

BACHELOR'S PROGRAMME
HEALTH AND SOCIETY
WAGENINGEN UNIVERSITY & RESEARCH

QANU
Catharijnesingel 56
PO Box 8035
3503 RA Utrecht
The Netherlands

Phone: +31 (0) 30 230 3100
E-mail: support@qanu.nl
Internet: www.qanu.nl

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This report was finalized on 3 October 2018

REPORT ON THE BACHELOR'S PROGRAMME HEALTH AND SOCIETY OF WAGENINGEN UNIVERSITY & RESEARCH

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

ADMINISTRATIVE DATA REGARDING THE PROGRAMME

Bachelor's programme Health and Society

Name of the programme:	Health and Society (Gezondheid en Maatschappij)
CROHO number:	50018
Level of the programme:	bachelor's
Orientation of the programme:	academic
Number of credits:	180 EC
Specializations or tracks:	-
Location(s):	Wageningen
Mode(s) of study:	full time
Language of instruction:	Dutch, English
Expiration of accreditation:	03/07/2019

The visit of the assessment panel Health Sciences to Wageningen University & Research took place on 7 - 8 June 2018.

ADMINISTRATIVE DATA REGARDING THE INSTITUTION

Name of the institution:	Wageningen University & Research
Status of the institution:	publicly funded institution
Result institutional quality assurance assessment:	positive (15 May 2018)

COMPOSITION OF THE ASSESSMENT PANEL

The NVAO has approved the composition of the panel on 18 December 2017. The panel that assessed the bachelor's programme Health and Society consisted of:

- Em. prof. dr. J. (Janke) Cohen-Schotanus, emeritus professor Education & Educational Research in the medical sciences at the University of Groningen [chair];
- Prof. dr. J. (Koos) van der Velden, professor in Public Health at Radboud Universiteit Nijmegen [vice chair];
- Dr. M. (Marinus) Verhagen, assistant professor in Human Resource Studies at Tilburg University;
- Em. prof. dr. L.R.D. (Lea) Maes, emeritus professor in Health Promotion at Ghent University (Belgium);
- Drs. A. (Tony) Lamping, freelance care consultant, Tony Lamping Advies;
- M. (Maarten) Butink, bachelor's student in Health Sciences at Maastricht University [student-member].

The panel was supported by dr. A. (Anna) Sparreboom, who acted as secretary.

WORKING METHOD OF THE ASSESSMENT PANEL

The site visit to the bachelor's programme Health and Society at Wageningen University & Research is part of the cluster assessment Health Sciences in which seven universities participated: Twente University, Utrecht University, University of Groningen, Maastricht University, Erasmus University Rotterdam, Wageningen University & Research and Vrije Universiteit Amsterdam.

The chair of the assessment panel is Prof. dr. J. (Janke) Cohen-Schotanus, who was present during six of seven site visits (TU, UU, MU, EUR, WUR and VU). Prof. dr. J. (Koos) van der Velden, who acted as vice-chair at six site visits, replaced her as chair for the assessment of the research master programme Clinical and Psychosocial Epidemiology at the University of Groningen. Apart from Prof. van der Velden, the panel that evaluated the bachelor's programme Health and Society consisted of dr. M. (Marinus) Verhagen, em. prof. dr. L.R.D. (Lea) Maes, drs. A. (Tony) Lamping and M. (Maarten) Butink (student-member). The chair, vice-chair and Marinus Verhagen together safeguarded the consistency of the assessments. The project manager, dr. A. (Anna) Sparreboom, acted as an independent observer.

Dr. A. (Anna) Sparreboom acted as QANU project manager for the Health Sciences cluster. Dr. F. (Floor) Meijer, dr. J. (Joke) Corporaal, dr. M. (Meg) Van Bogaert and dr. A. (Anna) Sparreboom, who are all certified by NVAO, acted as independent secretaries.

Preparation

In preparation for the assessment, the management of the bachelor's programme Health and Society provided a self-evaluation report (SER) with relevant appendices. The secretary checked the report for completeness of information before sending it to the panel members, who studied all material in preparation for the site visit. In addition, the panel studied several theses with their assessment forms to assess the final achievement level and to review assessment practices. For a full list of studied theses, see Appendix 5.

The panel studied a selection of 15 theses from a complete list of 111 theses completed in the 2015-2017 period. This selection was prepared by the secretary and checked by the panel chair. It was based on the following considerations: a diversity of grades (covering the full range of marks given including high scores, middle scores and scores at the pass/fail mark), a diversity of examiners to assess the alignment of assessment practices, and a diversity of topics and subjects to assess the performance of students and the full scope of the bachelor's programme.

The panel discussed its initial findings based on the SERs and studied material by email, followed by a preparatory panel meeting on 21 March 2018. Prior to the site visit, the panel asked the programmes to select representative interview partners for both programmes. Some changes to the schedule were agreed upon during the site visit in communication between the programmes and the panel.

Site visit

The site visit to Wageningen University & Research took place from 7 – 8 June 2018 in the presence of all panel members, assisted by a NVAO-certified secretary. During the site visit, the panel met with the programme management, faculty members, current students, alumni, members of the Board of Examiners and representatives of the educational committee. It provided students and lecturers with an opportunity to meet informally during a consultation hour outside the set interviews. No requests were received for this option. It used the final part of the visit for an internal meeting to discuss its findings. The visit was concluded with a verbal presentation of the preliminary impressions and general observations by the chair of the panel. This presentation was open to all. For the full schedule of the site visit, see Appendix 4.

