



**ADDITIONAL ASSESSMENT
ORAL HEALTH SCIENCES**

ACADEMISCH CENTRUM
TANDHEELKUNDE AMSTERDAM

**UNIVERSITY OF AMSTERDAM
VRIJE UNIVERSITEIT AMSTERDAM**

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This report was finalised on 27 July 2021





ADDITIONAL ASSESSMENT OF THE POSTGRADUATE MASTER'S PROGRAMME ORAL HEALTH SCIENCES OF ACADEMISCH CENTRUM TANDHEELKUNDE AMSTERDAM

This report takes the NVAO's Assessment Framework for the Higher Education Accreditation System of the Netherlands for limited programme assessments as a starting point (September 2016).

ADMINISTRATIVE DATA REGARDING THE PROGRAMME

Master's programme Oral Health Sciences

| | |
|---|---|
| Name of the programme: | Oral Health Sciences |
| CROHO number: | 75128 |
| Level of the programme: | Postgraduate master |
| Orientation of the programme: | Academic |
| Number of credits: | 180 EC |
| Specialisations: | Endodontology Orofacial Pain and Dysfunction Periodontology Paediatric Dentistry |
| Location: | Amsterdam |
| Mode of study: | Full-time |
| Language of instruction: | English |
| Joint programme: | University of Amsterdam and Vrije Universiteit Amsterdam |
| Type of degree awarded: | Joint Degree |
| Submission deadline improvement period: | 16-10-2021 |
| Submission deadline reaccreditation: | 01-05-2025 |

The digital assessment of the postgraduate master's programme Oral Health Sciences and the master's programme Dentistry of the Academisch Centrum Tandheelkunde Amsterdam (ACTA) of the University of Amsterdam and the Vrije Universiteit Amsterdam took place on 20 April 2021.

ADMINISTRATIVE DATA REGARDING THE INSTITUTION

| | |
|--|-----------------------------|
| Name of the institution: | University of Amsterdam |
| Status of the institution: | Publicly funded institution |
| Result institutional quality assurance assessment: | Positive |

| | |
|--|------------------------------|
| Name of the institution: | Vrije Universiteit Amsterdam |
| Status of the institution: | Publicly funded institution |
| Result institutional quality assurance assessment: | Positive |



COMPOSITION OF THE ASSESSMENT PANEL

The NVAO has approved the (re)composition of the panel on 3 March 2021. The panel that assessed the postgraduate master's programme Oral Health Sciences consisted of:

- Em. prof. dr. Th. Wubbels, from 1991 until 2001 professor of Didactics, from 2001 until 2018 professor of Education, Utrecht University. Since 2018 emeritus professor of Education (chair);
- Dr. F. Keulemans, PhD in Dental Material Sciences, research associate at the Turku Clinical Biomaterials Centre (University of Turku, Finland), restorative dentist in a dental clinic in Ghent;
- Dr. A.P. Slagter, PhD in Oral Pathophysiology, maxillofacial prosthodontist and gnathologist, Center for Special Dental Care, Medisch Centrum Leeuwarden;
- Dr. H.G.J. Bok, veterinarian, PhD in Competency-based Education in the Clinical Workplace, associate professor at the Faculty of Veterinary Medicine, Utrecht University;
- J.H.W. de Beus BSc, master student Dentistry, University of Groningen (student member).

The panel was supported by V.L. van Kleef MA, who acted as secretary and project coordinator.

WORKING METHOD OF THE ASSESSMENT PANEL

Panel

All panel members involved in the additional assessment of the postgraduate master's programme Oral Health Sciences (OHS) were members of the original assessment panel that reviewed the programme in October 2018.

Preparation

The programme prepared a status report in the form of a progress report (Stand-van-zakennotitie Herstellbeoordeling opleidingen ACTA dated 5 March 2021), a critical reflection on the implemented recovery plan (submitted in April 2019), which was made available to the panel members and secretary in preparation for the site visit. Prior to the site visit, the panel studied this report, as well as many supporting documents and it had access to portfolios via the digital learning environment Scorion. The panel members circulated their provisional findings on the self-evaluation report and other materials, sharing these with the panel secretary.

Additional site visit

Prior to the site visit, the panel discussed its initial findings on the self-evaluation report and additional information in an online meeting on April 19th. It prepared questions and set out a division of tasks for the site visit. The additional site visit took place on April 20th 2021 via Zoom. The panel used the final part of the site visit to discuss its findings in an internal meeting. Afterwards, the panel chair publicly presented the panel's preliminary findings and general observations.

Before and during the site visit, the panel studied additional materials about the programme as well as the Annual Report of the Board of Examiners over the 2019-2020 academic year. An overview of these materials can be found in Appendix 4. The panel conducted interviews with representatives of the programmes: students and staff members, the programme's management and coordinators, and representatives of the Board of Examiners.

Report

After the online visit, the secretary wrote a draft report based on the panel's findings and submitted it for peer assessment. Subsequently, the secretary sent the report to the panel. After processing the panel members' feedback, the secretary sent the draft reports to ACTA in order to have these checked for factual irregularities. The secretary discussed the ensuing comments with the panel's chair and changes were implemented accordingly. The report was



then finalised and sent to ACTA and the Executive Boards of the University of Amsterdam and the Vrije Universiteit Amsterdam.

