



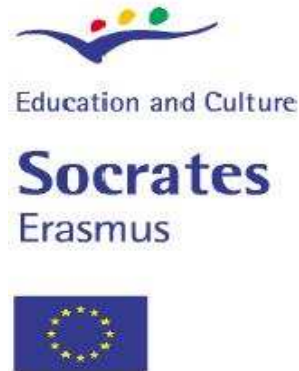
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# APPENDIX 1-6

## Quality Assurance and Benchmarking of Dental Education

### An Approach for European Dental Schools

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# *The Toolkit*

This toolkit is an incomplete series of methods that may be used in part, or in whole, to aid those developing Quality Assurance. We would like to add other QA systems. If you have other methods of QA in your school, locally or nationally, we would welcome them so others can benefit. A short description with website/references would suffice.

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***A System for Internally Driven Quality Assurance & Improvement***

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***A System for Externally driven Quality Assurance and Quality Improvement***

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***An Example of a Self- Assessment Template for a 'DentEd/ADEE' style of Visitation***

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***An Example of a System of National Benchmarking***

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**Examples of good QA Practices**

**i) Developing a Staff – Student Committee**

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***Quality Assuring the Student as a Clinical Professional***

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## 1. A System for Internally Driven Quality Assurance & Improvement

### A Tool Kit Example: - Quality management scheme for education: protocols and responsibilities (Oslo)

Quality Categories	Routines /Procedures	Recipient	Responsibility
<b>A. Upstart</b>			
1) Number of applications, 1.priory applications, level of grades (secondary school)	Presentation (visual) of development over last 3 years	Employees and students, annual report	1. Administration for study affairs
2) Promotion at educational fairs and school visits	Participation at educational fairs and in school visits	Annual report	2. Administration for study affairs
<b>B. Content</b>	Oral	Dean for teaching and learning, Academic head of basic sciences department	Head of Teaching Committee for 1. semester, Head of Dental Hygienists educational program
1) Students´ evaluation of reception and upstart			
2) Students´ evaluation during the semester on content and context issues	Electronic questionnaires (Quest-back), oral/written	Faculty and department management, heads of academic disciplines, Curriculum Committee, Teaching Committees, Head of Dental Hygienists educational program	Administration for study affairs, teaching staff in the Dental Hygiene program
3) Students´ evaluation upon graduation (10.semester/6. semester)	Electronic questionnaires (Quest-back), paper questionnaires	Faculty and department management, heads of academic disciplines, Curriculum Committee, teaching committees	Administration for study affairs, Head of Dental Hygienists educational program
4) Teachers´ evaluation of PBL	Paper questionnaires	Heads of teaching committees	PBL tutors
5) Teachers´ assessment of students behaviour in clinical settings (level of progress, maturity, suitability)	Oral feedback	Heads of teaching committees	Academic head of Department of Clinical Dentistry, managers in the clinics
6) Quality management of extramural clinical practice	Paper questionnaires	Dean for teaching and learning, Heads of teaching committees, teaching staff in the Dental Hygiene program	Appointed teacher responsible for extramural clinical practice

Quality Categories	Routines/procedures	Recipient	Responsibility
<b>Content (continued)</b>			
7) Quality management of exchange programs (Socrates-Erasmus, NordPlus)	Site visits, teacher exchanges, questionnaires	Faculty management, university management	Erasmus-coordinator, Administration for study affairs, Head of Dental Hygienists educational program
8) Assessment of students' clinical skills	SALUD-reports , oral	Dean for teaching and learning, teaching committees, Administration for study affairs <b>(only when deficiencies are detected)</b>	Academic head of Department of Clinical Dentistry, managers in the clinics, teaching staff in the Dental Hygiene program
9) Quality management of project work (thesis) in undergraduate curriculum	Feedback oral/written by academic teacher responsible for research projects, incentive prize	Dean for teaching and learning, Teaching Committee for 9/10. semester	Appointed teacher responsible for research projects
10) Feedback on students' performance on exams	Reports in electronic (student) database, written report to individual students that fail	Dean for teaching and learning, teaching committees, Administration for study affairs	Assessment examiner/internal examiner
11) Feedback from program auditor	Written and oral	Faculty management	Program auditor
12) Feedback from international panels	Written and oral	Faculty management	Employer
13) Periodic evaluations (quality improvement seminars, user surveys)	Seminars, reports, specific assignments and tasks for follow-up	Dean, Dean for teaching and learning, Curriculum Committee, teaching committees, heads of academic disciplines	Dean for teaching and learning, Curriculum Committee, selected academic disciplines

