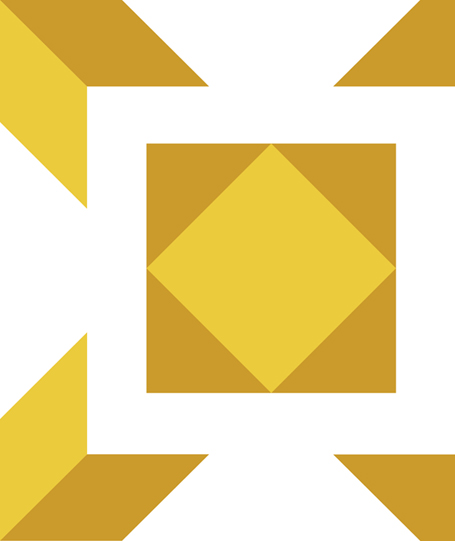


Agency for Public Health Education Accreditation

**INSTITUTIONAL ACCREDITATION SELF-EVALUATION HANDBOOK**

Version 1.3. 2019













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Contents

[Introduction 3](#_Toc12629800)

[Glossary of Terms 7](#_Toc12629801)

[General Instructions for the Self-Evaluation Report. 9](#_Toc12629802)

[Generic template Self-Evaluation report 12](#_Toc12629803)

[Instructions for the Self-Evaluation report. 13](#_Toc12629804)

[Criteria, Interpretations and Documentation 15](#_Toc12629805)

[Criterion I: Governance and Organisation of the Institution 16](#_Toc12629806)

[Criterion II: Aims and Objectives of the Public Health Institution and its programmes. 18](#_Toc12629807)

[Criterion III: Programmes 20](#_Toc12629808)

[Strengths and weaknesses of the institution within Criteria I, II, and III: 23](#_Toc12629809)

[Criterion IV: Students and Graduates 24](#_Toc12629810)

[Criterion V: Human Resources and Staffing 27](#_Toc12629811)

[Criterion VI: Supportive Services, Budgeting and Facilities 31](#_Toc12629812)

[Strengths and weaknesses of the institution within Criteria IV, V, and VI: 32](#_Toc12629813)

[Criterion VII: Internal Quality Management 33](#_Toc12629814)

[Strengths and weaknesses of the institution within Criterion VII: 37](#_Toc12629815)

[Overall assessment of the strengths and weaknesses of the institution: 37](#_Toc12629816)

[Appendix I: Core curricula content 38](#_Toc12629817)

[Appendix II: Indicative Site Visit Agenda 39](#_Toc12629818)

[Appendix III: Documents to be Made Available During the Site Visit\* 42](#_Toc12629819)

# Introduction

The following Institutional Accreditation focuses up on the institution's ability to provide a solid structure or foundation for the public health academic, research and service output. The term 'Institution' is used generically and refers to the academic units which are either stand-alone or a constituent part of a larger university or organisational structure. The titles typically used in the European region are, but not limited to, school, department, faculty, institute, centre or college.

This Institutional Accreditation is designed for institutions who typically have 2 or more academic programmes or specialisations within one programme. An institution may provide a range of programmes from bachelors to doctoral and / or related group of masters programmes in public health. The Institutional Accreditation is designed to deal with either of these situations. If an applicant is in doubt please contact the secretariat.

National quality evaluation systems may put constraints on educational programmes. Where relevant, they will be taken into account by APHEA. When useful and efficient, the Board of Accreditation will accept accreditation documents produced for other (national or international) quality review purposes if they correspond to the criteria found within. However, at the very least, an explanatory note has to be written explaining where the relevant information can be found.

If applicants have or are aware of any constraints or restrictions in fulfilling of APHEA criteria these should be accompanied by explanatory text so that they can be taken into consideration by the review.

The Self-Evaluation process and the resulting report are the core elements of the accreditation process for institutions of public health. The process is meant to guide an institution in Self-Evaluation of both process and outcomes, including the means used to achieve the desired ends. The Self-Evaluation process will help to define the degree to which the ends are achieved, and overall strengths and weaknesses, as well as to put forth possible strategies for institutional improvement. This can be of great benefit to the institution. The report will form the basis of a forthcoming site visit and the eventual decision by the Board of Accreditation. All criteria must be addressed within the report.

*“Fitness for purpose” approach*

Based on a fitness for purpose approach, an academic institution will set its mission for education, research and service within the context of a specific (regional) national environment. The following Institutional Accreditation focuses up on the institution's ability to provide a solid structure or foundation for public health academic, research and service output. Ongoing assessment is meant to lead to institutional improvement as part of the fitness for purpose approach. In the Self-Evaluation report, the institution should present current developments and planned changes as they relate to the fitness for purpose process. For purposes of determining conformity with APHEA accreditation criteria, the Board of Accreditation will consider only those matters officially implemented and / or approved, however, explanation of future plans and developments, as well as institutional restrictions, will give additional insight and considerations to the assessment.

The programme focus which is contained within, refers to programmes which sequentially follow on from at least a first cycle degree education with a focus on public health. These are generally considered "Master" level and equivalent to a "Master of Public Health" or a Master of Public Health with specialisations. The titles of such awards varies widely in the European region and include terms such as (non-exhaustive), MPH, MSc, Master of Health Sciences, Public Health Care, Public Health Management or Public Health Epidemiology. Of crucial importance is that the curricula contents should contain multidisciplinarity at their core through a minimum of areas including: methods in public health; population health and its determinants; health policy, economics, and management; health education and promotion.

*Quality standards*

The intention is for the standards to be specific enough to define what is essential for the institution to provide the education for a public health professional at a Masters level. At the same time, standards are intended to be flexible enough to allow for the diversity and richness of public health institutions and programmes, which are very much structured within specific and unique local contexts. The criteria found within are designed to encourage maintenance and improvement of quality standards. They are not intended to dictate institutional frameworks, curricula or administration specific to each institution but rather to provide a framework or guidelines on which each institution will be evaluated.

*Review and accreditation process*

This document discusses the individual accreditation standards and the requirements of the Self-Evaluation report. The APHEA Curriculum Validation Criteriaas well as the APHEA Proceduresare also important documents explaining other components of the evaluation process.

*Self-Evaluation report*

A carefully prepared Self-Evaluation Report is a key element of the accreditation process. Preparing this report can be beneficial to the applicant institution as it reviews itself. The site review team later uses this report as the basis for their site visit and the Board of Accreditation uses it as a central element in arriving at the final decision. To encourage comparability of information across institutions and to help foster consistency in the accreditation process, the Self-Evaluation Report should be prepared according to the format specified in these instructions. The burden of proof that the accreditation criteria are met rests with the institution.

