

**Assessment of the
Bachelor's Degree Programme
Health and Society
at Wageningen University**

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Foreword

This report describes the findings of the assessment committee Health and Society for the bachelor's programme Health and Society of Wageningen University. The report is part of the quality assessment of university bachelor and master degree programmes in the Netherlands. The purpose of this report is to present a reliable picture of the results of the degree programme, to give feedback to the internal quality assurance of the programme, and to serve as the basis for accreditation of this programme by the Accreditation Organisation of the Netherlands and Flanders (NVAO).

Quality Assurance Netherlands Universities (QANU) aims to ensure independent, unbiased, critically constructive assessments using standardised quality criteria, while taking specific circumstances into account.

The QANU Health and Society assessment committee has fulfilled its task in Wageningen with great dedication. The programme has been evaluated in a thorough and careful manner. We expect that the judgements and recommendations will be carefully considered by the programme organisation and the Board of the University.

We thank the chairman and members of the assessment committee for their willingness to participate in this assessment and for the dedication with which they carried out their task. We also thank the staff of the department concerned for their efforts and for their cooperation during the assessment.

Quality Assurance Netherlands Universities

Mr. Chris J. Peels
Director

Dr. Jan G.F. Veldhuis
Chairman of the Board

Preface

On April 12 to 13 2010, the Health and Society assessment committee paid a visit to Wageningen University in the context of her task to evaluate the bachelor's programme Health and Society.

To correctly evaluate the programme in Wageningen, the committee carefully read the self-evaluation report, and many underlying documents including the theses from various students, and talked to faculty, staff and students during the site visit. The committee greatly appreciates the openness she encountered, both in the written documents as well as in the many interviews. On the basis of this, the committee was able to form a well reasoned opinion of the whole programme, as summarized in this report.

Key to the committee's assessment is the scientific nature of a programme that should be clear from all of the programme's elements. In particular the thesis should reflect this, as it is the *pièce de résistance* of a student. In this thesis, the science taught during the whole programme should result in a scientific piece of work. The committee has formed its opinion on this crucial aspect on the basis of a careful evaluation of the available theses, the procedures that guide the thesis writing process as well all other programme elements leading to this end product. In all, the committee considers the unique Wageningen bachelor's programme Health and Society to be indeed of a scientific nature.

On behalf of the committee members, I would like to thank all of those involved in the preparation and execution of this assessment procedure for their contributions and support, both at Wageningen University and QANU. Without their effort and their willingness to respond constructively to the many requests from the committee we could not have carried out the work as smoothly and pleasantly as we did.

Also, I gratefully acknowledge the contributions of the other committee members. In a very pleasant and creative atmosphere we have been able to work through the whole process to produce this report. In this context, the support of Meg Van Bogaert (and at the end Nikki Verseput) deserves a special note of appreciation. Without her, we would have been nowhere.

Koos van der Velden
Chair Health and Society assessment committee 2010

PART I: GENERAL PART

1. Structure of the report

In this document, the Health and Society assessment committee reports its findings. The report consists of two parts: a general part (Part I) and a programme part (Part II).

The general part summarises the tasks, composition, input documentation and working methods of the assessment committee. This part of the report also contains the domain-specific requirements that were used by the assessment committee. The programme part describes the evaluation and assessment of the bachelor's programme in Health and Society at Wageningen University. This programme part is structured in accordance with the accreditation criteria of NVAO (Accreditation Organisation of the Netherlands and Flanders).

2. Task and composition of the assessment committee

2.1. Task of the assessment committee

The task of the assessment committee is to evaluate and assess the bachelor's programme in Health and Society at Wageningen University according to the accreditation criteria set by NVAO. Based on and in accordance with these criteria, the assessment committee is expected to assess different aspects of quality of the programmes involved, based on the information provided by the programme in the self-evaluation report and on discussions during the site visit. The assessment report contains implicit recommendations by the committee; however, the emphasis lies on the assessment and justification of basic quality. The assessment committee has been requested to assess the following programme (including CROHO number):

Wageningen University

- Bachelor, Health and Society (CROHO 50018)

2.2. Constitution of the committee

The assessment committee consists of a chairman and 3 members. Appendix A lists short descriptions of the curricula vitae of the committee members.

Chair

- Prof. dr. J. van der Velden, professor and deputy head of Department of Primary and Community Care at the Radboud University Nijmegen Medical Centre.

Members

- Prof. dr. J.F.G. Bunders, professor of Biology and Society at the Faculty of Earth and Life Sciences at the VU University;
- Ms. drs. R.L. Prenen, educational expert;
- Ms. R.J.B. Jansen BSc, student in Public Health, Health Education and Promotion at Maastricht University.

The project leader of the assessment was Ms. dr. M.J.V. Van Bogaert, QANU staff member. The site visit took place on 12 and 13 April 2010. The programme of the site visit is included in appendix B.

All members of the assessment committee signed a declaration of independence as required by the QANU protocol to ensure that the committee members judge without bias, personal preference or personal interest, and the judgement is made without undue influence from the institute, the programme or other stakeholders.

3. Working method of the assessment committee

3.1. Introduction

The assessment committee was constituted formally on 12 April 2010. During this inaugural meeting the assessment committee discussed its task and the working methods. Furthermore, the assessment committee discussed the proposal for domain-specific requirements. This proposal was adjusted and subsequently instituted as the *Domain-Specific Requirements*, provided in chapter 4.

3.2. Preparatory phase

After receiving the self-evaluation report, the project leader checked the quality and completeness of the information provided. After approval, the self-evaluation report was forwarded to the assessment committee. During the initial meeting at the start of site visit, the assessment committee discussed their findings.

In addition to the self-evaluation report, the committee members each read three theses for the programme that is assessed. This led to the assessment of a total of 12 theses for the entire programme. When considered necessary, committee members could read additional theses during the site visit. Selection of the theses was done at random by the project leader. Since the assessment committee has to evaluate programmes leading to a scientific degree (BSc), specific attention was given to the scientific level of the theses, the requirements, carefulness of judgement by the reviewer of the programme and the assessment procedure used. After all, in a thesis the student has to show evidence of the required qualifications to earn a degree.

Within the committee a specific allocation of tasks was agreed upon, based on its expertise and composition. It should be emphasized that although specific tasks are assigned, the entire assessment committee remains responsible for the judgements and the final report.

3.3. Site visit

Before the site visit the project leader created a programme for the interviews. The draft programme was discussed with the chair of the assessment committee and the coordinator of the programme. During the site visit, interviews are held with a representative of the faculty board, the programme management, alumni, education committee, examination committee, study advisor and other supporting staff. Furthermore, a selection of both students and lecturers was interviewed.

During the site visit the committee received additional information, for example study books and reports from the meetings of the education committee. This information was studied during the site visit. A consultation hour was scheduled to give students and staff of the programmes the opportunity to talk to the assessment committee. No requests were received for the consultation hour.

The assessment committee used a significant part of the final day of a site visit to discuss the assessment of the programme and to prepare a preliminary presentation of the findings. The site visit concluded with a presentation by the chairman in which the preliminary findings were provided. The presentation consisted of a general assessment and several specific findings and impressions of the programme.

3.4. Scores of the standards

The assessments are performed in accordance with NVAO's accreditation framework. The scale for the scores of the standards prescribed by NVAO was adopted; each standard is scored on a four-point scale (unsatisfactory, satisfactory, good, and excellent), themes are scored on a two-point scale (satisfactory, unsatisfactory).

The assessment committee adopted the standard decision rules provided by QANU. These are:

- *Unsatisfactory*, which means that the level for this facet is below the basic standard of quality;
- *Satisfactory*, which means that the level meets the best basic standards of quality;
- *Good*, which means that a quality level is attained that exceeds the basic standards of quality and is the result of a well-considered policy;
- *Excellent*, which means that a quality level is attained that is very good in all aspects and meets international benchmarking. It is an example of international best practice.

The default assessment is 'satisfactory', i.e. the programme complies adequately with the criteria.

The assessment committee feels that despite critical remarks, the score 'satisfactory' can be given to a specific standard. In those situations, the critical remarks will be accompanied by positive observations..

When the assessment committee observes a good national practice, the judgment will be 'good'. When both a good practice and a critical remark are observed by the committee, a weighed average score is given. In the rare case that the assessment committee decides to grant an 'excellent' score, it aims to signal a best international practice that deserves to be copied within the academic community.

3.5. Reporting

After the site visit the project leader writes a draft report based on the findings of the committee. The draft is first read and commented upon by the committee members. The draft report is then sent to the faculty involved to check for factual irregularities. Any comments of the faculty are discussed with the chair of the assessment committee and, if necessary, with the other committee members. After that, the report becomes official.

4. Domain Specific Requirements

In stead of writing its own Domain Specific Requirements, the programme management decided to make use of the document that was created for the Health Economics, Policy and Law programmes at the Erasmus University Rotterdam (EUR). The programme management of the bachelor's programme in Health and Society at Wageningen University is of opinion that the programme fits these Domain Specific Requirements.

In standards 1 and 5 of the self evaluation report, the differences between the Rotterdam programmes and the Wageningen programme is indicated. The Domain Specific Requirements were adopted, and so is the language in which it is written: Dutch.

Inleiding

De commissie hanteert bij haar oordeelsvorming allereerst het algemene referentiekader, zoals dat ook ten grondslag lag aan de zelfevaluaties van de verschillende opleidingen. De punten die hierin onderscheiden worden geven in grote trekken aan wat de relevante items zijn. Dit schema wordt gebruikt voor alle opleidingen. Tegelijkertijd verschillen opleidingen van elkaar: de inhoud van het vakgebied en de toekomstige beroepspraktijk geven mede inkleuring aan de wijze waarop het curriculum vorm krijgt. De commissie hecht er daarom aan enkele zaken aan te stippen die vooral ingaan op de specificiteit van gezondheidswetenschappen, en die tevens reliëf geven aan de wijze waarop de commissie de opleidingen benadert.

Domein

Allereerst is het goed om te kijken naar het domein van de gezondheidswetenschappen. Dat vakgebied richt zich op de wijze waarop de zorgverlening vorm krijgt en kan krijgen. Uit die uitspraak volgt dat gezondheidswetenschappen twee zaken niet is. Aan de ene kant bestaat er een afbakening ten opzichte van de zorgverlening zelf: gezondheidswetenschappen betreft geen opleiding tot medicus, psycholoog of andere 'behandelaar'. Aan de andere kant kan het gebied afgebakend worden ten opzichte van disciplines als rechten, economie en beleidswetenschappen. Gezondheidswetenschappen is meer dan toegepaste beleids- of organisatiewetenschap, gericht op een specifieke maatschappelijke sector. Het kenmerkende van het vakgebied zit juist in het vertrekpunt: de wijze waarop individuen en instituties de zorgverlening organiseren en (kunnen) vormgeven.