The panel also examined relevant study material and additional material during the site visit. An overview of all documents reviewed by the panel is included in Appendix 5.

Report

Based on the panel's findings, a draft report was prepared by the secretary. All panel members commented upon the draft report, and their comments and additions were implemented accordingly. The draft report was approved by the panel chair and sent to those responsible for the programme at Wageningen University & Research for the rebuttal procedure. The programme checked the draft report for factual irregularities. Suggestions based on this rebuttal procedure were discussed by the secretary and chair and, where necessary, other panel members before finalizing the report.

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

In the self-assessment and during the site visit, the Dutch name of the bachelor's programme Health and Society, Bachelor Gezondheid & Maatschappij, was used, abbreviated as BGM. The panel will use the same name and abbreviation in this report.

Standard 1

The bachelor's programme BGM takes an interdisciplinary and socio-ecological approach to health development, health care and public health, which is unique in the field of Health Sciences in the Netherlands. Students in the BGM-programme are trained to analyse societal health issues, to interpret how various determinants influence health development and outcomes, and to translate knowledge from research into action in public health and health care, while combining insights from multiple disciplines and stakeholders. The panel is enthusiastic about the programme's focus on the exogenous factors of health, health promotion and the prevention of disease by adapting the environment (primordial prevention). It feels that this approach is relevant to present-day society, distinctive in the field of Health Sciences and appropriate for a non-medical faculty.

The programme's interdisciplinary scope and socio-ecological approach is very well translated into the intended learning outcomes (ILOs). The panel concludes that the ILOs are well chosen for an academic bachelor's programme in health sciences and carefully formulated, each starting with an action verb, so that they serve as useful starting points for the design of the curriculum and the assessment. The panel appreciates the programme's orientation on the professional and scholarly field in the Netherlands and internationally.

Standard 2

The panel concludes that all ILOs are translated in the curriculum and that each course has learning objectives that relate to the ILOs. The construction of the curriculum is logical; it starts with introductory courses and slowly builds up broadening and deepening knowledge and research skills. The courses are well-structured and of an appropriate level for an academic bachelor's programme. The panel is enthusiastic about the opportunity that the elective space in year 3 offers to spend a semester abroad. The panel advises to enhance the constructive alignment in the curriculum by appointing an 'owner' for each ILO.

The teaching staff in the BGM programme are researchers recruited from various chair groups at WUR and they are well qualified for teaching. The teaching methods that are used are in line with the ILOs, but the panel encourages the programme to use less lectures and more activating teaching methods. The panel concludes that the curriculum, the teaching-learning environment and the quality of staff and supervision enables students to achieve the ILOs.

Standard 3

The panel concludes that the system of assessment sufficiently safeguards the validity, reliability, independency and transparency of assessment. The panel advises to develop a programme-wide assessment plan, which demonstrates how the assessment of individual courses and of all courses together connects to the ILOs.

The panel established that the thesis assessment is generally adequate. To increase the reliability and independence of thesis assessment, the panel advises using two assessment forms, one for supervisor and one for second examiner, and ensuring that both examiners discuss their assessment together only after they filled out the forms independently. In addition, it advises monitoring the provision of qualitative feedback on the assessment forms more strictly.

The assessment strategies of each course are carefully executed and monitored by the Examining Board Social Sciences (EBSS). The EBSS has adequate working methods and procedures in place and thus contributes to the quality assurance of assessment in the BGM programme. The EBSS is



aware of the improvements that can be made and takes its tasks very seriously. The panel concludes that the EBSS sufficiently safeguards the quality of assessment and thus carries out its formal tasks.

Standard 4

The panel concludes that students achieve the intended learning outcomes of the bachelor's programme. In the thesis, the candidates demonstrate that they are able to critically analyse and summarise a subject, integrate knowledge from various sources and apply theoretical knowledge. The panel read a sample of 15 theses and concluded that they were all of sufficient quality. It recommends reviewing the assignment of the thesis to allow more types of theses so that students can apply more of their knowledge and skills in their final work. Or, when this is impossible, to at least allow more different types of literature studies, such as mapping reviews, qualitative reviews or rapid reviews. The panel also recommends prolonging the period in which students work on their thesis, for instance by connecting the course Theoretical Approaches in Research for Health and Society more explicitly to the thesis.

Most graduates of the bachelor's programme continue their studies in a master's programme in Health Sciences at WUR or another university. The panel concludes that they are well-prepared for this.