*Process Orientation*

The following list provides an overview of major steps in the accreditation process.

1. If a institution has not previously undergone accreditation by APHEA, an application must first be submitted indicating that the institution has completed the Curriculum Validation process.
2. The institution is notified by APHEA Secretariat as to whether or not it has passed the Curriculum Validation phase.
3. If so, the institution begins to conduct an analytical Self-Evaluation. Completion of this phase takes time, approximately 4-6 months but may be extended if necessary.
4. The APHEA Secretariat, in correspondence with the institution, sets a deadline for the submission of the final Self-Evaluation Report and tentatively schedules the site visit.
5. The institution submits the Self-Evaluation Report to the APHEA Secretariat.
6. APHEA Secretariat notifies the institution regarding the composition of the review team and inquires about conflicts of interest.
7. APHEA Secretariat sends each review team member the Self-Evaluation Report of the applicant institution and background materials in preparation for the site visit.
8. The institution develops a tentative site visit agenda and consults with APHEA Secretariat a month prior to the site visit.
9. The review team conducts visit and determines the validity of the Self-Evaluation Report. The chair of the review team reports major findings to the institution officials during the final briefing session.
10. APHEA Secretariat along with the chair of the review team prepares the first draft of the site visit report and distributes to team members for completion/ amendments.
11. Final draft of report is submitted to the institution and the director of institution is invited to prepare a written response in 14 days addressing any inaccuracies and factual omissions in the report.
12. Corrections from the institution, if any, are discussed with the chair of the review team, and incorporated into the final version of the report when appropriate before it is forwarded to the Board of Accreditation.
13. The Board of Accreditation reviews the report at its next meeting and formulates a recommendation regarding accreditation of the institution.
14. The Board of Accreditation forwards this recommendation to the Board of Directors who will make a final decision.
15. APHEA Secretariat notifies the director and officials of the institution of decision.
16. APHEA Secretariat invites the director of the institution to evaluate the process.
17. If a institution is accredited, the final decision is posted on the APHEA website along with the executive summary of the final report. The institution may post the final report in its entirety on its website if it chooses to do so along with the APHEA logo.
18. If a institution is currently accredited, approximately two years before the six year accreditation term expires, APHEA Secretariat notifies that the institution will require a further review to re-affirm the accreditation status.

Glossary of Terms**\***

|  |  |
| --- | --- |
| APHEA Curriculum Validation Criteria | Document which addresses the APHEA Curriculum Validation requirements |
| Accreditation process | The accreditation process is comprised of four phases:   * Programme level validation * Self-Evaluation Report phase * External review (Appendix II) * Accreditation |
| APHEA Programme Criteria/Standards | The individual criteria by which the quality of an institution is assessed and which must be fulfilled in order for a institution to be accredited. |
| Cohort | Student body defined by their date of admission.   * Present cohort: the most recent admitted student intake on the programme in the academic year prior to the date of submission of Self-Evaluation. * Last cohort: the student intake before the present cohort * Previous to last cohort: Student intake three programme cycles past.   For example, in a 2 year programme it is possible for there to be a 'present cohort' in their first year of studies and the 'last cohort' in their second year of studies whereas the 'previous to last cohort' will be fresh graduates. |
| Competences | Academic or practical skills  *\*Can also be called qualifications, competences, final outcomes, final objectives* |
| Course | The composite parts of a programme, alternatively entitled module (see below), unit or block. |
| Curricula / curriculum | All the content of an MPH educational programme (s), clustered around a central topic with all related elements and a logical sequence of topics. |
| Faculty | Academic staff of the institution rather than the physical buildings.. |
| Final qualifications | The qualifications a graduate should have acquired upon completion of the programme.   * Final qualifications make explicit the profile of a graduating student when he or she enters the labour market; * Final qualifications are achieved by students via the content of the educational modules and accomplishment of the module learning objectives.   *\*Can also be called competences, final outcomes, final objectives* |
| Host institution | The main organisational body in which the institute sits. This may takes several shapes, from none at all through to universities, faculties or schools. The names for these may be different across the region. |
| Integrating Experience | This term has been adopted to cover practicums/internships, final projects, thesis, dissertations, memoires or final exam |
| Learning objectives | A learning objective is a statement of a goal which successful participants are expected demonstrably to achieve upon the completion of the module. (this may include skills, knowledge and practical competences, e.g. "what the student is expected to know and be able to do at the end of the module")   * Learning objectives are defined by the final qualifications. * Achieving learning objectives is instrumental in achievement of the final qualifications. * Learning objectives shape the content, structure and blueprint of the modules, thereby defining the curriculum.   (Can also be called module goals, module objectives, learning goals) |
| Lifelong learning | Refers to the skills that students and graduates can use throughout their lives to continue to conduct learning and research for personal or professional purposes. |
| Mission | This defines the institution’s purpose i.e. why it exists. |
| Module | This is the building block of a curriculum with a specified length and duration. Together, modules cover the entirety of the targeted final qualifications of the educational programme.   * Modules offer content that, in terms of volume and complexity, can be successfully mastered by students at a given stage of the curriculum; * Modules together form a coherent curriculum in which preceding units prepare for the ones to follow; * Modules should be interesting and motivating to students. |
| MPH (Master of Public Health) | Used in this documentation to refer to "master" level programme and equivalent to a "Master of Public Health" or a Master of Public Health with specialisations although names across Europe may differ and can include terms such as, (non-exhaustive) MPH, MSc, Master of health sciences, public health care, public health management or public health epidemiology. |
| Pedagogy | The methods of teaching and transferring skills. Alternatives used in the region include, didactics, didactic methodology, educational / teaching methodology, learning and teaching |
| Programme (s) | The programme or programmes of study administered for which accreditation is sought. |
| Programme aim(s) | The programme aims define the domain, margins and/or boundaries of the educational programme. A locally rooted public health educational programme is instrumental in achieving the institution’s greater mission by formulating a set of credible programme aims which support this mission, taking into consideration the specific context. (Can also be called programme objectives, programme goals) |

\* Throughout the European region and globally there is a diversity of differing terms for the same aspects. This table is non-exhaustive (i.e. it may not contain all of the variations in terminology) and if applicants are unsure of the terms they are advised to contact the APHEA secretariat.

# General Instructions for the Self-Evaluation Report.

*Language*

The report should be written in English.