Definition of judgements standards

In accordance with the NVAO's Assessment framework for limited programme assessments 2016, the panel used the following definitions for the assessment of both the standards and the programme as a whole.

Generic quality

The quality that, in an international perspective, may reasonably be expected from a higher education Associate Degree, Bachelor's or Master's programme.

Unsatisfactory

The programme does not meet the generic quality standard and shows shortcomings with respect to multiple aspects of the standard.

Satisfactory

The programme meets the generic quality standard across its entire spectrum.

Good

The programme systematically surpasses the generic quality standard.

Excellent

The programme systematically well surpasses the generic quality standard and is regarded as an international example.



SUMMARY JUDGEMENT

The postgraduate master's programme Oral Health Sciences was assessed by an external panel in October 2018. In its report, the assessment panel assessed standard 1 as good and standards 2 and 4 as satisfactory after its initial site visit. Standard 3 was assessed as unsatisfactory, mainly because of a lack of coordination and systematic quality control of the assessment. The panel expected that this could be improved within a period of two years, because first steps had already been taken. The panel recommended that the NVAO Board impose an improvement period of two years. After this improvement period:

1. The system of assessment must be a full part of the system of quality control that is being implemented by the Board of Examiners for the other ACTA programmes;
2. Oral Health Sciences must have developed the portfolio into a suitable instrument to systematically verify the student's development towards the competence level of an experienced dentist.

The same panel was asked to check whether these conditions have been met in an additional assessment, which took place on 20 April 2021.

The panel judges that the shortcomings it found in 2018 on Standard 3 have been seriously addressed and resolved. It agrees that by harmonizing the assessment forms for the OHS clinics with Brief Clinical Assessment Forms (BCAFs) and the final clinical assessment, all competences of the General Educational Framework for Oral Health Care 2020 (Raamplan Mondzorg 2020) are covered and aligned. It applauds the fact that the integration of the OHS assessment policy in the general ACTA policy documents was done in a thorough manner, and with external support. The system of assessment therefore now meets the requirements, and by the implementation of the digital portfolio with the EPA structure the OHS programme is better able to monitor the student's development. It also praises the aim of the Programme Management of letting students benefit more from the multidisciplinary OHS-environment and decreasing their study load. The introduction of PDCA-cycles for assessment are very helpful to further improve the assessment skills of the OHS-team, with each person assisting others from his or her own expertise. The panel encourages its daily practice and it agrees that this will help OHS to further optimize the programme in the future.

The panel particularly welcomes the fact that ACTA consulted its counterparts to coordinate the introduction of the digital portfolio. The panel advises to closely monitor the integration of the new EPAs and the use of digital forms in the e-portfolio. It understands that the BCAF's were introduced as a transitioning tool, and it is reassured that the EPA system will be further embedded in the next few years. Moreover, it is strongly encouraged in its opinion by the positive attitude towards the new portfolio and EPAs of both staff and students.

The panel advises the Programme Management to keep on working on the quality of the written feedback and to evaluate this topic regularly. Given the comprehensive character the OHS programme it is desirable to be somewhat flexible in using the EPA system as a strictly defined tool of reflection. Overall the panel is convinced that the programme, and ACTA as a whole, are dedicated to implementing the digital portfolio in practice and achieving a professional quality culture in the long run. The panel wholeheartedly praises the commitment that went into the assessment process after its visit in 2018, and it concludes that the programme now meets the conditions for improvement.



With the renewed judgement on Standard 3, the panel assesses the standards from the *Assessment framework for limited programme assessments* in the following way:

Postgraduate master's programme Oral Health Sciences

| | |
|---|---------------------|
| Standard 1: Intended learning outcomes | Good |
| Standard 2: Teaching-learning environment | Satisfactory |
| Standard 3: Student assessment | Satisfactory |
| Standard 4: Achieved learning outcomes | Satisfactory |
| General conclusion | Satisfactory |

The chair, em. prof. dr. Th. Wubbels, and the secretary, V.L. van Kleef MA, of the panel hereby declare that all panel members have studied this report and that they agree with the judgements laid down in the report. They confirm that the assessment has been conducted in accordance with the demands relating to independence.

Date: 27 July 2021

ADDITIONAL ASSESSMENT ON STANDARD 3 FROM THE ASSESSMENT FRAMEWORK FOR LIMITED FRAMEWORK ASSESSMENTS

The panel assessed standard 1 as good and standards 2 and 4 as satisfactory after its initial site visit in October 2018. Standard 3 was assessed as unsatisfactory, mainly because of a lack of coordination and systematic quality control of the assessment. The panel expected that this could be improved within a period of two years, because the first steps had already been taken. The panel recommended that the NVAO Board imposed an improvement period of two years. After this improvement period:

1. The system of assessment must be a full part of the system of quality control that is being implemented by the Board of Examiners for the other ACTA programmes;
2. Oral Health Sciences must have developed the portfolio into a suitable instrument to systematically verify the student's development towards the competence level of an experienced dentist.

