

Excellent

**Report of the External Review Committee
on the 2004-2009 evaluation of CAPHRI**

Maastricht UMC+



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on the 2004 – 2009 evaluation
of CAPHRI**

School for Public Health and Primary Care

‘CAPHRI has an international leading position in extramural research.’

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‘The number of articles in the top ranked international journals such as Nature, Science, New England Journal of Medicine and The Lancet is an astonishing achievement considering the research topics of CAPHRI.’

1 - Introduction

This report presents the results of the assessment of the research and the educational programmes (both Research Masters and PhD training programme) of CAPHRI, conducted by an external review committee. CAPHRI School for Primary Care and Public Health is one of the five research schools in the Faculty of Health, Medicine & Life Sciences embedded in the Maastricht University Medical Centre+.

The External Review Committee

The members of the External Review Committee (“the Committee”), were appointed by the Executive Board of Maastricht University. The Committee included:

- Professor Patrick J.E. Bindels, Dept. of General Practice, Erasmus Medical Centre, Rotterdam, The Netherlands, Chair
- Dr. Bert Boer MD, Health Care Insurance Board – CVZ, Diemen, The Netherlands
- Professor Heiner C. Bucher MD MPH, Basel Institute for Clinical Epidemiology and Biostatistics, University Hospital Basel, Switzerland
- Professor David Mant, Dept. of Primary Health Care, University of Oxford, United Kingdom
- Professor Andreas E. Stuck, University Dept. of Geriatrics, Inselspital and University of Bern, Switzerland
- Professor Victor J. Strecher, Dept. of Health Behavior and Health Education, University of Michigan, Ann Arbor, USA
- Petra Uittenbogaard, MSc, Centre for Research Innovation, Support and Policy, Maastricht UMC+, The Netherlands, appointed secretary to the review committee.

All members of the Committee signed a declaration and disclosure form to safeguard that: (a) they judge without bias, personal preference or personal interest, and (b) their judgement is made without undue influence from the institute, the programme or other stakeholders.

Additional information on the committee members and their curriculum vitae can be found in Annex 1. The Committee was formally installed by the Dean of the Faculty of Health Medicine and Life Sciences on December 13th, 2010.

Scope of the assessment and documentation

The Committee was asked to evaluate CAPHRI as a whole, as well as its three research clusters, and, as far as possible, the seventeen research programmes within the clusters. Because CAPHRI may use the ERC report for re-accreditation of CaRe as a research school, the Committee was also asked to evaluate the quality of the PhD educational courses (Annex 2).

In their tasks, the Committee had to take into account the rules for assessment laid down in the Standard Evaluation Protocol¹. This protocol has been developed as an evaluation system for publicly funded research in the Netherlands and is approved by the Royal Academy of Arts and Sciences (KNAW), the Netherlands Foundation for Scientific Research (NWO) and the Association of Universities in the Netherlands (VSNU).

The Committee based its assessments primarily on the Self-evaluation Report 2004-2009 presented by CAPHRI, the report of the CAPHRI Mid-term Review Committee 2007, and on discussions with the board, the programme leaders, post-docs, and PhD-students of CAPHRI (for the full programme see Annex 3). The Committee also discussed the societal impact of CAPHRI’s research with an external panel. However, the structure of the review gave the Committee minimal opportunity to assess the quality of research outputs beyond noting the journal of publication. Within the assessment, the following research clusters were presented to the ERC for evaluation:

- 1 Primary Care
- 2 Innovation of Care
- 3 Public Health

¹ This protocol is developed as an evaluation system for publicly funded research in the Netherlands and approved by the Royal Academy of Arts and Sciences (KNAW), the Netherlands Foundation for Scientific Research (NWO) and the Association of Universities in the Netherlands (VSNU).

Due to time constraints, the Committee decided to skip some parts of the programme that CAPHRI had prepared -the session on the position of CAPHRI in 2020 (Maastricht Health Campus) and the session with the Board of the ZKO Public Health and Primary Care on the last day of the review.

Prior to the two day site visit on December 14 and 15, the Committee received the following documentation:

- the Standard Evaluation Protocol 2009-2015 for research assessment in the Netherlands;
- CAPHRI's Self-evaluation Report 2004-2009 (following the format of the SEP, including documentation at both School-level and Cluster-level, SWOT analyses, tables with input and output data, etc.).

Many pages of background information, recent annual reports and the Mid-term Self-evaluation 2004-2006 were presented to the Committee on a secluded part of the CAPHRI website. On the first day of the site visit, a print of this background information was handed out on the Committee's request.

During the site visit, the Committee asked the School for further detailed documentation at the levels of the research clusters and their programmes. The following additional documents were delivered by the School Office:

- Cluster-level top publications with an Impact Factor higher than 10 in 2007-2009;
- an overview of all the refereed publications (Wi-1), PhD-theses, and funding at the Research Programme-level in the period 2004-2009;
- five key publications from 2009 per research programme, including full text copies.

Working procedure of the Committee

CAPHRI consists of three research clusters. In order to guarantee optimal preparation and assessment by the Committee, the chair divided the three clusters and their research programmes among the committee members according to their expertise. This way the Committee ensured that each Cluster and its programmes were assessed by at least two peers.

Research Cluster	Reviewer 1	Reviewer 2
Cluster 1: Primary Care	Bindels	Mant
Cluster 2: Innovation of Care	Boer	Stuck
Cluster 3: Public Health	Bucher	Strecher

Evaluation and rating of the institute according to the SEP-criteria

The current cluster organisation within CAPHRI seemed to be inadequate for evaluation purposes and the programme level seemed to be too small for external evaluation. The Committee noted that CAPHRI's research is organised into 17 research programmes with variable sizes and maturities. Considering the extensive number of research programmes and the limited time available for the Committee, a well founded and detailed assessment of each research programme was not possible.

Within every large research institute, both well and less well performing programmes will emerge. The Committee thinks this is a normal situation in a rapidly developing organisation like CAPHRI. Therefore, the Committee did not aim to identify such research programmes, but reviewed the overall research organisation.

The SEP protocol defines a unit of evaluation as: 'a group of researchers with an articulated shared mission, operating within one or more research programmes under the same management'. Therefore, the Committee did not see any constraints in this and decided to combine the evaluations of the three clusters into one overall rating, both in a qualitative form and through quantitative figures.

Whilst during the site visit the Committee agreed to focus their assessment on the institute level, they also agreed that additional information at the level of the research clusters and underlying programmes was needed to eventually translate the assessment into a quantitative judgement. The Committee emphasises that it was neither always feasible nor satisfactory to measure according to the five-point scale. The verbal commentaries will contain more information for CAPHRI to improve the management and performance of the School in the near future.

The two-day visit was concluded with an oral presentation of the findings and preliminary conclusions of the Committee. The meeting was attended by the Scientific Director of CAPHRI, the Dean of the faculty, a member of the executive board of Maastricht UMC+, the cluster leaders and members of the School Council.

Some remarks on the assessment of societal relevance

The SEP guideline is not very specific on the evaluation of societal relevance and refers to the 'ERiC Project' for a more systematic and structured evaluation. As CAPHRI is strong in the combination of top class scientific quality and societal impact, the Committee needed more structure to review societal relevance than offered by the SEP-protocol (which distinguishes: societal quality, societal impact and valorisation).