Quality Categories	Routines/procedures	Recipient	Responsibility
<b>Content (continued)</b>			
14) Teaching committees' reports and evaluations to the Curriculum Committee	Contributions to annual report	Dean for teaching and learning	Teaching committees
15) Award (incentive prize) to academic discipline for educational quality	Decided by Curriculum Committee, announced at quality improvement seminar (diploma and prize)	Selected academic discipline	Dean for teaching and learning/Curriculum Committee

<b>C. Resources</b>			
1) Reception and combined academic-social gatherings	Introductory week, social events	Dean for teaching and learning, Head of basic sciences department, Student Union, Student welfare organisation, student mentors	Head of Teaching Committee 1. semester, Head of Teaching Committee Dental Hygiene program, Administration for study affairs
2) Procedures for registration of students and internet access	Entries in electronic student database and on WEB, distribution of user names and passwords	Students	Administration for study affairs, University Division for study affairs University Division for information technology (IT)
3) Ratio teachers/ students	Annual report	University, Faculty management	Administration for study affairs, Head of Dental Hygienists educational program
4) Infrastructure, assistance from auxiliary technical personnel	Surveillance, reports	Faculty and department management	University Division for technical matters
5) Common facilities for students, study halls, computer labs	Surveillance, reports	Faculty management	University Division for infrastructure (Technical Division), departments, section for photo-services, section for information technology, teaching staff in the Dental Hygiene program

<b>Quality Categories</b>	<b>Routines/procedures</b>	<b>Recipient</b>	<b>Responsibility</b>
<b>D. Outcome</b>			
1) Statistics on production of credits and distribution of grades	Annual report	University and faculty management	Administration for study affairs
2) Data on students' progress	Annual report	University and faculty management	Administration for study affairs
3) Learning outcomes ( <i>see B5, B8, B9, B10, B14</i> )			
4) Feedback from young dentists ( <i>see B13</i> )			
5) Feedback from the labour market	Semi-annual and annual reports	Faculty management, Curriculum Committee, teaching committees	Assessment examiners, mentors in external practice ( <i>see B6</i> )

<b>E. Information to students</b>			
1) Information booklet	Internet based (paper format in 1.-3. semester)	Students and teaching staff	Administration for study affairs, Head of Dental Hygienists educational program
2) Internet based information to students	Continuous updating	Students and staff, public at large	Administration for study affairs
3) Introductory week	According to protocol (timetables)	Curriculum, teaching staff involved	Dean for teaching and learning, Administration for study affairs
4) Former students evaluation of content ( <i>see B2, B3</i> )			

<b>Quality Categories</b>	<b>Routines/procedures</b>	<b>Recipient</b>	<b>Responsibility</b>
<b>F. Assessment</b>			
1) Guidelines and rationale for the use of external assessment examiners	Written, announcements	Current and potential applicants to positions as assessment examiners	Dean for teaching and learning, Curriculum Committee, teaching committees
2) Feedback to students at practical-clinical exams	Oral feedback from examiner to student	Student	Assessment examiner/internal examiner
3) Actions in response to high levels of failing grades	Measures specific to situation	Students	Dean for teaching and learning, department management, Head of Dental Hygienists educational program
4) Use of assessment examiners reports ( <i>see D5</i> )			
5) Relevance of evaluation methods	Oral and written	Faculty management, Curriculum Committee	Program auditor

