page.

Due to the satisfactory overall level of the theses and the good connection to academia and eventually the labour market, the panel concludes that the learning outcomes are achieved upon graduation.

### **Considerations**

The Board of Examiners is responsible for the rules and regulations applicable to all examinations in the bachelor's programme European Public Health. Although the Board has regular meetings and the panel has no reason to doubt the assessment system, it encourages the Board to delegate less, adopt a proactive attitude, and take full responsibility for the final outcome of the programme. According to the panel there is sufficient variation in the assessment types, and they match the didactic concept.

Students get sufficient guidance during the thesis procedure, and the panel supports the new thesis assessment form. However, it is of the opinion that its implementation needs to be worked out in more detail.

The overall level of the theses is what one would expect of an academic bachelor's level. In the majority of the theses read by the panel, there was a clear objective, logical and consistent line of reasoning, consistent use of footnotes and referencing, and the work demonstrated adequate knowledge of the literature in the field. The panel did notice, however, that not all theses include an explicit evaluation of the relevance of the thesis topic and the research outcomes for the European Public Health domain.

Due to the satisfactory overall level of the bachelor's theses and the fact that alumni seem to continue on easily to further studies on a master's level, the panel is convinced that the learning outcomes are achieved upon graduation.

### **Conclusion**

*Bachelor's programme European Public Health:* the panel assesses Standard 3 as **satisfactory**.



# Master's programme European Public Health

## Summary judgement

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This report provides an overview of the panel's findings and considerations regarding the master's programme European Public Health of Maastricht University. The panel based its judgement on information acquired from the critical reflection, a number of selected theses, the interviews held during the site visit, additional reading material which was available during the site visit, and the digital learning environment. It found positive aspects as well as points for improvement. After careful consideration, it concludes that the master's programme European Public Health satisfies the requirements for re-accreditation.

### *Standard 1*

According to the panel, the domain-specific framework of reference is clearly formulated and well worked out. It covers the full breadth of the three educational programmes (bachelor's programme European Public Health, master's programme European Public Health, and master's programme Global Health) and simultaneously provides sufficient depth for a European health and public health focus. The panel is enthusiastic about the profile of the master's programme: it derives from a comparative perspective, has a focus on implementations, and is geared towards policy-making on a national and supranational level. It is clearly distinct from the profile of the bachelor's programme European Public Health, and the panel appreciates its professional and academic orientation. The intended learning outcomes of the master's programme reflect the profile properly, are sufficiently specific and formulated at an academic master's level.

### *Standard 2*

The curriculum of the master's programme is coherent, has a solid structure and a logical sequence of modules. In addition, there is a firm connection between the learning outcomes and the modules. Teachers can integrate recent developments in the module material, and the panel applauds the continuous improvements and adjustments made to the curriculum.

Active and Self-Directed Learning (ASDL) is the didactic concept of the programme, which aims to stimulate an investigative attitude in students. It is precisely this concept that was debated during the site visit. Some argued that the concept is not always suitable and that it only works appropriately if everybody participates actively in the process. Others claimed that the problem-solving attitude is very useful in future careers and that it trains students to be productive in group work. The panel agrees with the latter statement and argues that the concept functions properly when there is sufficient supervision by a tutor. The lectures and tutorials fit the didactic concept very well, and the programme-specific services are adequate.

The panel inspected the intake and concludes that the admissions, predominantly from the Netherlands and Germany, are suitable for the programme. It advises the programme management to keep an eye on the workload: it should not be too low. It is satisfied with the feasibility of the programme as students receive detailed outlines of the module content, and the teachers are easily approachable. Nevertheless, it recommends extra support to improve the students' proficiency in English, and the management might consider adding extra material on statistics. It also suggests that the management provides additional information on applying for available grants.

Although the panel advises the programme management to encourage more staff members to take the University Teaching Qualification in the near future, it is confident that the

programme has good and internationally oriented teaching staff. It is also convinced that the quantity of staff members is adequate.

The panel is impressed by the proactive attitude of the Educational Committee, and considers it one of the strengths of the quality control cycle and of great value for the programme. In addition, it finds the European Health Advisory Board a useful critical asset.

### *Standard 3*

The Board of Examiners is responsible for the rules and regulations applicable to all examinations in the master's programme European Public Health. Although the Board has regular meetings and the panel has no reason to doubt the assessment system, it encourages the Board to delegate less, adopt a proactive attitude, and take full responsibility for the final outcome of the programme. According to the panel there is sufficient variation in the assessment types, and they match the didactic concept.

Students receive clear and comprehensible guidelines for the master's thesis period, and are properly guided throughout the process. They have a broad range of topics to choose from, but also have the opportunity to formulate their own research interest. Students receive continuous feedback on their work and attend thesis group meetings where they present their work to each other for peer-review. The panel believes it might be worthwhile to start the planning of the internship placement a little earlier. In 2012, the Board of Examiners introduced a new thesis assessment form. Although the new form comes with instructions and a translation key, the panel is of the opinion that its implementation needs to be worked out in more detail.

The panel read several theses and is satisfied with the overall level achieved: in the majority of the selected theses, there was a clear objective, a logical and consistent line of reasoning, consistent use of footnotes and referencing, and the work demonstrated an adequate knowledge of the literature in the field. However, the panel was slightly disappointed by the use of the English language in some of the theses and is of the opinion that the application of methods should be improved as well. It generally agrees with the grading.

The alumni assured the panel that there is a good connection to the labour market. The master's programme particularly prepares students for policy-related jobs. At the same time, it also prepares students for a PhD position. Due to the satisfactory overall level of the master's theses and the fact that alumni seem to continue on to further studies on a PhD level or enter the labour market rather easily, the panel is convinced that the learning outcomes are achieved upon graduation.

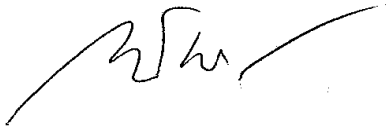
The panel assesses the standards from the Assessment framework for limited programme assessments in the following way:

#### *Master's programme European Public Health:*

Standard 1: Intended learning outcomes	satisfactory
Standard 2: Teaching-learning environment	good
Standard 3: Assessment and achieved learning outcomes	satisfactory
General conclusion	satisfactory

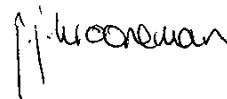
The chair and the secretary of the panel hereby declare that all members of the panel have studied this report and that they agree with the judgements laid down in it. They confirm that the assessment has been conducted in accordance with the demands relating to independence.

Date: 16 June 2014



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Prof. M. Wieringa-de Waard



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J.J. Krooneman, MSc

## Description of the standards from the Assessment framework for limited programme assessments

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### Standard 1: Intended learning outcomes

The intended learning outcomes of the programme have been concretised with regard to content, level and orientation; they meet international requirements.

#### Explanation:

As for level and orientation (bachelor's or master's; professional or academic), the intended learning outcomes fit into the Dutch qualifications framework. In addition, they tie in with the international perspective of the requirements currently set by the professional field and the discipline with regard to the contents of the programme.

### Findings

This standard starts by providing an insight into the panel's findings regarding the domain-specific framework of reference (1.1). Subsequently, attention is paid to the profile and orientation (1.2) and the intended learning outcomes and their level (1.3).

#### 1.1 Domain-specific framework of reference

As stated in the domain-specific framework of reference (see Appendix 2), the master's programme European Public Health bridges the gap between public health science on the one hand, and European, national, and global public health developments and policies on the other. The programme is not limited to academic and theoretical notions only, but focuses on the activities of European and global public health institutions as well.

The panel studied the domain-specific framework of reference and finds it clearly formulated and well worked out. It appreciates the rather general description of the domain in which the three educational programmes operate (bachelor's programme European Public Health, master's programme European Public Health, and master's programme Global Health), and the more distinctive descriptions of the European health and global health areas. The framework covers the full breadth of the programmes and simultaneously provides sufficient depth for a European health and public health focus.

#### 1.2 Profile and orientation

As can be read in the critical reflection, increased and improved knowledge about variations in population health and health care contribute to the overall level of health, quality of care, economic growth and competitiveness within Europe. The mission of the master's programme European Public Health is to help students obtain the skills and knowledge to compare health and health care in various settings, to search for and identify good and best practices, to foster the transfer of good and best practices, and to advise on, innovate, implement and monitor good and best practices in new situations. The focus of the master's programme is geared towards:

- The situations, determinants, interventions, and good and best practices relevant to the health status of populations, of groups within them, and between member states;
- The diversity of practices and ways of organising health care and systems for care and service provision in Europe (i.e. within and between member states);
- The demand of European institutions for modern, scientifically educated professionals with analytical tools and innovative research instruments to help institutions operate



effectively and efficiently in national, international and supranational policy-making and organisational development in the field of health.

The profile of the programme is formulated accurately, in the panel's view. During the site visit, the panel discussed the profile and concluded that it differs from the profile of the bachelor's programme. While the bachelor's profile has a broad basis, the master's profile has a comparative perspective and a focus on implementation. In addition, it is more geared towards policy-making on a national and supranational level. The panel finds the master's profile very suitable, and appreciates its professional and academic orientation.

### **1.3 Intended learning outcomes and academic level**

Based on the profile of the master's programme European Public Health, the management has operationalised 40 intended learning outcomes (see Appendix 3). The intended learning outcomes are linked to the Dublin descriptors, which cover five main requirements, including applying knowledge and insight, formation of a judgement, and learning attitude and skills.

The panel investigated the intended learning outcomes and argues that they properly reflect the European Public Health profile. It states that the intended learning outcomes are sufficiently specific and formulated on an academic master's level. It initially had some doubts about whether all intended learning outcomes could be achieved within one academic year. From the interviews with students and alumni, it became clear that the workload is not considered too high, and might have the tendency to be too low. The panel concluded that learning outcomes are achievable and advises to keep an eye on the workload.

### **Considerations**

The panel studied the domain-specific framework of reference, the profile and orientation, and the intended learning outcomes of the master's programme European Public Health. It is enthusiastic about the domain-specific framework of reference: it covers the full breadth of the three educational programmes (bachelor's programme European Public Health, master's programme European Public Health, and master's programme Global Health) and simultaneously provides sufficient depth for a European health and public health focus. The panel is also pleased with the profile of the master's programme: it derives from a comparative perspective, has a focus on implementations, and is geared towards policy-making on a national and supranational level. It is clearly distinct from the profile of the bachelor's programme European Public Health, and the panel appreciates its professional and academic orientation. The intended learning outcomes of the master's programme reflect the profile properly, are sufficiently specific and formulated at an academic master's level.

### **Conclusion**

*Master's programme European Public Health:* the panel assesses Standard 1 as **satisfactory**.

## Standard 2: Teaching-learning environment

The curriculum, staff and programme-specific services and facilities enable the incoming students to achieve the intended learning outcomes.

### Explanation:

The contents and structure of the curriculum enable the students admitted to achieve the intended learning outcomes. The quality of the staff and of the programme-specific services and facilities is essential to that end. Curriculum, staff, services and facilities constitute a coherent teaching-learning environment for the students.

## Findings

This standard provides an insight into the curriculum (2.1) of the master's programme European Public Health. Special attention is paid to the relation between the learning outcomes and the curriculum in section 2.2. Then, the didactic concept, teaching formats and programme-specific services (2.3) and the feasibility (2.4) of the master's programme are analysed. In section 2.5 the quality and quantity of the teaching staff are discussed. This standard concludes with an analysis of the programme-specific quality control (2.6).

### 2.1 Curriculum

The master's programme European Public Health covers one academic year and is worth 60 EC. The curriculum (see Appendix 4) contains seven modules that last four weeks each, and one module that lasts 12 weeks in total.

#### Modules 1 - 7

*Diversity Recognised and Explored – Quantitative Measurement of Health and Health Care* is the first module that students attend. In it, they have to explore and understand the present health status and national healthcare provisions of populations in the European region. In the second module, *Diversity Compared – Comparative Cross-National and Cross-Cultural Research Approaches and Theories*, they compare health and healthcare in the European region. They are guided in the use of the available datasets and databases for comparative studies such as: EUROSTAT, HFA-DB or EUPHIX. Module number 3 is called *Diversity and Good & Best Practices – A Critical Appraisal of Best Evidences and Evaluation Strategies*. In it, students learn to evaluate and define best practices in prevention and care in the European region. In module 4, *Europe as one Zone – European Health Law & Policies: The Translation of Evidence into Norms*, they learn to understand the position and role of transnational and European institutions, regulations and agencies in prevention and care in/throughout the European region.

To conclude the master's programme European Public Health, students have to conduct an individual research project and write a thesis. In module 5, *Research Methods*, students learn about qualitative and quantitative research methods and apply them in assessing scientific studies and writing their own research proposal. *From Diversity to Innovation – Translation, Transferability, Diffusion, Change Management & Implementation of Good and Best Practices* is a module in which students acquire knowledge about the implementation of innovative practices in existing settings (at the national, regional and local levels). Drawing from the theoretical frameworks of governance theory and organisational theory, they critically examine the transferability and the implementation processes of innovations for public health in the European Union. In module number 7, *Monitoring Innovation – Quality Assurance, Internal & External Quality Management*, they learn about and discuss monitoring, testing and consolidating innovations. They explore the role and influence of monitoring and quality systems and agencies in public health and healthcare as applied in Europe. The main focus is

on the organisational level, but approaches to monitoring and assessing the capacities and performance of health systems are also addressed.

### Module 8

The last module of the curriculum is module number 8, *The European Union Revisited – EU Enlargement and the EU's Role in Global Health*. In this module, students have to review the European Union's role in the quest for better quality, equity, transferability, innovativeness and competitiveness in health and healthcare. Finally, as a means to fully grasp the European dimensions of health, students are taught to look beyond the European region, to examine health from a global perspective and to identify and distinguish the role and contribution of Europe in global health. These issues are discussed in the first two weeks. In the second part of the module, students conduct their internship, work on their individual research project and write their master's thesis. This second part of the module consists of ten weeks in total.

The curriculum of the master's programme is coherent, has a solid structure and a logical sequence of modules. The panel values the continuous improvements made to the curriculum. During the site visit, the teachers elaborated on how they integrate recent developments within the module material. The panel considers the constant adjustments to the curriculum as a strength of the programme. Students explained that the first week of the programme was very intense but that this was intentional. They also stated that they assisted each other during that week, which turned out to be very helpful for the rest of the year.

### **2.2 Relation between learning outcomes and the curriculum**

The panel analysed the relation between the learning outcomes and the curriculum. It also focussed on the cohesion and composition within the curriculum.

According to the panel, there is a firm connection between the learning outcomes and the modules in the curriculum. An example in which this relation is clearly expressed is the module *Europe as one Zone – European Health Law & Policies: The Translation of Evidence into Norms*, in which students learn to understand the position and role of transnational and European institutions, regulations and agencies in prevention and care throughout the European region. The content can be linked to several intended learning outcomes, such as to have knowledge and understanding of the interconnection between health problems and solutions at a global, European, national, regional and local level (7), and to be able to apply concepts, principles, and approaches pertaining to international and European health (care) problems to bridge the implementation gap (22). The organisational focus on policy and implementation perfectly matches the profile of the programme, in the panel's view.

### **2.3 Didactic concept, teaching formats and programme-specific services**

The panel examined which didactic concept and teaching formats form the foundation of the education offered, and which programme-specific services contribute to this.

The didactic concept applied in the master's programme European Public Health is Active and Self-Directed Learning (ASDL). The philosophy behind this concept is based on the following three views of what constitutes learning:

- learning is a constructive process: it is the student who gives meaning to the various phenomena that make up the surrounding world;
- learning is a contextual process: the student is required to deal with authentic problems from professional practice, thus improving his/her motivation, memory, and the transfer of what has been learned;

- learning is a social process: the student learns through discourse with others.

The teaching formats that contribute to the ASDL concept range from tutorials and (guest) lectures to training sessions and role play. Students of the master's programme have access to tutorial rooms and lecture halls, the University Library, the Learning and Resource Centre, the electronic library and a Computer Resource Centre.

The panel examined the didactic concept, teaching formats and programme-specific services and concludes that they all adequately contribute to the teaching and learning environment. The didactic concept was discussed during the site visit. On the one hand, some alumni stated that ASDL is not always suitable and that it only works if everybody does their homework. Students confirmed that if the leader of the group is not active enough, ASDL does not work out the way it should. They also stressed the importance of a tutor sufficiently guiding the process. The tutor has to supervise the process carefully and make sure that students do not wander around a certain topic for too long. On the other hand, students and alumni argued that ASDL is a very useful didactic concept. Several alumni explained that the problem-solving attitude is very helpful in future careers. Students added that they valued the concept for its training in group work. On the first day of the programme, students receive a simulation of the ASDL concept and get a handout with steps. The panel concludes that the ASDL concept seems to function well, despite the pitfalls. It is pleased with the simulation and handout provided to students prior to the start of the curriculum, and is relieved that students are assessed on the basis of individual exams at the end of a module.

## 2.4 Feasibility

The quantitative data regarding intake, transfers and graduates, the achieved teacher-student ratio and the average amount of face-to-face instruction per stage of the study programme can be found in Appendix 5.

### *Intake*

The master's programme European Public Health is unconditionally open to students who hold a Bachelor of Science degree in European Public Health. Conditional admission is granted to students who have successfully earned a bachelor's or master's degree within a relevant domain from a Dutch or foreign university and to students who hold a bachelor's degree from a university of applied sciences in the Netherlands, Belgium, Germany, Switzerland or Austria. The intake was 14 students in 2009-2010, 5 students in 2010-2011 and 29 students in 2011-2012. In 2012-2013, the master's programme had a total of 19 students.

The panel studied the intake and considers the admission procedure adequate. From the interviews with students and alumni it became clear that they greatly value a variety of cultural student backgrounds. They both argued that it enriches the discussions. Therefore, the panel encourages the programme management to aim for a more diverse international student body.

The panel confirms that the admission requirements are clear, but suggests providing more support of students' proficiency in English. Although there are extra courses available, the result is not always evident in the final theses.

### *Workload and feasibility*

According to the information in the critical reflection, students spend an average of 33 hours per week on their studies. During the site visit, students argued that the workload varies between 20, 30 and 40 hours per week, depending on the assigned tasks. The alumni clarified

that they considered the workload to be rather low. Some of them even worked part-time during the master's programme, or conducted other activities. Based on the information collected during the site visit, the panel is not entirely confident that the workload is sufficiently challenging. However, it does not find the evidence solid enough to recommend a significant increase in workload. Since the management of the master's programme is ambitious and strives for excellence, the panel advises it to keep an eye on the workload.

During the site visit students argued that they received detailed outlines of what each module entails. These outlines provide clear guidance during the curriculum, and as a consequence students feel comfortable with the modules. An issue that popped up during the interview was the restricted amount of statistics in the curriculum. Some students stated that they do not feel fully prepared to use statistics in public health after graduation. In addition, they explained that they sometimes have to turn down offers to go abroad for an internship as they are unable to afford the high cost. There are a few grants available, but from the interview with students, it became clear that there is some confusion about the number and how to apply for the available grants. The panel finds the programme feasible, but recommends that the programme management provide its students with extra information about available grants.

## **2.5 Teaching staff**

The panel focussed on the quality and quantity of the teaching staff at the master's programme European Public Health.

### *Quality*

Of the 11 core staff members, 2 are full professors, 2 are associate professors, 6 are assistant professors, and 1 is a lecturer. In total, 6 of the 11 core staff members have a University Teaching Qualification.

The panel is satisfied with the overall quality of the teaching staff. It noticed that the staff involved in the master's programme is easily approachable and more internationally oriented than those involved in the bachelor's programme. It is pleased to find that the communication between the teachers has improved. However, it advises the programme management to encourage more staff members to take the University Teaching Qualification in the near future. Furthermore, it would like to stress the importance of supervision in the ASDL process, and the role of tutors to prevent free-riding.

### *Quantity*

In 2011-2012, the staff-student ratio of the master's programme European Public Health was 1:18.01. According to the panel, the quantity of the teaching staff is adequate.

## **2.6 Programme-specific quality control**

At the end of each module, students are asked to complete a questionnaire which evaluates the quality of units. The curriculum or programme evaluation is filled in by students while uploading their master's thesis. Since the master's programme European Public Health attracts many international students, the European Health Advisory Board plays a role in the quality control cycle as well.

During the site visit, the representatives of the Educational Committee explained that they look after 9 master's programmes and 2 bachelor's programmes in total. All these programmes except one bachelor's programme and one master's programme are taught in English and have European and non-European students. The panel appreciates the fact that

the Education Committee has staff and student members from various programmes and is open to international student members as well. In addition, it is well informed about the topics discussed in the student council. It analyses the programme evaluations and discusses the nominal plan, which indicates the objectives and workload of each module. It meets at least once a month and more often in case of emergencies, or a longer session is scheduled. Luckily, as the Committee members told the panel during the site visit, the programmes do not have many serious problems and hence the discussions are more about the details. The Educational Committee is well aware of its role as an advisory board and provides advice upon request, as well as on a voluntary basis. During the site visit it became clear that the Educational Committee has a defined role in the programme-specific quality control, and that its advice is often followed up at higher institutional level(s). The panel is impressed by the proactive attitude of the Committee, and considers it as one of the strengths of the quality control cycle.

The panel finds the European Health Advisory Board to be a useful critical asset that provides a 'reality check' for the programme management. During the site visit, the teachers of the master's programme argued that the Advisory Board is also needed to shape the programme and to record its history.

### **Considerations**

The curriculum of the master's programme is coherent, has a solid structure and a logical sequence of modules. The panel applauds the continuous improvements and adjustments of the curriculum. In addition, there is a firm connection between the learning outcomes and the modules in the curriculum.

Although there was some discussion about the ASDL procedure, as a few argued that the concept only works if everybody actively participates, the panel is convinced that when the process is intensively supervised by a tutor, it functions properly, and the problem-solving attitude is a useful asset in future careers. The teaching formats, such as lectures and tutorials, fit the didactic concept, and the programme-specific services contribute to it as well.

The panel investigated the intake and considers the admissions adequate. It advises the programme management to keep an eye on the workload to ensure that it is not too low. It is satisfied with the feasibility of the programme: students receive detailed outlines of what each module comprises. However, it suggests improving the transparency with regard to grant applications for students who wish to spend time abroad.

Despite the fact that the panel advises the programme management to encourage more staff members to take the University Teaching Qualifications in the near future, it is convinced that the programme has good and very internationally oriented teaching staff. There are sufficient teachers available to support the student body. The panel is impressed by the proactive attitude of the Educational Committee, and considers it one of the strengths of the quality control cycle.

### **Conclusion**

*Master's programme European Public Health:* the panel assesses Standard 2 as **good**.

### **Standard 3: Assessment and achieved learning outcomes**

The programme has an adequate assessment system in place and demonstrates that the intended learning outcomes are achieved.

**Explanation:**

The level achieved is demonstrated by interim and final tests, final projects and the performance of graduates in actual practice or in post-graduate programmes. The tests and assessments are valid, reliable and transparent to the students.

### **Findings**

This standard considers the findings with regard to the assessment system (3.1) and subsequently deals with the question of whether the graduates have achieved the learning outcomes (3.2).

#### **3.1 Assessment system**

The panel analysed the assessment system of the master's programme European Public Health and focussed on the assessment policy, including the functioning of the Board of Examiners, the examinations and the thesis procedure.

##### *Assessment policy*

The Board of Examiners is responsible for the rules and regulations applicable to all examinations in the master's programme European Public Health. During the site visit, the Board explained that it is responsible for 2 bachelor's programmes and 9 master's programmes. The Executive Board, which consists of the chair, the vice-chair and the secretary, meets once a week to discuss problems that have arisen. The complete Board consists of the Executive Board plus four extra staff members, and they meet every four to six weeks. During those meetings several topics are discussed, such as assessment plans or the organisation of resits. The panel noted that the Board of Examiners is currently not proactive enough. It delegates many responsibilities, and by doing so it seems to lose its grip on the final outcome of the programme. For example, the final check of whether or not a thesis has passed is delegated to the thesis coordinators. The Board also considers it the task of the thesis coordinator to check the thesis for plagiarism and fraud. Although the panel finds the assessment forms clear and does not have a substantial reason to doubt the assessment system, it encourages the Board of Examiners to adopt a proactive attitude in the near future and take full responsibility for the final outcome of the programme.

##### *Examinations*

Students are assessed by means of assignments, presentations, group work, exams, and papers. According to the panel the assessments are sufficiently diverse and match the didactic concept.

##### *Thesis procedure*

Guidelines for the master's thesis are available to students at the beginning of the academic year. During the site visit, alumni confirmed that the guidelines were clear and comprehensible. Students explained that they have a broad range of topics to choose from, but that they are also allowed to formulate their own research topic. They are free to undertake their master's thesis placement as a substantial part of an actual university research programme or as an external internship. They are guided during the initial phase of writing their proposal and planning their project. They experience this phase as quite intense, as they get continuous feedback from their supervisors and peers. In addition, they attend thesis

group meetings, where they present their work to each other for peer review. In the last couple of weeks of the academic year, students finalise their thesis in an internship, while working in thesis groups. They collect data, analyse the data and write their thesis. The panel confirms that the thesis procedure is clear, but adds that it might be worthwhile to start the planning of the internship placement a little earlier within the academic year. Some students argued that the deadlines are too tight, and they have hardly any time to think about their thesis topic.

The Board of Examiners explained that they introduced a new thesis assessment form in 2012. The previous form had 5 categories, and it was not clear to supervisors what each category meant. Therefore, the Board designed a more specific form, which entails subcategories that can be evaluated with plusses and minuses. Although the new thesis assessment form has instructions and a translation key, the panel is of the opinion that its implementation needs to be worked out in more detail. It noticed that not all supervisors mark the categories with plusses and minuses and that the clear guidance and feedback could not always be recognised in the final thesis.

### **3.2 Achieved learning outcomes**

The panel studied several theses and noted a variety of topics. According to the critical reflection, this is one of the challenges still to be overcome: students do not always connect their research question and findings properly to the European Union or European perspective. In the majority of the selected theses, there was a clear objective, a logical and consistent line of reasoning, consistent use of footnotes and referencing, and the work demonstrated an adequate knowledge of the literature in the field. However, the panel was slightly disappointed by the use of the English language in some of the selected theses. Although there are extra courses available to improve English language proficiency, so far the result is not evident in the final theses. In addition, the panel gained the impression that the application of methods needs some improvement as well. It generally agrees with the grading.

From the interview with alumni it became clear that there is a good connection to the labour market. While the bachelor's programme provides a broad overview of different topics, the master's programme is focussed on comparisons and the European Union perspective. It is more geared towards policy-making and international organisations. Some alumni have had several job offers related to this field. The master's programme also prepares students for a PhD position.

Due to the satisfactory overall level of the master's theses and the fact that alumni seem to continue on to further studies on a PhD level or enter the labour market rather easily, the panel is convinced that the learning outcomes are achieved upon graduation.

### **Considerations**

The Board of Examiners is responsible for the rules and regulations applicable to all examinations in the master's programme European Public Health. Although the Board of Examiners has regular meetings and the panel has no reason to doubt the assessment system, it encourages the Board to delegate less, adopt a proactive attitude, and take full responsibility for the final outcome of the programme. According to the panel there is sufficient variation in the assessment types, and they match the didactic concept.

Students are given sufficient guidance during the thesis procedure, and the panel approves the new thesis assessment form. However, it is of the opinion that its implementation needs to be



worked out in more detail. It might also be worthwhile to start the planning of the internship placement a little earlier.

The panel considers the theses to be of a satisfactory level overall: in the majority of the theses, there was a clear objective, a logical and consistent line of reasoning, consistent use of footnotes and referencing, and the work demonstrated an adequate knowledge of the literature in the field. However, it was slightly disappointed by the use of the English language and is also of opinion that the application of methods can be improved. It generally agrees with the grading.

Due to the satisfactory level of the master's theses and the fact that alumni seem to continue on to further studies on a PhD level or enter the labour market rather easily, the panel is convinced that the learning outcomes are achieved upon graduation.

## **Conclusion**

*Master's programme European Public Health:* the panel assesses Standard 3 as **satisfactory**.



# Master's programme Global Health

## Summary judgement

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This report provides an overview of the panel's findings and considerations regarding the master's programme Global Health of Maastricht University. The panel based its judgement on information acquired from the critical reflection, a number of selected theses, the interviews held during the site visit, additional reading material which was available during the site visit, and the digital learning environment. It found positive aspects as well as points for improvement. After careful consideration, it concludes that the master's programme Global Health satisfies the requirements for re-accreditation.

### *Standard 1*

According to the panel, the domain-specific framework of reference is clearly formulated and well worked out. It states that the framework covers the full breadth of the three educational programmes (bachelor's programme European Public Health, master's programme European Public Health, and master's programme Global Health) and simultaneously provides a distinctive description of the global health areas. The panel is very enthusiastic about the profile of the programme and is impressed by its innovative character. The partnership with foreign universities contributes to the uniqueness of the programme, and through this partnership students have access to various international health organisations. In addition, the programme has an obvious professional as well as academic orientation, which the panel appreciates. The intended learning outcomes reflect the Global Health profile accurately. They are sufficiently specific and formulated on an academic master's level. The panel is convinced that students are capable of achieving all learning outcomes upon graduation.

### *Standard 2*

The curriculum of the master's programme Global Health is diverse, comprehensive, multi-sided and adjustable to students' preferences. The panel feels that it is very well developed and that there is a solid connection between the learning outcomes and the courses.

Problem-Based Learning (PBL) is the didactic concept of the programme, in which students are personally responsible for their academic education and actively address issues in order to apply insights to various questions, and gain skills such as presenting, debating, writing and working together in small tutorial groups. It is executed in line with matching teaching formats, such as lectures, tutorials, project group work and training sessions. The panel believes that PBL remains a major challenge in a mixed student composition, but can only conclude that it works rather well in practice. In its opinion, the distance learning facilities are superb, and the students receive good guidance.

The panel investigated the intake and considers it to be adequate. It agrees with the alumni that the programme is not easy, but that the workload is "doable". It is particularly enthusiastic about the sponsored trip to Manipal, and impressed by the positive attitude of the students and their willingness to invest in their education. Nevertheless, it recommends that the programme management secure funding for students who want to conduct their research abroad, and continue to develop the technology. Foreign students receive a lot of support prior and upon arrival in Maastricht, and students going abroad during the programme are supported as well. The panel considers the programme to be feasible.

Although the panel advises the programme management to encourage more staff to take the University Teaching Qualifications in the near future, it feels that the programme has

excellent, dedicated and innovative teaching staff. It appreciates their cultural sensitivity and is enthusiastic about the contact with partner universities. It is also convinced that the number of staff members is adequate.

The panel is impressed by the proactive attitude of the Educational Committee, and considers it one of the strengths of the quality control cycle and of great value for the programme. In addition, it finds the Global Health Advisory Board to be a useful critical asset that provides a 'reality check' for the programme management.

### *Standard 3*

The Board of Examiners is responsible for the rules and regulations applicable to all examinations in the master's programme Global Health. Although the Board holds regular meetings and the panel has no reason to doubt the assessment system, it encourages the Board to delegate less, adopt a proactive attitude, and take full responsibility for the final outcome of the programme. In its opinion, there is sufficient variation in the assessment types, and they match the didactic concept. Students are appropriately guided throughout the thesis procedure. In 2012, the Board of Examiners introduced a new thesis assessment form. Although the new form comes with instructions and a translation key, the panel is of the opinion that its implementation needs to be worked out in more detail.

The panel considers the theses to be of a good academic level: they had a clear objective, a logical and consistent line of reasoning, consistent use of footnotes and referencing, and the work demonstrated an adequate knowledge of the literature in the field. All theses were relevant to discussions on global health, and some were ready to be published or presented at international conferences. The panel praises the quality of the output of the programme.

The panel is also very pleased with the enthusiasm of the alumni, and particularly the bottom-up approach to finding solutions for the community seems to be a very useful point of departure in further careers. It is convinced that the intended learning outcomes are achieved upon graduation, and considers the programme an excellent foundation for further studies or the labour market.

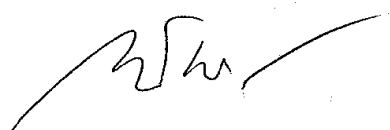
The panel assesses the standards from the Assessment framework for limited programme assessments in the following way:

*Master's programme Global Health:*

Standard 1: Intended learning outcomes	good
Standard 2: Teaching-learning environment	good
Standard 3: Assessment and achieved learning outcomes	good
General conclusion	good

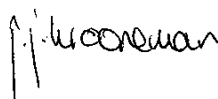
The chair and the secretary of the panel hereby declare that all members of the panel have studied this report and that they agree with the judgements laid down in it. They confirm that the assessment has been conducted in accordance with the demands relating to independence.

Date: 16 June 2014



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Prof. M. Wieringa-de Waard



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J.J. Krooneman, MSc

## Description of the standards from the Assessment framework for limited programme assessments

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### Standard 1: Intended learning outcomes

The intended learning outcomes of the programme have been concretised with regard to content, level and orientation; they meet international requirements.

#### Explanation:

As for level and orientation (bachelor's or master's; professional or academic), the intended learning outcomes fit into the Dutch qualifications framework. In addition, they tie in with the international perspective of the requirements currently set by the professional field and the discipline with regard to the contents of the programme.

### Findings

This standard first provides an insight into the panel's findings regarding the domain-specific framework of reference (1.1). Subsequently, attention is paid to the profile and orientation (1.2) and the intended learning outcomes and their level (1.3).

#### 1.1 Domain-specific framework of reference

In the domain-specific framework of reference (see Appendix 2), it is stated that the master's programme Global Health aims to provide the tools to help understand international dynamics and their impact on the health of individuals and populations across the globe. These tools not only help to analyse the transnational political economy of pandemics, disaster, pollution, conflict and the role of international, national and local actors, they also help to grasp how global-local interaction contributes to shaping local health across the globe.

The panel studied the domain-specific framework of reference and finds it clearly formulated and well worked out. It appreciates the rather general description of the domain in which the three educational programmes (bachelor's programme European Public Health, master's programme European Public Health, and master's programme Global Health) operate, and the distinctive description of the global health areas. The framework covers the full breadth of the programmes.