Indeling in drie niveaus

Bij de vraag hoe zorgverlening vormgegeven wordt en kan worden, zijn vele invalshoeken mogelijk. Gezondheidswetenschappen is dan ook naar zijn aard een breed vak waarin veel verschillende benaderingswijzen mogelijk zijn. In de opleiding zal iets van de breedte van het vak aan bod moeten komen, maar een specialisatie en verbijzondering naar bijzondere invalshoeken is even onvermijdelijk als gewenst. Om deze veelheid aan benaderingen enigszins overzichtelijk te maken valt de volgende driedeling te hanteren:

- **Macroniveau:** Een deel van het vak richt zich primair op de wijze waarop de zorgverlening op macroniveau vorm krijgt. Het gaat dan om de institutionele vormgeving van gezondheidszorgvoorzieningen. Hierbij krijgen aspecten als de geschiedenis, de financiering, de inbedding in een politieke context en de wijze waarop verschillende maatschappelijke geledingen toegang hebben en gebruikmaken van deze voorzieningen, nadrukkelijk aandacht.
- **Mesoniveau:** Een deel van het vak richt zich meer op de inrichting van de voorzieningen zelf. Het gaat dan om de organisatorische vormgeving van de

voorzieningen. Hierbij krijgen aspecten als de toegankelijkheid, de effectiviteit, de kwaliteit, de rechtsverhoudingen en de betaalbaarheid nadrukkelijk de aandacht.

- Microniveau: Nog een ander deel van het vak richt zich op de wijze waarop individuen hun eigen ‘zorgverlening’ organiseren. Het gaat dan om de praktische vormgeving van (ver)zorgende activiteiten. Hierbij krijgen aspecten als gezondheids-, ziekte- en risicobeleving, hulpzoekgedrag, de verwevenheid van ziekte met andere levensterreinen en de rol van een zorgontvanger ten opzichte van formele en informele zorgverleners nadrukkelijk de aandacht.

Gerichtheid op specifieke zorgsectoren

Behalve in termen van macro, meso en micro, valt het vak ook nader te verbijzonderen naar specifieke zorgsectoren. Een eerste indeling is die tussen preventie en de patiëntgeoriënteerde zorgverlening. Preventie omvat een aantal aspecten: gezondheidsbescherming (iets wat steeds meer een internationale aangelegenheid wordt), facetbeleid (denk aan gezondheid op de werkplek, de rol van volkshuisvesting en het leefmilieu), en gedragsbeïnvloeding. Ook de wereld van de patiëntgeoriënteerde zorgverlening valt uiteen te leggen in verschillende sectoren: ziekenhuiszorg, eerstelijnszorg, geestelijke gezondheidszorg, zorg voor verstandelijk gehandicapten, ouderenzorg – waarbij de grenzen tussen deze sectoren zeker niet vast staan. Ook nu geldt dat van studenten verwacht mag worden dat ze een globaal beeld van al deze aspecten hebben, en specifieke kennis van enkele deelsectoren opdoen.

Gerichtheid op beroepspraktijk

Behalve kennis van de verschillende aspecten die mede bepalen hoe zorg wordt vormgegeven, moeten studenten ook vaardigheden opdoen die aansluiten bij de te verwachten beroepspraktijk. Waar gezondheidswetenschappen een breed scala aan invalshoeken kent, kent het ook een breed scala aan mogelijke beroepspraktijken. Het feit echter dat het een vak is dat zich richt op de vormgeving van de zorg, impliceert dat veel afgestudeerden een plek zullen krijgen waarin ze juist daaraan hun bijdrage zullen moeten leveren. Voor een deel zal dat zijn beslag krijgen in beleids- en bestuursfuncties. Dat kan op landelijk niveau, maar ook op regionaal niveau. Het kan bij overheden, maar ook bij brancheorganisaties, verzekeraars of patiëntenorganisaties. Voor een deel zal de deskundigheid echter ook worden ingezet binnen zorginstellingen, vaak als staffunctionaris. Met dergelijke beroepspraktijken in het verschiert mag verwacht worden dat in de opleidingen voldoende aandacht gegeven wordt aan het soort vaardigheden dat in deze settings nodig is om effectief te opereren. Voor een deel zullen afgestudeerden echter ook hun weg vinden in de wetenschappelijke beroepsuitoefening. Van afgestudeerden mag worden verwacht dat ze over de basale vaardigheden beschikken om een dergelijke carrièrelijn verder te ontwikkelen.

Domeinspecifieke kennis en inzicht

De afgestudeerde student Gezondheidswetenschappen kan kennis en inzicht laten zien met betrekking tot:

- het multidisciplinaire karakter van de gezondheidswetenschap;
- de centrale plaats van onderzoeksactiviteiten in de ontwikkeling van het gezondheidsdomein (en zijn deelgebieden);
- de verschillende determinanten van ziekte en gezondheid;
- actuele discussies/onderwerpen in de gezondheidszorg en gezondheidswetenschappen;
- het scala van rationalistische en constructivistische causale theorieën met betrekking tot gezondheid;
- de sturing van organisatie en beleid in het gezondheidsveld;

- de theoretische en professionele beweegredenen met betrekking tot gezondheidsinterventies;
- de rol van individuele verschillen en hun invloed op de gezondheidsstatus;
- de verschillende beleving van gezondheid;
- culturele verscheidenheid in gezondheidsbeleving;
- de verschillende waarden verbonden met gezondheid;
- vergelijking tussen gezondheidssystemen en aanbiedingsvormen;
- de algemene theoretische argumenten en paradigma's in gezondheidsonderzoek;
- de toepassing van informatietechnologie ten behoeve van communicatie en analyse.

Domeinspecifieke en onderzoeksvaardigheden

Multi- en interdisciplinaire benaderingen liggen in de aard van de gezondheidswetenschappen besloten. De student Gezondheidswetenschappen zal de complexiteit van het domein moeten kunnen begrijpen en integreren, en zal de daarvoor algemene en domeinspecifieke vaardigheden tot ontwikkeling moeten brengen. De student zal verschillende benaderingswijzen kritisch evalueren die inzicht geven in de individuele en persoonlijke gezondheidsbeleving.

De volgende domeinspecifieke vaardigheden zijn geïdentificeerd:

- de vaardigheid om vergelijking te maken tussen verschillende gezondheidscontexten, zoals de individuele, organisatorische en institutionele context, maar ook tussen lokale, regionale, nationale en internationale contexten;
- de vaardigheid om gezondheidsgerelateerde informatie te destilleren uit algemene bronnen of ander onderzoek en deze te gebruiken voor de analyse van vraagstukken van gezondheid en ziekte;
- de vaardigheid om nieuwe samenhangende argumenten/theorieën af te leiden uit beproefde gezondheidsgerelateerde theorieën;
- de vaardigheid om door middel van reflectie een verbinding te leggen tussen de eigen, individuele beleving van gezondheid en bredere gezondheids- en gezondheidsgerelateerde structuren;
- de vaardigheid om centrale theorieën onder woorden te brengen in uiteenlopende contexten;
- de vaardigheid om, voortbouwend op onderzoek en onderzoeksmethoden, resultaten van aan gezondheid gerelateerd onderzoek te kunnen plaatsen, vertalen en evalueren naar uiteenlopende (disciplinaire) contexten;
- de vaardigheid om een onderzoeksprotocol op te stellen dat methodologisch verantwoord is, theoretisch zinvol, praktisch uitvoerbaar en dat een bijdrage levert aan de oplossing van een praktijkprobleem;
- de vaardigheid om een onderzoeksprotocol uit te voeren, de resultaten te analyseren en op basis daarvan bij te dragen aan theorievorming;
- de vaardigheid om onderzoeksverslagen te beoordelen op methodologische, theoretische en praktische merites.

Generieke vaardigheden

Daarnaast zal de student Gezondheidswetenschappen ook tal van andere vaardigheden tot ontwikkeling moeten brengen die inherent zijn aan een succesvolle afronding van een academisch onderwijsprogramma; vaardigheden die bovendien relevant zijn in het kader van succesvol carrièremanagement. De student ontwikkelt daarom vaardigheden om:

- effectief met anderen, op wetenschappelijk aanvaardbare wijze, schriftelijk te communiceren, gebruikmakend van cijfers en woorden;
- ideeën en argumenten mondeling te verwoorden in formele presentaties en in informele discussies in uiteenlopende situaties;
- met anderen samen te werken in de voorbereiding en presentatie van groepswork, en verantwoordelijkheid te nemen voor het deel van de werkzaamheden dat hem is toegewezen;
- informeel te kunnen onderhandelen/discussiëren met vakgenoten en formeel met organisatieleden;
- voor problemen/oplossingscombinaties te kunnen identificeren op het gezondheidsdomein en deze voor het voetlicht brengen, maar ook in relatie tot andere onderwijs- en sociale onderwerpen;
- zichzelf voortdurend leerdoelen te stellen en zelfstandig te kunnen werken;
- vraagstukken die verband houden met gelijke behandeling te kunnen herkennen en in dit kader passende actie ondernemen;
- informatietechnologie te gebruiken om gegevens op te halen, op te slaan, en nieuw materiaal te produceren in het kader van het gezondheidswetenschappelijke onderwijs, waaronder wordt verstaan het gebruik van programma's voor tekstverwerking, gegevensopslag en rekenkundige verwerking;
- relevante informatie te verzamelen en te analyseren uit verschillende (kennis)bronnen met gebruikmaking van passende handmatige en elektronische systemen;
- kritisch op de voortgang van de eigen studie te reflecteren en hulp of begeleiding te zoeken om de eigen ontwikkelingsmogelijkheden te verbeteren.

