

**MASTER'S PROGRAMME
GLOBAL HEALTH**

FACULTY OF HEALTH, MEDICINE AND LIFE SCIENCES

MAASTRICHT UNIVERSITY

QANU 

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This report was finalised on 1 October 2019.

REPORT ON THE MASTER'S PROGRAMME GLOBAL HEALTH OF MAASTRICHT UNIVERSITY

This report takes the NVAO's Assessment Framework for Limited Programme Assessments as a starting point (September 2016).

ADMINISTRATIVE DATA REGARDING THE PROGRAMME

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
Language of instruction:	English
Submission deadline NVAO:	01/11/2019

The visit of the assessment panel International Health to the Faculty of Health, Medicine and Life Sciences of Maastricht University took place on 3 and 4 June 2019.

ADMINISTRATIVE DATA REGARDING THE INSTITUTION

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

COMPOSITION OF THE ASSESSMENT PANEL

The NVAO has approved the composition of the panel on 7 January 2019. The panel that assessed the master's programme Global Health consisted of:

- Dr. ir. H. (Harro) Maat, associate professor at the Department of Social Sciences of Wageningen University [chair];
- Dr. C. (Cristiana) Bastos, senior researcher at the Instituto de Ciências Sociais of Universidade de Lisboa (Portugal);
- Prof. dr. med. M. (Manfred) Wildner MPH, professor in Public Health Policy & Administration at the Institute for Medical Information Processing, Biometry, and Epidemiology of Ludwig-Maximilians Universität München (Germany);
- Dr. K.J. (Kor) Grit, assistant professor at the Erasmus School of Health Policy & Management of Erasmus University Rotterdam;
- J. (Jessica) Michgelsen BSc, research master's student in Global Health at Vrije Universiteit Amsterdam (student member);

The QANU project manager for the cluster assessment was P.H. (Petra) van den Hoorn MSc. She also acted as secretary in the site visit.



WORKING METHOD OF THE ASSESSMENT PANEL

The master's programme Global Health of the Faculty of Health, Medicine and Life Sciences of Maastricht University is part of the Faculty of Health, Medicine and Life Sciences of Maastricht University (FHML). The faculty's mission is to educate academics at a high level, to conduct high-quality, multidisciplinary scientific research and to valorise knowledge within the domains of Health Sciences, Medicine and Biomedical Sciences. FHML wishes to educate competent, independently thinking and adaptive academics, who can perform well within the healthcare domain, in practical areas as well as in research. The focus of the faculty's courses extends over the entire continuum from sickness to health, from molecules and people to society. It involves not only the prevention, diagnosis and treatment of diseases, but also rehabilitation, public health and social aspects. Students will be prepared to continuously acquire up-to-date knowledge and to assess new developments in the field of healthcare.

The assessment of the master's programme Global Health is part of the assessment of the cluster International Health. Next to this programme, the cluster consists of a bachelor's and a master's programme, also located at Maastricht University. On 3 – 4 June 2019, the assessment panel visited all programmes within the International Health cluster. The cluster has asked QANU to support the assessment of their programmes. Petra van den Hoorn MSc acted as the project manager and secretary from QANU.

Preparation

On the 2nd of April 2019, the panel chair was briefed by the project manager on the tasks and working method of the assessment panel and more specifically his role, as well as use of the assessment framework.

A preparatory panel meeting was organised on the 2nd of June 2019. During this meeting, the panel members received instruction on the tasks and working method and the use of the assessment framework. The panel also discussed their working method and discussed the domain-specific framework. In addition, the system of higher education in the Netherlands was discussed.

A schedule for the site visit was composed. Prior to the site visit, representative partners for the various interviews were selected. See appendix 4 for the final schedule.

Before the site visit, the programme wrote a self-evaluation report of the programme and sent it to the project manager. She checked these on quality and completeness, and sent them to the panel members. The panel members studied the self-evaluation reports and formulated initial questions and remarks, as well as positive aspects of the programmes. The project manager combined these findings in a document, which served as the point of departure at the beginning of the site visit.

The panel also studied a selection of theses. The selection existed of 15 theses and their assessment forms for the programmes, based on a provided list of graduates between 01-09-2017 and 31-08-2018. A variety of topics and a diversity of examiners were included in the selection. The project manager and panel chair assured that the distribution of grades in the selection matched the distribution of grades of all available theses.

Site visit

The site visit to Maastricht University took place on 3 and 4 June 2019.

At the start of the site visit, the panel discussed its initial findings on the self-evaluation reports and the theses, as well as the division of tasks during the site visit.

During the site visit, the panel studied additional materials about the programmes and exams, as well as minutes of the Programme Committee and the Board of Examiners. An overview of these materials can be found in appendix 5. The panel conducted interviews with representatives of the

programmes: students and staff members, the programme's management, alumni and representatives of the Board of Examiners and the Education Programme Committee.

The panel used the final part of the site visit to discuss its findings in an internal meeting. Afterwards, the panel chair publicly presented the panel's preliminary findings and general observations.

Report

After the site visit, the secretary wrote a draft report based on the panel's findings and submitted it to a colleague for peer assessment. Subsequently, the secretary sent the report to the panel. After processing the panel members' feedback, the project manager sent the draft report to the faculty in order to have it checked for factual irregularities. The project manager discussed the ensuing comments with the panel's chair and changes were implemented accordingly. The report was then finalised and sent to the Faculty of Health, Medicine and Life Sciences and University Board.

Definition of judgements standards

In accordance with the NVAO's Assessment framework for limited programme assessments, the panel used the following definitions for the assessment of both the standards and the programme as a whole.

Generic quality

The quality that, in an international perspective, may reasonably be expected from a higher education Associate Degree, Bachelor's or Master's programme.

Unsatisfactory

The programme does not meet the generic quality standard and shows shortcomings with respect to multiple aspects of the standard.

Satisfactory

The programme meets the generic quality standard across its entire spectrum.

Good

The programme systematically surpasses the generic quality standard.

Excellent

The programme systematically well surpasses the generic quality standard and is regarded as an international example.