For a more detailed specification the Committee used the ERiC report². In this report societal relevance is defined as follows:

1. Relevance to society of the research group's mission and research agenda: does the research help important stakeholders and address major societal, economic and other questions?
2. Dissemination of knowledge: interaction with stakeholders; participation in consortiums, collaboration on research, staff exchange, professional output (journals, valorisation strategy, spin-offs, patents)
3. Stakeholder interest: lectures, boardroom presence, appreciation of graduates, membership of advisory committees, stakeholder appreciation expressed to evaluation committee, funding of valorisation projects, contract research
4. Contribution to and better understanding of societal sectors: specific examples of impact, spin-offs, follow-up projects by stakeholders.

² [http://www.eric-project.nl/files.nsf/pages/NWOP_83CECZ_Eng/\\$file/ERIC%20guide.pdf](http://www.eric-project.nl/files.nsf/pages/NWOP_83CECZ_Eng/$file/ERIC%20guide.pdf)

‘The Committee is impressed with the way CAPHRI is able to combine research in primary care/applied clinical research, innovation of care and public health.’

2 - Summary

Introduction

CAPHRI focuses its research on improving public health and primary care. Their mission is ‘to provide high-quality research and teaching focused on health care innovation, ranging from prevention to rehabilitation and leading to improvement of the population’s health.’ In achieving their mission, CAPHRI aims to excel in scientific quality as well as in societal relevance. The research programme is brought together in three clusters: Primary Care, Innovation of Care and Public Health.

Significant improvement in the last six years

Overall, CAPHRI is of a high quality, making significant strides in many areas since the last External Review in 2004 and the Mid-term Evaluation in December 2007. Following the recommendations given by the Mid-term Review Committee, CAPHRI has improved its talent scouting at all levels, has appointed visiting professors and has invested in the NWO-Vernieuwingsimpuls. At the last already successful external review in 2004 the overall rating of the research institute was very good (4). Since CAPHRI has continued to grow in qualitative and quantitative terms, this can be seen as a sign of vitality of the School.

Strong combination of research quality and societal relevance

One of the extraordinary capacities which contributes to the success of CAPHRI is its ability to combine and integrate scientific top quality and productivity, with societal and political effects and interactions. A very strong point is the structured collaboration with other research institutions and the interactions between research, health practice and public health organisations, policy and industry. These interactions are a defining factor in the success of CAPHRI and offer opportunities for further research and societal impact.

Transdisciplinary and translational approach

The Committee is impressed with the way CAPHRI is able to combine research in primary care/applied clinical research, innovation of care and public health, a combination which upgrades the research performed at CAPHRI to an innovative and high level. In this respect, CAPHRI has an international leading position in extramural research.

Overall conclusions and recommendations

The Committee very much appreciated the Self-evaluation Report for the period 2004-2009, which was well prepared, as was the two-day site visit.

CAPHRI receives an overall score of excellent (5).

Of course, the Committee has made some recommendations to maintain and develop the quality of the research and to improve the organisational strategy of the school. These recommendations are summarised below. In Chapter 3 an extended version of the findings and conclusions of the Committee will be reported.

The arguments of the Committee to express the qualification “excellent” are substantiated by five crucial observations. CAPHRI has:

- 1 shown further improvement even since the last very successful review: continuing qualitative and quantitative growth as a sign of quality and vitality;
- 2 proven efforts to implement a transdisciplinary research approach;
- 3 a successful breeding ground strategy, as a continuum from the Masters programme via PhD-policy to the Post-doctoral programme;
- 4 published a substantial portion of its productivity in world class journals;
- 5 an apparent societal impact.

For maintaining this high level of success in the future, the School will have to address new challenges, such as survival in a University facing budgetary cuts, increasing competition for research in this field, and move from a pioneer role to an established role (the ‘consolidation phase’). The Committee urges CAPHRI to reconsider its present strategy because opportunistic growth, although successful in the first period, does also carry threats.

Recommendation 1:**Develop a long-term strategic plan that encompasses research, teaching, and societal mission**

Explicit strategic plan: CAPHRI's bottom-up strategy has worked very well during the pioneering phase of the School. However, the External Review Committee recommends a new strategy for the next phase, the upcoming 5-10 years. After the first, successful period of rapid growth, a second phase of a managed consolidation is needed.

A conceptualisation of research aims, methods, funding and implementation of research should be part of this second phase strategy. Among other things this phase should address the following aspects:

- A definition of goals for the next 6-year period as a basis for the next external review.
- A decision about the optimal, minimal and maximum size of CAPHRI.
- Address the question on whether, and how, CAPHRI intends to increase its activity in other schools of Maastricht University (high potential of public health for contributing to clinical research in other schools of the Faculty of Health, Medicine and Life sciences, FHML).
- The potential to formulate new concepts is present within CAPHRI, but the Committee has the strong impression that the enormous potential within CAPHRI is highly underestimated at present, e.g. a unique combination of applied research, clinical epidemiology, public health and innovation.
- **Space situation;** at present, CAPHRI is scattered over 8 buildings. Despite this drawback, substantial interdisciplinary research is already carried out. However, to optimally stimulate the enormous potential for innovative research and initiatives present within CAPHRI and to stimulate the development of new concepts of health care carried out within CAPHRI, housing of all research programmes in one building is considered to be an essential step in the near future. This is also essential for the development of a cultural identity.

Recommendation 2:**Support platform research activities which underpin technology innovation and transfer**

- Much of CAPHRI's world-class output reflects world-class skills in clinical epidemiology and applied clinical research. There is perhaps an untapped potential for this research platform to impact on the full range of clinical disciplines in Maastricht.
- Within CAPHRI the potential to further explore the new concept of personalised medicine is present. The Committee recommends that CAPHRI further develops this concept.
- The future CCTR³ programme has very promising possibilities and impressed the ERC members. However, the Committee advises CAPHRI to develop strong relationships between CCTR and CAPHRI research projects and with the University of Maastricht's technology transfer office.

³ CCTR: Centre for Technology Research: an initiative in the field of medical devices R&D-infrastructure in the Netherlands of NWO/ZonMw, Maastricht University/Maastricht UMC+, the University of Twente and TNO.

Recommendation 3:**Explore and exploit successful societal orientation more explicitly**

The Committee sees a potential risk (or missed chance) in sub-optimal exploitation of CAPHRI's qualities in societal relevance and impact. CAPHRI has to be more aware of these. The Committee sees several ways for CAPHRI to utilise its excellent societal orientation in a more conscious manner:

- Make an explicit strategy for interaction and collaboration with policy makers, practitioners and industry executives.
- On a more 'business oriented' level, CAPHRI might benefit from more conscious and explicit marketing of its experiences to society. Major target groups might include academic institutions and networks, but also the Dutch Council for Health Research/Health Council and the Ministry of Education and Science.
- On the operational level, CAPHRI should emphasise the transfer of "science to society" by putting them on the research agenda of CAPHRI itself. There is an important and unused field of studying the relationship between policy and science, to which CAPHRI research might substantially contribute.

Recommendation 4:**Facilitate CAPHRI's breeding ground policy, including the Research Master programme and the PhD coordinator**

The present breeding ground within CAPHRI is of excellent quality and is one of the important factors which led to the School being graded as excellent. The Committee recommends that the board of the UMC and the Dean facilitate this breeding ground, including the Research Master programme and the PhD coordinator, with all means possible. The potential and importance of this last position is enormous. Considering the great number of external PhD-students, additional resources to extend the staff should be considered.