*Organisation of Self-Evaluation process*

The applicant institution is encouraged to utilise the process of preparing the Self-Evaluation Report as an evaluative tool for analysing the institution's objectives and performance. Although a variety of organisational approaches are appropriate for Self-Evaluation, all faculty and staff within the institution and those who are assigned to the degree programme portfolio (as well as related faculty who teach courses contained in the portfolio) should be involved in some way. In addition, input should be obtained from students, alumni, other relevant academic departments and employers of the institution's graduates.

*Preparation time*

The preparation of the Self-Evaluation Report typically takes time. The passage of time allows for assessment of overall performance and whether or not objectives have been met. It also allows an institution to show how information on performance has been used in progressively adapting and revising objectives, strategies and operations. Ample time is needed to collect data, involve faculty, students, and alumni, conduct any necessary internal review processes, and synthesize all information in the final report.

*Self-Evaluation cut-off year and time span*

The Self-Evaluation year for the report is the complete academic year immediately preceding the year in which the report is submitted. However, some criteria, as well as the site visit, require discussion of performance concerning both the year of submission and previous academic years.

*Off-campus and distance education*

When off-campus, distance education or blended learning based versions of the programmes included at the institution serve different aims, programme objectives or student populations, or utilise educational technology or learning methods that differ from the parent programmes, these differences should be described and explained fully in order to demonstrate:

* the extent to which educational offerings are consistent with and contribute to the mission;
* the extent to which assessment and guidance processes ensure the comparability of the education offered;
* the effects of these differences on faculty, administrators, systems, processes, and the allocation of programme resources and, ultimately
* the effects of these differences on the education received by all students in the programme seeking accreditation.

*Submission date*

The Self-Evaluation Report is due at the APHEA Secretariat no later than eight weeks prior to the date of the actual site-visit.

*Copies and related material*

Five hard copies of the Self-Evaluation Report are required to be sent to the individual site visit members. All volumes should be securely bound. The report must be accompanied by five copies of the latest relevant university or programme catalogues and publications or weblinks directing the reader to this information. The APHEA Secretariat will compare the information on the programme presented in the Self-Evaluation Report with the statement of purpose and programme presentation in the official publications. Besides the paper-version of the Self-Evaluation Report, an electronic Word-version and pdf is also required.

*Availability of records*

Although they need not be submitted with the Self-Evaluation report, other information and records should be available on-campus for review by the site review team. This would include a document with the mission statement, results of recent evaluation and assessment processes along with minutes/reports from relevant committee meetings, documents on educational, research, service, staff, quality assurance and policies. Please see Appendix III for a list of documents to be presented on-site.

*Pagination, format and concise presentation*

The Self-Evaluation Report should use the exact numbering and format of the instructions. For effective reference, each page of the report should be numbered sequentially. The report should not exceed 35 pages excluding appendices. The costs of accreditation will go up if page limit exceeded.

In the interest of saving paper, costs and reading time, the Self-Evaluation Report should be submitted in a concise format. It can be single-spaced and printed on both sides of the page. While providing the necessary information, the presentation should be succinct and to the point.

# Generic template Self-Evaluation report

|  |
| --- |
| Title page |
| Table of contents |
| List of abbreviations |
| Summary |
| Preface |
| Criterion I: Governance and Organisation of the Institution |
| Criterion II: Aims and Objectives of the public health institution  and its programmes |
| Criterion III: Programmes |
| Strengths and Weaknesses of the institution within Criteria I, II and III |
| Criterion IV: Students and Graduates |
| Criterion V: Human Resources and Staffing |
| Criterion VI: Supportive Services, Budgeting and Facilities |
| Strengths and Weaknesses of the institution within Criteria IV, V, and VI |
| Criterion VII: Internal Quality Management |
| Strengths and Weaknesses of the institution within Criterion VII |
| Overall Assessment of the Strengths and Weaknesses of the institution |
| References |
| Appendices (if applicable) |

# Instructions for the Self-Evaluation report.

**Title page**

Applicants are provided with a template title page (next page) which should be used as the front page of the Self-Evaluation Report. The address table should be the same as the one used for the Curriculum Validations so that the documents can be clearly associated by the site-visit team.

**Summary**

Provide a summary of the institution including its historical development, its organisational setting as well as a summary of the whole range of institutional activity with regard education, research and service. This general introduction will serve to orient the readers of the report including the site visit team.

**Preface**

As a preface to the Self-Evaluation Report, please provide a brief narrative of the institution being accredited, the manner in which the Self-Evaluation Report was developed, including the process of writing this report, the process of collecting the necessary information (including opportunities for input by important programme constituents such as institutional officers, administrative staff, teaching faculty, students, alumni, and representatives of the public health community at large).

**Title page template to be used**

****

**INSTITUTIONAL ACCREDITATION**

**Self-Evaluation Report**

|  |  |
| --- | --- |
| Institution name: |  |
| Address 1: |  |
| Address 2: |  |
| Address 3: |  |
| Town / City |  |
| Country |  |
| Name of person completing this document: |  |
| Contact email: |  |
| Date: |  |

Signed by institutional representative

name

Position

*(stamp if appropriate)*

# Criteria, Interpretations and Documentation

The criteria/standards and sub-criteria outlined here are intended to maintain and improve the quality of public health educational institutions. They are not intended to dictate specific processes but rather to provide a framework within which each institution will be evaluated.

Each criterion is highlighted in italics and is then followed by an interpretation. Each criterion is then broken down into a number of sub-criteria, all of which are to be addressed within the Self-Evaluation Report and accompanied by required documentation or other sources of information. Finally, there are bulleted checkpoints, where necessary, under the sub criteria which provide a basis for the arguments and conclusions with respect to each criterion. Templates are to be filled out as specified.

## Criterion I: Governance and Organisation of the Institution

***The governance, organisational structure and processes are appropriate to fulfilling the mission, aims and objectives of the institution.***

INTERPRETATION

The organisational setting should support the work of the institution’s constituents and enhance the potential for fulfilment of its mission aims and objectives, thereby fostering the overall integrity of the institution and its programmes. All affairs must be carried out fairly and in keeping with the highest ethical standards.

The university-level educational systems in Europe differ from country to country. These differences will be taken into account in the APHEA accreditation process to the extent they pose constraints or restrictions in fulfilling the APHEA criteria. When applicable, explain these constraints or restrictions with respect to the APHEA standards within the context of national educational system requirements.

Applicants are encouraged to make the most efficient use of documents produced for other (national or international) accreditations / quality reviews by integrating them in to their Self-Evaluations. They can either be logically placed within the Self-Evaluation or presented and clearly referred to with explanatory notes.

