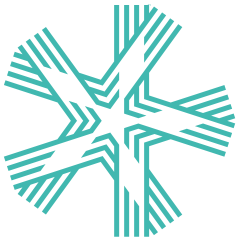
Program proposal

PROFESSIONAL
DOCTORATE
GEZONDHEID
& WELZIJN

Working towards an inclusive and healthy society are important and coherent goals.



Colofon

Professional Doctorate Health & Well-being
Program proposal
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Preface

This program proposal for the University of Applied Science Professional Doctorate domain of Health & Well-being leads to trained, highly qualified investigative professionals within the third cycle of higher professional education who learn to intervene in complex practices at level 8 of the European Qualifications Framework for lifelong learning (EQF). The proposed program will provide professionals in the domains of health and well-being an educational context to contribute through practice-oriented research and development to the realisation of an inclusive and healthy society, the reduction of social and economic inequality, and the reduction of health differences between citizens. We provide a characterisation and description of the design of the program and how monitoring and assessment of the candidate are organised within the PD program Health & Well-being.

Our contribution to the development of the third cycle in higher professional education stems on the one hand from the need we see when it comes to responding to the many complex social challenges in the domain Health & Well-being, and on the other hand to contribute to the development of higher professional education into a complete training and research institute that offers both the first and second cycle (Bachelor's and Master's) and the third cycle (Professional Doctor). In our opinion, it is precisely these two that come together in the present program for a professional doctor. The program will make a difference for society, future professionals, and all candidates, lecturers, and researchers in higher professional education.

Distinguishing from the other PD trajectories is that two professional domains are integrated into this program proposal: Health & Well-being. The main reason for this choice is that especially the more complex challenges in both domains are closely intertwined: health problems and well-being problems mutually influence each other. The further development of an integrated (and prevention-oriented) approach is necessary to bring about real innovations in the services provided to citizens and society within these professional domains. PD candidates will make valuable contributions to this during and after the successful completion of their PD trajectory. In this way, they fulfil an important bridging function between the two domains.

The bridging function of this PD program already took shape during the developmental activi-ties of the cross-disciplinary Task Force, resulting especially from the challenge of exploring the differences between the domains of health and well-being and bridging the gaps in a balanced way. We explored the different values, concepts, methods, and practices in close consultation. We sketched out appropriate action strategies and important parameters for cross-domain inte-gration and carefully considered best practices. We established indicators for the bridge func-tion between the two domains which we applied to all facets of the Proposal: from the mission and vision underlying the PD program to the learning outcomes and development activities, and from assessments and monitoring to supervision and evaluation forums.

Therefore it is with pride that we present this program proposal. It is the fruit of a particularly constructive and inspiring collaboration between professors, policymakers and lecturer-researchers from ten universities of applied sciences. Each of the contributers' input has made the difference at some point in creating this intended program. The support from and exchange with the national program council

and the other ‘tracks’ also contributed significantly to this. This collaboration is a solid foundation for the concrete elaboration of the content and organisation of the present program.

A special word of thanks to Dr. Cindy Kuiper, who works at Saxion, and has guided the entire process in the right direction from the start in a very professional and constructive manner. At a later stage, Dr. Ed de Jonge and Dr. Raymond Kloppenburg, both working at Hogeschool Utrecht, and Dr. Myrna Pelgrum-Keurhorst, working at Saxion, made a substantial contribution with their thinking and working power.

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UAS Domain Health & Well-being

HOGESCHOOL ROTTERDAM

hogeschool Leiden

Fontys Hogeschool Verpleegkunde

SAXION Hogescholen

DE HAAGSE HOGESCHOOL

inholland hogeschool

Hanzehogeschool Groningen
University of Applied Sciences

HU HOGESCHOOL UTRECHT

Hogeschool van Arnhem en Nijmegen

Hogeschool van Amsterdam

1. Content

1. Introduction

In the coming years, the Netherlands will face enormous challenges in the field of health and well-being. Consider, for example, the realisation of an inclusive and healthy society, the reduction of social and economic inequality, and the reduction of health differences between citizens. In the field of health, we will see the number of people over 80 almost doubling soon, the number of people with multiple chronic conditions rising, and the costs of care rising rapidly (Wennekers, Boelhouwer, Van Campen & Kullberg, 2019). Well-being challenges are and remain high, for example in neighbourhoods with a high concentration of people without work, with many psychosocial problems, and living in poverty. We are increasingly seeing an accumulation of problems in the lives of vulnerable people in the areas of working, living, learning and development, health, and living together. At the same time, there is already a shortage in the labour market in the domain Health & Well-being. The actions of professionals are influenced by rapidly changing moral, ethical, political, and legal contexts. Professionals act in complex situations, where solutions are not immediately obvious or sometimes not possible without causing damage somewhere (wicked problems), but where action must be taken. An example is the out-of-home placement of children, where different interests collide, or the design, implementation, and ecological validation and evaluation of a prevention program, including funding, for lonely elderly people with obesity. These issues require an integrated approach and good cooperation between professionals and organisations. The inspectorates in the social and health domain are more critical than before about medically necessary actions, but society is also increasingly looking at this (Council for Public Health and Society, 2017). Practice-oriented research is necessary to answer these and similar complex issues at the interfaces of professional action, evidence- and practice-based action, but also within the context of the client/patient and society.

Working towards an inclusive and healthy society is an important and coherent goal. Healthy, vital people with sufficient self-management are more resilient to (unexpected) setbacks. In such a society, fewer people stand on the sidelines and their social, economic and community participation has a positive influence on their health. Social interventions (such as debt counselling, poverty interventions, and social activities) have their own purpose but are also a means of promoting health. Conversely, good health is an intrinsic goal and at the same time a condition for active participation in society. Universities of applied sciences have the task of training (future) professionals who are equipped to meet the challenges of the future. They do this with an increasing focus on the core of care and well-being professions, combined with strengthening multidisciplinary and cross-domain cooperation. The report of the Taskforce 'Juiste Zorg op de Juiste Plek' (2018) argues for a cross-domain and preventive approach, close to home or in the neighbourhood, in which people's functioning and the stimulation of self-management are the starting point. All this calls for different ways of training, working, and thinking in the domain of Health & Well-being.

In short, society is changing, and with it the labour market. Professionals are needed who can collaborate in an integrated and interdisciplinary manner with other professionals/organisations, as well as with citizens and the business community. These professionals must be able to integrate various methods and resources, including technology and digitisation, into their actions and also contribute to their development. This requires not only specific professional competencies but also increasingly generic competencies such as flexibility and adaptability. It requires professionals to develop a critical and reflective professional attitude, given the constant changes in society and within a dynamic, complex

system of health, care, and well-being. The level at which professionals must be able to deal with this is related to the competencies not only in the first (bachelor's) and second (master's) cycle, but also increasingly in the third cycle (professional doctorate) in higher (vocational) education.

Within the third cycle of higher professional education, the UAS PD program Health & Well-being trains highly qualified investigative professionals who learn to intervene in complex activities at level 8 of the European Qualifications Framework for lifelong learning (EQF). The PD program within the domain Health & Well-being has been developed in 2019 by several universities of applied sciences in the domain and will also be offered as an joint program from the participating universities of applied sciences (=Graduate Network) from the beginning of 2023. We are starting with a seven-year pilot. It is important to start in the pilot form to show that there is room in the existing doctoral landscape for a professional doctorate, to change that the estimated requirement to the PD is likely to be there, to gain experience with the developed procedures and programs and for universities of applied sciences to gain experience with the PD. The pilot is based on the PD frameworks as described in this document, the national PD frameworks, but there is room for universal standards. After a positive evaluation in 2027, it is assumed that universities of applied sciences can continue to offer PD pathways and that the PD will thus be included in the extensive range of programs offered by universities of applied sciences (Andriessen et al., 2021). At the moment, the title PD does not have a protected status, as is the case for the Associate degree, Bachelor, Master and PhD. Legally protected means that the title may only be issued by institutions designated by law. The candidate will then receive a (registered) certificate. To ensure that the PD is also protected, a legislative amendment process is required. The successful completion of a PD trajectory does not currently provide the candidate with a certificate and title. The candidate will receive a certificate. The ambition is to successfully complete the required legislative amendment process during the entire pilot. in which we also have a transitional arrangement that offers candidates who have completed their PD trajectory before the introduction of the law amendment the opportunity to guide the PD title in the discussion. No guarantees can be made about receiving a protected title at this time.