Recommendation 5:

Develop an organisational structure that better reflects CAPHRI's research mission and research activities

- The current cluster names are misleading (for example, the Primary Care Cluster is very little engaged in primary care research) and, as a minimum, should be changed to reflect and facilitate existing research activity.
- Structure follows strategy. At present all of the research programmes are embedded within three clusters. During the site visit, the Committee could not identify an additional value of the current cluster structure. At best, the cluster structure was not considered to hinder the research programme leaders. The Committee strongly advises CAPHRI to reconsider its present cluster structure. For the moment the research programmes will be the organisational units. What the best structure for the near future should be is predominantly determined by the strategy, which should be developed as discussed above. Within the new strategy and mission, synergies between research programmes and broader goals will be leading. The Committee does not propose definitely excluding a cluster structure. However, they would like to emphasise the rather artificial mode in which the research programmes are allocated in the current cluster organisation.
- Create additional synergies between research programmes of Cluster 2 and Cluster 3.
- CAPHRI needs to decide on the unit of analysis for internal evaluation and future accreditation, as the current cluster system seems to be inadequate for evaluation purposes and programme level unit seems to be too small for external evaluation.

Recommendation 6:

Solve funding problems and decentralise marketing strategy of the Research Master programme

- Funding of the CAPHRI Research Master programme seems to be under threat if the Faculty/University sets limits on minimum student numbers that are not compatible with the 20 students per year of CAPHRI. The Masters programme is a key element for the educational successes. Therefore, a solution should be found for keeping the Masters programme alive;
- Apparently, in the past there have been difficulties for CAPHRI to market its Masters programme separately. For future success, a communication strategy maintaining Maastricht University's Corporate Identity, whilst making CAPHRI highly visible to the external world, might help the success of both CAPHRI and the University.

Recommendation 7:

More flexibility for the School Director to ensure optimal management processes on the school level

The CAPHRI Director seems to have a limited ability to allocate resources to certain activities, e.g. use the budget for hiring dedicated CAPHRI school support staff. The Faculty/University might consider giving more flexibility to the CAPHRI Director, to ensure optimal management processes on the school level with accountability afterwards.

Recommendation 8:

Define and implement an improved internal and external communication strategy, and improve the visibility and clarity of the CAPHRI position

- **External communication strategy;** although CAPHRI included a communication plan in its self-evaluation report, the Committee thinks more action is needed. The direction in which CAPHRI is heading may be clear for insiders, but in their external communication more clarity is needed (focus and mission). Branding of CAPHRI should be a priority in the years to come.
- Faculty and students should be able to explain in 20 seconds what CAPHRI is about.
- New programme leaders should learn how to present themselves as a member of CAPHRI.
- **Presentation training;** during the site visit the committee members were, in some instances, confronted with a gap between the presentation of the overall output and impact of CAPHRI in reports and overviews and in oral presentations. Additional training in oral presentation is recommended.

Conclusion in assessment ratings

Quality	Excellent	5
Productivity	Excellent	5
Relevance	Excellent	5
Vitality and Feasibility	Very Good	4
Overall	Excellent	

‘Programmes within CAPHRI are world leading and may serve as a role model to academic centres for the successful transdisciplinary integration of innovative research initiatives.’

3 - Assessment of CAPHRI School for Public Health and Primary Care

Quality

A1 Quality and scientific relevance of the research

The Committee rated the quality and scientific relevance of the research output as excellent (5)

The number of publications since the last evaluation has increased considerably. The covered topics are impressive. The Committee noted a substantial number of publications that are truly innovative and are published in highly ranked journals. Of particular note is the output of programmes that have been initiated only very recently. They have put very important and innovative topics onto the agenda, such as the public health genomics programme and the CCTR partnership. These topics carry a great potential for innovation and for bringing CAPHRI to the forefront of clinical research.

The overall quality of the scientific output of CAPHRI, compared to its MUMC+ partners, is best reflected in the CPP/FCSm score, which is highest within the Faculty of Health, Medicine and Life sciences of Maastricht University.

CAPHRI research is based on the excellence of many individual projects, grouped around relevant health care issues. The typical CAPHRI research project is based on a vigorous design, based on up-to-date clinical epidemiology. Health services research methodology is used to evaluate a well-defined management approach for one of the selected health care issues, and is subsequently published in a peer-reviewed journal. This type of research contributes to the development of new approaches in work-up and management of problems encountered in primary care, and provides data to inform clinicians and decision makers about relative costs and effects of potential management approaches. Some projects bring local innovation; other research is influential on national, European, or world-wide level.

While the research output of CAPHRI and the majority of its programmes is impressive and of high quality, some programmes do not achieve a similar level of impact, and are of varying clinical or societal relevance. The build up of major

research pillars or overall topics could offer opportunities to even better integrate programmes, specifically newer programmes that have been established over the past 3 years. For example, the Committee could imagine additional synergies for the programmes of Health Technology Assessment (HTA) (Cluster 2, Programme 4), Implementation of Evidence (Cluster 2, Programme 5), and Comparative Health (Cluster 3, Programme 5). The envisioned harmonisation process within the EU for HTA could create many additional research projects, products for policy implementation and important societal impact. For further recommendations, the Committee refers to its remarks made in paragraph ‘A4 Organisation’.

A2 Leadership

The Committee rated leadership as excellent (5)

CAPHRI has well described its mission and goals and has been working with its programme structure since 2006. CAPHRI's management has monitoring and evaluating tasks, and ultimately decides if programmes are still in keeping with CAPHRI's vision and are still productive. Therefore, CAPHRI has developed a Programme Management Policy. This policy contains well described basic principles relating to the maintenance or termination of programmes.

A3 Academic reputation

The Committee rated academic reputation as excellent (5)

The academic reputation of CAPHRI is very high. Programmes within CAPHRI are world leading and may serve as a role model to academic centres for the successful transdisciplinary integration of innovative research initiatives.

**A4
Organisation**

The Committee rated organisation as very good (4)

Based on the recommendations from previous review committees and internal requirements of the faculty, all research programmes are embedded within three main clusters (Primary Care, Innovation of Care and Public Health). This clustering was helpful in building up and stimulating the research within CAPHRI during the first years. However, from discussion with faculty members and the Scientific Director, the role of the clusters to further stimulate or guide collaboration or to foster particular pillars of research activity has become less evident for the period to come. At present, there appears to be no financial, strategic or managerial benefit to the clusters. The Committee found that organisational power was clearly at the programme level and collaboration between programmes was more across than within clusters.

CAPHRI will have to reconsider the greater conceptual approach and vision. Their current programmes cover a large spectrum of topics. It is recommended that a new structure is considered. The Committee would like to advise a bottom up approach in restructuring the School. A bottom up strategy has worked very well during the pioneering phase of the school. This new structure could better reflect the current research activities in applied fields in primary care, clinical medicine and public health as well as the more methodologically oriented programmes, and should increasingly allow the visibility of CAPHRI.

If organisational change is being considered, it might be helpful to give key methodological platforms more visibility and autonomy - such as clinical trial support, health outcome measurement, statistical methodology for diagnosis and monitoring studies, cohort methodology, systematic review and meta-analysis support, and qualitative research methods as well as HTA, health economics and economic modelling.

Furthermore, CAPHRI management could stimulate trans-disciplinary cooperation between several research groups as to emphasise CAPHRI's tremendous contribution in the development of local, national and international innovative health concepts.

