



DANUBE PRIVATE UNIVERSITY
Austria

Examination Regulations

Postgraduate programme

for the title of

Master of Science Orale Chirurgie/Implantologie (Continuing Education),

which can be abbreviated to “MSc (CE)”

or

Master of Science in Oral Surgery/Implantology (Continuing Education),

which can be abbreviated to “MSc (CE)”

at DPU

in Krems

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Section 1

Programme Content and Purpose of Examination

(1) The programme comprises the following modules:

Module 1:	Basics of oral surgery and implantology
Module 2:	Scientific work, documentation and presentation
Module 3:	General and emergency medicine
Module 4:	Imaging techniques
Module 5:	Infection
Module 6:	Oral surgery
Module 7:	Periodontal and soft tissue surgery
Module 8:	Dental and maxillofacial traumatology
Module 9:	Implantology
Module 10:	Prosthetic implants, occlusion and the temporomandibular joint
Module 11:	Augmentations

Workload/SH/ECTS credits

	Module	Class type	ECTS credits	WL	SH	Classroom study (h)	IS (h)
1	Basics of oral surgery and implantology	L	9	225	3.33	37.5	187.5
2	Scientific work, statistics, documentation and presentation	L, CT	5	125	2	22.5	102.5
3	General and emergency medicine	L, CT	7	175	2.66	30	145
4	Imaging techniques	L	5	125	2	22.5	102.5
5	Infection	L	2	50	0.66	7.5	42.5
6	Oral surgery	L, CT	10	250	4	45	205
7	Periodontal and soft tissue surgery	L, CT	5	125	2	22.5	102.5
8	Dental and maxillofacial traumatology	L	4	100	1.33	15	85
9	Implantology	L, CT	13	325	5.33	60	265
10	Prosthetic implants, occlusion and the temporomandibular joint	L	9	225	3.33	37.5	187.5
11	Augmentations	L, CT	7	175	2.66	30	145
	Case presentation/documentation	S	14	350	2.66	30	320
	Master's thesis		30	750			750
	Written and oral final examinations						
	Total		120	3000	32	360*	2640

*40% of classroom-based teaching (which corresponds to 6 ECTS credits) is provided online

(i.e. students are required to remotely attend live classes). Students are informed in a timely manner before the start of each semester as to which classes are held in person and which are held online. DPU reserves the right to make amendments in exceptional cases and shall inform students of such amendments as swiftly as possible.

Key:

WL = workload (25h WL = 1 ECTS credit); SH = semester hours; ECTS = European Credit Transfer System; IS = independent study; L = lecture; S = seminar; CT = clinical training

In the course of the programme, students shall:

- write a Master’s thesis (cf. Appendix 1 “Fundamentals of Writing a Master’s Thesis”) in the form of a scientific paper, and
 - produce five oral surgery case reports and five implantology case reports, including documentation of anamnesis, findings, treatment plan, treatment progress and epicrisis (cf. Appendix 2 “Guidelines on Content and Structure of Case Presentation/Documentation”).
- (2) The programme is designed to provide continuing interdisciplinary, occupational and scientific education in the field of oral surgery and dental implantology. Students who successfully complete the programme receive the academic title of Master of Science (Continuing Education), which can be abbreviated to “MSc (CE)”.
- (3) Examinations in the context of these Examination Regulations include all continuous and final examinations on the postgraduate programme in Oral Surgery/Implantology for the academic title of Master of Science (Continuing Education), abbreviated to “MSc (CE)”.
- (4) Examinations are designed to permit the differentiated assessment of students to establish whether a candidate is capable of dealing with problems relevant to the examination fields and treatment catalogues, performing to a reasonable standard and using scientific instrumentation. It aims to examine students’ judgement and ability to reflect critically on scientific and professional practice and integrate issues into broader contexts.

- (5) The type and scope of the examination materials is determined by the contents of the Study Regulations and the programme curriculum.