Leren, onderwijzen en beoordelen

De onderwijs- en leerstrategieën van het onderwijsprogramma zijn bedoeld om een reflexieve en kritische benadering van de gezondheidswetenschappen tot ontwikkeling te brengen. Deze strategieën weerspiegelen het multidimensionale en beproefde karakter van de gezondheidswetenschappen. Ze erkennen en stimuleren bovendien de bijdragen die actieve studenten zélf bieden aan het leer- en onderwijsproces. Expliciet beschreven leeruitkomsten en eindtermen zorgen voor transparante richtlijnen. Ze zorgen bovendien voor duidelijke criteria waar de student aan moet voldoen. Er moeten mogelijkheden geboden worden die de student in staat stellen om:

- toegang te hebben tot adequate (kennis)bronnen;
- gezondheid en gezondheidsvraagstukken in al hun verschijningsvormen kritisch te analyseren en evalueren;
- samenhangende argumenten te construeren vanuit beproefde theoretische perspectieven;
- effectief te communiceren;
- onafhankelijkheid te ontwikkelen in het leerproces;
- vragen op te roepen, projecten te initiëren en uit te voeren;
- een oordeel te geven over een probleem-oplossingscombinatie en daarbij een reeks verschillende oplossingsrichtingen te betrekken;
- levenslange leervaardigheid te ontwikkelen.

Leer- en onderwijsstrategieën

De inzet van een verschillende leer- en onderwijsstrategieën moet studenten de mogelijkheid bieden om zowel algemene en overdraagbare vaardigheden aan te leren, als kennis, begrip en

vaardigheden op te doen met betrekking tot het specifieke domein van de gezondheidswetenschappen. Het didactische concept moet expliciet en helder beschreven staan in het onderwijsprogramma. We kunnen onder andere denken aan de volgende werkvormen:

- discussie in kleine/grote groepen;
- seminars, werkcolleges en practica;
- groeps- en projectwerk;
- zelfsturing ten aanzien van het eigen leerproces;
- deelnemen aan projecten;
- leerervaring opdoen in de praktijk;
- colleges;
- computerondersteund onderwijs;
- presentaties;
- simulaties;
- workshops;
- contextueel leren.

PART II: PROGRAMME REPORT

5. Report on the bachelor's programme in Health and Society

Administrative data

Bachelor's programme in Health and Society

Name of the programme:	Health and Society
CROHO number:	50018
Level:	bachelor
Orientation:	academic
Number of credits:	180 EC
Degree:	Bachelor of Science
Mode(s) of study:	full time
Location(s):	Wageningen
Expiration of accreditation:	27-06-2011

The site visit of the Health and Society assessment committee ('committee') to the faculty of Agricultural and Environmental Sciences of the Wageningen University took place on 12 and 13 April 2010.

5.0. Structure and organization of the faculty

The self-evaluation report provides the following overview:

Historically, Wageningen University comprises just one faculty, the Faculty of Agricultural and Environmental Sciences. The faculty consists of 80 chair groups, arranged in five departments. Wageningen University offers 18 bachelor's programmes and 29 master's programmes to about 5000 students. All education is organised by the Education Institute (OWI).

The Executive Board of Wageningen University sets the overall criteria for the programmes and takes decisions on new study programmes. The board of OWI is given responsibility for the content and quality of the programmes. The director of OWI is responsible for the daily affairs and supervises the programme directors. Each programme has a programme director and a programme committee. The latter is in place to guarantee the vision and quality of the programme, while the programme director is responsible for the realisation of the programme. Each programme is executed by staff from different Chair Groups; the programme director maintains close contact with the Chair Groups involved.

Wageningen University and Research Centre (Wageningen UR) is traditionally focussed on and influenced by agricultural research. Today, the domain of Wageningen UR consists of three interconnected core areas: food and food production, living environment and health, and lifestyle and livelihood. The domains are translated as 'to explore the potential of nature to improve the quality of life'.

The Wageningen approach strives for a close interaction between the natural sciences and social sciences. This broad view and multidisciplinary approach towards science are characteristics of Wageningen University and are embedded in all education programmes and aim at achieving high academic, professional and applied levels. Wageningen graduates receive a multidisciplinary education, enabling them to link knowledge from several disciplines and subsequently use it to examine social questions from a wide perspective. Students are trained to place an issue under study within a broader context of science and society, in order to

evaluate various solution strategies for social issues, in interaction with stakeholders and colleagues from other professional and scientific domains as well as from other cultures.

The bachelor's programme in Health and Society started in 2004 as a logical result of the implementation of the mission of Wageningen UR ('to explore the potential of nature to improve the quality of life'). The programme approaches health from a social sciences perspective. When it comes to health, it is widely known that social factors, poverty, education and policy, are among the most important determinants of health and the quality of life. The programme was seen as a suitable programme to provide students with the broad knowledge of health promotion, health care and health management. The programme aims at a positive approach to health and quality of life, which fits in the developments within the World Health Organization.

5.1. The assessment framework

5.1.1. Aims and objectives

S1: Subject-/discipline-specific requirements

The intended learning outcomes of the programme correspond with the requirements set by professional colleagues, both nationally and internationally and the relevant domain concerned (subject/discipline and/or professional practice).

Description

The self-evaluation report emphasizes the focus of the bachelor's programme in Health and Society. Health and care for individuals have long been the domain of medical sciences, but by now it is widely acknowledged that many of the health problems cannot be solved by the health care sector alone. Examples like obesity, chronic diseases and inequity in health are given. Many of these diseases relate to lifestyles, social and physical environment, access to information and opportunities for making healthy choices. As a consequence of the changing patterns in the understanding of health problems and the factors influencing health, the study domain of health and society is becoming more and more relevant.

In contrast to other non-biomedical health programmes in the Netherlands, the bachelor's programme in Health and Society takes a strong sociological approach, emphasising the social embeddings of health and health promotion, and the importance of social processes, structures and institutions. The self-evaluation report also emphasizes the unique interaction of this programme with beta sciences and life sciences, in which the subject is approached from a strong social sciences base, making the programme different from other programmes in the Netherlands. Subsequently, the programme integrates life sciences theories and approaches in the analysis and design of health promotion interventions.

The objectives of the bachelor's programme in Health and Society are provided in the self-evaluation report. The programme

- addresses health in the sense of physical, social and mental well-being from a comparative perspective, and
- as constituted within the context of society and the socio-economic, socio-cultural and political factors that influence health at various analytical levels,
- looks into the interaction between health, lifestyle and the social and physical environment with the objective to promote health through scientific research, (policy) advice and practical engagement.

The rapidly changing field of health promotion and prevention is increasingly asking for professionals to function as a facilitator of networks and co-operations between many different sectors. In the intended learning outcomes, emphasis has been put on the fact that professionals should not only be able to design new interventions based on theory, but should also be able to apply and adapt existing interventions to the context at hand.

The intended learning outcomes of the bachelor's programme in Health and Society are provided in the self-evaluation report. They have been formulated by the programme committee, but important input was provided by the professional field. Intended learning outcomes 1 to 9 are domain specific, while intended learning outcomes 10, 11, and 12 are general learning outcomes. After successful completion of the programme, the graduate is expected to be able to:

1. apply the theoretical approaches and infer the theoretical underpinnings of empirical research of sociology, social psychology and communication to current issues in public health, focusing on health care and prevention, 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 while applying economic, management and policy-oriented concepts;
3. interpret basic social, physical and environmental determinants of health and explain how these determinants interact;
4. critically analyse basic public health issues, such as obesity, chronic diseases and inequity in health;
5. choose and apply (under supervision) the appropriate qualitative and quantitative social science research methods for data collection and analysis in empirical research;
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 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;
9. compare the multiple interpretations and applications of public health across time and place;
10. co-operate in a (multidisciplinary) 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 publics.
12. reflect (under supervision) upon personal knowledge, skills, attitudes and functioning, both individually and in discussions with others, and design and plan own study path.

Assessment

The committee studied the objectives and intended learning outcomes of the bachelor's programme in Health and Society and established that the formulated intended learning outcomes, though general, enable students to obtain sufficient knowledge, skills and academic attitude during the programme. The intended learning outcomes fit the domain-specific requirements as formulated in chapter 3 of this report.

According to the committee, the broad vision of the bachelor's programme in Health and Society covers the rising and important discipline of improving population health. It is of

opinion that a bachelor's programme in this field is a welcome addition to the existing Dutch programmes in health sciences. The committee is positive about the vision of the programme, which was partly developed by input from the professional field committee and through insight gained by the 6th National Health Promotion Conference in the Netherlands. The committee advises the programme management to more strongly incorporate this broad vision into the intended learning outcomes of the programme, in order to make them more challenging and programme-specific. This would, for example, include interdisciplinarity, integrative aspects and domain related skills.

In order to more clearly relate the intended learning outcomes to the vision of the programme the committee would like recommend the following: It advises to define the orientation of the programme more strongly towards the vision of integrated health and society, which already is reflected by the disciplines involved in the programme (e.g. sociology, psychology, economics, and communication). Also, the programme should develop from being multidisciplinary to becoming more interdisciplinary towards the fields of health and society, which form the foundation of the programme. This implies an increase in integration and combined use of methods and theories from the basic disciplines. Subsequently, this could be exemplified in the writing of the bachelor's thesis.

Bachelor's programme in Health and Society: the committee assesses this standard as **satisfactory**.

S2: Bachelor and master level

The intended learning outcomes of the programme correspond with the general, internationally accepted descriptions of a Bachelor's qualification or a Master's qualification.

Description

The self-evaluation report states that the intended learning outcomes correspond to internationally accepted qualifications for an academic bachelor, as was confirmed by the Advisory Board. The intended learning outcomes are also linked to the Dublin descriptors, ensuring the programme's correspondence with international academic and professional standards. Wageningen University aims at producing graduates who have attained a certain academic and professional level, but are also recognizable as 'typical Wageningen' graduates. This implies that the graduate is critical, internationally oriented, and has the necessary T-shaped skills. T-shaped skills imply that students not only are trained and specialized in a specific discipline, but are also capable of interacting with specialists from other disciplines.

The self-evaluation report provides input on the relation between the intended learning outcomes and the Dublin descriptors, as well as on the relation between the intended learning outcomes and the academic criteria of Wageningen University (see tables 5.1 and 5.2).

Dublin descriptor	Intended learning outcome
Knowledge and understanding	1, 2, 3, 5, 9
Applying knowledge and understanding	5, 6
Making judgements	4, 5, 6, 8, 9, 12
Communication	7, 10, 11
Learning skills	7, 12

Table 5.1: Relationship between intended learning outcomes and Dublin descriptors for the bachelor's programme in Health and Society

Academic criteria of Wageningen University	Intended learning outcome
Student has domain specific knowledge	1, 2
Student understands language of one or more disciplines	3, 9
Student is aware of the international and social context	8, 9
Student is capable of designing solutions	6, 7
Student is capable of conducting research	4, 5
Student has a scientific approach	4, 5, 12
Student is competent in collaborating and communicating	10, 11

Table 5.2: Relationship between intended learning outcomes and academic criteria of Wageningen University for the bachelor's programme in Health and Society

Assessment

The committee studied the intended learning outcomes and established that the level corresponds to the Dublin descriptors. All Dublin descriptors are reflected in the intended learning outcomes, the committee therefore concludes that the intended learning outcomes correspond with general, internationally accepted descriptions of a bachelor's programme.