In the PD trajectories during the pilot, and possibly also afterwards, issues at the interface of the health and social domain will be central. This is chosen because health and well-being in people's lives are both valuable goals for themselves and important conditions for each other. We all have an interest in an inclusive and healthy society, in which everyone can come into their own to the fullest and to the same extent in all areas of life. We also believe that a focus on prevention in the PD processes is important, which links up with the living environment and self-direction of people, groups, and communities. By emphasising PD processes as described, we believe we are training professionals who can make a unique and valuable contribution to the aforementioned wicked problems in the domain of Health & Welfare.

The following chapters of this program proposal describe how the training profile in this domain can be typified (Chapter 2), how the training path is designed (Chapter 3), and how the development of PD candidates during and at the end of this trajectory can be monitored and assessed (Chapter 4).

2. Program profile

2.1 Summary

A PD trajectory at a UAS trains investigative professionals who intervene as change agents in complex practices based on a practical question from society or the professional field. The characteristic of such complex practices is that various issues, frames of reference, knowledge domains, professional practices, interests (stakeholders), solution options, and contextual properties are intertwined in a complex force field. The issues (often so-called wicked problems) are characterised by, among other things, uncertainty, changeability, ambiguity, and interconnectedness. The practical question that PD candidates get to work with is in principle related to regional and national knowledge and innovation agendas, which does not exclude the possibility of deviating from this in a substantiated manner. These are strategic questions, aimed at innovative and sustainable solutions for the longer term. The professionals learn to intervene in complex practices based on the development and validation of new and generic action knowledge, professional processes, and professional products, in which the (social) learning and development processes of those involved can also play an important role. For PD candidates, agenda setting, articulating, researching, designing, testing, and implementing are central elements to work on complex issues in society and the professional field. The PD candidates do so partly based on knowledge from international research and about relevant practices and policy frameworks from within and outside the EU.

Characteristic of PD trajectories within the domain Health & Well-being is that the candidates work in a short-cycle, multidisciplinary and co-creative manner at the intersection of the two domains with the mission of contributing to a healthy and inclusive society. It concerns issues of practice partners, municipalities, and citizen representatives that are related to complexity in health and well-being. Think, for example, of using people's health potential, the physical and social environment, and the mental resilience of young people, young adults, and vital elderly people. Preventing, relocating, and replacing care and working towards prevention within the chains are also important aspects. Strengthening social quality and increasing full participation, quality of life and control are also elements in the social issue. The functioning of people, groups and communities, and the stimulation of self-management is the starting point.

The training program is aimed at practitioners and applied researchers who want to work at the highest level (level 8 of the EQF) on the innovation of complex challenges at the intersection of health and well-being. For example, innovation managers or transition managers, healthcare professionals with complex innovation assignments, policymakers who work on social issues, process supervisors of new coalitions or partnerships aimed at innovation, and initiators and supervisors of learning networks aimed at professionalisation.

2.2 Added value

PD professionals distinguish themselves from MA professionals and MSc professionals because they work in a multidisciplinary and co-creative way, and because they develop, substantiate, test, and apply innovative insights and interventions with and in professional practice. The practical relevance of the PD candidate's trajectory is safeguarded because the research question is articulated in and with practice and because the development and implementation of the interventions take place with and in practice so that the impact takes place during the training trajectory. The PD research thus meets the need for short-cycle innovation in society and the professional field, also by experimenting with semi-finished products.

The PD professionals in the domain Health & Well-being bring about sustainable innovations and transitions concerning complex issues at the intersection of health and well-being. We all have an interest in an inclusive and healthy society, in which everyone can come into their own to the fullest and to the same extent in all areas of life. Promoting this requires, among other things, attention to social quality and quality of life, as well as participation and control in society in all areas of life and at all levels. This is a complex task that requires collaboration and innovation across the boundaries of professional domains in a combination of the strengths of professionals and researchers, as well as of citizens, organisations, and governments. In particular (but not exclusively) a focus on prevention close to the living environment and on the self-direction of people, groups, and communities is important here.

PD professionals in the domain Health & Well-being can play an initiating and leading role in complex innovations and transitions at the interface of health and welfare within multidisciplinary teams based on mission-driven practice-oriented research, design, innovation, and intervention. In doing so, they also act as a connecting link between science and practice, between researchers and knowledge institutes, citizens and governments, professionals, and organisations, by working systemically and systematically, design-oriented and change management on strategic solutions for complex issues, solutions that have a wider relevance than just for the specific practice that is central to the research. Examples of positions for PD professionals are senior positions within a practice-oriented knowledge institution (such as a UAS), innovation manager, transition manager or process supervisor of new coalitions within the domain Health & Well-being, policymaker in relation to social issues in the health and well-being domains, senior position with a solid innovation assignment or initiator and supervisor of a learning network.

The universities of applied sciences have firmly positioned themselves in the governance of the Knowledge and Innovation Agenda for Health and Care 2020-2023, both administratively and in support of policy, and with lectors, knowledge centers, and Centers of Expertise on missions and substantive focal points. Together with the KIC partners, they work on broad programming on missions, which strengthens preconditions (including funding) for practice-oriented research. This offers PD candidates the opportunity to participate in a timely and meaningful way in larger-scale programs and/or schemes via NOW, ZonMw, and SIA. The Knowledge and Research Agenda for Social Work also provides starting points for the substantive focus of PD trajectories.

2.3 Focus

The PD program Domain Health & Well-being focus – at least as far as the pilot is concerned – on cross-domain innovation at the intersection of health and well-being, with a strong focus on a preventive and multidisciplinary approach close to the social environment of citizens (in accordance with the KIA Health and Care). Characteristic for this is that attention is paid to the material, physical, psychological, social, ethical, political, legal, and societal aspects of the lives of citizens, i.e. to the micro, meso and macro dimensions of human existence. Furthermore, attention is not only paid to the cooperation between professionals from various disciplines within the domain Health & Well-being, but also to the cooperation with citizens, their network, their living environment, and the local infrastructure, as the foundation for a healthy and inclusive society. Consider, for example, reducing loneliness among the elderly or making a neighbourhood dementia friendly.

2.4 Program level

2.4.1 Entry requirements

Candidates can be admitted to the PD trajectory if they have a relevant and recognised master's degree plus demonstrable relevant work experience and insight into the complex practice to which the issue relates, in this case at the intersection of the domain Health & Well-being. The relevance of the master's program and the work experience depends in particular on the practical issue that will be central to the PD trajectory; in advance, therefore, no master's degree or work experience at master's level can be excluded as irrelevant. Developing practice-oriented interventions requires a thorough understanding of the practice. That is why participants in the PD program must have the demonstrable practical experience and practical insight in addition to a recognised master's degree. The quality of the hands-on experience is more important than the duration. Practical experience can be acquired in various ways, including during a (part-time) study.

For the pilot of the PD trajectory, the choice was made within the Taskforce domain Health & Well-being to only recruit Dutch candidates who will work within the Dutch practical context; at a later stage, it will be investigated whether and how foreign candidates can also be admitted to the PD trajectory, as well as whether and how foreign practical contexts can play a role in these trajectories. The main reason for this restriction is that the professional practices of health and well-being are not only determined by the theoretical and practical state of the art within the international professional domain but also to a significant extent by the cultural-historical, policy-related and professional context in a country. Cross-border cooperation is therefore a goal in the long term but requires careful preparation.