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

Bachelor's programme Health and Society

Standard 1: Intended learning outcomes	good
Standard 2: Teaching-learning environment	satisfactory
Standard 3: Student assessment	satisfactory
Standard 4: Achieved learning outcomes	satisfactory
General conclusion	satisfactory

The chair and the secretary of the panel 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: 3 October 2018

Prof. dr. Janke Cohen-Schotanus

Dr. Anna Sparreboom

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

Governance structure and organisation of degree programmes at WUR

The governance structure and organisation of degree programmes at Wageningen University and Research (WUR) differs from that of other Dutch universities. WUR has only one faculty; the Faculty of Agriculture and Environmental Sciences. The *rector magnificus* of the University is also the Dean of the Faculty. The Dean appoints the Programme Board (PB), which consists of four professors and four students, and is chaired by the Dean of Education. The PB is the legal governing body of the university's BSc and MSc degrees. Each programme has a Programme Committee (PC), which consists of an equal number of students and staff members who are appointed by the PB. The PC is supported by a Programme Director. PCs advise the PB on the design and content of the degree programmes. The PB does not employ lecturers who deliver the programme's courses; they are employed by one of the 94 chair groups, which are part of one of the five WU Science Groups. The Chair Groups are the 'supply side of education', the PB and PC the 'demand side'.

In the self-assessment and during the site visit, the Dutch name of the bachelor's programme Health and Society, Bachelor Gezondheid & Maatschappij, was used, abbreviated as BGM. The panel will use the same name and abbreviation in this report.

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

The bachelor's programme BGM takes an interdisciplinary and socio-ecological approach to health development, health care and public health, which is unique in the field of Health Sciences in the Netherlands. As explained in the Domain-Specific Framework of Reference (Appendix 1), all Dutch programmes in health sciences embrace a positive view on health, meaning that health is more than the absence of disease. Instead, health is reflected in the individual's ability to adapt and to self-manage in the face of social, physical and emotional challenges. In the BGM programme at Wageningen University and Research (WUR), however, the focus is on gaining understanding of the socio-ecological factors that contribute to positive health (salutogenesis), rather than focusing solely on the biological determinants that make people sick (pathogenesis). These socio-ecological factors, also called exogenous or external determinants of health, are for instance physical environment, lifestyle and social environment. This approach results in a perspective that acknowledges that health is not only an individual, but also a social matter that can be promoted not only through individual interventions and campaigns but also through regulation and collaboration with different stakeholders at various levels. The panel is enthusiastic about the programme's focus on the exogenous factors of health, health promotion and the prevention of disease by adapting the environment (primordial prevention). It feels that this approach is very relevant to present-day society, well-embedded in and unique to the field of Health Sciences in the Netherlands and appropriate for a non-medical faculty.

Students in the BGM programme are trained to analyse societal health issues, to interpret how various determinants influence health development and outcomes, and to translate knowledge from research into action in public health and health care, while combining insights from multiple disciplines and stakeholders. Graduates should be able to approach health issues in context, apply different disciplinary approaches, think critically and have good analytical skills. To achieve this, students are trained in various 'social' disciplines, including sociology, psychology, health promotion, economics, communication and demography and in general academic research skills. The programme aims to prepare students for a master's programme in a related field and, after that, for a career as



a (public) health care professional, health policy advisor, researcher or manager in health care or public organizations.

These objectives are translated into 12 intended learning outcomes (ILOs) that are aligned with the Dublin-descriptors. According to the panel, the ILOs are well written, clear, and measurable (Appendix 2). The set of ILOs includes some that are aimed at health domain-specific knowledge and understanding (ILO 1-8) and others that are aimed at scientific learning and general academic learning (ILO 9-12). The panel established that the focus on the exogenous, social factors that determine health is well described in the ILOs, note for instance ILO 1: 'Apply the theoretical approaches and infer the theoretical underpinnings of empirical social science research in current issues in public health and health care, including the interaction between health, life-style and the social and physical environment and their effects at various levels (micro, meso and macro).' The multidisciplinary approach of the bachelor's programme is also effectively translated into the ILOs, for example ILO 2 'Explain the governance of public health and health care while applying economic, management and policy-oriented concepts'. The learning outcomes with regard to scientific and academic learning (ILO 9-12) are appropriate for an academic bachelor's programme.

The panel concludes that the ILOs are well chosen for an academic bachelor's programme in health sciences and carefully formulated, each starting with an action verb, so that they are clear and measurable and serve as useful starting points for the design of the curriculum and the assessment. The panel appreciates the programme's orientation on the professional and academic field in the Netherlands and internationally, which is testified by the presence of an External Advisory Committee and by the inclusion of the view of two international experts on BGM's ILOs in the self-assessment report.

Considerations

The bachelor's programme BGM takes an interdisciplinary and socio-ecological approach to health development, health care and public health, which is unique in the field of Health Sciences in the Netherlands. Students in the BGM-programme are trained to analyse societal health issues, to interpret how various determinants influence health development and outcomes, and to translate knowledge from research into action in public health and health care, while combining insights from multiple disciplines and stakeholders. The panel is enthusiastic about the programme's focus on the exogenous factors of health, health promotion and the prevention of disease by adapting the environment (primordial prevention). It feels that this approach is relevant to present-day society, distinctive in the field of Health Sciences and appropriate for a non-medical faculty.

The programme's interdisciplinary scope and socio-ecological approach is very well translated into the ILOs. The panel concludes that the ILOs are well chosen for an academic bachelor's programme in health sciences and carefully formulated, each starting with an action verb, so that they serve as useful starting points for the design of the curriculum and the assessment. The panel appreciates the programme's orientation on the professional and scholarly field in the Netherlands and internationally.