The Dublin descriptor on knowledge and understanding is strongly represented in the intended learning outcomes, the Dublin descriptor on applying knowledge is also represented. For examples, students learn and apply theoretical underpinnings of various relevant disciplines, they have the ability to acquire new knowledge and skills, and are able to compare the multiple interpretations and applications of public health across time and place. The Dublin descriptor on making judgements is also frequently represented in the intended learning outcomes, exemplified by evaluation of policies and programmes for health promotion in various fields of practice and at various levels. Also the Dublin descriptors on communication and learning skills are reflected in the intended learning outcomes. Students learn to cooperate, communicate and reflect.

The committee feels that compared to knowledge and understanding, the Dublin descriptors on learning skills and communication are reflected rather brief and general in the intended learning outcomes. However, based on the interviews with students and staff the committee is of opinion that these competences are certainly present wide-spread in the programme.

The committee concludes that the intended learning outcomes correspond with general, internationally accepted descriptions of a bachelor's programme.

Bachelor's programme in Health and Society: the committee assesses this standard as **satisfactory**.

S3: Academic orientation

The intended learning outcomes of the programme correspond with the following descriptions of a Bachelor's and a Master's qualification:

- The intended learning outcomes are derived from requirements set by the scientific discipline, the international scientific practice and, for programmes to which this applies, the practice in the relevant professional field.
- An academic bachelor (WO-bachelor) has the qualifications that allow access to at least one further programme at academic master's level (WO-master) and the option to enter the labour market.
- An academic master (WO-master) has the qualifications to conduct independent research or to solve multidisciplinary and interdisciplinary questions in a professional field for which academic higher education is required or useful.

Description

The self-evaluation report states that the intended learning outcomes cover the general characteristics of academic training at bachelor's level. The major difference between bachelor's and master's programmes at Wageningen University is the anticipated level of independent action the students carry out.

Successfully completing the bachelor's programme in Health and Society entitles students to enter into the master's programmes in Applied Communication Science, International Development Studies, and Management, Economics & Consumer Studies. In consultation with the study advisor students can also pursue other master's programmes within Wageningen University. If necessary, specific courses can be chosen in the bachelor's programme to directly qualify for a specific master's programme.

The specialization Health and Society within the master's programme in Management, Economics and Consumer Studies is specifically aimed at students from the bachelor's programme in Health and Society. Wageningen University recently decided to start an accreditation procedure to make this specialization an independent master's programme. This way, the bachelor graduates can continue their studies in an independent master's programme.

The programme has primarily been designed to prepare students to enrol in a master's programme, not to enter the labour market. Almost all graduates from the bachelor's programme in Health and Society continue their studies with a master's programme. Therefore, the programme has no experience with graduates who try to find a suitable job.

Assessment

The committee studied the intended learning outcomes from the perspective of its orientation. In the assessment of standard 1, the committee concluded that the intended learning outcomes sufficiently correspond to both scientific and professional requirements. The committee also established that the intended learning outcomes refer to the ability to write and execute a research project in accordance with appropriate standards, and communicate the results.

The committee confirmed that graduated students can directly enter at least one master's programme and that students have information on possibilities and requirements for entering other master's programmes.

The committee considers that the bachelor's programme in Health and Society corresponds to the national and international requirements within the scientific domain.

Bachelor's programme in Health and Society: the committee assesses this standard as **satisfactory**.

Assessment of the theme Aims and objectives

The committee comes to an overall assessment of the theme Aims and objectives on the basis of its assessments of the separate standards. In the case of the bachelor's programme in Health and Society, it assesses this theme as **satisfactory**.

5.1.2. Curriculum

Description of the curriculum of the programme

The bachelor's programme in Health and Society approaches health from a social sciences perspective, with a focus on health promotion. The focus of the programme is on the exogenous determinants and on the aspects prevention and care, and their effect on health status.

Table 5.3 provides an overview of the courses in the first year of the programme. The first year focuses on orientation, selection and reference, and covers all fields and aspects of the

programme. It furthermore provides students with the fundamental basics of health and society, and related social sciences. Next to some basic courses students learn to develop a research proposal for a fundamental or practical scientific research project. Students gain knowledge of the concept of culture and get insight in the ways cultures give meaning to health and illness. Students are provided with an introduction to the main historical transitions influencing health. The Wageningen Approach (see standard 2) is introduced, which is an introduction into the way of thinking and analysing in research within the life sciences.

Course	EC	Teaching method	contact hours
Introduction to Health and Society	6	C, SW, Z	42
Mathematics for Social Sciences	6	SW, Z, P	48
Economics A	6	C, Z, SW	42
Sociology	6	C, PO	48
Introduction to Statistics	6	Z, SW, P	74
Research Methods in Social Sciences	6	C, SW, Z	38
Contemporary Issues in Public Health	6	C, SW, Z	48
Introduction in the Life Sciences	6	C, SW, PO, E	88
Transitions and Processes of Social Change in Historical Perspective	6	C, Z, PO	24
Comparative Health Sciences	6	C, SW, Z	36

Table 5.3: Courses in the first year of the bachelor's programme in Health and Society

Index on teaching methods for table 3, 4 and 5:

C = lecture	PO = Problem Based Learning
E = Excursion	SW = Tutorial
P = Practical Training	Z = Independent Study

Table 5.4 provides an overview of the courses in the second year of the programme. In the second year students gain more in-depth knowledge of health and society, they get acquainted with sociological, psychological and health promotion concepts and notions regarding the micro-level determinants of health and health care use. Furthermore, students learn about the impact of health and illness for individual functioning and daily life. Students broaden their knowledge on communication, epidemiology and economics. Moreover, in the second year students develop their research and reflective skills.

Course	EC	Teaching method	contact hours
Introduction to Communication & Innovation	6	C, SW	36
Principles of Consumer Studies	6	C, PO, Z	40
Epidemiology & Public Health	6	C, Z, P	38
Lifestyles, Health & Care	6	C, SW, PO, P	46
Nutrition Behaviour	6	C, Z, P, PO	36
Public Health Practice	6	C, Z, PO	30
Quantitative & Qualitative Research Techniques	6	C, Z, P, SW	36
Health Issues in Daily Life: a Beta-Gamma Approach	6	C, P, PO, SW	46
Health and the Physical & Social Environment	6	C, P, PO, SW, E	49
Economics of Health & Care	6	C, Z, PO	28

Table 5.4: Courses in the second year of the bachelor's programme in Health and Society

Table 5.5 provides an overview of the courses in the third year of the programme. In the third year students gain more in-depth knowledge in health and society. Next to the in-depth courses, students have 30 EC of free choice (minor) to choose their individual study path. The bachelor's programme in Health and Society ends with the bachelor's thesis, in which the knowledge and skills obtained in the study programme converge.

Course	EC	Teaching method	contact hours
Coordinated Action for Health	6	C, SW, PO, E	64
Demography & Global Population Issues	6	C, PO	40
Communication & Health Promotion	6	Z, C, SW, PO	40
Free choice / minor	30		
Bachelor's thesis Health and Society	12		

Table 5.5: Courses in the third year of the bachelor's programme in Health and Society

Until now, primarily staff from the Health and Society Group of the Chair Group Sociology of Consumers and Households is involved in the supervision of bachelor's theses. Some theses were supervised by staff from the Rural Sociology and Communication Science Chair Groups. From the academic year 2010/2011 staff from the Chair Groups Economics of Consumers and Households, and Research Methodology can also be involved in the supervision of the bachelor's theses.

In the academic year 2010/2011 two introductory courses on health and society (Introduction to Public Health and Contemporary Issues in Public Health) will be combined into one new course, introducing the different aspects of the bachelor's programme. This gives room for the inclusion of a new course (Introduction to Social Psychology) to strengthen the disciplinary knowledge in the area of social psychology. Furthermore, the course Mathematics for Social Sciences will be replaced by a new course, Global Health to give more emphasis on international comparison. In the second year, the course Principles of Consumer Studies will be replaced by a new course, Introduction to Organisation and Management of Health.

S4: Requirements for academic orientation

The proposed curriculum meets the following criteria for an academic orientation:

- The students develop their knowledge through the interaction between education and research within the relevant disciplines
- The curriculum corresponds with current developments in the relevant discipline(s) by verifiable links with current scientific theories
- The programme ensures the development of competences in the field of research
- Where appropriate, the curriculum has verifiable links with the current relevant professional practice.

Description

According to the self-evaluation report the courses are developed by the university's Chair Groups, which are responsible for the content of the courses, including keeping them up-to-date and incorporating current scientific theories. On a regular basis, the core Chair Groups meet and discuss developments in the field and the possibilities to incorporate new developments and theories into the courses. Examples and findings from the staff's own research are used in the courses, and PhD students are regularly invited to discuss their research during lectures. Attendance to symposia, conferences and other scientific meeting by staff members are used to enhance teaching materials and to approach competent people (experts) for guest lectures.

Most of the teaching is done by researchers who are contributing to developments in their field. This results in courses that not only contribute to the domain specific knowledge and skills of the students, but also provides staff with the opportunity to contribute to the students' general academic skills and their ability to develop an academic way of thinking and acting. A number of courses have been especially designated to the acquirement of research skills, five methodological courses focus on knowledge and skills to learn to do research in the social sciences. In the bachelor's thesis, students have to study a subject within the field of health and society and prove to have sufficient knowledge to critically analyse and summarise the given subject.

Assessment

The committee was able to assess that the programme meets the requirements for an academic level and orientation. It finds that the interaction with the professional field and between teaching and research is adequately ensured. During the site visit the committee discussed the interaction between education and scientific developments both with students and lecturers. The committee is positive on the interaction between knowledge development and education. This applies especially for the second and third year of the programme, while the first year is primarily used to teach the body of knowledge. For most of the disciplines involved in the programme, the scientific field is already established. The interdisciplinary field, health and society, which composes the heart of the programme is, both (inter)nationally and at Wageningen University, a developing discipline. Nevertheless, in this field the interaction between scientific developments and education is strong and current themes are regularly dealt with in the programme.

The committee verified that, besides through the interaction between teaching and research, the development of scientific research skills is adequately addressed within the programme. Research skills are being well developed in the courses. This could be more explicitly defined in the intended learning outcomes, and provide a clearer overview for external stakeholders (e.g. professional field) as well as for students. The subsequent result would be visible even more strongly in the bachelor's thesis.