Section 2

Master's Degree

The academic title of Master of Science Orale Chirurgie/Implantologie (Continuing Education), which is abbreviated to “MSc (CE)” – or, in its English version, Master of Science in Oral Surgery/Implantology (Continuing Education – is awarded on the basis of all examinations completed in accordance with these Examination Regulations.

Section 3

Admission Requirements and Qualifications

- (1) An internationally recognised undergraduate degree in dentistry and a licence to practice dentistry are requirements for admission to this postgraduate programme. Applicants shall have worked as a doctor or dentist for at least two years after obtaining their licence and prior to admission to the programme.
- (2) Applicants shall at least have access to a practice/clinic (i.e. the ability to perform treatments) to ensure they have sufficient opportunity to apply the knowledge acquired and methods presented on the programme in practice and for the purpose of case presentation. Applicants shall credibly demonstrate this.
- (3) Applicants shall also submit a complete Curriculum Vitae (CV) together with their application form, including details and/or evidence of advanced training in the field of oral surgery and implantological dentistry.
- (4) Admission is subject to the availability of places on this postgraduate programme. The maximum number of places available in each programme intake is defined by the Academic Director with due regard for educational and organisational aspects.

- (5) The Rectorate of DPU is responsible for student admissions in accordance with Section 60(1) of the Austrian Universities Act (Universitätsgesetz – UG 2002). The Academic Director decides whether each applicant meets the entrance requirements.

Section 4

Programme Duration

- (1) The postgraduate programme for the title of Master of Science Orale Chirurgie/Implantologie (CE) or Master of Science in Oral Surgery/Implantology (CE) is taught alongside and integrated with students' professional practice, has a duration of six semesters, comprises a total of 120 ECTS credits and entails a total workload of 3,000 hours. This includes writing a Master's thesis (30 ECTS credits), which takes the form of a scientific paper, and presenting documentation on ten cases from the student's clinical practice (14 ECTS).
- (2) The total time students spend engaging with course literature, preparing for and following up on classes, and preparing the necessary case reports on cases with different indications is included in the total workload and reviewed in an evaluation.

Section 5

Requirements and Procedure

for Admission to Partial and Final Examinations

- (1) Participation in classes is mandatory, with absence permitted only for a compelling reason and subject to the approval of the Academic Director. Students may only sit the final examination if they can demonstrate attendance of 80% or higher across all courses.
- (2) Students sit a test for each course (usually a multiple-choice test). Students require a pass mark of at least 60% across all tests in order to sit the final examination.
- (3) Students may only sit partial examinations after demonstrating fulfilment of the

requirements defined in Section 3. Upon submission of the evidence specified in Section 3, the applicant is deemed registered for partial examinations in the classes they attend on the programme.

- (4) In order to obtain permission to write a Master's thesis, students shall demonstrate fulfilment of the requirements defined in Section 3 and have already earned 30 ECTS credits through partial examinations on the programme.
- (5) Students shall write the Master's thesis in accordance with the "Fundamentals of Writing a Master's Thesis" (cf. Appendix 1 to the Examination Regulations).

The Master's thesis serves to qualify students for scientific work. Students shall present the results of their own scientific investigations, research and analysis in a suitable manner. The Master's thesis entails a workload of 750 hours (= 30 ECTS credits) and may be completed alongside professional practice. Students shall be allocated at least nine months to write their Master's thesis.

Students may only reject a Master's thesis topic on one occasion, for a compelling reason and subject to the approval of the programme's Academic Director.

Each student is assigned a member of teaching staff as the "supervisor" for their thesis. The Master's thesis and its defence represent an important component of the final examination. Submission of the Master's thesis at least 12 weeks prior to the examination date, and positive assessment of the thesis, are requirements for admission to the final examination.