### **The possible use of Program Auditor in the Dental School**

Where appropriate the dental school may introduce the role of a Program Auditor, as one element of the Quality management system. This would give faculty and staff an opportunity to be presented an external point of view on content, organization and evaluation of the educational activities. An arena for discussion and reflection can be established to facilitate feedback on a wide panorama of issues relevant to continuous quality improvement. More specifically, the Program Auditor should contribute to

- The maintenance of adequate academic levels of achievement within the school
- Adherence to guidelines given for exams
- Fair treatment of the student

### **Appointment**

The Program Auditor should be appointed by the Dean and preferably for an extended period. Also, it may be argued that a Program Auditor should be recruited on an international basis. However in some cases language requirements may narrow down the practical scope. A mutual agreement signed by the Program Auditor and the Faculty of Dentistry is recommended.

### **The task of supervision**

The Program Auditor should be given the opportunity to be present during the exam period and to speak with students and all categories of staff, at his or her choice.

In order to fulfill the responsibilities of the assignment, the Program Auditor should:

- Have access to learning outcomes, program content and syllabus at an early stage of the academic year
- Have information on the use of the grading system (s)
- Have access to students' essays/reports at written exams and the examiners' assessments of these
- Have the possibility to conduct discussions with assessment examiners on a selection of students' exam papers. The principles of selection should be decided by mutual consent. The purpose should be to give the program auditor the opportunity to assess the level of quality, relevance and consistency of the students' presentations.
- Have the opportunity to be present at oral exams of his or her choice. This presence should be agreed upon with the internal examiners before the exams commence
- Have the opportunity to during the annual visit have meetings with teaching committees and heads of academic disciplines with the purpose of mutual exchange of views and to review findings and results
- Have access to student research projects and information on the evaluation of these

## **Reports**

### Annual report

Upon completion of exams the Program Auditor gives an evaluation of the educational program, the examination procedures and the level of quality of teaching and of student performances. This feed-back should be presented to the Faculty Board. The Program Auditor must be prepared to discuss conclusions with personnel responsible for the various topics that are addressed in the report. Within a set time after the visit, the Program Auditor should submit a written report to the Faculty.

To this end a questionnaire may be established which is in accordance with topics that the faculty require being addressed. The Program Auditor may add to this list at own choice.

### **Suggested topics:**

- Commentary regarding the usefulness of information received prior to the exam
- Commentary on the standards represented by the students exam papers, level of quality in the students' exam results, and the dissemination of pass/fail
- Commentary on the assessment procedures used
- Commentary on the educational program with emphasis on content, structure and use of resources
- Characteristics of the educational program that is regarded as particularly commendable
- Examples of 'good practice'
- Additional comments

### Final report

At the termination of the appointment period as Program Auditor, he or she should submit a written report which should specifically address the following topics:

- the relevance, organisation and pedagogics of the educational program
- the quality of the graduates and progress of students during the studies
- the evaluation- and examination procedures, and the way these are conducted



## **The function of assessment examiner**

Regulations concerning the use of assessment examiners at exams will differ from country to country.

For example in Norway it is by new legislation from 2003 optional whether to use internal or external examiners. The dental school has chosen to keep the existing system of using two examiners on each exam, of which one should be external. The reasons for this are that the ratio teacher to student and extensive use of small group teaching inevitably leads to close relations between staff and students in the dental school. As educator of future health professionals the dental school is also dependent on good communication with representatives of the outside labour market and we drawn on these as external examiners. The current use of the “pass/fail” grading system at all exams is perceived to strengthen the argument for having external examiners.

If external examiners are used, this QA-system should state that

- a competence profile for each assessment examiner should exist
- that all vacant positions as assessment examiners should be publicly announced
- that assessment examiners are appointed for a extended term
- that a written agreement between the Faculty and each assessment examiner should be in place

## 2. A System for Externally Driven Quality Assurance and Quality Improvement

The European dental schools through the DentEd initiative have been at the forefront of establishing a QA policy for dental education. The first step was to develop a site-visit protocol and system in order to create a European wide peer review system as an important step in an overall QA policy. This system is now part of ADEE activities joined with DentEd III and is available to and being used by dental schools in and outside Europe. A second step has been to agree on the profile and competences of the graduating EU-dentist. At present the first document on this subject has been approved by the General Assembly of ADEE, representing at least 65% of all European dental schools. Feedback is sought at the moment from all national professional associations and the European specialist societies or associations. The document will be reviewed every 5-6 years and is thereby a corner-stone in the European Dental Education QA-system.