Standard 3: Student assessment

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

Findings

The panel noted in the previous report that ACTA had formulated an assessment policy that met the requirements of the VU and UvA. The assessment methods were generally adequate and in line with the learning objectives of the courses. All elements for an adequate system of assessment were available, but the profiles still applied the assessment strategies originating from their earlier postgraduate programmes. Integration and alignment of the assessment strategies within and between the profiles of the OHS programme was needed, including the need for a solid portfolio. This provided the background of the ACTA Recovery Plan of April 2019 which was developed to meet the requirements and conditions concerning the system of assessment.

OHS Assessment Policy

Improvements were put on paper by rethinking and rewriting the ACTA Faculty Assessment Policy and the ACTA Manual for Assessment and Reviewing explicitly including the OHS Programme. These policy documents are now generalized for all three ACTA programmes and do justice to the small-scale character of the OHS programme. The postgraduate OHS programme is demanding as it offers numerous courses, has limited student numbers and covers four graduation profiles with each its own professional requirements—since 50 percent of the courses are clinically oriented. Therefore, the OHS curriculum was restructured as well, which led to fewer and larger courses and more uniformity between the graduation profiles. The panel is pleased with these changes because the study load for the postgraduate students was too high and now has decreased. Due to the revision the OHS programme can now more easily follow the faculty-wide assessment policy, as fewer assessment files have to be compiled. The panel greatly appreciates the underlying assets of the curriculum changes which help in improving assessment and feasibility.

The implementation of one online Canvas environment for all OHS students, independent of their chosen profile, helped in creating further streamlining. Lecturers provide information about upcoming course assessments and the corresponding means of assessment in this digital learning environment. Policy documents are also made available to the OHS students through the online portal. The panel agrees that this helps in breaking down differences between the profiles, which were very fragmented at the time of the site visit in 2018. Furthermore, the programme management seeks further streamlining of the assessment programme by following the standard PDCA-cycles, based on the evaluation and changes introduced in 2019. The panel is pleased with this proactive approach to optimize cohesion between the different profiles.



Board of Examiners

Several measures were taken to better integrate the OHS programme in the activities of the Board of Examiners (BoE). In 2019 the BoE and the OHS Programme Management started having scheduled meetings every six to eight weeks, in which actions that have been taken are being monitored. In addition, the Programme Director of OHS meets with the Chair of the Assessment Committee at the end of each semester to discuss the analysis of the assessment files of that semester. The BoE includes OHS as a standard topic during each of its regular meetings. For this purpose, all examiners of the OHS courses are expected to submit assessment files. Moreover, regular ACTA-wide assessment-coordination meetings are held. The panel applauds the BoE and the Programme Management for the initiatives to create sustained internal dialogues. The panel did not encounter shortcomings in the BoE's functioning, though it sees that international students sometimes have difficulties in finding them. The panel reminds the BoE to stay alert in this respect and to enhance its visibility if needed. It is nonetheless pleased by these three measures and agrees that the OHS programme has become an integral part of the standardized BoE assessment processes.

Assessment expertise

Assessment skills of the OHS staff have improved since 2019 by acquiring external expertise. The OHS Programme Management appointed an external assessment expert to assist the programme for two years. The external expert supported the programme in formulating the OHS assessment policies and assessment programme. Furthermore, attention was paid to working with assessment files in the standardized PDCA-cycle, and the OHS staff was supported with the alignment of their means of assessment and the clinical assessment forms. The panel values the design of standardised clinical assessment forms as it helps the profiles to assess the OHS students in a more uniform way. An internal assessment coordinator was further appointed to support the examiners in arranging calibration sessions and peer feedback, compiling assessment matrices, analyzing assessments and elaborating on the quality of assessments in the assessment files. The assessment coordinator also supports the Programme Director by searching for the weakest links in the assessment files, and by reporting any irregularities to the Programme Director. The panel praises ACTA on its professional approach to attract (external) experts.

Brief Clinical Assessment Forms (BCAFs)

An important step in the further improvement of the quality of assessment was the harmonization of the assessment forms for clinical activities. As the OHS Programme did not want to wait for the introduction of the digital portfolio, it launched the temporary BCAF's for the assessment of clinical activities— which are being used in all four current profiles. All coordinators and examiners of the OHS programme participated in improving the integration and alignment of assessment between the courses and graduation profiles by developing these forms. At the time of the introduction of the BCAF's, it was already clear that OHS would be working with Entrustable Professional Activities (EPAs) in the near future. The Programme Management believes that by collectively shaping and using the BCAF's it is easier to bridge the gap between the old situation and the introduction of the EPAs. The BCAF's helped to improve the quality of assessment of OHS students in their final year as they were assessed on the basis of these forms. The Programme Management believes that it takes time to carefully formulate the EPAs and to successfully introduce them; therefore a gradual introduction was chosen to allow lecturers and students to get used to the changes. In 2020, two years after the introduction of the BCAF's, ACTA adopted the EPA system. The panel remarks that the swift action taken by the OHS Programme Management to introduce the BCAF's is commendable, but underlines it should only be a temporary vehicle for improvement.

