

Education and Examination Regulations (OER)

For all Master's programmes

SOMT University of Physiotherapy

2023-2024

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1 PREAMBLE

Pursuant to Article 7.13 of the Higher Education and Scientific Research Act (WHW), an Education and Examination Regulation (OER) must be established for each programme or group of programmes. The OER broadly regulates the rights and obligations of students with regard to education, tests and exams. In the study guide and/or the test brochure, additions to the OER can be included for each programme. In case of contradiction, the OER prevails. The present OER applies to all master's programmes of SOMT University of Physiotherapy (hereinafter referred to as SOMT). This regulation is based on the WHW and on the education policy of SOMT. The OER has been adopted by the Board of Directors of SOMT.

Where the text of this OER corresponds directly to the WHW, the relevant article number from the WHW has been added in parentheses. In the OER, the term 'exam' used in the law has been replaced by the term 'test' used by SOMT. In order to keep the OER readable, only the most relevant provisions have been taken from the WHW. In the interpretation of the OER, the text of the WHW prevails if and insofar as the WHW applies to SOMT. If necessary, consult the legal text:

<https://wetten.overheid.nl/BWBR0005682>

2 DEFINITIONS

Academic year:

period beginning on 1 September and ending on 31 August of the following year

Final exam:

A final test of competence in which all final qualifications are summarised (master's thesis) as a final assessment of a course followed

Judge:

See examiner

Central Review Committee:

committee set up by the Board of Examiners to guarantee the quality of tests

Board of Appeal for Examinations:

legally established, independent professional body that provides legal protection to students in numerous decisions about education, tests and examinations (7.60 to 62 WHW)

Diploma:

certificate issued by the Board of Examiners that all the teaching units have been successfully completed (7.11 WHW, referred to in law as a certificate)

ECTS:

European Credit Transfer System. This expresses the study load in an internationally comparable way; one ECTS represents 28 study load hours

Examination:

part of the final assessment of a course followed

Board of Examiners:

committee set up by the board of directors as referred to in Article 7.12 of the Act

Examinator:

person appointed by the Board of Examiners to administer tests and determine the result (7.12c WHW)

Institution:

SOMT University of Physiotherapy (SOMT)

Employee:

teacher or other employee of SOMT

Teaching unit:

coherent set of knowledge, insight and skills to be acquired, which is part of the training, for example a module or a learning path, the study load of which is expressed in ECTS

Education:

coherent set of teaching units concluded with a final examination

Wheel of Directors:

somt's highest management body

Student:

person who is registered with SOMT for following education and/or taking tests/exams of a study programme

Counsellor:

person responsible for the individual study guidance, to whom students can turn with questions related to problems during the study, such as the planning of the study, private matters that influence studying, studying with a disability, etc.

Study load:

standardized time commitment of the training expressed in entire ECTS

Prospectus:

Guide showing further details and information on the curriculum by programme

Academic year:

coherent set of teaching units offered within a study programme in one academic year and which can be completed by a student within one academic year

Key:

assessment of a (part of a) educational unit (7.3.3 WHW, referred to in law as an exam)

Toets- en examen folder:

Document with information about the test/exam

WHW:

Higher Education and Scientific Research Act, as published in Official Gazette 1992 no. 593, including subsequent additions and amendments

3 GENERAL PROVISIONS

3.1 Legal basis

This regulation is the Education and Examination Regulations, as mentioned in Article 7.13 WHW.

3.2 Scope

1. This regulation applies to the post-initial Master's programmes of SOMT.
2. This regulation applies in the academic year 2023-2024, on the understanding that for the student in principle the annex from chapter 10 for the programme in which he participates applies from the OER of the year in which he started the programme. Among other things, study delays and educational innovation can be reasons to deviate from this. In that case, the student will be informed in good time.
3. Where this regulation refers to tests or examinations, this includes the parts of an exam or a test that are assessed separately.

3.3 Language in which education is offered

1. In principle, education is given in Dutch. In principle, the tests and exams are taken in Dutch.
2. By way of derogation from the first paragraph, another language may be used:
 - a. when it concerns education given by a foreign-language teacher in the context of a guest lecture;
 - b. if the specific nature, structure or quality of the education, or the origin of the students so requires (7.2 WHW).

If a language other than Dutch is used, this is indicated in the annex of the relevant training (Chapter 10).

3.4 Publication

At the start of the academic year (in any case before 1 September), the Board of Directors ensures that the OER is published, so that the student can form a good opinion about the content and organisation of the education, the tests and the exams.

3.5 Registration

1. Enrolment in a programme is possible when a student reasonably expects to meet the admission requirements as described in Chapter 5 at the start of the programme.
2. Participation in a study programme is only possible after timely written registration and payment of the registration fee and tuition fees according to the payment conditions stated in the [Study Agreement Terms and Conditions](#).

3. It is not possible to re-enrol for a programme after it has finished earlier due to insufficient study results, unless a student can prove that he/she has continued to have completed his/her qualifications for at least two years. In that case, the student must demonstrate the acquired competence by submitting a written reasoned request to the Board of Examiners.

3.6 Communication

The institution communicates with students on education and examination matters through written letters, the digital education environment and e-mail.

4 BOARD OF EXAMINERS

4.1 General tasks of the Board of Examiners

4.1.1 Outflow level monitoring

The Board of Examiners supervises the exit requirements of the teaching units and the exam. The Board of Examiners determines whether a student meets the conditions set by the Education and Examination Regulations with regard to knowledge, insight and skills required to obtain a degree as referred to in Article 7.10a of the WHW. In accordance with Article 7.12 of the Whw, the Board of Examiners guarantees the quality of tests and examinations as well as the appointment and examination expertise of examiners. The Board of Examiners delegates monitoring of the substantive and educational quality of tests and exams to the Central Examination Committee.

4.1.2 Handling of complaints and disputes

Complaints and disputes relating to test and examination assessments and other matters relating to education and testing may be submitted to the Board of Examiners.

4.1.3 Granting of exemptions

The Board of Examiners is charged with granting exemptions for taking one or more tests or exams on the basis of Previously (or Elsewhere) Acquired Competences (EVCs). The Board of Examiners is also responsible for granting exemptions for the admission requirement.

4.1.4 Awarding diplomas

The Board of Examiners monitors the quality of the diplomas. The committee issues diplomas to students who have met the exit requirements.

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4.2 Requests, reports, objections and complaints

1. The following matters can be submitted to the Board of Examiners in writing and duly motivated by staff or students:
 - a. objections to the assessment of tests and examinations (within six weeks of the assessment being taken);
 - b. complaints about the procedure for tests and exams (within 48 hours);
 - c. requests relating to assessment in the case of studying with a disability (deadlines in accordance with the policy Studying with a disability);
 - d. requests to establish the validity of study results (at least three weeks prior to (re)registration);
 - e. requests for exemptions (at least six weeks prior to the start of the relevant educational unit);
 - f. reports of fraud, plagiarism and irregularities (immediate);
 - g. requests for additional testing or examination opportunities (within six weeks of the determination of the fourth insufficient assessment);
 - h. requests for re-enrolment (at least three weeks prior to the start of the next teaching unit).
2. The Board of Examiners can be reached via examencommissie@somt.nl.

3. Requests, reports, objections or complaints must contain at least the following information:
 - a. personal data of the applicant;
 - b. the applicant's programme details (including the name of the programme, the student number, which grade and, if applicable, the relevant tests or modules);
 - c. a clear and complete description of the request, report, objection or complaint.

In the case of a request for exemption(s), the following information and/or documents must be attached:

- a. an overview of the specific tests or modules (with test/module codes) for which exemption is requested;
- b. a sound motivation, including a description of already obtained subject(s) and/or modules for which exemption is requested, with additional information about the content, the learning objectives and their outcomes;
- c. when modules/courses have been obtained at an institution other than SOMT, subject information including literature assignment or well-functioning links to a digital study guide must also be provided;
- d. previously obtained (pre)master diploma(s) with transcript(s) and/or relevant certificates;
- e. the CKR registration certificate.

Please note: SOMT reserves the right to request the original documents at any time until the moment of the graduation ceremony. So keep these documents safe.

4. Requests, reports, objections or complaints from staff and students that fall within the framework of the OER and that go beyond the decision-making power of the Head of Education or have not led to a satisfactory result for the teacher or student are initially submitted to the Head of Master's Education. If the matter exceeds the decision-making power of the Head of Master's Education or if the latter sees reason to do so otherwise, he or the Head of Training shall submit the request, report, objection or complaint to the Board of Examiners.
5. No later than 14 days after receipt of a request, report, objection or complaint, the submitter will be notified indicating how the continuation of the procedure will proceed.
6. The Board of Examiners may decide to give the applicant for a request, report, objection or complaint - whether or not at his request - the opportunity to be heard. The submitter shall be informed in good time.
7. No later than six weeks after receipt of a request, report, objection or complaint, the student or employee concerned will receive a decision from the Board of Examiners. If the Board of Examiners needs more time for its decision-making, it will inform the student or employee concerned before the period of 6 weeks has expired.
8. A student or employee can request an urgent decision or emergency advice from the Board of Examiners when there is a high degree of urgency. There is a high degree of urgency when the absence of a decision or advice from the Board of Examiners leads to disproportionate study delay for the student or the persistence of a situation unacceptable to education. The applicant shall indicate in his application the period within which a decision or opinion of the Board of Examiners is necessary. An urgent decision can only be requested if the student or employee has informed the Board of Examiners immediately after the need to take a decision or give advice has arisen.

9. The Board of Examiners shall assess as soon as possible after receipt of a request for an urgent decision or emergency advice whether, in its opinion, an urgent decision or emergency advice is necessary and whether it can reach a balanced opinion within the requested period. It shall inform the applicant of the outcome of that assessment.
10. If the Board of Examiners considers that an urgent decision or advice is necessary and possible, it shall immediately initiate the procedure to that end. The Board of Examiners will immediately inform the student or employee concerned as soon as it has drawn up its decision or advice.