2.4.2 Qualifications

PD candidates meet the following qualification requirements (based on a combination and synthesis of the Dublin Descriptors and the European Qualifications Framework for lifelong learning, level 8):

- [1] Knowledge: A systematic understanding of the global most advanced frontiers (of specific parts) of the fields of health and wellbeing and their interface as well as extending and redefining existing knowledge concerning these fields.
- [2] Problem solving: The international most advanced and specialised skills and techniques for solving critical problems in research and innovation, including the capacity to analyse, evaluate and synthesize new and complex ideas.
- [3] Research: Conceiving, designing, implementing and adapting a substantial process of research according to the international state of the art.
- [4] Attitude: Sustained commitment and substantial autonomy, integrity and authority to the development at the international acknowledged forefront of the fields of health and wellbeing and their interface.
- [5] Communication: Communicates local, national and worldwide with peers, the larger scholarly community and society about their areas of expertise, especially promoting social, cultural and technological advancement in the fields of health and wellbeing and their interface.

In short, PD candidates demonstrate the highest level of understanding, analysis, creation, per-formance, and communication based on investigative, innovative and co-creative capabilities.

2.4.3 Comparison

The (UAS) PD differs in content from a (WO) PhD. Nevertheless, both training variants are of the same level, namely level 8 of the European Qualifications Framework for lifelong learning (EQF). It is therefore not a difference in level, but in orientation: practice-oriented versus knowledge-oriented. A PhD is an academic program that trains scientific researchers who learn to carry out independent scientific research. Such researchers create generic new conceptual knowledge that contributes to the scientific knowledge base and pushes the boundaries of a scientific field. The PD, on the other hand, trains professionals to be independent investigators who learn to intervene and innovate in complex practices based on a practical question from society or the professional field. The PD professionals learn to intervene and innovate in such practices based on the development and validation of new and generic practice-oriented knowledge, processes, and products with attention to learning and change processes. While an academic PhD is aimed at training 'professional researchers', a third cycle in higher professional education, such as a professional doctorate, focuses on training 'researching professionals'. There is a strong need for highly trained professionals who can tackle complex professionally oriented knowledge and design questions and thus contribute to innovation. The comparison between PD and PhD is further elaborated in the PD position paper.

2.5 Program characterisation

The PD candidate works based on research on the development and implementation of an innovative solution for a complex and professional practical issue at the intersection of the domains of health and well-being. This solution is not only based on theoretical knowledge, but also on practical knowledge and can, for example, also consist of practical products or practical processes. The ultimate goal is to contribute to promoting a healthy and inclusive society. The approach is characterised by a short-

cyclical and repetitive approach in co-creation with representatives of all interested parties, not only professionals from various disciplines but also, for example, service users (patients, clients, citizens), advocates, experts and researchers. This requires the PD candidate to combine, and integrate the four roles as (practice-oriented) professional, (methodical) researcher, (domain-transcending) innovator, and (co-creating) change agent (see 2.6) at level 8 of the EQF (see 2.4.2). The PD candidate accounts for the PD trajectory and on this basis advises the international scientific and (inter)professional community and society based on the stated objective.

2.6 Learning outcomes

The learning outcomes and associated quality characteristics are described below, with a brief explanation if necessary.

Learning outcome 1

The PD candidate articulates, agendas, and validates a complex and professional practice issue at the intersection of the domains of health and well-being at the international frontline of innovation to contribute to promoting a healthy and inclusive society.

Quality characteristics of learning outcome 1

- In articulating, placing on the agenda, and validating the practical issue, the candidate involves all relevant stakeholders, such as professional groups and professional organisations, citizens, and social institutions.
- Articulating, placing on the agenda, and valorising the practical issue meets scientific, professional, and social criteria.
- The practical issue forms the basis for the objective and the question of the PD trajectory.

Elucidation of learning outcome 1

- In principle, it is possible that the initiative for a PD trajectory is not or not exclusively taken by the PD candidate. But even then, it is important that the PD candidate becomes familiar with the issue, propagates it, substantiates it and accounts for it, in short, creates support for tackling it.
- The Cynefin framework positions complexity on the dimension from obvious to disordered between complex and chaotic. Schön's analysis of the reflective practitioner contains many signal words that characterise the complexity of professional practices: unique, indefinite, cluttered, intertwined, disordered, uncertain, dynamic, turbulent, unstable, ambiguous, and conflictive.

Learning outcome 2

The PD candidate intervenes in a short-cyclical and multidisciplinary way with and in professional practice to achieve effective, transferable, structural and develop sustainable solutions for the practical issue.

Quality characteristics of learning outcome 2

- The short-cycle interventions are based on several practice-oriented research, design, testing, and implementation processes.
- The multidisciplinary interventions have a domain-transcending and domain-innovative character.

Elucidation of learning outcome 2

- When assessing the effectiveness of the intervention by the candidate, account must be taken of the complexity of professional practice in all its facets (professional, cross-domain, conceptual, interactive, policy-related, political, etc., etc.). The decisive factor is that the interventions of the PD candidate (at level 8 of the EQF framework) have led to valuable practical and theoretical insights for the promotion of health and well-being. This is preferably accompanied by successful interventions in practice, but that is not strictly necessary.
- The circle of stakeholders in the PD process should not be considered too small and limited. This not only concerns the professionals involved in the domains of health and well-being, but also representatives of the service users (patients, clients, experts by experience, interest groups) and, for example, also representatives of professional organisations (employee participation council, administrators), of professional groups (professional associations), of knowledge organisations (researchers, experts). For each group of representatives, a responsible choice is made for the right scale of selection: local, regional, national, and international.

Learning outcome 3

The PD candidate integrates their roles as (practice-oriented) professional, (methodical) researcher, (domain-transcending) innovator and (co-creating) change agent for contributing to international state-of-the-art knowledge, products and/or processes that are practically relevant (professional), methodically thorough (researcher) and cross-domain innovative (innovator) and have support among all interested parties, as a basis for its interventions.

Quality characteristics of learning outcome 3

- As a professional, the candidate monitors the mission (a healthy and inclusive society) and the values (health and well-being) of the PD trajectory, with an eye for the possible ethical, legal, political, and social effects and implications.
- As a researcher, the candidate makes responsible use of state-of-the-art scientific, practical, and experiential knowledge and develops a state-of-the-art research approach that fits the articulated practical issue.
- As a change agent, during all phases of the PD process, the candidate connects all stakeholders as well as possible in (creating support for) the development process, taking into account the complexity and the dynamics of the force field within which it operates.
- As an innovator, the candidate works based on strategies for change in a short-cyclical, multidisciplinary and cross-domain manner on planning, realising, monitoring, and adjusting innovation.
- The integration of the roles takes place in a mission-driven and honest, flexible, and context-sensitive manner.

Elucidation of learning outcome 3

- The nature and extent of the integration of the four roles depend in particular on the specific practical context and the specific phase of the PD trajectory. For example, a specific role can be more or less per phase, but in every context and in every intervention, it is always about the integration of all roles. The intertwining of the roles can also be formulated in another way: (researching) professionals, innovators, and change agents also work methodically thoroughly; researchers, innovators, and change agents (from a professional angle) are also focused on practical relevance; (innovative) professionals, researchers, and change agents also have a cross-domain focus; researchers, innovators and change agents work co-creating. There is no harm in pointing out possible tensions between these roles. As an honest researcher, the candidate will have to adopt a completely independent position; as an impact-oriented innovator who intervenes in professional practice, the candidate will have to operate within the framework of the client and based on commitment. The PD candidate can handle these tensions and justify the choices made.
- The integration of the four roles also ensures that the PD candidate makes use of relevant and internationally recognised state-of-the-art knowledge. This knowledge not only relates to the content of the professional domains but also to the strategic level of research, innovation, and implementation. Moreover, it is not only about scientific research knowledge but also about professional practical knowledge and everyday experiential knowledge.

