AQAS

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QUALITÄTSSICHERUNG DURCH
AKKREDITIERUNG VON
STUDIENGÄNGEN E.V.

FINAL REPORT

WELL-BEING ORIENTED HEALTHCARE (MASTER OF WELL-BEING ORIENTED HEALTHCARE)

OFFERED BY

UNIVERSITÄT ZU KÖLN, GERMANY

SEMMELWEIS EGYETEM, HUNGARY

UNIVERSIDAD DE MURCIA, SPAIN

UNIVERSIDADE DE SANTIAGO DE COMPOSTELA, SPAIN

UNIVERSITÀ DEGLI STUDI DI FIRENZE, ITALY

(EUNIWELL ALLIANCE)

May 2026
Assessment following the European Approach
for Quality Assurance of Joint Programmes

Content

Decision of the Accreditation Commission of AQAS 3
I. Preamble 6
II. Accreditation procedure 6
1. Criteria 6
2. Approach and methodology 6
III. General information on the universities 8
IV. Assessment of the study programme 9
1. Eligibility 9
2. Learning outcomes 11
3. Study programme 13
4. Admission and recognition 15
5. Learning, teaching and assessment 17
6. Student support 19
7. Resources 20
8. Transparency and documentation 22
9. Quality assurance 23
V. Recommendation of the panel of experts 26

DECISION OF THE AQAS STANDING COMMISSION

ON THE STUDY PROGRAMME

- **"WELL-BEING ORIENTED HEALTHCARE" (MASTER OF WELL-BEING ORIENTED HEALTHCARE)**

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- **UNIVERSITÄT ZU KÖLN, GERMANY**
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Based on the report of the expert panel, the comments by the universities, and the discussions of the AQAS Standing Commission in its 29th meeting on 18 May 2026, the AQAS Standing Commission decides:

1. The study programme "**Well-Being oriented Healthcare**" (**Master of Science**) jointly offered by **Universität zu Köln** (**Germany**), **Semmelweis Egyetem** (**Hungary**), **Universidad de Murcia** (**Spain**), **Universidade de Santiago de Compostela** (**Spain**), and **Università degli studi di Firenze** (**Italy**) is accredited according to the Standards defined in the European Approach for Quality Assurance for Joint Programmes.

   The study programme complies with the requirements defined by the criteria and thus the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG) and the European Qualifications Framework (EQF) in their current version.

2. The accreditation is given for the period of **six years** and is valid until **30 June 2032**.

The following **recommendations** are given for further improvement of the programme:

1. It is recommended that the framework model of "biological-psychological-social health" be refined and supplemented to further strengthen an interdisciplinary and comprehensive understanding of "well-being", e.g. by emphasising the subjective component of health, person-environment interactions, or in the sense of an "active" internal and external state of the individual.
2. The interdisciplinary programme might benefit from expanding the programme's methodological diversity, from introducing an early, interactive research module, and from thesis-specific methodological and data analysis content to bridge theoretical knowledge with the empirical rigor of the master's programme.
3. To enhance the transparency and developmental impact of the admission process, it is recommended that the consortium implement a standardised feedback mechanism for unsuccessful applicants.
4. The student handbook should explicitly state how the consortium handles applicants who wish to waive a specific module based on previous academic work or substantial professional experience (e.g. a student who already has an advanced certificate in research methods).

5. To ensure that guided self-reflection becomes a systematic analysis of professional identity and to mitigate the subjectivity of qualitative assessments and prevent academic drift or national pedagogical bias, the consortium should adopt a consistent, evidence-based reflection model (such as Gibbs' Reflective Cycle or Schön's model) across all modules and implement robust inter-rater reliability protocols and standardised marking rubrics.
6. To provide full guidance in all phases of the study programme, it is recommended that the student handbook provide a more granular description of the available methodological pathways within the thesis module.
7. To further jointness and facilitate a smooth course of studies, the consortium should provide a more standardised set of regulations concerning assessment and attendance, in particular a clearly defined policy on how students may compensate for missing in-person classes as well as joint regulations for master's theses and a list of supervisors.
8. To foster a stronger sense of jointness and shared identity, mitigate pedagogical fragmentation, and ensure the teaching staff is trained in the use of the learning management platform, the consortium should establish a formal joint pedagogical forum or regular cross-institutional workshops that facilitate essential dialogue regarding instructional strategies, assessment calibration, and continuous curricular refinement among academics from all five partner universities.
9. While students and external experts have been actively involved in the development of the programme, it is recommended that stakeholder engagement be further enhanced to ensure continuous improvement, e.g. by tracking the long-term professional impact of the degree and establishing an alumni advisory seat on the programme committee.
10. It is recommended that patients and external healthcare professionals as stakeholders be involved in the ongoing feedback-loop to further improve the programme, e.g. as part of the site visits.

With regard to the reasons for this decision the Standing Commission refers to the attached expert report.

EXPERT REPORT

ON THE STUDY PROGRAMME

- **"WELL-BEING ORIENTED HEALTHCARE" (MASTER OF WELL-BEING ORIENTED HEALTHCARE)**

OFFERED BY

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- **SEMMELWEIS EGYETEM, HUNGARY**
- **UNIVERSIDAD DE MURCIA, SPAIN**
- **UNIVERSIDADE DE SANTIAGO DE COMPOSTELA, SPAIN**
- **UNIVERSITÀ DEGLI STUDI DI FIRENZE, ITALY**

Visit to the university: 29–30 April 2026

Panel of experts:

Prof. Dr. Andreas Kruse	Institute of Gerontology, University of Heidelberg, Germany
Prof. Dr. Cristina G. Dumitrache	Department of Developmental and Educational Psychology, Universidad de Granada, Spain
Britta March	Head of Corporate Communications/Marketing and PR at Medical University of Lausitz, Germany (labour market representative)
Maja Koperek	Ruhr University Bochum, Germany (student representative)

Coordinator:

Dr. Christina Schönberger-Stepien	AQAS, Cologne, Germany

I. Preamble

AQAS – Agency for Quality Assurance through Accreditation of Study Programmes – is an independent non-profit organisation supported by nearly 90 universities, universities of applied sciences and academic associations. Since 2002, the agency has been recognised by the German Accreditation Council (GAC). It is, therefore, a notified body for the accreditation of higher education institutions and programmes in Germany.

AQAS is a full member of ENQA and also listed in the European Quality Assurance Register for Higher Education (EQAR) which confirms that our procedures comply with the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG), on which all Bologna countries agreed as a basis for internal and external quality assurance.

AQAS is an institution founded by and working for higher education institutions and academic associations. The agency is devoted to quality assurance and quality development of academic studies and higher education institutions' teaching. In line with AQAS' mission statement, the official bodies in Germany and Europe (GAC and EQAR) approved that the activities of AQAS in accreditation are neither limited to specific academic disciplines or degrees nor a particular type of higher education institution.

II. Accreditation procedure

This report results from the external review of the master's programme "Well-Being oriented Healthcare" offered jointly by Universität zu Köln (Germany), Semmelweis Egyetem (Hungary), Universidad de Murcia (Spain), Universidade de Santiago de Compostela (Spain), and Università degli studi di Firenze (Italy). The programme is part of the EUniWEll Alliance.