#### 1.2 Profile and orientation

As stated in the critical reflection, health and responsibility for health are increasingly global. The borders between 'North' and 'South' are increasingly blurred, and traditional power relations are being replaced by global interdependencies between regions, nations, institutions, companies, communities and people. The term 'global health' therefore captures the sense of a commonality across borders and the need for a shared commitment to improve health around the world. In addition, global health also refers to interconnections between global politics, policies, agreements and economic trends and their interaction with local structures, cultures and histories. The critical relationships among health, healthcare, technology, education, economic development, politics, socio-cultural environment and management require an integrated multidisciplinary consideration of these issues along with new forms of governance, accountability and leadership, and a new type of professional. Students of the Global Health master's programme are prepared to function as policy makers, managers and social entrepreneurs at various levels of local, national and international health care worldwide.

The panel examined the profile of the master's programme and feels that it is clearly formulated and relevant. It was impressed by its innovative character. It is particularly enthusiastic about the collaboration of the programme with foreign partner universities and states that this partnership contributes to the uniqueness of the programme's profile. It is through this partnership that students have access to various international health organisations. In addition, the programme has an obvious professional as well as academic orientation, which the panel appreciates.

### **1.3 Intended learning outcomes and academic level**

Based on the profile of the master's programme Global Health, 27 intended learning outcomes were formulated (see Appendix 3). They are linked to the Dublin descriptors and cover five requirements: knowledge and insight, application of knowledge and insight, formation of a judgement, communication, learning attitude and skills.

The panel investigated the intended learning outcomes and argues that they reflect the Global Health profile accurately. It states that the learning outcomes are sufficiently specific and formulated on an academic master's level. The panel is convinced that students are capable of achieving all learning outcomes upon graduation.

### **Considerations**

The panel studied the domain-specific framework of reference, the profile and orientation, and the intended learning outcomes of the master's programme Global Health. It is enthusiastic about the domain-specific framework of reference: it covers the full breadth of the three educational programmes (bachelor's programme European Public Health, master's programme European Public Health, and master's programme Global Health) and simultaneously provides a distinctive description of the global health areas. The panel is impressed by the programme's profile as it has an innovative character and involves a unique partnership with foreign universities. The programme has a professional as well as an academic orientation, and its intended learning outcomes are sufficiently specific and formulated on an academic master's level.

### **Conclusion**

*Master's programme Global Health:* the panel assesses Standard 1 as **good**.

## Standard 2: Teaching-learning environment

The curriculum, staff and programme-specific services and facilities enable the incoming students to achieve the intended learning outcomes.

### Explanation:

The contents and structure of the curriculum enable the students admitted to achieve the intended learning outcomes. The quality of the staff and of the programme-specific services and facilities is essential to that end. Curriculum, staff, services and facilities constitute a coherent teaching-learning environment for the students.

## Findings

This standard provides an insight into the curriculum (2.1) of the master's programme Global Health. Special attention is paid to the relation between the learning outcomes and the curriculum in section 2.2. Then the didactic concept, teaching formats and programme-specific services (2.3) and the feasibility (2.4) of the master's programme are analysed. In section 2.5 the quality and quantity of the teaching staff are discussed. This standard concludes with an analysis of the programme-specific quality control (2.6).

### 2.1 Curriculum

The master's programme Global Health is worth 60 EC and consists of three terms: fall, winter and summer (see Appendix 4).

#### Fall term (September – December)

From September till December, students attend four courses: *Foundations of Global Health*, *Methodology and Statistics*, *New Biosciences/New Society?* and *Governing Health in a Global Context*. The aim of *Foundations of Global Health* (3 EC) is to enhance the students' conceptual knowledge of policy design, policy instruments and policy analysis and to familiarise them with current debates on issues of ownership, responsibility and accountability related to international partnership, collaboration and governance in a global setting. In *Methodology and Statistics* (2 EC), students are introduced to advanced statistics like multi-level and factor analysis, as well as qualitative research methods. *New Biosciences/New Society?* (7 EC) addresses the interplay between biomedical, social and global processes involved in global diseases, and *Governing Health in a Global Context* (8 EC) deals with issues concerning the political economy of global health.

#### Winter term (January – April)

From January to April, students participate in two courses, one elective track and a learning symposium. In *Foundations of Global Health* (5 EC) there is a focus on how to develop and implement 'responsive' intervention plans. In the second part of *Methodology and Statistics* (3 EC), students are prepared for their research project and guided through the process of designing and preparing a sound and relevant scientific study. The *Elective track* is worth 12 EC, and students can choose one out of seven options. Two elective tracks are offered by Maastricht University (Implementing Innovations on a Global Scale, Global Health Leadership and Organisation), three are offered by McMaster University (Canada) (Globalization and Development, Global Health Management, Global Disease), one is offered by Thammasat University (Thailand) (Global Health, Human Security and Human Rights), and one is offered by Manipal University (India) (Global Health Issues in Developing Regions). At the end of the winter term, all students from partner universities meet each other for a 2-3 week intensive *Learning Symposium* (3 EC). Manipal University hosts the *Learning Symposium*, as it has the facilities to receive over 100 foreign students for 2 weeks at its campus.



### Summer term (May – August)

In order to complete the master's programme Global Health, students have to write a master's thesis which is grounded either in empirical data they select themselves during a thesis research period, or in data already available at the institute that hosts their study. During the summer term, students have to complete their research proposal, collect data and analyse it, and write their thesis. Those three components are worth a total of 17 EC.

The curriculum of the master's programme Global Health is diverse, comprehensive, multi-sided and adjustable to the students' preferences. The panel feels that it is very well developed, and it is particularly pleased with the *Foundations of Global Health* course and the *Learning Symposium*. During the site visit, the alumni clarified that the diversity within the curriculum is one of the strengths of the programme. The panel considered the logistics side of the *Foundations of Global Health* course to be rather difficult, but alumni and students appreciated the virtual sessions. Students also confirmed that they specifically chose the programme for its variety of courses, the collaboration with partner universities and the opportunity to attend the *Learning Symposium* in Manipal. Virtually, students in India and Thailand explained that they have a variety of courses at the partner universities as well. In India, the fieldtrips are highly appreciated. In Thailand the emphasis is on the wide range of topics and high quality of the teaching staff.

### **2.2 Relation between learning outcomes and the curriculum**

The panel analysed the relation between the learning outcomes and the curriculum. It also focussed on the cohesion and composition within the curriculum.

According to the panel, there is a solid connection between the learning outcomes and the curriculum. Most courses cover several learning outcomes. A good example in which this connection is visible is the *Learning Symposium* in Manipal. Its aim is to provide students with an opportunity to exchange knowledge. During this symposium, students from partner universities come together in Manipal, where they go on field trips and attend small group discussions and presentations from peers. In transnational teams, they work on assignments provided by local global health institutions. The content of this symposium therefore matches learning outcome number 24, which states that graduates should be able to communicate effectively with a diverse and international circle of professionals in academia, politics, bureaucracies and field organisations. In addition, during the symposium students learn how to work in a team, create partnerships, and participate in professional networks, which reflects the content of learning outcome number 26.

### **2.3 Didactic concept, teaching formats and programme-specific services**

The panel examined which didactic concept and teaching formats form the foundation of the education offered, and which programme-specific services contribute to it.

Just like other educational programmes offered by Maastricht University, the master's programme Global Health follows the Problem-Based Learning (PBL) approach. This is a student-centred method that includes active learning from approachable tutors. Students are personally responsible for their academic education and actively address issues in order to apply insights to various questions, and gain skills such as presenting, debating, writing and working together in small tutorial groups. Tutors participate in those tutorial groups, guiding the group process, asking critical, substantive questions, sharing their knowledge and supporting students when needed. PBL is an educational strategy aimed at the simultaneous realisation of the following objectives:

- Providing knowledge in such a way that it is retained better and applied more easily in later professional practice;
- Teaching students how to expand their knowledge and how to keep that knowledge up-to-date in their future professional functioning;
- Training in problem-solving skills for particular professional situations.

The teaching formats that contribute to the PBL concept are lectures, tutorials, project group work and training sessions.

When it comes to the programme-specific services, students have access to the University Library, the Learning and Resource Centre, the electronic library, and the Computer Resource Centre. The Virtual Learning Environment (VLE) is used for contact with peers and tutors from partner universities. For the organisation of online lectures, Maastricht University Science Vision Media Productions is used.

The panel examined the didactic concept and states that PBL remains a major challenge with a mixed student composition. The diversity in cultural and educational background of the students makes it difficult to introduce the concept and guarantee that everybody engages in equivalent ways. Especially for students coming from Asian school systems, the proactive attitude seems rather challenging. Nevertheless, the panel can only conclude that in practice the concept seems to work out rather well and that the teaching formats function adequately. In its opinion, the distance learning facilities are superb, and students receive excellent guidance. Prior to the *Foundations of Global Health* course, for instance, a teacher visits the partner universities in Thailand and India to check the technological facilities. In addition, students go through a test session in Maastricht to make sure that their computers work properly. Other programme-specific services are appropriate as well. The Manipal campus has a hospital, and the contact with first aid is very good.

## 2.4 Feasibility

The quantitative data regarding intake, transfers and graduates, the achieved teacher-student ratio, and the average amount of face-to-face instruction per stage of the study programme can be found in Appendix 5.

### *Intake*

As stated in the critical reflection, the programme management aims to recruit students from different backgrounds in terms of nationality, educational background and field of study. The intake has increased from 42 in 2010-2011 to 58 in 2013-2014. The variety of nationalities attending the master's programme has gone up as well: from 9 nationalities in 2010-2011 to 17 in 2013-2014.

The panel investigated the intake and considers it to be adequate. From the interview with students, it became clear that they greatly value the diversity of the student body. Although they argued that the differences in educational and cultural background sometimes lead to difficulties in communication, they also explained that they learn how to bridge communication problems as a result and know what to expect in their future careers. Teachers elaborated that the diversity of the student body changes every year. In the first year of the programme, many students came from surrounding areas. In the third year the programme attracted quite a few North Americans, and for the next cohort the programme is receiving many applications from Africa. The teachers clarified that they try to attract international students, to make sure that there is a good mix of backgrounds. For African

students it might be somewhat difficult to enter the programme as they often have financial restraints.

#### *Workload and feasibility*

During the site visit, students argued that they spend around 40 hours per week on their studies. They feel that the workload is pretty high and that they have frequent deadlines. The alumni described the workload as moderate to high, and confirmed that they spent 30-40 hours per week on their studies. They stated that the programme was not easy, but “doable”. The panel finds the workload adequate.

Maastricht University sponsors the trip to Manipal, which enables all students to attend this mandatory *Learning Symposium*. However, students who decide to conduct research abroad have to cover their own expenses. Alumni explained that their research or internship period in Africa or Canada was expensive, but that they knew this beforehand and made the decision carefully. They argued that they saw it as an investment. The panel is pleased with the enthusiasm of students and alumni about their trips abroad, but recommends that the programme management secure funding for students who want to conduct research abroad and continue to invest in technological innovations. Teachers explained that they try to keep track of the students’ proficiency of English. If they think that students need additional training in English, they refer them to the Language Centre. Foreign students stated that they received a lot of support and guidance from the staff and fellow students prior to and upon their arrival. They claimed that the communication was very regular and extremely good. When students go abroad to visit host institutions, they receive help and support locally. In addition, students have Skype meetings with the staff in Maastricht. If students are planning to go into remote areas, they receive extra preparation from the staff prior to their departure. The panel considers the programme to be feasible.

## **2.5 Teaching staff**

The panel focussed on the quality and quantity of the teaching staff at the master’s programme Global Health.

#### *Quality*

Of the 11 core staff members, 1 is a full professor, 3 are associate professors, 6 are assistant professors, and 1 is an instructor. Five of the core staff members hold a University Teaching Qualification.

The panel confirmed that the programme has good, dedicated and innovative teaching staff. It appreciates its cultural sensitivity and is extremely enthusiastic about the contact with partner universities. During the site visit, teachers explained that they travel to partner universities every year to discuss their experiences. They are confident about the quality of their colleagues in Thailand and Canada. In India there were some difficulties with the teaching, so new teachers are now involved. In Manipal, there are weekly debriefings. Teachers in Maastricht stated that they are proud to be part of the programme, which is the best compliment for the programme according to the panel. Nevertheless, it advises the programme management to encourage more staff to obtain the University Teaching Qualifications in the near future.

#### *Quantity*

In 2011-2012, the staff-student ratio was 1:17.2. According to the panel, the quantity of the teaching staff is adequate.

## 2.6 Programme-specific quality control

At the end of the courses, students are asked to complete a questionnaire which evaluates the quality of the units. The curriculum or programme evaluation is filled in by students while uploading their master's thesis. In view of the special distance learning aspects, the *Foundations of Global Health* course is evaluated by an expert on distance learning. The evaluation of the electives takes place at the partner universities. Given the international focus of the master's programme, the Global Health Advisory Board is part of the programme's quality control cycle.

During the site visit, the representatives of the Educational Committee explained that they look after 9 master's programmes and 2 bachelor's programmes in total. All these programmes except one bachelor's programme and one master's programme are taught in English and have European and non-European students. The panel appreciates the fact that the Education Committee has staff and student members from various programmes and is open to international student members as well. In addition, it is well informed about the topics discussed in the student council. The Educational Committee analyses the programme evaluations and discusses the nominal plan, which indicates the objectives and workload of each module. It meets at least once a month and more frequently in case of emergencies, or a longer session is scheduled. The Committee members told the panel during the site visit that the programmes do not have many serious problems and hence the discussions are more about the details. The Educational Committee is well aware of its role as an advisory board and provides advice upon request, as well as on a voluntary basis. During the site visit it became clear that the Educational Committee has a defined role in the programme-specific quality control, and that its advice is often followed up at higher institutional level(s). In addition, the panel is enthusiastic about the Committee's attitude towards the evaluations conducted at the partner universities of the Global Health programme. Although each partner university has its own evaluation system, the Educational Committee nevertheless tries to gather as much information as possible and invites the programme director to discuss the outcomes. The Committee also developed a special questionnaire for Global Health, which is helpful in evaluating this specific master's programme. The panel is impressed by the proactive attitude of the Committee and considers it one of the strengths of the quality control cycle.

The panel finds the Global Health Advisory Board a useful critical asset that provides a 'reality check' for the programme management.

### Considerations

The curriculum of the master's programme Global Health is diverse, comprehensive, multi-sided and adjustable to the students' preferences. The panel feels that the curriculum is very well developed. In addition, there is a solid connection between the learning outcomes and the courses in the curriculum.

Despite the fact that Problem-Based Learning (PBL) remains a major challenge with a mixed student composition, the panel has to conclude that in practice the didactic concept seems to work out rather well and that the teaching formats function adequately. The panel finds the distance learning facilities superb, and confirms that students receive excellent guidance.

The panel investigated the intake and considers it to be adequate. It is enthusiastic about the programme's aim to attract students from a variety of different backgrounds. It agrees with alumni that the programme is not easy, but that it is feasible.

Although the panel advises the programme management to encourage more staff to take the University Teaching Qualifications in the near future, it is convinced that the programme has excellent, dedicated and innovative teaching staff. It appreciates their cultural sensitivity and is extremely enthusiastic about the contact with partner universities. There are sufficient teachers available to support the student body. The panel is impressed by the proactive attitude of the Educational Committee, and considers it one of the strengths of the quality control cycle.

## **Conclusion**

*Master's programme Global Health:* the panel assesses Standard 2 as **good**.

### **Standard 3: Assessment and achieved learning outcomes**

The programme has an adequate assessment system in place and demonstrates that the intended learning outcomes are achieved.

**Explanation:**

The level achieved is demonstrated by interim and final tests, final projects and the performance of graduates in actual practice or in post-graduate programmes. The tests and assessments are valid, reliable and transparent to the students.

### **Findings**

This standard considers the findings with regard to the assessment system (3.1) and subsequently deals with the question of whether the graduates have achieved the learning outcomes (3.2).

#### **3.1 Assessment system**

The panel analysed the assessment system of the master's programme Global Health and focussed on the assessment policy, including the functioning of the Board of Examiners, the examinations and the thesis procedure.

##### *Assessment policy*

The Board of Examiners is responsible for the rules and regulations applicable to all examinations in the master's programme Global Health. During the site visit, the Board explained that it is responsible for 2 bachelor's programmes and 9 master's programmes. The Executive Board, which consists of the chair, the vice-chair and the secretary, meets once a week to discuss problems that have arisen. The complete Board consists of the Executive Board plus four extra staff members, and they meet every four to six weeks. During those meetings several topics are discussed, such as assessment plans or the organisation of resits. The panel noted that the Board of Examiners is currently not proactive enough. It delegates many responsibilities, and by doing so it seems to lose its grip on the final outcome of the programme. For example, the final check of whether or not a thesis has passed is delegated to the thesis coordinators. The Board also considers it the task of the thesis coordinator to check the thesis for plagiarism and fraud. In addition, the conversion of foreign grades is done by the coordinators, and not by the Board of Examiners. Although the panel finds the assessment forms clear and does not have a substantial reason to doubt the assessment system, it encourages the Board of Examiners to be more proactive in the future and take full responsibility for the final outcome of the programme.

##### *Examinations*

Students are assessed by means of written exams, papers, group assignments and presentations. According to the panel, the assessments are sufficiently diverse and match the didactic concept.

##### *Thesis procedure*

Preparations for the thesis start in the fall and winter terms of the academic year. During the *Methodology and Statistics (I)* course in the fall term, students identify a topic for their thesis research project and begin their literature search. The research proposal is written as part of the *Methodology and Statistics (II)* course during the winter term. In 2012-2013, a new thesis assessment form was introduced with a new set of criteria. The number of students who conduct their research abroad has gone up: from 20 in 2010-2011 to 27 in 2012-2013. Students abroad are virtually supervised during the research process. In some cases, students

have a local supervisor as well. The panel confirms that the thesis procedure is clear and executed appropriately.

The Board of Examiners explained that they introduced a new thesis form in 2012. The previous thesis assessment form had 5 categories, and it was not clear to supervisors what each category meant. Therefore, the Board designed a more specific form, with subcategories that can be evaluated with plusses and minuses. Although the new form comes with instructions and a translation key, the panel is of opinion that its implementation needs to be worked out in more detail. It noticed that not all supervisors mark the categories with plusses and minuses and that the clear guidance and feedback could not always be recognised in the final thesis.

### **3.2 Achieved learning outcomes**

The panel studied several theses and found a variety of topics. The theses had a clear objective, a logical and consistent line of reasoning, consistent use of footnotes and referencing, and the work demonstrated an adequate knowledge of the literature in the field. There was one excellent empirical study with a good qualitative basis. Other theses were also relevant for discussions on global health, and some were ready to be published or presented at international conferences. This is a strong asset of the output of the programme.

From the interview with alumni, it became clear that they felt prepared for the labour market upon graduation. They clarified that the bottom-up approach to finding solutions for the community is a very useful point of departure in future careers. Several alumni stated that attending this master's programme was one of the best choices they had made in life so far. Even those who were currently unemployed were still convinced of the value of the programme. The panel was impressed by the enthusiasm of the alumni and adds that the programme not only prepares the students for the labour market, but also for a further career in academia.

The panel is convinced that the learning outcomes are achieved upon graduation, and considers the programme to be an excellent foundation for further studies or the labour market.

### **Considerations**

The Board of Examiners is responsible for the rules and regulations applicable to all examinations in the programme. Although it holds regular meetings and the panel has no reason to doubt the assessment system, it encourages the Board to delegate less, adopt a proactive attitude, and take full responsibility for the final outcome of the programme. According to the panel there is sufficient variation in the assessment types, and they match the didactic concept.

Students receive appropriate guidance during the thesis procedure, and the panel approves the new thesis assessment form. However, it is of the opinion that its implementation needs to be worked out in more detail.

The panel considers the theses to be of a good academic level: they had a clear objective, a logical and consistent line of reasoning, consistent use of footnotes and referencing, and the work demonstrated an adequate knowledge of the literature in the field. All of the theses were relevant for discussions on global health, and some were ready to be published or presented at international conferences. The panel praises the quality of the output of the programme. It

is also very pleased with the enthusiasm of alumni, and it is convinced that the learning outcomes are achieved upon graduation. It considers the programme to be an excellent foundation for further studies or the labour market.

## **Conclusion**

*Master's programme Global Health:* the panel assesses Standard 3 as **good**.



## General conclusion

The panel was pleased to visit the bachelor's programme European Public Health, the master's programme European Public Health and the master's programme Global Health. It found itself in a vibrant setting for three full days, and appreciates all the efforts and preparations made prior to the site visit. On the last day of the site visit, the panel concluded that all three programmes satisfy the criteria for re-accreditation. It noticed that the three programmes have their own, original approach to public and global health issues. Whilst the European Public Health programmes are more focussed on Europe and the European Union, the Global Health programme is globally oriented. The panel was particularly impressed by the Global Health programme, which has developed significantly over the past few years, particularly in regard to the collaboration with foreign partner universities. In comparison to the European Public Health programmes, the context of the Global Health programme is much more complex, and the panel is very pleased with the way the teaching staff and programme management deal with this complexity. In addition, it is enthusiastic about the experiments conducted in the technological and organisational field, and greatly appreciates this innovative character of the Global Health programme. It commends all three programmes to keep up the good work, and it has faith in their future development.

## Conclusion

The panel assesses the *bachelor's programme European Public Health* as **satisfactory**.

The panel assesses the *master's programme European Public Health* as **satisfactory**.

The panel assesses the *master's programme Global Health* as **good**.



## II – Distinctive Quality Feature Internationalisation



# Bachelor's programme European Public Health

## Summary judgement

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### *Standard 1*

The panel established that the bachelor's programme in European Public Health has a unique focus on the European policy domain and on supranational organisations. This focus is a valuable addition to the academic and professional field in public health. The panel advises the programme management to articulate this focus more unequivocally and clearly in its vision on internationalisation. Creating a shared vision on internationalisation at a faculty and a programme level is a challenge. Although progress can still be made, the faculty and the programme are on the right track. The programme vision on internationalisation includes verifiable objectives. Nevertheless, the panel recommends that the programme specify these objectives in the future. It ascertained that the vision on internationalisation of the bachelor's programme in European Public Health is actively supported and evaluated by the university and by an Advisory Board consisting of representatives of the professional field.

### *Standard 2*

According to the panel, the intended learning outcomes of the bachelor's programme include international and intercultural aspects, but could be more specific. The assessment methods are varied and well-connected to the international and intercultural learning outcomes of the programme and match the Active and Self-Directed Learning (ASDL) concept (see Standard 3). The panel studied fifteen theses and concludes that the overall level is what one would expect of an academic bachelor's level. The majority of these theses included relevant topics and international elements. The panel recommends that the programme encourage students to address the relevance of their research topic and outcomes for the European Public Health domain more explicitly in their theses in the future. It found that the bachelor's programme is well geared to the labour market and to other European master's programmes.

### *Standard 3*

The panel concludes that the programme has links to recent international developments and provides students with a solid and broad basis in European Public Health. The programme is well connected to the international and intercultural learning outcomes. It uses ASDL as its didactic concept. The panel finds that using ASDL in an international student community is a challenge and requires permanent attention. It is convinced, however, about its implementation in the bachelor's programme European Public Health. It concludes that the learning environment of the bachelor's programme is suitable for achieving the intended international and intercultural learning outcomes.

### *Standard 4*

The teaching staff of the bachelor's programme European Public Health includes six full professors, nine associate professors, eleven assistant professors, five teachers and six PhD students/researchers. According to the panel, the number of teaching staff is adequate. The panel is also positive about their general quality and engagement. The staff is well informed about recent developments in the field. The panel studied an overview of the international experiences of the core staff. It concludes that the staff of the programme has ample international experience and expertise. Furthermore, sufficient services are in place to facilitate their international experiences, intercultural competences and language skills.

### Standard 5

The majority of students in the programme still originate from the Netherlands ( $\frac{1}{4}$ ) and Germany ( $\frac{1}{2}$ ). The panel is convinced that the programme takes this issue seriously and was satisfied to find that it takes into account the diversity in international backgrounds when composing the ASDL groups. Students have ample opportunity to go abroad during their studies. All students gain sufficient international experience with a mandatory excursion to Poland in the third year, and by going on short study trips in the first and second year. Students who want to gain more international experience have the possibility to do their minor and internship abroad. Outstanding services have been put in place to support incoming and outgoing students.

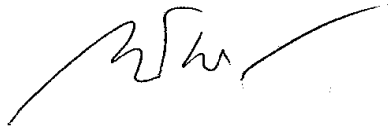
The panel issues a favourable opinion about awarding the NVAO distinctive quality feature Internationalisation to the bachelor's programme European Public Health. The panel assesses the standards from the NVAO Frameworks for the Assessment of Internationalisation (as of 14 November 2011) as follows:

### **Bachelor's programme European Public Health:**

Standard 1: Vision on Internationalisation	satisfactory
Criterion 1a: Shared Vision	satisfactory
Criterion 1b: Verifiable objectives	satisfactory
Criterion 1c: Improvement-oriented evaluations	satisfactory
Standard 2: Learning outcomes	satisfactory
Criterion 2a: Intended learning outcomes	satisfactory
Criterion 2b: Student assessment	good
Criterion 2c: Graduate achievement	satisfactory
Standard 3: Teaching and learning	good
Criterion 3a: Curriculum	satisfactory
Criterion 3b: Teaching methods	good
Criterion 3c: Learning environment	good
Standard 4: Staff	good
Criterion 4a: Staff composition	good
Criterion 4b: International experience and competence	good
Criterion 4c: Services provided to staff	satisfactory
Standard 5: Students	good
Criterion 5a: Student group composition	satisfactory
Criterion 5b: International experience	good
Criterion 5c: Services provided to students	good
General conclusion	good

The chair and the secretary of the panel hereby declare that all members of the panel have studied this report and that they agree with the judgements laid down in it. They confirm that the assessment has been conducted in accordance with the demands relating to independence.

Date: 16 June 2014



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Prof. M. Wieringa - de Waard



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A.J. Wieldraaijer – Huijzer, MA

## Description of the standards and criteria from the Assessment framework distinctive quality feature internationalisation

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### Standard 1: Vision on Internationalisation

#### Criterion 1a: Shared vision

The programme has a vision on internationalisation. This vision is supported by stakeholders within and outside the programme

### Findings

According to the critical reflection, the overarching mission of the bachelor's and master's programmes European Public Health is firmly rooted in a European and international perspective. The programmes understand public health as a collective action for sustained, population-wide health improvement and focus upon the European dimension of public health issues and developments within local, regional, national and global public health arrangements. The scope and limitations of the curricula are set by the contemporary and adaptive European agenda for public health.

The panel concludes that the outlook of the programmes in European Public Health is international. The implications of this outlook for the more specific vision of the programmes on their international content and on internationalisation are not completely clear from reading the critical reflections, however; the panel finds that every public health programme would need international approaches. During the site visit it therefore discussed the vision on internationalisation of the European Public Health programmes in Maastricht with the management, teaching staff, students, alumni and members of the European Public Health Advisory Board. It concludes that the European perspective of the programmes is primarily directed towards the European public health policy domain and the increasing role of the European Union as a supranational organisation and the World Health Organization as an intergovernmental organisation in it. The vision of the programmes on internationalisation also includes creating an understanding of the impact of European and transnational integration on public health and an understanding of cross-border 'Euregional' cooperation in public health. This vision is combined with the idea that the creation of these understandings and of European public health professionals is supported by an international learning environment, e.g. in terms of English language use, content, students, staff, partnerships and mobility.

The panel found that the internationalisation of the programmes is supported and evaluated by an Advisory Board consisting of representatives from the professional field from all over Europe. It also found that the vision of the programmes in European Public Health fits with, and is supported by, the ambition of the Maastricht UMC and the Faculty of Health, Medicine and Life Sciences to 'educate students to become professionals, who can successfully function in an international academic health arena'. The panel did notice that questions about the internationalisation vision of the faculty and the programmes in European Public Health and Global Health generated different answers. Creating a shared and unequivocal vision on internationalisation is clearly still a 'work in progress'.

### Considerations

The panel established that the bachelor's programme in European Public Health has a vision on internationalisation. This vision is actively supported by the university and the faculty, as



well as by the international professional field. It is highly advisable that both the faculty and the programme management communicate a more unequivocal and explicit vision on internationalisation. The panel advises the university to work on this in the future. For the programmes in European Public Health, the present and unique focus on the policy domain and supranational organisations could be articulated more clearly. It is this focus that distinguishes the international aspect of the programme from other public health programmes.

## Conclusion

*Bachelor's programme European Public Health*: the panel assesses Criterion 1a as **satisfactory**

Criterion 1b: Verifiable objectives  
The vision on internationalisation includes verifiable objectives

## Findings

The critical reflection states that the above-mentioned vision of the bachelor's programme has been specified explicitly in the profile of a graduate. This profile includes six verifiable objectives. A student who has successfully completed the programme:

1. acts and thinks according to the concept of New Public Health;
2. is conversant with the terms and key theories from the underlying basic disciplines and is able to place the concept of New Public Health in a European and international context;
3. is conversant with the most important current problems, questions and challenges in the field of European Public Health, and is able to interpret and explain these problems in theoretical-academic terminology;
4. is able to demonstrate academic-critical thinking and reasoning;
5. has broad knowledge and skills in social sciences research, is fully able to comply with professional standards for practical action in the appropriate areas of application, and is able to express him- or herself excellently in both written and spoken language;
6. has developed an attitude of lifelong learning.

In the critical reflection these objectives are explained and placed in the context of internationalisation: objective 1 stresses the importance of gaining a broad view on the determinants of health (inherently international); objectives 2, 3 and 5 focus on exchange, comparison and international transfer of contexts; objective 5 emphasises the importance of an English-language programme to facilitate communication within an international student population and professional practice; and finally, objective 6 implies that students must become lifelong learners in the field of public health.

The panel studied the listed verifiable objectives of the bachelor's programme European Public Health. It concludes that the objectives are applicable to the programme, highly relevant and needed for an international professional, but also very general. Especially objectives 3-6 could be sharpened in terms of their international focus.

## Considerations

The panel established that the vision on internationalisation includes verifiable objectives. The objectives are applicable to the programme and relevant for the realisation of the vision

of internationalisation. The panel recommends that the programme gear its objectives more explicitly to internationalisation and the specific international outlook of the programmes in European Public Health in the future.

## Conclusion

*Bachelor's programme European Public Health*: the panel assesses Criterion 1b as **satisfactory**

<b>Criterion 1c: Improvement-orientated evaluations</b>
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The vision on internationalisation is evaluated periodically and this evaluation forms the basis for improvement measures
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## Findings

According to the critical reflection, the vision of the bachelor's programme European Public Health is evaluated regularly by the European Public Health Advisory Board. This Advisory Board consists of representatives of the professional field and has convened eleven times since its initial meeting of July 2007. It discusses matters such as the curriculum, partnerships, internships abroad and strategic directions of the programme.

The panel discussed with members of the European Public Health Advisory Board the strategic vision of the European Public Health programmes in terms of internationalisation, and the role of the Advisory Board in providing international internships and enhancing international employability. The panel judges that the Advisory Board is actively involved in these issues and a very valuable asset to the programmes. Because the European Public Health programmes are relatively young, the programme management appeals to the Advisory Board on a regular basis for external advice. During the site visit, the Advisory Board provided the panel with examples of changes related to international content and internationalisation supplied upon request. For example, in the last couple of years the role of cross-border health care and international health threats has been strengthened in the curricula of the programmes.

The critical reflection notes that staff members are regular participants and contributors to the main European Public Health conferences and work in international European associations, such as the European Public Health Association. By maintaining and upgrading their awareness of recent developments abroad, staff members can provide valuable feedback to the vision of internationalisation. The panel recognises this and is positive about the international experiences of the staff members (see Criterion 4b).

Finally, the panel studied evaluations about the internationalisation vision of the faculty provided during the site visit. It concludes that the faculty is actively involved in evaluating its own vision on internationalisation and in linking this vision to the different programmes in the faculty. As has been noted in Criterion 1a and in one of the faculty evaluations from January 2014, creating a shared vision on internationalisation throughout the faculty and an unequivocal, clear and explicit vision on international content and internationalisation in the programmes European Public Health is a challenge and still a 'work in progress'.

## Considerations

The panel established that the Advisory Board plays an important role in the evaluation of the vision on internationalisation of the bachelor's programme. It is a valuable asset to the programmes in European Public Health. Furthermore, the panel appreciates the active involvement of the faculty in evaluating the vision on internationalisation at a faculty and programme level. It is aware that creating shared and clear visions on internationalisation is a challenge. It recommends that the faculty and the programme management maintain this as a focal point in the near future.

## Conclusion

*Bachelor's programme European Public Health:* the panel assesses Criterion 1b as **satisfactory**

Standard 1: Overall assessment
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## General conclusion

The panel ascertained that the bachelor's programme in European Public Health has a vision on internationalisation. The unique focus of the programme on the policy domain and on supranational organizations could be articulated more clearly, however. The panel found that the vision on internationalisation includes verifiable objectives that are applicable to the programme and relevant for educating international academic professionals. These objectives are very general in nature and could be connected in a more explicit manner to the programme's vision on international content and internationalisation.

The panel is convinced that the vision on internationalisation of the bachelor's programme in European Public Health is actively supported by internal and external stakeholders. Furthermore, the faculty, the European Public Health Advisory Board, programme management and staff are all actively involved in evaluating and improving this vision. They are on the right course. The panel is aware that creating shared and clear visions on internationalisation is a challenge and recommends that the faculty and the programme management maintain this as a focal point in the near future.

## Conclusion

*Bachelor's programme European Public Health:* the panel assesses Standard 1 as **satisfactory**

## Standard 2: Learning Outcomes

### Criterion 2a: Intended learning outcomes

The intended international and intercultural learning outcomes defined by the programme are a clear reflection of its vision on internationalisation.