4.3 Objection and appeal

1. If a student does not agree with a decision taken by the Board of Examiners, he can object to this. To this end, he shall make a reasoned request to the Board of Examiners to reconsider the decision within 6 weeks of receipt of the decision.
2. If the objection is directed against the failure to take a decision in time, it is not subject to a time limit. However, the appeal will be declared inadmissible if it is submitted unreasonably late, 6 weeks after the decision has been taken.
3. The Board of Examiners will deal with an objection in accordance with the provisions of Article 4.2.
4. If the student does not agree with the decision of the Board of Examiners on his objection, he can lodge an administrative appeal with the Board of Appeal for the Examinations within 28 days of the publication of this decision. SOMT uses the regulations of the Appeals Committee for Examinations of the Dutch Council for Training and Education (NRTO).
5. If the disputed decision concerns a decision of the Board of Examiners on an objection by the student to a decision of the Head of Education on his request to review an assessment, as described under 7.10, the student can immediately lodge an administrative appeal against this with the Board of Appeal for the Examinations.
6. The Board of Examiners may give the objector the opportunity to be heard in response to the objections raised. In that case, the sender shall be informed of that possibility in good time or invited to a hearing.

4.4 Annual report

1. At the end of each academic year, the Board of Examiners draws up an annual report in which it reports on its activities.
2. The annual report is published on SharePoint.

5 ADMISSION REQUIREMENTS

1. A person can register as a student for a master's programme of SOMT, if he/she is in possession of a recognised physiotherapy diploma. The student is obliged to present a certified copy of the diploma before the start of his education. If the student has completed the course but did not receive the diploma on time or if the student still needs a resit to obtain the diploma, a postponement for the presentation of the certified copy can be requested via studentenadministratie@somt.nl.
2. By way of derogation from the first paragraph, additional or alternative admission requirements may be set for a Master's programme. These are listed in the relevant Annex in Chapter 10 of these Regulations.
3. The Board of Examiners grants the holder of a diploma designated by ministerial regulation, which has been designated as at least equivalent to the diploma required for the training, exemption from the pre-training requirement.
4. The Board of Examiners may exempt the holder of a diploma other than that referred to in paragraph 3, which has been designated by the Board of Examiners as at least equivalent to the diploma required for the training, from the pre-training requirement.
5. If the diploma referred to in paragraphs 3 and 4 is a diploma issued outside the Netherlands, the Board of Examiners may provide that exemption from the pre-training requirement shall be granted only after proof has been furnished of sufficient command of the language necessary for successful education (indicative B2).

6 DESIGN OF TRAINING COURSES

6.1 Final qualifications

1. The final qualifications for all SOMT Master's programmes are:

Clinical competencies: Perform an effective, efficient and safe physiotherapeutic specialist assistance process with regard to screening, diagnostics, prevention and treatment of highly complex clinical problems.

Innovation competencies: Developing and implementing innovations in a planned manner.

Scientific competences: Contribute to scientific research within the physiotherapeutic specialist domain.

2. Further detailed final qualifications are included as generic learning outcomes for somt's Master's programmes in Annex 1 and as programme-specific final qualifications in Annexes 2 to 7.

6.2 Study Burden (ECTS)

1. The study load of each programme and of each module is expressed in ECTS.
2. The total study load of a course is 90 ECTS, the breakdown is given in the annexes 2 to 7.

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6.3 Study progress

1. For each programme, Annexes 2 to 7 describe the conditions for participation in tests during the academic year and the required study progress to be able to enter the following academic year.
2. The study progress is monitored by:
 - a. the interim progress report to the student (access to results);
 - b. the inspection of the total credits obtained for the programme at the end of an academic year.
3. The student is responsible for contacting the Study Advisor or the Head of Education in the event of (imminent) study delay, for example after missing a third opportunity for a test or exam. This can also be preventive, for example in the case of fear of failure, (new) disability, stressful external factors, problems with determining study strategy or health problems.
4. If a student does not meet the progress requirements mentioned in the first paragraph, he must re-enrol for the same academic year.

5. Admission to the continuation of the study programme does not take place if the student is unable to meet his financial obligations. The student is not released from the payment obligation.

6.4 Tutoring

1. The teacher takes care of the study guidance and identifies problems, advises and, if necessary, refers to the Head of Training or the Study Advisor.
2. The student can turn to the Study Advisor for problems directly related to the study programme and his study progress (studieadviseur@somt.nl).
3. The Head of Training shall ensure that the study guidance offered is published through the usual communication channels of the programme.

6.5 Competency learning line: internships

1. All courses include a practical preparation for the exercise of the specialism within the professional field in the form of internships. Together, these internships form the competence learning line.
2. The design, organisation, assessment and assessment of the traineeships are carried out under the responsibility of the Head of Training.

7 DESIGN OF TESTS AND EXAMS

7.1 Schedule, number of chances, validity, interruption

1. The student completes each teaching unit with one or more tests. The student completes the course with a final exam, consisting of several exams. Annexes 2 to 7 indicate tests and examinations per academic year.
2. The Head of Training gives the student the opportunity to take the tests and examinations prescribed for the programme.
3. In principle, the student has two opportunities (opportunities) for each test and exam per academic year and a total of 4 opportunities to obtain a satisfactory result.
4. Results obtained in educational units are in principle valid indefinitely, unless the tested knowledge, the tested insight or the tested skills are demonstrably outdated. When limiting the period of validity, special circumstances such as illness, pregnancy are taken into account.
5. A regular interruption of the entire programme of a maximum of one academic year is permitted, without the need for a request for exemption upon resumption of the programme. The student reports a study interruption during the academic year and/or a study interruption before the start of the academic year in writing to the Department of Student Administration and the Head of Education.
6. If the student wishes to resume the programme after an interruption as referred to in paragraph 5, he shall report this in writing to the Student Administration Department and the Head of Education.
7. If the programme is interrupted several times and/or in total for more than one year, the student must re-register for the programme upon resumption. In order to obtain exemptions for educational units already obtained, the student submits a request to the Board of Examiners upon registration.

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7.2 Compulsory attendance

1. With a view to admission to a test or examination, an attendance obligation may be imposed for (part of) an educational unit insofar as the nature of the education so requires. This is mentioned in the test folder.
2. The Board of Examiners may, at his request, grant a student exemption from the attendance obligation referred to in the previous paragraph, whether or not subject to replacement requirements (7.12 WHW).
3. In deciding on a request as referred to in the second paragraph, the Board of Examiners shall take into account the advice of the Head of Education with regard to the request and the personal circumstances of the student described in Article 7.1 under 6.

7.3 Content of tests and exams

1. Each test or exam can be an examination of the student's knowledge, attitude, professional attitude, insight and skills, or parts thereof, as well as the assessment of the results of that examination (7.10.1 WHW).
2. The examination shall be carried out by the examiners of the training programme who provide the relevant educational unit.

7.4 Organisation of tests and exams

1. Examiners and other parties involved in a test or examination shall ensure that strict confidentiality is maintained with regard to assignments and assignments until the assignments have been provided to the candidates.
2. Without prejudice to the provisions of these regulations, the study guide (planning) and the test leaflet (procedure) shall in any case specify the following subjects (test is also understood to mean exam):
 - a. the periods in which and the number of times per year that tests are administered;
 - b. when and how resit is possible;
 - c. dates on which (resits for) tests and exams take place (study guide);
 - d. the manner in which tests are taken and the length of time available for them;
 - e. permitted aids in taking tests;
 - f. whether and, if so, under what conditions oral tests are accessible to students and staff of the programme and/or to other interested parties;
 - g. the manner in which the times and time limits referred to in this paragraph are published.
 - h. the way in which the test is assessed.

7.5 Conditions for participation

1. A student who has registered for a study year is automatically enrolled in all tests and/or exams of that academic year.
2. Participation in a test or exam is only possible if the conditions mentioned in 3.5 are met.
3. Retakes can be taken if a test or exam has not been taken or if an insufficient result has been obtained. Only in the case of an exam component, a resit is allowed once if there is a desire to increase the sufficient study result.
4. When participating in a second chance, all previous reviews will be forfeited.

7.6 Cancellation and absenteeism

1. A student is obliged to participate in all (resits for) tests and exams that are organized for the education he has followed and for which he does not already have a sufficient result or exemption.
2. The student who is registered for a test or exam (which happens automatically under article 7.5 first paragraph), but does not participate in it, loses one of the four possibilities (opportunities) for the test or exam. (Having to) adapt a product (for example a CAT or thesis) is seen as taking advantage of a new opportunity. In the study guide, additional rules can be set for each study programme about when there is a new opportunity or not.
3. If a student is unable to participate in a test or exam, he must always log off in advance with the reason for being unable to attend, stating the reason for his inability to attend, via studentenadministratie@somt.nl or via +31(0)33 456 0737. Opting out of or not participating in a test or exam means the loss of an opportunity, regardless of the reason for opting out or not participating.
4. Regardless of the reason for not taking part in a test or exam, the maximum of four chances remains valid.
5. In case of special personal circumstances, the student can request the Head of Education to postpone a test. Special circumstances shall in any case include:
 - a. illness;
 - b. physical or psychological dysfunction;
 - c. pregnancy;
 - d. special family circumstances, including special family circumstances of the student's partner;
 - e. other special personal circumstances, which could justify making an exception.

7.7 Identification requirement for tests and exams

To participate in tests and exams, it is mandatory to be able to show a valid id.

7.8 Time limits for assessment and inspection

1. The student will receive the study result within 30 working days after taking a test or exam, unless otherwise stipulated in the test brochure. The student will receive the study results at the latest two weeks before the resit.
2. If there is a final assessment based on several sub-tests, the period referred to in paragraph 1 shall start to run from the last sub-test.
3. For 28 days after the publication of the assessment, the student will be given access to his assessed work at the request of the Head of Education.
4. The Board of Examiners may shorten or extend the time limits referred to in this article in special cases, provided that this does not disproportionately harm the interests of the student.