SUB-CRITERIA & CHECK POINTS

|  |  |
| --- | --- |
| 1.1 | The institution or, host organisation, is legally recognised/accredited (if national accreditation exists) by national educational authorities and allowed to issue degrees.  1.1.1. Legal recognition of the institution or host organisation is indicated. |
| 1.2 | The organisational structure effectively supports sound and adaptable governance, leadership, management and organisation of the programme portfolio.  1.2.1. An organisational chart showing the administrative organisation of the institution, indicating relationships amongst its various components and its links to host organisation, departments, schools, and divisions is provided.  1.2.2. Responsibilities of persons and rules of governing bodies are made clear.  1.2.3. The institution’s governance and committee structure/function/composition and processes are clear.  1.2.4. The rights and obligations of administrators, faculty, students and stakeholders in the governance of the institution are made clear and explicit in a constitution, bylaws or other documents concerning governance and academic policies.  1.2.5. There are explicit policies on equal rights, harassment, bullying and corruption. |
| 1.3 | There is an academically qualified and/or experienced person (or group) responsible for the coordination of each of the programmes.  1.3.1. There is an explicit mandate to a qualified person (or group) responsible for the coordination of the programmes. |
| 1.4 | Where appropriate, there is evidence that student, faculty and stakeholders are represented (in regard to quality and relevance of content and delivery) in the management of the institution and programmes. |

## Criterion II: Aims and Objectives of the Public Health Institution and its programmes.

***The Institution has a clearly formulated mission, conducive to the development of public health and which is responsive to changing environments, evidence, health needs of populations.***

INTERPRETATION

From a fitness for purpose approach, an academic institution will set its mission for education, research and service (referred to within certain national contexts as practice) to specific local, national, regional or international environments.

The mission statement of the institution provides a focal point and direction for all those involved or interested in the institution, including the faculty, students, government officials, the public and/or prospective funders. The mission statement further acts a focus to which the aims and objectives of the institution's programmes are orientated.

The aims and objectives of the programmes define the domain, margins and/or boundaries of the educational programmes included within the review. Final qualifications are formulated based on programme aims. The final qualifications describe the qualifications a graduate should have acquired after completion of the programme; they make explicit the profile of a graduating MPH student when he or she is entering the labour market.

The criteria identify the relationship of the institution with its external environment and how the institution responds to changes within the education, research and service activities.

SUB-CRITERIA & CHECK POINTS

|  |  |
| --- | --- |
| 2.1 | The institution has a clearly stated and publicised mission.  2.1.1. The background and development of the institution is clearly explained.  2.1.2. The mission of the institution is clear, concise and realistic, and is communicated to and shared amongst the staff and known to students and stakeholders (via information leaflets, homepage, etc.).  2.1.3. The mission refers specifically to elements of education, research and service. |
| 2.2 | Each programme within the institution have explicit programme aims in line with the mission of the institution.  2.2.1. The relationship between the institution's mission and the aims and the final qualifications[[1]](#footnote-1) of the programmes is clearly explained. |
| 2.3 | The institution demonstrates appropriate responsiveness to emerging scientific evidence and developments in the public health academic and professional spheres, change in the environment and health needs.  2.3.1. Records illustrate examples of change, indicating the responsiveness of the institution and programmes to external changes and contingencies. |
| 2.4 | The institution actively services the needs of the public health community  2.4.1. Evidence of institutional involvement in service activities at an international, national or local level, such as (but not limited to) consulting, advisory services, providing practical services, interventions, professional training for international, national or local workforce and stakeholders. |

## Criterion III: Programmes

***The institution provides a supportive framework for each of the programmes offered at the institution.***

INTERPRETATION

The institution should strive to foster an environment which supports and guides their faculty and students. Clear and transparent organisational structures and processes serve to protect the quality and integrity of the institution's programme output. Many of the sub-criteria and check points within this criteria focus upon the institutional supportive role by way of examination boards and policies for the protection of integrity and the promotion of ethical practices.

At a public health programme level, the Master’s programmes offers a course of study which provides the student with a sound and solid background in multidisciplinary public health. It may also offer a course of study in selected areas of (basic) public health knowledge, sufficient to constitute one or more specialisations within the programme. The content of the programmes offered at the institution, will have already been addressed within the Curriculum Validation process and fall within the core areas as identified by European Core Competences for Public Health Education Project group.[[2]](#footnote-2) A detailed account of the core components within the programme portfolio curricula needs to be included in Curriculum Validation process.

The learning objectives guide the curricula and are the primary measure against which student achievement is assessed. Required learning objectives may change and evolve over time, and the programmes should assess changing needs to assure the continued relevance of its curriculum to the field of public health. In this sense the criteria also assess how the institution fosters the translation of research in to their curricula in order that taught curricula remain up to date and pertinent.

A small number of sub-criteria focus on the implementation of requirements within an international context. Most notably these concern the extent to which the institution is active internationally as well as elements stemming from the Bologna Declaration. These latter elements are included to assess the extent to which students are able to integrate and transfer their education within other national, regional or international contexts.