### Findings

The management of the bachelor's programme European Public Health has drawn up 28 intended learning outcomes. The complete set is listed in Appendix 3. In studying the intended learning outcomes of the bachelor's programme, the panel gained the impression that a vision on internationalisation is present and inherent to the general profile of the programme and its ambitions – even though the panel finds that the programme vision on internationalisation should be communicated more explicitly and unequivocally. It stresses that it is not familiar with other public health programmes with the same internationalisation focus on the European public health policy domain, supranational organisations and cross-border 'Euregional' cooperation in public health.

The panel established that almost all of the programme's intended learning outcomes include international and intercultural aspects (explicitly or implicitly), and many of them link to the programme's vision on internationalisation. For example, the internationally driven content of the programme is visible in the subject-related learning outcomes 4, 7, 8 and 9, while learning outcomes 21, 23 and 25 stress the preparation for an international career and the skills to interact in intercultural teams. These learning outcomes connect to the idea that the creation of intercultural skills and international subject-specific understandings of European public health professionals is supported by an international learning environment, e.g. in terms of English language use, content, didactics, students, staff, partnerships and mobility.

In the limited programme assessment report, the panel already stressed that some of the intended learning outcomes could be formulated more specifically. This is also the case for the vision on internationalisation. For example, intended learning outcome 4 stresses the importance of having knowledge and understanding 'of the interconnection of public health problems and solutions at a global, European, national, regional and local level', but it is not exactly clear in what way these levels should be understood. Although the panel now realises that this should be comprehended from a policy perspective, this is not clear at first sight. Therefore, it recommends that in specifying some of the general learning outcomes, the programme management should also evaluate the description of each learning outcome in relation to the programme's vision on internationalisation.

### Considerations

The panel established that almost all of the programme's intended learning outcomes include international and intercultural aspects (explicitly or implicitly), and many of them link to the programme's vision on internationalisation. Some of the intended learning outcomes could be specified better in terms of the panel's understanding of the vision as being focussed on the European public health policy domain, supranational organisations and cross-border 'Euregional' cooperation in public health.

### Conclusion

*Bachelor's programme European Public Health:* the panel assesses Criterion 2a as **satisfactory**

#### Criterion 2b: Student assessment

The methods that are used for the assessment of students are suitable for measuring the achievement of the intended international and intercultural learning outcomes.

### Findings

The critical reflection offers an overview of the most important assessment methods used for assessing the international and intercultural learning outcomes of the programme. In addition, the panel studied module descriptions and tests and assignments, including feedback and scoring forms.

The panel found that the programme uses a mix of individual and group assignments. The assessment methods are varied and attuned with the international and intercultural learning outcomes to be tested. Every assignment includes feedback; depending upon the testing goals this is provided in the form of either peer feedback or feedback from the tutor. The assessment forms and assessment policy of the bachelor's programme European Public Health are clear and match the didactic concept (see Criterion 3b). For the thesis, a new assessment form has recently been introduced by the Board of Examiners. The panel established that the assessment form is adequate and compliant with the international and intercultural learning outcomes; it includes a lot of explanation about the different scoring categories. The implementation of the new form still needs some work, however.

Group assignments are part of the Active and Self-Directed Learning (ASDL) concept which is central to the programme. The relation between ASDL and the international student and staff population is evaluated in Criterion 3b. In relation to formative student assessment, the panel finds that ASDL gives students a valuable opportunity to practise their intercultural communicative and teamwork skills because the diversity in international backgrounds of students is taken into account in the ASDL groups composition. In general, the panel is pleased with the benefits of the ASDL didactic concept and, as a part of this, about the group assessment. It was especially pleased to find that in every course the group assignments are complemented with individual assignments, thereby reducing free-riding and ensuring that all the international and intercultural learning outcomes are tested for every individual student.

### Considerations

The panel established that the assessment methods are varied and attuned to the international and intercultural learning outcomes of the programme. The assessment forms are adequate and match the ASDL concept. ASDL and group assignments provide students with a valuable opportunity to practise their intercultural communicative and teamwork skills. The panel is satisfied with the fact that group assignments are complemented with individual assignments for every course. This ensures the testing of all international and intercultural learning outcomes for every student.

### Conclusion

*Bachelor's programme European Public Health*: the panel assesses Criterion 2b as **good**

#### Criterion 2c: Graduate achievement

The programme can demonstrate that the intended international and intercultural learning outcomes are achieved by its graduates.

### Findings

Theses are important indicators of graduate achievement, and the panel studied fifteen bachelor's theses, covering the full range of marks given. In its assessment it paid specific attention to the international features of the theses and to the relation between the international and intercultural learning outcomes and their content.

The panel established that the overall level of the theses is what one would expect of an academic bachelor's level. In the majority of the selected theses, there is a clear objective, a logical and consistent line of reasoning, and a consistent use of footnotes and referencing. The panel generally agrees with the grades awarded. The majority of theses include international elements. For example, some are based on international data, international literature or international policy documents and link to international trends. Others include a comparative analysis of different European countries or international case studies. Sometimes the research is conducted in foreign organisations.

The panel concluded that the topics of the theses are broad but relevant for the domain of the programme. The theses include international features and are compliant with the level of an academic bachelor and with the international and intercultural learning outcomes of the programme. The panel did notice, however, that not all theses include an explicit evaluation of the relevance of the thesis topic and the research outcomes for the European Public Health domain. The panel recommends that the programme encourage students to address this link more explicitly in future.

The panel established that the programme offers students opportunities to improve their English language skills; e.g. students write semester papers that are provided with separate feedback on English language use, and the university offers English language courses for students who wish to improve their proficiency. Nevertheless, the use of the English language in the theses will have to remain a point of attention for the programme management. The quality of English language use in the bachelor's theses varied.

Graduate achievement is also reflected by the possibilities graduates have to move on to a master's programme and by their employability. From the interview with alumni it became clear that the bachelor's programme is well geared to the labour market and other master's programmes. They felt that the multidisciplinary approach of the bachelor's programme is a strong selling point. In addition, they pointed out that the European policy perspective really broadened their perceptions during their academic career. As a consequence, they felt comfortable searching for further studies throughout the European region upon graduation. All master's applications were accepted, and some graduates even received job offers before finishing their further studies. This was partly the result of solid networking.

### Considerations

The panel concludes that the overall level of the theses is what one would expect of an academic bachelor's level. The majority included international elements, and the thesis topics are relevant from the international perspective of the programme. The panel recommends that the programme encourage students to address the relevance of research topics and

outcomes for the European Public Health domain more explicitly in their theses in the future. The use of the English language in the theses is also a point needing attention. The quality of English language use in the bachelor's theses varied.

The panel established that the bachelor's programme is well geared to the labour market and to other European master's programmes. Its multidisciplinary approach is a strong selling point, and the European policy perspective is assessed positively by graduates. Due to the satisfactory overall level of the bachelor's theses, their international features and the fact that alumni seem to continue further studies on a master's level rather easily, the panel is convinced that the international and intercultural learning outcomes are achieved upon graduation.

## Conclusion

*Bachelor's programme European Public Health:* the panel assesses Criterion 2c as **satisfactory**

Standard 2: Overall assessment
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## General conclusion

The panel established that almost all of the programme's intended learning outcomes include international and intercultural aspects (explicitly or implicitly), and many of them link to the internationalisation vision of the programme. The panel recommends that some of the learning outcomes be specified in terms of the programme's vision on internationalisation (see Standard 1). The assessment methods of the programme are varied and match the ASDL didactic concept and the intended learning outcomes. ASDL and group assignments provide students with a valuable opportunity to practise their intercultural communicative and teamwork skills. Due to the satisfactory overall level of the bachelor's theses, their international features and the fact that alumni seem to continue on to further studies on a master's level rather easily, the panel is convinced that the international and intercultural learning outcomes are achieved upon graduation. It does recommend that the programme encourage students to address the relevance of their research topic and outcomes to the domain more explicitly in their theses in the future.

## Conclusion

*Bachelor's programme European Public Health:* the panel assesses Standard 2 as **satisfactory**

### Standard 3: Teaching and learning

#### Criterion 3a: Curriculum

The content and structure of the curriculum enable the achievement of the intended international and intercultural learning outcomes

#### Findings

For a schematic overview of the curriculum of the bachelor's programme European Public Health, please see Appendix 4. For an overview of the content of the semesters, please see the report about the limited programme assessment. The panel studied the content and structure of the curriculum in more detail from the perspective of the intended learning outcomes. It concluded that the courses link to the international and intercultural learning outcomes. For example, the first semester *European Public Health Problems Today* poses questions about current European Health topics using relevant international literature. The European institutional focus is addressed in semester 2's *Shapes of Public Health in Europe today*, and the policy approach and the international comparative approach are reflected in semester 3's *European Public Health Objectives* and semester 5's *Making Public Health Work in Europe*. During the site visit, lecturers assured the panel that they try to connect to recent international developments throughout the programme and to invite guest lecturers frequently. This was confirmed by students.

The panel established that the curriculum of the bachelor's programme European Public Health provides a broad and solid basis for students. It is coherent and well-structured, and the courses evidence increasing levels of difficulty. First, students are familiarised with important topics and developments, and then they move on to a comparative approach. The programme itself is broad; it covers many topics and competences without being superficial.

The panel is confident that the international and intercultural intended learning outcomes are adequately linked to the courses and tracks offered in the programme. International and comparative learning experiences are furthermore stimulated by a mandatory excursion to Central and Eastern Europe, in which students visit the Jagiellonian University in Kraków, participate in the interactive lectures related to the Polish health care system, and visit different health care institutions. International experiences are further enhanced by excursions abroad, and the possibility for students to do their minor and their thesis internship abroad (see Criterion 5b).

#### Considerations

The panel concluded that the programme links to recent international developments and provides students with a solid and broad basis in European Public Health. The programme is well-connected to the international and intercultural learning outcomes. The mandatory excursion to Poland is an interesting international learning experience. Furthermore, international excursions are organised, and the students are encouraged to do their minor and internship abroad.

#### Conclusion

*Bachelor's programme European Public Health*: the panel assesses Criterion 3a as **satisfactory**



### Criterion 3b: Teaching methods

The teaching methods enable the achievement of the intended international and intercultural learning outcomes.

## Findings

The bachelor's programme European Public Health and Global Health uses Active and Self-Directed Learning (ASDL) as its didactic concept. This concept is a variant of Problem-Based Learning. For more information about ASDL, please refer to the limited programme assessment report.

The panel critically evaluated the link between the ASDL concept and the international student and staff body on the one hand, and the realisation of the intended learning outcomes on the other. It discussed this extensively with Dutch and international students, staff and alumni. It concluded that international students are properly introduced to the ASDL concept with an introductory course and a simulation session. International students are delighted to be exposed to the ASDL learning experience in Maastricht. Nevertheless, the panel established that it is also a real challenge to use the ASDL concept in an international student community. Management, students and staff acknowledge that the combination of an international student body and ASDL needs permanent attention in terms of student and tutor training. The quality of ASDL training differs, for example, in relation to how well the tutor manages the group discussion. The panel established that this issue is monitored by the management and the staff, but nevertheless it recommends continuing to pay attention to this aspect in the near future.

In general, the panel is positive about the learning benefits of the ASDL concept. Because students are working on a problem together, they have the opportunity to learn from each other. Throughout the programme students communicate in English. Furthermore, the diversity in international backgrounds of students is taken into account in the ASDL group composition, giving students the opportunity to practise their intercultural communicative skills. Even though groups in the bachelor's programme mostly consist of Dutch (26.5%) and German students (57%), good mixing can still result in some intercultural teamwork.

## Considerations

Using ASDL in an international student community is a real challenge and requires permanent attention. The panel is convinced about its implementation in the bachelor's programme European Public Health. Students are properly introduced to this didactic concept and are in general delighted to be exposed to it. ASDL keeps students alert, stimulates them to help each other and to think about a problem by themselves. When combined with an international student group, it offers them an intercultural learning experience. The panel concludes that the ASDL concept enables students to achieve the intended international and intercultural learning outcomes.

## Conclusion

*Bachelor's programme European Public Health:* the panel assesses Criterion 3b as **good**

### Criterion 3c: Learning environment

The learning environment is suitable for achieving the intended international and intercultural learning outcomes

## Findings

The learning environment of the bachelor's programme European Public Health can be characterised by the idea that an international learning environment contributes greatly to programmes that have international and intercultural intended learning outcomes. According to the critical reflection, the interaction of students in English from different backgrounds plays an important role in their learning process in the programme. Students become acquainted with each other's circumstances and backgrounds. During the site visit, students in European Public Health as well as in Global Health noted that their different backgrounds offer them an interesting opportunity to compare the situations in their different countries. The panel agrees that this is a valuable learning experience, especially in programmes with an international focus. It also established that this international learning experience is stimulated by the use of ASDL (see Criterion 3b). The international student population (see Standard 4) and the international staff (see Standard 5) also contribute to it.

As has already been noted under Criterion 3a and 3b, the panel assesses the programme as well as ASDL as suitable concepts for achieving the intended and international learning outcomes. The international excursions (Criterion 3a and 5b), the international experiences of the staff (Criterion 4b) and the services provided to students (Criterion 5c) also contribute to the realisation of the learning outcomes. Students of the bachelor's programme have access to tutorial rooms and lecture halls, four laboratories, the University Library, the Learning and Resource Centre, the electronic library and a Computer Resource Centre. Students can also get assistance from the Scholarship Office, the Visa Office and the Housing Office.

## Considerations

The panel concludes that the curriculum, the excursions, ASDL, the staff, the students, the services and the facilities provide students of the bachelor's programme with a learning environment that is suitable for achieving the intended international and intercultural learning outcomes.

## Conclusion

*Bachelor's programme European Public Health:* the panel assesses Criterion 3c as **good**

### **General conclusion**

The panel concludes that the curriculum is well connected to the international and intercultural learning outcomes. Using ASDL in an international student community is a real challenge and requires permanent attention. The panel is convinced about its implementation in the bachelor's programme European Public Health. The learning environment is suitable for achieving the intended international and intercultural learning outcomes.

### **Conclusion**

*Bachelor's programme European Public Health:* the panel assesses Standard 3 as **good**

## Standard 4: Staff

### Criterion 4a: Staff composition

The composition of the staff (in quality and quantity) facilitates the achievement of the intended international and intercultural learning outcomes

### Findings

The critical reflection offers an overview of the quantity of staff and the international background and activities of staff members. The staff-student ratio for the bachelor's programme European Public Health is 1:24.8. According to the panel, the quantity of teaching staff is adequate.

The panel is positive about the fact that the bachelor's programme includes teachers with different European nationalities who bring in their own experiences to the courses. In its view, the international and multidisciplinary background of the 21 core staff members is more than sufficient; they represent eight different nationalities and belong to eight different departments within the faculty. Besides the core staff, approximately 20 national and international guest lecturers contribute annually to the programme. The varied international backgrounds of the core staff contribute to the international learning environment of the bachelor's programme.

The teaching staff of the bachelor's programme European Public Health includes six full professors, nine associate professors, eleven assistant professors, five teachers and six PhD students/researchers. The panel is positive about the general quality and engagement of the staff. They are well-informed about recent developments in the field.

Twelve teachers from the core staff have a University Teaching Qualification. The panel is satisfied with the overall quality of the teaching staff. However, it advises the programme management to encourage the other staff members to obtain their University Teaching Qualification in the near future. Furthermore, it would like to stress that training tutors with different international backgrounds in the ASDL concept needs to be maintained by the management as a permanent point of attention.

### Considerations

The panel assessed the quantity and the international and multidisciplinary background of the core staff as more than sufficient. The staff is engaged and well-informed about developments in the field and represents a mix of senior and junior staff members. In addition, national and international guest lecturers contribute to the programme. More than half of the core staff members have a University Teaching Qualification. The panel advises increasing the number of staff with a University Teaching Qualification in the future. It concludes that the quality and quantity of the teaching staff visibly contribute to the achievement of the international and intercultural learning outcomes.

### Conclusion

*Bachelor's programme European Public Health*: the panel assesses Criterion 4a as **good**

Criterion 4b: International experience and competence

Staff members have sufficient international experience, intercultural competences and language skills

### Findings

The critical reflection includes an overview of the international activities for each staff member. The panel studied this overview and concludes that the core staff has ample experience in international education. Many staff members have recent international teaching experiences in Europe and the United States of America, either as a guest lecturer or in a permanent position. Moreover, some lecturers are involved in setting up international educational projects and curricula together with international policy-making institutions and universities.

The panel also finds that the staff has ample experience in international research: staff members are involved in international research projects, have published together with international colleagues, and act as supervisors for PhD students abroad. Other international experiences of the core staff include working for or advising international institutions in public health and being a member of editorial boards of international journals. Last but not least, staff members contribute to international conferences in European Public Health and thereby maintain and upgrade their awareness of recent developments abroad.

### Considerations

The panel concludes that the staff of the bachelor's programme European Public Health is engaged, professional and aware of recent international developments abroad. Its members have ample international teaching experiences. Finally, they are very active in international research and in the international institutional and professional field of public health.

### Conclusion

*Bachelor's programme European Public Health*: the panel assesses Criterion 4b as **good**

Criterion 4c: Services provided to staff

The services provided to the staff (e.g. training, facilities, staff exchanges) are in line with the staff composition and facilitate international experiences, intercultural competences and language skills

### Findings

The critical reflection explains that services to international staff are mainly organised at the university level. To familiarise international staff with the Netherlands and the university, the university established a Knowledge Centre for International Staff (KCIS) within the Human Resources Department. The KCIS assists incoming foreign staff with work permits, visa procedures, tax issues and social security regulations. It provides support with respect to housing, school selection, relocation and jobs for partners. It also assists outgoing staff.

In addition to KCIS, the Language Centre of the university offers staff members language courses, and the Staff Career Services offers a 'Dealing with Cultural Diversity' course. With increasing numbers of employees interacting with colleagues or students from different cultural backgrounds, the multicultural aspects of diversity are playing an ever greater role within the

university. This course in intercultural skills has been specially designed for staff who want to further develop their competences in cultural diversity.

During the site visit, the panel discussed the services provided with the staff of the bachelor's programme European Public Health. It established that they are satisfied with them.

### **Considerations**

The panel concludes that the services provided to the staff are adequate and fit the international ambitions of the university and the bachelor's programme European Public Health. There are sufficient facilities available to train intercultural and language skills.

### **Conclusion**

*Bachelor's programme European Public Health:* the panel assesses Criterion 4c as **satisfactory**

Standard 4: Overall assessment
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### **General conclusion**

The panel established that staff of the bachelor's programme is engaged and well-informed about developments in the field and represents a mix of senior and junior staff members. The staff has ample international teaching, research and professional experience. The panel would like to advise the programme management to increase the number of staff with a University Teaching Qualification in the future. According to the staff, there are sufficient facilities available for training intercultural and language skills. The panel agrees with this: the services provided to the staff are adequate.

### **Conclusion**

*Bachelor's programme European Public Health:* the panel assesses Standard 4 as **good**

## Standard 5: Students

### Criterion 5a: Student group composition

The composition of the student group (diversity of national and cultural backgrounds) is in line with the programme's vision on internationalisation

### Findings

The critical reflection included an overview of the nationality of European Public Health bachelor's students. The panel studied this overview and concluded that the bachelor's programme has a student population that originates from a wide range of countries. All cohorts between 2007-2008 and 2012-2014 together include 35 different nationalities. Nevertheless, the panel also established that the great majority of the students come from the Netherlands or Germany. On average, a quarter of the students come from the Netherlands and around half from Germany. The panel discussed this issue with the management and the staff responsible for international activities. It concluded that they take this issue seriously and are working on diversifying the student group composition. For example, the international staff of the programme discusses how to attract more students with different nationalities with the PR teams of the university. Rejecting applications of students from Germany is not an option; it is legally forbidden to reject applications of students coming from other EU member states. The panel understands that as a consequence, composing a truly international student group is difficult.

The panel debated with students in the programme about the consequences of the large number of Dutch and German students in the student group. They told the panel that the programme takes into account the diversity in international backgrounds in composing the ASDL groups. Even though German students form a majority in the ASDL groups, in general there are more nationalities represented in the groups. The panel agrees with the students that good mixing can still result in an adequate intercultural learning experience that is in line with the programme's vision on internationalisation. It advises the programme to continue strict monitoring of the ASDL group composition in the future.

### Considerations

The student population originates from a variety of countries, but the majority of students still come from the Netherlands and Germany. The panel understands that it is difficult for the programme to influence this and is convinced that the programme takes the issue seriously. It was satisfied to find that the programme takes into account the diversity in international backgrounds when composing the ASDL groups.

### Conclusion

*Bachelor's programme European Public Health:* the panel assesses Criterion 5a as **satisfactory**

#### Criterion 5b: International experience

The international experience gained by students is adequate and in line with the programme's internationalisation vision

### Findings

The panel studied the possibilities for students in the bachelor's programme European Public Health to go abroad and enhance their international experience. It established that there are ample opportunities for this in the programme. First, there is a mandatory excursion to Central and Eastern Europe, scheduled in the third year of the programme. During this excursion, students visit Jagiellonian University in Kraków and participate in the interactive lectures related to the Polish health care system. They also visit different health care institutions such as public and private hospitals, long-term care institutions and integrated health care units. The panel feels that this excursion stimulates international and comparative thinking about public health subjects. It is positive about the fact that the university covers most of the expenses for this trip: the requested student contribution for the trip is fair.

International experiences are also gained by an excursion to the 'Euregion Maas-Rhein' in the first semester, the visit by three permanent representations of the European Union (NL, UK, DE) and the possibility for students to do their minor and their thesis internship abroad. On average, 50% of the bachelor's students opt for an internship abroad. The students are satisfied with the help they get from the international office in finding a place and scholarships. During the site visit, staff members told the panel that students who do not go abroad for their minor or internship often plan to go abroad in their master's programme. This was confirmed by the students and alumni in the programme. The panel concludes that the programme adequately teaches students to take an international focus on the development of their own educational career.

### Considerations

The panel finds that the bachelor's programme offers students ample opportunities to go abroad. All students gain sufficient international experience through a mandatory excursion to Poland in the third year, and by going on short study trips in the first and second year. There are no big financial obstacles for students for the excursion and the trips. Students who want to gain more international experience have the possibility to do their minor and internship abroad. Those who do not go abroad for their minor or internship often plan to go abroad in their master's programme.

### Conclusion

*Bachelor's programme European Public Health:* the panel assesses Criterion 5b as **good**



#### Criterion 5c: Services provided to students

The services provided to the students (e.g. information provision, counselling, guidance, accommodation, Diploma Supplement) are adequate and in line with the composition of the student group

### Findings

The critical reflection explains that there are many services for Dutch and international students entering the bachelor's programme European Public Health. To properly inform international students before and upon their arrival in Maastricht, the university has set up a number of service departments within the Student Services Centre. These include 'Buddies and Buttons' (a call centre staffed by students who assist international students in their application), the Scholarship Office, the Visa Office, the Career Services Office and the Housing Office. Furthermore, the university Language Centre has developed a package of courses for students, including academic English courses and basic Dutch language courses.

There is also assistance for students on a faculty and programme level. In 2009 EUnitas was established as the study association of the European Public Health programmes. Furthermore, the faculty and the university offer subsidies that partially cover the expenses for students doing their minor or internship abroad. Finally, all graduates of the bachelor's programme European Public Health receive a supplement to accompany their diploma. Three examples of this supplement were included in the appendices of the critical reflection. The panel established that these supplements offer a clear description of the nature, content, level and status of the programme.

### Considerations

The panel established that many services are available for international students coming to Maastricht. These services include support for administrative and financial issues, as well as social support and support for enhancing intercultural and language skills.

### Conclusion

*Bachelor's programme European Public Health:* the panel assesses Criterion 5c as **good**

#### Standard 5: Overall assessment

### General conclusion

The panel concluded that the majority of students in the programme originate from the Netherlands and Germany. It is convinced that the programme takes this issue seriously and satisfied to find that the programme takes into account the diversity in international backgrounds when composing the ASDL groups. It assessed that all students gain international experience in the programme, and they can gain even more international experience by doing their minor and internship abroad. The services available for international students coming to Maastricht are more than sufficient.

### Conclusion

*Bachelor's programme European Public Health:* the panel assesses Standard 5 as **good**

## General conclusion of the programme

The bachelor's programme in European Public Health has a unique focus on the European policy domain and on supranational organisations. This focus should be articulated more clearly in the programme's vision on internationalisation. Although the intended learning outcomes of the bachelor's programme should be specified better, they include international and intercultural aspects and are linked to the programme's vision on internationalisation. The curriculum and the assessment methods are very well connected to the international and intercultural learning outcomes. The same is true for the ASDL didactic concept; it offers students a valuable and unique opportunity to practise their intercultural communicative and teamwork skills. The staff of the programme has ample international experience and expertise. Sufficient services are in place to facilitate their international experiences, intercultural competences and language skills. The student group composition is a point for improvement. The panel is convinced that the programme takes this issue seriously. Students have ample opportunities to go abroad during their studies, and more than adequate services have been put into place to support incoming and outgoing students. The panel is convinced that the international and intercultural learning outcomes of the bachelor's programme European Public Health are achieved upon graduation.

The panel issues a favourable opinion about awarding the NVAO distinctive quality feature Internationalisation to the bachelor's programme European Public Health.

## Conclusion

The panel assesses the *bachelor's programme European Public Health* as **good**.

# Master's programme European Public Health

## Summary judgement

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### *Standard 1*

The panel established that the master's programme in European Public Health has a unique focus on the European policy domain and on supranational organisations. It is not familiar with a master's programme in the public health domain with a comparable European focus. It advises the programme management to articulate this focus more unequivocally and clearly in its vision on internationalisation. Creating a shared vision on internationalisation at a faculty and programme level is a challenge. Although progress can still be made, the faculty and the programme are on the right track. The vision on internationalisation includes verifiable objectives. Nevertheless, the panel recommends that the programme specify these objectives in the future. It ascertained that the vision on internationalisation is actively supported and evaluated by the university and by an Advisory Board consisting of representatives of the professional field.

### *Standard 2*

According to the panel, almost all of the programme's intended learning outcomes include international and intercultural aspects (explicitly or implicitly). They are connected to both subject-specific elements of the programme's vision on internationalisation as well as to intercultural skills training. The panel is positive about the fact that the international and intercultural intended learning outcomes of the master's programme are more specific than those of the bachelor's programme European Public Health. The assessment methods in the programme are varied and well connected to the international and intercultural learning outcomes. They match well with the ASDL concept (see Standard 3). The panel studied ten master's theses for this programme. It recommends that the programme encourage students to link their research topics and outcomes more explicitly to the European Public Health domain in the future. Furthermore, the use of English language is a point for improvement. The quality of English language use in the master's theses varied. Apart from this, the panel concludes that the overall level is what one would expect of an academic master's programme. The topics are relevant and include international elements. Compared with the bachelor's theses, the master's theses are less broad and more focussed on comparative topics and European policy issues. The master's programme is well connected to the international labour market.

### *Standard 3*

The panel concluded that an international dimension is intrinsic to the programme and visible in the curriculum. The programme has links to recent international developments and provides students with specialised knowledge and skills. The panel is confident that the structure and content of the curriculum enable students to achieve the international and intercultural intended learning outcomes. The programme uses ASDL as its didactic concept. The panel finds that using ASDL in an international student community is a real challenge and requires permanent attention. It is convinced about its implementation in the master's programme European Public Health. It concludes that learning environment of the master's programme is suitable for achieving the intended international and intercultural learning outcomes.

### *Standard 4*

In 2011-2012, the staff-student ratio for the master's programme European Public Health was 1:18.01. According to the panel, the quantity of teaching staff is adequate. The teaching

staff consists of eleven core staff members, coming from seven European countries and three different departments within the faculty. The panel is very positive about the general quality, international experience and engagement of the staff. Furthermore, sufficient services are in place to facilitate their international experiences, intercultural competences and language skills.

*Standard 5*

Even though the diversity of the student group composition in the master's programme is a little bit better than in the bachelor's programme, the majority of students in the programme still come from the Netherlands and Germany. The panel is convinced that the programme takes this issue seriously and is satisfied to find that the programme takes into account the diversity in international backgrounds when composing the ASDL groups. Students gain ample international experience during their studies: they are part of an international student group, can go on an international field trip twice a year, and are involved in the Annual Maastricht Symposium. Furthermore, they can opt for an international internship. The programme has contacts with an extensive network of governmental, non-governmental, educational, research and private organisations. More than adequate services have been put into place to support incoming and outgoing students.

The panel issues a favourable opinion about awarding the NVAO distinctive quality feature Internationalisation to the master's programme European Public Health. The panel assesses the standards from the NVAO Frameworks for the Assessment of Internationalisation (as of 14 November 2011) as follows:

**Master's programme European Public Health:**

Standard 1: Vision on Internationalisation	satisfactory
Criterion 1a: Shared Vision	satisfactory
Criterion 1b: Verifiable objectives	satisfactory
Criterion 1c: Improvement-oriented evaluations	satisfactory
Standard 2: Learning outcomes	good
Criterion 2a: Intended learning outcomes	good
Criterion 2b: Student assessment	good
Criterion 2c: Graduate achievement	good
Standard 3: Teaching and learning	good
Criterion 3a: Curriculum	good
Criterion 3b: Teaching methods	good
Criterion 3c: Learning environment	good
Standard 4: Staff	good
Criterion 4a: Staff composition	good
Criterion 4b: International experience and competence	good
Criterion 4c: Services provided to staff	satisfactory
Standard 5: Students	good
Criterion 5a: Student group composition	satisfactory
Criterion 5b: International experience	good
Criterion 5c: Services provided to students	good
General conclusion	good

The chair and the secretary of the panel hereby declare that all members of the panel have studied this report and that they agree with the judgements laid down in it. They confirm that the assessment has been conducted in accordance with the demands relating to independence.

Date: 16 June 2014.



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Prof. M. Wieringa - de Waard



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A.J. Wieldraaijer – Huijzer, MA

## Description of the standards and criteria from the Assessment framework distinctive quality feature internationalisation

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### Standard 1: Vision on Internationalisation

#### Criterion 1a: Shared vision

The programme has a vision on internationalisation. This vision is supported by stakeholders within and outside the programme

### Findings

According to the critical reflection, the overarching mission of the bachelor's and master's programmes European Public Health is firmly rooted in a European and international perspective. The programmes understand public health as a collective action for sustained, population-wide health improvement and focus upon the European dimension of public health issues and developments within local, regional, national and global public health arrangements. The scope and limitations of the curricula are set by the contemporary and adaptive European agenda for public health.

The panel concluded that the outlook of the programmes in European Public Health is international. The implications of this outlook for the more specific vision of the programmes on their international content and on internationalisation were not completely clear to the panel from reading the critical reflections, however; it believes that every public health programme would need international approaches. During the site visit, it therefore discussed the vision on internationalisation of the European Public Health programmes in Maastricht with the management, teaching staff, students, alumni and members of the European Public Health Advisory Board. It concludes that the European perspective of the programmes is primarily directed towards the European public health policy domain and the increasing role of the European Union as a supranational organisation and the World Health Organization as an intergovernmental organisation in it. The programmes' vision on internationalisation also includes creating an understanding of the impact of European and transnational integration on public health and an understanding of cross-border 'Euregional' cooperation in public health. This vision is combined with the idea that the creation of these understandings and of European public health professionals is supported by an international learning environment, e.g. in terms of English language use, content, students, staff, partnerships and mobility.

The panel found that the internationalisation of the programmes is supported and evaluated by an Advisory Board consisting of representatives from the professional field from all over Europe. It also confirmed that the vision fits with and is supported by the ambition of the Maastricht UMC and the Faculty of Health, Medicine and Life Sciences (Maastricht UMC+/FHML) to 'educate students to become professionals, who can successfully function in an international academic health arena'. It did notice that questions about the internationalisation vision of the faculty and the programmes in European Public Health and Global Health generated different answers. Creating a shared and unequivocal vision on internationalisation is clearly still a 'work in progress'.

## Considerations

The panel concludes that the master's programme in European Public Health has a clear vision on internationalisation. This vision is supported by the university and the faculty, as well as by the international professional field. It is highly recommended that both the faculty and the programme management communicate a more unequivocal vision on internationalisation. The panel advises the university to work on this in the future. For the programmes in European Public Health, the unique focus on the policy domain and supranational organisations could be articulated more clearly. It is this aspect that distinguishes the international focus of programme from other public health programmes.

## Conclusion

*Master's programme European Public Health:* the panel assesses Criterion 1a as **satisfactory**

Criterion 1b: Verifiable objectives
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The vision on internationalisation includes verifiable objectives
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## Findings

The critical reflection states that the vision of the master's programme given above has been specified explicitly in the profile of a graduate. This profile includes six verifiable objectives. A student who has successfully completed the programme:

1. acts and thinks according to the concept of New Public Health;
2. is familiar with key theories and terms of the underlying disciplines and is able to place the concept of New Public Health in a European and international context;
3. understands the most important current problems, questions and challenges in European health and is able to interpret and explain them using theoretical and academic terminology;
4. is able to demonstrate academic-critical thinking and reasoning;
5. has broad knowledge and skills in epidemiological and social sciences research, is fully able to comply with professional standards for practical action in the appropriate areas of application and implementation, and is able to communicate very well in both written and spoken language;
6. has developed an attitude of life-long learning.

In the critical reflection these objectives are explained and placed in the context of internationalisation: objective 1 refers to the internationally widely accepted focus on new public health and constitutes a globally accepted paradigm to which the programme connects; objectives 2, 3 and 5 focus on the exchange, comparison and international transfer of good and best practices in diverse contexts; objective 5 stresses the importance of an English-language programme to facilitate communication within an international student population and professional practice; and finally, objective 6 implies that students must become life-long learners in the field of public health. The critical reflection for the DQF Internationalisation mentions that given the importance of leadership skills in public health professions, the programme has also included a leadership track called 'Leaders in Public Health' in the master's programme. Students can opt for this track.

The panel studied the listed verifiable objectives of the master's programme European Public Health. It concludes that the objectives are in line with the objectives of the bachelor's programme, but somewhat distinct in terms of level. For example, master's students should not only be conversant with terms and theories, they have to understand them; they should have broad knowledge and skills in epidemiological research and should be even more skilled in English written and spoken communication. Although leadership skills are not included as a general objective, it is added as an objective in the leadership track.