7.9 Results

1. In accordance with Article 7.3 paragraph 4, the test criteria and the method of assessment are announced via the test leaflet before the start of an educational unit.
2. The assessment of a test or exam is expressed in a grade or a qualification.
3. Rounding of figures:
 - a. On the diploma, the numbers are indicated to the nearest 1 decimal place.
 - b. Where appropriate, unless otherwise stated, digits shall be rounded as follows: a digit equal to or more than 'five' in the second decimal point shall be rounded up, a digit less than 'five' in the second decimal point shall be rounded down.
 - c. In the case the final grade consists of partial digits, the sub-digits should not be rounded, at least not to an integer.
4. The study results are published on Moodle, or OSIRIS.
5. Compensation scheme: unless otherwise stated in the study guide, there is no compensation scheme.

7.10 Request for review review

1. If a student does not agree with the assessment of his test or exam, he can submit a request for revision of his assessment to the Head of Education.
2. A request for review as referred to in paragraph 1 shall be submitted no later than three weeks after the assessment has been adopted and shall contain at least the following information:
 - a. personal data of the applicant;
 - b. the applicant's programme details (including the name of the programme, which grade and the student number);
 - c. date of the request for review;
 - d. full name of the test and key code;
 - e. date on which the test was taken;
 - f. date of adoption of the assessment;
 - g. name of the teacher(s) who assessed the test;
 - h. a clear and complete description of the elements of the assessment for which the student is seeking review;
 - i. a clear and complete justification for the request for review.

The application shall be accompanied by the following Annexes:

- a. the test/assignment;
 - b. the test as submitted by the student for assessment (in the case of a practical test, this annex is omitted);
 - c. the assessment of the test.
3. The student will receive a reasoned decision on his request within three weeks after his request has been received by the Head of Education. If the Head of Training needs more time for his

decision-making, he will inform the student concerned before the three-week period has expired.

4. If the student does not agree with the decision of the Head of Education on his request for review, he can object to this within three weeks of receipt of the decision to the Board of Examiners, in accordance with the provisions of Article 4.2, paragraph 1. The objection must comply with the formal requirements as described above in paragraph 2.

7.11 Studying with a disability

1. Students with a disability may be eligible for facilities for tests and exams upon written request. These adjustments shall be tailored as far as possible to their individual disability, but shall not affect the quality of the test or alter the difficulty of the tests and exams.
2. The request referred to in paragraph 1 shall be accompanied by a recent statement by a doctor. If possible, this statement provides an estimate of the extent to which study progress with regard to taking tests and exams is hindered.
3. For further specification of the policies and procedures regarding studying with a disability, please refer to the document 'Studying with a disability policy'.

7.12 Exemptions

1. In accordance with Article 4.1.3, the Board of Examiners may, at the request of the student, grant exemption from one or more tests if the student has obtained a satisfactory result from a corresponding educational unit in terms of content and study load in another hbo or wo programme.
2. No exemptions are granted for (parts of) the final exam based on results on (parts of) exams from a previously followed course.
3. A request for exemption must be submitted to the Board of Examiners no later than 6 weeks before the start of a teaching unit.
4. The Board of Examiners, after hearing the advice of the Head of Education, shall decide within 28 days of receipt of the request.

7.13 Exceptional situations

1. In exceptional situations, the student can request the Board of Examiners (with extensive underlying motivation) for an extra chance for a test or exam that has not been passed.
2. The Board of Examiners shall not take a decision on a request as referred to in paragraph 1 until after obtaining advice from the Head of Education.

3. When deciding on a request as referred to in paragraph 1, the Board of Examiners shall assess whether the totality of the facts and circumstances in their context can be exceptionally qualified as such.
4. If the Board of Examiners decides to grant the student an extra chance, the date for that opportunity will be determined by the Head of Education in consultation with the student, but no later than one year after the decision of the Board of Examiners to award the extra opportunity.
5. The Board of Examiners may attach additional conditions to the award of an extra opportunity, such as following extra education or internships; this may incur additional costs for the student (consult the [price list](#) on the website).

7.14 Fraud, plagiarism and other irregularities

1. Fraud or plagiarism is understood to mean the act or omission of a student that makes a correct judgment about his knowledge, skills or competences wholly or partly impossible.
2. In any case, fraud shall mean:
 - a. be in possession of aids (books, syllabi, notes, electronic media, etc.) during a test/exam, the consultation of which is not expressly permitted;
 - b. watching during a test/exam, or exchanging information inside or outside the test/exam room;
 - c. impersonating someone else during a test/exam;
 - d. be represented by someone else during a test/exam;
 - e. leaving the room without the invigilator's permission;
 - f. writing without the invigilator's consent after the time of the test/exam has elapsed;
 - g. before the start of a test/exam, provide themselves with the assignments or other relevant information regarding the questions of that test or exam.
3. Plagiarism is in any case understood to mean:
 - a. using or copying other people's texts (including text generated by a chatbot, unless this is explicitly stated in the assignment), data or ideas without complete and correct attribution;
 - b. present as own work or thoughts of the structure or the central ideas from third-party sources, even if a reference to those sources is included;
 - c. do not clearly indicate in a text, for example through quotation marks or a particular design, that literal or near-verbatim quotations have been incorporated into the work, even if a reference to those sources is included;
 - d. paraphrasing the content of other people's texts without sufficient source reference;
 - e. copying image, sound or text material, software and program codes from others without source reference and thus allowing them to pass for their own work;
 - f. submission of work, or parts thereof, that is identical or similar to previously submitted work, or parts thereof, for another training or assignment;
 - g. taking over work from a fellow student and allowing this to pass for his own work;
 - h. submission of papers that have been acquired from a commercial institution or that have been written (whether or not for a fee) by someone else.

4. To prevent and detect fraud in digital testing, online proctoring, lockdown browsers and measures that work in addition to this can be used. The student will be informed in advance of the measures taken to prevent and detect fraud and the possible impact this has on his privacy.
5. Electronic detection programs can be used for the detection of plagiarism in texts. By submitting the text, the student also gives permission to include the text in the database of the relevant detection program.
6. If the copying of work from fellow students is done with the permission and/or cooperation of the fellow student, the latter is complicit in plagiarism.
7. When plagiarism is committed in a joint work by one of the authors, the other authors are complicit in plagiarism if they could or should have known that the other committed plagiarism.
8. Employees involved in the preparation, administration, assessment or result processing of tests and/or exams report errors and irregularities, including suspicions of fraud and plagiarism, concerning tests and/or exams immediately and directly to the person(s) concerned and also in writing to the Board of Examiners on presentation of the written documents and findings.
9. After receiving a report as referred to in paragraph 7, the Board of Examiners shall give the student the opportunity to give his views on the report as soon as possible, but no later than within a period of 28 days.
10. The Board of Examiners determines, where necessary after additional investigation, whether there is fraud, plagiarism or any other irregularity with regard to testing and informs the student in writing of its decision.
11. If plagiarism is detected or suspected in a particular work, the Board of Examiners may decide to examine previously submitted works by the same student(s) for plagiarism. The student is obliged to participate in such research and may be obliged to provide digital versions of previous works.
12. If the Board of Examiners determines that there has been fraud or plagiarism, it may, depending on the severity, impose a sanction containing:
 - a. a written warning;
 - b. invalidation of the test/exam;
 - c. invalidation of the test + invalidation or suspension of the result for the educational unit of which the test is part;
 - d. invalidation of the test/exam + exclusion from this test/exam for a maximum of 12 months;
 - e. invalidation of the test/exam + complete exclusion from participation in all education, tests and examinations for a maximum period of 12 months, including tests for previously unsuccessful parts.

A sanction in which the test result is declared invalid can be supplemented by the obligation to follow additional education or extension of the test/exam.

In cases of very serious fraud, the Board of Directors of SOMT may, on the proposal of the Board of Examiners, definitively terminate the registration of the student(s) concerned.
13. Both the perpetrator and the co-perpetrator of fraud and plagiarism are punished.

14. If the student has already received a sanction in connection with detected fraud or plagiarism, complete exclusion from the course will immediately follow.
15. The sanctions imposed are recorded in the student file.

7.15 Storage of test and examination documents

All written test and examination work shall be kept for at least seven years after publication of the results. In the event of an appeal against the results of the test or examination, the relevant test and examination work shall be retained for the period during which that appeal has not yet been decided.

7.16 Copyright

1. The copyright that rests on products made by students in the context of the study programme belongs to the students, unless this has been deviated from by agreement. For copyrights of products related to scientific research in which the student participates, deviating provisions apply in any case. The student will be informed of this at the start of participation in the study.
2. The institution may agree with the students that the institution shall be exempted from the obligations arising from copyright or that the name of the institution shall be indicated on products.
3. Without prejudice to the second paragraph, the institution of a graduation assignment or graduation research will receive a digital copy that may be used by the institution (in consultation with the student) for educational and publication purposes.

8 DIPLOMAS AND TITLES

8.1 Diploming

1. In order to prove that all tests and examinations have been passed, the programme shall provide a supporting document (7.11.1 WHW), the diploma.
2. After obtaining the attainment targets, SOMT will issue a diploma signed by the Chairman of the Board of Examiners and the Board of Directors to the student concerned. A diploma supplement signed by the Chairman of the Board of Examiners is provided.
3. In any case, the diploma shall state:
 - a. what degree has been awarded;
 - b. which programme as stated in the Central Register of Higher Education Programmes is concerned;
 - c. which parts of the final examination included and, where appropriate, what legal authority is attached to it;
 - d. in the case of a joint programme or a joint specialisation as referred to in Article 7.3c of the WHW, the name of the institution or, in the case of a joint programme, institutions that co-provided the programme or specialisation in question.
4. The supplement referred to in paragraph 2 shall be drawn up in English. This supplement aims to provide insight into the nature and content of the completed training, partly with a view to the international recognisability of programmes. The supplement shall contain at least the following information:
 - a. the name of the programme and the institution providing the training;
 - b. an indication that it is a Master's degree;
 - c. a description of the content of the training;
 - d. the study load of the programme (7.11.4 WHW);
 - e. the date on which the diploma and supplement were awarded (in the case of a central graduation ceremony) or the date on which the last examination result was determined (in the case of completion of the course after the central graduation ceremony).
5. A person who has successfully completed more than one unit of education and to whom a diploma as referred to in the first paragraph cannot be awarded shall, on request, receive a certificate to be issued by the Head of Training, stating in any case the tests passed by him (7.11.5 WHW). For parts of the final exam, a statement can only be issued by the Board of Examiners.
6. Before the diploma for the programme is issued, it is checked whether the student has been enrolled and has paid the tuition fees. Insofar as the administration of the institution does not show that the student has met the requirements, the student shall submit the following documents upon request:
 - a. a certificate of registration for the academic year in which the diploma is awarded;
 - b. proof of payment of tuition fees;
 - c. proof of achievement of educational units.
7. A graduate is entitled to use the title Master of Science.