SUMMARY JUDGEMENT

Intended learning outcomes

The panel admires the programme's integrated approach. Providing students with a multidisciplinary understanding of public health makes them capable of interpreting the global distribution of health and disease, which is both a unique concept and a valuable addition for the health domain.

The panel is excited about the programme's international collaborations and thinks these reflect the programme's general mission: the need to work together internationally to tackle cross-border dimensions of health inequities. The most important collaboration in this respect is the programme's participation in a partner network, spanning seven universities across the globe. Additionally, the programme receives advice from the Advisory Board Global Health (AB-GH), consisting of international experts representing relevant sectors. With the information coming from the partner network and the AB-GH the programme is able to tailor its contents to the international developments in the health domain and the labour market's expectations.

The panel is satisfied with the programme's intended learning outcomes: they are in line with the Dublin descriptors and therefore reflect its academic level and orientation. According to the panel, the intended learning outcomes are also in line with the profile and the domain-specific framework of the programme and therefore fit its ambition.

Teaching-learning environment

The panel is positive about the faculty's Problem-Based Learning concept. This didactical approach enhances several of the students' skills relevant for their future career. The diversity of the students' educational backgrounds is of added value on many levels. It strengthens the group results, enhances the students' collaboration skills and teaches the students to function in transnational, interdisciplinary, and intercultural teams.

The panel is satisfied with the overall curriculum of the programme. Especially the international character of the programme is highly valued and, according to the panel, can be regarded as an international example. The partner network, the Manipal Learning Symposium, the electives abroad and the international character of the staff and the student population all serve several of the programme's intended learning outcomes. The panel appreciates the teaching method of the courses that are executed together with the universities from the partner network. During these courses, the students from different universities work together to complete group assignments. Moreover, the students have the option to follow electives and conduct their thesis research project abroad. According to the panel, all these aspects enhance the students' skills required for working in interdisciplinary, intercultural and international teams. To facilitate the students during their study, the programme could provide overviews and schedules of the learning objectives and deadlines for each course. The panel thinks the course in the fall term, New Biosciences/New Society, is one of the best courses the programme offers by itself, since it trains the students to explain complex global developments using knowledge from a various set of disciplines (culture, biology, psychology).

The panel is positive about the electives of the programme and the opportunity for students to discover different perspectives on global health at other universities. The panel would like to suggest that the programme management finds a way to keep track of the elective's content more thoroughly, to monitor overlap.

The panel is very satisfied with the programme's staff. The programme also attracts external experts from universities or organisations related to public health issues, to help keep the programme's content up-to-date and give students an idea of job opportunities after graduation.

Finally, the panel is pleased to see the programme has several facilities in place to support the students during their study. The annual grant, a blended learning expert and the activities to acquaint students with the professional field are highly appreciated by the panel.

Student assessment

The panel ascertained that the programme has a varied programme of assessment in place. It viewed an assessment matrix which demonstrates that all intended learning outcomes of the programme are being assessed throughout the separate courses. The panel appreciates the thorough check of all assignments within the programme.

The panel was able to ascertain that the Board of Examiners Health adequately handles all of its legally mandated tasks. In the panel's opinion, the Board can further strengthen its proactive role and extend its task by, for instance, getting an overview of the way the intended learning outcomes are assessed throughout the programme.

The panel is satisfied with the grading process of the thesis. The panel was pleased to see that the programme provides all thesis supervisors with information about the essential procedures for the assessment. Furthermore, thesis supervisors and students are provided with information on placement and thesis requirements.

According to the panel, the assessment form used for the thesis assessment is clear and insightful in terms of the final grade. It asks the examiner to assess different aspects of the thesis, which enhances the transparency and validity of the grading. The panel suggests elaborating on these criteria, for instance by adopting the recently introduced explanation of grades, to allow for more consistent grading and more transparency towards the students with regard to the expectations of their thesis.

The panel applauds the programme's effort to secure consistent, transparent and fair grading. The calibration sessions deserve special mention in this respect. The panel is pleased to see that these sessions have started discussions on grading, and as a result, the examiners come to a better agreement on how to interpret the assessment forms and how to decide when a thesis or examination should receive a passing grade or not.

Achieved learning outcomes

The panel is impressed by the overall quality of the master's theses. Many of the theses provide interesting findings on well-identified and original topics. Moreover, most theses showed a good discussion of the results, with sufficient depth and coherency. The panel rated many theses very good to excellent.

After reading the theses and speaking to alumni of the master's programme, the panel concluded that graduates demonstrated that they have met the intended learning outcomes at the expected level. Alumni and employers are very satisfied with the programme. Alumni are employed in a broad range of positions, reflecting the broad scope of the programme. Some graduates continued in research by obtaining a PhD position, others found jobs in non-government organisations or business. The panel appreciates the work of the taskforce on employability and post-graduate education.

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	excellent
Standard 3: Student assessment	good
Standard 4: Achieved learning outcomes	good
General conclusion	good



The chair, dr. ir. Harro Maat, and the secretary of the panel, Petra van den Hoorn MSc, hereby declare that all panel members have studied this report and that they agree with the judgements laid down in the report. They confirm that the assessment has been conducted in accordance with the demands relating to independence.

Date: 1 October 2019.

DESCRIPTION OF THE STANDARDS FROM THE ASSESSMENT FRAMEWORK FOR LIMITED FRAMEWORK ASSESSMENTS

Standard 1: Intended learning outcomes

The intended learning outcomes tie in with the level and orientation of the programme; they are geared to the expectations of the professional field, the discipline, and international requirements.

Findings

Profile

The master's programme Global Health aims to train students to become health professionals in an international setting. They learn to understand how developments in healthcare, technology, education, economics and politics influence the distribution of disease and health around the world. The programme's aim is to foster students' multidisciplinary understanding of public health. They learn to identify different actors that contribute to health: e.g. the air people breathe, the behaviour they exhibit, their genes, and the country they live in (with its own culture, health system and policies). These factors all interact and ultimately have an effect on health. The programme also aims to emphasise the international dimensions of health and disease and the need to work together to tackle cross-border dimensions of health inequities in efforts to improve health globally. With the knowledge and skills provided by the programme, graduates can find jobs as policy makers, managers and social entrepreneurs, to develop solutions for health issues, improve community health, reduce health inequities across the globe, and enhance health policy initiatives.