**A5
Resources**

The Committee rated resources as excellent (5)

The Board of CAPHRI, as well as the Board of Maastricht University, may anticipate that the School is going to face budget restraints in the upcoming years as a consequence of, and response to, the financial crisis the EU and many European partner states are facing. Therefore the attraction of new resources from competitive and non-competitive sources (foundations, industry trusts) may well become a cornerstone for sustainability and growth of the research and teaching activities of CAPHRI.

In preparation for these eventualities, CAPHRI should rethink its current presentations of research activities or major achievements in order to attract new stakeholders and potential funders. The actual implementation of the communication policy, the development of marketing strategies, and internet tools should be considered in order to attract and sensitise health policy decision makers, care providers and consumers at large.

CAPHRI should develop new concepts to translate its mission and vision statement. While academic reputation is a high value per se and is recognised by peers, it is no guarantee of the perceived success of tax payers, politicians and health policy decision makers. In a globalised world and economy, academic reputation cannot stand as a value by itself but as one that is seen by the 'non-academic' world of added value for the society at large.

**A6
PhD training**

The Committee rated PhD training as excellent (5)

The rate of Master candidates that advance to the PhD programme and opt for a research career must be considered as very high. Several VENI and VIDI grants could be achieved. The breeding ground funding system is an excellent and intelligent system to gain the next generation of clinical researchers.

The PhD training of CAPHRI is excellent. In the last years CAPHRI has started several initiatives to scout and coach young, talented researchers; a quality and monitoring system for PhD students (TRACK system), the installation of a PhD coordinator, and the possibility for PhD students to obtain a post-doc position for two years in order to write a personal grant.

The PhD training programme has generated a high number of PhD and some very promising post-docs. The Masters Research programme has become a major source of selecting promising PhD candidates and lays the ground for educating and selecting the most promising candidates. The number of PhDs that continue a research career or who are employed in different sectors of the health care system is very high. Thus, job possibilities of graduates from CAPHRI are excellent and indirectly reflect the high quality of the programme.

CAPHRI education is excellent because CAPHRI successfully emphasises the training of future academic leaders in the field. The key to success is that the School has a systematic and structured approach to selecting and advancing potential candidates on all levels, from students to Masters to PhDs and the post-docs. CAPHRI also successfully motivates researchers to be teachers. The new generation of academic CAPHRI researchers will likely be leaders in the field and be ambassadors of the CAPHRI approach, in Maastricht and elsewhere. Job prospects of graduates from CAPHRI are excellent and CAPHRI 'breeding ground policy' is an excellent example for other research schools, both nationally and internationally.

The PhD programme has been growing rapidly over the last years and the maximum number of students that can be managed by the School seems to have been reached. The number of external PhD students has also been growing and will constitute a larger percentage of PhD students in the years to come. This will need additional efforts in coordination and supervision in order to allow these students to accomplish their studies within the anticipated time frames. PhD students provided the Committee with very positive feedback in regard to accomplishment and improvements that they perceived from the newly created PhD student coordinator. The Committee strongly suggests that CAPHRI considers whether one study coordinator is sufficient to oversee and manage all the tasks that have been taken on over the last year. Furthermore the Committee feels that this position could be better structured and staffed.

'Job possibilities of graduates from CAPHRI are excellent and indirectly reflect the high quality of the programme.'

Productivity

The Committee rated both criteria as excellent (5)

B1 Productivity strategy

The research published in top international journals, which underpins the Centre of Excellence rating, reflects the world-class methodological skills present within the CAPHRI research programmes. There was evidence of important spin-off from this methodological excellence, with internal collaboration between programmes improving the overall quality of research outputs. However, clinical epidemiology is the key platform technology for applied clinical research and the penetration into the clinical areas appeared patchy - with evidence of good collaboration with hospital clinicians and GPs in some disease areas but not in others.

B2 Productivity

In the last 6 years the scientific output of CAPHRI has steadily grown, not only in terms of the number of original scientific articles published in peer reviewed journals but also in the number of articles published in high ranked international journals and publications of high relevance to particular research areas. This growth both in quantity and in quality of the publications can be seen in all research programmes within CAPHRI. The number of articles in the top ranked international journals such as Nature, Science, New England Journal of Medicine and The Lancet is an astonishing achievement considering the research topics of CAPHRI.

Relevance

The Committee rated relevance in research, society, and with respect to valorisation as excellent (5)

C1 Societal relevance

CAPHRI has a superb commitment to research that puts patient outcomes and public health policy that leads to improvement of health and health related conditions at the community level at the centre of its activity. This is research policy at its best, and provides high value to tax payers' money and return on investment for health care research.

There is a direct link between the consumer/patient perspective on the delivery of health care and the research initiatives and results of CAPHRI, a link which is unique in the world. The importance CAPHRI has placed on societal relevance coincides with the mission statement of the School in which improvement of health care is an important criterion.

There was good evidence of public health research (on smoking cessation and infection control) impacting directly on health and government policy. In interviews with local authorities and stakeholders, very strong, impressive and convincing statements in regard to the societal relevance of the research and health policy activities of CAPHRI were made.

An area of health innovation research which seems likely to lead to future impact is the collaboration with government and industry in the development and assessment of new health technologies (the future CCTR programme).

The Committee has seen many convincing examples of the three SEP aspects. In the description of these examples, the Committee used the specification offered by the ERIC report as a tool:

Societal quality

CAPHRI influences health policy by research results, but also in an advisory role. Examples of these are the contribution to GP guidelines, the National Smoking Cessation Programme, and Programmes for Preventive Medicine. There are strong relations between top scientists of CAPHRI with health practice and policy, with rigorous respect to scientific independence. People from CAPHRI play a major role in national advisory committees.

Societal impact

CAPHRI also evaluates health and preventive programmes and develops new health care delivery models. By doing so, it has a defined and recognised role in several phases of the health policy cycle. The Academic Public Health Cooperative Networks "make science from public health incidents" (Q-fever outbreak), by epidemiological inventories, and by evaluation of interventions. Representatives of health care and health policy, interviewed by the Committee, made very strong, practically illustrated and, therefore, convincing statements about the scientific responsiveness and effectiveness of CAPHRI.

Valorisation

Strong linkages with industry do not necessarily result in the loss of scientific independence, as CAPHRI continues to demonstrate. The large-scale evaluation of the effectiveness of a vaccine against nicotine addiction, developed by an American pharmaceutical company, and the future CCTR programme are illustrative for this point. CAPHRI developed an innovative way of Health (Care) Research Funding, in which contributions from the field of health care and from industry are harvested under strict conditions for the independence of the agenda and results of science. There are several long standing and other new examples if this combination of the maximum of interaction with the maximum of independence.

The strong orientation of the Dutch research policy system towards research outcomes, and an evaluation system that emphasises the creation of added value of research for the society at large, may serve as a role model for other European countries. CAPHRI has placed a strong emphasis of its research activities on primary care and public health and, therefore, may serve as an excellent role model of how to implement research findings, at its forefront from basic science, e-health and applied clinical research into patient care and public health measures that are of relevance for health issues at the community and population level.

However, the Committee recommends improving the impact of the applied clinical research undertaking at CAPHRI. Some issues that might be addressed with more strategic intent are the evidence base to underpin clinical guidelines and the research that needs to be done to decide how to change the financially unsustainable model of health care delivery. Both these research areas need collaboration across the primary care-hospital divide and, therefore, CAPHRI has a strong competitive advantage in addressing them.