The panel concludes that the objectives are applicable to the programme, highly relevant, of the right academic level and needed for an international professional. However, they are also very generalist. Especially objectives 3-6 could have a sharper international focus.

## Considerations

The panel concludes that the vision on internationalisation includes verifiable objectives in the master's programme European Public Health. The objectives are applicable to the programme and relevant for the realisation of the vision of internationalisation. The panel recommends that the programme gear its objectives more explicitly to internationalisation in the future.

## Conclusion

*Master's programme European Public Health:* the panel assesses Criterion 1b as **satisfactory**

### Criterion 1c: Improvement-orientated evaluations

The vision on internationalisation is evaluated periodically and this evaluation forms the basis for improvement measures

## Findings

According to the critical reflection, the vision of the master's programme European Public Health is evaluated regularly by the European Public Health Advisory Board. This Advisory Board consists of representatives of the professional field and has convened eleven times since its initial meeting in July 2007. It discusses matters such as the curriculum, partnerships, internships abroad and strategic directions of the programme.

The site visit included a meeting of the panel with members of the European Public Health Advisory Board. They discussed the strategic vision of the European Public Health programmes in terms of internationalisation, and the role of the Advisory Board in providing international internships and enhancing international employability. The panel assessed that the Advisory Board is actively involved in these issues and a very valuable asset to the programmes. Because the European Public Health programmes are relatively new, the programme management appeals to the Advisory Board for external advice on a regular basis. During the site visit, the Advisory Board provided the panel with examples of changes related to internationalisation that it had suggested. For example, in the last couple of years the role cross-border health care and international health threats has been strengthened in the curricula of the programmes.

The critical reflection notes that staff members are regular participants and contributors to the main European Public Health conferences and work in international European



Associations, such as the European Public Health Association. By maintaining and upgrading their awareness of recent developments abroad, staff members can provide valuable feedback to the vision of internationalisation. The panel recognises this and is positive about the international experiences of the staff members (see Criterion 4b).

Finally, the panel studied evaluations about the faculty's internationalisation vision provided during the site visit. It concluded that the faculty is actively involved in evaluating its own vision on internationalisation and in linking this vision to its different programmes. As has been noted under Criterion 1a and in one of the faculty evaluations from January 2014, creating a shared vision on internationalisation throughout the faculty and an unequivocal, clear and explicit vision on internationalisation in the programmes European Public Health is a challenge and still a 'work in progress'.

### **Considerations**

The panel established that the Advisory Board plays an important role in the evaluation of the vision on internationalisation of the master's programme European Public Health. It is a valuable asset to the European Public Health programmes of Maastricht University. The programme management actively calls upon the Advisory Board, and staff members regularly upgrade their awareness of recent developments abroad. Furthermore, the panel appreciates the active involvement of the faculty in evaluating the vision on internationalisation at a faculty and programme level. It is aware that creating a shared and clear vision on internationalisation is a challenge. It recommends that the faculty and the programme management maintain this as a focal point in the near future.

### **Conclusion**

*Master's programme European Public Health:* the panel assesses Criterion 1c as **satisfactory**

Standard 1: Overall assessment
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### **General conclusion**

The panel ascertained that the master's programme in European Public Health has a vision on internationalisation. The focus of the programme on the policy domain and on supranational organisations could be articulated more clearly in it. The panel found that the vision on internationalisation includes verifiable objectives that are applicable to the programme and relevant for educating international academic professionals. These objectives are very general in nature and although very relevant for an internationalisation perspective, could be connected in a more explicit manner to the programme's vision on internationalisation.

The panel is convinced that the vision on internationalisation of the master's programme European Public Health is actively supported by internal and external stakeholders. Furthermore, the faculty, the European Public Health Advisory Board, the programme management and staff are all actively involved in evaluating and improving this vision. They are on the right course. The panel is aware that creating a shared and clear vision on internationalisation is a challenge and recommends that the faculty and the programme management maintain this as a focal point in the near future.

## Conclusion

*Master's programme European Public Health:* the panel assesses Standard 1 as **satisfactory**

## Standard 2: Learning Outcomes

### Criterion 2a: Intended learning outcomes

The intended international and intercultural learning outcomes defined by the programme are a clear reflection of its vision on internationalisation.

### Findings

The management of the master's programme European Public Health has drawn up 27 intended learning outcomes. The complete set is listed in Appendix 3. In studying the intended learning outcomes, the panel gained the impression that a vision on internationalisation is present and inherent to the general profile of the programme and its ambitions even though it feels that the vision should be communicated more explicitly and unequivocally. It would like to stress that it is not familiar with other public health programmes with the same internationalisation focus on the European public health policy domain, supranational organisations and cross-border 'Euregional' cooperation in public health.

Upon studying the intended learning outcomes of the master's programme European Public Health, the panel concludes that almost all of them include international and intercultural aspects (explicitly or implicitly), like the bachelor's programme. It is positive about the fact that the intended learning outcomes of the master's programme are more specific in general terms (clear focus on public health policy) and internationalisation terms (more focussed on European institutions) than the learning outcomes of the bachelor's programme. Finally, the learning outcomes are not only directed towards the subject of study, but also towards intercultural communication. They connect to the idea that the creation of intercultural skills and international subject-specific understanding of European public health professionals is supported by an international learning environment, e.g. in terms of English language use, content, didactics, international student and staff population and mobility.

### Considerations

The panel concluded that almost all of the master's programme's intended learning outcomes include international and intercultural aspects (explicitly or implicitly). They connect to subject-specific elements of the programme's vision on internationalisation, as well as to the associated intercultural skills training. The panel is positive about the fact that the intended learning outcomes of the master's programme are more specific in general terms (clear focus on public health policy) and internationalisation terms (more focussed on European institutions) than those of the bachelor's programme.

### Conclusion

*Master's programme European Public Health:* the panel assesses Criterion 2a as **good**

#### Criterion 2b: Student assessment

The methods that are used for the assessment of students are suitable for measuring the achievement of the intended international and intercultural learning outcomes.

### Findings

The panel studied the module descriptions and tests and assignments from the master's programme European Public Health, including feedback and scoring forms.

The panel found that the programme uses a mix of individual and group assignments. The assessment methods are varied and attuned to the international and intercultural learning outcomes to be tested. Every assignment includes feedback, which is provided in the form of peer feedback or feedback by the tutor depending upon the testing goals. The assessment forms and assessment policy are clear and match the didactic concept (see Criterion 3b). For the thesis, a new assessment form was recently introduced by the Board of Examiners. The panel established that the assessment form is adequate and compliant with the international and intercultural learning outcomes; it includes a lot of explanation about the different scoring categories. The implementation of the new form still needs some work, however.

Group assignments are part of the Active and Self-Directed Learning (ASDL) concept that is central to the programme. The relation between ASDL and the international student and staff population is evaluated under Criterion 3b. In relation to formative student assessment, the panel finds that because the diversity in international backgrounds of students are taken into account in the ASDL group composition, ASDL gives students a valuable opportunity to practise their intercultural communicative and teamwork skills. In general, the panel is pleased with the benefits of the ASDL didactic concept and, thus, the group assessment. It was especially pleased to find that in every course the group assignments are complemented with individual assignments, thereby reducing free-riding and ensuring that all the international and intercultural learning outcomes are tested for every individual student.

### Considerations

The panel established that the assessment methods are varied and attuned to the international and intercultural learning outcomes of the programme. The assessment is adequate and matches the ASDL concept. ASDL and group assignments provide students with a valuable opportunity to practise their intercultural communicative and teamwork skills. The panel is satisfied with the fact that group assignments are complemented with individual assignments for every course. This ensures the testing of all international and intercultural learning outcomes for every student.

### Conclusion

*Master's programme European Public Health:* the panel assesses Criterion 2b as **good**

#### Criterion 2c: Graduate achievement

The programme can demonstrate that the intended international and intercultural learning outcomes are achieved by its graduates.

### Findings

The panel studied ten master's theses, covering the full range of marks given. In its assessment it paid specific attention to the international features of the theses and to the relation between the international and intercultural learning outcomes and their content.

The panel established that the overall level of the theses is what one would expect from an academic master's level. The selected theses included a clear objective, a logical and consistent line of reasoning, and a consistent use of footnotes and referencing. The panel noted that the theses cover a variety of topics. According to the critical reflection, this is one of the challenges still to be overcome: students do not always connect their research question and research findings very well to the European Union or the European perspective of the programme. The panel advises the programme to keep an eye on this in the future.

The panel is of the opinion that the topics of the theses are relevant for its international domain and that the theses include international elements. Compared with the bachelor's theses, the master's theses are less broad and more focussed on comparative topics and European policy issues. The panel is positive about this, because it is of the opinion that an academic master's programme has to offer students more in-depth and specialised knowledge and skills.

The panel concludes that the theses are compliant with the level of an academic master and with the international and intercultural learning outcomes of the programme. The use of English language in some of the master's theses is a point for improvement. Although there are extra courses available to improve English language proficiency, so far the result is not evident in all of the final theses.

Graduate achievement is also reflected by employability. From the interview with alumni, it became clear that the master's programme is well connected to the labour market, more specifically towards the market in policy-making and towards international organisations. Some alumni got job opportunities related to this field. The master's programme also prepares graduates for a PhD position.

### Considerations

The panel established that the topics of the theses are relevant for the international domain of public health. The theses include sufficient international elements. Compared with the bachelor's theses, the master's theses are less broad and more focussed on comparative topics and European policy issues. The panel is positive about this. Furthermore, the master's programme is well connected to the international labour market. The use of English language in the master's theses is a point for improvement. The quality of English language use in the master's theses varied.

Due to the satisfactory overall level of the master's theses, the international elements in them, the strong focus of the thesis topics, and the employability of the graduates, the panel is convinced that the international and intercultural learning outcomes are achieved upon graduation.

## Conclusion

*Master's programme European Public Health:* the panel assesses Criterion 2c as **good**

Standard 2: Overall assessment
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### General conclusion

Almost all of the master's programme's intended learning outcomes include international and intercultural aspects (explicitly or implicitly). The panel is positive about the fact that the intended learning outcomes of the master's programme are more specific in general terms (clear focus on public health policy) and internationalisation terms (more focussed on European institutions) than the learning outcomes of the bachelor's programme. The assessment methods in the master's programme are varied and attuned with the international and intercultural learning outcomes. The panel is satisfied with the fact that group assignments are complemented with individual assignments for every course. The ASDL and group assignments provide students with a valuable opportunity to practise their intercultural communicative and teamwork skills. Due to the satisfactory overall level of the master's theses, the international elements in them, the strong focus of the thesis topics, and the employability of the graduates, the panel is convinced that the international and intercultural learning outcomes are achieved upon graduation.

## Conclusion

*Master's programme European Public Health:* the panel assesses Standard 2 as **good**

### Standard 3: Teaching and learning

#### Criterion 3a: Curriculum

The content and structure of the curriculum enable the achievement of the intended international and intercultural learning outcomes

#### Findings

The master's programme European Public Health covers one academic year and consists of eight modules. For a schematic overview of the curriculum of the programme, please see Appendix 4. For more information about the content of the modules, please see the limited programme assessment report. The panel studied the curriculum in more detail in relation to the intended international and intercultural learning outcomes.

According to the critical reflection, an implicit European agenda for public health is the guiding concept in the curriculum. Furthermore, it states that the curriculum takes diversity throughout Europe as a point of departure and aims at placing local, regional, national and global public health developments within a wider European perspective. The panel studied the curriculum, taking these ideas into account. It used a table in the critical reflection linking the international intended learning outcomes to the eight modules.

From the start of the year, students learn how to connect local situations to developments at a European macro-level. In the first module, *Diversity Recognised and Explored – Quantitative Measurement of Health and Health Care*, students have to explore and understand the present health status and national healthcare provisions of populations in the European region. This module links to the international learning outcomes 3, 4, 18 and 29. Diversity throughout Europe and transcending borders and boundaries continue to be a topic in the succeeding courses in the programme. From the discussions with teachers, the panel concludes that new developments in the European public health context are actively addressed in these courses. Finally, as a means to fully grasp the European dimensions of health, the last module of the programme, *The European Union Revisited*, takes an integrative and critical view. In this course students have to review the European Union's role in the quest for better quality, equity, transferability, innovativeness and competitiveness in health and healthcare, and students are taught to look beyond the European region, to examine health from a global perspective, and to identify and distinguish the role and contribution of Europe in global health. This course connects to the international learning outcomes 4, 5, 7, 11 and 29.

The panel concludes that an international dimension is intrinsic to the programme and visible in the curriculum. The link between the curriculum and the international and intercultural learning outcomes of the programme is clear. The European policy dimension of the programme clearly distinguishes the programme from other public health master's programmes. The master's programme offers students more specialised and in-depth topics.

The panel is confident that the structure and content of the curriculum enable students to achieve the international and intercultural intended learning outcomes. International, intercultural and comparative learning experiences are further enhanced by the ASDL concept and the possibility for students to go on two international field trips and to do an internship at one of the international placements (see Criterion 5b).

## Considerations

The panel concludes that an international dimension is intrinsic to the programme and visible in the curriculum. The European policy dimension of the programme clearly distinguishes the programme from other public health master's programmes. The panel is confident that the structure and content of the curriculum enable students to achieve the international and intercultural intended learning outcomes.

## Conclusion

*Master's programme European Public Health:* the panel assesses Criterion 3a as **good**

### Criterion 3b: Teaching methods

The teaching methods enable the achievement of the intended international and intercultural learning outcomes.

## Findings

According to the critical reflection, the didactic concept applied in the master's programme European Public Health is Active and Self-Directed Learning (ASDL). This concept is a variant of Problem-Based Learning. For more information about ASDL, please refer to the limited programme assessment report.

The panel critically evaluated the link between the ASDL concept and the international student and staff body on the one hand, and the realisation of the intended learning outcomes on the other. It discussed this extensively with Dutch and international students, staff and alumni. It concluded that international students are properly introduced to the ASDL concept with a simulation session and a handout. International students are delighted to be exposed to the ASDL learning experience in Maastricht: developing a problem-solving attitude is very useful in a future career. Nevertheless, the panel established that it is also a real challenge to use the ASDL concept in an international student community. Furthermore, ASDL is not suitable for all topics and does not work if the leader of the group is not active enough.

Management, students and staff acknowledge that ASDL needs permanent attention, especially in combination with an international student body. Student and tutor training also requires constant care. The quality of ASDL training differs, for example, in relation to the skills of the tutor to manage the group discussion. The panel established that the management and the staff are paying attention to this issue, but nevertheless it recommends maintaining a focus on this aspect in the near future.

In general, the panel is positive about the learning benefits of the ASDL concept. Because students are working on a problem together, they have the opportunity to learn from each other. Throughout the programme, students communicate in English. Furthermore, the diversity in their international backgrounds is taken into account in the ASDL group composition, giving students the opportunity to practise their intercultural communicative skills. The fact that the student population in the master's programme is a little bit more varied than in the bachelor's programme is helpful in composing mixed ASDL groups. On average, 25.4% of the students come from the Netherlands, 44.6% from Germany, and 30% have another nationality.



## Considerations

Using ASDL in an international student community is a real challenge and requires permanent attention. The panel is convinced about its implementation in the master's programme European Public Health. Students are properly introduced to this didactic concept and are in general delighted to be exposed to it. ASDL keeps students alert, stimulates them to help each other and to think about a problem by themselves. When combined with an international student group, it offers them an intercultural learning experience. The panel concludes that the ASDL concept enables students to achieve the intended learning outcomes.

## Conclusion

*Master's programme European Public Health:* the panel assesses Criterion 3b as **good**

<b>Criterion 3c: Learning environment</b>
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The learning environment is suitable for achieving the intended international and intercultural learning outcomes
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## Findings

The learning environment of the master's programme European Public Health can be characterised by the idea that an international learning environment contributes greatly to programmes that have international and intercultural intended learning outcomes. According to the critical reflection, the interaction of students from different backgrounds in English plays an important role in their learning. They become acquainted with each other's circumstances and backgrounds. During the site visit, students in European Public Health as well as in Global Health confirmed that their different backgrounds offer them the interesting opportunity to compare the situations in their different countries. The panel agrees with this. It established that this international learning experience is stimulated by the use of ASDL (see Criterion 3b). The international student population (see Standard 4), the opportunity for students to go abroad for their internship, and the possibility to go on two international field trips (see Criterion 5b) also contribute to it. The panel is especially positive about the general quality and the engagement of the staff. Staff members are very international and well informed about recent developments in the field. The panel established that the programme invites many guest lecturers from different countries (see Standard 5).

As has already been noted under Criterion 3a and 3b, the panel assessed the programme as well as ASDL as suitable concepts for achieving the intended and international learning outcomes. The international excursions (Criterion 3a and 5b), the international experiences of the staff (Criterion 4b), and the services provided to students (Criterion 5c) also contribute to the realisation of the learning outcomes. In terms of facilities, students of the master's programme have access to tutorial rooms and lecture halls, the University Library, the Learning and Resource Centre, the electronic library and a Computer Resource Centre. Students can also get help from the Scholarship Office, the Visa Office and the Housing Office. In this context, a special commendation should be given to the facilities that are available in Maastricht for electronic learning and communication. Online teaching is also a part of the 'Public Health Leadership' track in the master's programme, and provides students with the opportunity to interact with teachers from universities in Europe and the United States of America.

## Considerations

The panel concludes that the curriculum, the excursions, the international placement possibilities, ASDL, the staff, the student group composition, the services and the facilities provide students of the master's programme with a learning environment that is suitable for achieving the intended international and intercultural learning outcomes.

## Conclusion

*Master's programme European Public Health:* the panel assesses Criterion 3c as **good**

Standard 3: Overall assessment
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## General conclusion

The panel concludes that the curriculum of the master's programme European Public Health is well connected to the international and intercultural learning outcomes. The European policy dimension of the programme clearly distinguishes it from other public health master's programmes. Using ASDL in an international student community is a real challenge and requires permanent attention. The panel is convinced about its implementation in the master's programme European Public Health. The learning environment is suitable for achieving the intended international and intercultural learning outcomes.

## Conclusion

*Master's programme European Public Health:* the panel assesses Standard 3 as **good**

## Standard 4: Staff

### Criterion 4a: Staff composition

The composition of the staff (in quality and quantity) facilitates the achievement of the intended international and intercultural learning outcomes

### Findings

The critical reflection gives an overview of the quantity of staff and the international background and activities of staff members. In 2011-2012, the staff-student ratio for the master's programme European Public Health was 1:18.01. According to the panel, the quantity of teaching staff is adequate.

There are 11 core staff members, originating from seven European countries and from three different departments within the faculty. Nine of them come from abroad. Even though the staff of the master's programme European Public Health is less than that of the bachelor's programme, it is by no means less international or professional. The panel concludes that the master's programme European Public Health can rely on an international and multidisciplinary team of professional staff members. The varied international backgrounds of the core staff contribute greatly to the international learning environment of the master's programme. In addition, no fewer than 23 guest lecturers from eleven different countries contributed to the programme in 2011-2012.

The panel is positive about the general quality and engagement of the staff. The staff is well informed about recent developments in the field. However, it advises the programme management to encourage more staff members to take their University Teaching Qualification in the near future. In total, 6 of the 11 core staff members of the master's programme have a University Teaching Qualification.

### Considerations

The panel assessed the quantity and the international and multidisciplinary background of the core staff as more than sufficient. Furthermore, the staff of the master's programme is international, highly professional, and well informed about international developments in the field. However, the panel advises increasing the number of staff with a University Teaching Qualification in the future. It concludes that the quality and quantity of the teaching staff contribute greatly to the achievement of the international and intercultural learning outcomes of the master's programme.

### Conclusion

*Master's programme European Public Health:* the panel assesses Criterion 4a as **good**

### Criterion 4b: International experience and competence

Staff members have sufficient international experience, intercultural competences and language skills

### Findings

The critical reflection includes an overview of the international activities for each staff member. The panel studied this overview and concludes that the core staff has ample

experience in international education. Many staff members have recent international teaching experiences in different countries, either as a guest lecturer or in a permanent position. Moreover, some lecturers are involved in setting up international educational projects and curricula together with international policy-making institutions and universities.

The panel confirms that the staff also has ample experience in international research: staff members are involved in international research projects, have published together with international colleagues and acted as supervisors for PhD students abroad. Other international experiences include working for or advising international institutions in public health and being a member of the editorial boards of international journals. Last but not least, staff members contribute to international conferences in European Public Health and thereby maintain and upgrade their awareness of recent developments abroad.

### **Considerations**

The panel concludes that the staff of the master's programme European Public Health is engaged, professional and aware of recent international developments abroad. They have ample international teaching experience. They are also very active in international research and in the international institutional and professional field of public health.

### **Conclusion**

*Master's programme European Public Health:* the panel assesses Criterion 4b as **good**

<b>Criterion 4c: Services provided to staff</b>
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The services provided to the staff (e.g. training, facilities, staff exchanges) are in line with the staff composition and facilitate international experiences, intercultural competences and language skills
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### **Findings**

The critical reflection explains that services to international staff are mainly organised at the university level. To familiarise international staff with the Netherlands and the university, the university established a Knowledge Centre for International Staff (KCIS) within the Human Resources Department. The KCIS assists incoming foreign staff with work permits, visa procedures, tax issues and social security regulations. It provides support with respect to housing, school selection, relocation and jobs for partners. It also assists outgoing staff.

In addition, the Language Centre of the university offers staff members language courses, and the Staff Career Services offers a course in 'Dealing with Cultural Diversity'. With increasing numbers of employees interacting with colleagues or students from different cultural backgrounds, the multicultural aspects of diversity are playing an ever greater role within the university. This course in intercultural skills has been specially designed for staff who want to develop their competences in cultural diversity further.

During the site visit, the panel discussed the services provided to the staff of the master's programme European Public Health with them. It established that they are satisfied with them.

## Considerations

The panel concludes that the services provided to the staff are adequate and fit the international ambitions of the university and the master's programme European Public Health. There are sufficient facilities available for training intercultural and language skills.

## Conclusion

*Master's programme European Public Health:* the panel assesses Criterion 4c as **satisfactory**

Standard 4: Overall assessment
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## General conclusion

The panel established that the quantity of the staff is more than sufficient. In terms of quality, the staff is international, highly professional, and well informed about international developments in the field. It has ample international teaching, research and professional experiences. It contributes greatly to the achievement of the international and intercultural learning outcomes of the master's programme. The panel would like to advise the programme management to increase the number of staff members with a University Teaching Qualification in the future. According to the staff, there are sufficient facilities available for the training of intercultural and language skills. The panel agrees with this: the services provided for the staff are adequate.

## Conclusion

*Master's programme European Public Health:* the panel assesses Standard 4 as **good**

## Standard 5: Students

### Criterion 5a: Student group composition

The composition of the student group (diversity of national and cultural backgrounds) is in line with the programme's vision on internationalisation

### Findings

The critical reflection included an overview of the nationality of master's students in European Public Health. The panel studied this overview and concluded that the programme has a student population that originates from a range of countries. The cohorts between 2009-2010 and 2012-2013 included students from 14 different countries. The panel established that the great majority of the students come from either the Netherlands (25,4%) or Germany (44,6%). Despite these high numbers of Dutch and German students, the student population of the master's programme is a little bit more diverse than that of the bachelor's programme. Almost one-third of all students come from another European country or the United States of America.

The panel discussed the high proportion of Dutch and German students with the management and the staff responsible for international activities within the faculty. The panel did not speak with representatives of the central international marketing team of the university. It concluded that they take this issue seriously and are working on diversifying the student group composition. For example, the international staff of the programme discusses with the PR teams of the university how to attract more students with different nationalities. Rejecting applications of students from Germany is not an option; it is legally forbidden to reject applications of students coming from other EU member states. The panel understands that as a consequence composing a truly international student group is difficult.

The panel debated with students in the programme about the consequences of the large proportion of Dutch and German students in the cohorts. They told the panel that the programme takes into account the diversity in international backgrounds when composing the ASDL groups. Even though German students are a majority in the ASDL groups, in general there are more nationalities represented. The panel agrees with students that good mixing can still produce an adequate intercultural learning experience that is in line with the programme's vision on internationalisation. It advises the programme to maintain strict monitoring of the ASDL group composition in the future.

### Considerations

The student population comes from a range of countries, but the majority still come from the Netherlands and Germany. The student population in the master's programme is a little bit more diverse than in the bachelor's programme. The panel understands that it is difficult for the programme to influence this and is convinced that the programme takes the issue seriously. It was satisfied to find that the programme takes into account the diversity in international backgrounds when composing the ASDL groups.

### Conclusion

*Master's programme European Public Health:* the panel assesses Criterion 5a as **satisfactory**

#### Criterion 5b: International experience

The international experience gained by students is adequate and in line with the programme's internationalisation vision

### Findings

The panel studied the possibilities for students in the master's programme European Public Health to go abroad and enhance their international experience. It established that there are ample opportunities for this in the programme. First of all, two annual trips are organised. One field trip always goes to the European Commission in Luxembourg. For the second field trip students have travelled to Geneva or Brussels. The programme management plans to continue taking a field trip to Brussels, where students visit institutions involved in global health from a European perspective.

Since 2011, the staff and students of the master's programmes European Public Health and Global Health have organised the Annual Maastricht Symposium on Global and European Health. The panel finds that involvement in this conference is an interesting experience for the students. The conference transcends the boundaries of the educational programmes and fosters an international and academic learning environment. The international student group composition and the ASDL concept also contribute to an intercultural learning experience for students.

Students who want to broaden their international experience further can decide to do an internship at one of the international placements of the programme near the end of their studies. The critical reflection included an overview of the host institutions available. The panel ascertained that students can appeal to an extensive network of governmental, non-governmental, educational, research and private organisations. The list even includes a couple of placements in India and China. For students who choose to do an internship abroad as part of their master's thesis, subsidies are available. They only partially cover expenses, however. The panel discussed the internships, the available placements and financing with the students. It concluded that the students are generally positive about these aspects.

### Considerations

The panel concludes that the master's students gain ample international experience during their studies: they are part of an international student group, can go on an international field trip twice a year, and are involved in the annual Maastricht Symposium. Furthermore, they can opt for an international internship. The programme has contacts with an extensive network of governmental, non-governmental, educational, research and private organisations.

### Conclusion

*Master's programme European Public Health:* the panel assesses Criterion 5b as **good**

#### Criterion 5c: Services provided to students

The services provided to the students (e.g. information provision, counselling, guidance, accommodation, Diploma Supplement) are adequate and in line with the composition of the student group

### Findings

The critical reflection explained that there are many services for Dutch and international students entering the master's programme European Public Health. To properly inform international students before and upon their arrival in Maastricht, the university has set up a number of service departments within the Student Services Centre. They include 'Buddies and Buttons' (a call centre staffed by students who assist international students in their application), the Scholarship Office, the Visa Office, the Career Services Office and the Housing Office. Furthermore, the university Language Centre has developed a package of courses for students, including academic English courses and basic Dutch language courses.

There is also assistance for students on a faculty and programme level. In 2009 EUnitas was established as the study association of the European Public Health programmes. The faculty and the university offer subsidies that partially cover the expenses for students doing an internship abroad. The master's programme has contacts with an extensive network of governmental and non-governmental educational, research and private organisations in the Netherlands and in other countries. Finally, all graduates of the master's programme European Public Health receive a supplement to accompany their diploma. Three examples of this supplement were included in the appendices of the critical reflection. The panel established that these supplements offer a clear description of the nature, content, level and status of the programme.

### Considerations

The panel established that many services are available for international students coming to Maastricht. These services include support for administrative and financial issues, as well as social support and support for enhancing intercultural and language skills.

### Conclusion

*Master's programme European Public Health:* the panel assesses Criterion 5c as **good**



### **General conclusion**

Although the student population in the master's programme is a little bit more diverse than in the bachelor's programme, the majority of students in the programme still originate from the Netherlands and Germany. The panel is convinced that the programme takes this issue seriously and is satisfied to find that the programme takes into account the diversity in international backgrounds when composing the ASDL groups. It assessed that all students gain international experience in the programme, and can gain even more international experience by doing an internship abroad. The programme has contacts with an extensive network of governmental, non-governmental, educational, research and private organisations. The services available for international students coming to Maastricht are more than sufficient.

### **Conclusion**

*Master's programme European Public Health:* the panel assesses Standard 5 as **good**

## General conclusion of the programme

The master's programme European Public Health has a unique focus on the European policy domain and on supranational organisations. The panel is not familiar with another master's programme in the public health domain with a comparable European focus. This focus should be articulated more clearly in the programme's vision on internationalisation. Almost all of the intended learning outcomes of the master's programme include international and intercultural aspects and are linked to the programme's internationalisation vision. The panel is positive about the fact that the international and intercultural intended learning outcomes of the master's programme are more specific than those of the bachelor's programme. The curriculum and the assessment methods are very well connected to the international and intercultural learning outcomes. The same is true for the ASDL didactic concept; it offers students a valuable and unique opportunity to practise their intercultural communicative and teamwork skills. The staff of the master's programme is international, multidisciplinary, professional and very well-informed. Sufficient services are in place to facilitate their international experiences, intercultural competences and language skills. The student group composition is a point for improvement. The panel is convinced that the programme takes this issue seriously. Students have ample opportunities to go abroad during their studies, and more than adequate services have been put into place to support incoming and outgoing students. The panel is convinced that the international and intercultural learning outcomes of the master's programme European Public Health are achieved upon graduation. The master's programme is well connected to the international labour market.

The panel issues a favourable opinion about awarding the NVAO distinctive quality feature Internationalisation to the master's programme European Public Health.

The panel assesses the *master's programme European Public Health* as **good**.

# Master's programme Global Health

## Summary judgement

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### *Standard 1*

This master's programme is based on the idea that the term Global Health captures a sense of commonality across borders and the need for a commitment to improve health throughout the world. The panel concludes that this part of the programme's vision is relevant and inherently international, but not distinctive. On the other hand, the implications of these ideas for the programme's vision on the ideal learning environment are unique. The programme's vision on internationalisation includes the idea that international partnerships are a must for teaching and working in the current global health domain: in terms of teaching, equal partnerships provide students with opportunities for international staff and student exchange and for intercultural learning. The panel concludes that the programme has a clear and explicit vision on internationalisation, in terms of the content of the curriculum as well as in terms of the learning environment and student and staff mobility. This vision on internationalisation includes verifiable objectives. The partnerships are a unique feature of it. The vision on internationalisation is actively supported and evaluated by the university and by an Advisory Board consisting of representatives from the professional field. Creating a shared vision on internationalisation at a faculty level is a challenge. Although progress can still be made, the faculty and the programme are on the right track.

### *Standard 2*

According to the panel, almost all of the intended learning outcomes include international and intercultural aspects (explicitly or implicitly). They connect to both subject-specific elements of the programme's vision on internationalisation, as well as to intercultural and electronic communication skills training. The assessment methods used in the master's programme are varied, include group work and individual assignments, and are well connected to the international and intercultural learning outcomes and the PBL concept (see Standard 3). The panel studied ten master's theses. The theses are relevant to discussions in the international field of Global Health and cover a variety of international topics. The use of English is a point for improvement. The quality of English language use in the master's theses varied. Graduates are well equipped for working in the international area of Global Health or for taking up a PhD position.

### *Standard 3*

The panel concludes that an international dimension is intrinsic to the programme and evident in the curriculum. The programme has links to recent international developments and provides students with specialised knowledge and skills. The panel is confident that the structure and content of the curriculum enable students to achieve the international and intercultural intended learning outcomes. The programme uses PBL as its didactic concept. The panel finds that using PBL in an international student community is a real challenge and requires permanent attention. It is convinced about its implementation in the master's programme Global Health. Learning about online intercultural communications in the *Foundations of Global Health* course is an interesting addition to the intercultural learning through PBL. The panel agrees that the idea of intercultural learning is suitable for achieving the intended international and intercultural learning outcomes of the programme. The learning environment of the master's programme is well equipped for this.

#### *Standard 4*

In 2011-2012, the staff-student ratio for the master's programme Global Health was 1:17.2. According to the panel, the quantity of teaching staff is adequate. The teaching staff of the master's programme Global Health consists of eleven core staff members, originating from four European countries and the USA and from six different departments within two faculties. The panel is very positive about the general quality, international experience and engagement of the staff. Furthermore, sufficient services are in place to facilitate their international experiences, intercultural competence and language skills.

#### *Standard 5*

The majority of students in the programme come from the European region. The panel is convinced that the programme takes this issue seriously. Students have ample opportunities for intercultural interaction and to travel abroad. All students follow the *Foundations of Global Health* course, which aims to expose them to interdisciplinary, international and intercultural teamwork, by composing project groups with students from the partner universities. Furthermore, all students travel to Manipal University in India at the end of the winter term for a two-week *Learning Symposium*. In addition, students can do an elective track at one of the partner universities in the winter term and may decide to do an internship at one of the international organisations during the summer term. The panel is very impressed with the international and intercultural experiences that have been integrated in the one-year programme on Global Health. In this particular respect, the programme can be considered an example of international 'best practice'. Sufficient services have been put in place to support incoming and outgoing students.

The panel issues a favourable opinion about awarding the NVAO distinctive quality feature Internationalisation to the master's programme Global Health. It assesses the standards from the NVAO Frameworks for the Assessment of Internationalisation (as of 14 November 2011) as follows:

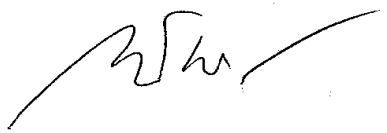
#### **Master's programme Global Health:**

Standard 1: Vision on Internationalisation	satisfactory
Criterion 1a: Shared Vision	satisfactory
Criterion 1b: Verifiable objectives	good
Criterion 1c: Improvement-oriented evaluations	satisfactory
Standard 2: Learning outcomes	good
Criterion 2a: Intended learning outcomes	good
Criterion 2b: Student assessment	good
Criterion 2c: Graduate achievement	good
Standard 3: Teaching and learning	good
Criterion 3a: Curriculum	good
Criterion 3b: Teaching methods	good
Criterion 3c: Learning environment	good
Standard 4: Staff	good
Criterion 4a: Staff composition	good
Criterion 4b: International experience and competence	good
Criterion 4c: Services provided to staff	satisfactory
Standard 5: Students	good

Criterion 5a: Student group composition	satisfactory
Criterion 5b: International experience	excellent
Criterion 5c: Services provided to students	good
General conclusion	good

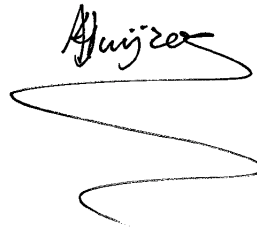
The chair and the secretary of the panel hereby declare that all members of the panel have studied this report and that they agree with the judgements laid down in it. They confirm that the assessment has been conducted in accordance with the demands relating to independence.