If the assessment of a Master's thesis is not performed by programme's Academic Director, the Chair of the Examination Board shall appoint and forward the thesis to a reviewer. If a Master's thesis is graded as "not sufficient", it shall be assessed by a second reviewer, who must be either a DPU staff member or another member of the teaching staff on the programme. The assessments should be made available no later than four weeks after submission to the reviewer.

Following amendment based on the reviewer's recommendations, the final version and a brief summary of the Master's thesis shall be submitted in electronic form to the Examination Board .

Each student shall submit their Master's thesis as part of their oral examination and undertakes an academic defence of the results before the Examination Board.

(6) Each student shall submit 12 case reports on cases with different indications, treated either independently or in an assisting role, in digital form at least eight weeks before the final examination date.

- Five oral surgery case reports and five implantology case reports, including documentation of anamnesis, findings, treatment plan, treatment progress and epicrisis. Repetition within cases should be avoided. At least two implantology cases should be aesthetically demanding. At least two oral surgery cases should relate to complex situations that call for significant surgical intervention.
- Treatment shall have been completed in each case. One oral surgery case and one implantology case should include post-treatment care and documentation over the course of at least one year.
- Two of the implantology cases should include preparatory measures (e.g. local augmentation) at the implant site.

The Examination Board selects one oral surgery case and one implantology case, which the student then shall present and defend in the oral examination. The submitted documentation should demonstrate sound knowledge and skills in the fields of oral surgery and implantology.

Please refer to Appendix 2 to the Examination Regulations, "Guidelines on Content and Structure of Case Presentation/Documentation".

(7) Students shall submit up-to-date confirmation of their licence to practise dentistry.

(8) The Rectorate may permit submission of documents at a later date if the student assures and substantiates that all documents will be submitted by a deadline set by the Rectorate. If, through no fault of their own, a candidate is unable to provide the requisite documents in the prescribed manner, the Examination Board may permit the candidate to submit evidence in a different manner.

(9) Admission to the examination shall be refused if

- 1) the candidate has not fulfilled the admission requirements set out in Subsections 1 to 6,
- 2) the candidate has not fulfilled the admission criteria within one year of the regular period of study,
- 3) the required documentation is incomplete,
- 4) the candidate has been excluded from further study, thereby losing their right to sit the examination, or
- 5) the candidate has failed an examination on the programme and cannot repeat the examination.

Section 6

Recognition of Study Periods and Achievements

- (1) Periods of Master's-level study in the same subjects and associated academic and examination achievements at recognised postgraduate institutions may be credited towards this programme unless such study is deemed not to be equivalent.
- (2) The Academic Director of the programme shall determine, in conjunction with a competent subject representative, whether the recognition requirements have been met.

- (3) The European Credit Transfer System (ECTS) applies to the recognition of prior academic achievements.

Section 7

Final Examination

The final examination comprises the following elements:

1. A written examination (approx. 200 questions) on the content of the lectures and seminars in all modules and courses.
2. A technical discussion with the Examination Board, and at least three questions from the module catalogue as part of the academic defence.
3. Presentation and defence of two treatment cases, selected by the Examination Board from the submitted diagnosis and treatment documentation of ten cases in which the student treated patients with specified indications. These cases should be presented in accordance with guidelines, accompanied by the requisite documentation, and discussed as part of an academic defence.
4. Presentation and defence of the Master's thesis (approx. 20 minutes) as part of an academic defence before members of the Examination Board, outlining
 - the objectives of the Master's thesis,
 - the study design and
 - the results and discussion.

Section 8

Examination Board

- (1) The Rector of DPU shall appoint an Examination Board for each postgraduate programme in Oral Surgery/Implantology, with the Academic Director of the programme serving as Chair of the Examination Board.
- (2) The Examination Board shall include at least one other member as an observer. In addition to the Chair, two to three further observers may be appointed to the Examination Board. If at all possible, the observers should be teaching staff from the programme. However, any member of the academic teaching staff at the Faculty

of Medicine/Dentistry at DPU may serve as an examiner in the position of an observer.