Learning outcome 4

The PD candidate clarifies and justifies his approach throughout the entire PD trajectory to generate, disseminate and valorise innovative practical and theoretical optimise knowledge.

Quality characteristics of learning outcome 4

- The candidate justifies his approach at strategic, tactical, and operational level.
- The candidate justifies his approach to the international scientific community, the interprofessional community and society.
- The candidate justifies his approach based on the integration of the roles as professional, researcher, innovator, and change agent

Elucidation of learning outcome 4

- When clarifying and accounting for one's approach, it is of course also, but certainly not exclusively, about the successes. Misdirections, failures, setbacks, and the like must also be carefully recorded and analysed to generate new action knowledge for future innovations.
- The clarification and accountability can be done verbally or in writing, physically or digitally, and are always adapted to the specific target group. At a scientific level, international peer-reviewed open-source sources are in any case also chosen, in particular with a view to a broader applicability of the insights developed, also concerning the ethical, legal, political, and social effects and implications.

Learning outcome 5

The PD candidate advises about the possibilities of implementation and upscaling in professional practice, about desirable or necessary follow-up research, and about further embedding interprofessional cooperation in the vocational training with a view to the further integration of the professional contributions within the two domains.

Quality characteristics of learning outcome 5

- The advice is based on the findings of the PD process.
- The advice is based on a state-of-the-art vision of the intersection of the domains of health and well-being.

3. Program structure

3.1 Pedagogical philosoph

A central didactic starting point for the PD program is 'constructive alignment', i.e. achieving optimal consistency between the learning outcomes (see 2.6), learning processes, and learning environment (in this chapter) and testing program (see chapter 4). The focus on workplace learning plays an important role in the coordination between learning processes and the learning environment in the PD trajectory.

Processes of learning and development
The training design of the PD trajectory facilitates the high-quality learning processes that are necessary to meet the required level: level 8 of the European Qualifications Framework (see 2.4.2). These learning processes take place in intervening in the complex professional practice at the intersection of research, innovation, and professionalisation: the research ability of the candidate leads to innovation of the professional practice and further professionalisation of the professions. The characteristics of high-quality learning processes are independent, in-depth, and co-creative learning.

- The independent learning capacity is based on metacognitive skills that enable candidates to regulate their learning process, to motivate themselves and to communicate about this with various collaborating partners.
- Deep learning relies on the one hand on the cognitive skills for the acquisition, processing, application and creation of knowledge, and skills and on the other hand on the reflective abilities regarding the moral and ethical aspects of professional excersice, professional practice, and research.
- Co-creative learning assumes the ability to work and learn together in an innovative way with a diversity of stakeholders, seeking to bridge and connect existing dichotomies, such as between health and well-being, science and practical knowledge, policy and implementation, public and private (boundary crossing).

The high-quality learning and development processes envisaged, therefore, rely on the integration of cognitive and metacognitive, reflective, and social skills. The integration of these skills is required for the realisation of the PD trajectory. These are reflected, among other things, in the PD candidate's search for the right training environment, including course offerings. Formative feedback plays an important role in stimulating high-quality learning processes. Formative feedback is given based on information that the candidate has collected in their portfolio (the so-called data points; see Chapter 4) and is intended to improve the candidate's insight into their learning and development process and into the realisation of the promoted learning outcomes.

Learning environment
The PD trajectory is supported by a powerful learning environment. This is first and foremost situated in the professional practice where the PD candidate is active and furthermore in the (cursory) education of the Graduate School Domain Health & Well-being. In addition to the supervising lecturer and the supervising practical professional, the PD candidate himself is also largely responsible for realising a powerful learning environment. The candidate is asked to think for himself and to make a responsible

choice for suitable courses, to subsequently translate the courses followed into the learning outcomes in the Training and Supervision Plan. Characteristic for this are at least four conditions: (a) working on complex and realistic innovative issues at the intersection of the domains of health and well-being, (b) exchange and cooperation at the intersection of the domains with various stakeholders, (c) high-quality coaching and formative feedback, (d) a continuous appeal to the PD candidate's responsibility for their learning and development activities. Programmatic testing and assessment are essential components of the learning environment in the PD trajectory (see 4.2). This also applies to 'intercollegiate' peer review in the (cursor) education on offer (see 3.2).

Workplace learning
The PD trajectory is mainly carried out in professional practice. Workplace learning stands or falls with the possibilities offered by the work context as a training environment and with the ability of the PD candidate to make optimal use of this by realising high-quality learning processes. Central aspects of workplace learning are participation in and reflection on work processes and thus also immersion in the work culture. The cross-domain and co-creative workplace of PD candidates is characterised by a high degree of complexity, dynamics, and tension, such as a multitude of visions, and perspectives, interests and power relations, legislation and policy, funding streams and facilities. It is precisely in ill-structured practical situations for which standard solutions are lacking that innovation issues emerge. Not only explicit conceptual, factual, and procedural subject-specific and cross-subject knowledge is important, but also implicit, and context-bound strategic knowledge to make this professional knowledge applicable in specific situations. It is precisely workplace learning that offers a good basis for making these underlying processes visible and manageable. Workplace learning offers the possibility of formal, and informal learning, of single, double, and triple loop learning, of combining individual, collective and organisational learning.

3.2 Content of the program

Workplace learning has already been discussed in the previous section; this section focuses on the content of the programs offered within the Graduate School. The program content of the PD Domain Health & Well-being within the Graduate School serves in all its aspects (content, method, organisation, planning) to acquire the intended learning outcomes through realising the PD trajectory in the professional practice. In other words, the program content supports the work and development process of the PD candidates. The PD trajectory as such is aimed at a specific practical issue that is approached in a short-cyclical and repetitive manner. And that largely requires customisation, not only in terms of content but also in terms of design and planning. Usually, however, the candidate will be able to fall back to a large extent on the course offerings from the domain of Health & Well-being, but there are some deviations from this. This is because several components of the total training offer are PD-generic or cross-domain, such as research methodology and philosophy of science.

To determine ideas, we outline a standardised route for the course offerings for the implementation of the PD trajectory, which also includes PD generic and cross-domain courses. The total study load of the course part is 840 hours. The planning of all content is tailored to the specific phase or phases that the PD candidate is currently working on. The standard program content includes a generic part (560 hours) and a trajectory-specific part (280 hours), which can be deviated from in a reasoned manner.

In addition, we have a Domain Health & Well-being-specific section, which will be further elaborated. Intervision plays an important role in all components. As far as the generic part of the curriculum of the domain Health & Well-being is concerned, four development areas are distinguished, which are closely related to the international standards for the desired level of mastery (see 2.4.2):