The panel ascertained that the programme management does a good and thorough job in keeping track of international developments in the health domain and the expectations of the professional field. First and foremost, the programme participates in a partner network, spanning seven institutions on five continents: Thammasat University in Bangkok, Thailand; Manipal Academy of Higher Education in Manipal, India; Rosario University in Bogota, Colombia; Ahfad University for Women, Omdurman, Sudan; The University of South-Eastern Norway, Norway; and McMaster University in Hamilton, Canada. Furthermore, the programme receives advice from the Advisory Board Global Health (AB-GH). This board consists entirely of external experts from different countries representing relevant sectors in society (government, academia, business). It provides the programme management with information and advice on ongoing developments in academia and the international labour market. The partner network and meetings with the AB-GH enable the programme management to continuously evaluate the content of the programme and examine the need for new topics to be integrated into the programme, such as climate change, migration and the use of big data. The panel is excited about these collaborations and thinks these reflect the programme's international focus very well. The panel applauds the programme management's additional efforts to tailor the programme to the labour market even more. For instance, in 2018, several non-governmental organisations (NGOs) were interviewed about their expectations and requirements concerning their staff in terms of qualities, knowledge and skills. The results of these interviews were used to further fine-tune the programme. The panel thinks interviews with employers other than NGOs could provide added value to this fine-tuning process. Additionally, a programme tailored to more organisations besides NGOs will strengthen the graduates' chances on the labour market.

Overall, the panel is enthusiastic about the programme's profile. In its opinion, the programme's aim to train students to think across disciplinary boundaries is very original. The programme invites students to explore different aspects such as culture, behaviour and biology, which underpin the global distribution of health and disease is both a unique and valuable concept. Instead of contrasting the disciplines, the students learn to connect them and use them as a tool to explain developments in the field of health. This integrated approach is admired by the panel. In addition, the panel applauds the efforts of the programme management to constantly adjust the programme to recent developments (and corresponding needs) of the health care domain, for instance through the input



of the AB-GH. The panel was particularly pleased with the programme's participation in the partner network, which allows the programme to identify new emerging topics in the field on a global level and tailor the programme towards future expectations of the field. This significantly helps graduates when they enter the labour market.

Intended learning outcomes

The programme builds upon the domain-specific framework (appendix 1) created for all programmes in the domain of international health in the Netherlands. The programme management formulated a competence profile for a graduate student, which resulted in corresponding intended learning outcomes (ILOs) (appendix 2). By examining an overview of the ILOs presented to the panel, the panel ascertained that they are clearly tied to the Dublin descriptors. In its opinion, the ILOs adequately reflect the programme's academic level and orientation.

The panel is satisfied with the formulation of the ILOs. They are in line with the profile of the programme and the domain-specific framework of the field and therefore fit the programme's ambition. Several aspects of the programme's focus are recognisable in the ILOs. For instance, to understand the effect of globalisation, the ILOs mention knowledge and understanding of how boundaries between local and global, or private versus public, are fading (ILOs 1, 3 and 4). Second, in order for students to be able to resolve health issues or improve health policies, the programme aims to foster their skills to develop, implement, evaluate and adjust international health policies and interventions (ILO 20). Finally, it aims to teach students to create partnerships, participate in professional networks and act as team players, which is helpful for graduates working on cross-border health issues (ILO 26).

Considerations

The panel admires the programme's integrated approach. Providing students with a multidisciplinary understanding of public health makes them capable of interpreting the global distribution of health and disease, which is both a unique concept and a valuable addition for the health domain.

The panel is excited about the programme's international collaborations and thinks these reflect the programme's general mission: the need to work together internationally to tackle cross-border dimensions of health inequities. The most important collaboration in this respect is the programme's participation in a partner network, spanning seven universities across the globe. Additionally, the programme receives advice from the Advisory Board Global Health (AB-GH), consisting of international experts representing relevant sectors. With the information coming from the partner network and the AB-GH the programme is able to tailor its contents to the international developments in the health domain and the labour market's expectations.

The panel is satisfied with the programme's intended learning outcomes: they are in line with the Dublin descriptors and therefore reflect its academic level and orientation. According to the panel, the intended learning outcomes are also in line with the profile and the domain-specific framework of the programme and therefore fit its ambition.

Conclusion

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

Standard 2: Teaching-learning environment

The curriculum, the teaching-learning environment and the quality of the teaching staff enable the incoming students to achieve the intended learning outcomes.

Findings*Didactic concept*

The faculty's education is based on the principles of Problem-based Learning (PBL). Specific characteristics of PBL include a student-centred approach and collaborative learning. Compared to more traditional ways of education, the students attend fewer lectures. Instead, they work in small tutorial groups of ten to twelve students that meet twice a week to tackle a real-life issue (a case) within the domain of health. They work on the case by looking at the issue from different perspectives and completing an assignment. The results of the group work depend on the knowledge and experience available within the group, combined with the skills of the group members to gather the necessary information. Therefore, the students bear the primary responsibility for their own study progress. The programme contributes to the development of their knowledge and skills to be able to handle that responsibility: every group of students is guided by a tutor, a teacher who can explain the assignment, help those who experience difficulty in understanding the material they retrieved, and guide the group in choosing the right path. This working method, combined with the regular feedback students receive on their progress, helps them to develop skills that are essential for the labour market.

The panel is positive about the PBL concept and how it is implemented in the programme. It has seen the programme's course material and appreciates the use of real-life problems as the programme's point of departure in many of the courses. This stimulates students to think critically and talk about health issues in modern-day society. During the site visit, many students indicated that the PBL approach enhanced several of their skills (e.g. debating, problem solving, intercultural interaction, time management). Many non-Dutch students and alumni expressed their appreciation of the numerous interactions they have/had with their peers during the courses; in their home country they were not used to this. In the panel's opinion, the concept of PBL serves as added value (on top of the curriculum), preparing the students to become policy makers or social entrepreneurs in the professional field of health by letting them practise their argumentation, critically analyse information, formulate questions and come up with solutions, in a diverse circle of professionals and peers.