8.2 Mention laude

1. The predicate 'laude' can be obtained if the student has obtained an average grade of 8 or higher for all parts of the exam (without completion of the average grade), none of the weighted partial marks of the final exam is lower than 7 and all but *one* of the assessments of the exam have been obtained at the first opportunity (if this has led to a study result).
2. The predicate 'laude' can only be awarded if the course is completed within the nominal study period.
3. The predicate 'laude' can only be awarded to students who have not been found guilty of fraud or plagiarism during their entire education.
4. Exemptions will not be included in the laude scheme.
5. In special cases, the Board of Examiners may decide to grant the predicate "laude" to a student who does not meet the conditions referred to in paragraphs 1 to 4 of this Article. This is possible if the student has otherwise demonstrated exceptional competence in the programme. To this end, the Head of Training will inform the Board of Examiners with the plausible reasons that substantiate such a request before the Board of Examiners will come to such a decision.

9 FINAL PROVISIONS

9.1 Quality assurance

All education and testing in the programmes are evaluated annually. Standardised evaluation forms shall be used for the evaluation. Periodic evaluation reports are discussed in the programme committees and with the Head of Training . On the basis of the evaluations and reports carried out, improvement processes are set out if necessary. The improvement actions can be found in the Quality Annual Report of the programme.

9.2 Other complaints

A student who has a complaint that falls outside the scope of the OER can use the complaints procedure for this. The complaint can be submitted, with motivation, via klachten@somt.nl. Complaints regarding undesirable behaviour and integrity are preferably reported directly to the external confidential advisers of cv-plus, for more information consult SOMTelpedia, via the link confidential [advisor](#).

9.3 Suspension

The Board of Examiners may advise the Board of Directors of SOMT to terminate or refuse a student's enrolment in a study programme if, by his conduct or statements, that student has demonstrated unfitness for the professional practice for which the training he has followed trains him, or for the practical preparation for professional practice. If there are suspicions of unsuitability against a student, the Board of Examiners will conduct an investigation of which the student will be informed immediately. The Board of Examiners does not issue an opinion unless careful consideration of the interests involved and after the student concerned has been given the opportunity to be heard.

9.4 Unforeseen cases and cases of manifest unreasonableness

1. Cases where – in view of its tasks – a decision of the Board of Examiners is requested, but in which the OER does not or insufficiently provides, is handled by the Board of Examiners in the spirit of the OER.
2. Where, in individual cases, the strict application of this OER would, in the opinion of the Board of Examiners, lead to a manifestly unreasonable decision, it may duly substantiated decide to deviate from the provisions of the OER in favour of the student.

10 ATTACHMENTS

10.1 Annex 1 Generic results Master's programmes SOMT

Clinical competencies

The graduate is able to:

1. Apply a screening process to a patient with complex health problems.
2. To apply a diagnostic process to a patient with complex health problems.
3. In a patient with complex health problems an effective, efficient and safe apply and evaluate therapeutic process.
4. Propose preventive measures to a patient and implement them.
5. Independently apply the principles of EBP in complex clinical situations and critically apply them reflect on one's own actions and those of others within the specialist professional domain.
6. Show a professional attitude and use communication and social skills in dealing with and guiding a patient with complex health problems while respecting ethical standards and values such as integrity, honesty, respect for diversity, and transparency.

Innovation competences:

The graduate is able to:

1. Implement scientific information independently and critically within the (own) work setting and the specialist professional domain.
2. Independently contribute to the innovation of clinical processes and business processes within the specialist professional domain and implement them.

Scientific competences

The graduate is able to:

1. Identify gaps in external evidence and translate them into answerable research questions.
2. Perform statistical analyses on a data set, report results, discuss the relevance with regard to the specialist domain, taking into account laws and regulations.
3. Disseminate the scientific research and its conclusions orally and in writing.

10.2 Appendix 2 Master Manual Therapy (MMT)

Final qualifications MMT

Manual Therapist as an expert care provider

1. The Manual Therapist applies detailed knowledge of the neuromusculoskeletal system regarding functional anatomy, osteokinematics, arthrokinematics, and biomechanics of the joints of the spine and extremities, and of biomechanical, neurophysiological, and pain mechanisms associated with manual therapy.
2. The Manual Therapist systematically collects and interprets quantitative and qualitative information relevant to the patient's health problem, formulates differential diagnoses, indicates manual therapy interventions based on explicit risk-benefit analyses, and, if required, initiates referral to other health care professionals.
3. The Manual Therapist provides evidence-based efficient, effective, and safe individualised manual therapy care in patients presenting with complex neuromusculoskeletal health problems of the spine and extremities.
4. The Manual Therapist applies specific hands-on techniques, including but not limited to specific joint assessments and mobilisations, high-velocity thrust techniques, pain modulation techniques, and neurodynamic techniques for the purpose of improving patients' health.
5. The Manual Therapist applies a biopsychosocial approach to patient care, integrating concepts from a biological, physical, behavioral, and socio-environmental perspective into the clinical decision-making process.

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The Manual Therapist as a communicator

6. The Manual Therapist applies verbal and non-verbal communication skills for building an effective therapeutic alliance and for reporting to patients, caregivers, other health professionals, and stakeholders.
7. The Manual Therapist engages in a shared decision-making process with the patient to establish treatment goals and an evidence-informed treatment plan that reflects the patient's needs, values, and preferences.

The Manual Therapist as a collaborator

8. The Manual Therapist collaborates effectively to build sustainable and equitable relationships with patients or their representatives, multi-disciplinary teams, and other health care professionals to facilitate the attainment of meaningful outcomes and health gains.

The Manual Therapist as a professional leader

9. The Manual Therapist engages with others to contribute to a substantiated vision of a high-quality health care system in patients with complex neuromusculoskeletal health problems, both from a societal and from a clinical perspective.
10. The Manual Therapist organises their clinical practice efficiently and effectively and acts as a manager and innovator of their work setting and that of others.

The Manual Therapist as a health advocate

11. The Manual Therapist provides advice and education to patients or their representatives with respect to health, health behavior, posture, and movement.

The Manual Therapist as a scholar

12. The Manual Therapist commits to a lifelong excellence in practice through continuous learning and by teaching others, evaluating evidence, and contributing to the application, dissemination, and translation of knowledge.
13. The Manual Therapist participates as a junior researcher in data collection and data-analysis for scientific research according to good clinic practice, taking into account legislation and regulations.
14. The Manual Therapist applies critical thinking and clinical reasoning according to the principles of Evidence Based Practice.
15. The Manual Therapist implements innovation in the field of Manual Therapy and adapts a lifelong learning attitude.

The Manual Therapist as a professional care provider

16. The Manual Therapist demonstrates commitment to ongoing professional development, promotion of the public good, adherence to ethical standards, and values such as integrity, honesty, altruism, humility, respect for diversity, and transparency with respect to potential conflicts of interest.

Summary Training Programme MMT

Module	Contents	ECTS	Working methods	Summative Keys
Grade 1 Module 1: Lumbar/ thoracic 1	Screening and diagnostics EBP step 1-3 Communication	12,5	(Online) hoorcollege Working group Practicum Responsiecollege	Knowledge test Case test
Grade 1 Module 2: Cervical/ thoracic 1	Screening and diagnostics EBP step 1-3 Communication	12	(Online) hoorcollege Working group Practicum Responsiecollege	Knowledge test Case test
Grade 1 Learning trajectory Statistics and Methodology	Statistics and Methodology of Research	2,5	(online) hoorcollege Working group Online module	Knowledge test
Grade 1 Internship year 1	Mini clinic Internship Network	1	Internship Data collection	Self-reflection
Grade 2 Module 3: Extremities	Screening and diagnostics Prognosis, therapy	11,5	(Online) hoorcollege Integrated practicals/ working groups	Knowledge test Case test
Grade 2 Module 4: Lumbar/ Thoracic 2	Prognosis, therapy EBP step 1-5 Statistics, Methodology and Klinimetry	6	(Online) hoorcollege Working group Practicum Responsiecollege	Case test
Year 2 Module 5: Cervical/ Thoracic 2	Prognosis, therapy EBP step 1-5	5	(Online) hoorcollege Working group Practicum	Case test
Year 2 Module 6: Cervico- cephalal	Screening and diagnostics Prognosis, therapy EBP step 1-5	7	(Online) hoorcollege Working group Practicum Responsiecollege	Case test
Year 2 Internship Year 2	Mini clinics Individual Internship Assistantship	2,5	Internship	Self-reflection

Module	Contents	ECTS	Working methods	Summative Keys
Year 3 Module 7: Integration	Integration and implementation regions lumbar/pelvis, cervical/thoracic, extremities and cervicocephala Clinical decision making complex health problems regions lumbar/pelvis, cervical/thoracic, extremities and Cervico-cephalal Statistics, Methodology, Klinimetry	3	Hoorcollege Working group Practicum Integrated practicals/ working groups Responsiecollege	Case test complex case studies
Year 3 Statistics and Methodology	Statistics and Methodology of research, and klinimetry	2,5	(Online) hoorcollege Working group	Knowledge test
Year 3 Internship year 3	Mini clinics Individual Internship Assistantship	3,5	Internship	Individual Internship Assistantship Self-evaluation
Year 3 Other tests and final exam (marked with *)	Evidence-Based Practice Statistics, Methodology and Klinimetry Manual skills Integration of clinical-manual therapeutic competences Conducting scientific research Writing skills Presentation skills Implementation	21	(Online) hoorcollege Working group Practicum Responsiecollege	Clinical exam consisting of: - patient exam (3 ECTS*) - 2 proficiency tests (2x2 ECTS*) Critically Appraised Topic (2 ECTS*) Implementation project (3 ECTS) (presentation/oral defence, cooperation & attitude) Scientific project (9 ECTS) (presentation/oral defence*, research report*, collaboration & attitude, data log)
		90	ECTS in total	

Transitional arrangement

A subsequent academic year may be started if not all credits have been obtained from a maximum of one module of the relevant academic year. A module (and thus the credits) is obtained if all formative and summative tests have been sufficiently assessed.