In addition discussions within DentEd and ADEE have been geared to models and best practices for curriculum structure and content, methods of learning and assessment and other common issues. This will lead to two more documents to be approved by DentEd /ADEE and following the same cycle as the Profile and Competency document.

Finally activities take place to agree on a QA document within DentEd and ADEE. This will tremendously help to improve and harmonize the existing national and local QA systems in dental schools to further develop towards a generally accepted European approach in Dental Education.

The present document is the result of intense discussions during the last two annual meetings of DentEd and ADEE, drafted by the DentEd /ADEE taskforce III.

### National Audit & Accreditation

National QA may be undertaken by the national regulatory authority, e.g. General Dental Council (UK); Lithuanian Centre for Quality Assessment in Higher Education (Lithuania), QANU, (The Netherlands), *CNE (France)*; directly or delegate it to another body. The role of national QA should be to ensure QA of dental education across the country; firstly, to ensure that the dental education of the country complies with EU, national laws and standards, and secondly, to ensure equality across dental schools within the country.

The national QA process could resemble a process similar to the Dent Ed/ADEE visitation, with examination of all parts of the dental education process within an institution. The first objective is to attribute to the school a 'label' of quality assured education, thus demonstrating that it is equivalent to other schools. The process can be used to compare and contrast dental schools; it may highlight inadequacies of funding, staff and facilities, which may be useful to schools in attracting increased resource. The process should encourage development of high quality education and ideally be supportive and non-threatening. The opportunity to encourage knowledge transfer of best practice between institutions should be maximised.

The national authority needs to be mindful of ensuring that the dental graduates are fit for purpose for the provision of dental needs in the country and to ensure that the dental graduates meet the needs of the population. Over a period of time as dental health of a nation improves, it can be expected that the demands of the population from the dental profession will change. For example, in areas with high caries prevalence there may be a greater need for extraction, dentures and restorative care. As the dental health of the population improves it could be expected that the needs of the population will change towards more advanced dental care and prevention. To achieve this, an understanding of the oral health and dental needs of the population are required. The national authority may then use its influence to direct dental education within its boundaries. In doing this it is important to remember that it takes 5 years to train a newly qualified dentist and hence a delay of 10+ years has to be anticipated in the changing dental needs of a population.

### 3. An Example of a Self- Assessment Template for a ‘DentEd/ADEE’ style of Visitation

#### Template for writing a Self-assessment Document (prior to an external visitation/inspection)

All items mentioned in this template should not just be a listing of existing information, but also include items that have to be addressed each in terms of SWOT analysis. (Strengths; Weaknesses; Opportunities; Threats)

#### (1) Curriculum and General Educational Approach

- \* Study guide/programme booklet
- \* Course manuals
- \* Website documentation
- \* Code of conduct
  - Examination rules (= Assessment concepts and practices)
  - Monitoring of the progress and achievements of students
- \* Profile & competences
- \* Concept of learning (= Educational philosophy and principles?)
- \* Curriculum structure
- \* Resources (Appropriateness, availability and student support) learning
- \* Quality assurance system

#### (2) Personnel

- \* **Academic**
  - Age distribution
  - Male/female
  - Cultural variety
  - Career paths
  - Continuous professional development
  - Educational
  - Dental professional
  - Portfolio/progress file
- \* **Non-academic**
  - Administrative
  - Clinical
  - Support

#### (3) Students

- \* Organisation/union
- \* Gender and cultural differences
- \* Cost for learning materials
- \* Study load
- \* Success rate on courses and programme
- \* Exchange
- \* Extra curricular activities
  - Research activities/reports

Training periods which may encourage professional integration  
(vocational training or extramural training periods)

- \* Electives
  - Portfolio/progress file
- System of selection
- Involvement of students in faculty committees
  - Reception (welcome) of first year students