1. Criteria

The programme is assessed against the criteria defined by the European Approach for Quality Assurance of Joint Programmes The criteria are based on the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG) 2015.

2. Approach and methodology

Initialisation

The university consortium mandated AQAS to perform the accreditation procedure in October 2025. The university consortium produced a Self-Evaluation Report (SER). In November 2025, the consortium handed in a draft of the SER together with the relevant documentation on the programme and an appendix. The appendix included e.g.:

- a cooperation agreement,
- the CVs of the teaching staff/supervisors,
- a QA concept,
- a Student Handbook,
- as well as academic regulations.

AQAS checked the SER regarding completeness, comprehensibility, and transparency. The accreditation procedure was officially initialised by a decision of the AQAS Standing Commission on 1 December 2025. The final version of the SER was handed in in March 2026.

Nomination of the expert panel

The composition of the panel of experts follows the stakeholder principle. Consequently, representatives from the respective disciplines, the labour market, and students are involved. Furthermore, AQAS follows the principles for the selection of experts defined by the European Consortium for Accreditation (ECA). The Standing Commission nominated the aforementioned expert panel in March 2026. AQAS informed the university consortium about the members of the expert panel and the university consortium did not raise any concerns against the composition of the panel.

Preparation of the site visit

Prior to the site visit, the experts reviewed the SER and submitted a short preliminary statement including open questions and potential needs for additional information. AQAS forwarded these preliminary statements to the university consortium and to all panel members in order to increase transparency in the process and the upcoming discussions during the site visit.

Site visit

After a review of the SER, a site visit to the university took place on 29–30 April 2026. On site, the experts interviewed different stakeholders, e.g. the management of the higher education institution, the programme management, teaching and other staff, as well as students, in separate discussion rounds and consulted additional documentation. The visit concluded by the presentation of the preliminary findings of the group of experts to the consortium's representatives.

Reporting

After the site visit had taken place, the expert group drafted the following report, assessing the fulfilment of the criteria. The report included a recommendation to the AQAS Standing Commission. The report was sent to the consortium for comments.

Decision

The report, together with the comments of the university consortium, forms the basis for the AQAS Standing Commission to take a decision regarding the accreditation of the programme. Based on these two documents, the AQAS Standing Commission took its decision on the accreditation on 18 May 2026. AQAS forwarded the decision to the university consortium. The university consortium had the right to appeal against the decision or any of the imposed conditions.

In June 2026, AQAS published the report and the result of the accreditation as well as the names of the panel of experts.

III. General information on the universities

The two-years master's programme "Well-Being oriented Healthcare" is jointly developed by five partner universities within the European Universities Alliance EUniWell, who have been cooperating in medicine and healthcare for the past five years. Four full partners – University of Cologne, Germany, Semmelweis Egyetem, Hungary, Universidad de Murcia, Spain, and Universidade de Santiago de Compostela, Spain – award a joint degree, while the Università degli studi di Firenze, Italy, is not degree-awarding but participates in teaching as a full partner in the consortium. The master's programme is designed for healthcare professionals and delivers theories, models, practices, and application methods for person-centred healthcare.

According to the SER, all partners are experienced in offering healthcare education and bring in unique and complementary expertise. The process of alignment was jointly carried out by a working group of academics, administrative staff, and students. Previous collaboration has supported the process of developing and delivering the programme.

The University of Cologne is a founding member and the coordinating institution of EUniWell. Semmelweis University in Budapest is the leading biomedical institution and largest healthcare provider in Hungary. The University of Murcia is a public institution devoted to research and teaching and a close collaboration with the healthcare network in the area. The University of Florence is a public institution with a focus on teaching and research as well as the collaboration with two academic hospitals. The University of Santiago de Compostela is a public institution where students can pursue nine undergraduate degrees in the field of health sciences.

The programme pursues the main objective of training professionals with transversal skills and competencies focused on personal needs, prevention of functional and well-being loss including the role of spirituality across life. A focus is reportedly placed on the acquisition of interdisciplinary skills and competencies relevant across the whole health-and-disease trajectory, as well as on social-psychological, intercultural, and communication skills. In particular, the programme will

- provide students with the models and theories, methods, and practical experience to be able to develop a person- and wellbeing-oriented perspective and integrate it in their healthcare practice;
- prepare students to face the future social and demographic challenges and provide high-quality comprehensive treatment that fosters well-being and quality of life;
- span from the biological to the psychosocial perspective, including mental health, social and spiritual needs of patients and of those who care for them;
- enable a European and comparative analysis of and reflection on healthcare and national best practices;
- expose students to the diversity of European healthcare and educational contexts by an integrated curriculum and mandatory short-term mobilities.

IV. Assessment of the study programme

1. Eligibility

1.1 The institutions that offer a joint programme should be recognised as higher education institutions by the relevant authorities of their countries. Their respective national legal frameworks should enable them to participate in the joint programme and, if applicable, to award a joint degree. The institutions awarding the degree(s) should ensure that the degree(s) belong to the higher education degree systems of the countries in which they are based.

1.2 The joint programme should be offered jointly, involving all cooperating institutions in the design and delivery of the programme.

1.3 The terms and conditions of the joint programme should be laid down in a cooperation agreement. The agreement should in particular cover the following issues:

• Denomination of the degree(s) awarded in the programme

• Coordination and responsibilities of the partners involved regarding management and financial organisation (including funding, sharing of costs and income etc.)

• Admission and selection procedures for students

• Mobility of students and teachers

• Examination regulations, student assessment methods, recognition of credits and degree awarding procedures in the consortium.

Description

Status

As documented in the SER and in the annex, all partners are public higher education institutions with the right to award an academic degree on level 7 of the European Qualifications Framework.

Joint design and delivery

As part of the EUniWell alliance coordinated by the University of Cologne, the consortium has cooperated in delivering joint educational offers and collaborative research on health and well-being, especially in the area of medical and healthcare education. The so-called Thematic Arena “Health and Well-Being” is coordinated by the University of Florence. According to the SER, the programme was developed jointly in a working group of academics and administrative staff which has drafted and designed the learning objectives and the curriculum.

Each institution is said to contribute its particular expertise to deliver the comprehensive and interdisciplinary programme for which the single institutions would not have the capacity. All partners share equal responsibilities and rights outlined in the consortium agreement.

The University of Cologne is in charge of the module “Why Well-Being Matters” and has particular expertise in e.g. (bio-)medicine, ageing-associated diseases, and palliative care. Semmelweis University is responsible for the module “Personal & Social Transformations” and offers special expertise at its Institute of Mental Health, thus focussing on psychological aspects within the biopsychosocial model. The University of Murcia offers the module “Multidimensional Aspects of Well-Being” and contributes its expertise in social aspects of well-being, with a particular focus on disability care. The University of Florence offers the module “The Biopsychosocial Model: How to Integrate It into the Clinical Experience” and has expertise in biopsychosocial factors of human health as well as close connections to hospitals in the region. The University of Santiago de Compostela is responsible of the modules on “Identity and Belonging” and “Economics of Healthcare” and has a focus on preventive medicine and public health.