Redo module(s)

- If no more than one module of a relevant academic year has not been passed, the student may continue to the next academic year, but the insufficiently scored test must be resited.
- If two or more modules of a relevant academic year have not been passed, the student must redo the modules that have not been obtained in their entirety.

Additional requirement transition from MMT2 to MMT3

The third year of study may only start when all credits of academic year 1 have been obtained.

10.3 Appendix 3 Master Pelvic Physiotherapy (MBF)

Inflow

The Master Pelvic Physiotherapy programme also includes pelvic exercise therapists who have completed the HBO bachelor's degree in exercise therapy, as well as the necessary courses to be a pelvic exercise therapist (<https://vvocm.nl/Kwaliteit/Opleiding-Specialisaties/Bekkenoefentherapeut>).

Final qualifications MBF

1. The Pelvic Physiotherapist as an expert care provider

1. The Pelvic Physiotherapist applies knowledge of (neuro)anatomy, (neuro)physiology, and pathology of the domains of the lumbar spine/pelvis/ hip, urology, gynaecology (obstetrics), gastro-enterology, and sexology.
2. The Pelvic Physiotherapist applies knowledge and insight into the screening of patients by means of a targeted history-taking, supplemented with physical examination, if indicated, in order to decide whether the health problem is within the professional domain of pelvic physiotherapy (screening).
3. The Pelvic Physiotherapist applies knowledge and insight into the methodical inventory and analysis of the health problem including movement and functioning in the pelvic region and relates this to the patient's needs (diagnostic process).
4. The Pelvic Physiotherapist applies knowledge and insight into the methodical inventory of best available evidence for individualised treatment based on clinical reasoning and acquired knowledge from screening and diagnostics (treatment process).
5. The Pelvic Physiotherapist applies specific vaginal and anal or rectal techniques in the diagnostic process for assessing function of the pelvic floor muscles and organs and in the treatment process for improving function of the pelvic floor muscles and organs and for modulating pain.

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2. The Pelvic Physiotherapist as a communicator

6. The Pelvic Physiotherapist has verbal and non-verbal communication skills for building an effective therapeutic alliance and for reporting to patients, caregivers, other health professionals, and stakeholders.
7. The Pelvic Physiotherapist attends the patient in a manner that they are informed about the consequences and treatment options and evaluates and adjusts, if necessary (shared decision-making).

3. The Pelvic Physiotherapist as a collaborator

8. The Pelvic Physiotherapist collaborates with professional care providers, is involved in multidisciplinary collaboration, and ensures an adequate verbal and written report on the patient.

9. The Pelvic Physiotherapist collaborates with health insurers, social and government agencies, and professional associations.

4. The Pelvic Physiotherapist as a professional leader

10. The Pelvic Physiotherapist engages with others to contribute to a substantiated vision of a high-quality health care system in patients with complex health problems, both from a societal and from a clinical perspective.
11. The Pelvic Physiotherapist organises their clinical practice efficiently and effectively and acts as a manager of their work setting and that of others.

5. The Pelvic Physiotherapist as a health advocate

12. The Pelvic Physiotherapist promotes patient health as well as public health (prevention).
13. The Pelvic Physiotherapist responds to negative effects of care and incidents.

6. The Pelvic Physiotherapist as a scholar

14. The Pelvic Physiotherapist commits to a lifelong excellence in practice through continuous learning and by teaching others, evaluating evidence, and contributing to the application, dissemination, and translation of knowledge.
15. The Pelvic Physiotherapist participates as a junior researcher in data collection and data-analysis for scientific research according to good clinic practice, taking into account legislation and regulations.
16. The Pelvic Physiotherapist applies critical thinking and clinical reasoning according to the principles of Evidence Based Practice.
17. The Pelvic Physiotherapist implements innovation in the field of pelvic physiotherapy and adapts a lifelong learning attitude.

7. The Pelvic Physiotherapist as a professional care provider

18. The Pelvic Physiotherapist acts according to relevant legal regulations and professional codes.

Summary Training Program MBF

Module	Contents	ECTS	Working methods	Summative Keys
Grade 1 Module 1	LWK-pelvic-hip Prevention, Screening, Diagnostics and Basic Therapy EBP	3	Hoorcollege Werkcollege Practicum/ skills	Full portfolio
Grade 1 Module 2	Urological disorders: Prevention, Screening, Diagnostics and Basics Therapy	4	Hoorcollege / Responsiecollege Werkcollege Practicum /Skills	Knowledge test Full portfolio Skill test diagnosis pelvic floor by vaginal palpation
Grade 1 Module 3	Gastroenterological diseases: Prevention, Screening, Diagnostics and Basics therapy	3	Hoorcollege / Responsiecollege Werkcollege Practicum / Skills	Full portfolio Skill test diagnosis pelvic floor by palpation
Grade 1 Module 4	Sexological disorders: Prevention, Screening, Diagnostics and Basic therapy	7	Hoorcollege / Responsiecollege Werkcollege Practicum / Skills	CAT Full portfolio
Grade 1 Module 5	Gynecological diseases, focus Obstetrics: Prevention, Screening, Diagnostics and Basic Therapy	9	Hoorcollege / Responsiecollege Werkcollege Practicum / Skills	Competency test diagnostics pelvic and pelvic floor dysfunctions Knowledge test Full portfolio
Grade 1 Module CR1		4	Internship	Competency Learning Patient Report Full portfolio
Grade 2 Module 6	Lumbar spine, pelvis, hip: Prevention, Diagnostics and Therapy EBP	2,5	Hoorcollege / Responsiecollege Werkcollege Practicum / Skills	Skills test diagnostics and therapy LWK-pelvic-hip Full portfolio

Module	Contents	ECTS	Working methods	Summative Keys
Grade 2 Module 7	Urological disorders Prevention, Diagnostics and Therapy	2,5	Hoorcollege / Responsiecollege Werkcollege Practicum / Skills	Skills test diagnostics and therapy pelvic floor by EMG and FES Full portfolio
Grade 2 Module 8	Gastroenterological diseases: Prevention, Diagnostics and Therapy	3	Hoorcollege / Responsiecollege Werkcollege Practicum / Skills	Knowledge test Skills test diagnostics and therapy pelvic floor by means of rectal balloon Full portfolio
Grade 2 Module 9	Sexological disorders: Prevention, Diagnostics and Therapy	2,5	Hoorcollege / Responsiecollege Werkcollege Practicum / Skills	Full portfolio
Grade 2 Module 10	Gynecological diseases: Prevention, Diagnostics and Therapy	12,5	Hoorcollege / Responsiecollege Werkcollege Practicum / Skills	Knowledge test Skills test POPQ and skills sexology Competency test diagnostics and therapy pelvic and pelvic floor dysfunctions CAT Full portfolio
Grade 2 Module CR2		7	Internship	Competency learning Patient report Full portfolio
Grade 3 Module 11	Lumbar spine, pelvis, hip: prevention, diagnostics and Therapy EBP	2	Hoorcollege / Responsiecollege Werkcollege Practicum / Skills	Full portfolio
Grade 3 Module 12	Urological diseases: Prevention, Diagnostics and Therapy	2	Hoorcollege / Responsiecollege Werkcollege Practicum / skills	Full portfolio
Grade 3 Module 13	Gynecological diseases, neurology and geriatrics: Prevention, Diagnostics and Therapy	2	Hoorcollege / Responsiecollege Werkcollege Practicum / skills	Full portfolio

Module	Contents	ECTS	Working methods	Summative Keys
Grade 3 Module 14	Gastroenterological diseases, Prevention, Diagnostics and Therapy	2	Lecture / Response Lecture Seminar Practicum/skills	Full portfolio
Grade 3 Module 15	Sexological disorders and ultrasound: Prevention, Diagnostics and Therapy Pelvic floor dysfunctions in children	2	Hoorcollege / Responsiecollege Werkcollege Practicum /skills	Full portfolio
Grade 3 Module CR3		3	Internship	Competency learning Full portfolio
Year 3 Other tests and final exam (marked with *)	Evidence-Based Practice Integration of clinical competences Conducting scientific research Writing skills Presentation skills Implementation	17		Klinisch Examen* (3 ECTS) Critically Appraised Topic (2 ECTS*) Implementation project (3 ECTS) (presentation/oral defense, cooperation & attitude) Scientific project (9 ECTS) (presentation/oral defence*, research report*, collaboration & attitude, data log)
		90	ECTS in total	

Transitional arrangement MBF 1 to MBF 2

If there is one resit, with the exception of the CAT, the competency test and the internship, the student can continue to the second year and take the resit during this year on the dates set for this purpose. If there are multiple resits, a study advice will be formulated for the student in question in consultation with the tutor, the study advisor and the Head of Education. In the case of a fourth chance, a study advice is also formulated. This can lead to study delays.

Transitional arrangement MBF 2 to MBF 3

If there is one resit, with the exception of the CAT, the competency test and the internship, the student can continue to the third year and take the resit during this year on the set dates. If there are multiple resits, a study advice will be formulated for the student in question in consultation with the tutor, the study advisor and the Head of Education. In the case of a fourth chance, a study advice is also formulated. This can lead to study delays.

10.4 Appendix 4 Master Sports Physiotherapy (MSF)

Final qualifications MSF

The programme consists of seven learning paths: Clinical decision making (A), performance (B), motion (C), management (D) and sport-specific performance case studies (E). Two additional learning lines are EBP (F), which always runs parallel to the other learning lines, and competence learning line internship.