SUB-CRITERIA & CHECK POINTS

|  |  |
| --- | --- |
| 3.1 | *This sub-criterion is covered through the Curriculum Validation process. For each public health programme offered at the institution an individual programme validation is required.*  For each of the public health programmes, content falls within the following core areas:   * Methods in Public Health * Population health and its determinants incl. environmental health * Health policy, economics and management * Health education and promotion * Other/cross-disciplinary themes   The core components of the curriculum provide a thorough teaching of the basic concepts, theories and methods of public health. Please refer to Appendix I of this document which is taken from the Curriculum Validation criteria.  3.1.1. All components of the curricula are justified with respect to their consistency with the final qualifications of the programmes.  3.1.2. The final qualifications are adequately translated into learning objectives for the educational programmes.  3.1.3. The core components of the programmes cover the basic concepts, theories and methods in public health and its basic disciplines.  3.1.4. The core components are adequate for the level of the programmes.  3.1.5. The core components train students for intelligent, creative analysis and communication, and action in public health.  3.1.6. The core components enhance the students' values, knowledge, application of knowledge, and skills to act ethically and effectively.  3.1.7. The mastering of relevant research methods is part of the programmes.  3.1.8. The programmes are coherent in their contents and the sequence of modules/courses. |
| 3.2 | The institution ensures multidisciplinarity in order to:  3.2.1. prepare the students for life-long learning,  3.2.2. actively prepare students to operate ethically as public health professionals (including roles as policy makers or advocates for public health)  3.2.3. potentially continue studies in order to fill academic or administrative roles in the health or related sectors.  The institution can clearly demonstrate that:  3.2.4. Curricula implemented in the programmes are multidisciplinary and provide competences for lifelong learning (contained within validation criteria).  3.2.5. The institution utilises an ethics committee or board which has publicly stated ethical policies in place for research.  3.2.6. Programmes provide students with the necessary legal requirements for continued academic development, most notably through to third cycle degrees.  (*for multi- disciplinary faculty please refer to criteria 5 below*) |
| 3.3 | The institution fosters the translation of up to date research into the curricula design and content.  3.3.1. The institution can demonstrate how research has influenced curricula, both in content and design over the previous 3 years. |
| 3.4 | The institution provides mechanisms and policies for unbiased student assessment.  3.4.1. The institution can clearly demonstrate the functioning existence and composition of an examination board.  3.4.2. There exist explicit policies on:   * + examinations and theses   + re-examinations   + arrangements for students with special needs   + External assessment   3.4.3. Guidance on assessments are readily available to students |
| 3.5 | The institution recognises and adheres to explicit policies on plagiarism and fraud. Faculty are provided and guided with instruments to tackle fraud or plagiarism in assessments and theses. Students are informed.  3.5.1. Plagiarism and fraud policies are publicly available to faculty and students.  3.5.2. Evidence of how students are informed on the policies.  3.5.3. Faculty are informed and provided guidance on the use of mechanisms to uncover plagiarism or fraud and the processes to undertake in case of concern. |
| 3.6 | The Institution recognises and adheres to the principals of the Bologna Declaration where appropriate.  3.6.1. The programmes adhere to a three-tier system (BA-MA-Phd) .  3.6.2. The programmes are expressed as, or apply ECTS (European Credit Transfer system) or compatible system of credits.  3.6.3. The Institution provides a Diploma Supplement as an annex to the final degree (preferably in English). |
| 3.7 | The institution encourages international networking and collaborations.  3.7.1. A listing of international collaboration and activity is provided. |

## Strengths and weaknesses of the institution within Criteria I, II, and III:

Please list the strengths and weaknesses of the institution within the three aforementioned criteria.

## Criterion IV: Students and Graduates

***The institution has policies and procedures on student recruitment, enrolment, support and follow-up which are assessed and revised regularly.***

INTERPRETATION

The fourth criteria focuses upon the students and graduates of the institution. It takes a holistic view from the point of their potential admission through to the relationship that the institution and programmes maintain subsequent to graduation.

The criteria examine the focus of the institution's intended student population and the policies and procedures that are in place to ensure equal access to all potential admissions. During their studies, the institution is expected to provide opportunities to both monitor and support the progress of the student body. Finally the criteria examine how the institution and programmes maintain contact with the graduates after their graduation and the nature of their relationship.

SUB-CRITERIA & CHECK POINTS

|  |  |
| --- | --- |
| 4.1 | The institution has clearly defined admission criteria and recruiting policies for their programmes.  4.1.1. Recruitment policy and admission criteria, including academic prerequisites (undergraduate degree from a recognised university, language skills, international experience, etc.) are in line with the aims of the programmes and final qualifications of the programmes.  4.1.2. Appropriate entrance requirements exist for all target groups, and checks are carried out to ensure that entrants meet these requirements.  4.1.3. Stated application, admission and degree requirements and regulations are applied equally to individual applicants and students regardless of age, gender, ethnic group, disability, religion, or nationality.  4.1.4. The information given to potential entrants provides an adequate and realistic picture of the institution, its programmes and the career prospects after graduation.  4.1.5. Provide quantitative information on the number of applicants, acceptances and enrolment by programme for at least previous three cohorts. Complete *template 4.1a. below*  4.1.6. Provide quantitative information on the intake of students per programme by region for at least previous three years. Complete *template 4.1b. below* |
| 4.2 | The institution strives to ensure that students are provided with opportunities to successfully undertake the programmes on offer. Programmes within the institution are achievable for the vast majority of students in terms of success rates and completing studies within the specified timeframe.  4.2.1. The institution provides a monitoring system to assess student progress which is used for planning of interventions to prevent drop-outs and prolonged studies.  4.2.2. Provide a quantitative and qualitative description of drop outs and prolonged studies along with a description of any remedial action taken.  4.2.3. The institution provides supportive resources for students with special needs related to the learning process and general needs (e.g., visual or hearing impairment, wheelchair access, learning difficulties). |
| 4.3 | The institution provides accessible counselling services for personal, academic and professional development of students.  4.3.1. Tutoring and student counselling services are operative and function adequately.  4.3.2. Teaching and administrative staff is sufficiently available for consultation with the students. |
| 4.4 | The institution has effective communication tools (website, brochures, etc.) to present itself and its activity internally and externally to students.  4.4.1. Description and evidence of the communication tools the institution/programme uses to portray itself internally and externally.  4.4.2. The institution maintains an up-to-date website with complete information regarding courses, requirements, schedules, and teacher profiles.  4.4.3. The institution has clear and explicit regulations and enables students to access information about the programmes offered including school regulations, expected programme learning outcomes, clearly stated progress thresholds, award of credit, requirements for examinations and written work, and the grading system.  4.4.4. Examples of how students receive information about the institution and programmes (e.g., website, course handbooks, brochures, academic calendars, bulletins and catalogues explaining course offerings, etc.); references to websites may be included. |
| 4.5 | The institution employs a proactive approach to monitoring students after graduation.  4.5.1. There are methods for following up on the students’ career choices and employment paths through such mechanisms as alumni organisations and surveys of stakeholders. |
| 4.6 | The institution adheres to national legislation on the protection of personal data  4.6.1. There are explicit and publicised policies on data protection where they exist either nationally or locally. |

*Template 4.1.a*

**For the Programme (please copy and paste for the different programmes)\***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Present cohort** | **Last cohort** | **Previous to last cohort** | **Totals** |
| **Applied** |  |  |  |  |
| **Accepted** |  |  |  |  |
| **Enrolled** |  |  |  |  |
| \*If the programme consists of a mixture of part-time and full-time students please copy and paste this template and clearly indicate. | | | | |

*Template 4.1.b*

**To be completed for the Programmes contained within the Institution**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Present cohort** | | **Last cohort** | | **Previous to last cohort** | |
|  |  | **N** | **%** | **N** | **%** | **N** | **%** |
| **Programme 1** | Home country |  |  |  |  |  |  |
|  | ER\* countries |  |  |  |  |  |  |
|  | Non-ER countries |  |  |  |  |  |  |
|  | *Total* |  |  |  |  |  |  |
| **Programme 2** | Home country |  |  |  |  |  |  |
|  | ER countries |  |  |  |  |  |  |
|  | Non-ER countries |  |  |  |  |  |  |
|  | *Total* |  |  |  |  |  |  |
| **Programme 3** | Home country |  |  |  |  |  |  |
| (if applicable) | ER countries |  |  |  |  |  |  |
|  | Non-ER countries |  |  |  |  |  |  |
|  | ***Total*** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