Vitality and Feasibility

**D1
Strategy**

The Committee rated strategy very good (4)

CAPHRI has reacted well to the recommendations proposed during the Mid-term Evaluation in 2007. For example, action has been taken to increase the visibility of CAPHRI, CAPHRI's breeding ground policy could be refunded, and a new chair has been appointed as leader for innovation in health care. With 17 programmes and programme leaders who are highly qualified in their area of research, there are many future research possibilities. CAPHRI has gone through a period of growth and the policy of 'let grow and flourish' obviously turned out to be the right one and is documented by the excellent research output. This impressive research output, has been achieved mainly by recruiting and retaining a number of individuals with world-class ability and allowing them the freedom to construct programmes of research around their individual interests. The 'breeding ground policy' also seems to have been important in retaining the best young talent in a geographical area which (we were told) seldom attracts young talent from elsewhere. However, the overall impression is one of rather uncontrolled diversity which may not be focused enough to consolidate and sustain a Centre of Excellence in the near future.

New programmes on comparative effectiveness (including health economics) and public health genomics demonstrate that the leaders of CAPHRI anticipate common needs of the Dutch and international health care systems for optimal allocation of scarce health care resources and for exploring scientific, public health and ethical implications of genomics. Thus, CAPHRI well anticipates the future directions and expected changes that will drive clinical and public medicine at large.

**D2
SWOT analysis**

The Committee rated the SWOT analysis as very good (4)

The overall SWOT analysis of CAPHRI is realistic. For the next phase (of near future), CAPHRI should focus on an in-depth analysis of the weaknesses as mentioned in their self evaluation. It is mentioned that methods and design differ between and within programmes of clusters and are being justified by the multidisciplinary and diversity of research topics. On the other hand, the translational orientation towards practice is a strength of CAPHRI. Building and communicating a strategy that exactly puts the translational approach at the forefront and develops a model for the integration of programmes and programme components into research pillars or major research topics, could lead to further synergies between programmes and to the increased opportunities and higher visibility.

**D3
Robustness and stability**

The Committee rated robustness and stability as excellent (5)

CAPHRI is well equipped and staffed to fulfil its tasks. The financial resources are sufficient but it can be anticipated that CAPHRI will face future budget cuts due the macro-economic situation. Staff competition is established by the evaluation system for scientific output and the teaching evaluation system. The PhD programme allows for mobility of PhD students. The creation of visiting professorships seems to have created research synergies as visiting professors were intelligently invited to supplement CAPHRI's research portfolio. The attractiveness of CAPHRI seems to be high. This is documented by the quality of the staff and its research output and the capacity of the school to attract very promising PhD candidates. Due to size of the faculty and the qualification of the staff, the expertise within CAPHRI must be considered as very high.

The different groups of CAPHRI are scattered over the campus in three facilities, thus, unifying the groups in one building is a priority that will allow optimal use of resources, increase interactivity among groups and, thus, foster synergies and the further exchange of ideas.

Anticipated budget cuts may mean that CAPHRI will have to present the School in a different way than its competitors in order to obtain more funding, and that it should look for additional non-profit organisations. For this purpose, a clear concept of the strategy of CAPHRI will be needed. This will need an internal discussion of how to best link the programmes to further increase synergies and whether major research themes or pillars should be created that will allow further improvements in quality and output through collaborations between programmes and will increase visibility.

'There are strong relations between top scientists of CAPHRI with health practice and policy, with rigorous respect to scientific independence.'

‘This is research policy at its best, and provides high value to tax payers’ money and return on investment for health care research.’

‘The new generation of academic CAPHRI researchers will likely be leaders in the field and be ambassadors of the CAPHRI approach.’

Annex 1 - Short Curriculum Vitae Members ERC CAPHRI 2010

Patrick JE Bindels

Patrick JE Bindels (1957) is Professor in General Practice and Head of the Department of General Practice at the Erasmus Medical Centre Rotterdam, the Netherlands. He was trained as a medical doctor (1983) and general practitioner (1986) at Utrecht University. After graduation he worked as a medical doctor in Veenendaal (Utrecht) and as a GP in Olst (Overijssel) and in different private practices. He was involved in the training of medical students at the Department of General Practice in Utrecht. Before joining the Department of Public Health and Environment of the Municipal Health Service in Amsterdam, he worked for 8 months as a medical doctor in the District Hospital Soroti, in Uganda. In the Municipal Health Service he coordinated several HIV/AIDS-related studies and in 1996 he received his PhD degree. His thesis topic was ‘Surveillance and survival studies on HIV/AIDS in Amsterdam’. From 1991 onwards he has combined a scientific career with working as a GP in practices in Haarlem and Amsterdam. In 1996 he was appointed as an associate professor at the Department of General Practice of the University of Amsterdam, in 2001 he was appointed full professor in General Practice at the same university. In 2008 he was appointed at the Erasmus Medical Centre in Rotterdam as Professor in General Practice and head of the department of General Practice. He has supervised 20 PhD-students, mainly on subjects related to primary care. He has written 175 articles in International peer-reviewed journals and 10 Book chapters. He is the Chairman of the Council Dutch College of General Practitioners (2004 – present) and member of the Dutch Health Council (2007-present). Furthermore he is a member of several national and international scientific committees.

Bert Boer

Bert Boer MD, PhD (1950), is Executive member of the Health Care Insurance Board (‘College voor zorgverzekeringen’, CVZ) in the Netherlands. CVZ’s main task is advising the Minister of Public Health on all matters related to the package of social medical insurance. Within the Board, Dr Boer is responsible for this task of CVZ, which covers a broad spectrum of activities in research, HTA, public debate and public advice on the principles, criteria and definition of

the package of benefits. He was trained and worked as a General Practitioner and became medical advisor to CVZ in 1988. In 1999 he became responsible for the content and strategic aspects of advice on the insurance package. In 2002 he finished his PhD-thesis on the relationship between HTA and Health Policy. His interest in HTA, its usefulness and actual use in policy furthermore resulted in an active interest in policy processes. Bert Boer is a known protagonist of ‘demand-driven research’: the policy-maker, as the user of research, determines the goal and main direction of research, in close interaction with the academic field on the one hand and stakeholders and health care experts on the other hand. Building on the experience of making and promoting evidence based health policy decisions, he was active for many years on the crossroads of research and policy, in a range of capacities: in the 1990’s heading the Investigative Medicine programme and simultaneously, as chair of the national coordinating committees for breast cancer screening and cervical cancer screening, he worked on linking science to public health policy. As a member of the committee on Health Services Research of the Health Research Council (RGO) he attributed to the improvement of the interactivity between producers and users of research. As chair of the programme committee for Health Services Research of the National Organization for Research and Development in Health Care he uses these insights in the practice of conducting and assessing HSR projects. Bert is active in the international field of HTA and Health Care sustainability, actively involved in the building of a European Network on HTA. He is member of the Executive Committee of EuNetHTA (the EU-funded European Network on HTA) and chairs the EuNetHTA Stakeholder Forum. He is an intensive networker in Dutch Health Care: in the areas of health providers, medical research and of patient organizations and health insurance companies. He maintains an intensive network, including the top of the Ministry of Health and Members of Parliament.