Cooperation agreement

The cooperation agreement has been developed by the University of Cologne based on discussions and jointly agreed upon procedures by the partners. It has been provided completely in September 2025 for a preliminary legal check. Feedback has been given by all partners. The revised version has undergone the final and full legal check and has been signed by all full partners.

The cooperation agreement contains the goals of the cooperation, the denomination of the degree awarded, the responsibilities between the partners, the financial considerations between the partners, admission and selection procedure in general outlines, reference to the examination regulations relevant for each module and student, and degree awarding regulations.

Expert evaluation

The universities collaborating in this programme are national leaders and highly regarded internationally. They are recognised nationally as institutions of higher education (university-level instruction). From a legal standpoint, they are also authorised to offer university-level instruction and to fully participate in international educational programmes. The University of Florence is currently not able to award a degree within this programme. However, the university is actively clarifying the necessary requirements and procedures to become a degree-awarding institution. The University of Florence is involved to the same extent as the other universities in the design and direction of instruction as well as in the individual supervision of students.

The master's degree fits perfectly into the university education and degree systems of the participating countries and is therefore fully recognised there. The programme was developed jointly, is jointly administered, and is jointly managed. The individual programme features – both formal and substantive – are clearly distinguished, precisely defined, and regulated in the cooperation agreement. The cooperation agreement is exemplary in its drafting. There is a clear delineation of responsibilities within the programme. It is specified in great detail how coordination and the assumption of responsibility are to take place. In addition, the admission requirements are very clearly defined. Provisions regarding mobility for both faculty and students are outlined. It is acknowledged that students must cover a substantial portion of the mobility costs themselves. However, this is also the case in other international programmes and is therefore not a unique feature of this programme. The selection criteria, as well as the selection process, are very clearly defined and operationalised.

The participating universities have been collaborating for years within a consortium focused on the topic of "well-being"; this consortium comprises twelve universities, each of which enjoys a strong national and international reputation. This extensive collaboration is impressively reflected in the programmes administrative and academic framework. The five universities participating in the master's programme complement one another perfectly in their contributions to the programme. The cooperation agreement clearly demonstrates that the five participating universities truly view themselves as one "single entity" with regard to the master's programme. It can be expected that this entity will cooperate excellently and with high effectiveness, not only in terms of content but also organisationally and administratively.

Conclusion

The criterion is fulfilled.

2. Learning outcomes

2.1 The intended learning outcomes should align with the corresponding level in the Framework for Qualifications in the European Higher Education Area (QF-EHEA), as well as the applicable national qualifications framework(s).

2.2 The intended learning outcomes should comprise knowledge, skills, and competencies in the respective disciplinary field(s).

2.3 The programme should be able to demonstrate that the intended learning outcomes are achieved.

2.4 If relevant for the specific joint programme, the minimum agreed training conditions specified in the European Union Directive 2005/36/EC, or relevant common trainings frameworks established under the Directive, should be taken into account.

Description

Level

According to the SER, the programme is aligned with the second level of the Framework for Qualifications for the European Higher Education Area (QF-EHEA) and level 7 of the European Qualifications Framework (EQF). The ILOs have been jointly drafted by the partners with the support of experts from Cologne's Center for Higher Education Development and Q^3 – Evaluation, Development & Accreditation and are structured in six themes, i.e. overarching topics relating to well-being on a micro-, meso-, and macro-level:

- The ILOs build upon knowledge and understanding acquired in a bachelor's degree and in the students' professional experience to support them in developing original ideas and solutions to medical and healthcare problems [Themes 1, 3 & 4].
- The interdisciplinary and international aspects of the ILOs encourage students to apply knowledge and understanding in new, e.g. different local healthcare systems, and broader contexts (when considering the determinants of well-being) [Themes 2 & 5].
- Students are guided to reflect on social and ethical responsibilities and their role in the healthcare system to support well-being oriented decision-making and judgement [Themes 2 & 3].
- The learning outcomes include skills that enable students to communicate to different audiences, to specialists and non-specialists, and to argue for a well-being approach [Themes 3 & 4].
- Furthermore, the ILOs include the self-reflection of the application of new competencies and skills and personal growth [Theme 6].

The SER also specifies that the national qualification frameworks of Germany, Spain, Hungary, and Italy are aligned with the EQF, i.e. in Germany to level 7 of the German Qualifications Framework for Lifelong Learning (DQR) and the second level of the Qualifications Framework for German Higher Education Degrees, in Spain to level 3 in MECES (Spanish Qualifications Framework for Higher Education, i.e. master level), which also corresponds to level 7 of the Spanish Qualifications Framework for Lifelong Learning (MECU), in Hungary to level 7 of the Hungarian National Qualifications Framework (HuQF), and in Italy to level 7 of the Quadro Nazionale delle Qualifiche (QNQ).

Disciplinary field

As specified in the documentation, the ILOs are said to be mapped to the respective disciplinary field and centre around six themes, i.e. overarching topics, which relate to well-being.

Achievement

Direct feedback by students on the modules, student assessment, and quality assurance mechanisms (e.g. graduate surveys) are said to ensure that the ILOs are achieved. The SER specifies that students' professional experience and application of acquired knowledge and skills is integrated as direct feedback on the programme's relevance. The programme's assessment strategy is said to be aligned with the intended learning outcomes, ensuring that students are assessed on their ability to demonstrate the skills and knowledge required to achieve the module's specific learning outcomes. The SER specifies a range of methods which require students to apply, review and reflect what they learned and thus assess students' ability to apply theoretical knowledge to practical contexts.

Expert evaluation

The programme's intended learning outcomes (ILOs) are successfully mapped to Level 7 of the Framework for Qualifications in the European Higher Education Area (QF-EHEA) and are designed to meet the rigorous requirements of the national qualifications frameworks in Germany, Hungary, Spain, and Italy. This alignment ensures that the master's programme carries the same legal and professional weight as a nationally delivered degree and provides a robust foundation for both professional practice and further academic research (PhD level).

The ILOs encompass a broad spectrum of domains – including biomedicine, psychology, social sciences, and management – deeply integrated into a holistic biopsychosocial framework. This enables students to develop specialised problem-solving skills, autonomy, and high responsibility. They translate these fields into professional competencies, such as creating unified care plans, navigating ethical dilemmas, and effectively communicating with both specialist and non-specialist audiences, in line with the Dublin Descriptors.

The programme demonstrates a highly sophisticated, multidisciplinary architecture created through a bottom-up approach developed by a multilateral working group of academics, staff, and students. By leveraging the specific expertise of each partner (e.g. Semmelweis for Mental Health, Murcia for Social Care, Cologne for Biomedicine), the curriculum offers a disciplinary depth that would be impossible for a single institution to achieve alone.

Students benefit significantly from this interdisciplinary curriculum, which moves beyond traditional biomedicine toward a holistic, person-centred approach. Furthermore, the programme fosters a rich multicultural and intercultural exchange that empowers healthcare professionals to become advocates for change, ready to address complex societal and healthcare challenges.