Digital portfolio

The panel recommended in the 2018 report to develop a portfolio that functions as a fully-fledged tool to steer, monitor and assess elements such as reflection, feedback and results of clinical skills and to guide students in their development. This advice was taken to heart by the Programme Management and a project group including internal and external experts was set up to develop and introduce this new portfolio. An important first step was to contact and involve the sister faculties from Groningen and Nijmegen to exchange experiences and to learn from them. The



development of the digital portfolio was accompanied by the transition to working with EPAs, which were developed by the master's programme in Dentistry in Nijmegen and effectively used in their clinical education for a number of years. The panel is pleased that ACTA consulted their counterparts to help them in embedding a robust digital portfolio. The main consequence of the introduction of the EPAs is the changed guidance and assessment of the student in the clinic. Instead of assessing at a few moments, daily feedback on educational activities and assessment on the intended level are now possible; the digital portfolio is the instrument that enables this interaction.

The digital portfolio (Scorion) was introduced for all curriculum years of OHS in September 2020. The students demonstrate their competencies by adding lecturer-assessed experiences, evaluations and reflections to the portfolio. OHS students were able to take an online training in Canvas in order to get used to the portfolio and its EPAs. A training program was set up to inform and train lecturers in the new way of guiding and assessing students based on EPAs. Due to COVID-19, however, the training program had to be adjusted. An online e-learning was set up in Canvas for the lecturers with the theoretical background about the EPA system and digital portfolio. The portfolio is already used as a clinical thesis for OHS students. With this tool, the OHS programme can systematically verify the student's progress towards the intended final levels. Yet, the panel initially wondered how the OHS programme guarantees the quality of the graduates in this transition phase, because the EPA system is not fully implemented. After consulting the BCAFs the panel judged that in this transition phase the different competencies are sufficiently covered in the BCAFs and complemented (as an extra guarantee for the quality of the graduates) by the parts of the EPA system that currently already function in the programme. It concludes that all stakeholders prefer the new digital portfolio with its EPA forms, which will be further refined in the near future. Three components are in place to assure the quality standards: (1) theoretical tests; (2) clinical final project standards per profile; (3) scientific publications—theses are almost always published in peer review journals. Standards in the dental profession are also becoming higher, thus the focus on the general trend towards lifelong learning is seen as a very good development by all stakeholders.

Feedback

Twice a year a coaching session with students of all profiles takes place in which a joint form for all profiles is being used. One-on-one coaching takes place, in which personal development is discussed as well. This moment of reflection provides input for discussions with staff in the clinic. Students and lecturers are involved in various ways to evaluate the design, and development and maintenance of the e-portfolio. Evaluations on the EPAs already took place in 2020-2021 and according to the Programme Management the major outcome is to continue this path and to add activities and descriptions for the next academic year. The panel endorses this view, though it sees impediments as well. From an organizational point of view the challenge is to fully live up to the intended feedback sessions, because every day in the clinic is different: some days one can organize just one feedback session, sometimes twelve—it takes about 15 minutes per student and it is difficult to manage time at the clinic on busy days. The OHS Programme Management explained that everybody has to get used to working with the e-portfolio and it takes time to develop routines in this respect. In the clinic, a lecturer is already sitting next to a student and is therefore able to exchange direct feedback. Given the fact that postgraduate students generally work till late (evening shifts) it is not really an option to have a proper feedback session after the shift, so this needs to be better structured. A suggestion from the students themselves is to give priority to those students who do not yet have attained a certain desired level. The panel supports this idea and encourages the Programme Management to further smoothen this process. It also notes that the OHS students do get verbal feedback, but there is room for improvement regarding the quality and quantity of written feedback. A sample form on how to write solid feedback could be a starting point.

Considerations

The panel judges that the shortcomings it found in 2018 on Standard 3 have been seriously addressed and resolved. It agrees that by harmonizing the assessment forms for the OHS clinics with BCAFs and the final clinical assessment, all competences of the General Educational Framework for Oral Health Care 2020 (Raamplan Mondzorg 2020) are



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Conclusion

Postgraduate master's programme Oral Health Sciences: the panel assesses Standard 3 as 'satisfactory'.

GENERAL CONCLUSION

The panel assesses Standard 3 as 'satisfactory' for the postgraduate master's programme Oral Health Sciences. The scores "good" on Standard 1, and 'satisfactory' on Standard 2 and 4 are being maintained. This means that the final assessment for the programme is 'satisfactory'

Conclusion

The panel assesses the *postgraduate master's programme Oral Health Sciences* as 'satisfactory'.