Heiner C. Bucher

Heiner C. Bucher (1956) is Professor of Clinical Epidemiology and Director of the Basel Institute for Clinical Epidemiology and Biostatistics, University Hospital Basel, Switzerland. He received his medical degree from the University of Basel and

specialised in Internal Medicine, in the Ospedale San Giovanni Bellinzona and consequently in the University Hospital Basel, where he obtained his board certification as a specialist in Internal Medicine in January 1990. He did a Master's degree in the area of Public Health and Epidemiology at the University of California in Berkeley in 1988-1989. He worked as a senior registrar in the Department of Internal Medicine at the University Hospital in Basel between 1992 & 1994 and between 1996 & 2001. In 1994-1995 he was a visiting professor in clinical epidemiology at the Department of Clinical Epidemiology and Biostatistics, Mc Master University in Hamilton, Canada. In 2001 he was appointed Director of the Basel Institute for Clinical Epidemiology and Biostatistics at the University Hospital Basel. At present, he is a member of many national and international professional committees and boards, 14 in total. Some examples are: the Swiss Society of Cardiology, the International AIDS Society and the Netzwerk Evidenz-basierte Medizin (Germany). Furthermore he participates in a number of Cohort Studies, such as the Swiss Transplant Cohort Study (member of the scientific and executive board) and the HIV Causal Cohort (representative of the Swiss HIV Cohort Study). He is the editor of the German edition of 'Clinical Evidence' and has been an expert reviewer for NIH (Women's Interagency HIV Study) and the European Framework Programme 7.

David Mant

David Mant (1949) is Emeritus Professor of General Practice. He is head of the Department of Primary Health Care, University of Oxford, Professorial Fellow at Kellogg College in Oxford and Non-executive Director of the Oxford Radcliffe Hospitals NHS Trust. He was an undergraduate student at Churchill College Cambridge (1969-72) and Birmingham Medical School (1972-77). He subsequently undertook post-graduate training in general practice and public health. He began his clinical academic career in 1983 as a clinical lecturer in general practice at University of Oxford and part-time general practitioner at South Oxford Health Centre. In 1993 he was appointed as Professor of Primary Care Epidemiology at the University of Southampton. During his time in Southampton he was seconded for 2 years to the post of regional director of NHS R&D and he chaired the national working party on R&D in Primary Care. He returned

to Oxford as Professor of General Practice in October 1998 to lead the newly established Department of Primary Health Care. Professor Mant's research focuses on the prevention and early diagnosis of common diseases in primary care, particularly childhood infection, cardiovascular disease and stroke. He is also responsible for the clinical teaching of Oxford University medical students in general practice. He is a member of the Medical Research Council Advisory Board and participates in the editorial board of the British Journal of General Practice.

Andreas E Stuck

Andreas E Stuck (1956) is Professor of Geriatrics. He is Medical Director of the University Department of Geriatrics in Bern (Inselspital, University Hospital and Spital Netz Bern) and Vice-Dean for clinical teaching and research at the Medical Faculty of the University of Bern in Switzerland. He received his medical degree in 1985 from the University of Bern and in 1994 he obtained the 'Venia Docendi' (Privatdozent) in Geriatrics at the same university. In 2000 he became a certified specialist in Internal Medicine and in Geriatrics (FMH), and in 2002 in Physical Medicine and Rehabilitation (FMH). He has worked amongst others as a Senior Research Fellow in the 'Multicampus Program for Geriatric Medicine and Gerontology' at UCLA in Los Angeles, USA (1989-1991), as an Associate Medical Director (Co-Chefarzt) at the Department of Geriatrics and Rehabilitation in 'Spital Bern Ziegler' in Bern (1991-2004) and as an Associate Professor in Geriatrics, at the University of Bern (2000-2004). In 2004 he was appointed Head of the Geriatrics Department. He has many professional commitments, such as President of the Steering Committee of National Research Programme 53 (musculoskeletal health and chronic pain) of the Swiss National Science Foundation, President of the Scientific Advisory Council of Swiss Paraplegic Research (SPF), Nottwil, member of the Board of the Robert Bosch Stiftung Forschungskolleg Geriatrie in Stuttgart (Germany), member of the Senate of the Swiss Academy of Medical Sciences (SAMS) in Basel, Vice-president of the Foundation Board of the Seniorenuniversität at the University of Bern and member of the Geriatrics Section of the European Union of Medical Specialists in Brussels, Belgium.

Victor J Strecher

Victor J Strecher (1955) is Professor at the Department of Health Behavior and Health Education at the University of Michigan in Ann Arbor, USA, and Chief Visionary Officer at Health Media, Inc., a Johnson & Johnson Company. He graduated in 1983 with an M.P.H. and Ph.D. in Health Behavior & Health Education from the University of Michigan. After positions as Assistant and Associate Professor in the School of Public Health at the University of North Carolina, he moved back to the University of Michigan, where he became Professor of Health Behavior & Health Education and Director of Cancer Prevention and Control in the University of Michigan's Comprehensive Cancer Center. Prof. Strecher also founded the University of Michigan's Center for Health Communications Research (CHCR): a multidisciplinary team of behavioral scientists, physicians, computer engineers, instructional designers, graphic artists, and students from a wide variety of disciplines. For over a decade, this center has conducted research studies and demonstration projects of computer-tailoring and interactive multimedia programs. In 1998, he founded HealthMedia, Inc., a company designed to create interactive health communications solutions for medical care, employer, pharmaceutical, and government settings. In 2008 HealthMedia was acquired by Johnson & Johnson. He received many honors: most recently he received the '2010 University of Michigan Distinguished Innovator of the Year' Award.

Petra Uittenbogaard

Petra Uittenbogaard, MSc. (1974) is Policy Advisor at CRISP – Centre for Research Innovation, Support and Policy at Maastricht University Medical Centre. In that capacity she is mainly working for CARIM, the Cardiovascular Research Institute Maastricht. Besides advising the daily board of CARIM, she is responsible for editing the CARIM Annual Reports and other policy documents, modernising the CARIM website and facilitating large (research) projects. She studied Health Sciences at Maastricht University ('92-'96). After receiving her master's degree she started working as a quality manager in the St. Antonius Ziekenhuis in Nieuwegein. In February 2000 she moved back to Maastricht and worked as a policy advisor and organisational consultant in two

different organisations before she was contracted in 2002 as an advisor to the Executive Board of the academic hospital in Maastricht (azM). Her project portfolio mainly consisted of projects in the field of strategic alliances, academic cooperation with other hospitals in the region, organisational development and projects shared by both hospital and the medical faculty (FHML). In 2009 she accepted her current position at CRISP and CARIM. Petra is the secretary to the External Review Committee.



To the chairman and members of the External Review Committee of the School for Public Health and Primary Care, Maastricht UMC*, Maastricht University, the Netherlands

Copy to the Dean of FHML, the scientific director of CAPHRI, and the secretary of the ERC

Executive Board

your reference

our reference
210.10.1187 - ED

direct line
+31 43 388

Maastricht
23.11.2010

Subject: External evaluation of research of the School for Public Health and Primary Care (CAPHRI) at Maastricht, the Netherlands

Dear Sir,

In consultation with Prof.Dr. M. Paul, vice-chairman of the Board of Directors of the Maastricht University Medical Center (Maastricht UMC*,) and Dean of the Faculty of Health, Medicine and Life Sciences (FHML), we have decided to carry out an external evaluation of the research of the School for Public Health and Primary Care (CAPHRI) in 2010 in accordance with the rules of the *Standard Evaluation Protocol 2009 – 2015, Protocol for research assessment in the Netherlands* (SEP, see also www.knaw.nl/SEP).