The Sports Physiotherapist as an expert care provider

1. The Sports Physiotherapist evaluates athletes with sports-related injuries or disorders based on the athlete's needs and communicates with the athlete and with other health care professionals.
2. The Sports Physiotherapist translates an individualised treatment strategy into a concrete treatment plan and executes (or supervises) this plan to guarantee safe return to sport or performance.
3. The Sports Physiotherapist integrates the best available treatment or preventive measures in the treatment plan in complex situations to reduce risk of (re-) injury and increase athletes' performance.
4. The Sports Physiotherapist integrates motion analysis into treatment plans and training modalities necessary for prevention, repair, and recovery of function and performance.

The Sports Physiotherapist as a health advocate

5. The Sports Physiotherapist proposes and implements measures to ensure prevention, recovery, and enhancement of performance.
6. The Sports Physiotherapist responds to negative effects of care and incidents.

The Sports Physiotherapist as a communicator

7. The Sports Physiotherapist maintains relationships and communications to inform athletes or their representatives about consequences and treatment options and provides advice to athletes based on the specific qualifications and expertise within the domain of sports physiotherapy.

The Sports Physiotherapist as a collaborator

8. The Sports Physiotherapist cooperates with other health care professionals, acts in a multidisciplinary collaboration, and ensures adequate verbal and written reports.

The Sports Physiotherapist as a scholar

9. The Sports Physiotherapist commits to a lifelong excellence in practice through continuous learning and by teaching others, evaluating evidence, and contributing to the application, dissemination, and translation of knowledge.
10. The Sports Physiotherapist participates as a junior researcher in data collection and data-analysis for scientific research according to good clinic practice, taking into account legislation and regulations.
11. The Sports Physiotherapist applies critical thinking and clinical reasoning according to the principles of Evidence-Based Practice.
12. The Sports Physiotherapist implements innovation in the field of sport physiotherapy adapts a lifelong learning attitude.

The Sports Physiotherapist as a professional leader

13. The Sports Physiotherapist formulates a substantiated vision on healthcare regarding athletes, both from a societal and from a clinical perspective.
14. The Sports Physiotherapist informs and advises colleagues and other professionals of adjacent specialisms, in a multidisciplinary manner.

The Sports Physiotherapist as a professional care provider

15. The Sports Physiotherapist evolves a professional network with inclusion of other professionals from adjacent specialisms with regard to the ethical principles.
16. The Sports Physiotherapist acts as an expert within the domain of sports physiotherapy by complying with specific qualifications and duties within current regulations and legal frameworks.

Summary training program MSF

Module	Contents	ECTS	Working methods	Summative Keys
Grade 1 Module 1: Lumbar spine and hip region	Sacro-iliac, lumbosacral, hip and thigh Sportgerelateerde casuistry	8,5	Hoorcollege Working group Practicum	<ol style="list-style-type: none"> 1. Assessment skillslab 2. Toesten <ul style="list-style-type: none"> - A testable PICO question and relevant search strategy. - Determine clinical features of a diagnostic test. - Elaboration of screening and clinical reasoning process - Analyzing movement analysis sports 3. Knowledge test EBP
Grade 1 Module 2: Shoulder region and Scapular thoracic dyskinesia	Shoulder, CWK, TWK, CTO and thoracoco steel Sportgerelateerde casuistry	10	Hoorcollege Working group Practicum	<ol style="list-style-type: none"> 1. Assessment skillslab 2. Test <ul style="list-style-type: none"> - Strategy and mission of the practice/management - Analysis exercise test and interpretation with substantiation - Clinical reasoning process own case with elaboration of outcome measures 3. Knowledge test diagnostic accuracy 4. CAT diagnostics
Grade 1 Module 3: Ankle and foot region	Lower leg, ankle and foot Sport-related case studies	7,5	Hoorcollege Working group Practicum	<ol style="list-style-type: none"> 1. Assessment skillslab 2. Test Clinical reasoning process own case with peer-review from colleague. Recording of screening interview regarding communication. Inventorying the objective and properties of the measuring instruments used in a case Assessment of the reliability of a measuring instrument. Knowledge test Pathophysiology
Grade 1 Competences		3		<ol style="list-style-type: none"> 1. Competency test
Grade 2 Module 4: Hip and groin	LWK, TLO and groin Sportgerelateerde case studies	7	Hoorcollege Working group Practicum	<ol style="list-style-type: none"> 1. Assessment skillslab 2. Test <ul style="list-style-type: none"> - Implementation proposal - Developing, substantiating and justifying the rehabilitation plan

Module	Contents	ECTS	Working methods	Summative Keys
				Elaboration and presentation of a CAT Risk Factors.
Grade 2 Module 5: Elbow and Shoulder region	Shoulder (scapulothoracal) and elbow Sportgerelateerde casuistry	8	Hoorcollege Working group Practicum	<ol style="list-style-type: none"> 1. Assessment skillslab 2. Test <ul style="list-style-type: none"> - Determining risk factors supported by literature - Performing a movement analysis for a certain sport(er). - Elaboration and presentation of a CAT individually in the field of therapy. - A testable PICO question and associated relevant search strategy about the effectiveness of a treatment. - Description and consideration of clinical properties of measuring instrument - Knowledge test EBP 3. CAT prognostics
Grade 2 Module 6: knee	Knee Sports Study	6,5	Hoorcollege Working group Practicum	<ol style="list-style-type: none"> 1. Assessment skillslab 2. Test <ul style="list-style-type: none"> - Elaboration of a complex case. - Development of a CAT individually in the field of impact studies. - Internship Sports Medical Advice Centre
Grade 2 Competences		3		<ol style="list-style-type: none"> 1. Competency test
Grade 2 Internship year 2	Vocational guidance	3,5	Internship	<ol style="list-style-type: none"> 1. Report on vocational guidance and multidisciplinary cooperation 2. Mini-clinics
Grade 3 Module 7: Trunk	CWK, trunk, sacroiliacal, hip and groin Sportgerelateerde casuistry	4	Hoorcollege Working group Practicum	<ol style="list-style-type: none"> 1. Assessment skillslab 2. Test <ul style="list-style-type: none"> - Elaboration and presentation of case sports-specific performance case studies regarding rehabilitation plan. - Performing a movement analysis for a certain sport(er). 3. Participating in scientific research

Module	Contents	ECTS	Working methods	Summative Keys
Grade 3 Module 8: Upper extremity	Upper limb and wrist and hand Sports-related case studies	4	Hoorcollege Working group Practicum	1. Assessment skillslab 2. Test - Elaboration and presentation of case sports-specific performance case studies regarding rehabilitation plan. - Performing a movement analysis for a certain sport(er). 3. Knowledge test statistics
Grade 3 Module 9: Lower extremity	Knee, ankle and foot Sports related case studies	4	Hoorcollege Working group Practicum	1. Assessment skillslab 2. Test - Elaboration and presentation of case sports-specific performance case studies
Grade 3 Internship year 3	Mini-clinic	1	Internship	1. Final presentation of sport-specific performance cases
Grade 3 Final exam Clinical exam	Clinical exam	6	Examination	1. Patient report* 2. Internship clinical decision making* 3. Sport-specific performance exam*
Grade 3 Final exam CAT	CAT	2	Examination	1. Critically Appraised Topic*
Grade 3 Implementatio n	Implementation	3	Examination	1. Presentation/oral defence 2. Collaboration & attitude
Grade 3 Final exam (exam components marked with *)	Conducting scientific research Writing skills Presentation skills	9	Examination	1. Presentation with oral defence*, 2. research report*, 3. cooperation & attitude, 4. data log
		90	ECTS in total	

Transitional arrangement MSF 1 to MSF 2

The MSF i.o. can only participate in academic year 2 if he/she successfully completes study year 1. For this, the MSF i.o. must obtain at least a pass for the competence test (CT) and the assignments of study year 1 within four opportunities. However, the MSF i.o. can only participate in the competence test of year 2 if he/she achieves at least a pass for the competence test of year 1. The resits take place in June or September (depending on the annual schedule), December and June (prior to the competence test of year 2).

Transitional arrangement MSF 2 to MSF 3

The MSF i.o. can only participate in year 3 if he/she successfully completes year 2. For this, the MSF i.o. must obtain at least a pass for the CT and the assignments of study year 2 within four opportunities. A predetermined time (4-5 weeks) after a module, the summative/formative assignments must be submitted, whereby an unsubmitted assignment counts as a missed opportunity.

The MSF i.o. can only participate in CT3 if he/she has completed the assignments sport-specific performance case studies and internship of year 3. The resits of the CT take place in June or September (depending on the annual schedule), December and June (prior to the competence test of year 3). For each CT test there are four test chances. If a test is not passed after three chances, an interview with the Head of Education will follow.

10.5 Appendix 5 Master Physiotherapy in Geriatrics (MFG)

Final qualifications MFG

The Geriatric Physiotherapist as an expert care provider

1. The Geriatric Physiotherapist evaluates a client/patient based on his or her needs, communicates with the patient/client and – when appropriate – with care providers from other disciplines, and formulates a proposal for a treatment strategy.
2. The Geriatric Physiotherapist translates a treatment strategy into a concrete treatment plan and executes (or supervises) this plan.
3. The Geriatric Physiotherapist evaluates the results of a treatment and reports on these results.
4. The Geriatric Physiotherapist executes (or supervises) parts of a multidisciplinary treatment plan belonging to the specific qualifications and expertise within the domain of geriatric physiotherapy.

The Geriatric Physiotherapist as a communicator

5. The Geriatric Physiotherapist maintains an adequate relationship and communicates appropriately with the older client/patient and his or her family.
6. The Geriatric Physiotherapist evaluates a client/patient based on his or her needs, communicates with the patient/client and – when appropriate – with care providers from other disciplines, and formulates a proposal for a treatment strategy.
7. The Geriatric Physiotherapist provides advice to a client/patient based on the specific qualifications and expertise within the domain of geriatric physiotherapy.