- *Conceptual development (minimum 140 hours).* The conceptual development of the PD candidates is closely related to knowledge (level aspect 1). The mission-driven PD programs Domain Health & Well-being serve to promote a healthy and inclusive society and thus operate at the intersection of the domains of health and well-being (learning outcome 1). This requires the PD candidates to develop a domain-transcending and domain-connecting vision (learning outcome 5). The vision develops during the PD trajectory in mutual interaction: on the one hand, the vision supports the design and implementation of the PD trajectory, and on the other hand, this vision is further developed by the findings during the PD trajectory. Central to the conceptual learning line are therefore mainly frames of reference that can play a connecting role between the two domains. Examples include concepts such as positive health, quality of life, human rights perspective, capability approach, care ethics, integrated prevention, and socio-economic differences in health and well-being. The PD trajectory always also leads to a contribution to the discussion regarding the development of a vision on the collaboration between the two domains (learning outcome 5).
- *Methodological development (minimum 140 hours).* The methodological development of the PD candidates is closely related to problem-solving (level aspect 2), and research (level aspect 3). In the PD trajectory, the candidates work on practical innovation through short-cycle research, design activities, and implementation activities (learning outcome 2). At the PD level, these activities are carried out at the level of the state of the art. The methodological development focuses on familiarising the candidates with this level of practice research, practice design, and practice implementation, focusing on their domain-transcending, and domain-connecting activities (Learning Outcomes 1 and 5). Research methodology can include question articulation, research design, research planning (time, money, quality, information, organisation), research methods, data management, analysis methods, and research ethics. Design methodology includes techniques such as prototyping, but also more generally design thinking and design-oriented research. Implementation methodology is mainly concerned with selecting, deploying, and evaluating suitable implementation strategies.
- *Professional skills (including attitude) (140 hours).* The development of professional skills is mainly related to problem-solving (level aspect 2), attitude (level aspect 4), and communication (level aspect 5). To successfully complete the PD trajectory, candidates must acquire the UAS variant of academic skills. While academic skills focus primarily on the scientific community, professional skills always relate to three communities, including the scientific, but also the (inter)professional, and the social (learning outcome 4). PD candidates contribute to science, professional practice, and society. Important skills are (scientific, professional, social) writing, presenting, debating, and advising. In addition to skills, attitude aspects are also important in the performance of the various roles (professional, researcher, innovator), such as integrity, carefulness, transparency, and responsibility.
- *Inter-professional and trans-professional collaboration skills (140 hours).* The development of professional skills is mainly related to problem-solving (level aspect 2), attitude (level aspect 4), and communication (level aspect 5). In PD trajectories, candidates work across the boundaries of individual professions (interprofessional) and across professional boundaries (trans-professional)

with representatives of professional groups, citizens, policymakers, etc. (learning outcome 2). They play a central role in this within their PD trajectory, for example as initiators and project leaders. This requires high-quality collaboration skills. Consider, for example, network formation, boundary crossing, and co-creation.

Working in short-cycle iterations means that the cursory offer must be geared to the phase the PD candidate is currently working on. This requires customisation in the planning of the supply.

3.3 Matching and selection of candidates

3.3.1 Requirements for PD candidates

The matching process is aimed at establishing a promising collaboration for a PD trajectory. This requires coordination between several facets: (1) the supervising lecturer and his research group, (2) the supervising practice representative and his practice organisation, (3) the intended PD candidate, and (4) the practical issue and the associated professional practice. A professional field party (see 2) can be a practical organisation within the domains of Health and/or Well-being, but also, for example, a government organisation, a knowledge organisation or a citizens' initiative. The management level of the practice organisation is the primary client and therefore the problem owner of the PD process. We distinguish matching on content and other preconditions such as feasibility.

In principle, the initiative for matching can be taken by all actors involved: a lecturer, a practice representative, and a candidate. In all cases, a practical issue will be the reason for establishing a matching for a PD trajectory. In all cases, the lector is ultimately in charge of the matching process; it determines based on a mutual dialogue whether the matching process is promising. It must be plausible that the PD trajectory can be successfully completed within the set period and that the PD candidate has then satisfactorily achieved the learning outcomes (see 2.6). The basis for this assessment is an open discussion between the intended parties: the supervising lecturer, the candidate, and the practice representative.

If the lector considers the match promising and the others share this assessment, the intended PD candidate will set to work to draw up a schedule for the entire PD trajectory in accordance with the criteria described in this program proposal. The planning describes the objective and question of the process as well as the phasing of the work. In addition, the desired or necessary cursory support is worked out and incorporated into the planning, whereby the standard offer (see 3.2) is the starting point, but deviations from this can be made in a substantiated manner. The coaching moments, the feedback moments, and the assessment moments are also planned. The planning is drawn up in consultation with the lecturer and the practice representative. When the selection procedure (see 3.3.3 below) has been successfully completed, the planning forms the basis for a collaboration agreement between the research group, the practical organisation, and the candidate. During the PD process, the planning can be adjusted in mutual consultation. Given the complexity of the PD process, it is realistic to expect that this will also be necessary more often.

3.3.2 How does a candidate qualify for a PD trajectory?

Every involved university of applied sciences within the domain Health & Well-being has been allocated PD places. The university of applied sciences selects candidates for these positions and submits them to the Graduate Committee for assessment.

If anyone is interested in a PD trajectory, it can be determined in consultation with the lecturer or research graduate school involved whether a PD is desirable and feasible. In that process, it is ultimately determined that it is worth working out a proposal. The potential candidate is invited for an introductory meeting in which the proposed research plan is presented and discussed. After the interview, the candidate is expected to formulate a detailed research proposal, supported by the guidance team applicable to the candidate. This proposal is submitted to the internal assessment committee of the relevant university of applied sciences. This assessment committee forwards the suitable proposals to the Graduate Committee of the relevant domain, which will make the final assessment.

To be able to start with the PD trajectory, the PD candidate usually goes through a pre-PD trajectory. The proposals are worked out in the pre-PD phase, after which the final selection is made by the Graduate Committees within the domain Health & Well-being. When the selection is complete, the candidate can start his/her PD trajectory. During the PD trajectory, the PD candidate works in both the lectorate of the day-to-day supervisor and in the organisation(s) of the professional field partner(s). In addition, the PD candidate works intensively with other PD candidates within the PD program. Together they form a learning and working community.

3.4 Support and program team

The graduate school's team of teachers – and therefore also the teachers involved in the PD programs – represents state-of-the-art expertise at the highest level in its composition and cooperation. In principle, every lecturer has a doctorate, a rule that is only deviated from based on a good substantiation. The expertise present in the teaching team can be distinguished along three dimensions.

- The substantive domain of expertise: conceptual (particularly at the intersection of the domains of health and well-being), methodological (research, design, implementation), skills (professional, interprofessional, trans-professional).
- The interactive domain of expertise: guiding, assessing. And at the SKE level.
- The scope of the expertise: generic (all professions), interdisciplinary (the intersection of health and well-being), specific (specialisations within health or well-being).

For each PD trajectory, the Graduate Committee for Health & Well-being carefully assesses during the planning whether all the desired or necessary expertise is actually present in the graduate school. If necessary, expertise is brought in from elsewhere, for example from graduate schools in other domains or from research groups at universities in the Netherlands and abroad.

3.4.1 Guidance and support

The Graduate Committee selects the pool of lecturers who are authorised to supervise candidates as main supervisors and nominate them to the assessment committee.

The supervision and support of the PD candidate are provided by a supervisory committee and a so-called PD community. The guidance takes shape based on a personal guidance and development plan. All supervisors of PD trajectories also form a community with each other where mutual support is offered in the supervision role. In learning and development on-the-job, the quality of the supervision is crucial for the learning effect. On-the-job learning and development mean not only becoming more skilled but also growing into a professional community. The 'significant others' (the supervisors) support the candidate in this by being both a role model and a colleague and a critical friend. A supervisory committee, chaired by a lector, is installed to supervise the PD candidate. This lecturer acts as supervisor. In addition to the presiding lecturer, a second lecturer is connected to monitor the interdisciplinary character (Health & Well-being) of the trajectory. In addition, two external professionals from the field are members of the supervisory committee. These are directly involved in the practical issue and have a PhD or PD or a comparable level of work and thinking. The supervision is intensive (approximately 30-40 man-days per year for the entire committee) and starts right at the start of the PD trajectory.