- (3) The Examination Board ensures compliance with that the provisions of the Examination Regulations. It reports to the Rectorate on the development of examinations and provides input on changes to the Study and Examination Regulations where necessary. With the exception of conducting and assessing examinations, the Rector shall take all decisions that arise. The Rector shall issue examination certificates after reviewing the validity of the examination assessments. Examination certificates that could affect a person's rights shall be issued in written form, duly justified and accompanied by an explanation of their right of appeal. The applicant shall have an opportunity to respond, with no format requirements, before issuance of a negative decision. The Rector of DPU may, in consultation with the Examination Board and after hearing the competent examiners, lodge an objection in matters relating to examination law.

Section 9

Exclusion due to Personal Involvement; Confidentiality

- (1) Exclusion from deliberations or voting on the Examination Board, and from serving as examiners, may be stipulated in the event of personal involvement.
- (2) Members of the Examination Board, examiners, examination observers and other individuals involved in examination-related matters shall respect confidentiality.

Section 10

Absence, Withdrawal, Cheating and Breaches of Regulations

- (1) An examination shall be deemed to have been graded as "not sufficient" if the candidate fails to attend an examination without a compelling reason, DPU has not received the required work, or the candidate withdraws from an examination without a compelling reason after partial examination has begun.

- (2) Reasons for absence or withdrawal shall be submitted and substantiated immediately and in writing to the Chair of the Examination Board. A doctor's note is required to substantiate illness; in the event of justified doubt, the Chair of the Examination Board may require a doctor's note from an independent examining doctor or the Medical Officer of DPU.
- (3) If the candidate attempts to influence the outcome of an examination by cheating or through the use of prohibited resources, they shall receive a grade of "not sufficient" for that examination. Bringing prohibited resources into the examination room is considered cheating. Any candidate who significantly disrupts the proper course of an examination may be excluded from continuing the examination by the respective examiner or invigilator, in which case they shall receive a grade of "not sufficient" for that examination.

Section 11

Flaws in the Examination Procedure

- (1) If an examination is proven to have been flawed in a manner that affected the results, upon request by a candidate or *ex officio*, a specific candidate or all candidates shall be ordered to repeat individual parts of the examination.
- (2) Alleged flaws in the examination procedure, or an inability to participate in an examination that comes to light before or during an examination, shall be reported immediately to the Chair of the Examination Board or to the relevant examiner.
- (3) Orders pursuant to Subsection 1 may not be issued more than six months after an examination ends.

Section 12

Assessment of Examinations

- (1) Individual examinations are assessed using the following scale, which features intermediate values to facilitate differentiated assessment:
- a. “very good” (outstanding performance) = 1.0 or 1.3
 - b. “good” (performance that significantly exceeds average requirements) = 1.7 or 2.0 or 2.3
 - c. “satisfactory” (performance that meets average requirements) = 2.7 or 3.0 or 3.3
 - d. “sufficient” (flawed performance that still satisfies requirements) = 3.7 or 4.0
 - e. “not sufficient” (significantly flawed performance that does not satisfy requirements) = 5.0
 - f. Other grades are not permitted.
 - g. Calculation of the total examination grade only takes account of the first decimal place; all other decimal places are ignored and not rounded. The final grades are as follows:
 - h. An average of 1.5 or better = very good
 - i. An average of 1.6 to 2.5 (inclusive) = good
 - j. An average of 2.6 to 3.5 (inclusive) = satisfactory
 - k. An average of 3.6 to 4.0 (inclusive) = sufficient
- (2) The overall grade is calculated as the weighted average of all examination grades. It is comprised of the weighted overall result of the individual tests, the written part of the final examination, the assessment of the specialist discussion (i.e. case documentation and its defence in the academic defence) and the assessment of the Master’s thesis and its defence. The Examination Board may, in consultation with the examiners for partial examinations, permit the award of “pass” or “fail” grades rather than numerical grades. In such cases, these partial examinations are not included in the weighted overall grade.