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The Geriatric Physiotherapist as a collaborator

8. The Geriatric Physiotherapist collaborates with care providers from other disciplines within a multidisciplinary setting in geriatrics.

The Geriatric Physiotherapist as a care organiser

9. The Geriatric Physiotherapist formulates a substantiated vision with respect to health policy for the elderly based on the specific qualifications and expertise within the domain of geriatric physiotherapy, both from a societal and from a clinical perspective.
10. The Geriatric Physiotherapist occupies a role within bodies for policy and provisions for the elderly.

The Geriatric Physiotherapist as a health advocate

11. The Geriatric Physiotherapist provides advice to a client/patient based on the specific qualifications and expertise within the domain of geriatric physiotherapy.
12. The Geriatric Physiotherapist provides education to ([sub]groups of) clients/patients with respect to health, health behaviour, posture, and movement.
13. The Geriatric Physiotherapist proposes and implements preventive measures for clients/patients in the various health care settings.

The Geriatric Physiotherapist as a scholar

14. The Geriatric Physiotherapist commits to a lifelong excellence in practice through continuous learning and by teaching others, evaluating evidence, and contributing to the application, dissemination, and translation of knowledge.
15. The Geriatric Physiotherapist participates as a junior researcher in data collection and data-analysis for scientific research according to good clinic practice, taking into account legislation and regulations.
16. The Geriatric Physiotherapist applies critical thinking and clinical reasoning according to the principles of Evidence Based Practice.
17. The Geriatric Physiotherapist initiates innovation and development in the field of geriatric physiotherapy.

The Geriatric Physiotherapist as a professional care provider

18. The Geriatric Physiotherapist safeguards and supports the accountable practice of geriatric physiotherapy.
19. The Geriatric Physiotherapist engages with clients/patients, colleagues, and society according to the principles of deontology in geriatric physiotherapy.
20. The Geriatric Physiotherapist engages with clients/patients, colleagues, and society by complying with ethical principles in the elderly.
21. The Geriatric Physiotherapist acts as an expert within the domain of geriatric physiotherapy by according specific qualifications and duties with current regulations and the legal framework.

Summary training programme MFG

Module	Contents	ECTS	Working methods	Summative Keys
Grade 1 Module 1	Biomedical aspects of ageing Clinical geriatric examination Age-related decrease in muscle function Geriatric syndrome Sarcopenia Fragility Fatigue EBP and clinical reasoning	16	Hoorcollege Working group Training skills	Knowledge test, module test, CAT1 manuscript, CAT2 manuscript and portfolio
Grade 1 Module 2	Dementia EBP and clinical reasoning	6	Hoorcollege Working group Training skills	Knowledge and case test, CAT3 manuscript + presentation and portfolio
Grade 1 Module 3	Social and policy aspects Demography Social Gerontology Active Ageing EBP	4	Hoorcollege Working group	Paper, in portfolio
Grade 1 Vocational orientation	Project Vocational Orientation	3	Working group Site visit	Project Report presentation
Grade 1 Statistics 1	Statistics	2	Hoorcolleges Working group	Knowledge test
Grade 2 Module 6	Anti-ageing, health education and physical activity Prevention and communication Postural and gait abnormalities, joint degeneration EBP and clinical reasoning	9,5	Hoorcollege Working group Training skills	Paper, knowledge and case test and portfolio
Grade 2 Module 7	Central neurological disorders, incontinence & sexuality EBP and clinical reasoning	6	Hoorcollege Working group Training skills	Case test, CAT4 and portfolio
Grade 2 Module 8	Delirium and depression EBP and clinical reasoning	3	Hoorcollege Working group Training skills	Knowledge and case test and portfolio
Grade 2 Module 9	Deontology, ethics and legislation	5	Hoorcollege Working group Training skills	Paper, knowledge test and portfolio
Grade 2 Professional practice	Project Innovation	3	Working group Site visit	Implementation dossier

Module	Contents	ECTS	Working methods	Summative Keys
Grade 2 Statistics 2	Statistics	2,5	Hoorcollege Working group	Knowledge test
Grade 3 Module 11	Research methodology and statistics	4	Hoorcollege Working group	Knowledge test and portfolio
Grade 3 Module 12	Complex case studies	4,5	Hoorcollege Working group Training skills	Clinical reasoning, test and portfolio.
Grade 3 Module 13	Medical pathology	3	Hoorcollege Working group Training skills	Knowledge and case test and portfolio
Grade 3 Module 14	Geriatric Psychiatry	2,5	Hoorcollege Working group	Clinical reasoning test and portfolio
Grade 3 Module 15	Select Capita	2	Hoorcollege Working group	Portfolio
Grade 3 Other tests and final exam (marked with *)	Evidence-Based Practice Integration of clinical competences Conducting scientific research Writing skills Presentation skills	11		Clinical exam (internship*, patient report*, Critically Appraised Topic*) Scientific project (presentation/oral defence*, thesis*, collaboration & attitude, data log)
		90	ECTS in total	

Transitional regime MFG1 to MFG2

- Learning line Module competences (M1 to M3): three module grades are $\geq 5.5/10$;
- EBP statistics curriculum: the average of three CATs and one EBP test is $\geq 5.5/10$;
- Professional practice curriculum: overall grade $\geq 5.5/10$.

The three criteria must be met after the first resit.

Transitional regime MFG2 to MFG3

- All module figures from MFG1 are sufficient;
- Learning line Module competences (M6 to M9): three or more module grades are $\geq 5.5/10$;
- EBP statistics curriculum: the grade of CAT4 and the EBP test is $\geq 5.5/10$;
- Professional practice curriculum: overall grade $\geq 5.5/10$.

The four criteria must be met after the first resit.

10.6 Appendix 6 Master Musculoskeletal Ultrasound for Physiotherapists (MME)

Final qualifications MME

The Master Musculoskeletal Ultrasound as an expert healthcare provider

1. The MME uses the right ultrasound system that fits the clinical context.
2. The MME applies detailed knowledge and theories of the neuromusculoskeletal system with respect to functional anatomy and arthrokinematics of the joints of the extremities, and neurophysiological (biomedical science) and pain mechanisms associated with musculoskeletal ultrasound.
3. The MME applies a biopsychosocial approach to patient care, integrating concepts from a biological, physical, behavioural and social perspective into the clinical decision-making process.
4. The MME formulates differential diagnoses, indicates a treatment strategy and applies musculoskeletal ultrasound interventions based on explicit risk-benefit analyses, and initiates referral to other healthcare professionals if necessary.
5. The MME delivers evidence-based efficient, effective and safe individualized musculoskeletal ultrasound care and performs (or coordinates) components of a multidisciplinary treatment plan in patients presenting with complex neuromusculoskeletal health problems of the extremities.
6. The MME specialized in musculoskeletal ultrasound demonstrates an expert level of evidence-based clinical reasoning and decision-making for the purposes of diagnostics, prognostics, treatment indication, treatment and treatment monitoring of patients with low and high complex musculoskeletal disorders where musculoskeletal ultrasound may be an additional agent.

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The Master Musculoskeletal Ultrasound as communicator

7. The MME evaluates knowledge, motives and considerations for a patient based on his or her needs, communicates with the patient/client and - if applicable - with healthcare providers from other disciplines and formulates a proposal for a treatment strategy.
8. The MME engages in a shared decision-making process with the patient to provide advice within the domain of musculoskeletal ultrasound physiotherapy and establishes treatment goals and an evidence-based informed treatment plan that reflects the patient's needs, values and preferences.
9. The MME is able to motivate the patient to bring about behavioral change within the domain of functional health.

The Master Musculoskeletal Ultrasound works together with various parties

10. The MME acts as an academic healthcare professional vis-à-vis patients, medical specialists and healthcare providers from other disciplines within a multidisciplinary setting.

The Master Musculoskeletal Ultrasound as a socially responsible care provider

11. The MME critically reflects on the (over)use of ultrasound and its own professional role in this and strives for efficient diagnostics and care.
12. The MME provides information to ([sub]groups of) clients/patients with regard to health, health behaviour, posture and movement.
13. The MME sets up and implements preventive measures for patients in different care settings.

The Master Musculoskeletal Ultrasound as an academically trained professional

14. The MME is committed to lifelong high-quality practice through continuous learning and by educating others, evaluating scientific knowledge and contributing to the application, dissemination and translation of knowledge.
15. As a junior researcher, the MME participates in data collection and data analysis for scientific research according to the principles of 'Good Clinical Practice', taking into account laws and regulations.
16. The MME thinks critically and applies clinical reasoning according to the principles of Evidence Based Practice.
17. The MME implements innovations within the field of musculoskeletal ultrasound and adopts a lifelong learning attitude.

The Master Musculoskeletal Ultrasound as organizer

18. The MME can provide a substantiated indication, report it and communicate it adequately, for referral, via the general practitioner, for additional medical imaging (X-ray, CT, MRI, ultrasound, bone densitometry) or for an additional medical specialist consultation (including laboratory examination, functional diagnostics) in patients with neuromusculoskeletal disorders that may lie outside the indication area of (ultrasound) physiotherapy.
19. The MME organizes its clinical practice efficiently and acts as a manager and innovator of its work setting and possibly that of others.
20. The MME monitors the privacy of patients and complies with the personal data law.

The Master Musculoskeletal Ultrasound as a Healthcare Professional

21. The MME guarantees and supports the responsible practice of musculoskeletal ultrasound and deals with clients/patients, colleagues and society according to the principles of deontology in musculoskeletal ultrasound.
22. The MME acts as an expert in the field of musculoskeletal ultrasound by carrying out specific qualifications and tasks in compliance with the applicable regulations and the legal framework, such as the obligation to refer (via the general practitioner) for additional clinical examination in secondary care.

23. The MME is committed to working with others to contribute to a substantiated vision of high-quality healthcare for patients with low- and high-complex neuromusculoskeletal health problems, both from a social and clinical perspective.