APPENDICES



APPENDIX 1: INTENDED LEARNING OUTCOMES

Competence area 1: Dental Professionalism

- 1.1 the oral healthcare professional takes a patient's history, including the patient's symptoms and requests, considers his physical and mental condition, and considers his relevant dental, medical, psychosocial and cultural background.
- 1.2 he integrates aspects of general physical and mental health relevant to oral health and oral care, and takes measures to prevent or limit harmful influences.
- 1.3 he performs intra- and extra-oral examination *lege artis*, and records his findings appropriately.
- 1.4 he recognizes deviations from the normal appearance of tissues and functions in the orofacial area, and assesses the extent of this deviation.
- 1.5 he chooses effective and efficient additional diagnostic tests, carries them out, interprets findings, and records them appropriately.
- 1.6 applying the ALARA principle of dose-optimization, he uses diagnostically necessary information to determine the lowest reasonable dose and the best radiological imaging technique.
- 1.7 he recognizes deviations from the norm on radiological imaging techniques with regard both to orofacial and other findings (including chance findings), reports these findings, and, if necessary, refers + the patient
- 1.8 with regard to the quality and filtering of digital data and images, he is conversant with the procedures for storage and display; with regard to privacy, he is conversant with the procedures for data sharing.
- 1.9 he assesses the patient's general health, including his use of drugs in relation to oral health; and provides dental care, taking measures where needed to prevent any unwanted interactions between general health and dental pathology or dental intervention.
- 1.10 he identifies any oral manifestations of systemic diseases.
- 1.11 he uses relevant diagnostic tools to identify any manifestations of bonepathology disorders.
- 1.12 he recognizes deviations with regard to salivary-gland function and
- 1.13 he identifies factors indicating a risk of onset and/or the progression of an orofacial disease or disorder.
- 1.14 he assesses biological compatibility, identifies material failure of restorations, and is able to devise appropriate solutions for them.
- 1.15 he assesses biological compatibility, identifies material failure in prosthetics, implants and orthodontic appliances, and is able to devise appropriate solutions for them.
- 1.16 he is able to identify and treat the various causes of excessive tooth wear.
- 1.17 he recognizes the signs of domestic violence and child abuse, and acts in conformity with the relevant legislation and regulations.
- 1.18 he applies diagnostic reasoning on the basis of clinical findings to establish a (differential) diagnosis of (possible) changes in the orofacial region, additional diagnostic testing, knowledge of the likely development of the disease, predisposing factors and epidemiological data.
- 1.19 on the basis of the prognosis of aetiology and of the progression of diseases and disorders, the dentist and patient draft a long-term care plan. This includes the frequency of periodic reviews, the phenomena to be monitored, a disease-prevention plan, and any tasks to be shared with other professionals.
- 1.20 if necessary, he involves dental and other professionals in care planning, and allocates the tasks and duties required within appropriate collaborative frameworks.
- 1.21 he integrates his knowledge of relevant disciplines to formulate not only an individual, appropriate, possibly phased treatment plan, but also, where possible, alternative treatment plans based on the diagnosis made and the patient's needs, possibilities and limitations.
- 1.22 he applies clinical guidelines and fully explains any exceptions.
- 1.23 he is conversant with the applicable standard of care, and works in accordance with it.
- 1.24 he prevents medical emergencies, or acts appropriately in medical emergencies possibly due to dental treatment, so that the patient is in a stable condition until adequate help is available.



- 1.25 he provides dental care to specific groups, such as children and adults with behavioural or psychological problems, extremely anxious people, people with physical or cognitive impairment, vulnerable elderly people, and medically compromised patients.
- 1.26 he provides general preventive measures related to oral health in and outside the oral health care office, at home and in healthcare institutions.
- 1.27 he provides dental care, including curative care outside the oral healthcare practice, at home or in a healthcare institution.
- 1.28 on the basis of risk estimates, he supports patients and caregivers by devising appropriate strategies for preventing caries and periodontitis. These strategies include nutritional and other advice, and instructions for personal care.
- 1.29 he encourages behavioural changes that will promote oral and general health.
- 1.30 he indicates local anaesthetics in order to provide oral healthcare.
- 1.31 he administers local anaesthesia where necessary and appropriate, taking account of the intended effects and possible undesirable side-effects, the patient's medical status and the interaction with medication.
- 1.32 he selects and prescribes drugs for the purpose of providing oral care.
- 1.33 he assesses previously restored teeth regarding health, aesthetics and function.
- 1.34 he selects the correct strategy for treating teeth affected by caries, and/or teeth that are damaged or developmentally malformed.
- 1.35 he treats inflamed, infected or necrotic pulp tissue.
- 1.36 he extracts teeth and root residues.
- 1.37 he treats periodontal inflammation and / or bone loss.
- 1.38 he performs periodontal surgery for purposes of restorative dentistry.
- 1.39 he restores aesthetic dental problems.
- 1.40 in the absence of all or some of the natural teeth, he restores aesthetics and function. This may include using superstructures on dental implants.
- 1.41 he treats patients with obstructive sleep apnoea syndrome, or otherwise refers them.
- 1.42 he screens and refers patients for malignant and premalignant disorders in the maxillofacial area.
- 1.43 he performs dento-alveolar and pre-prosthetic / pre implant surgery in noncomplex situations.
- 1.44 he treats disorders of the musculoskeletal mandibular system.
- 1.45 he treats disorders of the mucosal tissues.
- 1.46 as well as trauma of the teeth and tooth socket, he treats and simple soft tissue injuries of the oral mucosa and lips.
- 1.47 he treats developmental disorders of the orofacial tissues.
- 1.48 he treats inflammation and infection of mucosa and bone caused by dentogenic, non-dentogenic and implant-related factors.
- 1.49 he uses simple orthodontic appliances to treat disorders in the growth and development of the masticatory system. Otherwise, he refers patients.
- 1.50 he provides emergency dental care.
- 1.51 he has the knowledge he needs to consult with laboratory technicians on the design of restorations and prostheses that are appropriate for his patients.