The committee observed that acquaintance with the professional field is of sufficient level. Due to the still developing field and the young age of the programme, the professional field is also still developing. However, the programme has installed an Advisory Board and the lecturers of the programme incorporate their personal acquaintance with the professional field throughout the programme. Examples of this are guest lecturers, use of case studies based on real situations and excursions.

Bachelor's programme in Health and Society: the committee assesses this standard as **satisfactory**.

S5: Correspondence between the aims and objectives and the curriculum

The curriculum is an adequate realisation of the intended learning outcomes of the programme and this regards the level, the orientation and the subject-/discipline-specific requirements.

The intended learning outcomes are adequately transferred into the educational goals of the curriculum or parts thereof.

The contents of the curriculum ensure the students' achievement of the intended learning outcomes.

Description

The philosophy behind the bachelor's programme in Health and Society is to approach health from a social sciences perspective. The programme aims at health promotion in the sense of 'enabling individuals and communities to take control over the determinants of health and thereby improve their health (WHO)'. The programme is based on the principles of the Dutch Public Health Status Forecasts Report (PHSF), in which health status is interpreted as the outcome of a multi-causal process with various determinants. A figure from the self-evaluation report illustrates the model, see figure 5.1.

According to the self-evaluation report the focus of the bachelor's programme in Health and Society is, on the one hand the exogenous determinants (lifestyle and physical and social environment) and on the aspects prevention and care and their effect on health status on the other hand. The programme is rooted in the social sciences, with a focus on health promotion, including the disciplines of sociology, communication sciences and social psychology. This core is complemented with relevant insights from demography, economics,

epidemiology and socio-cultural developments. Moreover, it contains aspects from the life sciences domain.

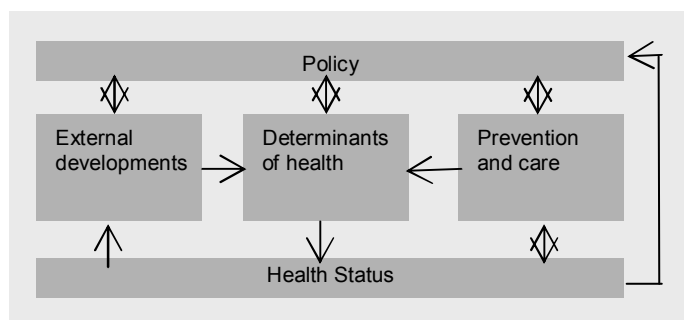


Figure 5.1: Conceptual model of the basic principles governing public health.

Assessment

The committee studied the correspondence between the intended learning outcomes and the curriculum of the programme and concluded that the bachelor's programme in Health and Society ensures the intended learning outcomes. Although the intended learning outcomes are stated in a rather general way, the curriculum corresponds well with the requirements.

To further increase emphasis to international aspects, a new course on Global Health will be introduced in the year 2010/2011. According to the committee this is a sensible choice. The committee is aware that the introduction of new courses has to lead to the abandonment of other courses and that the programme, especially as proposed starting in 2010/2011, is well balanced. Nonetheless, the committee suggests considering an elective course on health & law.

The main disciplines and important subjects are well reflected in the programme. Although the committee did a suggestion for a new course, to her opinion it is more important to strengthen the integrative methodology in the programme than to introduce new subjects and/or courses. The committee therefore advises to further develop the programme on the lead of the theme health and society.

Bachelor's programme in Health and Society: the committee assesses this standard as **satisfactory**.

S6: Consistency of the curriculum

The contents of the curriculum are internally consistent.

Description

According to the self-evaluation report, the common part of the programme consists of three core clusters of consecutive courses in the domain of 1) Health and Society; 2) Social sciences; and 3) Research methodology.

The individual part of the programme consists of 30 EC free choice courses and the bachelor's thesis. Students can use the free choice credits to deepen their knowledge in a certain area, broaden their knowledge on a specific theme or orient themselves on the master's programme of their choice. Students can also use the free choice credits to realize a thematic minor programme, which is a cluster of related courses in a field other than the main focus of the programme and comprises of a minimum of 15 EC. A group of students uses the free choice credits to follow courses abroad.

The free choice courses are always decided upon in consultation with the study advisor, to assure coherence and quality of the programme. The individual programmes also need approval by the Examination Board. According to the self-evaluation report, students cherish and value the possibility to create their own study path and give a personal touch to their programme.

Assessment

The coherence of the programme was assessed by the committee based on the information given in the self-evaluation report and the information received during the site-visit. The coherence is monitored by both the programme management and the programme committee. The bachelor's programme in Health and Society is based on core courses from the health and society group, and on courses provided by several involved Chair Groups, representing different disciplines. The coherence of succeeding courses within each discipline (Chair Group) seems to be good. Communication between representatives of the participating Chair Groups in the programme committee also seems to be successful in gearing the different courses to each other in order to create coherence and avoid overlap. Based on the interviews with programme management, staff and students, the committee feels that the coherence in the programme is in practice stronger than it is on paper.

The health and society group has a central role in the development and coherence of the programme. The committee is of opinion that the core courses provided by this group assure a solid base for the integrative methodology that gives this bachelor's programme its surplus value in the Netherlands. It is crucial that this group further develops and gets stronger in the coming years. This will enable the programme to provide more integrative courses and even further increase the coherence.

Bachelor's programme in Health and Society: the committee assesses this standard as **satisfactory**.

S7: Workload

The curriculum can be successfully completed within the set time, as certain programme-related factors that may be an impediment in view of study progress are eliminated where possible.

Description

The self-evaluation report emphasizes the importance of an evenly spread study load over the programme, and that the perceived study load should be close to the planned study load. Wageningen University furthermore wishes to deliver programmes that encourage students to work intensively and get the most out of their study time.

The total study load of 180 EC is evenly distributed over three years. The academic year at Wageningen University is divided into five periods, the first four periods each comprise of eight weeks, and the fifth period comprises ten weeks. The standard size of a course is 6 EC. The basic rule is that there are two courses scheduled in each period, one with classes in the morning, and one with classes in the afternoon.

According to the self-evaluation report, the perceived study load is on average 25 hours per week, although this varies between the students. According to the self-evaluation report most students are have time available for additional activities, which is highly appreciated by the students. Students sometimes spend more time than planned on their thesis. This is often due to the fact that students themselves are ambitious and eager to do more than necessary to finalise the project. In the interviews the students stated that the number of 25 hours per week primarily applies to the first year, while in the second and third year they very often spend more hours per week on their studies. The students furthermore said that the time

spend on their studies is very much their own responsibility, for example by working in small groups on assignments. Students were also asked if there were any courses that structurally cause delay in their studies. No real structural delays could be mentioned.

Assessment

The committee is of opinion that the study load is adequate. When writing their thesis students often spend 40 hours a week on their studies. No signals were received of problematic courses or structural problems in study load, although it was mentioned that the epidemiology course was difficult and had a form of examination that was considered unfair. This issue was already taken up by the programme management for improvement. Entry requirements for courses follow logically from the courses that were given previously, the committee noticed no problems on this aspect of study load. According to the committee, students should be able to graduate within three years.

Although students are allowed to enter a master's programme at Wageningen University before having completely finished their bachelor's programme, students claimed that this possibility is not often used. They prefer to finish their courses and thesis before entering the master's programme. The committee considers it to be wise to enter the master's programme without baggage of unfinished courses from the bachelor's programme.

Bachelor's programme in Health and Society: the committee assesses this standard as **satisfactory**.

S8: Admission requirements

The structure and contents of the intended curriculum are in line with the qualifications of the incoming students:

- Academic bachelor's programme (WO-bachelor): VWO (pre-university education), propaedeutic certificate from a *hogeschool* (HBO) or similar qualifications, as demonstrated in the admission process
- Master's programme (WO-master): a bachelor's degree and possibly a selection (with a view on the contents of the discipline).

Description

Applicants for the bachelor's programme in Health and Society must have a vwo degree (pre-university education), propaedeutic certificate from a University of Professional Education (HBO) or similar qualifications, or equivalent. Students with the profile C&M (Cultuur & Maatschappij) require Mathematics A or B. Students with a foreign diploma equivalent to a vwo degree can also enter the programme provided that their list of subjects is relevant to the programme and that their Dutch is of sufficient level. These foreign diplomas are evaluated by a bachelor's admission committee. General admission regulation exist for students from Germany and Belgium.

Between 2006 and 2008 approximately 20 students enrolled into the programme each year. In 2009, the number dropped to 12 students. From the interviews with students, it became apparent that there is an additional group that enrolls the programme, which are not included in the numbers given above. This group consists of students that start a different bachelor's programme at Wageningen University and decide to switch in or after the first year to the bachelor's programme in Health and Society.

Wageningen University organises information and recruitment activities, like general information days, programme specific information days and 'meeloopdagen'. The bachelor's programme in Health & Policy has a study choice coach, a student to whom all kind of questions in relation to the programme can be asked.

Assessment

The committee states that for several vwo profiles it is possible to enrol in the bachelor's programme in Health and Society without restrictions. For one profile additional requirements on mathematics are made. Foreign students also have the possibility to enter the programme.

The committee was impressed by the conscious decision that leads students to study Health and Society at Wageningen University. For a bachelor's programme in social sciences many students have a beta background, which provides them with a background that is adequate to assure the link with beta and life sciences in the programme. All students were found to be highly motivated and enthusiastic.

The number of enrolling students is varying strongly over the years. The committee emphasizes the importance of a steady enrolment of students in order to guarantee the level of the programme. Wageningen University should therefore put emphasis on the recruitment of new students for this particular programme and for Wageningen University.

Bachelor's programme in Health and Society: the committee assesses this standard as **satisfactory**.

S9: Credits

The programme meets the legal requirements regarding the range of credits:

- Academic bachelor's programme (WO-bachelor): 180 credits
- Academic master's programme (WO-master): a minimum of 60 credits.

Description

The curriculum of the bachelor's programme in Health and Society comprises 180 EC and complies with the formal requirements with respect to the size of the curriculum.

Assessment

The *bachelor's programme in Health and Society* **complies** with the formal requirements with respect to the range of credits.

S10: Coherence of structure and contents

The educational concept is in line with the aims and objectives.

The study methods correspond with this educational concept.

Description

The bachelor's programme in Health and Society has two underlying didactic principles; the diversity of teaching methods, and the concept-context approach.