Curriculum

The one-year master's programme (appendix 3) consists of three terms: fall (16 weeks), winter (14 weeks) and summer (17 weeks). In the first term, four courses are offered. Governing Health in a Global Context (8 ECTS) teaches students about stakeholders in the field (e.g. government, corporations in private health care, health insurance companies) and invites them to critically reflect on dichotomies pertaining to developed-underdeveloped countries and the public-private domain. In New Biosciences/New Society (7 ECTS), students learn about the multifactorial nature of disease. The course teaches them about the influence of environmental, physical and social processes and mechanisms on a human's biological characteristics and how this shapes an individual's health. They also learn how the outcome of this interplay can differ depending on the socio-economic-cultural environment. Throughout the course, students are invited to ponder and critically analyse the feasibility of applying molecular evidence (e.g. nutrigenomics, pharmacogenomics) to a large population, or a range of health problems. The panel highly values this course. It teaches students to use their multidisciplinary knowledge (from molecules to culture) to explain developments in a wider, global context. To the panel, this didactic approach is not only very original, it will also be helpful for the students' future career. In the fall as well as in the winter term, the students follow a course on methodological and statistical skills. During the fall term, students expand their basic methodological knowledge (acquired through their bachelor's programme) to advanced research methods and develop a solid understanding of the whole research process (2 ECTS). The methodological course during the winter term (3 ECTS) aims to prepare the students for their thesis



research project. The course provides the students with information concerning selecting an adequate research design, using the proper method for data collection and analysis, handling issues of research validity and reliability, and reporting the results. In close collaboration with their future thesis supervisor, the students work on their research proposal, which will be carried out during the placement and thesis period.

During the fall and winter terms, two courses (3 and 5 ECTS) are provided which are organised and conducted together with the partner universities: Foundations of Global Health I and II. The aim is to let students apply theoretical knowledge to real-life cases: an existing health policy or an emerging health issue, for example. Both courses provide lectures on several issues related to the governance (e.g. responsibility, ownership, accountability, collaboration) and analysis of health policies. The course in the fall term aims to teach the students to examine the framing of health issues and how different problem definitions can have a different effect on policy making. During the winter term, students learn how to develop interventions which can be adapted to serve specific local circumstances or issues emerging during implementation. While education in most courses consists of lectures and tutorials, these courses mainly encompass self-directed group work (at least partly). The students are mixed with students from other universities, resulting in a balanced combination of nationalities and educational backgrounds. Groups of 6 students from two of the different universities come together using electronic communications technology to complete several assignments. A staff member of one of the partner universities is available upon the students' request to act as a tutor to provide feedback on group work and advise on group dynamics. The students also attend lectures during the course. These are provided online for all participating students, which adds to the prior knowledge when students start working together in groups. The panel appreciates this teaching method, since it enhances the students' skills required for working in interdisciplinary, intercultural and international teams.

In the winter term, the students follow an elective track (12 ECTS). They choose one out of eleven tracks, each of which is provided by one of the seven partner universities. The tracks differ per university, in terms of structure, contact hours and self-study hours. All tracks cover a specific topic related to global health, such as maternal health, the effectiveness of health policies, and health and wellbeing of refugees. In the academic year 2017-2018, 61 percent of the students completed their elective abroad (at one of the partner institutions), while the remaining students opted for an elective track at Maastricht University (UM). In the fall, the programme coordinator gives a lecture on the content and procedures for the electives. Additionally, the elective coordinators of the host universities organise online sessions to provide more information on the content and assessment of the electives and assist with practical issues such as visas and accommodation. To accommodate the increasing number of students, four tracks have been added to the list over the last couple of years and additional options are explored. The panel noted that all partner universities take responsibility for their own elective(s). During the site visit, the programme management indicated it does not inform the other universities about its take on 'global health' to give all universities the freedom to choose their own topics to discuss. On the one hand, the panel appreciates this decision. Not enforcing the programme's specific view of global health on other universities or the students gives the students the opportunity to familiarise themselves with different topics and different perspectives. This provides them with a sense of how broad the domain of global health really is. On the other hand, the panel believes the programme should, to a certain extent, keep track of the things its students learn and do at the partner universities. The online sessions between the programme coordinator and student representatives of the partner universities, in which experiences are discussed, partly provide for this. The panel believes that this can be approached more intensively, however. Since the students all have different educational backgrounds, it makes sense to monitor any potential overlap between the electives and the rest of the programme. Therefore, the panel advises the programme management to look into ways to implement a system of shared responsibility between all universities to effectively streamline each elective's content.

At the end of the winter term, students from all partner universities gather in Manipal, India for the two-week Learning Symposium (3 ECTS). During the symposium, they work together in transnational teams on assignments provided by local institutions, present their thesis research proposal and attend keynote lectures provided by international guest speakers. The panel highly values this symposium, as it is a great way for the students to present their research proposal and expand their professional network.

In the summer term, the students conduct the research they set out in their thesis proposal. They collect and analyse data, and report on the results either in a classical master's thesis report or in the format of a journal article (17 ECTS). The programme offers students an extensive list of placement institutions for performing the research project. This list provides opportunities at universities, NGOs, hospitals or other organisations related to a specific topic within the health domain, both in the Netherlands and abroad.

The panel is satisfied with the overall curriculum of the programme. It could easily see how the content of the programme enables students to achieve the ILOs. It reviewed the study materials for several courses and concluded that they will allow students to analyse complex global health problems and subsequently develop or adjust international health policies. The international character of the programme greatly contributes to this. Because of the partner network with other universities across the globe, students find themselves in multilingual and multicultural groups during several courses. According to the panel, the international setup of the programme can be regarded as an international example. In addition to the curriculum, the programme's staff and students are very diverse as well (see below, under *Diversity* and *Staff*). According to the panel, this diversity adds to the educational context of the programme and serves several ILOs. For example, it helps students to learn to debate in diverse and international groups of people. Additionally, students learn to use a diverse set of technical facilities for international communication. This is confirmed by the students, who indicated in the student chapter of the self-evaluation report that they appreciate the different perspectives and cultural aspects the international character of the students and staff bring into the discussions.