Conclusion

Bachelor's programme Health and Society: 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*Curriculum*

The curriculum of the BGM programme constitutes 180 EC, of which 150 EC comprise the common programme and 30 EC elective courses (see Appendix 4 for the programme). The first year is introductory and consists of foundational courses in social-psychological theory and economics, with on the one hand links to (global) health and health care, and on the other research methods, statistics and presentation skills. In the courses in the second year, the students broaden their knowledge of the various disciplines with more in-depth courses on nutrition, epidemiology, health communication and management and innovation in the health sector. Methodological courses aimed at the development of research skills are also scheduled in year 2. Year 3 starts with room for electives, in which students can choose one of the pre-defined minors at WUR or, conditional to the approval of the Board of Examiners, freely select courses at WUR or other national and international universities. The common part of year 3 consists of two thematic courses about health policy, inter-sectoral collaboration, demography and the use of theory and a methodological course that prepares for the 12 EC thesis, with which students finish their bachelor's programme.

The panel noted that the construction of the curriculum is logical; it starts with introductory courses and slowly builds up broadening and deepening knowledge and research skills, culminating in the thesis, in which the student analyses and processes knowledge, concepts and theory. The language that is used in the courses follows a similar line, increasing in difficulty: in the first year courses are taught in Dutch, but the reading material is in English, in the second year some courses are taught in English, and the third year is completely in English, in preparation of master's programmes which are generally in English. The panel is enthusiastic about the opportunity that the elective space in year 3 offers to spend a semester abroad, because this is usually very inspiring, motivating and useful for health scientists in the modern-day globalised world. 23% of the students in the cohort that started in 2014-15 took the opportunity to study abroad for a semester.

The panel established that each course has learning objectives that relate to the general ILOs. During the site visit, students noted to the panel that they experience cohesion between a number of courses, such as those in social psychology, but indicated there was also overlap in content between courses. Although the communication between members of teaching staff is good, the panel established that the constructive alignment of each ILO within the curriculum is not structurally overseen by a member of staff or the management (at WUR the Programme Committees and directors are responsible for the management of educational programmes). For example, 12 courses in the bachelor's programme taught by various teachers are connected to ILO 8, which focuses on ethical issues, but the management does not explicitly manage and monitor the progress in achieving the learning goal over the courses. For example, do students show their ability to explain basic ethical concepts in the first courses and are their ethical deliberations in the final courses more profound? At the moment, all ILOs seem to be tested adequately and the teaching staff mostly manages to avoid overlap in courses because they frequently consult each other, but the panel advises enhancing the constructive alignment in the curriculum by appointing an 'owner' for each ILO. In this way, it will be easier for the management to oversee the cohesion in the curriculum and to manage and monitor the learning lines connected to the specific ILOs.

Staff, didactics, guidance and feasibility

The majority of all lecturers in the BGM programme have a University Teaching Qualification (BKO Dutch), the rest of them are in training and are expected to receive the UTQ within two years. From the interviews during the site visit the panel understood that students are generally content with the quality of their teachers, which is confirmed by the course evaluations. The lecturers in the bachelor's programme are recruited from the research staff in different departments within WUR. The



governance and organizational structure at WUR in which the PC invites staff from various chair groups to provide one or several courses to an educational programme, contributes to what the panel called 'thinking in courses' (see p. 10 above for a further explanation of the governance and organizational structure). Most teaching staff contributes to one or several courses, but do not have a clear overview of the connection of their course to the learning lines that connect to the ILOs. Although the panel sympathises with the organizational structure, which includes students in the PCs and is based on a strong culture of quality assurance, it also sees some pitfalls, such as the less centralised 'ownership' of the curriculum and the limited involvement of teaching staff with the entire programme. The teaching staff is primarily embedded in chair groups, that are organized along scientific disciplinary lines and often involved in different educational programmes. This results in a situation in which disciplinary education might prevail over the constructive alignment of the course in the BGM curriculum. When the panel shared and discussed this observation with the PC, the Board of Examiners and the Programme Board, it noted their recognition and open and constructive response. The panel is therefore confident that adequate measures will be taken to improve the constructive alignment of the curriculum.

Students in the BGM programme follow part of their courses together with students from other programmes, such as the bachelor's programme Nutrition and Health. The other courses are tailor-made for BGM students. From the course material that was studied during the site visit, the panel gathered that courses are well structured and of an appropriate level for an academic bachelor's programme. It also noted that both European, national and local perspectives are included in the course content. The programme adheres to the *Wageningen Approach to Education*, which has four starting points: 1. The student as an active participant, 2. Feedback is an essential part of learning, 3. Fostering differentiation and 4. Learning in communities. The panel established that the teaching methods of the courses are in line with the ILOs and in keeping with starting point 4: 34% of the scheduled contact hours are tutorials, 5% group work and 5% (lab) practicals. However, 53% of the scheduled contact hours are lectures. And although the panel learned from students and teaching staff that the lectures are made as interactive as possible, the panel encourages the programme to explore the use of additional activating teaching methods. As regards starting point 2 concerning feedback, the panel concluded from the interviews during the site visit and the course evaluations that students are satisfied with the guidance and feedback that they receive. Students also told the panel that they experience no bottlenecks in the curriculum. The progression rates confirm that the curriculum, the teaching-learning environment and the quality of staff and supervision enables students to achieve the ILOs.