Date: 16 June 2014.



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Prof. M. Wieringa - de Waard



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A.J. Wieldraaijer – Huijzer, MA

## Description of the standards and criteria from the Assessment framework distinctive quality feature internationalisation

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### Standard 1: Vision on Internationalisation

#### Criterion 1a: Shared vision

The programme has a vision on internationalisation. This vision is supported by stakeholders within and outside the programme

### Findings

According to the critical reflection, the internationalisation aims of the master's programme Global Health focus on the preparation of its graduates to understand and handle new challenges in the domain of global health. One of these challenges is the transformation of old dichotomies pertaining to a 'Northern' paradigm versus a 'Southern' dependency, to local versus global, and to public versus private responsibility. These dichotomies are being replaced by increasing global interdependencies between regions, nations, institutions, companies, communities, and people.

The critical reflection explains that the programme is based on the idea that the term Global Health captures a sense of commonality across borders and the need for a commitment to improve health throughout the world. The programme's mission is to train students who can contribute to these new commonalities. The panel concludes that this part of the programme's vision is relevant and inherently international, but also not distinctive in comparison with many other Global Health programmes in the world. In answering the panel's question of what the implication of the programme's mission is for the training of students, the staff clarified that students are trained both for working on a global level and for working on a local level somewhere in the world. Understanding the interconnections between global and local is an important aspect in this. According to the panel this approach is appropriate, but also very ambitious. It cautions the programme management not to overreach its goals. During the site visit the programme management explained that it is aware of this risk. That is why cooperation with other universities is another central feature of the programme's vision on internationalisation.

The critical reflection explains that international partnerships are a must in the current global health domain. Therefore, the internationalisation aspirations of the programme are not confined to the content, but include the ambition to have equal partnerships providing students with opportunities for international staff and student exchange (doing electives, field work or thesis research abroad) and intercultural learning. The master's programme in Global Health strives to be international in terms of language use, aims, content, learning outcomes, students, staff, partnerships and mobility. At the moment, the programme cooperates with three partners: McMaster University in Hamilton, Canada; Thammasat University in Bangkok, Thailand; and Manipal University in Manipal, India. Maastricht and McMaster are the founding partners of the Global Health Partnership Model.

The panel is satisfied with the fact that the programme's vision on internationalisation is very explicit and not confined to the content of Global Health; it also includes ideas about international cooperation and creating an international learning environment. The panel is of the opinion that the partnerships are a strong element in the programme's vision on internationalisation. Students speak highly of this aspect, because it offers them the opportunity to go to other universities and to study in a strongly international setting. Some

students told the panel that it was the partnerships that persuaded them to do their master at Maastricht University. The panel concludes that the partnerships are an impressive feature in the programme's vision on internationalisation. This aspect clearly distinguishes the programme from most other ones in Global Health. At the same time, the partnerships pose new challenges for the future. Paying attention to cultural differences, dealing with long-distance communication, and investing in communications technology are important requirements in sustaining long-term partnerships. Furthermore, the issue of welcoming more programmes to the partnership needs to be addressed. More partners can be an asset to the programme, but it will also make cooperation more complex. The panel discussed this with the programme management. The latter explained that it takes only 'baby steps' in welcoming new members. Becoming a full member of the partnership takes several years. After this explanation, the panel was convinced that the management is aware of the requirements for long-term cooperation and is cautious in welcoming more partners.

The panel found that the internationalisation of the programme is supported and evaluated by an Advisory Board consisting of representatives from the professional field from all over the world. It also noted that the programme's vision fits with and is supported by the ambition of Maastricht UMC and the Faculty of Health, Medicine and Life Sciences (Maastricht UMC+/FHML) to 'educate students to become professionals, who can successfully function in an international academic health arena'. It did notice that questions about the internationalisation vision of the faculty and of the programmes in European Public Health and Global Health generated different answers. Creating a shared and unequivocal vision on internationalisation is clearly still a 'work in progress'.

## Considerations

The panel concludes that the programme has a clear and explicit vision on internationalisation, in terms of both the content of the curriculum and the learning environment and student and staff mobility. The partnerships are a strong and impressive element in the programme's vision on internationalisation. This vision is supported by the university and the faculty, as well as by the international professional field. It is highly advisable that the faculty and the programmes within the faculty fine-tune their ideas on internationalisation, in order to communicate a more unequivocal vision on internationalisation in the future.

## Conclusion

*Master's programme Global Health:* the panel assesses Criterion 1a as **satisfactory**

Criterion 1b: Verifiable objectives
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The vision on internationalisation includes verifiable objectives
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## Findings

The critical reflection states that the vision of the master's programme given above has been specified in the profile of a graduate. This profile includes five verifiable objectives. The MGH graduates are trained:

1. to address the critical relationships between biological and societal dimensions of health and disease in the context of recent processes of globalisation;

2. to understand the global (re)distribution of disease and health (risk) in the light of developments in healthcare, technology, education, economic development, politics, socio-cultural environment and management;
3. to grasp how these interactions work at the intersection of local and global levels and how they impact the health of citizens and communities worldwide;
4. to act effectively in multidisciplinary, intercultural, international settings; and
5. to contribute to the development of new forms of governance

The critical reflection states that these objectives have been put into practice in several aspects of the programme. First, all the learning outcomes include international aspects that are linked to the content-related objectives. Second, the programme offers opportunities to acquire theory and skills to function successfully in multicultural and multidisciplinary settings. These opportunities include the international classroom (see Criterion 3b), the partnerships and the opportunities to go abroad (see Criterion 5b), and the opportunity to collaborate with peers from partner universities in the *Foundations of Global Health* course (see Criteria 3a and 3b). In addition, the panel found that objective number 5 is evident in the ‘Global Health Leadership and Organisation’ *elective track*.

The panel studied the listed objectives of the master’s programme Global Health. It concludes that the objectives are applicable to the programme, verifiable, and relevant for an international professional.

### Considerations

The panel established that the vision on internationalisation includes verifiable objectives. The objectives are applicable to the programme and relevant for the realisation of the vision of internationalisation

### Conclusion

*Master’s programme Global Health*: the panel assesses Criterion 1b as **good**

<p>Criterion 1c: Improvement-orientated evaluations</p>
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<p>The vision on internationalisation is evaluated periodically and this evaluation forms the basis for improvement measures</p>
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### Findings

According to the critical reflection, the vision of the master’s programme Global Health is evaluated regularly by the Global Health Advisory Board. This Advisory Board consists of representatives of the professional field from Kenya, Switzerland, South Africa, the United States of America, the Netherlands and Canada. Since its initial meeting in May 2010, it has convened five times. During these meetings, it discussed matters such as the partnership model, the curriculum, cooperation with business partners, strategic directions, global health research, funding and mobility.

The site visit included an internet meeting with members of the Global Health Advisory Board. During this meeting the current and future partnerships, their vision on the international features of the programme, and the role of the Advisory Board were discussed. The panel found that the Advisory Board critically evaluates the programme and is actively



thinking about where to go in terms of partnerships. The Advisory Board is an important sounding board for the programme management and the different partners.

The critical reflection notes that staff members are regular participants and contributors to the main Global Health conferences and are involved in research and consultancy on a wide variety of Global Health topics. By maintaining and upgrading their awareness of recent developments abroad, staff members can provide valuable feedback to the vision of internationalisation. The panel recognises this and is positive about the international experiences of the staff members (see Criterion 4b).

According to the critical reflection, the partnership model and the partnerships are also subject to constant evaluation. The partners have prepared a list of questions which should be considered about prospective institutions who wish to become partners in the network. Virtual meetings are held with the Canadian, Indian and Thai colleagues to discuss the programme and courses.

The panel discussed the issue of evaluation with the Educational Committee and with representatives of the three partners. It established that all of them are aware of the importance of internal quality control. The fact that students are asked to fill in a questionnaire about their period abroad upon their return to Maastricht was well-received by the panel. The staff could give examples of improvements with the partners that were based on the results of these questionnaires and/or the virtual meetings held with the partners abroad.

Finally, the panel studied evaluations about the faculty's vision on internationalisation provided during the site visit. It concluded that the faculty is actively involved in evaluating its own vision on internationalisation and in linking this vision to the different programmes in the faculty. As has been noted under Criterion 1a and in one of the faculty evaluations from January 2014, creating a shared vision on internationalisation throughout the faculty is a challenge and still a 'work in progress', but the faculty is on the right track.

### **Considerations**

The panel established that the Advisory Board plays an important role in the evaluation of the vision on internationalisation of the master's programme Global Health. The partnership model and the partnerships form part of evaluation as well. Finally, the panel appreciates the active involvement of the faculty in evaluating the vision on internationalisation at a faculty and programme level. It is aware that creating a shared and clear vision on internationalisation is a challenge. It recommends that the faculty and the programme management maintain this as a focal point in the near future.

### **Conclusion**

*Master's programme Global Health:* the panel assesses Criterion 1c as **satisfactory**

Standard 1: Overall assessment
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### **General conclusion**

The panel established that the master's programme in Global Health has a clear and explicit vision on internationalisation, in terms of content of both the curriculum and the learning

environment and student and staff mobility. The partnerships are a strong and unique element in this. The vision on internationalisation includes verifiable objectives. The objectives are applicable to the programme and in line with the programme's vision on internationalisation. The panel is convinced that the vision on internationalisation of the master's programme in Global Health is actively supported by internal and external stakeholders. Furthermore, the faculty, the Global Health Advisory Board, the programme management, the staff and the partners are all involved in evaluating and improving this vision. They are on the right track.

## **Conclusion**

*Master's programme Global Health:* the panel assesses Standard 1 as **satisfactory**

## Standard 2: Learning Outcomes

### Criterion 2a: Intended learning outcomes

The intended international and intercultural learning outcomes defined by the programme are a clear reflection of its vision on internationalisation.

### Findings

The management of the master's programme Global Health has drawn up 27 intended learning outcomes. The complete set of learning outcomes is listed in Appendix 3.

After studying the intended learning outcomes of the master's programme Global Health, the panel concludes that they are of the right level, ambitious, but also feasible. They are also well-formulated and specific. Since the aims and contents of the programme have an integral global focus, the panel concludes that almost all of the programme's intended learning outcomes include implicit or explicit international and intercultural aspects and reflect the programme's vision on internationalisation. Some examples of learning outcomes that reflect this are:

- Learning outcome 3: graduates have knowledge and understanding of the changing boundaries between North-South; local-global; private-public; and of the threats and opportunities these changes pose for global collaboration and global policy;
- Learning outcome 6: graduates appreciate the co-evolution of transnational trends and local conditions (health);
- Learning outcome 16: graduates have knowledge of comparative, cross-national and cross-cultural research methods;
- Learning outcome 24: graduates are able to communicate effectively with a diverse and international circle of professionals in academia, politics, bureaucracies and field organizations.

The panel concludes that the learning outcomes of the master's programme are very international. They address international subject-specific knowledge and understanding, but also deal with intercultural communication and teamwork skills.

### Considerations

The panel found that almost all of the programme's intended learning outcomes include international and intercultural aspects (explicitly or implicitly) and reflect the programme's vision on internationalisation. The intended learning outcomes are well-formulated, specific, ambitious and feasible.

### Conclusion

*Master's programme Global Health*: the panel assesses Criterion 2a as **good**

#### Criterion 2b: Student assessment

The methods that are used for the assessment of students are suitable for measuring the achievement of the intended international and intercultural learning outcomes.

### Findings

In order to examine the student assessment in the master's programme Global Health, the panel studied module descriptions, tests and assignments, including feedback and scoring forms. It also looked at an overview of assessment methods per course included in the critical reflection.

The panel found that the assessment methods in the programme are varied. They include individual and group papers, exams, assignments, presentations and debates. Most courses included multiple assessment methods. The panel was satisfied to find that group assignments are always complemented with an individual assignment (such as an exam or an individual paper), thereby reducing free-riding and ensuring that all the international and intercultural learning outcomes are tested for every individual student.

The panel ascertained that the assessment forms and assessment policy of the master's programme Global Health are clear. For the thesis, a new assessment form has recently been introduced by the Board of Examiners. The panel established that the assessment form is adequate and compliant with the international and intercultural learning outcomes; it includes a lot of explanation of the different scoring categories. The implementation of the new form still needs some work, however.

The panel established that assignments include feedback, and grading is based on predefined criteria. At the outset of their master's programme, students in Global Health are provided with an explanation about the Dutch grading system. A comparison between the Dutch ten-point scale and other grading systems is also provided to students in the Examination Rules and Regulations. Nevertheless, all grading scales are based on grading philosophies, and sometimes simple translation from one grading system to another is difficult. The panel discussed with the staff and the Examination Board how they deal with this in relation to the close cooperation of the programme with international partners. In the last few years, the partners have developed different solutions to tackle this problem. In the current approach, the *Foundations of Global Health* course (see Criterion 3a) is rated by two coordinators from McMaster and Maastricht. Although there is no simple solution to dealing with different grading systems, the panel established that the programme and the partners take the issue seriously.

Group assignments are part of the Problem-Based Learning (PBL) concept that is central to the programme. The relation between PBL and the international student and staff population is evaluated under Criterion 3b. The panel finds that the assessment methods in the master's programme Global Health are well connected to PBL. Furthermore, PBL groups are composed to ensure a diversity of students and a mix of different country backgrounds. The panel concludes that PBL provides students with a valuable opportunity to practise their intercultural communicative and teamwork skills. Developing intercultural skills is also an explicit aim of the training in 'Working in International Groups', which is integrated into the *Foundations of Global Health* course (see Criterion 3a and 3b). In general, the panel is pleased with the benefits of the PBL concept and thus with the individual and group assessment.

## Considerations

The panel established that the assessment methods are varied and attuned with the international and intercultural learning outcomes of the programme. The assessment is adequate and matches the PBL concept. PBL and group assignments provide students with a valuable opportunity to practise their intercultural communicative and teamwork skills. The panel is satisfied with the fact that group assignments are complemented with individual assignments for every course. This ensures the testing of all international and intercultural learning outcomes with every student. The panel ascertained that the programme staff is aware of the difficulties in dealing with the different grading systems of the partners.

## Conclusion

*Master's programme Global Health*: the panel assesses Criterion 2b as **good**

### Criterion 2c: Graduate achievement

The programme can demonstrate that the intended international and intercultural learning outcomes are achieved by its graduates.

## Findings

The panel studied ten master's theses, covering the full range of marks given. In its assessment it paid specific attention to the international features of the theses and to the relation between the international and intercultural learning outcomes and their content.

The panel established that time in the one-year Global Health programme is short, especially if part of the research is conducted abroad, and the intended intercultural and international learning outcomes of the programme are very ambitious. Nevertheless, the overall level of the theses match the goals of the programme. The selected theses included a clear objective, a logical and consistent line of reasoning, and a consistent use of footnotes and referencing. The thesis topics are specific, relevant and useful for discussions in the field and the international Global Health domain. The panel noted that the theses cover a variety of international topics and often focus on case studies. Some theses were of high quality and ready for publishing or for presenting at an international conference.

Apart from the positive findings described above, the panel also noticed two points for improvement. First, the quality in the use of English varied. Second, some theses could have included a more explicit explanation in terms of the general relevance of the topic and research to the Global Health domain.

Graduate achievement is also reflected by employability. Alumni told the panel that they feel prepared for the labour market and are content with their choice for the programme. They explained that the attention paid in the programme to intercultural communication (digital and face-to-face), cross-border teamwork and leadership skills is very valuable in their future career. Digital communication is very important in the field of Global Health. The panel is of the opinion that graduates are well-equipped for working in the international area of Global Health. They have the ability to work on a global level, as well as on a local level somewhere in the world (please note Criterion 1a). The programme also prepares them for a PhD position.

## Considerations

The panel is satisfied with the overall level of the master's theses, especially in relation to the ambitious international and intercultural goals of the programme. The theses are relevant to discussions in the international field of Global Health and cover a variety of international topics. The use of English in some of the master's theses is a point for improvement. The attention paid in the programme to intercultural communication (digital and face-to-face), cross-border teamwork, and leadership skills is very valuable for alumni. The panel is of the opinion that graduates in the programme are well equipped for working in the international area of Global Health or for taking up a PhD position.

Due to the satisfactory overall level of the master's theses, the ambitious goals of the programme, the international elements in the theses, and the employability of graduates, the panel is more than convinced that the international and intercultural learning outcomes are achieved upon graduation.

## Conclusion

*Master's programme Global Health:* the panel assesses Criterion 2c as **good**

Standard 2: Overall assessment
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## General conclusion

Almost all of the master's programme's intended learning outcomes include international and intercultural aspects (explicitly or implicitly). They are well formulated, specific, ambitious but feasible. The assessment methods in the master's programme are varied and attuned with the international and intercultural learning outcomes. The panel is satisfied with the fact that group assignments are complemented by individual assignments for every course. The PBL and group assignments provide students with a valuable opportunity to practise their intercultural communicative and teamwork skills. The panel ascertained that the programme staff is aware of the difficulties in dealing with the different grading systems of the partners. Due to the satisfactory overall level of the master's theses, the ambitious goals of the programme, the international elements in the theses, and the employability of graduates, the panel is more than convinced that the international and intercultural learning outcomes are achieved upon graduation. However, the use of English in some of the master's theses is a point for improvement.

## Conclusion

*Master's programme Global Health:* the panel assesses Standard 2 as **good**

### Standard 3: Teaching and learning

#### Criterion 3a: Curriculum

The content and structure of the curriculum enable the achievement of the intended international and intercultural learning outcomes

#### Findings

The master's programme Global Health covers one academic year and consists of three terms. For a schematic overview of its curriculum, please see Appendix 4. For more information about the content of the courses, please see the limited programme assessment report.

The panel studied the curriculum in more detail in relation to the intended international and intercultural learning outcomes. It established that there are several important aspects in the structure and content of curriculum that enable students to achieve the learning outcomes, namely the PBL didactic concept; the content of the courses in Maastricht and at the partner universities; and the opportunities for students to travel abroad and to interact virtually with students from partner universities. All of these aspects are interrelated and intertwined in the structure and content of the curriculum. The panel is positive about the contribution of all these aspects to the realisation of one or more international or intercultural intended learning outcomes. The relevance of the PBL concept to the achievement of the intended international and intercultural learning outcomes is explained under Criterion 3b; the opportunities for students to travel abroad and for virtual interaction with international students are described elaborately under Criterion 5b. Here, the panel focuses on the content of the curriculum.

The panel ascertained that all courses in the programme deal with intrinsic international topics in Global Health and are indispensable for the achievement of the learning outcomes. The *New Biosciences/New Society?* course pays attention to the different ways in which culture and health are related (learning outcomes 1, 2, 5, 6, 7, 9, 10, 11, 13, 14, 22, 24, and 27). The *Governing Health in a Global Context* course critically evaluates dichotomies pertaining to North-South, developed-underdeveloped, and the public and the private domain (learning outcomes 3-12, 17, 19, 22, 24, and 27).

In the winter term students can choose one of seven elective tracks (12 EC per track) offered by Maastricht, McMaster University, Thammasat University or Manipal University. The panel established that, because the partners all take different perspectives and approaches, these tracks allow students to follow their own interests. All tracks contribute to the intended learning outcomes (e.g. 7, 10, 17, 19, 20, 22, 24, and 27) and have an international Global Health approach. For example:

- one of the Maastricht tracks called 'Global Health Leadership and Organisation' educates students to judge the impact of various policies and regulations, local and global economies and economic considerations and management on global health;
- one of McMaster's tracks called 'Global Disease' builds upon the Maastricht *New Biosciences/New Society?* course and emphasises the threat to public health from existing, new, and re-emerging diseases that move across national borders;
- the Thammasat track called 'Global Health, Human Security and Human Rights' features the relationship between human security, violence, health and processes of globalisation;

- the Manipal track called ‘Global health issues in developing regions’ is about the challenges of applying current principles, concepts, approaches and research methodologies in developing regions and emerging economies. It involves two fieldwork days a week in projects and institutions in communities surrounding the Manipal campus.

After examining the structure and content of the curriculum, the panel is more than confident that it enables students to achieve the international and intercultural intended learning outcomes. The international dimension is intrinsic to the programme and evident in the curriculum. The link between the curriculum and the international and intercultural learning outcomes of the programme is clear.

### Considerations

PBL, the international content of the courses, the possibility for virtual interaction with international students, and the possibilities for students to travel abroad are all intrinsic to the international and intercultural outlook of the master’s programme Global Health, and are intertwined in the structure and content of the curriculum. The panel is positive about the contribution of all these aspects to the realisation of one or more international or intercultural intended learning outcomes. The courses in Maastricht and at the partner universities clearly reflect the international outlook and profile of programme and contribute to the achievement of the international and intercultural learning outcomes.

### Conclusion

*Master’s programme Global Health:* the panel assesses Criterion 3a as **good**

<p>Criterion 3b: Teaching methods</p>
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<p>The teaching methods enable the achievement of the intended international and intercultural learning outcomes.</p>
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### Findings

According to the critical reflection, the master’s programme Global Health uses Problem-Based Learning (PBL) as its didactic concept for the courses in Maastricht. The *Elective track* abroad (12 EC) follows the didactic concept of the partner universities. Students told the panel that McMaster University and Thamassat University use a didactic concept that is very similar to PBL. The teaching in Manipal consists of lectures. These lectures are complemented by two days of intensive fieldwork a week. Both students and panel appreciate the integration of fieldwork in the teaching in Manipal.

In the PBL concept, students take a central position in the learning process. They work on carefully selected problems in tutorial groups of ten to twelve students. The process is supervised by a staff tutor and aims at the development of the learning attitude and skills needed to acquire relevant knowledge to solve problems. For more in-depth information about PBL, please refer to the limited programme assessment report.

The panel critically evaluated the link between the PBL concept and the international student and staff body on the one hand, and the realisation of the intended learning outcomes on the other. It discussed this aspect extensively with students, staff and alumni. It concluded that international students are properly introduced to the PBL concept. They receive training



about PBL at the beginning of the programme. In this training, students are made aware of cultural differences in communication styles, institutional systems, discussion methods, and verbal and non-verbal communication behaviour that exist in the classroom. Exercises are also used to familiarise students with the technologies for distance learning. International students told the panel that the PBL experience in Maastricht is unique. In general, students are positive about working together with peers from different countries who bring in their own experiences.

The panel concluded that PBL facilitates the development of a problem-solving attitude and enables students to achieve the international and intercultural learning outcomes, especially the ones that are geared towards intercultural communication and teamwork (learning outcomes 24-26). It was pleased to find that the diversity in international backgrounds of students is taken into account in the PBL group composition, giving students the opportunity to practise their intercultural communicative skills. Nevertheless, the panel established that it is also a real challenge to use the PBL concept in an international student community. Furthermore, PBL is not suitable for all topics and does not work if the leader of the group is not active enough. The panel discussed these points with the programme management and the staff and found that they are aware that PBL needs permanent attention, in its combination with an international student body. It recommends that the management and the staff maintain a close eye on the pitfalls of PBL.

## Considerations

Using PBL in an international student community is a challenge and requires permanent attention. The panel is convinced about its implementation in the master's programme Global Health. Students are properly introduced to this didactic concept and are in general delighted to be exposed to it. When combined with an international student group, it offers them an intercultural learning experience. The panel concludes that the PBL concept enables students to achieve the intended learning outcomes.

## Conclusion

*Master's programme Global Health*: the panel assesses Criterion 3b as **good**

<b>Criterion 3c: Learning environment</b>
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The learning environment is suitable for achieving the intended international and intercultural learning outcomes
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## Findings

According to the critical reflection, the learning environment of the master's programme Global Health is primarily geared towards intercultural learning. This intercultural learning is enhanced by using the PBL concept (described under Criterion 3b), by the *Foundations of Global Health* course and by the compulsory *Learning Symposium* in India (described under Criterion 5b). The critical reflection states that the aim of the programme is to teach students how to cooperate and communicate in English with colleagues from different cultures by putting this into practice while working in multicultural teams.

The panel agrees that a 'learning environment geared towards intercultural learning' is suitable for achieving the intended international and intercultural learning outcomes of the master's

programme Global Health. It is especially positive about role of the *Foundations of Global Health* course (see Criterion 5b) in this intercultural learning experience. The *Foundations of Global Health* course is an interesting addition to the intercultural learning through PBL, because it teaches students how to communicate effectively online. Many students told the panel that they appreciate learning about this for their future career. The panel found that the digital online communications facilities of the programme are adequate for this part of intercultural learning. Technology is changing rapidly, however. The panel would therefore like to caution the university about the rule of the restrictive headstart. It is important to keep track of changes in digital communication technology.

The panel established that the international staff (Standard 4), the international student population (Criterion 5a), the opportunity for students go abroad for their internship (Criterion 5b), and the student facilities are appropriate for intercultural learning

### **Considerations**

The panel concludes that a 'learning environment geared towards intercultural learning' is suitable for achieving the intended international and intercultural learning outcomes of the master's programme Global Health. The learning environment of the programme is well equipped and enables the intercultural learning goals of the programme to be put into practice.

### **Conclusion**

*Master's programme Global Health*: the panel assesses Criterion 3c as **good**

Standard 3: Overall assessment
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### **General conclusion**

The panel concludes that the curriculum of the master's programme Global Health is well connected to the international and intercultural learning outcomes. Using PBL in an international student community is a real challenge and requires permanent attention. The panel is convinced about its implementation in the master's programme Global Health. Learning about online intercultural communications in the *Foundations of Global Health* course is an interesting addition to the intercultural learning through PBL. The learning environment of the master's programme Global Health is geared towards intercultural learning. Intercultural learning is suitable for achieving the intended international and intercultural learning outcomes of the programme, and the learning environment is more than sufficiently equipped for it.

### **Conclusion**

*Master's programme Global Health*: the panel assesses Standard 3 as **good**

## Standard 4: Staff

### Criterion 4a: Staff composition

The composition of the staff (in quality and quantity) facilitates the achievement of the intended international and intercultural learning outcomes

#### Findings

The critical reflection gives an overview of the number of staff and the international background and activities of staff members. In 2011-2012, the staff-student ratio for the master's programme Global Health was 1:17.02. According to the panel the quantity of teaching staff is adequate.

The staff of the master's programme Global Health consists of eleven core staff members, originating from five different countries, six different departments, and two faculties. Six of the core staff members come from abroad. In addition, no fewer than 40 other lecturers and 27 guest lecturers contributed to the programme in that year. The panel concludes that the master's programme Global Health can rely on an international and multidisciplinary team of professional staff members. The diverse international backgrounds of the core staff contribute greatly to the programme's international learning environment.

The panel is positive about the general quality of the core staff and was struck by their dedication to the programme. From the discussions with the staff, the panel established that they go to the partner universities for discussions about the programme and are professional in dealing with cultural differences. Furthermore, the staff is well informed about recent developments in the field. There is still room for improvement concerning the number of staff with a University Teaching Qualification. In total, 5 of the 11 core staff members of the master's programme have a University Teaching Qualification.

#### Considerations

The panel assessed the quantity and the international and multidisciplinary background of the core staff as more than sufficient. Furthermore, the staff is international, professional, dedicated and well informed about developments in the field. However, the panel advises increasing the number of staff with a University Teaching Qualification in the future. The panel concludes that the quality and quantity of the teaching staff are more than sufficient.

#### Conclusion

*Master's programme Global Health:* the panel assesses Criterion 4a as **good**

### Criterion 4b: International experience and competence

Staff members have sufficient international experience, intercultural competences and language skills

#### Findings

The critical reflection includes an overview of the international activities per staff member. The panel studied this overview and concludes that the core staff has ample experience in international education. Many staff members have international teaching experience, either as a guest lecturer or in a permanent position. The panel found that the staff has ample

experience in international research: staff members are involved in international research projects, have published together with international colleagues, and act as supervisors for PhD students abroad. Furthermore, staff members contribute to international conferences in Global Health and thereby maintain and upgrade their awareness of recent developments abroad. Last but not least, many staff members are involved in the partnership with McMaster, Manipal and Thammasat Universities.

## Considerations

The panel concludes that the staff of the master's programme Global Health is dedicated, professional and aware of recent international developments abroad. They have ample international teaching and research experience.

## Conclusion

*Master's programme Global Health*: the panel assesses Criterion 4b as **good**

### Criterion 4c: Services provided to staff

The services provided to the staff (e.g. training, facilities, staff exchanges) are in line with the staff composition and facilitate international experiences, intercultural competences and language skills

## Findings

The critical reflection explains that services to international staff are mainly organized at the university level. To familiarise international staff with the Netherlands and the university, the university established a Knowledge Centre for International Staff (KCIS) within the Human Resources Department. The KCIS assists incoming foreign staff with work permits, visa procedures, tax issues and social security regulations. It provides support with respect to housing, school selection, relocation and jobs for partners. It also assists outgoing staff.

In addition to KCIS, the Language Centre of the university offers staff members language courses, and the Staff Career Services offers a course in 'Dealing with Cultural Diversity'. With increasing numbers of employees interacting with colleagues or students from different cultural backgrounds, the multicultural aspects of diversity are playing an ever greater role within the university. This course in intercultural skills has been specially designed for staff who want to develop their competences in cultural diversity further.

In addition, the critical reflection states that the university project called 'International Classroom' recently funded a special training for tutors of the *Foundations of Global Health* course. In this training, called 'Bridging cultural diversity: a training in teambuilding for international tutor teams', the focus lay on the tutor's cultural and institutional difference with regard to guidance, evaluation, grading and forms of communication. The panel is positive about the fact that the tutors are also offered a mirror of their own skills in intercultural cooperation and communication.

During the site visit, the panel discussed the services provided to the staff with them. It established that they are satisfied with them. Also, the staff told the panel that they are content with the programme management's support for their involvement in international activities abroad.

## Considerations

The panel concludes that the services provided to the staff are adequate and fit the international ambitions of the university and the master's programme Global Health. There are sufficient facilities available for the training intercultural and language skills.

## Conclusion

*Master's programme Global Health:* the panel assesses Criterion 4c as **satisfactory**

Standard 4: Overall assessment
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## General conclusion

The panel established that the quantity of the staff is more than sufficient. In terms of quality, the staff of the master's programme is international, highly professional, dedicated and well informed about international developments in the field. They have ample international teaching and research experience. The panel would like to advise the programme management to increase the number of staff with a University Teaching Qualification in the future. According to the staff, there are sufficient facilities available for training intercultural and language skills. The panel agrees with this: the services provided for the staff are adequate.

## Conclusion

*Master's programme Global Health:* the panel assesses Standard 4 as **good**

## Standard 5: Students

### Criterion 5a: Student group composition

The composition of the student group (diversity of national and cultural backgrounds) is in line with the programme's vision on internationalisation

### Findings

The critical reflection included an overview of the nationality of the Global Health students. The panel studied this overview and concluded that the programme has a student population originating from a range of countries. All cohorts between 2010-2011 and 2013-2014 included students from 15 different countries on average. The panel established that the great majority of the students still come from either the Netherlands (45.1%) or Germany (18.5%). Between 2010 and 2014, 82.6% of all students came from European countries and 17.4% from non-European countries.

The panel discussed the high proportion of Dutch and German students with the management and the staff responsible for international activities. It concluded that they take this issue seriously and are working on diversifying the student group composition. For example, the international staff of the programme discussed with the PR teams of the university how to attract more students with different nationalities. Rejecting applications of students from Germany is not an option; it is legally forbidden to reject applications of students coming from other EU member states. The panel understands that as a consequence, composing a student group with an equal balance between nationalities can be difficult.

The panel debated with students and staff about the relation between student group composition and intercultural learning in the programme. Students and staff assured the panel that diversity in international backgrounds is taken into account when composing the PBL groups. The panel advises the programme to continue strict monitoring of the PBL group composition in the future. The opportunities for online intercultural communication and teamwork and for travelling abroad also add to the intercultural learning experience of students (see Criterion 5b). Finally, the partnerships have a positive effect on the international learning experiences of students: not only do students go abroad, but students from Canada, India and Thailand also follow electives in Maastricht.

### Considerations

The student population originates from a range of countries, but the majority of students still come from the Netherlands, Germany and the European region. The panel understands that it is difficult for the programme to influence this and is convinced that the programme takes the issue seriously. It was satisfied to find that the programme takes into account the diversity in international backgrounds when composing the PBL groups. Furthermore, students from Canada, India and Thailand follow electives in Maastricht, which adds to the international student group composition in these courses.

### Conclusion

*Master's programme Global Health*: the panel assesses Criterion 5a as **satisfactory**

Criterion 5b: International experience

The international experience gained by students is adequate and in line with the programme's internationalisation vision

## Findings

The panel studied the possibilities for students in the master's programme Global Health to enhance their international experience. It established that there are ample opportunities for this in the programme, in terms of both interaction and cooperation with international students and staff and travelling abroad.

### *The opportunities to interact with students abroad*

One of the first courses that master's students Global Health in Maastricht take is the *Foundations of Global Health* course. This course aims at exposing students to interdisciplinary, international and intercultural teamwork, by composing project groups with students from the partner universities. The students come together using electronic communications technology to exchange knowledge and work on assignments together. The panel talked to students about the *Foundations of Global Health* course and was presented with the technology and procedures used in it. It established that in the beginning, the goals of the *Foundations of Global Health* course are not always clear to students, but later on they appreciate the experience of learning how to communicate and cooperate effectively online. According to the students, this experience is very useful for their future careers and for working on their thesis abroad. The panel agrees with this. The experience in the *Foundations of Global Health* course is also necessary for achieving intercultural learning outcome 25 ('to be aware of the opportunities of technical facilities for international communication and be able to effectively use these facilities'). The panel established that financial and technical constraints for virtual communication at the partner universities are effectively compensated in two ways: 1. the partner universities can use the communications technology of Maastricht and McMaster; 2. representatives from Maastricht travel to India and Thailand each year to help students to install the technology and inform them about the correct use of it.