Diversity

The programme experienced an average annual intake of 128 students per year in the last three years. About one-third of the students who entered the programme graduated from a bachelor's programme at UM. About half of the students (47 percent) were admitted with a foreign diploma. On average, 46 percent of the students is Dutch. About 15 percent of the students is British. The remaining students come from various countries, such as Belgium, Germany, Ireland, Canada and China. Because the PBL concept requires the students to use their prior knowledge, the diversity of the group is of added value for the general prior knowledge, and therefore for the final group results. Although some students struggled during the group assignments they completed together with peers from the partner universities, they all agreed that these assignments contributed to their skills to collaborate (dividing tasks, setting agreements, solving problems) and their skills to function in transnational, interdisciplinary, and intercultural groups. During the site visit, they indicated that, because of their diverse backgrounds, they have different levels of prior knowledge. To those with knowledge gaps, the programme advises taking a bridging course in biology and/or methods and statistics in order to eliminate deficiencies. In addition, teachers offer parallel refresher courses on these topics at the start of the programme. The panel appreciates the programme's efforts to solve these discrepancies in knowledge or skills.

Study load

The panel ascertained that the programme is feasible. Looking at the cohorts of 2013-2014 to 2016-2017, 56 percent of the students finished the programme in one year; 87 percent graduated within two years. The programme experienced a decline in completion rates after one year (70 percent in 2013-2014; 49 percent in 2016-2017). According to the programme management, this is due to students who combine their study with another master's programme. On the other hand, the panel did notice students complaining about the high study load. In the self-evaluation report and during



the site visit, the students indicated that they were warned about this by the programme management and so they were prepared. The panel concludes that the programme is tough but doable. In its opinion, the programme management can take some steps to support the students to prevent study delay as much as possible. For instance, in the student chapter, the students indicated that they struggled with the parallel courses and their deadlines, and suggested that all deadlines and other relevant expectations be combined in a single overview, preferably in a yearly schedule. As a second example, in the courses on statistics and biology, the students felt uncertain about what was expected of them in terms of skills and knowledge. The panel feels that a clear and detailed overview of the learning objectives would certainly help students prepare for these courses more effectively. Of course, these adjustments will not make the programme easier, but according to the panel it is highly likely that they will cut down on the students' preparatory work.

Staff

The panel is very satisfied with the programme's staff. Compared to the previous reaccreditation in 2014, the staff's qualifications have improved greatly. More staff have now acquired the University Teaching Qualification (64 percent, as opposed to 45 percent in 2014). The panel could clearly see that education and research are strongly connected to each other: most staff have both educational and research-related tasks, and all core staff is connected to the research institute of the faculty (CAPHRI) and/or the Maastricht Centre for Global Health. Over 84 percent of the staff has obtained a PhD. To get acquainted with the PBL approach, staff members are required to follow introductory courses. In addition to staff tenured at the faculty, the programme attracts guest lecturers, representatives of relevant organisations within the global health sphere to deliver lectures and/or provide workshops on specific topics regarding their personal expertise and to provide students with an outlook on future labour market perspectives. According to the panel, this provides added value since it helps to keep the programme's content up-to-date and forward-looking, and helps students get an idea of job opportunities after graduation.

During the site visit, the panel talked to several teachers of the programme and concluded that the staff members are experts in the domain of global health. Both in the student chapter and during the site visit, the students indicated that the lecturers and thesis supervisors are easily approachable with questions, feedback or critical remarks the students might have. Programme evaluations from the academic year 2017-2018 showed that they positively evaluate their tutors, with an average score of 8.1 (scale 1-10) on all fall term courses.

In the Foundations of Global Health I and II courses, the tutors are based at different partner universities. The panel appreciates the efforts of the universities to align the content and organisation of the course by organising sessions between all course coordinators from the partner universities and having the tutors meet every two weeks to discuss their teaching activities.

Facilities

The panel of the previous reaccreditation recommended securing funding for students who want to conduct their research abroad. The panel was pleased to see that students now receive an annual faculty grant of €1,000 which they can use for the Manipal Learning Symposium, their thesis placement or an elective abroad.

In order to maximise learning in the online Foundations courses, the programme provides an online platform, equipment (cameras) and instructions to optimally organise online sessions between students across the globe. The faculty employs a blended learning expert to instruct users and to solve problems. The panel highly appreciates this support to facilitate distance learning. It admires the expert's efforts, even making visits to the partner universities that do not have such expertise, to provide on-site instructions to local students and staff.

Every year, all programmes related to international health (the current master's programme along with the bachelor's programme European Public Health and the master's programme Governance and Leadership in European Public Health) organise a symposium on one current international health

issue. Experts from the field (business, policy, civil society, etc.) present their perspective on it. The students are able to compare the views of different organisations on health issues and discuss them with professionals. Additionally, an annual career day is arranged. Career development activities and alumni presenting their career paths are part of the career day's programme. The panel is pleased with the symposium and the career day, since they facilitate networking opportunities and acquaint the students with stakeholders and their professional future.

Considerations

The panel is positive about the faculty's Problem-Based Learning concept. This didactical approach enhances several of the students' skills relevant for their future career. The diversity of the students' educational backgrounds is of added value on many levels. It strengthens the group results, enhances the students' collaboration skills and teaches the students to function in transnational, interdisciplinary, and intercultural teams.

The panel is satisfied with the overall curriculum of the programme. Especially the international character of the programme is highly valued and, according to the panel, can be regarded as an international example. The partner network, the Manipal Learning Symposium, the electives abroad and the international character of the staff and the student population all serve several of the programme's intended learning outcomes. The panel appreciates the teaching method of the courses that are executed together with the universities from the partner network. During these courses, the students from different universities work together to complete group assignments. Moreover, the students have the option to follow electives and conduct their thesis research project abroad. According to the panel, all these aspects enhance the students' skills required for working in interdisciplinary, intercultural and international teams. To facilitate the students during their study, the programme could provide overviews and schedules of the learning objectives and deadlines for each course. The panel thinks the course in the fall term, New Biosciences/New Society, is one of the best courses the programme offers by itself, since it trains the students to explain complex global developments using knowledge from a various set of disciplines (culture, biology, psychology).