Career orientation and connection with the professional field

As noted under Standard 1, students in the BGM programme are not only trained (1) to analyse societal health issues, (2) to interpret how various determinants influence health development and outcomes, but also (3) to translate knowledge from research into action in public health and health care, while (4) combining insights from multiple disciplines and stakeholders. The panel fully supports these objectives, but it sees a discrepancy between the third objective and the actual orientation on the professional field and the connection with practice in the courses. At present, there are several guest lectures and the study association Mercurius organises excursions and activities focusing on the professional field, but there is no internship and according to the students the use of examples taken from practice in the courses is limited. Student evaluations indicate that students want to gain more insight in the professional field during their studies. Although including an internship in the curriculum may not be possible due to university guidelines, the panel recommends looking for other ways to strengthen the orientation on practice in the courses, for instance by using problems or questions brought in by the professional field as project assignments. In order to achieve a better connection to the future professional field of BGM graduates, the panel also suggests adding a member from the healthcare sector, such as GGD or a municipality officer who is responsible for healthcare, to the programme's External Advisory Committee.

Considerations

The panel concludes that all ILOs are translated in the curriculum and that each course has learning objectives that relate to the ILOs. The construction of the curriculum is logical; it starts with introductory courses and slowly builds up broadening and deepening knowledge and research skills. The courses are well-structured and of an appropriate level for an academic bachelor's programme. The panel is enthusiastic about the opportunity that the elective space in year 3 offers to spend a semester abroad. The panel advises to enhance the constructive alignment in the curriculum by appointing an 'owner' for each ILO.

The teaching staff in the BGM programme are researchers recruited from various chair groups at WUR and they are well qualified for teaching. The teaching methods that are used are in line with the ILOs, but the panel encourages the programme to use less lectures and more activating teaching methods. The panel concludes that the curriculum, the teaching-learning environment and the quality of staff and supervision enables students to achieve the ILOs.

Conclusion

Bachelor's programme Health and Society: the panel assesses Standard 2 as 'satisfactory'.

Standard 3: Student assessment

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

Findings

System of assessment

The BGM programme uses a variety of assessment methods: written exams (open-end questions, multiple choice questions), assignments (individual or group), papers, presentations and participation in course work. The way in which the assessment is structured and related to the ILOs is described in the assessment strategy of each course, which is included in the Study Handbook and checked by the Examining Board Social Sciences (EBSS). Students are also informed about the assessment through example exams that are distributed and discussed in classes. All examiners hold a UTQ and are nominated by the EBSS. New staff members who are still in the process of receiving their UTQ can be approved provisionally. Group assignments are assessed through peer-feedback and are always outweighed in the final grade by individual assignments, in order to prevent students from receiving a high grade by freeriding. The reliability, independence and transparency of assessment are ensured by the use of answer keys and specification tables.

During the site visit, students noted to the panel that the various forms of assessment are suitable for the respective courses and that the provision of information about the assessment in each course is appropriate. The results of course evaluations confirm this. The panel established that the assessment strategies of each course are carefully executed. However, there is no programme-wide assessment plan yet, which demonstrates how the assessment of individual courses and of all courses together connects to the ILOs. The panel sees the development of such a plan, which requires the mapping of the assessment of all ILOs in the entire programme, as the next step in the further development of the assessment system.

Thesis assessment

The assessment of the thesis is described in the Thesis Guide, which is available to all students. The thesis is assessed by the supervisor and a second examiner. The grade of the thesis is based on 4 criteria; research competence (30%), thesis report (60%), oral presentation (5%) and final discussion / oral defence (5%). The mark for each criterion should be sufficient ($\geq 5,5$). There is a standardised thesis assessment form on which the criteria are further specified and on which the examiners can score all sub criteria. The form also provides room for qualitative comments by the supervisor and second examiner.



The panel read a sample of 15 theses with final grades ranging from 6 to 9. For some theses the panel would have given a slightly lower grade, but all of these cases fell within the bandwidth for an acceptable academic difference of opinion. The panel found no theses of insufficient quality. Presently, the supervisor and second examiner assess the thesis separately, but use the same assessment form. To increase the reliability and independence of thesis assessment, the panel advises using two assessment forms, one for supervisor and one for second examiner, and ensuring that both examiners discuss their assessment together only after they filled out the forms. In addition, the panel noted that the boxes for qualitative comments are not always used. It advises monitoring the provision of qualitative feedback on the assessment forms more strictly to ensure that students always receive qualitative feedback on their work.

Examining Board Social Sciences (EBSS)

The Examining Board Social Sciences (EBSS) is responsible for safeguarding the quality of assessment in the BGM-programme. The EBSS has an external member who is a retired university professor (2010) with experience as former chairman of the EBSS. The other members are experienced professors with UTQs and an assessment expert. The EBSS adheres to WUR's Examining Board Rules and Regulations, which contain the rules regarding the duties and powers of Boards of Examiners as regulated in the law. The regular work of the EBSS includes checking the assessment strategy of each course, investigating the results of course evaluations and advising about improvements if necessary, monitoring the binding study advice, approving individual study programmes, appointing examiners, granting exemptions and dealing with complaints, appeals and fraud cases.