### *The opportunities for students to travel abroad*

The panel established that there are ample opportunities for students to develop their international experience. All students travel to Manipal University in India at the end of the winter term for a two-week *Learning Symposium*. The costs of this trip are covered by the university, and if students plan their flights carefully, they can travel to Thailand for an internship after the symposium without incurring much additional expense. In Manipal, the students meet their colleagues from the *Foundations of Global Health* course and work in transnational teams on assignments provided by local Global Health institutions. For an overview of the assignments, please see Appendix 8.

In addition to the *Learning Symposium* at Manipal University, students can also do an *Elective track* at one of the partner universities in the winter term and may decide to do an internship at one of the international organisations during the summer term. The master's programme Global Health has contacts with an extensive network of government and non-government, educational, research, and private organisations around the world (see Appendix 8). In 2012-2013, 27 out of 50 students did a foreign placement.

The panel is very impressed with the international and intercultural experiences that have been integrated in the one-year programme Global Health.

## Considerations

The panel established that there are many opportunities to gain international experience in the programme. The programme actively stimulates the development of international and intercultural communicative and teamwork skills (virtual and face-to-face). Not only do all students participate in interdisciplinary, international and intercultural teamwork in the *Foundations of Global Health* course, they also go to Manipal University for an intensive and very relevant *Learning Symposium*, and they have the opportunity to do an internship at an international organisation during the summer term. The panel is very impressed with all the international and intercultural experiences that have been integrated in the one-year programme Global Health. In this particular respect, the programme can be considered an international 'best practice'.

## Conclusion

*Master's programme Global Health*: the panel assesses Criterion 5b as **excellent**

<b>Criterion 5c: Services provided to students</b>
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The services provided to the students (e.g. information provision, counselling, guidance, accommodation, Diploma Supplement) are adequate and in line with the composition of the student group
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## Findings

The critical reflection stated that there are many services for Dutch and international students entering the master's programme Global Health. To properly inform international students before and upon their arrival in Maastricht, the university has set up a number of service departments within the Student Services Centre. These include 'Buddies and Buttons' (a call centre staffed by students who assist international students in their application), the Scholarship Office, the Visa Office, the Career Services Office and the Housing Office. The university Language Centre has developed a package of courses for students, including academic English courses and basic Dutch language courses.

There is also assistance for students on a programme level. The programme has contacts with an extensive network of governmental and non-governmental, educational, research and private organisations in the Netherlands and in other countries. Finally, all graduates receive a supplement to accompany their diploma. Three examples of this supplement were included in the appendices of the critical reflection. The panel established that these supplements offer a clear description of the nature, content, level and status of the programme.

The panel discussed the services provided to them with students and concluded that they are satisfied with them. Furthermore, the Global Health teachers are accessible and form an important informal support system for students.

## Considerations

The panel established that many services are available for international students coming to Maastricht. These services include support for administrative and financial issues, as well as social support and support for enhancing intercultural and language skills. The services are in line with the composition of the student group.



## Conclusion

*Master's programme Global Health*: the panel assesses Criterion 5c as **good**

Standard 5: Overall assessment
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### General conclusion

The student population originates from a range of countries, but the majority of students still come from the European region (82.6%). The panel is convinced that the programme takes sufficient measures to diversify the student group composition. It is positive about the diversity in the PBL groups and the fact that students from Canada, India and Thailand follow electives in Maastricht. This adds to the international student group composition. The panel is very impressed with the international and intercultural experiences that have been integrated in the one-year programme Global Health. In this particular respect, the programme can be considered an international 'best practice'. The panel established that many services are available for international students coming to Maastricht. These services are in line with the composition of the student group.

## Conclusion

*Master's programme Global Health*: the panel assesses Standard 5 as **good**

## General conclusion of the programme

The master's programme in Global Health has a clear and explicit vision on internationalisation, in terms of both the content of the curriculum and the learning environment and student and staff mobility. The partnerships are a strong and impressive element in this. Almost all of the programme's intended learning outcomes include international and intercultural aspects (explicitly or implicitly). The curriculum and assessment methods are well connected to the international and intercultural learning outcomes. The same is true for the PBL concept: even though using PBL in an international student community is a real challenge, it is well implemented and offers students a valuable opportunity to practise their intercultural communicative and teamwork skills. Learning about online intercultural communications in the *Foundations of Global Health* course is an interesting addition to the intercultural learning through PBL. The panel agrees that the idea of intercultural learning is suitable for achieving the intended international and intercultural learning outcomes of the programme. The staff of the programme is international, highly professional, dedicated and well informed about international developments in the field. Sufficient services are in place to facilitate their international experiences, intercultural competences and language skills. The student group composition is a point for improvement, because the majority of students still come from the European region. The panel is convinced that the programme takes this issue seriously. It is very impressed with the international and intercultural experiences that have been integrated in the one-year programme Global Health. In this particular respect, the programme can be considered an international 'best practice'. Sufficient services have been put in place to support incoming and outgoing students. The panel is convinced that the international and intercultural learning outcomes of the master's programme Global Health are achieved upon graduation.

The panel issues a favourable opinion about awarding the NVAO distinctive quality feature Internationalisation to the master's programme Global Health.

The panel assesses the *master's programme Global Health* as **good**.

# Appendices



## **Appendix 1: Curricula vitae of the members of the panel**

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**Prof. Margreet Wieringa-de Waard** is professor emeritus of the Department of General Practice at the Academic Medical Center-University of Amsterdam (AMC-UvA). She was the first full professor at a Dutch institute of GP specialty training. Along with her work as a general practitioner between 1978 and 2009, she was and is active in a wide variety of committees and boards, focussing on health care, society and medical education. She is a member of the Ethical Review Board of the NVMO, the Dutch society for medical education. As programme director of the institute of GP Specialty Training at the AMC-UvA (2001-2010), she gained experience in the management of academic education programmes. In 2009-2011 she was a member of the project group for the development of performance indicators in GP specialty institutes, and in 2011-2013 she was the project manager in the development of a quality assurance system for institutes of GP specialty training in the Netherlands.

**Dr. Harro Maat** is University Lecturer at the Knowledge, Technology and Innovation group of the Social Sciences Department of Wageningen University. He teaches in the bachelor's and master's programmes International Development Studies and the master's programme Development of Rural Innovation, which attract students from Europe, Asia, Africa and South America. After obtaining his PhD in the history of Agricultural Science (2001), his research has focused on international food production. His expertise in Global Health emerges from his interests in the interaction between health, nutrition and development. He is a supervisor of various PhD projects, including one on HIV and agriculture in Uganda and one on poverty-related diseases in Cameroon.

**Prof. Allan Krasnik** is director of the Research Centre of Migration, Ethnicity and Health of the University of Copenhagen. His main scientific expertise is health services research with special attention to prevention, health care innovations and reforms, and their effect on social and ethnic equity in health care access and health outcomes. He has been the main actor in the establishment of the Research Centre for Migration, Ethnicity and Health (MESU) in Copenhagen and has also been active in the development and management of a research programme focusing on health policies and health services within the Centre for Healthy Aging (CEHA) at the University of Copenhagen. He has published more than 160 peer-reviewed articles in national and international scientific journals dealing mainly with prevention, health care reforms and migrant health. He is the president of the Section of Migrant Health of the European Public Health Association and has been a member of various other international societies in public health. He participated in the EU-financed project for developing a European Accreditation model for Public Health education and has been a member of expert panels for peer reviews of academic programmes in public health in various European countries, including the Netherlands (2011).

**Prof. Manfred Wildner** is head of the Health Department at the Bavarian Health and Food Safety Authority and apl. Professor of Public Health Policy and Administration at the Ludwig-Maximilians-University Munich. He is the coordinator of the Master in Public Health sub-programme "Health Administration and Management" at LMU Munich. His research interests are Public Health Policy and Administration, Infectious and Non-infectious Disease Surveillance, Health Promotion and Disease Prevention and Human Rights in Health Services. He is experienced in Evidence-based Decision-Making and practice-policy-transfer, and in the management and quality assurance of research projects and research administration. He is editor-in-chief of the peer-reviewed journal *Das Gesundheitswesen*.

**Dr. Cristiana Bastos** is senior researcher at the Social Sciences Institute at the University of Lisbon. She was coordinator of the Person/Mobilities research line from 2011 to 2013 and is currently the coordinator of the 'Identities' research group at this institute. She has authored or co-authored numerous publications in the field of Medical Anthropology and supervises a number of doctoral and master's research projects in this area. She teaches in the institute's doctoral and master's programmes in Anthropology, and has offered guest lectures at various international universities, particularly in the United States of America and Brazil. She was director and editor-in-chief of *Imprensa de Ciência Sociais* and vice-president of the Portuguese association for Anthropology.

**Dr. Alena Petrakova** is senior advisor at the Public Health Capacity and Communication Unit of ECDC (European Centre for Disease Control) in Stockholm. She is also the former Head of Country Cooperation Section at this centre (2010-2012). Petrakova has been a technical officer (2001 to 2009) and a liaison officer (1999-2001) at the World Health Organization in Geneva (Switzerland). She also headed the School of Public Health in Prague (1995-1998). She has authored or co-authored many publications in the field of Public Health.

**Lisanne van Ruiten, BSc**, is student at the research master's programme Global Health at the VU University Amsterdam. She is a research intern at the Department of European Health Care Systems of the Netherlands Institute for Health Services Research in Utrecht. Her research project focuses on an international comparison of the organisation of secondary ambulatory health care across Europe. As an undergraduate student in Health Sciences and in the first year of her research master, she was a research intern at the European Centre for Disease Prevention and Control in Stockholm, where she participated in a research project which compared national vaccination schemes in the Netherlands, Austria and the UK from a policy perspective. She assisted in the organisation of the "Individual decision making and childhood vaccinations" expert meeting and was co-author of the published report of this meeting. She is a member of the Educational Committee of her master's programme, and is an active volunteer for the Diabetes Society Netherlands.

## **Appendix 2: Domain-specific framework of reference**

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In order to make its ruling, the committee will draw on the same general referential framework used during the self-evaluations of the different academic programmes. Each of the points outlined herein broadly demonstrate the relevance of these items. While this scheme will be applied to all academic programmes, the programmes themselves differ from one another in several key ways: the academic content, structure, level (i.e. bachelor/master) and the future career prospects of each programme help determine the layout and design of the individual curricula. The committee therefore finds it necessary to highlight certain issues that mainly regard the specificity of international health and that offer insight into the way the committee plans to approach these programmes.

### **Domain**

The international programmes at stake are rooted firmly in the notion that health issues are not confined within the borders of the traditional nation state. Travel, open borders, migration, brain drain, export of technologies and know-how, distribution of international protocols guidelines and standards, and new forms of transnational and transdisciplinary collaboration, are all examples of the international dynamics of health, health risk, and health care. Furthermore, the arrival of new actors in the international arena challenges the traditional distribution of economic and political power and reshapes or dissolves existing public-private relationships. Resulting in new inequalities, impacting existing health care systems and strategies, and adding new dimensions to notions of environment, these international dynamics require new forms of governance and accountability. They also require new approaches to programme management and policy making in order to ensure equity and quality in the distribution of health services.

Obtaining understanding of the complexities involved in those changing international dimensions of health and health risk is core to both international programmes. Looking for ways to tackle these new complexities, both international programmes turn to current approaches and strategies to critically assess their adaptability in diverse and dynamic settings across Europe and across the globe.

Seeking to add analytical tools to help grasp international dimensions to current approaches and strategies, the programmes focus on actions and interventions that require collective, collaborative or organised actions for sustained population-wide health improvement. Highlighting the need to embed “healthy” research, policies and practice not only in the area of health and health care policymaking but in other relevant policy fields (e.g. market, food, regional and global developments) as well, the FHML’s international programmes identify the goals of public health as population-wide health improvement and the reduction of health inequities.

### **European Health**

The programme in European (Public) Health bridges the gap between public health science on the one hand and European, national, and global public health developments and policies on the other hand. The programme is not limited to academic and theoretical notions only, but concentrates also on the activities of European and global public health institutions.

The mission of the programme is to train students to become specialists in European (Public) Health. These specialists should be capable of appreciating, analysing and comprehending the

impact of European and transnational integration on public health, health systems, health services. They should be skilled at conducting and applying comparative research on European epidemiology and public health care systems. Also, they should have an understanding of the important historical and health implications of the Cold-War Era (e.g. the 'East-West split') with its implications for modern-day, unified Europe.

The overall aim of the European (Public) Health programme is to provide students with cutting-edge knowledge, academic insights and entrepreneurial skills, in the field of public health and health care systems within a broad international and European perspective. Graduates will be able to make a positive and constructive contribution to dealing with the issues raised by a European agenda for public health and/or by intentions at national level to adopt or anticipate that agenda. They will be able to take up employment within the wider public health field in an internationally oriented labour market.

### **Global Health**

Globalisation itself is a phenomenon of all times. But whereas globalisation over the past centuries divided the world into South and North, i.e. a developing versus a developed world, current trends tend to erase these boundaries. Due to trade, migration, travelling, and the rise of broadly accessible communication and information technologies, new “virtual communities” come into being. Communities are no longer restricted to geographical locations, and “North” and “South” and “local and global” are getting “mixed up”. Along with disappearance of traditional boundaries, local settings are confronted with the introduction of technologies, knowledge, standards, guidelines, and protocols developed elsewhere, often based on alien but implicit notions of what is needed and changing (health, health risks and health care in) those local settings forever. Confrontation with transnational issues such as pandemics, disaster and conflict require intensified collaboration and the arrival of private actors in the field and the rise of public private partnership require new formats for international relationships. Along with shifting power relations they change the meaning and the functions of the traditional nation state - and of national identity.

The global health programme aims at providing the tools to help understand these international dynamics and their impact on the health of individuals and populations across the globe; These tools do not only help to analyse transnational political economy of pandemics, disaster, pollution, and conflict, and the role of the international, national and local actors therein, but also help to grasp how global-local interaction helps to shape local health across the globe. The programme’s critical reflection on the applicability of existing strategies, models and concepts, for action in the context of these dynamics does not only invite its students to rethink traditional solutions, but also challenges them to contribute to the invention of new ones.

### **Professional focus**

A Global or European (Public) Health programme does not qualify one to become a doctor, psychologist or any other type of healthcare practitioner. Equipped with the analytical and critical tools described above, the international programmes’ graduates will be ready to effectively function as project and programme managers, researchers, policymakers, lobbyists, consultants and innovators in the international health arena.

As the programmes are characterised by their broad, multidisciplinary perspectives, they also offer a wide array of future career prospects, allowing graduates to enter positions that enable



them to contribute to this area in particular. Some of these graduates will enter into policy-making or management positions on a national or international level, in government institutions, trade organisations, patient organisations or insurance companies. Other graduates may choose to lend their expertise to healthcare institutions and international consultancy groups, working as staff members or managers. With career prospects like these, it is safe to assume that the academic programme pays sufficient attention to the skills that allow students to operate effectively within these settings. Some graduates may even choose to enter into academic professions and positions. These students are expected to have honed the necessary skills to successfully develop such a career in future.

### **Domain-specific knowledge and insights**

Global or European (Public) Health graduates should demonstrate their knowledge and understanding of the following:

- Have a robust interdisciplinary and advanced knowledge and understanding in health and healthcare issues;
- Have knowledge and understanding of the changing boundaries between nature-culture; biomedical and social sciences and of the way these changes impact (international) health, health risk and health care, as well as society;
- Have knowledge and understanding of the changing and dynamic boundaries between North-South; East-West, local-global; private-public and of the threats and opportunities these changes pose for European and/or global collaboration, and national, European or global policy;
- Be able to analyse complex disciplinary, multi- and interdisciplinary health and healthcare problems, in terms of actors and factors;
- Have acquired a mind-set that is capable of analysis of complex global health problems by considering the different explanations, methods, and interventions from different paradigms;
- Have knowledge and understanding of populations health status including shifting health threats and health and disease patterns as well as developments in healthcare systems;
- Have advanced knowledge of qualitative and quantitative research methodology and of epidemiology, including comparative, cross-national and cross-cultural research methods;
- Have acquired conceptual tools which help to analyse and understand the impact of epidemiological, biological and social phenomena on health, health risks and healthcare;
- Have acquired a mindset that is capable of considering the different explanations, methods, and interventions from different paradigms, thus informing complex and multiple approaches by drawing together different disciplines and avoiding fractional and ad-hoc conclusions;
- Be able to apply concepts, principles, and approaches pertaining to global and European health (care) problems to bridge the implementation gap;
- Be able to develop, plan, implement, monitor, evaluate and adjust international health policies and interventions;
- Be able to apply knowledge of methodology, epidemiology and statistics in designing, conducting, analyzing and interpreting an empirical or bibliographical study into a subject relevant to the field of global or European health.

## **Formation of a judgement**

Global or European (Public) Health graduates should demonstrate their formation of a judgement of the following:

- Be able to use conceptual knowledge and analytical tools acquired throughout the programme to assess policies, regulations, interventions, programmes and other initiatives related to European and/or global health (management);
- Be able to apply methodological, epidemiological and statistical knowledge to the assessment of the quality of scientific studies and scientific data.

## **Skills**

Global or European (Public) Health graduates have excellent writing and communication skills (in English) by being capable of communicating about research and problem solutions with confreres, stakeholders, and the public.

Global or European (Public) Health graduates:

- Communicate effectively with a diverse and international circle of professionals in academia, politics, bureaucracies and field organizations;
- Work in a team, to create partnerships, and to participate in professional networks;
- To act as a (project) leader or use basic leadership skills.

## **Learning, teaching and assessment**

The academic and learning strategies outlined in this academic programme are aimed at developing a reflective and critical approach to the health in Europe and globally. These strategies reflect the multidimensional and dependable nature of the Global or European (Public) Health. Moreover, they acknowledge and encourage the contributions of actively-involved students in the learning and educational process. Clearly defined learning goals and competencies lead to transparent academic guidelines. They also ensure clear criteria that students are expected to meet. Opportunities should be made available allowing students to:

- access adequate (knowledge) sources;
- critically analyse and evaluate health and health-related issues in all of their many forms;
- construct coherent arguments from proven theoretical perspectives;
- communicate effectively;
- develop independence during the learning process;
- pose questions and initiate and implement projects;
- evaluate problem-solution combinations that involve several different possible solutions;
- develop lifelong learning skills.

## **Learning and educational strategies**

The use of various learning and educational strategies should help students acquire the general and transferable skills as well as the knowledge expected of them within by the world of health sciences. This learning concept should be explicitly described in the curriculum or academic programme. The following methods may be included therein:

- discussions in small and large groups;
- seminars, tutorials and practical workshops;
- group and project work;
- independent study to stimulate a personal learning process;
- participating in projects;
- acquiring practical experience;
- lectures;
- computer-assisted education;
- presentations;
- simulations;
- workshops;
- contextual learning.



## Appendix 3: Intended learning outcomes

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### Bachelor's programme European Public Health

#### *Knowledge and Insight*

1. to have a robust disciplinary knowledge in public health issues;
2. to have the capacity to look beyond the boundaries of core disciplines;
3. to be able to analyse complex disciplinary, multi- and interdisciplinary public health problems, in terms of actors and factors;
4. to have knowledge and understanding of the interconnection between public health problems and solutions at a global, European, national, regional and local level;
5. to have knowledge and understanding of public health analyses and interventions, including a serious understanding of research methods and techniques;
6. to be capable of understanding and interpreting the historic background of the field of study, including the history of public health ideas and concepts;
7. to be capable of understanding and interpreting the historic international and European background in the field of study;
8. to have knowledge and understanding of the relation between cultural backgrounds on the one hand and the perception and framing of public health problems and solutions on the other;
9. to have knowledge and understanding of the structure and practice of international institutions, i.e. European institutions, including regulations and incentives, as political and economic mechanisms;
10. to have knowledge and understanding of the potential benefits of research, academic research methods and techniques;

#### *Applying Knowledge and Insight*

11. to have experience with public health analysis and interventions including research methods and techniques;
12. to have experience with regulations and incentives as the core basic political and economic mechanisms;
13. to be able to critically reflect on the field of study and its relation to other fields of study and the social environment;
14. to be capable of analysing the ethical and normative aspects of the consequences of scientific thinking and acting and discussing them with confreres and non- confreres and integrate these aspects into their own scientific work;
15. to be capable of analysing the consequences of scientific thinking and professional acting;
16. to be capable of analysing the social consequences (economic, social, political, cultural) of new developments in the field of study and discussing them with confreres and non-confreres and integrating these consequences into the scientific work;
17. to be able to critically reflect (independently) on their own thinking, decisions and actions and adjust them;

#### *Formation of a Judgement*

18. to acquire an original and critical style of scientific thinking and analysis and professional intervening;
19. to be capable of anticipating and analysing the consequences of ones own professional decisions and actions;

20. to be capable when necessary of reviewing their own professional knowledge;
21. to be able to choose a place as a professional in society;

#### *Communication*

22. to be able to critically use the Internet for literature research, publishing drafts, interacting with on-line peer review systems, and empirical research;
23. to have excellent writing and communication skills (in English) by being capable of communicating about research and problem solutions with confreres, stakeholders, and non-colleagues;
24. to be able to debate about the field of study and the position of that field within society;
25. to be able to work in a team, to be able to create partnerships, and to be able to participate in professional networks;
26. to be able to act as a (project)leader or use leadership skills;
27. to be flexible and have the capacity to work under pressure;

#### *Learning Attitude and Skills*

28. to acquire an attitude of lifelong learning and to be able to use the acquired skills throughout professional life.

### **Master's programme European Public Health**

Our graduates will:

#### *A – Knowledge and Understanding*

1. have a robust interdisciplinary and advanced knowledge in health and healthcare issues of different European nations and regions;
2. be capable of understanding and interpreting the historic background of the field of study;
3. have knowledge and understanding of populations' health statuses and national or regional health care arrangements and provisions within the WHO European Region, including shifting health threats and health and disease patterns as well as developments in health care systems;
4. have knowledge and understanding of the changing and dynamic boundaries between
  - a. north and south and east and west in the European region;
  - b. local, regional, national, international, European and global policies and strategies with respect to health and healthcare;
  - c. private and public approaches and interests;
  - d. (bio-)medical and social sciences approaches of health problems and healthcare practices;
  - e. health and healthcare seen from various dynamic viewpoints like public health, economics, culture, politics, etcetera;
5. have knowledge and understanding of how these changes and dynamics have their impact on health and healthcare in the European Region and in a global perspective;
6. be able to analyse complex disciplinary, multi- and interdisciplinary health and healthcare problems, in terms of actors and factors;
7. have knowledge and understanding of the interconnection between health problems and solutions at a global, European, national, regional and local level;

8. have knowledge and understanding how to define indicators and establish indicator sets used to monitor and detect e.g. health determinants, populations' health status and health inequalities, different healthcare provisions and healthcare consumption;
9. have knowledge and understanding of the history of European health and healthcare, of migration (from a population genetics point of view) and of the related indicators, data and statistics;
10. have conceptual tools at their disposal which help to analyse and understand the impact of epidemiological, biological and social phenomena impacts on health, health risks and healthcare;
11. have conceptual tools which help to analyse and understand the interplay between local, national and international social, political and economic arrangements and institutions in relation to the formation and implementation of health strategies and the formation of health care systems and services;
12. have conceptual tools that help to appreciate and understand recent transformations and reconfigurations in health and healthcare in Europe;
13. have knowledge and understanding of the interplay between developments in science and technology, and cultural, political, social and economic processes in the contemporary era and how the results of this interplay impact health, health risk and healthcare delivery in Europe;
14. have knowledge and understanding as well as appreciation of various research designs and techniques that make valid comparative studies possible of various aspects of health and healthcare on and between different levels;
15. have advanced knowledge of qualitative and quantitative research methodology and of epidemiology, including comparative, crossnational and cross-cultural research methods;
16. have knowledge and understanding as well as appreciation of various intervention study designs for intervening in and controlling behaviour, organisational and societal determinants of health;
17. acquire a mind-set that is capable of analysis of complex health status, systems and services problems by considering the different explanations, methods, and interventions from different paradigms;
18. have knowledge and understanding of the relation between cultural backgrounds on the one hand and the perception and framing of health problems and solutions on the other;
19. have knowledge and understanding of the structure and practice of international institutions, i.e. European institutions, including regulations and incentives, as political and economic mechanisms;
20. have knowledge and understanding of the potential benefits of research, academic research methods and techniques.

*B – Applying Knowledge and Understanding*

21. acquire a mind-set that is capable of considering the different explanations, methods, and interventions from different paradigms, thus informing complex and multiple approaches by drawing together different disciplines and avoiding fractional and ad-hoc insights and conclusions;
22. be able to apply concepts, principles, and approaches pertaining to international and European health (care) problems to bridge the implementation gap;
23. be able to develop, plan, implement, monitor, evaluate and adjust international health policies and interventions;
24. be able to apply knowledge of methodology, epidemiology and statistics in designing, conducting, analyzing and interpreting an empirical or bibliographical study into a subject relevant to the field of international health;

25. have experience with health analysis and interventions including research methods and techniques;
26. have experience with regulations and incentives as the core basic political and economic mechanisms;
27. be capable of analysing the ethical and normative aspects of the consequences of scientific thinking and acting and discussing them with confreres and non- confreres and integrate these aspects into their own scientific work;
28. be capable of analysing the consequences of scientific thinking and professional acting;
29. be capable of analysing the social consequences (economic, social, political, cultural) of new developments in the field of study and discussing them with colleagues in and outside the profession and integrating these consequences into the scientific work;
30. be able to critically reflect (independently) on their own thinking, decisions and actions and adjust them.

#### *C – Making Judgements*

31. be able to use conceptual knowledge and analytical tools acquired throughout the programme to assess policies, regulations, interventions, programmes and other initiatives related to European health (management);
32. acquire an original and critical style of scientific thinking and analysis and professional intervening;
33. be able to apply methodological, epidemiological and statistical knowledge to the assessment of the quality of scientific studies and scientific data;
34. be capable of anticipating and analysing the consequences of one's own professional decisions and actions and to be capable when necessary of reviewing their own professional knowledge;
35. be able to choose a place as a professional in society.

#### *D – Communicating*

36. be able to communicate and debate effectively with a diverse and international circle of professionals in academia, politics, bureaucracies and field organisations;
37. be able to work in a team, to create partnerships, and to participate in professional networks;
38. have excellent writing and communication skills (in English) by being capable of communicating about research and problem solutions with confreres, stakeholders, and the public;
39. be able to act as a (project)leader or use basic leadership skills.

#### *E – Learning Skills*

40. acquire an attitude of life-long learning and to be able to use the acquired skills throughout professional life.

### **Master's programme Global Health**

#### *With respect to Knowledge and Insight*

1. have knowledge and understanding of shifting disease patterns and of newly emerging health threats;



2. have knowledge and understanding of the changing boundaries between nature-culture; biomedical and social sciences and of the way these changes impact (international) health, health risk and health care, as well as society;
3. have knowledge and understanding of the changing boundaries between North-South; local/global; private-public and on the way these changes impact (international) health, health risk and health care;
4. have knowledge and understanding of the changing boundaries between North-South; local/global; private-public and of the threats and opportunities these changes pose for global collaboration, and global policy;
5. appreciate the co-evolution of health risk, health care and technology and (global) society;
6. appreciate the co-evolution of transnational trends and (health at) local conditions;
7. have innovative biological/sociological conceptual tools at their disposal appropriate to analyse and understand how the interplay between biological and epidemiological phenomena and local, national and international social, political and economic arrangements and institutions impacts on health, health risk and health care of/for individuals in communities across the globe;
8. have acquired innovative conceptual tools that help to appreciate and understand recent global transformations and reconfigurations as well as the way in which these underlie the shifting patterns of “old” diseases and the emergence of new diseases, threats, problems and opportunities;
9. have knowledge and understanding of the interplay between developments in science and technology, and cultural, political, social and economic processes in the contemporary era and how the results of this interplay impacts (international) health, health risk and health care delivery;
10. have acquired a mind-set that is capable of analysis of complex global health problems by considering the different explanations, methods, and interventions from different paradigms;
11. have knowledge of the opportunities as well as of the drawbacks of new arrangements, new forms of governance and new formats for co-operation needed to cope with the challenges posed by globalization;
12. have knowledge of the opportunities as well as of the drawbacks of new formats, new practices and new instruments for health financing in relation with global economy, business and trade;
13. have knowledge of traditional treatments and intervention, prevention, and surveillance practices and of their promises and challenges in the changing global context;
14. be aware of the advantages and disadvantages of alternative and innovative (public) health care practices (in comparison to traditional practices) and of their applicability in the changing global context;
15. have advanced knowledge of qualitative and quantitative research methodology;
16. have knowledge of comparative and cross-national and cross-cultural research methods.

*With respect to Applying Knowledge and Insight*

17. have acquired a mindset that is capable of considering the different explanations, methods, and interventions from different paradigms, thus informing complex and multiple approaches by drawing together different disciplines and avoiding fractional and ad-hoc conclusions;
18. be able to apply concepts, principles, and approaches pertaining to global health (care delivery) problems in order to bridge the implementation gap;
19. be able to use knowledge and tools acquired to effectively act as leaders in the governance/ management of disease and other phenomena related to global health;

20. be able to develop, plan, implement, monitor, evaluate and adjust international health policies and interventions;
21. be able to apply knowledge of Methods and Statistics in designing, conducting, analyzing and interpreting an empirical or bibliographical study into a subject relevant to the field of international health.

*With respect to Formation of a Judgement*

22. be able to use conceptual knowledge and analytical tools acquired throughout the programme to assess policies, regulations, interventions, programmes and other initiatives related to global health (management);
23. be able to apply methodological, epidemiological and statistical knowledge to the assessment of the quality of scientific studies and scientific data.

*With respect to Communication*

24. be able to communicate effectively with a diverse and international circle of professionals in academia, politics, bureaucracies and field organizations;
25. be aware of the opportunities of technical facilities for international communication and be able to effectively use these facilities;
26. be able to work in a team, to create partnerships, and to participate in professional networks.

*With respect to Learning Attitude and Skills*

27. acquire an attitude of life-long learning and the ability to use their acquired skills throughout.