The ILOs are highly comprehensible and transparent within the programme documentation. They are organised into six distinct themes outlining the expected knowledge, skills, and attitudes, which makes them easily interpretable for applicants, students, and external stakeholders such as employers. The achievement of these Level 7 competencies is verified through a multi-layered system that combines authentic assessments (problem-based projects, clinical simulations, and the master's thesis) with a robust quality assurance framework (module surveys, group interviews, and longitudinal progression data).

Conclusion

The criterion is fulfilled.

3. Study programme

3.1 The structure and content of the curriculum should be fit to enable the students to achieve the intended learning outcomes.

3.2 The European Credit Transfer System (ECTS) should be applied properly and the distribution of credits should be clear.

3.3 A joint bachelor programme will typically amount to a total student workload of 180-240 ECTS-credits; a joint master programme will typically amount to 90-120 ECTS-credits and should not be less than 60 ECTS-credits at second cycle level (credit ranges according to the FQ-EHEA); for joint doctor-ates there is no credit range specified. The workload and the average time to complete the programme should be monitored.

Description

Curriculum

The curriculum is said to cover the interplay of determinants which affect an individual's well-being and which takes the professional experience (and professional obligations) of students into account through a part-time structure. The workload in each semester is reduced to 15 instead of 30 ECTS credit points (CP). The curriculum includes in-person teaching as well as virtual teaching elements and self-study phases. All modules are mandatory and each cohort studies the modules in the order indicated in the curriculum. The study plan for the programme looks as follows:

The biopsychosocial model is thereby a cornerstone for four core modules, which contain on-site sessions (short-term mobilities of 6 days), referred to as summer/winter schools and connected to virtual sessions.

Credits

The programme comprises 60 credit points (ECTS), with 15 credit points for the master's thesis. Students earn 15 credit points each semester due to the part-time structure of the programme. Credit points were assigned to each module based on the workload expected.

Workload

One ECTS credit point equals 25 hours of work. The amount and distribution of on-site, virtual, and self-study phases are provided in the module descriptions. The workload is said to be monitored as part of the joint QA policy through online surveys and focus group interviews. Student progress is also said to be monitored.

Expert evaluation

The participating universities have agreed on the guiding concept of "well-being" and its operationalisation following extensive preparatory work. This preparatory work includes the development of a programme that is highly coherent in terms of both content and structure, enabling the objectives described to be fully realised. The guiding concept is innovative, as it emphasises both the subjective world of experience and subjective responsibilities (for the maintenance and restoration of health), and its implementation in teaching is ensured by the programme. The individual modules are very well coordinated. They are suitable for bringing together students with very different bachelor's degrees in terms of content within an inspiring teaching and learning environment. The balance between face-to-face and digital sessions is well-judged and fits in well with the part-time structure of the programme. The expectations placed on applicants are clearly defined and fit very well with the individual programme components. The detailed information regarding credits and workload, also with regard to the part-time structure of the programme and the consideration of students' professional commitments, is entirely convincing.

The curriculum is designed as a logical, progressive journey from foundational multi-disciplinary theory to specialised practical application, utilising a structure that gives students ample time to master theoretical frameworks and soft skills – such as ethical judgment and self-reflection – within a holistic well-being orientation rather than traditional disease management. A key strength is experiential learning, such as in Cologne, where students observe person-centred best practices and extrapolate German strategies to their own national systems in the "Why Well-Being" module, supported by a dedicated project module that bridges conceptual design to actual implementation for the final thesis.

In the opinion of the expert panel, the programme could benefit from some further refinement and perhaps minor adjustments to its focus. These are merely recommendations which in no way call into question the high quality of the programme. The experts recommend refining and supplementing the framework model of "biological-psychological-social health" to further strengthen the interdisciplinary and comprehensive understanding of "well-being" (**Finding 1**). First, the framework model of "biological-psychological-social health" could be supplemented by framework models that emphasise above all the subjective component of health, explicitly referring to individuals' value systems and their interpretations of meaning. It could further be supplemented by a stronger emphasis on skills that are significant for the organisation of daily life; in this context, an emphasis on person-environment interactions would also be helpful. Health could always also be understood in the sense of an "active" internal and external state of the individual, which in turn must not be viewed or understood independently of socio-economic status. It would be helpful if the consortium of lecturers were to agree on a catalogue of research and teaching constructs before the start of the programme and to make these explicit (see chapter "Resources"). This catalogue could be supplemented by outlining the underlying relationships (mechanisms of action) between the individual constructs. This would make the overall rationale of the programme even clearer. Furthermore, such a catalogue of constructs can help identify the career opportunities available to participants in the master's programme. This catalogue could form the basis for the first "Why Well-Being" module.

The same consideration applies to the aspects of methodological diversity: The aim is to present a wide range of methods so that students have the opportunity (a) to gain an understanding of the diversity of research methods and (b) to familiarise themselves with the methods used in other disciplines. The fact that the programme addresses (and thus incorporates) a wide variety of disciplines places particularly high demands on

the presentation of methodological diversity. The interdisciplinary programme might therefore benefit from expanding the methodological framework to represent the methodological diversity accordingly (**Finding 2**). This includes expanding the Virtual Introduction to Research Methods to cover e.g. needs assessments, logic models (Theory of Change), SMART objectives, and quality improvement strategies, from incorporating advanced data analytics like ANCOVA, Repeated Measures ANOVA, and mediation/moderation analysis alongside Cohen's d effect sizes, and from introducing an early, interactive research module with hands-on journal clubs and data evaluation workshops to demystify complex statistical techniques. Additionally, the curriculum would benefit from thesis-specific methodological and data analysis content to bridge theoretical knowledge with the empirical rigor of the master's programme, while the Personal and Social Transformation module should be aligned with international standards by integrating the WHO Decade of Healthy Ageing (2021–2030).

One of the programme's particular strengths lies in the fact that it brings together different socio-cultural traditions. Such differences have an immensely invigorating effect and foster what might be called "cultural flow": cultures are not static entities, but are highly dynamic and increasingly overlap. For the integration of Europe, such an understanding of culture, and raising awareness of this understanding, is of great importance. This understanding and this awareness could perhaps be given even greater emphasis in the programme, which means that teachers, too, should be aware of the cultural diversity within their teaching staff and address this sufficiently.

The programme is excellently conceived, opens up a wide scope for the discussion and implementation of the concept of 'well-being', and is highly innovative. The international character of the programme is to be warmly welcomed. This is also due to its significant contribution to the implementation and strengthening of the European idea. The scientific and pedagogical quality of the programme is beyond doubt; it is not only recognised by the experts but expressly praised. The highly complex construct of "well-being" could be operationalised very clearly through a scientifically robust list of key sub-constructs and variables; these sub-constructs and variables could be supported by appropriate methods. This would provide – yet another – ideal introduction for students. The intercultural specificities could be explored in such a way that different traditions in the interpretation of well-being become apparent. This programme has extraordinary potential, and the experts are confident that this potential will be realised.

Conclusion

The criterion is fulfilled.

4. Admission and recognition

4.1 The admission requirements and selection procedures should be appropriate in light of the pro-gramme's level and discipline.