(3) Oral examinations usually last 50 to 60 minutes. Oral examinations are conducted by one examiner with at least one observer present. The observer prepares summary minutes of the oral examination, which are then signed by the examiner and the observer.

Section 13

Timing of Examinations

- (1) Examination on the Master's programme comprises partial examinations during the programme for all modules as well as the final Master's examination in accordance with Section 7. In coordination with lecturers, certain partial examinations for selected courses take place immediately after the respective course.
- (2) The partial examinations in accordance with Subsection 1 take the form of multiple-choice or single-choice tests, oral examinations, coursework papers, solo projects, group projects and/or presentations; in the case of group projects, each candidate shall make an identifiable contribution to the project.
- (3) The final examination on the Oral Surgery/Implantology programme is scheduled for the end of the sixth semester.
- (4) If a candidate fails to meet an examination deadline because they have not taken all examinations since their initial participation obligation, they may be granted an extension to permit access to further examination dates if the reasons for missing previous examinations are beyond their control. These reasons must be substantiated in writing and accompanied by evidence (e.g. a doctor's note). Applications for extensions due to missing an examination deadline shall be submitted immediately.
- (5) Upon request, DPU shall ensure that deadlines and dates comply with rights to maternity protection periods and granted periods of leave in accordance with the respective provisions.

Section 14

Certificate

- (1) The Chair of the Examination Board and the Rector/Presidium shall issue a certificate confirming that the candidate has passed their examinations, listing the grades achieved in individual examinations and their overall grade, within six weeks of the assessment of the final examination.
- (2) The certificate shall be presented to the candidate at the same time as the Master's certificate signed by the Rectorate and the Academic Director, which confirms conferral of the academic title of Master of Science (Continuing Education), which can be abbreviated to "MSc (CE)".
- (3) A diploma supplement also shall be issued at the same time.

Section 15

Repeat Examinations

- (1) Failed examination should be repeated on the next available examination date. Each partial examination during the programme can be repeated on two occasions; the Master's thesis can be repeated on one occasion only. The Academic Director is responsible for setting the date of repeat examinations, which should be within a six-month period.
- (2) Students may not voluntarily repeat an examination that they have already passed.

Section 16

Access to Examination Records

- (1) Following completion of each partial examination during the programme, the candidate may access their examination papers, the examiners' assessments and examination records upon request and subject to organisational practicalities.

(2) Such requests must be submitted to the Chair of the Examination Board within one month of announcement of the partial examination result.

Section 17

Entry into Force

These Examination Regulations shall come into force on 23 June 2025.

Appendix 1 to the Examination Regulations for Oral Surgery/Implantology

Fundamentals of Writing a Master's Thesis

By writing a Master's thesis, a student on the postgraduate programme in Oral Surgery/Implantology demonstrates their ability to examine a specified topic in a scientific manner. In this regard, the Master's thesis is similar to a dissertation. As a rule, a Master's thesis is divided into the following chapters:

1. Introduction
2. Objective
3. Materials and methods
4. Results
5. Discussion
6. Summary

The **introduction** serves to briefly outline the problem examined in the Master's thesis (in one or two pages).

The **objective** section of the Master's thesis details the goals of the scientific research project.

The **materials and methods** section should list all the resources utilised by the student in their examination of the topic. When working with patients, students should specify the patient cohort in more detail in this section as well as the investigation methods applied. Any instruments and devices used in the investigation shall also be specified and, if necessary, described in this section. Students should also document how they have analysed the collected data. In the case of literature research, the search strategy shall be precisely detailed.

The **results** section should present the acquired data and their findings in a clear and comprehensible manner. The data and findings should be presented in the form of clear diagrams, graphics, tables and illustrations (with clinical images presented in colour).