\* European region as defined by the European Council of Ministers and World Health Organisation

## Criterion V: Human Resources and Staffing

***The institution ensures that the profile and number of teaching and support staff is appropriate to the provision of the stated programmes and their continuous development.***

***The promotion and recruitment policy within the institutional recruitment regulations and procedures are consistent with the mission of the institution and the aims and objectives of the stated programmes.***

INTERPRETATION

The quality of an organisation active in education, research and service is to a large extent determined by its personnel. The institution must have the ability to meet its identified aims and objectives in light of the current size and composition of its faculty. Adequate faculty and administrative resources are critical to the development and sustenance of the institution's activities. Teaching resources may of course be drawn from other departments and schools within the institution, but there must be a central core of faculty to sustain the curricula.

In judging whether the institution has a sufficient number of academically qualified faculty, factors such as the faculty course load, the depth and breadth of professional (multidisciplinary) backgrounds represented by the faculty, the opportunities for professional interaction and development among the faculty, and the opportunities for students to be exposed to the appropriate range of academic and practical knowledge within public health, are assessed. Furthermore, the institutions ability to foster the academic and professional development of their faculty plays a central role in the sustainability of the institution and its programmes.

SUB-CRITERIA & CHECK LIST

|  |  |
| --- | --- |
| 5.1 | A staff recruitment policy exists outlining the type, responsibilities and balance of academic staff required to adequately delivery the programme curricula.  5.1.1. There are institutional recruitment regulations and procedures with explicit standards for the recruitment and appointment of teaching staff consistent with the institutional mission as well as the aims and qualifications of the public health programmes.  5.1.2. Indicate any differences in procedure for different types/categories of appointments. |
| 5.2 | There is a central and stable core of academically qualified and / or experienced teaching staff in sufficient numbers dedicated to the programmes offered.  5.2.1. The numbers and qualifications and / or experience of staff are sufficient to ensure that the programmes are provided to the required standards for the actual number of students.  5.2.2. The bulk of the programmes are taught by a stable and appropriately qualified or experienced teaching cadre.  5.2.3. For each of the public health programmes offered, information for the previous 3 years sought:   * 1. Programme staff/faculty profile in teaching hours and percentages per academic year by category of faculty/staff.   2. Any year-on-year changes in faculty composition, larger than + or - 10%, are accompanied by a clear explanatory note.   3. The percentage of staff holding an earned doctorate or other equivalent terminal academic degree is sufficient for the delivery of the programmes.   4. Student–staff ratio within the programmes delivered per academic year   5. Percentage of teaching carried out by different departments in the Self-Evaluation year. |
| 5.3 | Departments are comprised of staff with multidisciplinary backgrounds.  5.3.1. The composition of the departments involved and their staff members reflect the multidisciplinary character of public health.  5.3.2. The teaching staff posses demonstrable knowledge in theory, practice, and methods in public health as well as educational and pedagogical skills.  5.3.3. The teaching staff shows a balance between national, European and international experience, appropriate to the programmes. |
| 5.4 | The institution supports the active involvement of faculty in public health research activities.  5.4.1. Faculty are provided with opportunities to remain at the forefront of their disciplines through participation in research projects, conferences, seminars, international forums and access to the latest international literature. |
| 5.5 | The institution supports the active involvement of faculty in public health service (practice) activities.  5.5.1. Faculty are encouraged to participate in external service activities with examples provided. |
| 5.6 | The institution has policies to evaluate and support professional development, within existing resources, for all staff.  5.6.1. Formal procedures for evaluating faculty competence and performance, particularly in the area of teaching, are in place and applied consistently.  5.6.2. Examples given of faculty pedagogic development events over the past 3 years the opportunities made available. |
| 5.7 | The institution has policies in place for appointment and promotion.  5.7.1. Policies for appointments and promotion are provided along with examples of tenure track if practiced. |
| 5.8 | An appropriately qualified and sufficient administrative/support staff is available for the programmes.  5.8.1. An executive overview of the quantitative and qualitative details of the institution's support staff is provided. |

## Criterion VI: Supportive Services, Budgeting and Facilities

***The accommodation, budget and facilities are adequate to realise the mission of the institution and range of programme aims and objectives.***

INTERPRETATION

This criterion requires an assessment of the institution’s ability to meet its mission and the aims, qualifications and objectives of the programmes offered. Overall adequacy of learning resources implies the ability of the institution to assure sustainability and continuity to meet its commitment to students and other constituents. The stability of resources is a factor in evaluating their adequacy.

The budgeting process, including when and by whom the budget is prepared and the involvement by the programme manager/director is reviewed. The budget support which has been provided over the past years should be explained, by noting the amount of funding, its source as well as distribution and trends (a table may be used).

SUB-CRITERIA & CHECK POINTS

|  |  |
| --- | --- |
| 6.1 | The institution has financial resources sufficient to support the stated aims, final qualifications and learning objectives of the programmes offered.  6.1.1. The institution has financial resources sufficient to support its activities.  6.1.2. The institution provides systematic monitoring of finances |
| 6.2 | The learning resources are adequate and students and staff are provided with sufficient access and guidance on to these resources inside and outside of usual school working hours.  6.2.1. Resources such as library, relevant scientific literature search engines/databases, online educational materials, etc. are available.  6.2.2. The institution’s capability to provide electronic content, online search engines/scientific literature databases that the institution subscribes to, rules on borrowing material, and access hours are clear.  6.2.3. Evidence of opportunities for orientation and assistance to students and staff on using the library/online resources. |
| 6.3 | Appropriate and well-equipped physical facilities supporting the educational methods of the programmes are provided.  6.3.1. Evidence that the classroom and learning space is adequate to meet the educational needs of the programmes delivered. |
| 6.4 | Appropriate computer facilities, including both hardware and software, access to the internet and appropriate service support are provided.  6.4.1. Evidence that there is an adequate amount of computer facilities and resources for students, faculty, administration, and staff and that these resources are sufficiently available. |
| 6.5 | Support is provided for the welfare and accommodation of students.  6.5.1. Evidence of internal units focussed upon the welfare of students.  6.5.2. Evidence of an accommodation office / support. |

## Strengths and weaknesses of the institution within Criteria IV, V, and VI:

Please list the strengths and weaknesses of the institution within Criteria IV, V, and VI.