4.2 Recognition of qualifications and of periods of studies (including recognition of prior learning) should be applied in line with the Lisbon Recognition Convention and subsidiary documents.

Description

Admission

The admission criteria for EU- and non-EU students, which were jointly agreed by the consortium, include:

- A bachelor's degree (or equivalent) (EQF 6) with at least 240 ECTS in a discipline in the field of healthcare, such as medicine, psychology, nursing, pharmacy, healthcare management, etc.
- At least 12 months of professional experience in their field after receiving the bachelor's degree.

- Proof of sufficient English skills certified by an international exam at level CERF B2.

The programme committee assesses applications based on the requirements above and a project sketch. Applicants are required to submit the following documents:

- Application form (with all contact data)
- Project sketch (with the outline of the intended project to be developed during the programme in the Module "Project")
- Degree certificates
- Proof of professional experience in their field of at least 12 months (in the form of e.g. confirmation/certification by an employee, letter of recommendation, etc.)
- Proof of English language skills (in form of an official certificate not older than 2 years at the date of application)

Applicants will be screened and processed by the University of Murcia for pre-registration, i.e. admission to the programme based on the jointly agreed upon criteria and in line with institutional regulation and practices. Enrolment to the programme takes place at the University of Cologne throughout the entire programme and at the other institutions where needed. The process and regulations are agreed upon in the cooperation agreement.

Recognition

All partner institutions apply examination regulations that are described as adhering to the standards of the Lisbon Recognition Convention. These are included in the local examination regulations. A formal recognition of modules in the programme is not required as partners accept the curriculum via the cooperation agreement.

Expert evaluation

The regulations for the admission process are detailed, transparent, and documented in the cooperation agreement. The admission requirements for the programme as well as for the applicants are easy to find and accessible. Information about the selection criteria and their respective weighting is also provided in the cooperation agreement. The admission and recognition regulations are made available to students in the "Student Handbook Well-being Oriented Healthcare".

Students are well informed and have easy access to the entire information they need to reach the intended level of the programme as well as the intended learning outcomes, including the transparent explanation of the selection procedure for the programme, which is appropriate and tailored to the programme. Applicants and students are able to access the entire general and specific information they need from the beginning to the examination process. To enhance the transparency and developmental impact of the admission process, it is recommended that the consortium implement a standardised feedback mechanism for unsuccessful applicants (**Finding 3**). Given that the project sketch requires significant intellectual effort, providing brief, criteria-based feedback would allow candidates to identify specific gaps in their methodological approach or alignment with the biopsychosocial model. Such a practice not only fosters a culture of continuous professional development but also strengthens the quality of the future applicant pool by encouraging high-potential candidates to refine and resubmit their proposals in subsequent intake cycles.

The information also covers the programme's philosophy and objectives, as well as forward-looking and inspiring career prospects after successfully joining the programme. The jointness – as a basis and core principle – leads the partner universities to respect, follow, and apply the key aspects of the Lisbon Convention, including the focus to ensure fair and transparent recognition of higher education qualifications, at least within Europe. By retaining and ensuring transparency and binding regulations, comprehensive orientation is provided and, beyond recognition, the involvement of the key target groups as well as other stakeholders is guaranteed.

While the cooperation agreement demonstrates a strong commitment to the principles of the Lisbon Recognition Convention by leveraging the legal framework of a joint degree, the student handbook should explicitly state how the consortium handles applicants who wish to waive a specific module based on previous academic work or substantial professional experience (e.g. a student who already has an advanced certificate in research methods) (**Finding 4**).

Conclusion

The criterion is fulfilled.

5. Learning, teaching and assessment

5.1 The programme should be designed to correspond with the intended learning outcomes, and the learning and teaching approaches applied should be adequate to achieve those. The diversity of students and their needs should be respected and attended to, especially in view of potential different cultural backgrounds of the students.

5.2 The examination regulations and the assessment of the achieved learning outcomes should correspond with the intended learning outcomes. They should be applied consistently among partner institutions.

Description

Learning and teaching

According to the SER, the institutions adhere to practice-oriented teaching and learning, collaborative learning, and guided self-reflection. Practice-oriented learning thereby focuses on real-life situations and problems, with students being exposed to practical and professional contexts, contact with patients, and other stakeholders in in-person settings. Collaborative learning relates to peer learning by and with fellow students as well as with healthcare practitioners from various fields, career stages, and national contexts. This will be carried out in e.g. group works or debates.

Classes will comprise 10 to 20 students to ensure individual guidance and the development and application of practical skills and competencies. Virtual teaching will be shared via EUniWell's learning management system, ILIAS, which is made accessible to students enrolled in the programme and hosted by the University of Cologne.

In addition to this joint approach, each partner is said to contribute their own institutional and national styles of teaching catering to the international approach of the programme, e.g. the use of debates is frequently used at USC, problem-based learning is central at the University of Florence, and simulation labs are used at the University of Cologne.

Assessment

To support the practical approach in the programme, assessment forms do not cover written exams, but more interactive formats and those which focus predominantly application and reflection. Several modules require a portfolio supporting students' self-reflection and the transfer of skills and competences to their practice. Some smaller assignments require oral assessment formats to practice communicative skills.

Each module will be assessed based on the examination regulations of the responsible institution, which will be aligned (acknowledging national regulations). Specific regulations, in particular for the thesis, have been agreed upon in the consortium agreement to ensure a coherent assessment of students. These regulations touch upon the number of supervisors, the relation between thesis and defence, and the allocation of students to supervisors. The module can be taken at all degree-awarding institutions and thus requires a common approach to assessment. Co-supervision of academics from partner institutions is welcome, however, not

necessary. The defence may only be taken if all modules of the programme have been passed. According to the SER, these joint regulations are implemented in the respective examination regulations.

The partners will issue a certificate, diploma supplement, and transcript of records. A grade conversion table is provided in the cooperation agreement and in the diploma supplement.

Expert evaluation

The programme is delivered in a hybrid format tailored for working professionals. It features a reduced in-person requirement of four mandatory face-to-face sessions for teamwork and networking, complemented by virtual learning on the ILIAS platform managed by the University of Cologne, which enables flexible, autonomous study alongside professional commitments. This sophisticated pedagogical framework moves beyond traditional lectures to a transformative, student-centred model emphasising collaborative learning, guided self-reflection, and practice-oriented activities. Students are encouraged to reflect on their ethical and social responsibilities and their roles within the healthcare system to support well-being-oriented decision-making. This approach is exceptionally well-suited for a master's programme, as it prioritises the synthesis of experience and theory.

Small group sizes of 10 to 20 students allow for the individual guidance needed to accommodate students' varying cultural and professional backgrounds. Furthermore, exposing students to diverse pedagogical styles – including problem-based learning (University of Florence), simulation labs (University of Cologne), living labs (University of Murcia), and debate-based methods (University of Santiago de Compostela) – directly addresses the requirement to respect and engage with diverse cultural backgrounds and puts student-centred learning into practice. The ILIAS Learning Management System provides a unified digital backbone, ensuring that the virtual phases offer a consistent and accessible learning experience regardless of a student's location. Consequently, the teaching and learning components are adequately implemented to ensure the achievement of the intended learning outcomes.