In the *discussion* section, the student should interpret the data they have acquired, critically examine their findings and discuss these results in the context of existing literature and with regard to their relevance. The discussion section should yield an advance in knowledge that other researchers can build on.

The *summary* should briefly present the overall paper, including the insights generated in the project (in a maximum of two pages). The Master's thesis should not be less than or significantly longer than 30 pages (not including the bibliography, summary and supplementary photos and tables, etc.).

The thesis is concluded by listing all support received from third parties (e.g. with the literature review or with formulating the thesis).

It includes an assurance that the work has been produced and written on the basis of the student's own ideas. Topical overlaps between the Master's thesis and a dissertation previously authored by the student are not permitted. Master's thesis topics are usually literature reviews or clinical issues. Students are also free to propose topics for their Master's thesis to the programme's Academic Director. In any case, each student shall submit a definitive outline of their Master's thesis before starting to write it. The student should also attach a CV outlining their education and professional development to date, including the topic of any past dissertations and theses they have written in the past. The student shall present their Master's thesis as part of the oral examination and defend the results.

Following revisions based on the reviewer's recommendations, the final version of the Master's thesis shall be submitted in electronic form to the Examination Board.

Appendix 2 to the Examination Regulations in Oral Surgery/Implantology

Guidelines on the Content and Structure of Case Presentation/Documentation

Content of case presentation/documentation

The required case reports should cover the following spectrum:

Oral surgery: Malpositioned and/or impacted teeth; tooth eruption aids; tooth transplantation; apicoectomy (root tip resection); dental trauma; alveolar process fractures; jawbone fractures; soft tissue injuries; cysts; bone and soft tissue tumours; pseudocysts; mucocoeles (saliva retention cysts); marsupialisation; salivary gland stones; surgical correction of oro-antral connection; removal of foreign bodies; plastic surgery focusing on soft tissue; pre-prosthetic and post-prosthetic surgery (e.g. vestibuloplasty, also known as vestibular deepening); management of complications.

Implantology: Single tooth dentures; edentulous spaces; free-end situation; toothless upper/lower jaw; bone splitting; bone spreading; bone condensing, guided bone regeneration (GBR); augmentation with bone replacement transplants/materials; onlay, inlay, appositional and interpositional grafts; nerve repositioning; intraoral/extraoral bone transplants; internal sinus lift; external sinus lift; balloon technique; bone distraction; plastic periimplant soft tissue surgery; management of complications.

Structure

The required cases should be structured as follows:

- Title of the case with the patient's master data (with the name anonymised)
- Specific anamnesis (i.e. why the patient attended the practice, medical history, etc.)
- General anamnesis (i.e. patient anamnesis with family history and social background (brief and succinct) with allergies, medication, use of alcohol and tobacco, etc.)
- General findings (with photographs of the patient if appropriate)
- Specific findings (with photographs of the findings if appropriate)
Extraoral findings

Intraoral findings: Condition of the mucosa; dental and periodontal portrait (ideally depicted graphically); jaw relation; oral hygiene; bone status; functional aspects, etc.

- X-ray findings (description)
- Other findings
 - CT, DVT, ultrasound, etc.
- Clinical findings (photographs)
 - For complete dentition: Frontal and lateral (from both sides)
 - For incomplete dentition: Angled view (occlusal surfaces)
 - Detailed photographs (ideally always taken from the same position to depict progress)
- Models, fixed on an articular if appropriate (photographs: frontal, lateral from both sides, angled view – but only for implantology cases)
- Diagnoses (working diagnoses)
- Treatment plan (in bullet points, with date)
 - Pre-treatment
 - Treatment
 - Follow-up care
- Treatment and progress, shown over time with documented interim findings (photograph/videos)
 - X-rays, surgery, clinical progress, models, prosthetic care, etc. (with dates, e.g. three months post-implantation)
- Late/final findings (photographs, dental and periodontal portrait)
- Brief epicrisis with details of further treatment and short prognosis