## Criterion VII: Internal Quality Management

***There is an internal system for assuring quality and supporting policy development, decisions, and actions.***

INTERPRETATION

Internal quality assurance mechanisms are crucial to the integrity of the institution and to its long term sustainable development. All constituents including students shall be invited to participate in appropriate aspects of the evaluation process. Administrative mechanisms including standing and ad hoc committees should assure strong policy development and implementation.

This criterion primarily relates to achievement of high quality professional education for persons entering the labour market. Flexibility and innovation in curriculum design and means of delivery are necessary in order to meet the diverse educational needs of (full-time and sometimes part-time) students, pre-entry and (if applicable) mid-career students, students who are changing careers and those with interests in different career specialisations within public health. The institution should strive to develop and use its own procedures to determine how well the programmes carry out their aims, final qualifications and curricula.

Flexibility and the ability to innovate on the basis of adequate information on governance and teaching are key features of any institution seeking to meet the needs of students, staff, stakeholders and the wider community.

SUB-CRITERIA & CHECK POINTS

|  |  |
| --- | --- |
| 7.1 | A systematic quality management system regarding institutional provisions and the quality of programmes is in place with the involvement of relevant stakeholders.  7.1.1. All relevant stakeholders (i.e. faculty, staff, students, alumni and those from professional field/employers) are involved in the institution's developmental planning and processes. Complete template 7.1.  7.1.2. There is evidence of key processes, including strategic / development / action plans, in place and which are broadly inclusive of staff, students and stakeholders. |
| 7.2 | There is regular and systematic data collection of student and staff feedback concerning the institution and the programmes offered. The Institution and its programmes demonstrate according modifications.  7.2.1. A systematic Plan-Do-Check-Act cycle (or a similar quality tool) as a tool for quality assurance and improvement is in place.  7.2.2. Tasks and responsibilities in application of the quality assurance system are well-defined and clear to all actors involved.  7.2.3. The institution assesses the achievement of its programmes' aims and learning objectives via an internal quality management system.  7.2.4. There is evidence of results of the data collection and analysis being fed into the process of developing curricula and learning objectives. An adequate process of periodic programme evaluation, review and development is in place.  7.2.5. Examples of monitoring used for revision of the programmes and institutional activity. |
| 7.3 | Feedback on quality of the programmes and institutional provisions is provided to faculty, students and other persons involved.  7.3.1. Documentation of feedback provided to constituents. |
| 7.4 | The institution provides evidence that recommendations received during previous reviews (by APHEA or any other national/international review body) have lead to changes in curricula, organisation of the programmes or institutional activities.  7.4.1. A summary of actions taken based on previous recommendations is provided. |

**Involvement of stakeholders within the quality assurance system of the institution and programmes**

***Template 7.1.a* Involvement of stakeholders within the quality assurance system of the institution**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Institutional provision** | Programme Director | Students | Alumni | Staff members | Educational Committee | Committee of Examiners | Labour market /employers |
| Strategic / development /action plan |  |  |  |  |  |  |  |
| Management of programmes |  |  |  |  |  |  |  |
| PR and programme information |  |  |  |  |  |  |  |
| Facilities and housing |  |  |  |  |  |  |  |
| Staff employment |  |  |  |  |  |  |  |
| Counselling for students |  |  |  |  |  |  |  |

*KEY: Indicate influence by way of the following scale:*

1 = not at all influential / 2 = slightly influential / 3 = very influential / 4 = extremely influential

***Template 7.1.b* Involvement of stakeholders within the quality assurance system of the programmes**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Programme title 1\*** | Programme Director | Students | Alumni | Staff members | Educational Committee | Committee of Examiners | Labour market /employers |
| Programme aims |  |  |  |  |  |  |  |
| Final qualifications |  |  |  |  |  |  |  |
| Learning objectives |  |  |  |  |  |  |  |
| Content modules |  |  |  |  |  |  |  |
| Assessment |  |  |  |  |  |  |  |

\*copy and paste for each programme addressed in the Self-Evaluation

*KEY: Indicate influence by way of the following scale:*

1 = not at all influential / 2 = slightly influential / 3 = very influential / 4 = extremely influential

## Strengths and weaknesses of the institution within Criterion VII:

Please list the strengths and weaknesses of the institution within the aforementioned criteria.

## Overall assessment of the strengths and weaknesses of the institution:

Please review major strengths, weaknesses, and challenges your institution faces and discuss ways of improvement.

# Appendix I: Core curricula content

|  |  |
| --- | --- |
| **CORE SUBJECT AREAS** | **CURRICULUM COMPETENCES & LEARNING AREAS** |
| 1. **Introduction** | 1. Introduction and/or essentials in public health |
| 1. **Methods in public health** | 1. Epidemiological methods, 2. Biostatistical methods, 3. Qualitative research methods, 4. Survey methods |
| 1. **Population health and its determinants** | 1. Environmental sciences (including physical, chemical and biological factors), 2. Communicable disease 3. Non- communicable disease, 4. Occupational health, 5. Social and behavioural sciences, 6. Health risk assessment, 7. Health inequalities along social gradient |
| 1. **Health policy, economics, and management** | 1. Economics, 2. Healthcare systems planning, 3. Organisation and management, 4. Health policy, 5. Financing health services, 6. Health programme evaluation, 7. Health targets |
| 1. **Health education and promotion** | 1. Health education, 2. Health promotion, 3. Health protection and regulation, 4. Disease prevention |
| 1. **Other/Cross-disciplinary themes (mandatory and/or elective courses)** | 1. Biology for public health, 2. Law, 3. Ethics, 4. Ageing, 5. Nutrition, 6. Maternal and child health, 7. Mental health, 8. Demography, 9. IT use, 10. Health informatics, 11. Leadership and decision- making, 12. Social psychology, 13. Global public health, 14. Marketing, 15. Communication and advocacy, 16. Health anthropology, 17. Human rights, 18. Programme planning and development, 19. Public health genomics, 20. Technology assessment |
| 1. **Integrating Experience, practicum/Internship/ final project /thesis/ dissertation/exam /memoire** | 1. Supervised by faculty (full time and/or adjunct) |