Lecturers and the programme director together choose teaching methods that are effective to acquire the intended learning outcomes of the course concerned. Wageningen University exposes students to a variety of teaching methods, to meet the different learning styles of the students and to support students to become life long learners. Most courses use more than one teaching method and often students work in small groups on assignments. The teaching methods include:

- Lectures: knowledge transfer from lecturer to students.
- Tutorials: make up a large part of the courses with learning outcomes requiring exercising. Groups are limited to around 30 students, and active participation by the students is mandatory.

- Problem-based learning: learning takes place on the basis of problems similar to those in real life. In classes, students work in groups of 8 to 10, but the emphasis lies on the individual acquisition of knowledge.
- Practical Training: students become acquainted with phenomena in their 'physical context' or practising a technical skill.
- Excursion: students acquire knowledge through observations or practical situations outside the university.
- Independent study: students study the material independently, without contact hours or direct feedback by the lecturers. Examples are interactive computer instruction or literature study.

The concept-context approach is based on the fact that students not only learn about relevant theories in the various domains of health and society. Ample attention is paid to the practical utility and consequences of applying the theories to practice. By working on case studies, individually or in groups, students are stimulated to search for adequate theories in scientific literature and to assess and apply these theories critically in formulating solutions for contemporary health issues.

Assessment

The committee concluded that a lot of attention is given to the teaching methods and that much variety in teaching methods is provided, this is also appreciated by the students. The teaching methods used are in line with the intended learning outcomes of the courses and are well elaborated. By involvement of the programme management and the programme committee, balance in the teaching methods is assured not only within a course, but also between courses.

The committee advises to more strongly focus on the theme of the programme, health and society, and therefore to increase integrative teaching methods that incorporate the view of multiple disciplines into one method. This would further improve the already high quality teaching methods.

Bachelor's programme in Health and Society: the committee assesses this standard as **satisfactory**.

S11: Learning assessment

By means of evaluations, tests and examinations, the students are assessed in an adequate and for them insightful way to determine whether they have achieved the intended learning outcomes of the programme or parts thereof.

Description

All courses are concluded by a test of the students' knowledge, insight and skills. The method of assessment depends on the intended learning outcomes and type of the course. For each course the assessment procedure is described in the Study Handbook and in more detail in the course guide. In addition to a written exam almost all courses have an additional assessment (e.g. presentation, paper, case study) that accounts for part of the final grade.

Written exams are given in the final week of each period, usually preceded by a preparation week during which no education is scheduled. For each course two additional resits are provided in the same academic year. In general the results of the exams are available within 14 days after the exam. The student can look into the corrected exam on request and discuss the results with the lecturer. For some exams the assessment is done by two staff members, in other cases the responsible lecturer consults with a colleague if in doubt.

The self-evaluation report emphasizes the importance of the bachelor's thesis for the student, in order to show what has been learned in the programme. The student has to study, by means of a literature review or empirical research, a subject in the field of health and society and prove to have sufficient knowledge to critically analyse and summarise the given subject. The size of the bachelor's thesis is 12 EC and is written under guidance of a supervisor. A second reviewer is always involved in the final examination.

The examiner of a course is responsible for providing and evaluating interim examinations. Wageningen University has four Examination Boards, each is responsible for the final student evaluations of a group of programmes. Examination Boards furthermore grant exemptions and provide guidelines and indications to the examiners regarding interim examination and concerning the determination of the results.

Assessment

The committee examined the learning assessment procedure of the programme, and was able to conclude that students are assessed adequately. The committee is positive about the combined assessments in most courses. It also verified that the methods of examination are in line with the intended learning outcomes of the course and the teaching methods used. Based on the interview with students, the committee is of opinion that students are familiar with the form of examination for each course and are aware when, for example, oral presentations or writing a paper is part of the final grade.

The Examination Board and the evaluation system are adequate according to the committee. The Examination Board is well informed about the way examinations and assessments take place. The small size of the programme makes that the present system is able to solve any problems or bottlenecks. The committee advises the Examination Board to become more proactive, in order to prevent any problems from occurring. A positive example of proactivity is the pilot to at random check the quality of bachelor's theses, in order to determine if the assessment is adequate.

The committee is positive about the consideration that is given to the future changes in legislation and the position of the Examination Board. At the moment the quality of exams is in the hands of the responsible examiner. Most of the times this examiner requests feedback on the exam from a colleague, but this is not formally required. The committee stimulates the current development of plans to more systematically check the quality of exams.

Bachelor's programme in Health and Society: the committee assesses this standard as **satisfactory**.

Assessment of the theme Curriculum

The committee comes to an overall assessment of the theme Curriculum on the basis of its assessments of the separate standards. In the case of the bachelor's programme in Health and Society, it assesses this theme as **satisfactory**.

5.1.3. Staff

S12: Requirements for academic orientation

The programme meets the following criteria for the deployment of staff for a programme with an academic orientation: Teaching is principally provided by researchers who contribute to the development of the subject/discipline.

Description

It is policy of Wageningen University to appoint only persons with a PhD degree in positions with a teaching component. Most lecturers of the bachelor's programme in Health and Society are senior fellow of Mansholt Graduate School of Social Sciences, one of the seven graduate schools of Wageningen University. According to the self-evaluation report the research quality of the staff is good, which is reflected in the most recent peer review of the Mansholt Graduate School.

The self-evaluation report contains a list of names of the core staff members involved in the bachelor's programme in Health and Society. Currently there is no specific chair for the Health and Society group, this group is currently part of the Chair Group Sociology of Consumers and Households. However, the Executive Board decided to appoint a chair holder Health and Society who will form his/her own Chair Group. During the site visit, it became clear that Wageningen University is currently searching for a full professor for the Health and Society group.

Associate professors and full professors are not only involved in guiding the bachelor's thesis, but also in the introductory courses of the programme. In the self-evaluation reports several examples are given.

Assessment

The committee examined the academic orientation of the staff members of this programme against the standards, and concludes that the programme meets the criteria concerning this standard. It finds that the programme is principally offered by researchers who contribute to the development of their discipline. Based on the list of names of the core staff members, presented in the self-evaluation report, the committee was able to conclude that most of the teaching staff have a PhD or are pursuing one. The committee feels that the staff members involved in the programme are of satisfactory scientific quality. Equal division of research and education guarantees lecturers who are actively involved in both education and research. The Chair Groups involved in the programme are well established and lecturers from these Chair Groups are capable to insert new developments in their field into the education programme. All participating Chair Groups are represented in the programme committee, which makes it possible to assure that all disciplines involved in the programme make use of recent scientific developments in the programme.

The committee is of opinion that it is necessary for the programme to hire a full professor and to create a Chair Group on Health and Society. The direction and focus of the Chair Group will stimulate the bachelor's programme and he/she will provide the core staff with more possibilities for research funding. Despite the absence of a full professor, however, the committee is impressed by the research performed by the core staff members of the health and society group. The committee established that Wageningen University is aware of the need for a full professor. The committee wants to stipulate that the new full professor should fit the vision and goals of the current group and bachelor's programme, the integration of multiple disciplines focussing on health and society.

Bachelor's programme in Health and Society: the committee assesses this standard as **satisfactory**.

S13: Quantity of staff

Sufficient staff are deployed to realise the desired quality of the programme.

Description

According to the self-evaluation report, the fact that part of the courses of the bachelor's programme in Health and Society is also offered to students in other programmes and the fact that all bachelor's programmes at Wageningen University consist of 30 EC free choices, it is difficult to provide a student-staff ratio for a specific programme. The student-staff ratio for the university as a whole is 7.5, which results in 19 students per lecturer on average.

The approximation of student-staff ratio of the bachelor's programme in Health and Society can be made on the basis of the financial budget of the study programme. The total number of students per year in the bachelor's programme is approximately 60. The available budget covers a total teaching staff of 4.9 fte, suggesting that there are 12 students per lecturer on average.

Assessment

It is difficult for the committee to assess to which extent the different Chair Groups and the participating lecturers are specifically involved in the bachelor's programme in Health and Society and to which extent students of this programme follow courses that are primarily developed for other programmes. However, both students and staff confirmed that sufficient staff is available for education. Students of the bachelor's programme in Health and Society consider the small group sizes and open door policy a positive aspect of the programme.

The committee is aware that the development of a new programme is labour intensive and several years are needed to optimize the curriculum. The committee is therefore of opinion that the number of core staff members might be too small for this task. During the site-visit it was understood that the number of enrolling students directly influences the number of staff members for a programme. Though it is considered logical and positive that more students result into more staff members, the committee would like to emphasize the need for sufficient staff to really get this programme on its way. The present staff is highly motivated and, according to the committee, is able to assure sufficient staff to realise the quality of the programme.

Bachelor's programme in Health and Society: the committee assesses this standard as **satisfactory**.

S14: Quality of staff

The staff deployed are sufficiently qualified to ensure that the aims and objectives regarding the content, didactics and organisation of the programme are achieved.

Description

Wageningen University requires its staff to be both experts in their own discipline and skilful lecturers. Education and scientific research are considered equal tasks. The self-evaluation report describes the setting up of a workgroup for Educational Quality in 2006. The recommendations of the workgroup are now being implemented. When filling vacancies, one important criterion imposed on candidates is proven teaching experience. Like all Dutch universities, new staff members have to obtain a fundamental teaching qualification (basiskwalificatie onderwijs, BKO) in the first two years of their appointment. Didactic courses are organised centrally for staff with teaching obligations. They include a general introductory courses on didactics and courses on specific didactic skills, roles or aspects. Individual education programmes for staff members are provided as well.

In the standard course evaluations, students are asked to score the didactic performance of the lecturers. The results of course evaluations are used as one of the inputs in the annual staff performance reviews.

Assessment

In the interview students were positive about the quality of the lecturers. Most lecturers are good, some even excellent. All lecturers are considered to be approachable and a high level of interaction between staff and students is felt at both sides. In the rare case that the didactic skills of a lecturer should be improved this is signalled in the course evaluation and adequate and swift action is taken by the programme management to improve the situation.

New lecturers have to obtain their BKO, which assures a fundamental level of competence of teaching. Established staff is not required to obtain their BKO, but are stimulated to follow courses. The committee is very positive on the number of courses that are followed by staff members and by their motivation and efforts towards the programme.

Students, staff (both staff members from the core group and staff members from other Chair Groups) and management all are highly motivated to optimize the programme. Contributing to optimizing the programme is the good didactic quality of staff. The committee was very impressed by the good atmosphere within the programme and considers this a valuable asset.

Bachelor's programme in Health and Society: the committee assesses this standard as **good**.

Assessment of the theme Staff

The committee comes to an overall assessment of the theme Staff on the basis of its assessments of the separate standards. In the case of the bachelor's programme in Health and Society, it assesses this theme as **satisfactory**.