In terms of student assessment, the programme uses an innovative and diverse strategy that complies with Level 7 professional development. By shifting away from traditional memorisation-based examinations towards authentic evaluation – specifically interactive formats, portfolios, and oral assessments – the consortium mirrors the communication, critical reflection, and practical application skills required in high-level healthcare.

The international composition and diversity of the student body are effectively integrated into the didactic concept through five key elements: collaborative peer-to-peer learning that enables the sharing of different European healthcare perspectives and best practices, exposure to a variety of pedagogical approaches across the partner institutions, small group sizes that ensure personalised guidance and support, practice-oriented learning paired with guided self-reflection across various cultural contexts, and borderless virtual exchange via the ILIAS platform.

Overall, the programme's teaching, learning, and assessment strategies are highly effective, student-centred, and well-suited for a master's programme. However, to ensure guided self-reflection moves beyond simple descriptions to a systematic analysis of professional identity and to mitigate the subjectivity of qualitative assessments and prevent academic drift or national pedagogical bias, the consortium should adopt a consistent, evidence-based reflection model (such as Gibbs' Reflective Cycle or Schön's model) across all modules and implement robust inter-rater reliability protocols and standardised marking rubrics (**Finding 5**).

Conclusion

The criterion is fulfilled.

6. Student support

6.1 The student support services should contribute to the achievement of the intended learning outcomes. They should take into account specific challenges of mobile students.

Description

The SER holds that student support is focussed on providing clear and easy access to information and contact persons on organising the mobilities and guidance throughout the programme. With short in-person periods, the main priority is said to be an easily accessible and reliable virtual contact for students. This contact will be a programme coordinator at the University of Cologne responsible for centralising communication with students and providing support when needed. In addition, students are said to have a local contact person at each institution.

Social activities are said to be offered to facilitate the exchange of national and international students. Virtual classes are offered in addition to support on-site education. Student access material via the platform ILIAS, and the programme coordinator will provide support for students in case of technical difficulties.

According to the SER, students also receive support in finding housing and special rates or discounts if possible and information on external sources of funding, e.g. for travel expenses. In case students need to compensate one in-person session (e.g. for medical reasons or in case of emergencies), alternatives will be discussed individually.

The institutions also provide a Student Handbook with all relevant information, including student application to graduation, the different administrative bodies within the programme, the academic monitoring mechanisms, and an overview of the 5 participating institutions.

Support regarding visas and other administrative matters beyond the scope of the programme, institutions will make available their existing infrastructures such as international offices.

Expert evaluation

The expert panel finds that the study organisation supports the programme's feasibility and the achievement of the intended learning outcomes. The course structure of the programme itself is well-organised, avoiding overlaps and ensuring an appropriate workload for each semester. Challenges specific to the programme (e.g. working and studying part time, returning to an academic setting after working professionally, international staff and students) were adequately considered when designing the study programme. It should be noted that the programme's design, especially the combination of short-time mobility and virtual/hybrid courses as well as its part-time structure makes it more accessible to working professionals and facilitates international and interdisciplinary collaboration between students that might otherwise not be possible.

Information about the programme's organisation, student support, and contact persons is easily accessible via the student handbook. This, as well as the complementary "Kick-Off" session and social activities during the first winter school (in person), supports the participants' integration in the academic setting. To provide full guidance in all phases of the study programme, it is recommended that the student handbook provide a more granular description of the available methodological pathways within the thesis module (**Finding 6**). Explicitly defining the scope and requirements for diverse research formats – such as systematic reviews or primary empirical research – would significantly enhance students' ability to align their final projects with their professional expertise and academic interests.

With contact persons for each university (and respective on-site mobility) as well as making use of the institutions' international offices, students are adequately supported regarding mobility phases and other needs for

support. However, it should be noted that the programme cannot provide travel funding, which could be a burden, particularly for students with limited financial resources. In the SER as well as in contact with the programme's coordinators, awareness for the specific challenges of the programme as well as for the possible diversity of living-situations of its prospective students became apparent. Coordinators and lecturers showed a high willingness to respond to students' needs, which was reflective of the experiences shared when interviewing students from the cooperating institutions.

While providing information (i.e. a student handbook), support services (e.g. international offices) and a central point of contact (study coordinator, University of Cologne), coordinators and lecturers primarily focus on individual solutions (e.g. compensation when a student could not attend an on-site module) and local regulations (e.g. regarding the use of AI in written assignments). While the expert panel commends the cooperating institutions' commitment to student support, it should be emphasised that individual solutions may lead to additional administrative effort as well as to an unequal handling of support needs. To further jointness and facilitate a smooth course of studies, the cooperating partners should provide a more standardised set of regulations concerning assessment and attendance, in particular a clearly defined policy on how students may compensate for missing in-person classes as well as joint regulations for master's theses and a list of supervisors (**Finding 7**). Additionally, deciding on joint assessment requirements, such as regulations for the use of AI or for written submissions in general could reduce administrative workload. Providing shorter infographics and Gantt charts for each semester could complement the detailed information provided in the student handbook and facilitate a quicker overview when searching for information.

Conclusion

The criterion is fulfilled.

7. Resources

7.1 The staff should be sufficient and adequate (qualifications, professional and international experience) to implement the study programme.
7.2 The facilities provided should be sufficient and adequate in view of the intended learning outcomes.

Description

Staff

Teaching staff stems from the 5 partner institutions, and module coordinators have been involved in the design of the programme and serve as a contact person for students at their respective institution. Further teaching staff from various faculties and affiliated disciplines are supposed to contribute to the comprehensive approach to health and well-being. As explained in the SER, the teaching staff have access to further (didactic) training at their home institutions and via EUniWell.

Facilities

The Medical Faculty of the University of Cologne in Germany is in close proximity to the University Hospital Cologne (with over 60 clinics and more than 500,000 patients per year) and research institutes such as the Max-Planck-Institute for Biology of Ageing. The faculty comprises 23 lecture halls, 28 seminar rooms, PC pools, and over 250 places for self-study and/or group work. The interprofessional skills lab and simulation centre (KISS) is a training and further education centre for students who require patient-related skills. It hosts 8 seminar rooms and numerous simulators and models in learning and practice rooms of approx. 1200 square metres. The facilities also include observation rooms with videography and mirror glass, a rescue chain, and

a simulation operating theatre. For communicative exercises and skills-based testing, around 60 simulators (actors) work at the skills lab. Students have access to the central library of the university and the Information Center of Life Sciences, an infrastructure and research centre for data and information in the life sciences, which offers access to over 30,000 e-books and e-journals.

At Semmelweis University in Budapest, the Nagyvárad tér Theoretical Building (NET) and the Basic Medical Science Centre (EOK) host lecture halls, seminar rooms, modern laboratories, and student spaces. Students are said to benefit from access to the university's extensive clinical network and simulation centres, providing hands-on experience in patient care and clinical skills. The Central Library offers wide access to medical literature, e-journals, and databases, while dormitories and study areas support student life across the city. Sports facilities, including gyms, swimming pools, and outdoor fields are supposed to promote health and well-being.