# Appendix II: Indicative Site Visit Agenda

The following is a sample agenda for a site visit [[3]](#footnote-3),[[4]](#footnote-4):

|  |  |  |
| --- | --- | --- |
| **Day 0. Arrival date:** | | **Location** |
|  | Arrival of review team in country |  |
|  | Preparatory meeting review team (behind closed doors) | Hotel |

| **Day 1.** | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Time** | **Agenda** | **Location** | **Participants** | **Criteria** | |
| 09:00 – 09:30 | Arrival of review team on site and welcome by school. Explanation of materials on display and practical arrangements during the site -visit. |  |  | N/A | |
| 09:30 – 10:45  **Session 1** | Meeting with Institutional representatives, board, programme management and author(s) of the Self-Evaluation Report: overview of institution under review, highlighting any special features/ peculiarities of the institution; unclear issues as perceived by review team to be put forth. |  |  | 1 & 2 | |
| 10:45 -11:00 | SESSION DEBRIEF - review team | | | | |
| 11:00 -12:15  **Session 2** | Meeting with Institutional Leadership and (if applicable University / host institution leadership) |  |  | | 1 & 2 |
| 12:15 -12:30 | SESSION DEBRIEF - review team | | | | |
| 12:30 - 13:30  **Session 3** | Lunch – Light buffet meeting with Alumni. |  |  | 2, 3, 4 & 7 | |
| 13:30 – 13:45 | SESSION DEBRIEF - review team | | | | |
| 13:45 – 14:45  **Session 4** | Tour of school premises and facilities, preferably guided by students (lecture halls, tutorial rooms, computer facilities, library, etc.). |  |  | 6 | |
| 14:45 - 16:00  **Session 5** | Meeting with students (includes representatives and members of advisory bodies at school). |  |  | 1, 2, 3, 4, 5, 6, 7 | |
| 16:00 -16:15 | SESSION DEBRIEF - review team | | | | |
| 16:15 - 17:15  **Session 6** | Meeting with representatives from labour market/stakeholders. |  |  | 2, 3, & 7 | |
| 17:15 – 17:30 | DAILY DEBRIEFING - review team | | | | |
| 17.30 | Team return to hotel. |  |  | N/A | |
| Evening event if planned | | | | | |

| **Day 2.** | | | |  |
| --- | --- | --- | --- | --- |
| **Time** | **Agenda** | **Location** | **Participants** | **Criteria** |
| 09:00 – 10:15  **Session 7** | Meeting with Programme  Co-ordinators |  |  | 2, 3, 5 & 7 |
| 10:15 - 10:30 | SESSION DEBRIEF - review team | | | |
| 10:30 - 11:45  **Session 8** | Meeting with core faculty members (includes members of advisory bodies at school) |  |  | 2, 3, 5 & 7 |
| 11:45 - 12:00 | SESSION DEBRIEF - review team | | | |
| 12:00 – 13:00  **Session 9** | Meeting with other representatives of the school.   1. Admissions 2. Counselling service 3. Career advisor/ student advisor 4. Educational support office 5. Communications dept |  |  | 4 |
| 13:00 - 13:15 | SESSION DEBRIEF - review team | | | |
| 13:15 - 14:15 | Light lunch  Review of materials | | | |
| 14:15 – 15:00  **Session 10** | Meeting with other representatives of the school.   1. Representative of examiners’ board 2. Representative of ethics board |  |  | 3 |
| 15:00 - 15:15 | SESSION DEBRIEF - review team | | | |
| 15:15 – 16:00  **Session 11** | Meeting with other representatives of the school.   1. Welfare & Accommodation representatives 2. International office 3. Human Resources |  |  | 2, 3, 4, 5 |
| 16:00 - 16:15 | SESSION DEBRIEF - review team | | | |
| 16:15 – 17:00  **Session 12** | Meeting with other representatives of the school.   1. Quality management committee |  |  | 7 |
| 17:00 - 17:30 | DAILY DEBRIEFING | | | |
| 17:30 | Return to hotel | | | |

| **Day 3.** | | | |
| --- | --- | --- | --- |
| **Time** | **Agenda** | **Location** | **Participants** |
| 09:00 – 14:00 | Review team meeting behind closed doors including:   * clarifications from school representatives (if required) * Light lunch |  |  |
| 14:00 – 15:30 | Oral presentation on first impressions by chair and team.  Brief Question and Answer session |  |  |
| 15:30 onwards | Site visitors leave |  |  |

# Appendix III: Documents to be Made Available During the Site Visit\*

1. Strategic / Development / Action / Policy plans or similar document
2. Institutional Annual report if available
3. Translated version of constitution or, bylaws, terms of reference or other documents concerning membership in governance and academic bodies
4. Policy plan regarding education and research or similar document(s)
5. Translated policies (attached to original language copies) on:

* External assessment
* Arrangements for students with special needs
* Equal rights, harassment, bullying and corruption
* Plagiarism
* Data Protection
* Research ethics
* Staff development

1. Quality assurance policy documents or similar document(s)
2. Example of Diploma Supplement
3. Example of institutional recruitment regulations
4. Results/analysis/documented outcomes of any recent institutional evaluations

On line access is required for all site review members. Lap tops should also be available.

**\*** *if institutions have these documents online they are encouraged to attached the specific weblinks within the Self-Evaluation Report so that the site visit team has more time to digest before their arrival.*

*The following references were used in creating this document:*

Accreditation of European Public Health Education – Master of Public Health Programme Standards: 6th draft version elaborated within the framework of the EU-LdV PH-ACCR Project. February 2007.

Accreditation Criteria: Public Health Programmes. Council on Education for Public Health (CEPH). June 2005.

Self-Evaluation for Graduate Programmes in Healthcare Management Education. Commission on Accreditation of Healthcare Management Education (CAHME). July 2010.

Guidelines for the Self-Evaluation Report. European Association for Public Administration Accreditation. September 2009.

Quality Improvement and Accreditation of training programmes in Public Health. Bury J, Gliber M. 2001.

1. "Qualifications" is used in this document as an attribute required to be both gained and fulfilled by the students throughout their study. Many countries express these in different ways, for example, in terms of learning outcomes, competences or skills. [↑](#footnote-ref-1)
2. European Core Competences for MPH Education. ASPHER’s European Public Health Core Competences Project. Association of Schools of Public Health in the European Region (ASPHER). Bruxelles, 2011. [↑](#footnote-ref-2)
3. The final agenda must list participants for each session including their titles and (educational) roles. [↑](#footnote-ref-3)
4. The room set aside for the site visit needs to be spacious enough to comfortably accommodate the team of 4 -5 review team members in addition to the interviewees. Any on-site materials should be displayed on the tables in a clear fashion. Room should have capacity for laptop plug in and internet connection. Readable name cards should be prepared for all interviewees and review team members. [↑](#footnote-ref-4)