5.1.4. Services

S15: Facilities

Housing and facilities are adequate to achieve the learning outcomes.

Description

The material facilities of Wageningen University are not specifically linked to one programme. Wageningen University concentrates a large part of its education at one location of Wageningen Campus, the Forum building. Most of the lectures of the bachelor's programme in Health and Society are given in this building. The facilities of the Forum building include lecture halls, teaching laboratories, the main library, the Student Affairs information counter and the International Office.

The Leeuwenborch building, close to Wageningen Campus, is the working place for most of the staff of the bachelor's programme in Health and Society and many lectures are provided in this building. Most lecture rooms are provided with audio-visual and multi-media devices. There are also smaller rooms available where students can work in groups or study together.

The computer and ICT facilities for students and staff are good according to the self-evaluation report. Wireless Internet is available in all teaching rooms, computers are available in small working rooms and other educational facilities. Desktop computers are maintained by the ICT helpdesk of the university. All students have a WUR account. EDUwebb is an electronic portal that offers students' access to information about their courses, course schedules, study planning, marks for completed courses and other facilities. The Language Services can be contacted for questions on language, language education and requests for translation and editing.

The study association Mercury's aims at representing the interest of its members, knowledge expansion and distribution and improving the social network of the students. Mercurius has around 600 members from programmes in the domains of Health and Society and Management, Economics & Consumer Studies, and is involved in the organization of excursions, symposia, company days, almanacs, and social activities.

Students have ample opportunity for activities besides studying. They can participate in student associations, or the University Sports Centre.

Assessment

The bachelor's programme in Health and Society involves two buildings at Wageningen University. The committee received a guided tour of the unique Forum building to get an impression of the facilities that are available. The committee appreciates the fact that the facilities at Wageningen University are located in a central building, specifically designed for education. The building offers lecture rooms in all sizes and students can easily work together on assignments in one of the many rooms.

In the interviews students expressed their enthusiasm about the facilities. They highly appreciate the Forum building and all its facilities, but feel privileged to have an additional building to their availability, the Leeuwenborch. In this building most of the staff members are housed. The students named the open door policy as an advantage of the programme and the building and expressed their appreciation of this policy. The Leeuwenborch building also provides rooms to work on group assignments. The committee agrees with the students that the facilities are good.

Bachelor's programme in Health and Society: the committee assesses this standard as **good**.

S16: Tutoring

Tutoring and information provision for students are adequate in view of study progress.

Tutoring and information provision for students correspond with the students' needs.

Description

According to the self-evaluation report, student support comprises the entire spectrum of activities in the university to promote study performance and progress. Services on offer include the student administration, the International Office, the Dean's Office and the Student Health Service, all part of the Student Service Centre.

The study advisor supports students in making well-based choices of their study and stimulates appropriate study progress. The bachelor's programme in Health and Society has two study advisors who advise students with respect to the curriculum content and design of their study. The study advisor is the first person to turn to if the student is in need of study advice, is part of the programme team and advises the Examination Board on approval of subject choices, the programme director on the programme's feasibility and the admission committee.

Counselling and support already start in the introduction week of new students in Wageningen. A study day is organised and the study advisor informs the freshmen on courses in the first year, the counselling, activities in the curriculum, and general information on the Wageningen Education system. When the results of the second period are available, all first-year students are individually invited for an interview with the study advisor. In the fifth period a general meeting is organised to explain the second and third years of the programme. In the third period of the second year, all students again have a meeting on how to deal with

the free choice in the third year. In the fifth period of the second year, all students are individually invited to discuss their optional courses with the study advisor. In the third year an information meeting is organized to inform students on their bachelor's thesis. In addition to the scheduled meetings with the study advisor, students are free to make an appointment when this is considered necessary.

Students are informed on the curriculum, on related issues and on regulations. For each batch of students a special email account is frequently used to inform students on all kinds of topics ranging from new courses, health and society related activities or interesting guest lecturers. Furthermore, a website is available where students can find all sorts of information relating to their programme.

Assessment

The committee concluded that the students receive a lot of individual attention, both on their study progress and on decision-making of their optional courses. The two study advisors, of which one is strongly involved with respect to content, are committed to the students and aim at the best individual guidance. The committee considers this of great value for the bachelor's programme in Health and Society. Students feel free to contact the study advisor at any time and value the individual contact.

Due to the small number of students, the study advisors and many lecturers know all the students individually. The students consider the staff very approachable with questions concerning the programme. The committee concluded that the study advisors have a good view on the possibilities within the programme and on the wishes and interests of the students. The committee stipulates that the programme should continue to uphold this high level of individual attention when student numbers increase.

Throughout Wageningen University, students are stimulated and facilitated to use their free choice to go abroad. Also in the bachelor's programme in Health and Society this is stimulated, to the appreciation of the committee.

Bachelor's programme in Health and Society: the committee assesses this standard as **good**.

Assessment of the theme Services

The committee comes to an overall assessment of the theme Services on the basis of its assessments of the separate standards. In the case of the bachelor's programme in Health and Society, it assesses this theme as **satisfactory**.

5.5. Internal quality assurance system

S17: Periodical evaluations

The curriculum is periodically evaluated in the light of verifiable objectives and other measures.

Description

Wageningen University has implemented a plan-do-check-act cycle to enhance the quality of education. The most important actors are students, graduates, staff members and the programme committee. The programme director is the person responsible for the daily routine; administrative and logistic support on the evaluations is provided by Corporate Education and Research (O&O).

An important element of the quality assurance cycle is the annual adjustment of the study programmes at Wageningen University. Programme committees review the study programme based on the experiences and desires expressed by lecturers and the results of exams. Each course is evaluated according to learning outcomes, assumed prerequisite knowledge, study materials, didactic activities, assessment method and the participating lecturers and examiner. The Board of the Education Institute decides on the proposals for enhancement made by the programme committee.

In the next phase (do), all courses are evaluated by online questionnaires, results are sent to the lecturers involved, programme committees, and programme directors. A summary of the results is published on the intranet. Various evaluations take place: course evaluations, bachelor first-year evaluation, bachelor and master graduates evaluations and a career survey among Wageningen alumni. When the response to course evaluations is rather low, the O&O pays attention. Each year, O&O publishes the Education Monitor with intake numbers and drop out and success rates of all programmes over the last few years.

Assessment

The committee established that the courses are structurally evaluated by questionnaires and that the programme committee is actively involved in the evaluation procedures. The student members of the programme committee feel that they are able to bring up issues and problems if they occur, and that they are able to influence decisions when this is considered necessary. Next to the course evaluations, students are requested to fill out first year evaluation and a bachelor evaluation. Students have indicated that they are content with the evaluation procedures and the committee considers this a valuable situation.

Evaluation of the entire curriculum is not executed systematically. Aspects of it are discussed by the programme committee, but according to the committee the entire curriculum should be regularly evaluated.

Bachelor's programme in Health and Society: the committee assesses this standard as **satisfactory**.

S18: Measures for improvement

The outcomes of the evaluation form the basis of verifiable measures for improvement that contribute to the achievement of the objectives.

Description

The Executive Board of Wageningen University has set target figures. If 45% of the students are dissatisfied with an issue on the questionnaire, or if the success rate for a course is lower than 70%, the issue merits further consideration and discussion. Regarding didactic quality, the course evaluation is not the only input that is considered. Students can signal problems in other ways, or the Education Institute can request that specific issues be investigated. In the act phase the first responsible actor is the programme director, who may call a meeting with students and/or lecturers, or initiate a more in-depth investigation. Results are always discussed and decided upon by the programme committee, leading to proposals for changes in the programme. In the self-evaluation report two examples are provided of courses that were adapted after a low course evaluation.

In the present evaluation system, the satisfaction of students is measured, but a peer review system on the scientific level is lacking. Therefore, an internal audit will be introduced in all study programmes, which should include a peer review on the scientific level of the courses.

Assessment

The committee feels that the programme management rapidly and adequately takes action based on signals from the course evaluation forms and from the discussions with lecturers and students. Clear standards are set concerning when action is required. However, due to the small size of the programme, action is also taken when other signals of discord reach the programme committee.

According to the committee, the programme management carefully listens to the comments and suggestions by both students and staff members and undertakes swift action to make improvements when required. This was confirmed in the interviews with students and staff. One example is that students were able, based on their prior knowledge, to follow lectures at a specific level.

At the level of the entire curriculum, the committee is of opinion that the programme committee could be more proactive to take measures for improvement. The committee suggests, for example, that by the integration of the disciplines concerned could more strongly lead to integrative thinking and working.

Bachelor's programme in Health and Society: the committee assesses this standard as **satisfactory**.

S19: Involvement of staff, students, alumni and the professional field

Staff, students, alumni and the relevant professional field will be actively involved in the internal quality assurance system.

Description

According to the self-evaluation report, students are encouraged to be active partners in a learning and research community. Students are represented on the programme committee and are involved in the management of Wageningen University, for example on the Board of the Education Institute (OWI), the central Student Council (SC) and the Student-staff Council (SSC). Students also participate in selection advisory committees, which advise on the appointments of new professors. The student-staff ratio on governing bodies is 1:1.

Professionals are involved through an active Advisory Board. This Advisory Board meets once a year and advises the programme committee on the graduates' knowledge and skills to fit the needs of the labour market. Also, the programme director and the chair of the programme committee have an extensive personal network within the professional field. Information exchange in the field of health promotion activities is obtained by the participation of the programme director in a network of educational Dutch staff of study programmes involved in health promotion, in Amsterdam, Maastricht, Nijmegen and Arnhem.

Assessment

The interviews held during the site-visit confirmed the strong involvement of students, lecturers and staff in the bachelor's programme in Health and Society. According to the committee, the involvement of these groups and the way the programme management deals with this involvement is one of the main qualities of the programme.

The committee considers the representation of students in the management bodies a sign that student involvement is highly valued, which was confirmed by the students during the interviews. The students also seem highly motivated to provide input for improvements.

The bachelor's programme in Health and Society has an impressive Advisory Board and the committee feels that the programme should continue to make use of this Advisory Board.

Despite the existence of this Advisory Board, the committee is of opinion that the professional field is not systematically involved with quality assurance. This might be due to the young age of the programme and the limited vision on the careers of graduates. For the future the committee advises the programme management to explicitly involve the professional field in the internal quality assurance system.

Due to the young age of the programme, involvement of alumni is also still limited for the bachelor's programme in Health and Society. Here too the committee advises the programme management to explicitly give attention to this aspect in the future.