In addition to the annual quality assurance activities, the EBSS visits each of the chair groups that contribute to the BGM-programme every four years to review the assessment procedures in detail. In preparation of the visit, the EBSS investigates assessment documents and the evaluations of the assessment in the courses provided by the respective chair group. The assessment expert always participates in these visits. In addition, the EBSS checks and approves the assessment strategies of each course, it checks answer keys and specification tables and it conducts reviews of samples of theses. Finally, during the chair group visit, the EBSS looks at the evaluations of courses and their assessment by peer-reviewers, colleagues from other universities working in the same field. After the chair group visit, the EBSS prepares a report for the PC which includes conclusions and recommendations. A summary of general conclusions of all site visits by all Boards of Examiners is sent to the University Board every year.

The panel established that WUR has a strong culture of quality assurance, which also applies to assessment. The EBSS has adequate working methods and procedures in place and thus makes a contribution to the quality assurance of assessment in the BGM programme. During the site visit, the panel and the EBSS spoke about the most important challenges in the programme at this moment; the constructive alignment of ILOs, courses and assessment, and the reliability and independence of thesis assessment. As noted above under Standard 2, the panel feels that the constructive alignment of each ILO and its assessment should be made more explicit. At the moment, PC and teaching staff are 'thinking in courses', instead of in the learning lines that connect to the ILOs. The panel noted that this is also due to the organisational structure in which the PC invites various chair groups to give courses. As a consequence, at the moment the quality of assessment is safeguarded on course-level, but not on programme-level and in relation to the ILOs.

The second challenge, which concerns the reliability and independence of thesis assessment, can perhaps be addressed sooner, by organising that supervisor and second examiner use two assessment forms and by introducing rubrics for the thesis assessment. From their conversation with the EBSS, the panel concluded that it is aware of the improvements that can be made and takes its tasks very seriously. The fact that EBSS is responsible for all programmes in social sciences is an advantage here, because it means that it has a good overview of the potential problems and possible solutions. The panel concludes that the EBSS sufficiently safeguards the quality of assessment and thus carries out its formal tasks.

Considerations

The panel concludes that the system of assessment sufficiently safeguards the validity, reliability, independency and transparency of assessment. The panel advises to develop a programme-wide assessment plan, which demonstrates how the assessment of individual courses and of all courses together connects to the ILOs.

The panel established that the thesis assessment is generally adequate. To increase the reliability and independence of thesis assessment, the panel advises using two assessment forms, one for supervisor and one for second examiner, and ensuring that both examiners discuss their assessment together only after they filled out the forms. In addition, it advises monitoring the provision of qualitative feedback on the assessment forms more strictly.

The assessment strategies of each course are carefully executed and monitored by the EBSS. The EBSS has adequate working methods and procedures in place and thus contributes to the quality assurance of assessment in the BGM programme. The EBSS is aware of the improvements that can be made and takes its tasks very seriously. The panel concludes that the EBSS sufficiently safeguards the quality of assessment and thus carries out its formal tasks.

Conclusion

Bachelor's programme Health and Society: the panel assesses Standard 3 as 'satisfactory'.

Standard 4: Achieved learning outcomes

The programme demonstrates that the intended learning outcomes are achieved.

Findings

To assess whether the intended learning outcomes have been achieved, the panel studied a sample of theses and interviewed several alumni.

In the thesis (12 EC), the candidate should demonstrate that he is able to critically analyse and summarise a subject, integrate knowledge from various sources and apply theoretical knowledge. Moreover, the student's thesis should indicate that he is able to plan and conduct the research individually and independently, though under supervision, and report the results verbally and in writing. Because the time available for the thesis is limited to 8 weeks, most students choose to write a literature review as their thesis.

The panel read a sample of 15 theses and concluded that they were all of sufficient quality. The topics of the theses were relevant to the programme, focusing for instance on literature about youth development through physical activity or the effectivity of robots for elderly Alzheimer's patients. The best theses were systematic literature reviews of a high level in good English, those who received lower grades had shortcomings in the research design, methods, discussion or contained language and spelling errors.

The panel understands that the present form of the thesis was chosen because of the limitations that the 8 week period poses, but it feels that the thesis in the present form does not do justice to everything the students learn in the bachelor's programme. In first and second year courses, the students are trained in research methods and data analysis and they learn about theoretical approaches in research for health and society, but they are not able to apply this knowledge and skills in the thesis in the present form. The panel advises to review the assignment of the thesis and to allow more types of theses so that students can apply more of their knowledge and skills in their final work. Or, when this is impossible, to allow at least more different types of literature studies, such as mapping reviews, qualitative reviews or rapid reviews,. The panel also recommends prolonging the period in which students work on their thesis, for instance by connecting the course *Theoretical Approaches in*



Research for Health and Society more explicitly to the thesis.

The majority of all graduates continued in a master's programme at WUR, the others chose masters in Health Sciences at Erasmus University Rotterdam and Maastricht University. The alumni that the panel spoke to confirmed that the BGM-programme prepared them well for their future. They noted that the multidisciplinary and socio-ecological approach that they learned in their bachelor at WUR were useful in their master's, as well as the general academic attitude and skills that they learned.