Tasks of the Supervisory Committee:

- The supervisory committee supervises the trajectory of a PD candidate and is chaired by a lecturer and supplemented by two external professionals from the field
- The supervisory committee introduces three of the five members of the assessment committee (lecturer and two professionals from the (international) discipline/practice).
- The supervisory committee, together with the PD candidate, proposes a second lecturer to guarantee the interdisciplinary character (Health & Welfare).
- The supervisory committee monitors, also between the formal assessment moments, when a PD candidate needs adjustment or extra/other coaching to achieve the learning outcomes.
- Lector and second lector monitor and guide the PD candidate at meso/macro level in relation to the formulated learning outcomes
- Both involved professionals from the field monitor and guide the PD candidate at micro and meso level 'on the job'

Requirements and characteristics of the supervisors

- The presiding lecturer and second lecturer have a completed PhD or PD and extensive experience in supervising and assessing master's theses and experience in PhD supervision.
- Both professionals from the field have relevant academic work and thinking level (NLQF level 7)
- Professionals intermediate between the PD candidate and other professorships relevant to the issue
- Both professionals from the field have extensive experience in supervising colleagues. They coach the PD candidate in the high-quality learning processes of independent, in-depth, and co-creative learning. Where the Graduate Committee or the supervising professional from the field itself has doubts about sufficient pedagogical/didactic skills for full-fledged supervision, 'starting supervisors' follow additional course(s) within the PD training program. This course(s) they follow in the preliminary phase and/or in the first year of the PD trajectory.

- One of the two professionals from the field has decision-making authority within the organisation where the practical problem is tackled.
- One of the two professionals from the field has demonstrable experience with research and/or innovation at least at master level.
- The coaching intensity of both professionals from the field can vary, depending on obviously, the complex issue that the PD candidate and the associate are working on. Also, can the intensity per period of the PD trajectory vary in the sometimes unpredictability of the trajectory.
- The ratio of the intensity of supervision between professional – professional lecturer –second reader is about 15-15-10-3.

3.4.2 Personal coaching and development plan

At the start of the PD trajectory, the candidate draws up a personal supervision and development plan, in consultation with the supervisory committee. The supervision and development plan is evaluated annually in progress interviews with the lecturer and practical supervisors. Prior to each evaluation, the PD candidate makes it clear to the second lecturer to what extent interdisciplinarity has been sought and shown so that the second lecturer's input is included in the evaluation.

3.4.3 PD community

A cross-domain PD community/learning community is being developed for all PD candidates of the different tracks. The community, therefore, has an interprofessional character. Mutual learning is stimulated within this community, for example through 'peer-to-peer' intervision or case discussion.

De PD community is layerd:

1. Under the supervision of a lector and professional from the field, candidates can discuss cases, exchange experiences, discuss, question each other, etc. Each PD candidate takes the turn to give substance to a seminar based on a problem that is currently playing. This can be research-related, for example, but also ask each other about setting up co-creation with your target group, implementation issues, etc.
2. Within the community, subgroups are composed interprofessionally, so that intercollegial intervision with other PD candidates can be organised in an accessible manner. This is organised independently of supervisors. To this end, PD candidates have the opportunity to conduct intercollegiate peer reviews, whereby the confidentiality of everything discussed is guaranteed.

3.4.4 Supervisors community

A community/learning community will also be set up for the supervisors of the PD candidates, the lecturers, and supervisors from the field (initially during the pilot phase). Within this community, the supervisors receive support in supervising PD candidates. In addition, this community can be used to evaluate and discuss challenges and problems in the pilot phase.

Just like the PD community, the facilitator community also has a layering:

1. Discussion of substantive issues and challenges/problems in the form of a seminar. Each supervisor has a turn to provide a seminar on substantive issues.
2. Discussing and sharing intervision issues. For this purpose, facilitators are divided into subgroups to share and discuss matters confidentially. Lecturers and supervisors from the field are mixed in this so that they learn from each other's perspective on the PD trajectory. Confidentiality of everything discussed is hereby guaranteed.

3.5 Embedding: UAS Professorships and international networks

The UAS lecturers are already part of various international/national/regional networks. When drawing up a personal supervision and training plan, the lector, therefore, thinks along with the PD candidate which already existing networks can be made accessible to the PD candidate. The PD candidate shows in the learning outcomes that it can operate regionally, nationally, and internationally, whereby the UAS has a duty of care to provide the PD candidate with access to several relevant networks. During the pilot phase, the PD candidate initially focuses on the regional and national network. The supervision and training plan also considers the inclusion of lectorates that have expertise in the issue on which the PD candidate is working. The lecturer plays a mediating role in this. Naturally, the PD candidate can also focus on the international network where this is highly relevant to the domain in which the PD candidate operates. However, the condition is, certainly during the pilot phase, that the regional and national networks must first be in order.

Nevertheless, the PD candidate shows that he can put on an international lens. This allows the PD candidate to put his work in perspective and to name it. Making work visits is therefore a standard part of the personal supervision and training plan of the PD candidate. How and where that working visit will be made, the PD candidate elaborates in his supervision and training plan, which makes it clear what added value the working visits have in relation to the learning outcomes.

3.6 Studyload and duration

The study load and study duration require a balanced consideration between ambitions and feasibility. We expect that the average PD candidate will be able to work on their PD trajectory about 3 days a week. More will usually not be feasible and less is undesirable because of the desired progress in the process. We also expect that practical organisations will support PD trajectories of approximately 4 years. An acceleration leads to a PD trajectory of 3 years, and a deceleration to a trajectory of a maximum of 6 years. If practical organisations would nevertheless like to initiate longer-lasting innovation trajectories, for example from 7 to 8 years, it would seem advisable to split the trajectory over (at least) two PD trajectories. All this assumes that a lot of work has already been done in the preliminary phase before the PD process formally starts. In concrete terms, the practical question is articulated in the PD preliminary phase and the PD trajectory is thoroughly planned. It is estimated that this will take about a year; much faster will often not be possible and much longer is not desirable. The preliminary

phase ends when 1) the parties involved (the supervising lecturer, the PD candidate, the practical supervisor, and the facilitating practical organisation) have reached an agreement on the PD trajectory, 2) the PD proposal has been approved by the Graduate Committee and 3) the agreement between the parties involved is formalised in a cooperation agreement. All this also means that it does not seem useful to us to make a formal distinction between full-time and part-time trajectories.

In practice, (almost) all PD trajectories will have a part-time character. The preliminary phase is separate from the time investment mentioned at the start of the PD trajectory. What the progression looks like is still being worked out.

3.7 Procedures

The procedure regarding the selection of suitable PD candidates, in connection with the development of the PD trajectory, is described in § 2.4.1 and § 3.3.2. The procedures regarding the supervision of PD candidates are described in § 3.4.1. The procedure regarding the assessment of PD candidates is described in § 4.3, in conjunction with the structure of the assessment.

Summarized:
Within each PD program, an assignment or question and concrete tasks are formulated as input, with accompanying learning activities for supporting knowledge. The candidate must work on the issue in a short-cycle manner so that added value for the practice already arises during the process and not just at the end. Cursive education consists of educational modules that support the objectives of the PD track and that match the candidate's prior knowledge.

The trajectory also focuses on the physical setting (for example, one's work situation) in which learning takes place, and the artifacts, tools and other resources that support it.

Procedure during (pre-)PD trajectory:
- Before: Potential candidates have the opportunity to participate in the national pre-PD trajectory.
- Before: assessment of the candidate's basic qualifications and the application form (with research plan) by the Graduate Committee.
- Start: after a positive assessment by the Graduate Committee, the candidate can start.
- After 3 months: assessment of the candidate's PD plan by the supervisory committee.
- After 12 months: go/no-go decision by the Graduate committee.
- Guidance meetings with the daily supervisor and 6 times a year with the guidance Commission.
- Semi-annual feedback meetings with a panel of experts and professionals from the field of the Graduate Network.
- At the end of the trajectory: The candidate informs the guidance team that the research has been completed and that all necessary supporting documents have been added to the portfolio. The guidance team has the right to check the supporting documents submitted and to decide whether the candidate can be presented to the assessment committee for the final assessment. This final assessment takes the form of an interview presentation of the candidate to the supervisory committee by the lecturer, a peer review of the portfolio, and a criterion-oriented interview by the assessment committee based on the assessment model.