The panel is positive about the electives of the programme and the opportunity for students to discover different perspectives on global health at other universities. The panel would like to suggest that the programme management finds a way to keep track of the elective's content more thoroughly, to monitor overlap.

The panel is very satisfied with the programme's staff. The programme also attracts external experts from universities or organisations related to public health issues, to help keep the programme's content up-to-date and give students an idea of job opportunities after graduation.

Finally, the panel is pleased to see the programme has several facilities in place to support the students during their study. The annual grant, a blended learning expert and the activities to acquaint students with the professional field are highly appreciated by the panel.

Conclusion

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

Standard 3: Student assessment

The programme has an adequate system of student assessment in place.

Findings

The programme uses the PBL approach as a point of departure to design the various modes of assessment. The concepts of the PBL system, such as contextual learning and collaborative learning, serve as basic principles in designing the programme's assessment plan. The panel ascertained that the programme has a varied programme of assessment in place. It viewed the programme's assessment matrix which demonstrated that all of the programme's ILOs are assessed in the separate



courses. During tutorials, students are asked to conduct assignments which assess the competencies stated in the ILOs. Written exams test their knowledge, while paper assignments assess their skills to integrate and apply that knowledge. For each course, the assessment is described, along with the criteria for passing. Not only is a sufficient grade needed for every separate part of the exam, teachers also monitor the student's active participation in all educational activities. Although there are some individual assignments, the panel noted that the programme has many group assignments. Students indicated to the panel that this makes it hard to receive high grades. The panel agrees with the programme's choice for group assignments, because they serve many intended learning outcomes related to collaboration and communication skills. However, the panel understands the students' dissatisfaction and suggests that the programme management examine whether individual differentiation in the grading of group work is possible.

The panel appreciates the thorough check of the assignments. All course exams and assignments are composed by the course coordinator in collaboration with 3-5 group members. The Board of Examiners Health checks all course assessment plans to ensure the method of grading is correct and transparent; an Exam Review Committee provides advice on test length, wording, and assessment criteria. The electives are an exception. The elective's assessment is the responsibility of the partner university's home-based quality system and so the Board is little involved. Although the panel is confident that these quality systems are in order, it is of the opinion that the electives are just as much a part of the programme, and so the elective's assessment should be monitored more closely. Just as its opinion regarding the elective's content (see standard 2), the panel would like to see a system implemented where the elective's assessment is more of a shared responsibility between the partner universities.

Board of Examiners Health

The Board of Examiners Health (BoE-H) acts for all programmes related to the domain of Health. In total, it serves 1700 students. It consists of a daily Executive Board (chair, vice-chair and a secretary) which meets every week. The full board (the Executive Board accompanied by four members from the educational programmes in the health domain plus an external member) meets every six weeks. The Board regularly meets with the programme management, to hear about current issues or changes in the programme.

The panel was able to ascertain that the BoE-H adequately handles all of its legally mandated tasks and has adopted a more proactive attitude since the previous re-accreditation of the programme. It appoints examiners who administer and determine the results of examinations and checks the assessment plans of the courses every year to see whether the intended learning outcomes matched to the courses are indeed assessed. The panel was pleased to see that the Board is aware of the need to review the programme-wide assessment plan. Investigating the content of the programme's assessment from beginning to end could be beneficial in many ways. For instance, the Board would be able to examine the number of courses in which particular ILOs are assessed, thus controlling the robustness of the programme. It would also be able to investigate whether the programme's assessment shows a gradual build-up over time in terms of difficulty. The panel appreciates the Board's plans to become more proactive and encourages it to continue to take concrete steps in that direction.

Thesis assessment

The panel is satisfied with the thesis grading process. The thesis is graded by two examiners (staff members) independently. The primary thesis supervisor acts as the first examiner. Both examiners grade the thesis' content. When their grades differ by more than two points, a third examiner is consulted. The primary thesis supervisor also grades the student's work on collecting the data during the research placement and writing the thesis (on criteria such as ability to work independently, finding solutions to problems, processing the supervisor's feedback). Both grades need to be at least a 6.0 to pass the placement and thesis period; the grade on content determines 75 percent of the final grade. The panel was pleased to see that all thesis supervisors are provided with information about the thesis assessment by the placement coordinator, so that they are informed about the

procedure and the digital assessment environment. In addition, the supervisors receive a document with information on the placement and thesis requirements. This document is also provided to the students.

Prior to the site visit, the panel read a selection of theses and the accompanying assessment forms. In general, the assessment forms were clear and insightful in terms of the final grade. The panel was satisfied with how the form asks the examiner to rate different criteria (i.e. problem statement, chosen method, results, discussion of the results, and overall structure and lay-out). While the panel was generally pleased with the forms, it suggests using a grading system rather than minus and plus signs for the criteria, assessing different aspects of the thesis enhances the transparency and validity of the grading. It would also like to suggest a further elaboration of these criteria. Right now, the criteria only state the aspects on which the grading is based. If the assessment form would elaborate more, by stating clearly what is expected in terms of the use of the literature, methodological choices, and interpretation of the data, this would enhance the objectivity of the grading even further. Prior to the site visit, at the panel's request, the programme presented a document with an explanation of the grades, which is currently being used as a test to try to support the examiners. According to the panel, this document greatly elucidates the assessment criteria. It therefore advises the programme management to make these explanations a permanent component of the assessment process. Additionally, it would like to suggest more tailored explanations of the grading criteria, to make them reflect a master's level. For instance, the criteria can state the desired complexity of the research question or the difficulty level of research methods. This will enhance not only consistent grading, but will also allow for an optimal transparency towards the students with regard to the expectations of their thesis.