Competence area 2: Communication

- 2.1 To exchange information and to understand needs, opinions and expectations, the oral healthcare professional communicates on the patient's oral health with him or his legal representative.
- 2.2 he communicates adequately and effectively with other (oral) health care professionals and with other workers in the social, general healthcare and welfare sectors.
- 2.3 he provides a patient and / or his legal representative with all information on his state of oral health (informed consent) and on the options for professional preventive and curative treatment.
- 2.4 to patients, he explains and motivated the need for further diagnostics, and also explains its results.



- 2.5 during the formulation of the care plan, he includes each patient's functioning, resilience and autonomy, supports each patient in decisions on preventive and curative care, and on choosing and applying self-care measures.
- 2.6 he obtains informed consent and seeks shared decision-making for treatments to be carried out within the applicable legal frameworks.
- 2.7 together with the patient, he develops a preventive and/or curative strategy for one or more oral disease or abnormality.
- 2.8 he is able to manage conflicts and, if necessary, to settle complaints.

Competence area 3: Collaboration

- 3.1 to restore or improve a patient's functioning, the oral healthcare professional works in a team with other professionals, and ensures that the patient is also part of that team.
- 3.2 he respects and supports the patient's autonomy and self-direction, and the role he or she plays in the shared decision-making process.
- 3.3 in conformity with the legal guidelines, he co-ordinates treatments on the basis of an electronic patient record (that includes the care plan), taking full account of the complexity of the treatment and care in question.
- 3.4 he evaluates and reports on the results of dental care provided.
- 3.5 he communicates verbally and in writing with colleagues and other healthcare providers about issues relating to patients' oral health and oral care.
- 3.6 he applies the principles of effective and efficient collaboration with colleagues and other providers of healthcare and oral healthcare, also with regard to task delegation and horizontal referral. Similarly, he is responsible for the substantive coordination of activities.
- 3.7 he assesses employees' competencies when commissioning restricted treatment activities.
- 3.8 he consults with colleagues and other providers of oral and general healthcare.
- 3.9 If necessary, he refers to colleagues and other healthcare providers for treatment.

Competence area 4: Knowledge and Research

- 4.1 he knows, understands and is proficient in the application of the elementary biological, medical, technical and clinical sciences relevant to diagnostic, preventive and therapeutic aspects of oral healthcare.
- 4.2 he keeps himself up to date on the latest science-based insights into all aspects of oral healthcare.
- 4.3 the dentist knows the limits of his own knowledge and skills and is able to reflect on them.
- 4.4 by applying critical appraisal and peer review, he knows the limits of his own knowledge and skills.
- 4.5 on the basis of his methodological knowledge, he is able to complete scientific research successfully, and has the skills necessary to presenting it orally or in writing.
- 4.6 due to his mastery of conceptual skills, he is able to detect and describe problems.
- 4.7 he is proficient in the collection and critical assessment of information from the scientific literature and other sources.
- 4.8 to oral healthcare he can effectively, critically and scientifically apply developments that have been described in the scientific literature and in other sources.
- 4.9 to safeguard and maintain quality, he registers and classifies the effects and results of the oral healthcare he has provided.
- 4.10 to safeguard and maintain quality, he analyses the effects and results of the oral healthcare he has provided.

Competence area 5: Socially Responsible Conduct

- 5.1 he recognises and advocates the importance of preventive oral healthcare to individual patients, to preventive care and to community care.
- 5.2 he recognizes external factors that negatively influence oral health and/or dental treatment, and takes measures to combat this influence.



- 5.3 he is able to adhere to relevant laws and regulations on professional practice and oral healthcare.
- 5.4 he recognizes social and economic developments and analyses their impact on oral healthcare.
- 5.5 he applies scientifically based measures to focus on effectiveness in all aspects of oral healthcare, taking into account available human and economic resources for educating and informing individuals and groups in society.
- 5.6 he applies scientifically based methods to benefit education and to provide information to groups in society at large.
- 5.7 he promotes the function of oral healthcare and the role of professionals in it for the benefit of society at large.

Competence area 6: Organising Care

- 6.1 to plan and organize the dental practice efficiently and effectively, the oral healthcare professional applies appropriate management principles. These include effective and accountable financial administration, business management and entrepreneurial skills.
- 6.2 he conducts an effective and verifiable financial administration.
- 6.3 he is able to select and apply an appropriate quality-control system for his practice.
- 6.4 in his practice he applies current legislation and regulations.
- 6.5 he implements a staff policy that focuses on job satisfaction and employee development, taking full account of legal and other employment regulations.
- 6.6 he implements professionally accepted information technology and information management.
- 6.7 with regard to infection control, to environmental and radiation protection, and to the safety and traceability of dental materials, he accepts and complies with generally accepted standards and all the measures prescribed by law.
- 6.8 his practice is run and organised on the basis of general guidelines for clinical practice.
- 6.9 he acts within and in accordance with the structure, organization and financing of Dutch healthcare in general and of dental care in particular.
- 6.10 he records patient data effectively in a patient file that is managed within the legal framework required.
- 6.11 taking full account of posture and lighting, and also of his treatment unit and instruments, he creates a safe and healthy working environment, for himself and his staff alike.
- 6.12 he takes measures for himself and his employees to prevent mental strain, stress and occupational illness.
- 6.13 if necessary, he organises home care for patients and knows the limitations inherent to providing care in the home.