Considerations

The panel concludes that students achieve the intended learning outcomes of the bachelor's programme. In the thesis, the candidates demonstrate that they are able to critically analyse and summarise a subject, integrate knowledge from various sources and apply theoretical knowledge. The panel read a sample of 15 theses and concluded that they were all of sufficient quality. It recommends reviewing the assignment of the thesis to allow more types of theses so that students can apply more of their knowledge and skills in their final work. Or, when this is impossible, to allow more different types of literature studies, such as mapping reviews, qualitative reviews or rapid reviews. The panel also recommends prolonging the period in which students work on their thesis, for instance by connecting the course *Theoretical Approaches in Research for Health and Society* more explicitly to the thesis.

Most graduates of the bachelor's programme continue their studies in a master's programme in Health Sciences at WUR or another university. The panel concludes that they are well-prepared for this.

Conclusion

Bachelor's programme Health and Society: the panel assesses Standard 4 as 'satisfactory'.

GENERAL CONCLUSION

The panel assesses Standard 2, 3 and 4 as 'satisfactory' and Standard 1 as 'good'.

Conclusion

The panel assesses the *bachelor's programme Health and Society (Gezondheid en Maatschappij)* as 'satisfactory'.

APPENDICES

APPENDIX 1: DOMAIN-SPECIFIC FRAMEWORK OF REFERENCE

Domain-specific frame of reference Health Sciences

The domain-specific frame of reference Health Sciences (HS) has been drawn up for the purpose of assessing the bachelor's and master's programmes with the NVAO cluster HS. The frame of reference describes in general terms the domain in which the Health Sciences' programmes are positioned.

Frame of reference HS

Central to the concept of health in the frame of reference of the HS cluster is Huber's definition (2011)¹: 'Health is the ability to adapt and to self-manage in the face of social, physical, and emotional challenges.' This new concept of health has been formed in reaction to the criticism on the WHO definition from 1948² that is still in use today. This definition describes health as a state of complete physical, mental and social well-being. According to this definition almost no one is healthy. Critics believe that the ideal of complete well-being has contributed to medicalisation – and with that also indirectly to the growing pressure on the affordability of healthcare. Furthermore, the static definition says nothing about the dynamic ability of humans to adequately (learn how to) cope with an illness or disability. The concept ties in with the complexity of healthcare and the changing demand for healthcare by civilians³.

Where the definition of healthcare has already been broadly formed, the HS field – which concerns itself with generating knowledge on behalf of health and healthcare – is, if possible, even broader. Health and healthcare can be viewed and contributed to from many different angles. The central question is which factors influence health, and how, direct or indirect, it is possible to contribute to the stimulation of health and effective healthcare.

The HS field is broad by definition, and no individual or education can encompass the entire domain, but will always focus on a subarea, whether multi or interdisciplinary. Within the field they are involved with, amongst others, the study of causes, diagnosis, prognosis and treatment of diseases at population level. Besides that, the field concerns questions concerning prevention, monitoring and improving the public health, as well as the content, structure and financing of healthcare. The health scientist is capable of (i) conducting and assessing scientific research, whilst observing the societal and/or clinical relevance and (ii) can apply the acquired knowledge on several domains in healthcare and related context.

It has been acknowledged both nationally and internationally that an interdisciplinary approach is required for the study of health and healthcare in a broader perspective. In actual terms this means that elements from different disciplines – like epidemiology, (para)medical care, humane biology, sociology, psychology, psychiatry, economy, statistics, organisation and policy sciences, communication sciences, philosophy, law, ethics and technology – come together.

The broadness and complexity of the field ensures that the HS domain can never fully be the object of study. Both in the field of research and education the domain becomes more substantive by focussing on one or more subfields, which will be studied both in their specific context and on their mutual cohesion. Because of this broad perspective universities' programmes will differ in focus and for that reason also in methodology and educational goals. What connects all programmes is the fact that they educate students who can add to the promotion of health and wellbeing in general, and to the future of healthcare from their own specific competences. All HS programmes strive to provide students with a solid methodological research base. Besides knowledge development in the field of research methods and techniques, the emphasis also lies on acquiring skills, such as setting up and conducting research, as well as interpreting and effectively communicating results. Attention to the social (clinical) relevance

¹ Huber et al. *How should we define health?* BMJ. 2011 Jul 26;343:d4163. doi: 10.1136/bmj.d4163.

² Preamble to the Constitution of WHO as adopted by the International Health Conference, New York, 19 June - 22 July 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of WHO, no. 2, p. 100) and entered into force on 7 April 1948. The definition has not been amended since 1948.

³ Rapport Kaljouw, *Naar nieuwe zorg en zorgberoepen: de contouren*, 2015.



of research, as well as developing a vision on the occupational and working field, society and research itself are important here.

The professional field where HS students end up after their graduation is very diverse. All students have acquired a solid academic foundation in the field of research in health and healthcare. Because of these scientific competences graduates are suitable for many positions. This is also clearly reflected in the working field: graduates can be found working in various jobs, from researchers to academic professionals in healthcare, and from policy, management or advisory roles to teaching roles.

With such a diversity in functions ahead it is to be expected that students have the opportunity to specialise themselves during their education, optionally or not, in the form of elective courses concerning the knowledge and skills that are specifically important within one or several areas in the professional field, or which are required for further education.