## Appendix 4: Overview of the curricula

### Bachelor's programme European Public Health

Semesters, ASDL phases, modules and breakdown in weeks and EC

	Phase	Module	Weeks	ECTS
1 <sup>st</sup> Year	<b>Semester 1: European Public Health Problems Today</b>		<b>20</b>	<b>30</b>
	<i>Sensitising</i>	Introduction	1	1
	<i>Exploration</i>	a. Infectious diseases: Tuberculosis	7	9
		b. Educational Approach: Active and Self-directive Learning		
		Social and Cultural Determinants: Work-related Stress and Burn-out	4	5
		Environmental Determinants: Ambient Particulate Matter	4	5
	<i>Integration and Application</i>	Frames for Public Health; semester paper	3	4
		Cumulative test 1	1	6
	<b>Semester 2: The Shape of Public Health in Europe Today</b>		<b>20</b>	<b>30</b>
	<i>Sensitising</i>	Introduction	1	1
	<i>Exploration</i>	European (Public Health) Institutions	7	9
Public sector: Mother and child care		4	5	
Private sector: Aging in Europe		4	5	
<i>Integration and Application</i>	Institutions in EPH; semester paper	3	4	
	Cumulative test 2	1	6	
2 <sup>nd</sup> Year	<b>Semester 3: European Public Health Objectives</b>		<b>20</b>	<b>30</b>
	<i>Sensitising</i>	Introduction	1	1
	<i>Exploration</i>	Alcohol and Drugs Use	7	9
		Food, Novel Food, Food Safety	7	9
		Lifestyles as a common denominator?	1	1
	<i>Integration and Application</i>	The European Pharmaceutical Market; semester paper	3	4
		Cumulative test 3	1	6
<b>Semester 4: Minor : education inside or outside FHML</b>		<b>20</b>	<b>30</b>	

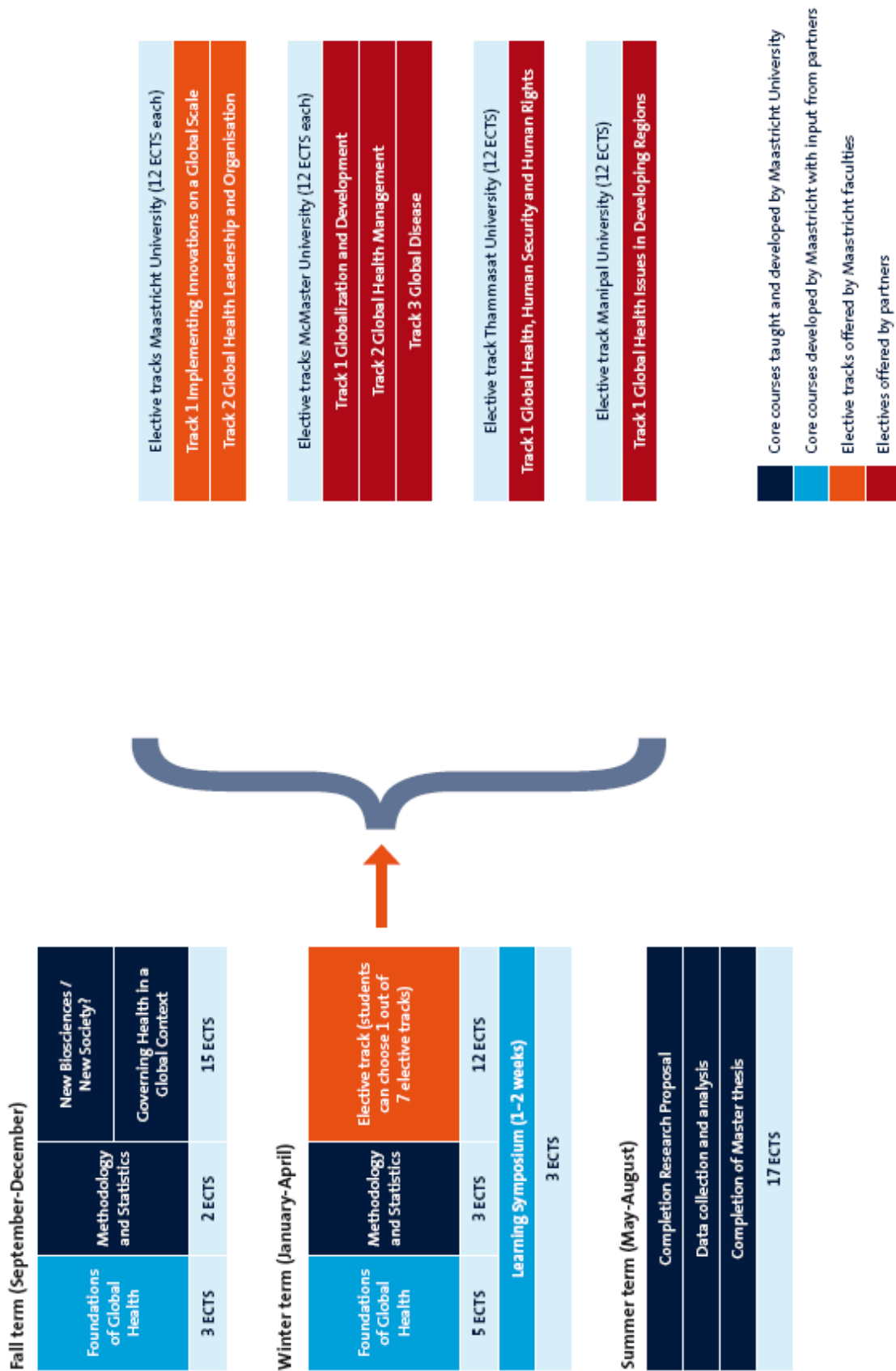
	Phase	Module	Weeks	ECTS
3 <sup>rd</sup> Year	<b>Semester 5: Making Public Health Work in Europe</b>		<b>20</b>	<b>30</b>
	<i>Sensitising</i>	Introduction	1	1
	<i>Exploration</i>	Health Systems in Europe	7	9
		Health Strategies in Europe	7	9
	<i>Integration and Application</i>	Excursion to Central and Eastern Europe	1	1
		Writing a research proposal and preparation for placement	3	4
		Cumulative test 4	1	6
	<b>Semester 6: Shaping Europe's Future of Public Health</b>		<b>20</b>	<b>30</b>
	<i>Application</i>	Placement and draft thesis on (research) project	16	15
		Finalising the Bachelor Thesis	4	15

## Master's programme European Public Health

Overview of modules, objectives and breakdown in weeks and EC

	Module main names and sub-names	Objectives	Weeks	ECTS
1	<i>Diversity Recognised and Explored:</i> Quantitative Measurement of Health and Health Care	To explore and understand the present health status and national health care provisions of populations in the European region	4	6
2	<i>Diversity Compared:</i> Comparative Cross-National and Cross-Cultural Research Approaches and Theories	To compare health and health care in the European region	4	6
3	<i>Diversity and Good &amp; Best Practices:</i> A Critical Appraisal of Best Evidences and Evaluation Strategies	To evaluate and define good & best practices in prevention and care in the European region	4	6
4	<i>Europe as One Zone:</i> European Health Law & Policies: The Translation of Evidence into Norms	To understand the position and role of national, transnational and European regulations and agencies in prevention and care in/throughout the European region	4	6
5	Research Methods	To learn about qualitative and quantitative research methods and to apply them in assessing scientific studies and writing one's own research proposal	4	6
6	<i>From Diversity to Innovation:</i> Transferability, Diffusion of Innovation, Change Management & Implementation of Good & Best Practices	To acquire knowledge about the implementation of innovative practices in existing settings	4	6
7	<i>Monitoring Innovation:</i> Quality Assurance, Internal & External Quality Management	To work on monitoring, controlling and consolidating innovations	4	6
8	<i>The European Union Revisited:</i> EU Enlargement and the EU's Role in Global Health	To review the EU's role in the quest for better quality, equity, transferability, innovativeness and competitiveness in health	2	3
	Master's Thesis	To conduct an independent piece of advanced research	10	15

# Master's programme Global Health





## Appendix 5: Quantitative data regarding the programmes

### Data on intake, transfers and graduates

#### *Bachelor's programme European Public Health*

Overview of educational background, 2007/08 to 2012/13

Diploma type	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013
Dutch VWO	5	13	11	20	23	23
Foreign diploma	31	41	41	63	54	17
Other	12	25	0	2	23	49
<b>Total</b>	<b>48</b>	<b>79</b>	<b>52</b>	<b>85</b>	<b>100</b>	<b>89</b>

Origin of students, 2007/08 to 2012/13

Origin students	2007/08		2008/09		2009/10		2010/11		2011/12		2012/13	
	N	%	N	%	N	%	N	%	N	%	N	%
The Netherlands	7	15%	23	29%	13	25%	22	26%	29	29%	26	29%
EEA/EU	34	71%	48	61%	29	56%	47	55%	62	62%	58	65%
Outside EEA/EU	5	10%	1	1%	2	4%	2	2%	2	2%	4	4%
Unknown	2	4%	7	9%	8	15%	14	16%	7	7%	1	1%
<b>Total</b>	<b>48</b>	<b>100%</b>	<b>79</b>	<b>100%</b>	<b>52</b>	<b>100%</b>	<b>85</b>	<b>100%</b>	<b>100</b>	<b>100%</b>	<b>89</b>	<b>100%</b>

Drop-outs after 1, 2 and 3 year (all students), 2007/08 to 2012/13

Cohort	2007/2008		2008/2009		2009/2010		2010/2011		2011/2012		2012/2013	
	N	%	N	%	N	%	N	%	N	%	N	%
Drop-outs after 1 year	2 (5)	40%	5 (13)	38%	1 (11)	9%	7 (20)	35%	2 (23)	9%	1 (23)	4%
Drop-outs after 2 year	2 (5)	40%	5 (13)	38%	2 (11)	18%	8 (20)	40%	4 (23)	17%		
Drop-outs after 3 year	2 (5)	40%	6 (13)	46%	2 (11)	18%	8 (20)	40%				

Completion rates after 1, 2 and 3 years (VWO students), 2007/08 to 2010/11

Cohort	2007/2008		2008/2009		2009/2010		2010/2011	
	N	%	N	%	N	%	N	%
Completion after 3 years	3 (3)	100%	6 (8)	75%	8 (10)	80%	10 (13)	77%
Completion after 4 years			7 (8)	88%	9 (10)	90%		
Completion after 5 years			8 (8)	100%				
Completion after 6+ years								

Completion rates after 1,2, and 3 years (all students), 2007/08 to 2010/11

Cohort	2007/2008		2008/2009		2009/2010		2010/2011	
	N	%	N	%	N	%	N	%
Completion after 3 years	33 (36)	92%	45 (61)	74%	33 (39)	85%	46 (58)	79%
Completion after 4 years	35	97%	51	84%	34	87%		
Completion after 5 years	35	97%	52	85%				
Completion after 6+ years	36	100%						

*Master's programme European Public Health*

Origin of M-EPH students, 2009/10 to 2012/13

Origin of students	2009/10		2010/11		2011/12		2012/13		Total	
	N	%	N	%	N	%	N	%	N	%
The Netherlands	5	36%	0	0%	7	24%	6	32%	18	27%
EEA/EU	9	64%	5	100%	20	69%	13	68%	47	70%
Outside the EEA/EU	0	0%	0	0%	2	7%	0	0%	2	3%
<b>Total</b>	<b>14</b>	<b>100%</b>	<b>5</b>	<b>100%</b>	<b>29</b>	<b>100%</b>	<b>19</b>	<b>100%</b>	<b>67</b>	<b>100%</b>

Overview of educational background, 2009/10 to 2012/13

Diploma type	2009/10		2010/11		2011/12		2012/13		Total	
	N	%	N	%	N	%	N	%	N	%
Bachelor in European Public Health	5	36%	2	40%	10	34%	5	26%	22	33%
Bachelor in Health Sciences <sup>17</sup>	3	21%	0	0%	0	0%	2	11%	5	7%
Bachelor's degree obtained at a Dutch university of applied sciences	4	29%	2	40%	9	31%	5	26%	20	30%
Bachelor's degree obtained at a university outside the Netherlands	2	14%	1	20%	10	34%	7	37%	20	30%
<b>Total</b>	<b>14</b>	<b>100%</b>	<b>5</b>	<b>100%</b>	<b>29</b>	<b>100%</b>	<b>19</b>	<b>100%</b>	<b>67</b>	<b>100%</b>

Completion rates, 2009/10 to 2012/13

Cohort	2009/10		2010/11		2011/12		2012/13	
	N	%	N	%	N	%	N	%
Completion rate	12	86%	5	100%	23	79%	17	89%



## *Master's programme Global Health*

### Origin of MGH students

Origin students	2010		2011		2012		2013	
	N	%	N	%	N	%	N	%
The Netherlands	20	48	20	42	23	46	26	45
EEA/EU	19	45	12	25	17	34	27	46
Outside EEA/EU	3	7	16	33	10	20	5	9
<b>Total</b>	<b>42</b>		<b>48</b>		<b>50</b>		<b>58</b>	

### Overview of educational background of admitted MGH students

Diploma type	2010	2011	2012	2013
Maastricht bachelor FHML	20	10	12	20
Maastricht master FHML	1			
Maastricht bachelor other faculty	1	1	1	
Maastricht master other faculty			1	
Other Dutch bachelor	3	3	6	5
Other Dutch master	4	8	2	
University for Professional Education (HBO)	1	1	2	5
Foreign diploma	12	25	26	27
Unknown				1
<b>Total</b>	<b>42</b>	<b>48</b>	<b>50</b>	<b>58</b>

### Completion rates

Cohort	2010		2011	
	N	%	N	%
Completion rate	40	93	37	77

The proportion of full-time master's students earning a master degree within the official length of the programme + one year. Figures for the 2012 cohort of students are not complete yet, and will be provided during the site visit.

### **Teacher-student ratio achieved**

*Bachelor's programme European Public Health*

24.8

*Master's programme European Public Health*

18.1

*Master's programme Global Health*

17.2

### **Professionalisation of staff**

Amount of staff members with a BKO (University Teaching Qualification):

#### *Bachelor's programme European Public Health*

21 core staff members; 12 staff members with a BKO registration (57%); 2 staff members who started with the BKO trajectory (10%); 7 staff members without a BKO registration (33%).

#### *Master's programme European Public Health*

11 core staff members; 7 staff members with BKO a registration (64%); 4 staff members without a BKO registrations (36%).

#### *Master's programme Global Health*

11 core staff members; 6 staff members with a BKO registration (55%); 1 staff member who started with the BKO trajectory (9%); 4 staff members without a BKO registration (36%).

### **Average amount of face-to-face instruction per stage of the study programme**

#### *Bachelor's programme European Public Health*

12-15 hours per week

#### *Master's programme European Public Health*

12 hours per week

#### *Master's programme Global Health*

12 hours per week

## **Appendix 6: Programme of the site visit**

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### **Schedule site-visit ‘International Health’ – April 1 to 3, 2014**

**BSc European Public Health, MSc European Public Health and MSc Global Health  
Faculty of Health, Medicine and Life Sciences  
Maastricht University**

#### Composition panel:

- Margreet Wieringa-de Waard (Chair) – Professor emeritus in General Practice/Family Medicine, University of Amsterdam, the Netherlands
- Cristiana Bastos – Senior Researcher at the Social Sciences Institute, University of Lisbon, Portugal
- Allan Krasnik – Director Research Centre for Migration, Ethnicity and Health, University of Copenhagen, Denmark
- Harro Maat – University Lecturer at the Knowledge, Technology and Innovation group, Social Sciences Department, Wageningen University, the Netherlands
- Alena Petrakova – Senior Advisor, Public Health Capacity and Communication, ECDC European Centre for Disease Control, Stockholm, Sweden
- Lisanne van Ruiten – Student Research Master Global Health at the Free University of Amsterdam, the Netherlands
- Manfred Wildner – Department Head for Health, Bavarian Health and Food Safety Authority and Professor Public Health Policy and Administration, Ludwig-Maximilians-University Munich, Germany

#### QANU Secretariat:

- Jasne Krooneman – Secretary accreditation
- Adrienne Wieldraaijer-Huijzer – Coordinator and secretary Distinct Quality Feature Internationalisation

#### FHML contacts:

- Albertine Zanting – Policy advisor Institute of Education
- Tom Kuiper – Policy advisor Institute of Education

#### Venues:

- Panel: Room 6.538 – Universiteitssingel 40 (UNS40)
- Virtual meetings: Studio 1 &2 at Science Vision – Debeyeplein 1 (DEB1)
- Preparation room: Room 6.537A - Universiteitssingel 40 (UNS40)

## Tuesday April 1, 2014

09.00 – 09.30	Welcome at Porter's desk UNS40	Rob de Bie – Director of Education Health Tom Kuiper – Policy advisor Institute of Education Albertine Zanting – Policy advisor Institute of Education
09.30 – 13.00	<i>Preparatory meeting panel, including lunch</i>	
13.00 – 14.00	Meeting with management	<ol style="list-style-type: none"> <li>1. Rob de Bie – Director of Education Health</li> <li>2. Matt Commers – Programme coordinator B-EPH</li> <li>3. Mirjam oude Egbrink – Scientific-Director OI-FHML</li> <li>4. Anja Krumeich – Programme coordinator M-GH</li> <li>5. Albert Scherpbier – Dean FHML</li> <li>6. Peter Schröder-Bäck – Programme coordinator M-EPH</li> </ol>
14.00 – 14.45	Meeting with B-EPH students	<p>First year students:</p> <ol style="list-style-type: none"> <li>1. Tessa Naus (Dutch)</li> <li>2. Maartje Zaal (Dutch)</li> </ol> <p>Second year students:</p> <ol style="list-style-type: none"> <li>3. Meriam Balters (German)</li> <li>4. Tim Bartling (German)</li> <li>5. Renaud Heine (Belgium)</li> <li>6. Monika Martens (Belgium)</li> </ol> <p>Third year students:</p> <ol style="list-style-type: none"> <li>7. Renée de Jong (Dutch)</li> <li>8. Sven Klijn (Dutch)</li> <li>9. Kevin Rieger (German)</li> </ol>
14.45 – 15.00	<i>Collecting preliminary findings</i>	
15.00 – 15.15	<i>Break</i>	
15.15 – 16.00	Meeting with B-EPH staff	<ol style="list-style-type: none"> <li>1. Matt Commers – Programme coordinator, tutor and lecturer</li> <li>2. Kasia Czabanowska – Skills trajectory and semester coordinator, lecturer</li> <li>3. Martien van Dongen – Module coordinator, tutor and lecturer</li> <li>4. Eddy Houwaart – Academic thinking trajectory coordinator, lecturer</li> <li>5. Nynke de Jong – Minor and module coordinator, lecturer</li> <li>6. Kai Michelsen – Semester coordinator, tutor and lecturer</li> <li>7. Daniela Popa – Placement coordinator, tutor and lecturer</li> <li>8. Esther Slits – Semester coordinator</li> </ol>
16.00 – 16.45	Meeting with B-EPH alumni	<ol style="list-style-type: none"> <li>1. Cathrin Cormann (German) – Project coordinator, Gesundheitsamt Aachen</li> <li>2. Sebastian Gensior (German) – Market Access Executive, Edelman London</li> <li>3. Sanne van Lieshout (Dutch) – PhD student at Maastricht University</li> <li>4. Frederick Thielen (German) – Student Health Sciences Research Master at Maastricht University</li> <li>5. Vera Venedey (German) – Student Health Sciences Research Master at Maastricht University</li> </ol>
16.45 – 17.00	<i>Collecting preliminary findings</i>	
17.00 – 17.15	<i>Break</i>	
17.15 – 18.00	Meeting with reps Advisory Board European Health	<ol style="list-style-type: none"> <li>1. Jos Draijer – Chair</li> <li>2. Jacques Scheres – Member</li> </ol>

## Wednesday April 2, 2014

08.30 – 09.00	<i>Preparatory meeting panel</i>	
09.00 – 09.45	Meeting with M-EPH students	<ol style="list-style-type: none"> <li>1. Ailsa Baker (Scottish – Medicine)</li> <li>2. Genevieve David (Philippines – Exchange student Erasmus Mundus: EuroPubHealth)</li> <li>3. Markia Goossens (USA –Nursing)</li> <li>4. Wanda Van Hemelrijck (Belgium –Sociology)</li> <li>5. Maja Milkowska (Polish) –Public Health)</li> <li>6. Nora Roman (Hungarian) – Psychology)</li> <li>7. Hsien-Ping Tung (Taiwanese – Public Health)</li> </ol>
09.45 – 10.30	Meeting with M-EPH staff	<ol style="list-style-type: none"> <li>1. Helmut Brand – Planning group member and lecturer</li> <li>2. Kasia Czabanowska – Module coordinator, tutor and lecturer</li> <li>3. Mark Govers – Lecturer</li> <li>4. Kai Michelsen – Module coordinator, planning group member, tutor and lecturer</li> <li>5. Thomas Krafft – Module coordinator, tutor and lecturer</li> <li>6. Peter Schröder-Bäck – Module coordinator, tutor and lecturer</li> <li>7. David Townsend – Module coordinator, tutor and lecturer</li> </ol>
10.30 – 10.45	<i>Collecting preliminary findings</i>	
10.45 – 11.00	<i>Break</i>	
11.00 – 11.45	Meeting with M-EPH alumni	<ol style="list-style-type: none"> <li>1. Timo Clemens (German) – PhD student at Maastricht University</li> <li>2. Stephanie Monfils (Dutch) – Lecturer Health Innovation at Avans Hogeschool in Tilburg</li> <li>3. Ruud Pijls (Dutch) – PhD-student at Maastricht University</li> <li>4. David Ritchie (British) – EU health specialist, North of England EU Health Partnership (hosted by The Christie NHS Foundation Trust)</li> <li>5. Sandra Schipper (German) – PhD student at Maastricht University</li> <li>6. Julia Schmitt (German) – PhD student at Maastricht University</li> <li>7. Greg Stapleton (British) – PhD student at Maastricht University</li> </ol>
11.45 – 12.00	<i>Collecting preliminary findings</i>	
12.00 – 12.45	<i>Lunch</i>	
12.45 – 13.15	Tour through the buildings	Two promo-team students (Ending in Studio 1 of Science Vision at DEB1)
13.15 – 13.30	Distance learning facilities	Presentation by Nynke de Jong (Studio 1 of Science Vision at DEB1)
13.30 – 14.15	Meeting with M-GH students (via Blackboard Elluminate in studio 1, Science Vision)	<p>In Maastricht:</p> <ol style="list-style-type: none"> <li>1. Melanie Shudofsky (Dutch - Nursing)</li> <li>2. Preeti Sushama (Indian - Psychology)</li> <li>3. Cristian Ghergu (Romanian – Sport coaching sciences)</li> <li>4. Ainom Tedla (Eritrean - MD)</li> </ol> <p>In Thailand:</p> <ol style="list-style-type: none"> <li>5. Tom Kafczyk (German - Physiotherapy)</li> <li>6. Julia Brown (British - Medicine)</li> </ol> <p>In India:</p> <ol style="list-style-type: none"> <li>7. Tom Ellis (British - Medicine)</li> <li>8. Laura Sánchez Pallarés (Spanish - Medicine)</li> </ol>
14.15 – 15.00	Meeting with M-GH staff (live in studio 1, Science Vision)	<ol style="list-style-type: none"> <li>1. Elena Ambrosino – Module coordinator</li> <li>2. Arno van Raak – Module coordinator</li> <li>3. Mickey Chenault – Instructor M&amp;S</li> <li>4. Thomas Krafft – Member supervising team Learning</li> </ol>

		<p>Symposium, tutor</p> <ol style="list-style-type: none"> <li>5. Anja Krumeich – Programme coordinator, module and placement coordinator</li> <li>6. Agnes Meershoek – Coordinator Foundations and Learning Symposium, tutor</li> <li>7. Nora Engel – Module coordinator, tutor</li> <li>8. Milena Pavlova – Module coordinator</li> </ol>
15.00 – 15.15	<i>Collecting preliminary findings</i>	
15.15 – 15.30	<i>Break and walk to studio 2</i>	
15.30 – 16.15	Meeting with representatives partner universities M-GH (via Video conferencing in studio 2, Science Vision)	<p>In Thailand (Thammasat):</p> <ol style="list-style-type: none"> <li>1. William Aldis, Global Health Curriculum Committee and Course Coordinator</li> <li>2. Stephen Atwood, Global Health Curriculum Committee</li> <li>3. Therese Caouette, Course Coordinator</li> <li>4. Michael O’Leary, Global Health Curriculum Committee and Lecturer</li> <li>5. Marc Van der Putten, Global Health Program Director</li> <li>6. Stephane Rousseau, Global Health Lecturer</li> <li>7. Nitaya Vajanapoom, Dean Faculty of Public Health</li> </ol> <p>In India (Manipal):</p> <ol style="list-style-type: none"> <li>1. Teddy Andrews, lecturer and coordinator Learning Symposium</li> <li>2. Leena Ashok, lecturer</li> <li>3. Dereck Lobo, Academic staff</li> <li>4. Ramachandra Kamath, Head of Department of Public Health</li> </ol> <p>In Canada (McMaster)</p> <ol style="list-style-type: none"> <li>1. Andrea Baumann, Global Health Programme Director and Associate Vice-President</li> <li>2. Christy Gombay, Coordinator Foundations courses</li> </ol>
16.15 – 16.20	<i>Walk to studio 1</i>	
16.20 – 17.05	Meeting with M-GH alumni (via Blackboard Collaborate in studio 1, Science Vision)	<p>In Maastricht:</p> <ol style="list-style-type: none"> <li>1. Eric Ruijters (Dutch) – GGD Zuid Limburg</li> <li>2. Olga Zvonareva (Russian) – PhD student at Maastricht University</li> <li>3. Luc Hagenaars (Dutch) – Tutor at Maastricht University</li> <li>4. Mostafa Elyoni (Egyptian) – (Dutch NGO: Health Action International)</li> </ol> <p>Virtually:</p> <ol style="list-style-type: none"> <li>5. Liliane Mpabanzi (Dutch/Rwandese) – Institute of Tropical Medicine</li> <li>6. Ruhi Agarwala (Indian) – Arion Holding BV</li> <li>7. Phuong Nguyen Thi Mai (Vietnamese) – Vietnam National TB Control Program</li> <li>8. Nastasja Roels (Dutch/Indonesian) – PhD student at University of Amsterdam</li> </ol>
17.05 – 17.15	<i>Short break to set up new virtual ‘room’</i>	
17.15 – 17.45	Meeting with reps Advisory Board Global Health (via Blackboard Collaborate in studio 1, Science Vision)	<p>Virtually:</p> <ol style="list-style-type: none"> <li>1. Elizabeth Witmer, chair (Canada)</li> <li>2. Luis Barreto, member (Canada)</li> <li>3. Mary Heersink, member (USA)</li> <li>4. Thijs Teeling, member (The Netherlands)</li> </ol>
17.45 – 18.00	<i>Collecting preliminary findings</i>	

## Thursday April 3, 2014

08.30 – 09.00	<i>Preparatory meeting panel</i>	
09.00 – 09.45	Meeting with members Educational Committee Health	<ol style="list-style-type: none"> <li>1. Aggie Paulus – Chair</li> <li>2. Robin van Peij – Vice-chair</li> <li>3. Christel van Gool – Member</li> <li>4. Judith Sprunken – Member</li> <li>5. Bart van Sloun – Member</li> <li>6. Jill Whittingham – Member</li> </ol>
09.45 – 10.30	Meeting with Board of Examiners Health and student advisors	<ol style="list-style-type: none"> <li>1. Annie van Eijs – Study advisor M-EPH &amp; M-GH</li> <li>2. Cecile Hayen – Study advisor B-EPH</li> <li>3. Guy Plasqui – Vice-chair Board of Examiners</li> <li>4. Anke Schmitt – Secretary Board of Examiners</li> <li>5. Leo Schouten – Chair Board of Examiners</li> </ol>
10.30 – 10.45	<i>Break</i>	
10.45 – 11.30	Meeting with staff responsible for international activities	<ol style="list-style-type: none"> <li>1. Nynke de Jong – Coordinator minor period B-EPH and coordinator distance-learning facilities M-GH</li> <li>2. Anja Krumeich – Placement coordinator M-GH</li> <li>3. Agnes Meershoek – Coordinator Foundations and Learning Symposium M-GH</li> <li>4. Daniela Popa – Placement coordinator B-EPH and M-EPH</li> <li>5. Sigrid Wolfs – Education Office FHML</li> </ol>
11.30 – 11.45	<i>Collecting preliminary findings</i>	
11.45 – 12.45	<i>Lunch / Consultation hour / study documentation</i>	
12.45 – 13.30	<i>Preparing concluding meeting management</i>	
13.30 – 14.15	Concluding meeting with management	<ol style="list-style-type: none"> <li>1. Rob de Bie – Director of Education Health</li> <li>2. Matt Commers – Programme coordinator B-EPH</li> <li>3. Mirjam oude Egbrink – Scientific-Director OI-FHML</li> <li>4. Anja Krumeich – Programme coordinator M-GH</li> <li>5. Albert Scherpbier – Dean FHML</li> <li>6. Peter Schröder-Bäck – Programme coordinator M-EPH</li> </ol>
14.15 – 17.00	<i>Meeting panel behind closed doors</i>	
17.00 – 17.30	Oral presentation by panel	Diepenbeekzaal (A0737, UNS40)





## **Appendix 7: Theses and documents studied by the panel**

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Prior to the site visit, the panel studied the theses of the students with the following student numbers:

### **Bachelor's programme European Public Health**

i6002297 i6018977  
i611026 i6021903  
i623997 i6022292  
i463272 i6024100  
i6014392 i6027166  
i6016900 i6027259  
i6014499 i6028436  
i6018285

### **Master's programme European Public Health**

i573175 i6005900  
i6032750 i6047279  
i6035702 i6053049  
i6041210 i6060730  
i534307 i6062240

### **Master's programme Global Health**

i6011816 i6049489  
i6037813 i6050554  
i6032654 i6052405  
i6033435 i6052967  
i6042061 i6060692

During the site visit, the panel studied, among other things, the following documents (partly as hard copies, partly via the institute's electronic learning environment):

### **General information**

At the laptop in room 6.538 members of the panel had access to:

- Eleum (electronic learning environment) by means of a shortcut at the desktop. Access was also provided two weeks prior to the site visit.
- University Library catalogue and E-journals by means of a shortcut at the desktop
- Website of the Bachelor European Public Health by means of a shortcut at the desktop
- Website of the Master European Public Health by means of a shortcut at the desktop
- Website of the Master Global Health by means of a shortcut at the desktop

## **Educational materials Bachelor European Public Health**

Prior to the site visit the panel selected course and assessment materials to be provided during the site visit. The panel selected materials from each year and included documentation about methodology and statistics courses. At the table in room 6.538 members of the panel found the selection of the Bachelor European Public Health programme (blue maps):

Statistics:

- a. Materials S1 – S6
- b. Materials S7 – S9

Methodology:

- c. Materials and assignments M3 and M11
- d. Integration period semester 2
- e. Integration period semester 5

Modules:

- f. Year 1: Ambient Particulate matter
- g. Year 1: European Institutions
- h. Year 2: Food, Novel Food, Food Safety
- i. Year 3: Health Strategies in Europe
- j. Year 3: Excursion Eastern Europe

Thesis:

- k. Introduction lecture
- l. Guidelines for theses, Bachelor of Science in European Public Health
- m. Information and rules on placement for Bachelor of Science in European Public Health
- n. Appendix 1: Guide to Academic Writing Skills
- o. Appendix 2: Design and executing health care research
- p. Overview of selected theses by panel

## **Educational materials Master European Public Health**

Prior to the site visit the panel selected course and assessment materials to be provided during the site visit. The panel selected materials from each year and included documentation about methodology and statistics courses. At the table in room 6.538 members of the panel found the selection of the Master European Public Health programme (yellow maps):

Modules:

- a. Module 5: Research Methods
- b. Module 6: From Diversity to Innovation
- c. Module 8: The European Union Revisited

Thesis:

- d. Guidelines for the Master's thesis in Health Sciences
- e. Information on internships for Master's degree programmes in Health Sciences
- f. Overview of selected theses by panel
- g. Overview of host institutions European Public Health

## **Educational materials Master Global Health**

Prior to the site visit the panel selected course and assessment materials to be provided during the site visit. The panel selected materials from each year and included documentation about

methodology and statistics courses. At the table in room 6.538 members of the panel found the selection of the Master Global Health programme (red maps):

Modules:

- a. Foundations of Global Health I
- b. Methodology and Statistics II

Elective tracks:

- c. Global health Leadership and Organization (UM)
- d. Global Health, Human Security and Human Rights (Thammasat University)

Thesis

- e. Guidelines for the Master's thesis in Health Sciences
- f. Information on internships for Master's degree programmes in Health Sciences
- g. Overview of selected theses by panel

Requested by panel

- h. MOU's and Elective agreements with partner universities
- i. Information on grade transfer
- j. Samples of elective track evaluation -> see 4.C.b
- k. Information on educational methods in foreign elective programmes
- l. Samples of assignments of McMaster and Manipal elective tracks
- m. Information on thesis supervision during foreign internship

### Quality assurance

At the table in room 6.538 members of the panel found:

#### A. Faculty level (black map)

- a. Organogram FHML Institute for Education.
- b. FHML, Onderwijsinstituut (Februari 2013). Interne Kwaliteitszorg: kwaliteitsbeleid op het gebied van onderwijs (in Dutch).
- c. FHML, Institute for Education. Responsibilities within the Internal Education Quality Assurance of the Faculty of Health, Medicine and Life Sciences.
- d. FHML, Taakgroep programma evaluatie (september 2012, MB416.B12.187). Programma evaluatie beleid FHML 2012-2013 (in Dutch).
- e. FHML, Taakgroep programma evaluatie (juni 2013, MB416.B13.091). Programma evaluatie beleid FHML 2013-2014 (in Dutch).
- f. Taskforce programme evaluation (JW416.B13.148). Curriculum evaluation 2012/13: Master thesis evaluation FHML.
- g. FHML, Institute for Education. Workshop quality assurance in FHML for Educational Committees.
- h. FHML, Educational Committee Health. Meetings academic year 2011/12 and 2012/13 (in Dutch).
- i. FHML, Board of Examiners Health. Meetings academic year 2011/12 and 2012/13 (in Dutch).
- j. FHML en FPN (3 oktober 2012). Project Benchmark voor de kwaliteitsbeoordelingen bachelor en master thesis FHML en FPN (in Dutch).
- k. Research Centre for Education and the Labour Market (May 2013). Competencies: Requirements and acquisition. "Maastricht University graduates scanner".
- l. Research Centre for Education and the Labour Market (ROA Fact Sheet F-2013/4). Maastricht University graduate surveys 2013.
- m. Flycatcher (2013). Student satisfaction survey: Appendix FHML.
- n. Keuzegids Universiteiten 2014. WO Gezondheidswetenschappen (in Dutch).

### **B. Programme level: European Public Health (yellow map)**

- a. Akkreditierungsagentur für Studiengänge Im Bereich Gesundheit und Soziales (AHPGS), Freiburg May 20, 2010. Assessment report on accreditation postulate of Bachelor Study Programme European Public Health.
- b. Samples of module evaluation Bachelor European Public Health.
- c. Samples of module evaluation Master European Public Health.
- d. Composition, agenda en minutes Advisory Board European Health.

### **C. Programme level: Global Health (red map)**

- a. Samples of module evaluation Master Global Health.
- b. Samples of elective track evaluation Master Global Health.
- c. Lessons Learned Manipal Learning Symposium
- d. Composition, agenda en minutes Advisory Board Global Health.

### **Distinct quality feature Internationalisation**

At the table in room 6.538 members of the panel will found:

#### **A. Faculty level (black map)**

- a. FHML, Institute for Education (September 2013, 402.B13.062). Fit for the future: Objectives and strategy for FHML Education.
- b. FHML, Schrijfgroep Internationalisering (oktober 2013). Inventarisatie internationale kenmerken en elementen in FHML Opleidingsprogramma's (in Dutch).
  - i. Domein Geneeskunde
  - ii. Domein Biomedische wetenschappen
  - iii. Domein Gezondheidswetenschappen
- c. FHML, Schrijfgroep Internationalisering (13 januari 2014). Synthese document internationale kenmerken en elementen in FHML Opleidingsprogramma's (in Dutch).
- d. FHML (February 2014). 'Convoy sailing and looking for the Higgs particle of internationalisation.' Policy paper internationalisation of education.
- e. FHML, Institute for Education, section Marketing & Communications (May 2013). Student Recruitment Plan 2013-2014.
- f. FHML, Student Handbook for international students 2013-2014, UM-FHML
- g. FHML, Institute for Education, section Internationalisation (January 2014). Overview outgoing students FHML 2010/11, 201/12 and 2012/13.
- h. FHML, Institute for Education, section Internationalisation. Partner institutes FHML.
- i. Programmes Annual Maastricht Symposium on Global and European Health (2011, 2012 and 2013).
- j. Master of Science in Global Health Newsletters.
- k. Programmes of Global Health Learning Symposium, Manipal University (2011, 2012 and 2013).

#### **B. Institutional level (black map)**

- a. Maastricht University (December 2012). Application for the distinctive quality feature Internationalisation on institutional level.

- b. NVAO (10 April 2013). Advisory report Maastricht University. Institutional quality assurance assessment and assessment distinctive feature institutional internationalisation.
- c. NVAO (16 mei 2013). Besluit strekkende tot het verlenen van een instellingstoets kwaliteitszorg en strekkende tot het verlenen van het bijzonder kenmerk 'Internationalisering' op instellingsniveau.
- d. Code of Conduct international student higher education. Revised version of 1 March 2013.
- e. Maastricht University (July 8, 2013). Student Charter Maastricht University.