At the University of Murcia, the programmes uses the Faculty of Health and Social Sciences with various outdoor spaces, therapeutic and social gardens, classrooms and laboratories. These include the CENERI (Integral Neurorehabilitation Centre), managed by the Multiple Sclerosis Association of the Region of Murcia (Health Area 3), the Child Development and Early Care Centre, managed by the municipality of Lorca, Murcia, and the Day Care Centre for Older Adults on the Lorca campus, managed by the Poncemar Foundation. This centre is the result of a joint effort of Poncemar Foundation (nonprofit organisation), municipality of Lorca, regional council of Murcia, Lorca Campus Consortium and University of Murcia. It also offers a community gym at the Faculty of Health and Social Sciences.

The University of Florence has devoted areas for students and offers them both a desk in an office and internet access to use scientific database and journals. Also meeting rooms are available for supervision purposes. Students can take advantage of the biomedical library. It has nowadays approximately 228,000 volumes, 15,738 volumes available on open shelves, 5,538 active journals (full-text electronic journals available from the university catalogue for the Biomedical Sciences category, which also includes many free titles and titles not strictly of biomedical interest).

Expert evaluation

The teaching staff for the programme comprises highly qualified academics from five leading European research universities, creating a robust intellectual foundation. This multi-faculty structure is inherently aligned with the interdisciplinary demands of the biopsychosocial model, ensuring that students engage with the social, psychological, and economic determinants of well-being rather than a narrow clinical perspective. The teaching staff is sufficient and has the necessary qualification to implement the curriculum so that the intended learning outcomes can be achieved.

In addition, there is a strong consensus among the senior management of the participating universities and the programme coordinators regarding the academic and practical significance of the concept of well-being. It should be noted that this concept has been, and continues to be, a significant component of the identity of the twelve universities participating in the consortium; the five universities responsible for the master's programme belong to this network and play a particularly significant role in supporting it. The in-depth and comprehensive reflections on the concept of well-being that have taken place within the universities constitute an immensely important resource for the master's programme.

A notable institutional strength is the direct involvement of module coordinators in the design phase, which secures a high degree of pedagogical alignment between the curriculum's strategic objectives and its delivery. Furthermore, by utilising established institutional nomination protocols, the consortium ensures that all faculty meet rigorous international standards. This transnational composition of the teaching staff provides a built-in internationalised learning environment, while the dual-track training (local and consortium-level) equips staff to effectively navigate the complexities of cross-cultural pedagogy and virtual instruction.

Although the teaching body is highly distinguished and module coordinators were integral to the initial design phase, teaching staff primarily relies on home-institution resources and training programmes. To foster a stronger sense of jointness and shared identity, mitigate pedagogical fragmentation, and ensure the teaching staff is trained in the use of the learning management platform, the consortium should establish a formal joint pedagogical forum or regular cross-institutional workshops that facilitate essential dialogue regarding instructional strategies, assessment calibration, and continuous curricular refinement among academics from all five partner universities (**Finding 8**). To achieve this, a comprehensive set of initiatives could be implemented, starting with joint training workshops focused on intercultural competencies, virtual teaching best practices, and the biopsychosocial framework. Academic cohesion can be deepened through cross-institutional team teaching and guest lecture exchanges that expose students to diverse pedagogical styles, as well as the creation of a centralised digital repository and cross-university task forces to align curricula and teaching standards. Additionally, informal engagement and networking could be encouraged by establishing dedicated digital community spaces and launching an internal newsletter. Personal and professional relationships can be further strengthened through annual rotating retreats and the use of Erasmus+ staff mobility grants. Finally, to ensure full engagement and acknowledge faculty efforts, the consortium could introduce internal "Teaching Excellence" awards and formally account for the programme's workload in performance evaluations at the faculty members' home institutions.

The infrastructural provisions for the programme are exemplary, characterised by a strategic synergy between high-fidelity simulation environments and diverse clinical practice settings. Specifically, the availability of the University of Cologne's "KISS" simulation centre and Murcia's CENERI or Child Development and Early Care Centre facilitates a sophisticated bridge between theoretical discourse and professional application, directly fostering mastery of clinical and communicative competencies. This physical infrastructure is complemented by the centralised ILIAS platform, which serves as a resilient digital framework ensuring the pedagogical continuity of the 60 ECTS curriculum across national borders. To support the advanced research rigor required at the master's level, the programme is adequately equipped with suitable premises, digital teaching via the ILIAS platform, and consolidated access to up-to-date literature and databases from the partner institutions' extensive bibliographic repositories.

In conclusion, the programme is supported by a highly qualified, interdisciplinary teaching staff and exemplary infrastructure that together ensure academic and professional excellence.

Conclusion

The criterion is fulfilled.

8. Transparency and documentation

8.1 Relevant information about the programme like admission requirements and procedures, course catalogue, examination and assessment procedures etc. should be well documented and published by taking into account specific needs of mobile students.

Description

The programme is outlined in a Student Handbook. A programme website is said to be hosted by EUniWell with information on the ILOs, admission requirements and procedures, the curriculum and its full description (including assessment formats), and the cooperation agreement.

Expert evaluation

The admission and study requirements are presented in an appropriate, binding, and target-group-oriented manner; they are clear, well-structured, and comprehensive. Access to this information is ensured via a central platform that is readily available to all users. The clearly organised and detailed manual, i.e. student handbook, provides a consolidated source for all essential information required to learn about the programme, navigate the course of study, and to effectively organise academic progress.

Furthermore, the study programme, its structure, and its content are described in detail and in a transparent manner within the module handbook. The relevant system, regulations, and all associated processes, together with comprehensive information, are likewise documented, communicated to all students, and made fully available. However, the attraction of the handbook might benefit from some information-graphics that underline and facilitate the programme's joint system, highlighting the connections between and responsibilities of each participating university, the framework, the requirements, and timelines. As graphics and images are in high demand these days, the less text is needed to explain the system, the higher the recognition will be.

A key advantage and significant benefit for students is the provision of a well-established platform through which all necessary and desired information can be accessed. As these channels of communication are already familiar to students, a high level of acceptance can reasonably be assumed.

The experts suggest considering a list of master's theses for all supervisors. It is recommended that the student handbook provide a more granular description of the available methodological pathways within the thesis module. Explicitly defining the scope and requirements for diverse research formats – such as systematic reviews or primary empirical research – would significantly enhance students' ability to align their final projects with their professional expertise and academic interests (see **Finding 6**).

Conclusion

The criterion is fulfilled.

9. Quality assurance

9.1 The cooperating institutions should apply joint internal quality assurance processes in accordance with part one of the ESG.

Description

According to the SER, a joint quality assurance approach is uniquely designed for the programme and all partners agreed on the QA procedures and tools in a joint development process led by the University of Cologne and the support of QA experts from all partner institutions.

The main objectives are

- that the learning outcomes, content, teaching and assessment formats envisaged are aligned at the course, module and programme levels;
- that graduates are able to apply their newly acquired skills/wellbeing approach in their daily professional routine and support/facilitate change in their work environment;
- continuous and smooth study/progress trajectories throughout semesters, especially in light of participants' different academic, professional, and personal backgrounds;

- successful completion of the programme for all participants, especially in the context of the dual workload and study for participants;
- that participants maintain their well-being throughout the programme;
- the successful implementation of the joint curriculum and smooth collaboration between partners for the benefit of all programme participants (including teachers);
- that both participants and teachers involved in the programme mutually benefit from the exchange and reflect on their own well-being and that of others.