APPENDIX 2: INTENDED LEARNING OUTCOMES

		Dublin Descriptors				
		Have knowledge and understanding	Apply knowledge and understanding	Make judgments	Communication	Learning skills
After successful completion of the BSc study programme Health and Society the graduates are expected to be able to:						
Health domain-specific knowledge and understanding	1	Apply the theoretical approaches and infer the theoretical underpinnings of empirical social science research in current issues in public health and health care, including the interaction between health, lifestyle and the social and physical environment and their effects at various levels (micro, meso and macro).				
	2	Explain the governance of public health and health care while applying economic, management and policy-oriented concepts.				
	3	Interpret basic social, physical and environmental determinants of health and health care and explain how these determinants interact.				
	4	Critically analyse basic public health and health care issues, such as chronic diseases, ageing and inequity in health.				
	5	Choose and apply the appropriate qualitative and quantitative social science research methods for data collection and analysis in empirical research, under supervision.				
	6	Define public health issues, translate research outcomes into advice, and evaluate policies and programmes for health promotion in various fields of practice and at various levels, under supervision.				
	7	Effectively contribute to the design, organisation and management of interventions in the field of public health and health care and collaborate and communicate with (multiple) experts as well as other stakeholders.				
	8	Explain the ethical issues that may arise when working as experts in the field of public health.				
Scientific learning (research)	9	Compare the multiple interpretations and applications of public health and health care across time and place.				
General academic learning	10	Cooperate in a team to perform project-based work.				
	11	Communicate clearly (verbally and in writing) about the results of projects and research and their rational underpinnings with a diversity of public.				
	12	Reflect (under supervision) upon personal knowledge, skills, attitudes and functioning, both individually and in discussions with others, and design and plan their own study path.				



APPENDIX 3: OVERVIEW OF THE CURRICULUM

Course code	Course name	Credits	Period
Year 1			
HSO-10806	Introduction to Health and Society	6	1
MCB-10806	Social Psychology	6	1
RSO-13805	Sociology of Health	5	2
ECS-10301	Presentation Skills	1	2
DEC-10306	Economics	6	2
RHI-11306	Social Transitions in Historical Perspective	6	3
YRM-10306	Research Methods in Social Sciences	6	4
HSO-10306	Global Health	6	5
MAT-15303	Statistics 1	3	5
MAT-15403	Statistics 2	3	5
CPT-13806	Ethics, Health and Society	6	6
RSO-12806	Eating, Customs and Health	6	6
Year 2			
CPT-12306	Introduction to Strategic Communication	6	1
HNE-24806	Introduction Epidemiology and Public Health	6	1
HSO-20306	Environmental Assets for Health	6	2
HNE-20306	Nutrition Behavior	6	2
HSO-20806	Health Psychology	6	3
MST-25306	Management and Innovation in the Health Sector	6	4
CPT-32306	Health Communication and Innovation	6	5
SCH-23306	Health Issues in Daily Life; a Beta-Gamma Approach	6	5
YRM-21806	Data Analysis for Health and Society	6	6
UEC-11806	Economics of Health and Care	6	6
Year 3			
HSO-30306	Health Policy and Action	6	4
SCH-21306	Demography and Global Population Issues	6	5
HSO-31306	Theoretical Approaches in Research for Health and Society	6	5

APPENDIX 4: PROGRAMME OF THE SITE VISIT

Donderdag 7 juni 2018		
10.45	11.00	Aankomst panel
11.00	14.00	Vorbereidend overleg en inzien documenten (inclusief lunch)
14.00	14.45	Gesprek met management (inhoudelijk verantwoordelijken)
14.45	15.00	Overleg panel
15.00	15.45	Gesprek met studenten B Gezondheid en Maatschappij
15.45	16.30	Gesprek met docenten B Gezondheid en Maatschappij
16.30	17.00	Overleg panel
17.00	17.30	Gesprek met alumni
17.30	18.30	Pauze
18.30	21.00	Diner panel

Vrijdag 8 juni 2018		
9.00	9.15	Aankomst panel
9.15	10.00	Inzien documenten, voorbereiding gesprekken, inloopsprekkuur
10.00	10.45	Gesprek met Opleidingscommissie (OC)
10.45	11.00	Overleg panel
11.00	11.45	Gesprek met Examencommissie (EC)
11.45	13.00	Vorbereiden eindgesprek (inclusief lunch)
13.00	13.45	Eindgesprek met management (formeel verantwoordelijken)
13.45	14.30	Opstellen voorlopige bevindingen
14.30	15.00	Mondelinge rapportage voorlopige bevindingen
15.00	16.00	Ontwikkelsprek
16.00		Vertrek

APPENDIX 5: THESES AND DOCUMENTS STUDIED BY THE PANEL

Prior to the site visit, the panel studied 15 theses of the bachelor's programme Health and Society. 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 institute's electronic learning environment):

- WUR Governance structure and organisation of degree programmes;
 - General material about assessment;
 - the Annual Report and minutes of the Programme Committee and the Board of Examiners;
 - Course evaluations 2016-17;
 - Teaching and Examination Regulations.
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- Course manuals, assessment material, supervisors guide and student guide of the following selected courses;
 - 1.2 Sociology of Health (in Dutch)
 - 1.6 Ethics, Health and Society (in Dutch)
 - 2.2 Environmental Assets for Health (in Dutch)
 - 2.5 Health Communication and Innovation
 - 3.4 Health Policy and Action
 - 3.5 Demography and Global Population Issues