On some forms, the examiner's explanation was very short. Although there is a good system in place to resolve issues concerning differences in grading (by appointing a third examiner), the panel agrees with the programme that further action needs to be taken to safeguard fair and reliable grades. It therefore applauds the programme's calibration sessions, which started in the spring of 2019. During these sessions, the teachers are asked to grade the same two theses and discuss their grading. The aim of the sessions is to come to a better agreement on how to interpret the assessment forms and when a thesis or examination should receive a passing grade or not. The result is a higher inter-examiner reliability. The panel is pleased to see that these sessions have started discussions on grading. Although inter-examiner reliability can never be 100 percent, it is very satisfied with the effort of the programme to secure consistent, transparent and fair grading and truly hopes that the calibration sessions will get a permanent place in the quality assurance cycle of the programme's assessment.

Considerations

The panel ascertained that the programme has a varied programme of assessment in place. It viewed an assessment matrix which demonstrates that all intended learning outcomes of the programme are being assessed throughout the separate courses. The panel appreciates the thorough check of all assignments within the programme.

The panel was able to ascertain that the Board of Examiners Health adequately handles all of its legally mandated tasks. In the panel's opinion, the Board can further strengthen its proactive role and extend its task by, for instance, getting an overview of the way the intended learning outcomes are assessed throughout the programme.

The panel is satisfied with the grading process of the thesis. The panel was pleased to see that the programme provides all thesis supervisors with information about the essential procedures for the assessment. Furthermore, thesis supervisors and students are provided with information on placement and thesis requirements.

According to the panel, the assessment form used for the thesis assessment is clear and insightful in terms of the final grade. It asks the examiner to assess different aspects of the thesis, which



enhances the transparency and validity of the grading. The panel suggests elaborating on these criteria, for instance by adopting the recently introduced explanation of grades, to allow for more consistent grading and more transparency towards the students with regard to the expectations of their thesis.

The panel applauds the programme's effort to secure consistent, transparent and fair grading. The calibration sessions deserve special mention in this respect. The panel is pleased to see that these sessions have started discussions on grading, and as a result, the examiners come to a better agreement on how to interpret the assessment forms and how to decide when a thesis or examination should receive a passing grade or not.

Conclusion

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

Standard 4: Achieved learning outcomes

The programme demonstrates that the intended learning outcomes are achieved.

Findings

To assess whether graduates have achieved the programme's ILOs, the panel studied 15 recent theses to verify the achievement level of the graduates. The performance level of graduates in the professional field was also taken into consideration.

Theses

According to the panel, the theses meet the appropriate academic level. It saw many theses with well-identified, relevant and original topics fitting to the domain of global health. Many of the theses provided interesting findings which the student discussed with sufficient depth and coherency. Moreover, the results of many of the theses were very relevant for the field. The panel rated most of the theses as very good to excellent; some of them were even rated higher by the panel than by the two examiners. However, a few theses were very basic or descriptive and were deemed satisfactory by the panel. To stimulate further improvement of the theses, the programme could give more clarity about what is expected in terms of the use of the literature, methodological choices, and interpretation (see also Standard 3). All in all, the panel is impressed by the overall quality of the master's theses.

Career

After reading the theses and speaking to alumni of the master's programme, the panel concluded that graduates demonstrated that they had met the ILOs at the expected level. During the site visit, the panel spoke to alumni of the programme, who indicated that they especially value the skills taught in the programme, since those greatly benefitted them in their future career. Alumni told the panel that the programme's PBL concept proved to be of great added value for their professional life: they experienced little difficulty in chairing a meeting, working in intercultural groups, using technology for online communication, etc. Furthermore, alumni indicated that they also appreciate the gained knowledge during the programme. One alumnus stated that his employer would like to employ more of this master's programme's alumni, because they are so well aware of the public health domain seen from a global perspective.

The most recent National Alumni Survey indicates that 79 percent of graduates obtained a paid job within 7 months after graduation. The career paths of alumni reflect the broad scope of the programme. Some graduates continued in research by obtaining a PhD position. Others are employed in a broad range of organisations, such as non-government organisations, research institutes, hospitals, or the government. Some graduates found jobs in business or set up their own business.

The panel is pleased to see that the faculty has a taskforce on employability and post-graduate education in place to keep in contact with the programme's alumni and make their career paths more visible to the students.

Considerations

The panel is impressed by the overall quality of the master's theses. Many of the theses provide interesting findings on well-identified and original topics. Moreover, most theses showed a good discussion of the results, with sufficient depth and coherency. The panel rated many theses very good to excellent.

After reading the theses and speaking to alumni of the master's programme, the panel concluded that graduates demonstrated that they have met the intended learning outcomes at the expected level. Alumni and employers are very satisfied with the programme. Alumni are employed in a broad range of positions, reflecting the broad scope of the programme. Some graduates continued in research by obtaining a PhD position, others found jobs in non-government organisations or business. The panel appreciates the work of the taskforce on employability and post-graduate education.

Conclusion

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

GENERAL CONCLUSION

The panel assesses standards 1, 3 and 4 of the *master's programme Global Health* as 'good'.

The panel assesses standard 2 of the *master's programme Global Health* as 'excellent'.

According to the NVAO's Assessment Framework 2016, the overall assessment of the programme is therefore 'good'.

Conclusion

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



APPENDICES

APPENDIX 1: DOMAIN-SPECIFIC FRAMEWORK OF REFERENCE

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 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.

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 divers 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 normal, what is wrong, what is needed, and what needs to be done. The introduction of these "alien" elements changes (health, health risks and health care in) those local settings forever. Moreover, 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 of 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 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 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, analysing 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 Europe 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 good 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;
- Function effectively in international, intercultural and interdisciplinary teams to provide leadership, create partnerships, and participate in professional networks;
- To act as a (project) leader or use basic leadership skills.

APPENDIX 2: INTENDED LEARNING OUTCOMES

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.