The University of Cologne is said to ensure that the QA concept is implemented and that results are shared with and reviewed by the programme committee. Results are also shared with individual teachers and module coordinators. As documented in the SER, survey and feedback formats cover learning objectives, teaching and assessment methods as well as workload and relevance for practical application.

In addition to quantitative measures, the consortium uses qualitative elements such as focus group interviews in the first and last on-site session, concise and extended online surveys for other on-site sessions and modules.

The programme has undergone institutional approval at each partner university according to local/national regulations. For some institutions, formal institutional approval will take place after the accreditation process has been successfully completed.

Student involvement is said to be ensured at consortium level and at each partner institution. As the SER holds, student representatives are part of the annual review of QA results, and invitations will be extended to enrolled students and the EUniWell Student Board. In addition, decisions on degree-awarding issues and examination questions will be taken by local examination boards with student representation. Student feedback has also been collected for the development of the programme. The EUniWell Student Board has reviewed the concept and the Chief Student Officer was part of a Working Group meeting to include students' feedback. Written feedback was also provided by students who are working parallel to their studies.

Further external stakeholders such as labour market representatives have been involved and their feedback has been collected in individual, informal meetings.

Expert evaluation

The expert panel considers the quality assurance concept, which was developed specifically for the study programme, as highly adequate to assure the programme's quality and its continuous improvement. The concept is based on key quality criteria which have been derived from the institutions' mission statements that are provided in the annex of the SER and translated into seven objectives.

A strength of the concept lies in the diversity and suitability of the selected measurement tools as well as their alignment with the ILOs. It should be noted that challenges which are specific to the programme (e.g. studying and working part-time, international and interdisciplinary environment) are mentioned explicitly as part of student feedback. Additionally, the expert panel commends the combination of quantitative (i.e. evaluation surveys, basic data sheet, graduate surveys) and qualitative (focus groups) methods that are being applied. Responsibility for coordinating the QA procedures (data collection, analysis, dissemination) lies with the University of Cologne, which is supported by the other coordinating institutions.

According to the QA concept, the results of the evaluations at course, module, and programme level are to be shared with the institutions and the programme committee as part of a closed feedback loop to promote continuous improvement. The results of the evaluations are then to be shared with the respective stakeholders (institutions, coordinators, teachers, students). The expert panel commends that lecturers are expected to

discuss the results of course-level evaluations and the resulting measures with students to increase transparency and enhance student-centredness. To further consolidate students' active participation and to make the value of change-making tangible, their feedback could be streamlined and embedded even more consistently across individual courses and modules. While students and external experts have been actively involved in the development of the programme, it is recommended to further enhance stakeholder engagement to ensure continuous improvement, e.g. by tracking the long-term professional impact of the degree and establishing an alumni advisory seat on the programme committee (**Finding 9**).

Whilst the QA concept is overall excellent and involves various stakeholders (students, academics, others), the expert panel recommends adding patients and external healthcare professionals as stakeholders in the ongoing feedback-loop to further improve the programme (**Finding 10**), particularly with regard to objective 2) "ensure that graduates are able to apply their newly acquired skills in their daily professional routine and support/facilitate change in their work environment". In a programme that has set the goal of promoting person-centred care, patients' perspectives are needed to ensure that the programme continues to improve in line with patients' needs. Furthermore, surveying professionals' perspectives outside of the academic context could provide a realistic picture of the applicability of the skills acquired in the programme and offer further insights into their respective labour market relevance. One way to put this into practice could be to involve healthcare professionals and patients who come into contact with the students during site visits. Another possibility would be to survey participants from the respective stakeholder groups as part of the 'project' module within the context of the students' everyday working lives.

Conclusion

The criterion is fulfilled.

V. Recommendation of the panel of experts

The panel of experts recommends accrediting the study programme “Well-Being oriented Healthcare” offered by Universität zu Köln (Germany), Semmelweis Egyetem (Hungary), Universidad de Murcia (Spain), Universidade de Santiago de Compostela (Spain), and Università degli Studi di Firenze (Italy) without conditions.

Commendation:

The joint master’s programme Well-Being oriented Healthcare is highly relevant and designed by an enthusiastic and supportive consortium of renowned partner institutions with a holistic approach to people’s health and the university’s role in society. With highly qualified staff as well as excellent infrastructure and resources, the consortium demonstrates a convincing understanding of jointness and commitment in their endeavour of providing an attractive and highly interdisciplinary joint programme. The programme follows a dedicated student-centred approach with a particular focus on the personal development of students.

Findings:

1. It is recommended that the framework model of “biological-psychological-social health” be refined and supplemented to further strengthen an interdisciplinary and comprehensive understanding of “well-being”, e.g. by emphasising the subjective component of health, person-environment interactions, or in the sense of an “active” internal and external state of the individual.
2. The interdisciplinary programme might benefit from expanding the programme’s methodological diversity, from introducing an early, interactive research module, and from thesis-specific methodological and data analysis content to bridge theoretical knowledge with the empirical rigor of the master’s programme.
3. To enhance the transparency and developmental impact of the admission process, it is recommended that the consortium implement a standardised feedback mechanism for unsuccessful applicants.
4. The student handbook should explicitly state how the consortium handles applicants who wish to waive a specific module based on previous academic work or substantial professional experience (e.g. a student who already has an advanced certificate in research methods).
5. To ensure that guided self-reflection becomes a systematic analysis of professional identity and to mitigate the subjectivity of qualitative assessments and prevent academic drift or national pedagogical bias, the consortium should adopt a consistent, evidence-based reflection model (such as Gibbs’ Reflective Cycle or Schön’s model) across all modules and implement robust inter-rater reliability protocols and standardised marking rubrics.
6. To provide full guidance in all phases of the study programme, it is recommended that the student handbook provide a more granular description of the available methodological pathways within the thesis module.
7. To further jointness and facilitate a smooth course of studies, the consortium should provide a more standardised set of regulations concerning assessment and attendance, in particular a clearly defined policy on how students may compensate for missing in-person classes as well as joint regulations for master’s theses and a list of supervisors.
8. To foster a stronger sense of jointness and shared identity, mitigate pedagogical fragmentation, and ensure the teaching staff is trained in the use of the learning management platform, the consortium should establish a formal joint pedagogical forum or regular cross-institutional workshops that facilitate essential

dialogue regarding instructional strategies, assessment calibration, and continuous curricular refinement among academics from all five partner universities.

9. While students and external experts have been actively involved in the development of the programme, it is recommended that stakeholder engagement be further enhanced to ensure continuous improvement, e.g. by tracking the long-term professional impact of the degree and establishing an alumni advisory seat on the programme committee.
10. It is recommended that patients and external healthcare professionals as stakeholders be involved in the ongoing feedback-loop to further improve the programme, e.g. as part of the site visits.