- Granting of certificate of participation by the Graduate Network represented by one of the participating colleges

4. Assessment

4.1 Assessment philosophy

The testing of the PD trajectory is set up according to the concept of programmatic testing (Baartman, van Schilt-Mol, Van der Vleuten, 2020). Programmatic testing is based on collecting evidence (data points) with which the candidate provides insight into his learning process and demonstrates the learning outcomes. The development of the candidate is valued at different times. At (low-stake and medium-stake) valuation moments, the learning process of the PD candidate is central; the high-stakes decision moments are also accompanied by progress decisions or the award of the certificate of participation by the Graduate Network represented by one of the participating universities of applied sciences, whereby the achievement of the learning outcomes must be demonstrated at the expected level. The programmatic testing concept is in line with constructivist learning theories, in which learning is seen as a collaborative and active process of knowledge acquisition. Within the set-up of the PD process, we give substance to this concept because (a) a strong appeal is made to self-direction, which is fed by reflection and feedback (learner's agency and accountability), (b) the interim valuations are not serving only the final decision but also contribute to the development process of the PD candidate and (c) the high-stakes decision on the award of the certificate of participation by the Graduate Network represented by one of the participating colleges is based on a wide palette of sources and perspectives.

PD candidates demonstrate the learning outcomes by collecting evidence in a portfolio (see § 4.3). The various proofs are valued using so-called single-point rubrics. These rubrics consist of success criteria that concretely describe what is expected of the PD candidate to demonstrate the intended learning outcomes (see § 2.6) at the expected level of mastery (see § 2.4.2). The rubrics are robustly formulated and provide sufficient starting points for candidates to assess themselves and provide sufficient scope for the assessment committee to assess the progress of the PD candidates on the relevant aspects.

4.2 Assessment program

NIn addition to the many low-stake valuation moments, the testing program also consists of one medium-stake valuation moment and two high-stake decision moments, namely an interim progress decision and a final decision on granting a certificate of participation in the PD process.

The medium-stake valuation point typically takes place nine to twelve months after the start of the PD trajectory. It concerns an interim evaluation of the collected evidence in the portfolio. In a meeting with the supervisory committee, the PD candidate receives constructive feedback on the progress of his PD trajectory. If progress has fallen below expectations, the PD candidate will receive remedial advice from the supervisory committee.

The first high-stake decision usually follows about three-quarters to a full year after the medium-stake valuation, so one and a half to two years after the start of the PD trajectory and has a go/no-go character. The decision is based on a holistic evaluation of all portfolio evidence selected by the PD candidate. The PD trajectory can be continued when the PD candidate meets the expected progress. Otherwise, it will be decided to terminate the process.

The PD trajectory has been successfully completed when the PD candidate has met all learning outcomes and can function independently in the roles of researcher, innovator, professional, and change agent at level 8 of the EQF. The final high-stakes decision then leads to the granting of the certificate of participation by the Graduate Network represented by one of the participating universities of applied sciences. (see § 4.4 for the associated procedure).

4.3 Assessment tools

A digital portfolio is used in the PD trajectory. The portfolio simultaneously has a function in the development and assessment of the PD candidate. The portfolio, therefore, consists of a development portfolio and an assessment portfolio. The function of the development portfolio is primarily an instrument with which the PD candidate and the supervisory committee record and monitor the progress of the PD trajectory. In preparation for a progress interview, the PD candidate compiles an assessment portfolio. This assessment portfolio consists of a selection of the evidence in the development portfolio aimed at demonstrating mastery of the learning outcomes at the expected level.

In dialogue with the supervisory committee, the candidate determines the desirable content of the portfolio around the start of the PD trajectory. The supervisory committee and other stakeholders in the PD process regularly provide feedback on the evidence collected. Also, under the direction of the PD candidate and in close consultation with the supervisory committee, global planning of the supervision and assessment moments is drawn up, which is adjusted if necessary, during the PD process (possibly also regularly). If necessary, the PD candidate asks the supervisory committee for feedback on the portfolio, and the supervisory committee provides regular feedback in any case. The substantive structure of the portfolio and the global planning of the contact moments are incorporated in the personal guidance and development plan (see § 3.4.2).

The steps taken during the PD process regarding the portfolio:

- Elaborating the portfolio plan: feedback from the supervisory committee
- Low-stakes valuation moments: collect feedback from relevant stakeholders
- Medium stake assessment moment: feedback from the supervisory committee
- High-stake decision moment: a decision by the assessment committee

With a view to accessibility for valuation and decision moments, the portfolio is structured based on of the learning outcomes. For each learning outcome, PD candidates add substantive evidence and a process description. The basis for the substantive elaboration of the portfolio is therefore that PD candidates collect evidence with which they demonstrate that they meet the learning outcomes at the expected level. The portfolio can consist of various forms of evidence, the so-called data points. The

data points can come from practice, such as the report of an analysis of a practical issue or the design of a prototype or a professional product. Data points can also consist of formal evidence such as a realised result in the accompanying learning activities. Possible data points are, for example, research plans, written analyses, design of innovations, implementation activities, essays, and research publications in peer-reviewed journals or scientific journals, reports, exhibitions, heuristics, and algorithms. Stand-alone data points only become valid evidence in the portfolio when they are appropriately related to the learning outcomes at the expected level and are provided with a) theoretical and practical underpinnings, (b) feedback from the relevant stakeholders, and (c) of reflection by the PD candidate on the iterative and short-cycle process of research, innovation, and learning, on the feedback received and on the relationship with the learning outcomes. In short, evidence assumes that the PD candidate justifies why the collected and selected information is relevant to demonstrate the learning outcome and why this information meets the expected level.

The so-called VRACQA criteria apply to the development of the portfolio:

- (V) Variation. There is sufficient variation in data points (triangulation). The greater the variety of different types of performance, contexts, and stakeholders' perspectives at different times, the more clarity the evidence provides.
- (R) Relevance. The data points are relevant to the main aspects of the relevant learning outcomes.
- (A) Authenticity. The data points are authentic. The evidence reliably reflects the activities, experience, and ability of the PD candidate.
- (C) Current affairs. The data points are sufficiently up to date; they are based on recent activities.
- (Q) Quantity. The evidence is well-dosed. The data points do not contain any redundant or irrelevant information.
- (A) Accessibility. The portfolio as a whole is clearly structured and written.

4.4 Assessment procedure

To make the final high-stakes decision, the PD candidate, in consultation with the supervisory committee, submits the following documents:

- The definitive and complete assessment portfolio.
- A positive recommendation from the supervisory committee, based on the intensive supervision during the entire PD process as well as on the final version of the portfolio.
- A written plea based on a substantiated vision of the domain regarding one's view of the possibilities of and pitfalls in the implementation and upscaling of the developed professional products in practice, the desirability of follow-up research, and the relevance for vocational education.
- At least one article for a professional journal plus one article for a peer-reviewed scientific journal explaining the professional and societal relevance of the delivered products as well as the research into these (the articles have been submitted with a realistic chance of being accepted, but do not have to be not necessarily already accepted at the time of the final assessment).

To make the final high-stakes decision, a so-called assessment committee is set up by the Graduate Committee for each PD trajectory.

The assessment of the PD trajectory is in the hands of an assessment committee. The assessment committee consists of a member from the community of lecturers within the domain Health & Well-being and three members who are nominated by the supervisory committee and who form a reflection of the stakeholders in the supervisory committee. In the pilot phase, the chairmanship is in the hands of a member of the VaCo-PD. The supervisory committee can nominate candidates to take a seat on the assessment committee. However, conflicts of interest must be avoided, and an independent assessment must be guaranteed. Ultimately, the Graduate Committee decides on the composition.