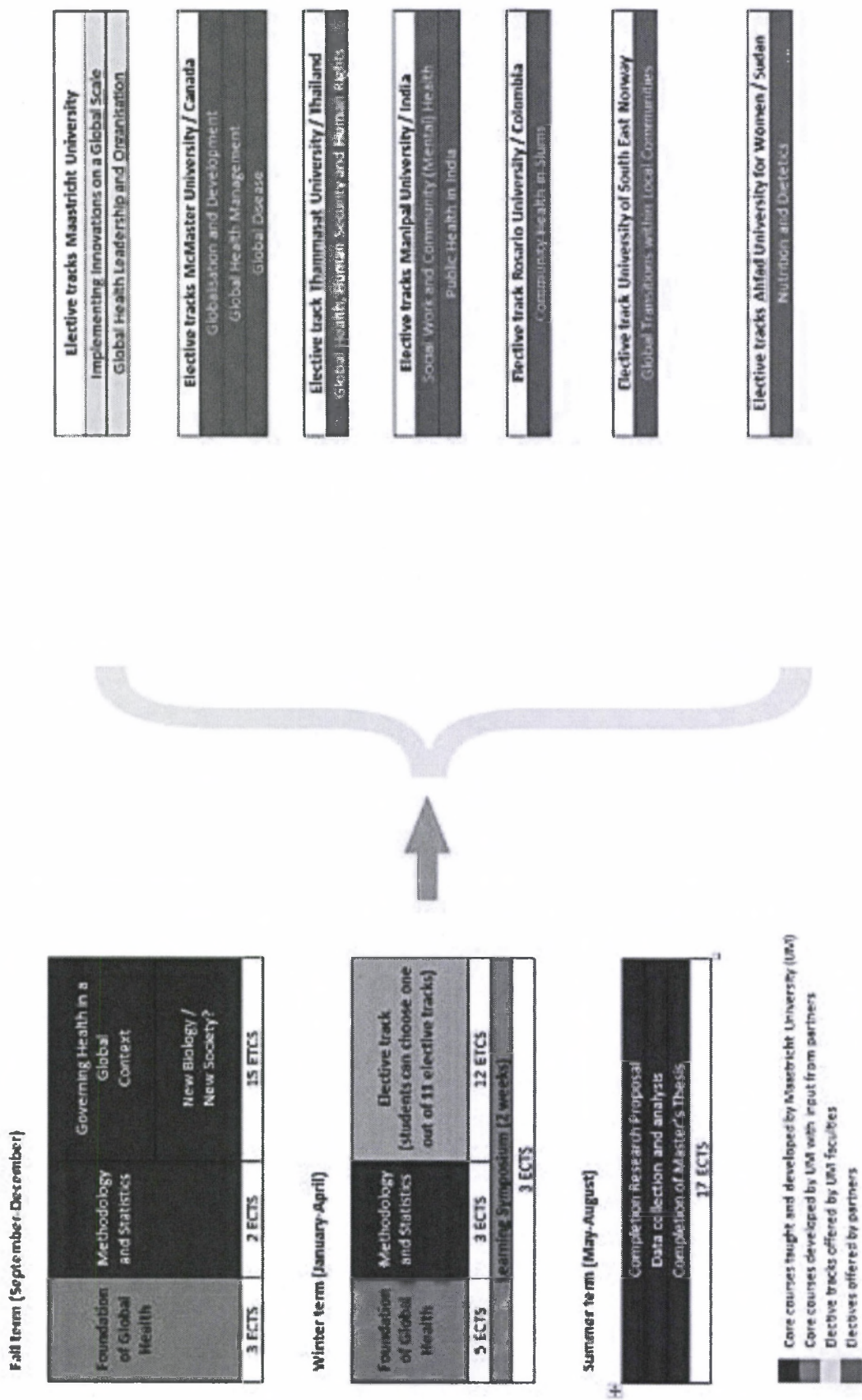
With respect to Communication

- 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 3: OVERVIEW OF THE CURRICULUM



APPENDIX 4: PROGRAMME OF THE SITE VISIT

Monday 3 June 2019		
8.45	09.00	Welcome at Porter's desk UNS40
09.00	10.30	Initial panel meeting
10.30	11.30	Meeting with management IH
11.30	12.15	Lunch
12.15	13.00	Meeting with students BEPH
13.00	13.45	Meeting with staff BEPH
13.45	14.15	Break
14.15	14.45	Meeting with alumni MGH (6 alumni via Blackboard Collaborate)
14.45	15.30	Meeting with students MGH
15.30	16.15	Meeting with staff MGH
16.15	16.30	Break
16.30	17.00	Meeting with alumni MGLEPH (2 alumni via Blackboard Collaborate)
17.00	17.45	Meeting with students MGLEPH
17.45	18.30	Meeting with staff MGLEPH

Tuesday 4 June 2019		
9.00	10.00	Internal panel meeting
10.00	10.30	Meeting with members Education Programme Committee Health
10.30	11.15	Meeting with members Board of Examiners Health
11.15	11.45	Break
11.45	12.30	Concluding meeting with management IH
12.30	13.15	Lunch
13.15	14.45	Internal panel meeting
14.45	15.15	Development dialogue BEPH
15.15	15.45	Development dialogue MGH
15.45	16.15	Development dialogue MGLEPH
16.15	16.30	Break
16.30	16.45	Reporting provisional findings by panel chair: Tongerenzaal (UNS40), main floor
16.45		Reception Drielandenpunt (UNS40)

APPENDIX 5: THESES AND DOCUMENTS STUDIED BY THE PANEL

Prior to the site visit, the panel studied 15 theses of the master's programme Global Health. Information on the selected theses is available from QANU upon request.

During the site visit, the panel studied, among other things, the following documents (partly as hard copies, partly via the institution's electronic learning environment):

- Domain specific frame of reference
- Description of the content of all courses and trajectories
- Numbers on student intake (nationality, prior education) (2013-2018)
- Survival and completion rates (2013-2017)
- Results of course evaluation (2017-2018)
- Overview of staff
- Calibration sessions reports
- Education and Examination Regulations
- Rules and Regulations
- Rubrics on the assessment of the master's theses
- Annual report Board of Examiners Health 2017-2018
- Annual report Education Programme Committee 2017-2018
- All course information of the programme (2018-2019) was made digitally available via a laptop which was provided by the university during the site visit. For the following courses, the materials were also present in hardcopy:
 - Advanced Methodological and Statistical Skills 1
 - New Biosciences / New Society
 - Foundations of Global Health 2