This procedure includes self-evaluation documents, produced by the school (in accordance with chapter 5 of the SEP), and assessment by an external peer evaluation committee (External Review Committee, ERC). The committee shall visit the school, the FHML and the Maastricht UMC* as part of the assessment.

The school has invited you to be members of this committee. In consultation with the Maastricht UMC* Board of Directors we are very pleased to appoint you members of the External Review Committee of CAPHRI.

The committee consists of:

- Prof.Dr. P.J.E. Bindels (Department of General Practice, Erasmus Medical Centre Rotterdam, the Netherlands, chairman);
- Prof.Dr. H.C. Bucher (Basel Institute for Clinical Epidemiology and Biostatistics, University Hospital Basel, Switzerland);
- (em) Prof.Dr. D. Mant (Department of Primary Health Care, University of Oxford, Oxford, UK);
- Prof.Dr. A.E. Stuck (University Department of Geriatrics, University of Bern, Switzerland);
- Dr. A. Boer MD (Health Care Insurance Board – CVZ, Diemen, the Netherlands);
- Prof.Dr. V.J. Strecher (Department of Health Behavior and Health Education, University of Michigan, Ann Arbor, USA).

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We do not have any doubt of your impartiality as a peer reviewer. Nevertheless, to avoid future discussions about potential conflicts of interest we will ask you to sign a declaration to this effect, which will be given to you by the secretary of the committee, Mrs P. Uittenbogaard (Maastricht University, Office of the FHML, the Netherlands).

You will receive the self-evaluation documents on time. It may be possible that the Dean of the FHML will ask you to pay special attention to certain elements of these documents.

The formal inauguration ceremony will be performed by the vice-chairman of Maastricht UMC* Board of Directors and Dean of the FHML, Prof.Dr. M. Paul, at the beginning of your site visit in December 2010. The Self-Evaluation Report 2004-2009 of CAPHRI contains the programme of the site visit.

We will ask you to evaluate the school carefully in accordance with the rules of the SEP. We call your attention to some evaluation aspects. First, the evaluation of the quality of the PhD educational courses of the school (see chapter 3.2 of the SEP, under Criterion 1), because it is possible that CAPHRI, being the coordinator of the Netherlands School of Primary Care Research (CaRe), may use your evaluation report for re-accreditation of CaRe as a research school (see the KNAW protocol for re-accreditation of research schools, www.knaw.nl/ECOS). Secondly, we ask you to review also each cluster of CAPHRI, and as far as possible the research programmes of CAPHRI (see chapter 6.2 of the SEP, under Part 2).
The secretary of the committee will assist you.

We kindly ask you to report your findings in an evaluation report and to present the draft of this report to the Dean of the FHML and to us, within two months after your site visit.
Please note that you are to support your findings on quality, productivity, relevance, and vitality and feasibility in words, also in numerical grades (in accordance with the scale in chapter 3.4 of the SEP).

The evaluation report is to be published. If necessary, you may write a confidential management letter to the Dean of the FHML and to us.

All costs relating your activities in the evaluation shall be met by us. You may consult the Managing Director of CAPHRI, Mrs A. Frissen, for a list of standard rates.

We hope that you will enjoy your visit to Maastricht.

Yours sincerely,
on behalf of Maastricht University,

Dr. J.M.M. Ritzen
President

Monday, December 13, 2010**Location:** NH-hotel, Forum 110, Maastricht**18.00 - 18.30 Installation external review committee**

Prof. Martin Paul, dean of the Faculty of Health, Medicine and Life Sciences

Location: Château Neercanne**18.30 - 20.30 Welcoming Dinner**

Invitees: Prof. Martin Paul, Dean FHML
 Prof. Frits van Merode, Vice-dean FHML
 Prof. Jos Smits, Pro-dean for research FHML
 Winnie Bosch, MSc, Director FHML
 Prof. Onno van Schayck, Scientific Director CAPHRI
 Astrid Frissen, MSc, Managerial Director CAPHRI
 Prof. André Knottnerus, Cluster leader Primary Care
 Prof. Cor Spreeuwenberg, Cluster leader Innovation of Care
 Prof. Nanne de Vries, Cluster leader Public Health
 Ingrid Leijts, MSc, Policy Advisor
 Hannerieke van der Boom, PhD, PhD co-ordinator
 Erië van den Heuvel, Controller

Location NH-hotel (members ERC)

20.45 - 21.30 Closed session on working procedure and writing of report**Tuesday, December 14, 2010****Location:** MSM-Building, opposite Universiteitssingel 40**Public Session****Chair:** Prof. Patrick Bindels, Chair of the Review Committee**08.30 - 08.50 Introduction CAPHRI Speaker:** Prof. Onno van Schayck**08.50 - 09.20 Discussion****09.20 - 09.40 Overview Primary Care Cluster****Speaker:** Prof. André Knottnerus**09.40 - 10.10 Discussion****10.10 - 10.30 Overview Innovation of Care Cluster****Speaker:** Prof. Cor Spreeuwenberg**10.30 - 11.00 Discussion****11.00 - 11.15 Coffee Break****11.15 - 11.35 Overview Public Health Cluster****Speaker:** Prof. Nanne de Vries**11.35 - 12.05 Discussion****Location:** NH-hotel, Forum 110, Maastricht**12.15 - 13.20 Working Lunch. Theme: CCTR**

Invitees: Gerrit van Ark, PhD (NWO)
 Prof. Martin Paul
 Prof. Luc de Witte
 Prof. Nanne de Vries
 Prof. Cor Spreeuwenberg
 Prof. André Knottnerus
 Prof. Onno van Schayck

Location: Room 6.538, Universiteitssingel 40, Maastricht**13.30 - 14.15 Session Education and young talent (PhD, HSRM, Masters)**

Prof. Rob de Bie (introduction)
 Prof. Bert Vrijhoef
 Hannerieke van der Boom, PhD
 Christel van Gool, PhD
 Prof. Onno van Schayck

14.15 - 14.45 Session with PhD-candidates

Katarina Putnik, MSc, PhD representative, introduction
 Marla Woolderink, MSc, PhD representative
 Sil Aarts, MSc, former PhD representative
 Emmylou Beekman, MSc
 Luc Gidding, MSc
 Kim van de Kant, MSc
 Dianne de Korte, MSc
 Silke Metzelthin, MSc

14.45 - 15.15 Session with Post-docs and VENI-candidates

Jochen Cals, PhD (introduction)
 Rik Crutzen, PhD
 Liesbeth van Osch, PhD
 Bart Penders, PhD
 Daniel Kotz, PhD
 Mark Spigt, PhD
 Janneke Grutters, PhD

15.15 - 15.30 Break**15.30 - 17.00 Site-visits at Maastricht University Medical Center+**

Dept. of Paediatrics - Prof. Edward Dompeling
 (Exhaled Breath Condensator)
 Dept. of Orthopaedic Biotechnology - Prof. Lodewijk van Rhijn
 (Musculoskeletal disorders)
 Dept. of General Practice - Prof. Job Metsemakers -
 Prof. Frank Buntinx - Jean Muris, PhD - Marjan van den Akker,
 PhD - Charles Limonard, PhD
 (Film on RNH and academic general practices)
 Dept. of Health Promotion - Prof. Hein de Vries (e-health)