After receiving a positive assessment from the assessment committee, the PD candidate organises a (mini) conference in collaboration with the lectorate and the professional field, which the candidate also chairs. Representatives from science, professional practice, the professional group, vocational education, and society are invited to this conference. Central to the conference is a debate based on the plea of the PD candidate. The conference, therefore, opens with a presentation by the PD candidate that is accessible to all stakeholders. The PD candidate concludes the conference with a summary of the main conclusions and recommendations. Then the assessment committee withdraws to formulate the final verdict, with the caveat that the conference cannot undo the initial positive verdict. After pronouncing the positive verdict, the supervising lecturer pronounces the laudatio. The conference will be concluded with a reception.

4.5 Quality assurance

The quality of programmatic testing is based on the quality of the decision instrument (the portfolio), the quality of the decision-makers (in this case the examiners of the assessment committee), and the quality of the decision procedures, in addition to a clear separation between guidance and decision. The quality of the decision instrument in the form of the VRACQA criteria already described is derived from the quality criteria for qualitative research. Testing the portfolio against these criteria is the task of the decision-makers. These decision-makers are content experts in the domain at EQF level 8. They are also trained in portfolio assessments, in programmatic testing, and in working with single-point rubrics. In addition, they participate annually in domain-level calibration sessions. The decision-making procedure is established in a transparent manner. The quality of programmatic testing is monitored by the Graduate Committee.

5. References

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6. Addendum

Introduction

At the end of May 2022, the programme proposal University of Applied Science Professional Doctorate (PD) – programme Health & Well-being was completed for submission to the Validation Commission PD (VaCo-PD). The Task Force Health & Well-being completed this programme proposal in spring 2022, assuming that the VaCo-PD would have assessed it in summer 2022. However, the VaCo-PD was formalised in December 2022 and ready for assessment of the Health & Well-being programme proposal. As a result, some program components described in the current program proposal have been slightly changed because of changing insights and/or the content of the PD Quality Framework that was adopted in November 2022. Therefore, (expected) changes to the main components are described in this addendum, as a supplement to the program proposal. This addendum only describes the components that have not yet been included in the program proposal but require attention soon.

Quality Framework Standard 2: Transmission, impact and realisation of learning outcomes

As a follow-up on the national overall Monitoring & Evaluation task force, we will set up a procedure for domain-specific monitoring and evaluation. In this plan, we will include the transmission and impact of the PD trajectory on professional practice, society, education, and practice-based research. The Health & Well-being domain also monitors the careers of the candidates during and after the process (alumni success). In addition, we will describe the organisation of data-archiving, accessibility, and transparency of the output of PD trajectories in the programme in the domain. Continuous improvement and assurance of the quality of the programme is part of this Health & Well-being monitoring and evaluation plan. Two examples: 1) annual evaluation of coaching and supervision procedures from supervisor and candidate perspectives will be described; 2) the bandwidth of our learning and evaluation workflow during the pilot period will be monitored – we will compare different cohorts in their workflows and output.

Quality Framework Standard 3: Quality, review and assessment

The quality of PD programmes must match the needs, ambitions, and challenges of professional practice. Applied methods must also be practically relevant with appropriate robustness and in an ethically sound manner. Programmes are in accordance with the Dutch Code of Conduct for Scientific Integrity. PD Health & Well-being attaches great importance to Open Science and will therefore train Open Science as part of the learning community. As part of the monitoring and evaluation plan, we also consider the contribution of candidates in the Health & Well-being domain to Open Science and the publication of research results.

Complaints and objections procedure: when Universities of Applied Science as submitters of a PD proposal or as members of Graduate Network, or professional organisations as Graduate Network

members, have complaints or objections about ongoing procedures, they can report and raise the issue with the VaCo-PD. Such a complaints and objections procedure allows Graduate Network and Graduate Committee members of Health & Well-being to express their dissatisfaction with procedures or those implementing procedures.

Quality Framework Standard 4: Organisation

The Graduate Committee within the domain Health & Well-being is the administrative division responsible for the quality of the PD-programme and consists of a delegation of participation Universities of Applied Science and external (inter)national parties in the Graduate Network. Many of the Graduate Committee tasks are carried out in co-creation with the Graduate Network. The Graduate Committee has a mandate to act on behalf of the Graduate Network and works according to the procedures described in the Quality Framework. Within Health & Well-being, the Graduate Committee consists of five members and is chaired by Jan Jukema, PhD, Professor of Applied Science in Person-Centered Care at Saxion University of Applied Sciences by choice of Graduate Network members. Other members: two professors of applied science in the field of Health & Well-being, an educational managing director, representative(s) of the professional body and an official secretary (Myrna Pelgrum-Keurhorst, PhD). The number of Graduate Committee members will be further expanded for the second batch of candidates. Appointment of Graduate Committee members is primarily for four years. We will, however, strive for continuity during the pilot and be more flexible in terms of Graduate Committee members, initially appointing them for two years. In line with monitoring and evaluation described in standard 2 above, the Graduate Committee also continuously reflects on their working procedures. For example: what should the governance of the Graduate Committee look like in relation to the CN? What is the ideal number and composition of Graduate Committee members (also in relation to conflicts of interest)? What can we learn from curriculum and examination boards in teaching and assessment procedures in the PD program? How do we determine the focus of trajectories within Health & Well-being, just as the current focus on the cross-domain of the Health & Well-being domains.

The Graduate Network is a partnership of the Universities of Applied Sciences and external parties who jointly develop the educational profile, educational content, assessment procedures and other course units. The triple helix is represented in the Graduate Network: participating Universities of Applied Science in the domain Health & Well-being as knowledge and educational parties, and professional and government organisations with a national and international perspective. We also strive for having multidisciplinary perspectives in the Graduate Network, through the participation of a number of Graduate Network members from other domains in the PD national programme. The Graduate Network mandates assessments of individual PD proposals by Graduate Committee members but acts as an advisory group to the Graduate Committee on the PD Health & Well-being programme. The Graduate Network works according to the procedures described in the Quality Framework. Lia van Doorn, PhD, professor of applied science in Innovation in Social Work at the Utrecht University of Applied Science was selected by the Graduate Network members as chair of the Graduate Network Health & Well-being, in principle for four years. The position of official secretary has been executed by Myrna Pelgrum-Keurhorst, PhD. In line with monitoring and evaluation described in standard 2 above, the Graduate Network continuously reflects on their working procedures. For example: what does the governance of the Graduate Network in relation to the Graduate Committee ideally look like? How does the Graduate

Network fills frequent adjustments with Graduate Committee? What is the ideal mix of number of members, e.g. two members per University of Applied Science?

The PD H&W task force takes the following position on additional learning activities for PD candidates: the offer will be cross-domain where possible and domain-specific where necessary. An example of a domain-specific area of development is exploring the intersection of the domains of health and well-being and inter-professional collaboration between these two domains.

The current program proposal is evaluated annually and adjusted if necessary to optimise the proposed programme. In 2023, we will offer a completely updated version of the VaCo-PD that is in line with the leading quality framework. We also set up the domain-specific VaCo-PD in line with the formal quality framework.

In 2023, we will begin exploring new, additional focus areas of interest for the central substantive questions of the PD (currently contributing to the realisation of an inclusive and healthy society, the reduction of social and economic inequality, and the reduction of health differences between citizens, with a specific focus on the intersection of health and well-being). The exploration will focus on developing trajectories for other social challenges (such as sustainability in healthcare and well-being, or specific issues in nursing, paramedical professions, and/or social professions).

Domain Health & Wellbeing strives to appoint a program coordinator that works closely with both chairs of Graduate Committee and Graduate Network. The program coordinator Health & Well-being coordinates for instance: implementation of goals, visions and ambitions of the PD-programme; the growth, the development and the quality assurance of the programme; composition of Graduate Committee and Graduate Network members; the output of PD trajectories and the monitoring and evaluation within the domain.

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