Bachelor's programme in Health and Society: the committee assesses this standard as **satisfactory**.

Assessment of the theme Internal quality assurance system

The committee comes to an overall assessment of the theme Internal quality assurance system on the basis of its assessments of the separate standards. In the case of the bachelor's programme in Health and Society, it assesses this theme is **satisfactory**.

5.1.5. Results

S20: Achieved learning outcomes

The achieved learning outcomes correspond with the aims and objectives regarding level, orientation and subject-/discipline-specific requirements.

Description

The self-evaluation report states that the most important tool to measure the achieved level by graduates is to evaluate their theses. The size of the thesis is 12 EC (which can be increased to 18 EC) and is scheduled in the last part of the programme. It is not compulsory to integrate empirical research in the bachelor's thesis, but many students do so. According to the self-evaluation report, students are eager to combine theoretical knowledge with empirical data.

Students can choose the topic of their thesis themselves and during the eight weeks it takes to write the thesis, the students are supervised by members of the core chair groups to ensure the quality of the thesis and proper time management. A bachelor's thesis protocol and a meeting at the end of the first semester of the third year help students to define their own study path and choose their own topic.

Assessment

The committee read and assessed a total of 12 theses from the bachelor's programme in Health and Society. Its overall conclusion is that the quality and level of the theses is satisfactory. As a result, the committee was able to conclude that the achieved learning outcomes correspond with the aims and objectives regarding level, orientation and subject-/discipline-specific requirements. The committee made a random selection of theses from a list of the 25 most recently completed theses and also received the associated assessment forms. For the selection, consideration was given to the grading (high, medium and low grades), and the supervisor (the selected theses had different supervisors). To a large extent, the committee agreed with the grades awarded by the supervisors, but overall the committee gave slightly lower grades than those awarded by the supervisors. A reason for this might be that the supervisor also grades other aspects than the final product, for example the development of skills during the course, oral presentation and defence of the thesis.

Although the theses were considered to be of adequate quality, the committee would like to make two remarks. Firstly, several theses contained empirical research while others were limited to a literature review. From the interviews it became clear that it is policy that a literature review is sufficient, but students can opt for including empirical research. The committee considers that a thesis could be limited to a literature review, but only if this literature is taken from good and representative journals, and if concluded with a critical reflection upon the state-of-the-art. The committee is of opinion, however, that including empirical research in the thesis is important, so that students can display their research skills and methods. The committee was pleased to observe that many students opt for including empirical research in their thesis and advises that this should be actively stimulated. Secondly, most theses were very long, which often disguised the real objectives. The committee feels that students should receive clear instructions on the purpose of a thesis, for example by including a theoretical framework. This should improve the focus of the theses and therewith reduce the length. From the theses that were read, it became apparent that students learn to make out arguments. To the committee this is a positive, but students should also learn to curtail their opinion and focus.

Bachelor's programme in Health and Society: the committee assesses this standard as **satisfactory**.

S21: Study progress

Target figures that are comparable to other relevant programmes are formulated to express the expected success rate.
The programme's success rate complies with these target figures.

Description

Each year the Corporate Education and Research (O&O) produces the Education Monitor in which success and drop-out rates of the study programmes are analysed.

The first year is considered a year for orientation and selection, therefore it is inevitable that students drop-out of the programme. The programme aims, however, at providing proper information to prospective students to lower the drop-out rate in the first year. For the bachelor's programme in Health and Society the drop-out rates after the first year varied between 19% and 26% over the past years. The programme committee decided that drop-out rates for the first year should not be higher than 25%. For the following years, the drop-out rates should be zero, as students who decide to continue their studies after the first year, should be sufficiently informed. However, the programme does not yet reach this target, making it a continuing item in the meetings of the programme committee.

The success rate is based upon the number of students that register for the second year and complete the programme with a bachelor's diploma. The target is that 70% of the students should obtain their bachelor's degree after four years. Most students have graduated within four years after enrolling the programme.

Assessment

The committee is of opinion that drop-out rates seem high, but is aware of the fact that these numbers are often distorted for small programmes. The programme management was able to account for many of the drop-outs, for example students that were drawn out for a programme in Medicine and temporarily took up the bachelor's programme in Health and Society. In the interviews with students, it became clear that the numbers given in the self-evaluation report do not include inflow from students that switched within Wageningen University to the bachelor's programme in Health and Society.

The committee considers the programme too young to make a well-informed and valid judgement based on the available numbers. As indicated in the self-evaluation report, the target success rates are currently not being met. Since no signals of any structural problems are perceived, the committee concludes that the programme management is sufficiently involved in finding ways to reduce drop-out rates and increase success rates, and is confident that no structural problems will arise as long as this involvement is maintained at the current level.

Bachelor's programme in Health and Society: the committee assesses this standard as **satisfactory**.

Assessment of the theme Results

The committee comes to an overall assessment of the theme Results on the basis of its assessments of the separate standards. In the case of the bachelor's programme in Health and Society, it assesses this theme as **satisfactory**.

Overview of the committee's assessment

Bachelor's programme in Health and Society

Theme	Assessment	Standard	Assessment
1. Aims and objectives	Satisfactory	1. Subject-/discipline-specific requirements	Satisfactory
		2. Bachelor and master level	Satisfactory
		3. Academic orientation	Satisfactory
2. Curriculum	Satisfactory	4. Requirements for academic orientation	Satisfactory
		5. Correspondence between the aims and objectives and the curriculum	Satisfactory
		6. Consistency of the curriculum	Satisfactory
		7. Workload	Satisfactory
		8. Admission requirements	Satisfactory
		9. Credits	Complies
		10. Coherence of structure and contents	Satisfactory
		11. Learning assessment	Satisfactory
3. Staff	Satisfactory	12. Requirements for academic orientation	Satisfactory
		13. Quantity of staff	Satisfactory
		14. Quality of staff	Good
4. Services	Satisfactory	15. Facilities	Good
		16. Tutoring	Good
5. Internal quality assurance system	Satisfactory	17. Periodical evaluations	Satisfactory
		18. Measures for improvement	Satisfactory
		19. Involvement of staff, students, alumni and the professional field	Satisfactory
6. Results	Satisfactory	20. Achieved learning outcomes	Satisfactory
		21. Study progress	Satisfactory

The committee's overall assessment of the bachelor's programme in Health and Society

The committee concludes, on the basis of its assessments of the themes and standards from the assessment framework, that the bachelor's programme in Health and Society fulfils the formal requirements which are a prerequisite for accreditation.

APPENDICES

Appendix A: Curricula vitae of the committee members

Professor J. (Koos) van der Velden is professor and deputy head of Department of Primary and Community Care at the Radboud University Nijmegen Medical Centre. His main research topics are infectious diseases control and health systems development. He received his medical training at Utrecht University and further specialized as tropical doctor, family physician and as community medicine specialist in London. His PhD thesis ‘General practice at work’ was defended at Erasmus University Rotterdam. He started his career as Medical officer of Health at Kola Ndoto Hospital in Shinyanga Tanzania, where he combined work in the hospital with the management of large primary health care programmes. This work was followed by a function as programme leader Family Medicine at the Netherlands Institute of Health Services Research (NIVEL). During that period he also managed many health sector reform programmes in various EU and former CEE countries. Later he was director of the Netherlands School of Public Health in Utrecht. He is chairman of the European Centre for Disease Prevention and Control funded European Influenza Surveillance Scheme (EISS). He is engaged as chairman / member of the board of various international health organisations. He is (co-)author of over 200 peer reviewed publications and several books.

Professor J.F.G. (Joske) Bunders is professor of Biology and Society at the Faculty of Earth and Life Sciences at the VU University. Her specific field of interest is the linking of knowledge and expertise of end users (e.g. small-scale farmers or patients) with developments in modern science and national and international policy. Bunders graduated in Chemistry and in Physics at the University of Amsterdam and wrote her PhD thesis on participatory approaches to the development of science-based innovations in agriculture at the VU University. She is director of the Athena Institute for research on innovation and communication in Health Sciences, is coordinator of the Science & Society studies for the faculty of Health and Life Sciences. She sits on several government commissions and advisory boards, including: ‘Gender Advisory Board of the United Nations Commission on Science and Technology for Development (UNCSTD)’; the Steering Committee on ‘Technology Assessment’ for the Ministry of Agriculture, Nature Conservation and Fisheries; and the Council for Research in Planning, Environment and Nature’. Bunders has published widely in the area of biotechnology and the role of users in shaping the innovation process.

Ms. drs. R.L. (Renate) Prenen is educational advisor and independent entrepreneur educational advice. She studied Applied Educational Sciences at Twente University. She worked at Randstad secretarial bureau as advisor and as programme manager. Later, she worked at the Academic Medical Centre (AMC) of the University of Amsterdam, where she was educational advisor. One task was to participate in research on learning requirements, obstacles and motivation for evidence based medicine for family doctor trainers, teachers and family doctors in training. In September 2009 she started as an independent educational advisor. Prenen was committee member in other QANU assessment committees.

Ms. R.J.B (Roos) Jansen BSc studies Public Health, Health Education and Promotion at Maastricht University. At the moment she is writing her master’s thesis on Recall and recognition of nutrition recommendations among diabetes type 2 patients. Jansen is also working as a student assistant at Maastricht University. She finished her bachelor’s programme in Health Sciences at Maastricht University in August 2009, with a major in Health Promotion. During her bachelor’s programme she was an Erasmus exchange student and went to Goteborg University in Sweden.

Appendix B: Programme of the site visit at Wageningen University

Day 1 12-apr-10		
9.45	10.00	Arrival Committee members
10.00	12.00	Installation and instruction by QANU (including lunch)
12.00	13.00	Introductory meeting committee
13.00	13.30	Lunch
13.30	14.30	Opening interview with programme management
14.30	15.15	Interview with students
15.15	16.00	Interview with lecturers
16.00	16.15	Break
16.15	16.45	Alumni (master students)
16.45	17.15	Consultation hour /discussion committee
17.15	18.15	Tour of the Forum Building
19.30		Dinner with representatives of the programme

Day 2 13-apr-10		
9.00	9.30	Interview with students of the education committee
9.30	10.00	Interview with staff of the education committee
10.00	10.15	Break
10.15	11.00	Exam committee (incl. study advisor)
11.00	11.30	Preparatory meeting committee (before final interview)
11.30	12.30	Final interview with faculty management
12.30	13.15	Lunch
13.15	15.00	Discussion committee on grading
15.00	15.30	Oral presentation of preliminary results
15.30		End of visit, drinks.