Location: Room 6.538, Universiteitssingel 40, Maastricht**17.00 - 18.00 Session with programme leaders**

Prof. IJmert Kant (introduction)
 Prof. Robert Landewé
 Prof. Martin Prins
 Prof. Cathrien Bruggeman
 Prof. Ruud Kempen
 Prof. Bert Vrijhoef
 Prof. Trudy van der Weijden
 Jean Muris, PhD

18.00 - 18.30 Session with Dean of FHML and Director Maastricht Health Campus on position of CAPHRI in 2020

Prof. Martin Paul, Dean
 Henk Hoogervorst, PhD, Director Maastricht Health Campus

18.30 - 19.30 Closed Session: short reflection on today's progress**Location:** Restaurant Sofa, Hoge Weerd 6, Maastricht**20.00 - 22.00 Informal dinner****Session on Academic Collaborative Centre of Public Health**

Chair: Fons Bovens, PhD, Director South Limburg GGD
 Maria Jansen, PhD, Programme leader,
 Academic Collaborative Centre
 Christian Hoebe, PhD, Academic Collaborative Centre
 Manon Ernst, MSc, Academic Collaborative Centre
 Prof. IJmert Kant, Programme leader RVTV

Invitees: Members Schoolcouncil
 MUMC+ Board
 CAPHRI director and staff

Wednesday, December 15, 2010**Location:** Room 6.538, Universiteitssingel 40, Maastricht**08.30 - 09.00 Session with the Board of Maastricht UMC+ and Division Director**

Guy Peeters, MSc, Chairman Maastricht UMC+
 Prof. Martin Paul, Dean
 Harm Jan Driessen, MSc, Member of the Maastricht UMC+ board
 Hans Fiolet, PhD, Director RVE Integrated Health Care

09.00 - 09.30 Session with the Board of ZKO Public Health and Primary Care

Hans Fiolet, PhD
 Prof. Job Metsemakers
 Prof. Onno van Schayck

09.30 - 10.30 Session Societal Impact

Jacques Costongs, PhD
 Jo Maes, MSc
 Lies van Gennip, PhD

10.30 - 11.00 Session with scientific director and staff CAPHRI: remaining questions

Prof. Onno van Schayck
 Astrid Frissen, MSc
 Ingrid Leijts, MSc
 Hannerieke van der Boom, PhD

11.00 - 11.30 Session with dean of FHML: first impression Review

Prof. Martin Paul

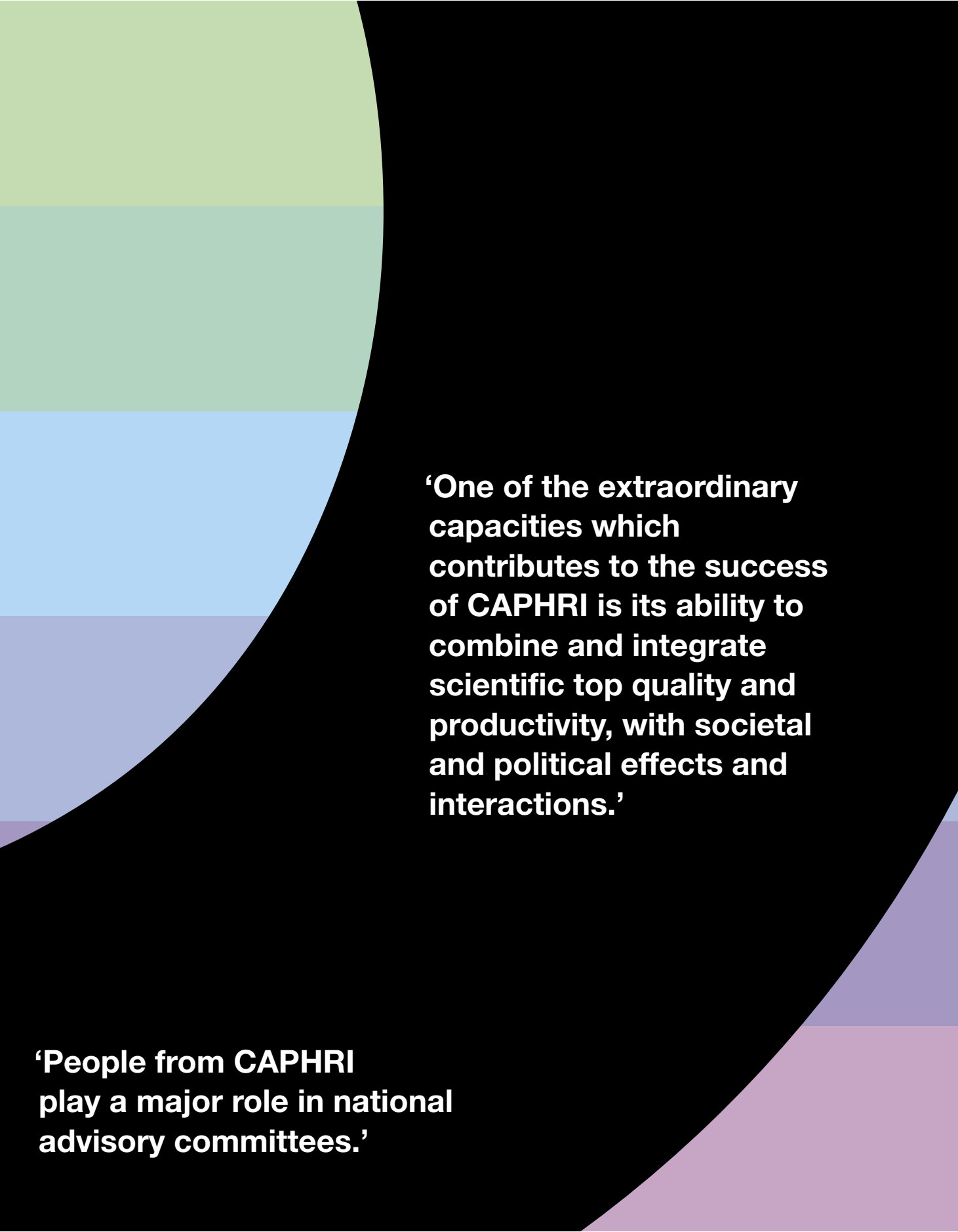
Location: NH-hotel, Forum 110, Maastricht**11.45 - 14.30 Closed session (and lunch): Discussion and formulation of preliminary conclusions****14.30 - 15.30 Presentation of the preliminary conclusions**

Prof. Patrick Bindels, Chair of the review committee

Invitees: Guy Peeters, MSc

Prof. Martin Paul
 Prof. Onno van Schayck
 Prof. Nanne de Vries
 Prof. Cor Spreeuwenberg
 Harm Jan Driessen, MSc
 Members Schoolcouncil

15.30 End of Programme



‘One of the extraordinary capacities which contributes to the success of CAPHRI is its ability to combine and integrate scientific top quality and productivity, with societal and political effects and interactions.’

‘People from CAPHRI play a major role in national advisory committees.’

Colophon

CAPHRI

School for Public Health and Primary Care
Faculty of Health, Medicine and Life Sciences
Maastricht University Medical Centre+

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**‘CAPHRI receives
an overall score of
excellent (5).’**

caphri

School for Public Health
and Primary Care