Competence area 7: Professionalism and Quality

- 7.1 the oral healthcare professional provides good care. This is defined as care whose quality and level are good. It is safe by default, effective, appropriate and patient focused. It is delivered promptly, and is appropriate to the customer's real needs.
- 7.2 when he accounts for the care he has provided and for the choices involved in it, his explanations to his patients and his professional community are clear and transparent, drawing on terms of reference that are consistent with those of science and society at large.
- 7.3 he can identify and assess various aspects of his professional behaviour, including his management of his work and duties, his behaviour in relation to others, and also his self-management.
- 7.4 when accounting for his actions he knows the limits of his professional autonomy, and also their importance.
- 7.5 he acts in full accordance with professional standards, with regard not only to the care he provides, but also to his relationships and the organisation in which he works.
- 7.6 he acts ethically and with full respect for patients' autonomy, taking full account of their personal circumstances during examination, recommendation, treatment and counselling.
- 7.7 he deals carefully and sensitively with groups who are vulnerable with regard to their oral healthcare, taking action to provide good care and to ensure continuity.



- 7.8 he knows the limits of his own competencies and acts accordingly. He has ensured that those to whom he refers patients also have the appropriate competencies.
- 7.9 as well as proficiency and expertise with regard to his various competencies, he also has the ability to integrate them.
- 7.10 he is aware of the moral and ethical responsibilities that are inherent to his provision of oral healthcare to individual patients, to specific communities, to the population as a whole.
- 7.11 he understands contemporary affairs and developments that may influence the provision of oral healthcare.
- 7.12 he is open-hearted. He acts immediately if someone is endangered by him, by a colleague, or by others in a place where he provides care.
- 7.13 when communicating in the social media, he is respectful with regard to his profession. In his use of the social media and digital means of communication, he is also respectful of his patients' privacy.
- 7.14 his openness to feedback is mirrored in his reflective skills. When evaluating and objectifying his own functioning, he analyses his blind spots or deficiencies regarding his knowledge, skills, and mode of professional practice. He can then reformulate these deficiencies in a concrete plan of action.
- 7.15 he has the equipment he needs for lifelong learning and, where possible, for furthering the development of his profession.



APPENDIX 2: OVERVIEW OF THE CURRICULUM

| Year 1 | Semester 1+2 (September-July) | ECTS |
|--|--|------|
| Joint courses | Joint Case Presentations | 2 |
| | Joint Research Presentations | 2 |
| | Epidemiology & Evidence Based Practice in Dentistry and Oral Health Care | 3 |
| | Methods and Statistics | 3 |
| | Biological and Clinical Aspects of Oral Health Sciences | 3 |
| Research track | Research Track Phase 1 | 6 |
| Profile specific courses (see overview below) | Depending on profile | 11 |
| Profile specific clinical courses | Clinic Year 1 | 30 |
| Year 2 | | |
| Joint courses | Joint Case Presentations | 2 |
| | Joint Research Presentations | 2 |
| | Pharmacology | 3 |
| | Maxillofacial Radiology (CBCT) | 3 |
| Research track | Research Track Phase 2 | 10 |
| Profile specific courses (see overview below) | Depending on profile | 10 |
| Profile specific clinical courses | Clinic Year 2 | 30 |
| Year 3 | | |
| Joint courses | Joint Case Presentations | 2 |
| | Joint Research Presentations | 2 |
| Research track | Research Track Phase 3 | 12 |
| Profile specific courses (see overview below) | Depending on profile | 10 |
| Profile specific clinical courses | Clinic Year 3 | 34 |



| Profile specific courses | Year 1* | ECTS | Year 2* | ECTS | Year 3* | ECTS |
|--------------------------------------|--|-------------|--|-------------|---|-------------|
| Endodontology | The department of Endodontology is not accepting any new students per '20-'21, hence the first-year courses will not be offered. | | Complications in Endodontology; Periapical Microsurgery 1. | 7 3 | Periapical Microsurgery 2; Additional & Special Treatments. | 4 6 |
| Orofacial Pain and Dysfunction | Introduction in Oral Kinesiology – Theory; Oral Physiology; Temporomandibular Disorders. | 3 4 4 | Externship Sleep Laboratory & ENT; Dental Sleep Medicine; Tooth Wear & Restorative Dentistry. | 2 4 4 | Externship Neurology and Anaesthesiology; Oral Movement Disorders; Orofacial Pain. | 2 4 4 |
| Paediatric Dentistry | Introduction in Paediatric Dentistry; Cariology and Preventive Dentistry; Developmental Psychology and Behavioural Science. | 3 4 4 | Endodontology and Traumatology; Esthetic Dentistry and Dental Anomalies; General Paediatrics | 4 3 3 | Behavioural Science and Patient Management A; Behavioural Science and Patient Management B; Maxillofacial Surgery and Oral Pathology. | 4 2 4 |
| Periodontology | Periodontology Diagnosis and Treatment Planning; Nonsurgical Periodontal Therapy and Maintenance. | 6 5 | Periodontal Physiology and Pathobiology; Periodontal Surgery. | 6 4 | Periodontal Medicine; Periodontology Related Subjects. | 4 6 |
| Prosthodontics and Oral Implantology | Fixed Prosthodontics, Implant Prosthodontics and Occlusion; Removable Partial Dentures and Complete Dentures. | 7 6 | This has not yet been filled in, since there will not be any students starting in year 2 or 3. | | This has not yet been filled in, since there will not be any students starting in year 2 or 3. | |