### **Background documentation**

At the table in room 6.538 members of the panel find:

- a. Maastricht University (December 2012). Critical reflection: institutional quality assurance assessment.
- b. Maastricht University (2011). Inspired by Quality Strategic Programme 2012 – 2016.
- c. Maastricht University Magazine: About education and research.
- d. Maastricht UMC+ (2010). Heel de mens – Een eerste kennismaking met Maastricht UMC+.
- e. Maastricht UMC+ (2010). Better health in a different World.
- f. CAPHRI School for Public Health and Primary Care: Self-Evaluation Report 2004 – 2009
- g. CAPHRI School for Public Health and Primary Care: Report of the External Review Committee on the 2004 – 2009 evaluation.
- h. CAPHRI School for Public Health and Primary Care (April 3, 2012). Annual CAPHRI Research Meeting.
- i. HRM Strategy documents UM and/or FHML:
  - 1. Mobilising Minds – Towards talent-driven HR management, 25 mei 2009
  - 2. FHML (3 oktober 2012). Teaching career policy 2012.
  - 3. Voorstel traject Toptalentenprogramma 2013 (in Dutch)
- j. Maastricht University (May 2013). UM Work perception survey – General survey results
- k. Maastricht University, FHML. Brochure Bachelor in European Public Health 2014/15
- l. Maastricht University, FHML. Brochure Master's programmes 2013/14.
- m. Henk van Berkel et al (2010). Lessons from Problem-based Learning. Oxford University Press
- n. Nynke de Jong (2012). Worldwide education: Problem-based learning and blended learning. Maastricht University.



## Appendix 8: Overview of international projects

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*Bachelor's programme and master's programme European Public Health*

### **Leaders for European Public Health (LEPHIE)**

Project funded with the support of the LLP programme of the European Union. Project N°: 510176-LLP-1-2010-1-NL-ERASMUS-ECDCE.

Maastricht University (NL), Sheffield Hallam University (UK), Lithuanian University of Health Sciences(LT), Medical University of Graz (AT), The Association of Schools of Public Health in the European Region (BE). Collaborating partners: Griffith University (AU), Canterbury Christ Church University (UK). The consortium was supported by three associate institutions: Canterbury Christ Church University (UK) and Griffith University (AUS) and The Rethmeier Group affiliated with North Carolina Chapel Hill (US).

### **Jean Monnet Chair in European Public Health**

The activities in the framework of the Jean Monnet Chair in European Public Health are organized with the support of the LLP programme of the European Union.

### **Maastricht Annual Symposium on Global and European Health**

Jointly organized by the Master of Science in Global Health, the Master of Science in European Public Health, the Bachelor of Science in European Public Health, the department of Health, Ethics and Society and the department of International Health of Maastricht University. Supported by the Faculty of Health, Medicine and Life Sciences and the Catharina Pijls Foundation.

### **Erasmus Mundus Master EUROPUBHEALTH**

Associated partner in the Erasmus Mundus Master EUROPUBHEALTH.

Project funded with the support of the LLP programme of the European Union.

*Master's programme Global Health*

The Global Health master's programme is international on three levels:

#### **1 Programme level**

The cooperation with three partners (Manipal University, India, McMaster University, Canada, and Thammasat University, Thailand) involves coordination regarding the programme's structure, contents, student and staff exchange, evaluation, etc. and allows for student exchange at the level of elective tracks, during the Winter term.

#### **2 Course level**

Two specific programme parts, the Foundations courses and the Learning Symposium, particularly entail intense cooperation between the partners, since they are jointly developed, organized, graded and evaluated. Staff of the partners involved intensively work together to set up these programme parts. Students of all partners have to cooperate virtually and face-to-face in order to successfully pass these courses. (Each university remains responsible for the curriculum it offers.)

#### **3 Student level**

Within the Foundations courses and the Learning Symposium students are engaged in a number of international educational projects, which they have to execute in transnational

teams consisting of students of at least two different partner universities. Examples of these projects in 2012-2013 are:

In **Foundations I** students analyse and compare policies on a certain topic:

*Disaster management:*

- World Bank. 2013. Strong, Safe, and Resilient; a strategic policy guide for disaster risk management in Eastern Asia and the Pacific. Executive summary
- Asian Disaster Reduction and Response Network. 2012 Filling the governance 'GAP' in disaster risk reduction
- National Disaster Risk reduction policy Pakistan

*Research Ethics:*

- International Ethical guidelines for Biomedical Research Involving Human subjects. CIOMS 2002. Introduction; general ethical principles; guideline 1, 3-10, 12-13
- Guideline on ethics for medical research: general principles chapter 1-7. Medical Research Council South Africa

*Mental health:*

- WHA Comprehensive Mental Health Action plan 2013-2020
- Federal Democratic Republic of Ethiopia: national mental health strategy 2012/13-2015/16
- International Medical Corps Ethiopia 2013 Baseline Mental Health Situational Analysis

*Safety and Health at the workplace:*

- WHO( 2007) Workers' health: global plan of action
- India's National policy on safety, Health and environment at work place
- Health and safety at work Hindalco sustainability report 2011-2012 pg 84-88

*Universal health coverage:*

- WHO 2010 Health system financing; a path to universal coverage
- National Health Insurance Scheme Ghana
- Achieving a shared Goal: Free Universal Health Care in Ghana
- Food Security/Sovereignty
- Rome Declaration on World Food Security 1996
- National Food Security Bill India
- Women's Assembly of Via Campesina
- International Manifesto Global Alliance for Improved Nutrition (GAIN)
- Climate Change & Health
- United Nations Framework Convention for Climate Change 1992
- Cochabamba Declaration of Climate Change 2011
- Bangladesh Climate Change Strategy and Action Plan 2009

In **Foundations II** students develop a proposal for a project:

- Maternal health Somalia
- Maternal health in Morogoro, Tanzania
- Maternal and child health in Angola (including HIV/AIDS)



- RMNC-health in Uganda
- E-health for family planning in India
- Indoor cooking in India
- Support victims of sexual violence in India
- Empowering Commercial sex workers in Honduras
- Domestic violence in Udupi, India
- Safe abortion in Malawi
- HIV prevention FSW in India
- Maternal mental health services for HIV positive women in Zimbabwe
- HIV/AIDS in vulnerable people (MSM & FSW) in India
- HIV/AIDS in South Africa
- Mental health indigenous Mayan populations in Guatemala
- Improving nutritional status of women and children in India
- Nutritional status in children, Kenya
- Food security of women and children in Bolivia
- Blindness and eye disease in Nepal
- Diabetes Mellitus in Udupi, India

During the **Manipal Learning Symposium** students work on questions related to local health projects:

*Infectious diseases and Vector Borne Disease:*

- GIS Mapping for Malaria Trends of Malaria in Udupi district
- Mosquitoes net usage among migrant families
- Interview of Migrant Population on Malaria or Knowledge and Practice on Malaria among grass
- root level Health care workers
- Environmental Factors influencing Malaria
- Morbidity Assessment of Malaria

*Pesticides:*

- Application of usage of pesticides among farmers
- Knowledge and use of pesticides among farmers
- Stakeholders opinion use of pesticides

*Mental health:*

- Community mental health needs and Utilization of mental health services in the district
- Stigma and Discrimination on mental health
- Attitudes of care givers and of health care providers towards people with mental illness and mentally ill people

*Community monitoring:*

- Study on VHSC and ARS functioning
- Study on self-help Groups and Health
- A study among ASHA Workers on their job and stress level

*Occupational Health Hazards:*

- Study on Heat Stress
- Monitoring Noise Monitoring
- Dust level monitoring
- Musculoskeletal Disorders
- Health status among fisherwomen
- Occupational injury prevention among factory workers

*Maternal and child health:*

- Utilization of antenatal care services
- Prevalence Low birth weight babies in Government Hospital, Udupi
- Nutritional Status of children in Anganawadi

*Tribal Health:*

- A study on tribal culture and socio-economic status
- Hypertension among Tribal population
- Anemia among Tribal population

*Leprosy:*

- Morbidity assessment among Leprosy patients
- Attitude of care givers towards leprosy patients
- Perception of community stakeholders towards leprosy

*HIV:*

- HIV and pregnancy
- Side effects of ART drugs
- Adherence to ART drugs

*Expenditure on Health:*

- Health Insurance: Knowledge and Utilization
- Out of pocket expenditure Cancer
- Out of pocket expenditure Diabetes

*Migrant Population:*

- Utilization of health services among Migrant workers
- Vaccination coverage among slum dwellers
- General health status of migrant workers

## Appendix 9: Overview of international partner universities and institutes

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### Partner universities

#### *Bachelor's programme and master's programme European Public Health*

Flinders University, Adelaide	Australia
University of Adelaide	Australia
Pinkafeld University of Applied Sciences	Austria
MCI Management Center Innsbruck	Austria
Medical University of Graz	Austria
University Gent	Belgium
University of Copenhagen	Denmark
Metropolitan University College, Copenhagen	Denmark
University of Southern Denmark, Esbjerg	Denmark
University of Jyväskylä	Finland
University of Turku	Finland
University of Eastern Finland, Kuopio	Finland
University of Tampere	Finland
Freie Universität Berlin	Germany
Humboldt-Universität zu Berlin	Germany
University of Bielefeld	Germany
University of Bremen	Germany
Hamburg University of Applied Sciences	Germany
Hochschule Niederrhein, Krefeld	Germany
University of Pécs	Hungary
Semmelweis University, Budapest	Hungary
Università Degli Studi di Milano	Italy
Università Cattolica del Sacro Cuore, Milaan	Italy
Università Cattolica del Sacro Cuore, Rome	Italy
Kaunas University of Medicine	Lithuania
University of Klaipeda	Lithuania
Jagiellonian University Medical College, Krakow	Poland
University of Gothenburg	Sweden
Karolinska Institute, Stockholm	Sweden
Malmö University	Sweden
Örebro University	Sweden
Mälardalen University, Vasteras	Sweden
Jönköping University	Sweden
Sabancı University, Istanbul	Turkey
Dokuz Eylul University, Izmir	Turkey
KOÇ University, Istanbul	Turkey
University of Sheffield	United Kingdom

#### *Master's programme Global Health*

McMaster University, Hamilton	Canada
Thammasat University, Bangkok	Thailand
Manipal University, Manipal	India

## Host institutions

### *European Public Health*

#### Europe

Austria	Private Universität für Gesundheitswissenschaften, Medizinische Informatik und Technik, Innsbruck Emergency Dispatch Center Tirol European Health Forum Gastein (EHFG)
Belgium	Age Platform Europe, Brussels Association of Schools of Public Health in the European Region (ASPHER), Brussels AZ Vesalius, Tongeren Dutch Ministry of Foreign Affairs, Permanent Representation of the Netherlands to the EU, Committé Permanent des Medicines Européens (CPME), Brussels European Public Health Alliance (EPHA), Brussels European Hospital and Healthcare Federation (HOPE), Brussels European Health Management Association (EHMA), Brussels Eurohealthnet, Brussels European Regional and Local Health Authorities (EUREGHA), Brussels European Youth Forum, Brussels MSD-Merck (Europe) Inc., Brussels Smoke Free Partnership, Brussels Tamarack SPRL, Brussels The European Older People's Platform (AGE), Brussels The European Older People's Platform (AGE), Brussels UCB Pharma, Brussels WHO Observatory, Brussels WHO Office at the European Union, Brussels
Denmark	Emergency Medical Services, Copenhagen World Health Organization (WHO), Copenhagen France L'institut de Veille Sanitaire (InVS), Saint Maurice Cedex
Finland	Finnish National Institute for Health and Welfare, Helsinki
Germany	Association of European Border Regions, Gronau Bundeszentrale für gesundheitliche Aufklärung, Köln (BZgA) BFW (Unternehmen für Bildung), Competence Center Europa, Heidelberg Charité, Berlin Deutsches Institut für Ernährungsforschung (DIFE), Potsdam Gesundheit Berlin Brandenburg, Berlin Gesellschaft für Versicherungswissenschaft und -gestaltung e.V., Köln IFT Gesundheitsförderung Gesellschaft mbH, Munich Institut für Umwelt-medizinische Forschung, Heinrich Heine Universität, Düsseldorf Institute of General Practice, Düsseldorf Institut für Allgemeinmedizin, Frankfurt am Main Landeszentrum Gesundheit Nordrhein-Westfalen - LZG.NRW, Bielefeld

	LVR-Klinik Viersen
	Max Planck Institute for Molecular Genetics, Berlin
	MH Hannover – Institute of Epidemiology, Social Medicine and Health System Research, Hannover
	Robert Koch Institute, Berlin
	Rheinisch-Westfälische Technische Hochschule (RWTH), Aachen
	WHO Centre for environment and health, Bonn
Ireland	European Institute of Women’s Health, Dublin
Kosovo	National Institute of Public Health Kosovo, Prishtina
Latvia	Veselības Ministrija (Ministry of Health), Riga
Luxembourg	European Commission, DG SANCO, Luxembourg
Luxembourg	Ministry of Social Affairs, Luxembourg
Macedonia	Faculty of Medicine, Institute of social medicine, Skopje
Malta	Ministry of Health, Valletta
Norway	National Institute for Public Health, Oslo
Portugal	European Monitoring Centre for Drugs and Drug Addiction, Lisbon
Spain	Hospital Clinic de Barcelona
	Hospital Universitario Marqués de Valdecilla, Santander
Sweden	European Centre for Disease Prevention and Control (ECDC), Stockholm
Switzerland	Straub Medical, Wangs
	Swiss Topical and Public Health Institute, Bern
	Institute of Public Communication and Education, University of Lugano, Lugano
The Netherlands	EUPrevent, Maastricht
	Euregiobureau Public Safety and Health, Maastricht
	Gemeentelijke Gezondheidsdienst (GGD), Geleen
	GGD Nederland, Utrecht
	IVO Research Institute, Rotterdam
	Nederlands instituut voor onderzoek van de gezondheidszorg (NIVEL), Utrecht
	Rijksinstituut voor Volksgezondheid en Milieu (RIVM), Bilthoven
	Universitair Medisch Centrum Groningen
United Kingdom	National Heart Foundation, London
	Public Health Wales, Cardiff
	RAND Europe, Cambridge

### Asia

India	Administrative Staff College India, Hyderabad
	GVK EMRI-Emergency Management and Research Institute, Secunderabad
	Indian Institute of Public Health, Hyderabad
	Novo Nordisk Educational Foundation (NNEF), Bangalore
China	Chinese Academy of Sciences, Beijing

### *Global Health*

Austria	University of Vienna
Belgium	SWASH (Arion)

	Genks instituut voor fertiliteitstechniek (Genk fertility clinic); Ziekenhuis Oost Limburg, Genk
China	Chinese Academy of Sciences, Institute of Geographical Sciences and Natural Resources Research, Beijing
Colombia	Universidad del Rosario Pontificia Universidad Javeriana, Facultad de Medicina Departamento de Medicina Preventiva y Social
Cuba	Poliklinik Dr Tomas Romay
Ethiopia	UM project on maternal and child health
Gambia	Medical Research Council, The Gambia Unit, Liver Unit.
Germany	The German Sport University
Ghana	Wienco Thana in cooperation with the University of Development Studies Ghana Ministry of Health (research dept.)
India	Manipal University
Indonesia	Surabaya University, Kampus Ubaya Tenggilis
Kenya	Great Lakes University of Kisumu (dept. health systems research) Kenya Red Cross Society MOI University Centre for the Study of Adolescence
Nepal	Development of sustainability in Community-Based Rehabilitation (CBR)
Netherlands	Maastricht University:HES, BEOZ, MUNDO IFMSA, Center for Public Health Genomics GGD Zuid Limburg Stichting Wemos Red Cross Task Force Health Care Koninklijke Landmacht (Royal Land Forces) Sint Eustatius St Eustatius Medical School
Norway	Value and Isobars, Bergen
Serbia	Univerzitet U Novom Sadu Klinicki Centar Vojvodine, Medicinski fakultet
Sudan	Ahfad Women University, Khartoum South Africa Steve Biko Center for bio-ethics Medical Research Council South Africa
Sweden	European Centre for Disease Prevention and Control (ECDC), Stockholm
Switzerland	World Health Organisation
Tanzania	Mafinga District Hospital St Augustine University International Rescue Committee Shirati KMT Council Designated Hospital
Thailand	Health – Environmental interaction in projects funded by the Environment and Energy Thematic Trust Frund (EE TTF) of the UN-DP Thammasat University Asian Disaster Preparedness Center
Vietnam	Contraception among unmarried young people in Vietnam (via UM)

## Appendix 8: Declarations of independence

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### DECLARATION OF INDEPENDENCE AND CONFIDENTIALITY

TO BE SUBMITTED PRIOR TO THE ASSESSMENT OF THE PROGRAMME

THE UNDERSIGNED

NAME: M. Wieringa - de Waard

HOME ADDRESS:  
Zoddeland 12  
1394 KR Nederhorst den Berg

HAS BEEN ASKED TO ASSESS THE FOLLOWING PROGRAMME AS AN EXPERT / SECRETARY:

European Public Health and Global Health UvM

APPLICATION SUBMITTED BY THE FOLLOWING INSTITUTION:

Qanu

HEREBY CERTIFIES TO NOT MAINTAINING ANY (FAMILY) CONNECTIONS OR TIES OF A PERSONAL NATURE OR AS A RESEARCHER / TEACHER, PROFESSIONAL OR CONSULTANT WITH THE ABOVE INSTITUTION, WHICH COULD AFFECT A FULLY INDEPENDENT JUDGEMENT REGARDING THE QUALITY OF THE PROGRAMME IN EITHER A POSITIVE OR A NEGATIVE SENSE;



HEREBY CERTIFIES TO NOT HAVING MAINTAINED SUCH CONNECTIONS OR TIES WITH THE INSTITUTION DURING THE PAST FIVE YEARS;

CERTIFIES TO OBSERVING STRICT CONFIDENTIALITY WITH REGARD TO ALL THAT HAS COME AND WILL COME TO HIS/HER NOTICE IN CONNECTION WITH THE ASSESSMENT, INsofar AS SUCH CONFIDENTIALITY CAN REASONABLY BE CLAIMED BY THE PROGRAMME, THE INSTITUTION OR NVAO;

HEREBY CERTIFIES TO BEING ACQUAINTED WITH THE NVAO CODE OF CONDUCT.

PLACE:

*Nederveen du Bay*

DATE:

*1-10-2013*

SIGNATURE:



Q477



**DECLARATION OF INDEPENDENCE AND CONFIDENTIALITY**

TO BE SUBMITTED PRIOR TO THE ASSESSMENT OF THE PROGRAMME

THE UNDERSIGNED

NAME:

H. Maat

HOME ADDRESS:

Paardenveld 31  
3911 XG Rhenen

HAS BEEN ASKED TO ASSESS THE FOLLOWING PROGRAMME AS AN EXPERT / SECRETARY:

European Public Health  
Global Health

APPLICATION SUBMITTED BY THE FOLLOWING INSTITUTION:

Universiteit Maastricht

HEREBY CERTIFIES TO NOT MAINTAINING ANY (FAMILY) CONNECTIONS OR TIES OF A PERSONAL NATURE OR AS A RESEARCHER / TEACHER, PROFESSIONAL OR CONSULTANT WITH THE ABOVE INSTITUTION, WHICH COULD AFFECT A FULLY INDEPENDENT JUDGEMENT REGARDING THE QUALITY OF THE PROGRAMME IN EITHER A POSITIVE OR A NEGATIVE SENSE;



HEREBY CERTIFIES TO NOT HAVING MAINTAINED SUCH CONNECTIONS OR TIES WITH THE INSTITUTION DURING THE PAST FIVE YEARS;

CERTIFIES TO OBSERVING STRICT CONFIDENTIALITY WITH REGARD TO ALL THAT HAS COME AND WILL COME TO HIS/HER NOTICE IN CONNECTION WITH THE ASSESSMENT, INsofar AS SUCH CONFIDENTIALITY CAN REASONABLY BE CLAIMED BY THE PROGRAMME, THE INSTITUTION OR NVAO;

HEREBY CERTIFIES TO BEING ACQUAINTED WITH THE NVAO CODE OF CONDUCT.

PLACE: *Wageningen*

DATE: *7 October 2013*

SIGNATURE:

Gouff



**DECLARATION OF INDEPENDENCE AND CONFIDENTIALITY**

TO BE SUBMITTED PRIOR TO THE ASSESSMENT OF THE PROGRAMME

THE UNDERSIGNED

NAME: ALLAN KRASNIK

HOME ADDRESS:

SLOTSVEJ 46  
DK-2920 CHARLOTTELUND, DENMARK

HAS BEEN ASKED TO ASSESS THE FOLLOWING PROGRAMME AS AN EXPERT / SECRETARY:

MASTER OF EUROPEAN PUBLIC HEALTH  
MASTER OF GLOBAL HEALTH

APPLICATION SUBMITTED BY THE FOLLOWING INSTITUTION:

MAASTRICHT UNIVERSITY

HEREBY CERTIFIES TO NOT MAINTAINING ANY (FAMILY) CONNECTIONS OR TIES OF A PERSONAL NATURE OR AS A RESEARCHER / TEACHER, PROFESSIONAL OR CONSULTANT WITH THE ABOVE INSTITUTION, WHICH COULD AFFECT A FULLY INDEPENDENT JUDGEMENT REGARDING THE QUALITY OF THE PROGRAMME IN EITHER A POSITIVE OR A NEGATIVE SENSE;



HEREBY CERTIFIES TO NOT HAVING MAINTAINED SUCH CONNECTIONS OR TIES WITH THE INSTITUTION DURING THE PAST FIVE YEARS;

CERTIFIES TO OBSERVING STRICT CONFIDENTIALITY WITH REGARD TO ALL THAT HAS COME AND WILL COME TO HIS/HER NOTICE IN CONNECTION WITH THE ASSESSMENT, INSOFAR AS SUCH CONFIDENTIALITY CAN REASONABLY BE CLAIMED BY THE PROGRAMME, THE INSTITUTION OR NVAO;

HEREBY CERTIFIES TO BEING ACQUAINTED WITH THE NVAO CODE OF CONDUCT.

PLACE:  
LOPENHAGEN

DATE:  
OCTOBER 8, 2013

SIGNATURE:



**DECLARATION OF INDEPENDENCE AND CONFIDENTIALITY**

TO BE SUBMITTED PRIOR TO THE ASSESSMENT OF THE PROGRAMME

THE UNDERSIGNED

NAME: PROF. WILDNER, MANFRED

HOME ADDRESS: SCHULSTR. 22  
D-86949 WINDACH  
GERMANY

HAS BEEN ASKED TO ASSESS THE FOLLOWING PROGRAMME AS AN EXPERT /  
SECRETARY:

EUROPEAN PUBLIC HEALTH AND GLOBAL HEALTH,  
MAASTRICHT UNIVERSITY, NL

APPLICATION SUBMITTED BY THE FOLLOWING INSTITUTION:

SEE ABOVE

HEREBY CERTIFIES TO NOT MAINTAINING ANY (FAMILY) CONNECTIONS OR TIES  
OF A PERSONAL NATURE OR AS A RESEARCHER / TEACHER, PROFESSIONAL OR  
CONSULTANT WITH THE ABOVE INSTITUTION, WHICH COULD AFFECT A FULLY  
INDEPENDENT JUDGEMENT REGARDING THE QUALITY OF THE PROGRAMME IN  
EITHER A POSITIVE OR A NEGATIVE SENSE;



HEREBY CERTIFIES TO NOT HAVING MAINTAINED SUCH CONNECTIONS OR TIES WITH THE INSTITUTION DURING THE PAST FIVE YEARS;

CERTIFIES TO OBSERVING STRICT CONFIDENTIALITY WITH REGARD TO ALL THAT HAS COME AND WILL COME TO HIS/HER NOTICE IN CONNECTION WITH THE ASSESSMENT, INSOFAR AS SUCH CONFIDENTIALITY CAN REASONABLY BE CLAIMED BY THE PROGRAMME, THE INSTITUTION OR NVAO;

HEREBY CERTIFIES TO BEING ACQUAINTED WITH THE NVAO CODE OF CONDUCT.

PLACE: *MUWICH*

DATE: *NOVEMBER 25, 2013*

SIGNATURE:

A handwritten signature in cursive script, appearing to read 'W. deen', written over a horizontal line.

Qu77



**DECLARATION OF INDEPENDENCE AND CONFIDENTIALITY**

TO BE SUBMITTED PRIOR TO THE ASSESSMENT OF THE PROGRAMME

THE UNDERSIGNED

NAME: CRISTIANA BASTOS

HOME ADDRESS: R. DESTERRO, 9-4°  
1150-127 LISBOA  
PORTUGAL

HAS BEEN ASKED TO ASSESS THE FOLLOWING PROGRAMME AS AN EXPERT / SECRETARY:

EUROPEAN PUBLIC HEALTH / GLOBAL HEALTH

APPLICATION SUBMITTED BY THE FOLLOWING INSTITUTION:

\_\_\_\_\_

HEREBY CERTIFIES TO NOT MAINTAINING ANY (FAMILY) CONNECTIONS OR TIES OF A PERSONAL NATURE OR AS A RESEARCHER / TEACHER, PROFESSIONAL OR CONSULTANT WITH THE ABOVE INSTITUTION, WHICH COULD AFFECT A FULLY INDEPENDENT JUDGEMENT REGARDING THE QUALITY OF THE PROGRAMME IN EITHER A POSITIVE OR A NEGATIVE SENSE;



HEREBY CERTIFIES TO NOT HAVING MAINTAINED SUCH CONNECTIONS OR TIES WITH THE INSTITUTION DURING THE PAST FIVE YEARS;

CERTIFIES TO OBSERVING STRICT CONFIDENTIALITY WITH REGARD TO ALL THAT HAS COME AND WILL COME TO HIS/HER NOTICE IN CONNECTION WITH THE ASSESSMENT, INsofar AS SUCH CONFIDENTIALITY CAN REASONABLY BE CLAIMED BY THE PROGRAMME, THE INSTITUTION OR NVAO;

HEREBY CERTIFIES TO BEING ACQUAINTED WITH THE NVAO CODE OF CONDUCT.

PLACE: *Libon*

DATE: *Nov 21, 2013*

SIGNATURE:



Q477



**ONAFHANKELIJKHEIDS- EN GEHEIMHOUDINGSVERKLARING**

INDIENEN VOORAFGAAND AAN DE OPLEIDINGSBEOORDELING

ONDERGETEKENDE

NAAM: Lisanne van Ruiten

PRIVÉ ADRES:

Bos en Lommerplantsoen 31T  
1055AA Amsterdam

IS ALS DESKUNDIGE / SECRETARIS GEVRAAGD VOOR HET BEOORDELEN VAN DE OPLEIDING:

European public health  
global health

AANGEVRAAGD DOOR DE INSTELLING:

Maastricht University

VERKLAART HIERBIJ GEEN (FAMILIE)RELATIES OF BANDEN MET BOVENGENOEMDE INSTELLING TE ONDERHOUDEN, ALS PRIVÉPERSOON, ONDERZOEKER / DOCENT, BEROEPSBEOEFENAAR OF ALS ADVISEUR, DIE EEN VOLSTREKT ONAFHANKELIJKE OORDEELSVORMING OVER DE KWALITEIT VAN DE OPLEIDING TEN POSITIEVE OF TEN NEGATIEVE Zouden KUNNEN BEÏNVLOEDEN;



VERKLAART HIERBIJ ZODANIGE RELATIES OF BANDEN MET DE INSTELLING DE  
AFGELOPEN VIJF JAAR NIET GEHAD TE HEBBEN;

VERKLAART STRIKTE GEHEIMHOUDING TE BETRACHTEN VAN AL HETGEEN IN  
VERBAND MET DE BEOORDELING AAN HEM/HAAR BEKEND IS GEWORDEN EN  
WORDT, VOOR ZOVER DE OPLEIDING, DE INSTELLING OF DE NVAO HIER  
REDELIJKERWIJS AANSPRAAK OP KUNNEN MAKEN.

VERKLAART HIERBIJ OP DE HOOGTE TE ZIJN VAN DE NVAO GEDRAGSCODE.

PLAATS:

Utrecht

DATUM:

26-02-2014

HANDTEKENING:

A handwritten signature in black ink, consisting of several overlapping loops and strokes, positioned below the 'HANDTEKENING:' label.

**DECLARATION OF INDEPENDENCE AND CONFIDENTIALITY**

TO BE SUBMITTED PRIOR TO THE ASSESSMENT OF THE PROGRAMME

THE UNDERSIGNED

NAME: Dr Alena PETRAKOVA

HOME ADDRESS: U HOMOLKY 126/13  
150 00 PRAHA 5  
CZECH REPUBLIC

HAS BEEN ASKED TO ASSESS THE FOLLOWING PROGRAMME AS AN EXPERT /  
SECRETARY:

- 1) BACHELOR IN EUROPEAN PUBLIC HEALTH (B-EPH)
- 2) MASTER IN EUROPEAN PUBLIC HEALTH (M-EPH)
- 3) MASTER IN GLOBAL HEALTH (M-GH)

APPLICATION SUBMITTED BY THE FOLLOWING INSTITUTION:

MAASTRICHT UNIVERSITY, THE NETHERLANDS

HEREBY CERTIFIES TO NOT MAINTAINING ANY (FAMILY) CONNECTIONS OR TIES  
OF A PERSONAL NATURE OR AS A RESEARCHER / TEACHER, PROFESSIONAL OR  
CONSULTANT WITH THE ABOVE INSTITUTION, WHICH COULD AFFECT A FULLY  
INDEPENDENT JUDGEMENT REGARDING THE QUALITY OF THE PROGRAMME IN  
EITHER A POSITIVE OR A NEGATIVE SENSE;



HEREBY CERTIFIES TO NOT HAVING MAINTAINED SUCH CONNECTIONS OR TIES WITH THE INSTITUTION DURING THE PAST FIVE YEARS;

CERTIFIES TO OBSERVING STRICT CONFIDENTIALITY WITH REGARD TO ALL THAT HAS COME AND WILL COME TO HIS/HER NOTICE IN CONNECTION WITH THE ASSESSMENT, INSOFAR AS SUCH CONFIDENTIALITY CAN REASONABLY BE CLAIMED BY THE PROGRAMME, THE INSTITUTION OR NVAO;

HEREBY CERTIFIES TO BEING ACQUAINTED WITH THE NVAO CODE OF CONDUCT.

PLACE: *Maastricht*

DATE: *31/03/2014*

SIGNATURE:

Q477



**DECLARATION OF INDEPENDENCE AND CONFIDENTIALITY**

TO BE SUBMITTED PRIOR TO THE ASSESSMENT OF THE PROGRAMME

THE UNDERSIGNED

NAME: A.J. Wieldraayer-Huizes

HOME ADDRESS:  
Jessakade 9  
3446 BE Waerden

HAS BEEN ASKED TO ASSESS THE FOLLOWING PROGRAMME AS AN ~~EXPERT~~ SECRETARY:

European Public Health & Global Health

APPLICATION SUBMITTED BY THE FOLLOWING INSTITUTION:

Maastricht University

HEREBY CERTIFIES TO NOT MAINTAINING ANY (FAMILY) CONNECTIONS OR TIES OF A PERSONAL NATURE OR AS A RESEARCHER / TEACHER, PROFESSIONAL OR CONSULTANT WITH THE ABOVE INSTITUTION, WHICH COULD AFFECT A FULLY INDEPENDENT JUDGEMENT REGARDING THE QUALITY OF THE PROGRAMME IN EITHER A POSITIVE OR A NEGATIVE SENSE;



HEREBY CERTIFIES TO NOT HAVING MAINTAINED SUCH CONNECTIONS OR TIES WITH THE INSTITUTION DURING THE PAST FIVE YEARS;

CERTIFIES TO OBSERVING STRICT CONFIDENTIALITY WITH REGARD TO ALL THAT HAS COME AND WILL COME TO HIS/HER NOTICE IN CONNECTION WITH THE ASSESSMENT, INsofar AS SUCH CONFIDENTIALITY CAN REASONABLY BE CLAIMED BY THE PROGRAMME, THE INSTITUTION OR NVAO;

HEREBY CERTIFIES TO BEING ACQUAINTED WITH THE NVAO CODE OF CONDUCT.

PLACE: *Wassenaar*

DATE: *30-03-2014*

SIGNATURE:



**DECLARATION OF INDEPENDENCE AND CONFIDENTIALITY**

TO BE SUBMITTED PRIOR TO THE ASSESSMENT OF THE PROGRAMME

THE UNDERSIGNED

NAME:

Jasne Kroonenman

HOME ADDRESS:

Kazernesstraat 81  
Amsterdam

HAS BEEN ASKED TO ASSESS THE FOLLOWING PROGRAMME AS AN EXPERT / SECRETARY:

Bachelor's programme European Public Health  
Master's programme European Public Health  
Master's programme Global Health  
APPLICATION SUBMITTED BY THE FOLLOWING INSTITUTION:

Maastricht University

HEREBY CERTIFIES TO NOT MAINTAINING ANY (FAMILY) CONNECTIONS OR TIES OF A PERSONAL NATURE OR AS A RESEARCHER / TEACHER, PROFESSIONAL OR CONSULTANT WITH THE ABOVE INSTITUTION, WHICH COULD AFFECT A FULLY INDEPENDENT JUDGEMENT REGARDING THE QUALITY OF THE PROGRAMME IN EITHER A POSITIVE OR A NEGATIVE SENSE;



HEREBY CERTIFIES TO NOT HAVING MAINTAINED SUCH CONNECTIONS OR TIES WITH THE INSTITUTION DURING THE PAST FIVE YEARS;

CERTIFIES TO OBSERVING STRICT CONFIDENTIALITY WITH REGARD TO ALL THAT HAS COME AND WILL COME TO HIS/HER NOTICE IN CONNECTION WITH THE ASSESSMENT, INsofar AS SUCH CONFIDENTIALITY CAN REASONABLY BE CLAIMED BY THE PROGRAMME, THE INSTITUTION OR NVAO;

HEREBY CERTIFIES TO BEING ACQUAINTED WITH THE NVAO CODE OF CONDUCT.

PLACE: Maastricht

DATE: 01-04-2014

SIGNATURE: *J. Kooreman*