24. The MME describes and distinguishes between medical pathology and non-medical pathology.

Summary training program MME

Module	Contents	ECTS	Working methods	Summative Keys
Grade 1 Basic Modules	Basic Modules Biostatistics Epidemiology Evidence-based clinical reasoning	25	Lecture/ response lecture Working group	Knowledge test methodology/Biostatistics CAT diagnostics Knowledge clip klinimetry Knowledge clip prognostics CAT intervention Oral final test Evidence-based clinical reasoning
Year 1 Module 0	Module introduction to musculoskeletal ultrasound	5	Lecture/ response lecture Working group Skills	Competency test
Grade 2 Module 1	Skills and clinical reasoning in the upper extremity	13	Lecture/ response lecture Working group Skills	Competency test CAT Portfolio assignment
Grade 2 Module 2	Skills and clinical reasoning in the lower extremity	14	Lecture/ response lecture Working group Skills	Competency test CAT Knowledge test Portfolio assignment
Grade 2 Portfolio	Clinical scanning skills	3	Portfolio	Clinical scan skills portfolio
Grade 3 Module 3	De musculoskeletale echografist Extended Scope Specialist	3	Lecture/ response lecture Working group Skills	Presentatie Extended Scope Specialist Patient report

Module	Contents	ECTS	Working methods	Summative Keys
Grade 3 Module 4	Select Capita Innovation and collaboration	2,5	Lecture/ response lecture Working group Skills	Innovation and collaboration Assignment strategy and marketing
Grade 3 Internship	Mini clinics Stage 1e lijn Internship 2nd lijn	4,5	Internship in minikliniek	Individual internship Assistantship Self-evaluation
Grade 3 Portfolio	Clinical scanning skills	5	Portfolio	Clinical scan skills portfolio
Grade 3 Other tests and final exam (marked with *)	Clinical exam (patient exam, Critically Appraised Topic) Scientific project (presentation/oral defence, thesis, collaboration & attitude, data log) Implementation project.	15	Lecture/ response lecture Working group Skills Internship in minikliniek	Clinical exam (patient exam*, Critically Appraised Topic*), Scientific project (presentation/oral defence*, thesis*, collaboration & attitude, data log) Implementation project (presentation/oral defense)
		90	ECTS in total	

Transitional arrangement MME 1 to MME 2

In the first year of study, two modules are completed (Basic module Evidence-based clinical reasoning and Module introduction to musculoskeletal ultrasound). The second year of study may be started if at least 17 points of the Basic Module have been obtained. If the Module introduction to musculoskeletal ultrasound has not been passed, the student may continue to academic year 2, but the insufficiently scored test must be retaken

Transitional arrangement MME 2 to MME 3

In the second year of study, two modules are completed, module 1 and module 2. The student may start the third academic year if he has completed at least one (complete) module of academic year 2. A module (and thus the credits) is obtained if both the formative and summative tests have been sufficiently assessed.

Redo module(s)

- If one module of academic year 2 has not been passed, the student may continue to academic year 3, but the insufficiently scored test must be retaken.
- If two or more modules of academic year 2 have not been passed, the student must redo the modules that have not been obtained in their entirety. The student is not allowed to continue to academic year 3.

10.7 Appendix 7 Master Orofacial Physiotherapy (MOP)

Final qualifications MAGP

The Orofacial Physiotherapist as an expert care provider

1. The Orofacial Physiotherapist applies a biopsychosocial approach to patient care, integrating concepts from a biological, physical, behavioral, and socio-environmental perspective into the clinical decision-making process.
2. The Orofacial Physiotherapist applies an expert level of evidence-based clinical reasoning and decision-making for diagnostics, prognostics, treatment indication, treatment, and treatment monitoring of patients with complex disorders of the head and neck region excluding specific brain disorders.
3. The Orofacial Physiotherapist applies broad and detailed knowledge of the neuromusculoskeletal system regarding functional anatomy, osteokinematics, arthrokinematics, (neuro-)physiology and biomechanics of the masticatory system and the cervical spine.
4. The Orofacial Physiotherapist systematically collects and interprets quantitative and qualitative information relevant to the patient's health problem, formulates differential diagnoses, indicates orofacial physiotherapy interventions based on explicit risk-benefit analyses, and, if required, initiates referral to other health care professionals.
5. The Orofacial Physiotherapist provides evidence-based efficient, effective, and safe individualised orofacial care such as massage, joint mobilisation, counseling, pain education, and specific exercises, in patients presenting with complex neuromusculoskeletal health problems of the head and neck region for the purpose of improving patients' health.

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The Orofacial Physiotherapist as a communicator

6. The Orofacial Physiotherapist applies verbal and non-verbal communication skills for building an effective therapeutic alliance and for reporting to patients, caregivers, other health professionals, and stakeholders.
7. The Orofacial Physiotherapist engages in a shared decision-making process with the patient to establish treatment goals and an evidence-informed treatment plan that reflects the patient's needs, values, and preferences.

The Orofacial Physiotherapist as a collaborator

8. The Orofacial Physiotherapist collaborates effectively and initiates and maintains professional networks with medical doctors, dentists, and other (allied) health care professionals, to build sustainable and equitable relationships, and to facilitate the attainment of meaningful outcomes and health gains.

The Orofacial Physiotherapist as a professional leader

9. The Orofacial Physiotherapist engages with others to contribute to a substantiated vision of a high-quality health care system in patients with complex neuromusculoskeletal health problems, both from a societal and from a clinical perspective.
10. The Orofacial Physiotherapist organises their clinical practice efficiently and effectively and acts as a manager and innovator of their work setting and that of others.

The Orofacial Physiotherapist as a health advocate

11. The Orofacial Physiotherapist provides advice and education to patients or their representatives with respect to health, health behavior, posture, and movement based on the specific qualifications and expertise within the domain of orofacial physiotherapy.
12. The Orofacial Physiotherapist responds to negative effects of care and incidents.

The Orofacial Physiotherapist as a scholar

13. The Orofacial Physiotherapist commits to a lifelong excellence in practice through continuous learning and by teaching others, evaluating evidence, and contributing to the application, dissemination, and translation of knowledge.
14. The Orofacial Physiotherapist participates as a junior researcher in data collection and data-analysis for scientific research according to good clinic practice, taking into account legislation and regulations.
15. The Orofacial Physiotherapist applies critical thinking and clinical reasoning according to the principles of Evidence-Based Practice.
16. The Orofacial Physiotherapist implements innovation in the field of orofacial physiotherapy and adapts a lifelong learning attitude.

The Orofacial Physiotherapist as a professional care provider

17. The Orofacial Physiotherapist demonstrates commitment to ongoing professional development, promotion of the public good, adherence to ethical standards, and values such as integrity, honesty, altruism, humility, respect for diversity, and transparency with respect to potential conflicts of interest.

Summary training program MOP

Module	Contents	ECTS	Working methods	Summative tests
Grade 1 Basic module Evidence Based Clinical Reasoning	Basic Modules Biostatistics Epidemiology Evidence-based clinical reasoning	25	Lecture/ response lecture Working group	Knowledge test methodology/Biostatistics CAT diagnostics Knowledge clip klinimetry Knowledge clip prognostics CAT intervention Oral final test Evidence- based clinical reasoning
Grade 1 Cervical skills	Introduction OPD Cervical skills	5	(Online) hoorcollege Working group Practicum	Practical test skills
Grade 2 Module 1: Dentistry & Chewing System	Orofacial pain and dysfunction Screening, diagnostics, therapy	11	Online preparation Hoorcollege Working group Practicum	Knowledge test Case test
Grade 2 Module 2: Neurology	Headache and facial paralysis Screening, diagnostics, therapy	6	Online preparation Hoorcollege Working group Practicum	Knowledge test Case test
Grade 2 Module 3: KNO	Tinnitus, globus and dizziness Screening, diagnostics, therapy	4,5	Online preparation Hoorcollege Working group Practicum	Knowledge test Case test
Grade 2 Module 4: Oncology & Surgery	Head and neck oncology and facial surgery Screening, diagnostics, therapy	6	Online preparation Hoorcollege Working group Practicum	Knowledge test Case test
Internship year 2	Mini clinics Individual internships	2,5	Internship	-

Module	Contents	ECTS	Working methods	Summative tests
Grade 3 Integration module 1	Integration and implementation modules grade 1 & 2 Clinical decision making complex head-neck health problems (application) Statistics, Methodology, Klinimetry	7,5	Hoorcollege Working group Practicum Integrated practicals/ working groups Responsiecollege	Case test complex case studies
Grade 3 Integration module 2	Integration and implementation modules grade 1 & 2 Clinical decision making complex head-neck health problems (application) Statistics, Methodology, Klinimetry	0A	Hoorcollege Working group Practicum Integrated practicals/ working groups Responsiecollege	-
Internship year 3	Mini clinics Individual internships	2,5	Internship	-
Grade 3 Other tests and final exam (marked with *)	Master thesis Implementation assignment Integration EBP and oropharyngeal physiotherapeutic competencies	20	Hoorcollege Working group Responsiecollege	Exam examination and treatment* Scientific project (presentation/oral defence*, thesis*, collaboration & attitude, data log) Critically Appraised Topic* Implementation project (presentation/oral defense)
		90	ECTS in total	

^a ECTS are part of the final exam

Transitional MAGP 1 to MAGP 2

In the first year of study, two modules are completed (Basic module Evidence-based clinical reasoning and Module Skills Cervical Spine). The second year of study may be started if at least 17 points of the Basic Module have been obtained. If the Module Skills Cervical Spine has not been passed, the student may continue to academic year 2, but the insufficiently scored test must be resited.

Transitional arrangements MAGP 2 to MAGP 3

In the second year of study, four modules are completed (Chewing System & Dentistry, Neurology, ENT and Oncology & Surgery). The third academic year may start when all modules of academic year 1 and at least three modules of academic year 2 have been completed. A module (and thus the credits) is obtained if all formative and summative tests have been sufficiently assessed.

Redo module(s)

- If one module of academic year 2 has not been passed, the student may continue to academic year 3, but the insufficiently scored test must be retaken.
- If two or more modules of academic year 2 have not been passed, the student must redo the modules that have not been obtained in their entirety. The student is not allowed to continue to academic year 3.