APPENDIX 3: PROGRAMME OF THE SITE VISIT

| DINSDAG 20 APRIL 2021 | | |
|---------------------------------|---|--|
| Locatie: online via Zoom | | |
| TIJD | SESSIE | DEELNEMERS |
| 08.45-09.00 | <i>Inloop panel (inloggen in Zoom en voorbereidingen treffen)</i> | Panel |
| 09.00-09.20 | <i>Welkom panel en opening</i> | Panel Decaan, directeur onderwijs, directeur zorg en opleidingsdirecteuren |
| 09.20-09.50 | <i>Voorbereidend overleg en inzien documenten</i> | Panel |
| 09.50-10.40 | <i>Interview Master: Portfolio (en harmonisatie masterkliniek)</i> | Panel Opleidingsdirecteur, onderwijscoördinator, projectleider Project Leerlijn PO, voorzitter opleidingscommissie en 2 (tandarts)docenten |
| 10.40-11.00 | <i>Overleg panel</i> | Panel |
| 11.00-11.50 | <i>Interview Master: Klinische verrichtingen</i> | Panel Opleidingsdirecteur, directeur zorg, interim-manager en coördinator Kliniek Algemene Mondzorg, chef de clinique en 1 tandartsdocent |
| 11.50-12.10 | <i>Overleg panel</i> | Panel |
| 12.10-12.20 | <i>Virtuele rondleiding (in de vorm van een filmpje)</i> | Panel |
| 12.20-13.00 | <i>Lunchpauze</i> | - |
| 13.00-13.50 | <i>Interview OHS: Portfolio, toetsing en studeerbaarheid</i> | Panel Opleidingsdirecteur, profielfdirecteur Parodontologie OHS, profielfdirecteur Kindertandheelkunde OHS, voorzitter examencommissie, toetsdeskundige, toetscoördinator en docent |
| 13.50-14.10 | <i>Overleg panel</i> | Panel |
| 14.10-15.00 | <i>Interview Studenten Master en OHS</i> | Panel 4 studenten Master en 2 studenten OHS |
| 15.00-15.20 | <i>Overleg panel</i> | Panel |
| 15.20-16.10 | <i>Eindgesprek management (incl. aandacht voor aanvullende projecten)</i> | Panel Decaan, directeur onderwijs, directeur zorg en opleidingsdirecteuren |
| 16.10-17.30 | <i>Opstellen voorlopige bevindingen</i> | Panel |
| 17.30-18.00 | <i>Mondelinge rapportage voorlopig oordeel herstel Master en OHS</i> | Panel en alle delegatieleden |





APPENDIX 4: THESES AND DOCUMENTS STUDIED BY THE PANEL

Prior to the previous site visit, the panel studied the theses and portfolios of the postgraduate master's programme Oral Health Sciences and judged these to be of sufficient quality. Information on these documents is available from Qanu upon request.

During the site visit, the panel studied, among other things, the following documents:

- Stand-van-zaken-notitie Herstelbeoordeling opleidingen ACTA
- Leeromgeving Canvas
- Portfolio Scorion
- Volledig verbeterplan ACTA
- Schematisch overzicht maatregelen herstelplan
- Plan van aanpak Programma Onderwijsverbetering
- OER Masteropleiding Tandheelkunde
- Minimumnormen klinische verrichtingen
- Raamplan Mondzorg 2020
- Scholingstraject Portfolio
- Course Overviews OHS (2018-2021)
- OER Postgraduate Master's Programme OHS
- ACTA Facultair Toetsbeleid 2020
- ACTA Handleiding Toetsen en Beoordelen
- ACTA Facultair Onderwijsbeleid 2020
- ACTA Onderwijskader Masteropleiding Tandheelkunde 2020
- ACTA Onderwijskader Postinitiële masteropleiding OHS 2020
- Criteria Praktijkbezoek stages
- Jaarverslag examencommissie ACTA 2019-2020
- Toetsprogramma en dekkingsmatrix OHS 2020-2021
- Factsheets Onderwijsverbetering ACTA
- Visiedocument Leerlijn PO
- Rapportage evaluaties EPA's en Portfolio Master Tandheelkunde
- Rapportage evaluaties EPA's en Portfolio OHS
- Evaluatierapport Externe stages
- Evaluatierapport Stage uitneembare voorzieningen
- Informatie EPA-systematiek en het portfolio bij ACTA
- EPA 7 patiëntgebonden formulier masteropleiding THK
- EPA 7 patiëntgebonden formulier OHS
- Studiegidstekst Lijn integrale mondzorg I en II
- Study Guide Information Clinic Periodontology
- Voorbeeld ingevuld toetsdossierformulier OHS-vak met tentamen 2019-2020
- Voorbeeld ingevuld toetsdossierformulier OHS-vak met beoordelingsformulier 2019-2020
- Nieuwsbrief 14 Onderwijsverbetering medewerkers
- Nieuwsbrief 14 Onderwijsverbetering studenten
- Rapport en besluit Postinitiële Master OHS 2018
- Rapport en besluit Master Tandheelkunde 2018