#### **(4) Facilities**

- \* Library
- \* Pre-clinical
- \* Clinical
- \* IT for learning and administration
- \* Lecture and seminar rooms
- \* Safety and hygiene measures

#### **(5) Alumni, professional representatives and others**

- \* Postgraduate training
- \* Continuing professional development and life long learning
  - Opinion on the undergraduate curriculum
- Relationships with employers, professional representatives or other relevant organisations
  - Public information

#### **(6) Summary of all SWOT analysis, including plans for innovation and improvement**

## 4. An Example of a System of National Benchmarking

**Benchmarking** (also "best practice benchmarking" or "process benchmarking") is a process used in [management](#) and particularly [strategic management](#), in which organizations evaluate various aspects of their processes in relation to [best practice](#), usually within their own sector. This then allows organizations to develop plans on how to adopt such best practice, usually with the aim of increasing some aspect of performance. Benchmarking may be a one-off event, but is often treated as a continuous process in which organizations continually seek to challenge their practices.

### Benchmark statements

Benchmark statements, for relevant subject areas such as Dentistry, set out general expectations about STANDARDS for the award of qualifications at a given level and articulate the ATTRIBUTES and CAPABILITIES that those possessing such qualifications should be able to demonstrate. In other words, they describe what gives a discipline its coherence and identity, and define what can be expected of a graduate in terms of the techniques and skills needed to develop understanding in the subject. They often operate at the national level, which is entirely appropriate, but could also operate at the European or International level to help in the achievement of equivalence of competence across borders for example the DentEd III / ADEE documents: "Profile and Competencies for the New European Dentist" and "Curriculum Structure and European Credit transfer System for European Dental Schools").

### Background

Within the UK the Quality Assurance Agency framework (<http://www.qaa.ac.uk>) for the articulation and assurance of standards sets out a 3-fold approach to the specification of standards. The three parts of the framework include:

1. The production of benchmark information at subject level as a national reference point for subject standards
2. Qualifications and credit frameworks as national reference points for standards of awards
3. Programme specifications at institutional level for the articulation of standards within modules and programmes. These specifications are expected to guide the quality control and assurance activities that are undertaken through institutional processes and through external examining, academic review and, where relevant, accreditation and review by professional and statutory bodies.

Thus, benchmarking information provides a national framework or 'meta-level' guide *to* the subject and *for* the subject as well as for other interested parties, including students. They are useful for a variety of purposes including design and validation of programmes,

examination and review; they could also strengthen the accreditation process undertaken by professional and statutory bodies.

Thus, benchmark information can be used by institutions, as part of their programme approval process, to set degree standards. The standards should be developed by the academic community itself, through formal groups of experts (e.g. Dentistry). It is desirable that the experts in the field (including associations and professional bodies) formulate the standards for the respective disciplines when developing benchmarks.

It is an expression of a professional, collective responsibility to make academic standards explicit and available to a wide audience.

### **Benchmark statements**

On graduation dental students should have developed a holistic view of patient care, accept their professional responsibilities, and acknowledge their limitations. They should have demonstrated an appropriate level of competence to deal with complex issues both systematically and creatively, make sound judgements on the basis of available data, and have acquired a commitment to continuing professional development.

Benchmark statements do not set a national curriculum for programmes leading to awards in Dentistry. They acknowledge that the requirements of professional and regulatory bodies, and the standards set, need to be incorporated into the design of programmes, but beyond that they allow for local innovation, development and flexibility in the overall design of the curriculum. The essential feature of benchmarking statements is the specification of threshold standards, incorporating academic and practitioner elements, which ensure the graduating dentist is 'fit for practice'. They provide guidance within which higher education institutions are expected, as a minimum, to set their standards for the award.

The main sections of the *statement*, in addition to describing the general nature and extent of programmes leading to awards in dentistry, should describe the profession-specific expectations and requirements which characterise the profession. The statement illustrates the broad expectations of the practitioner as a professional and describes the need for a systematic acquisition of knowledge, a comprehensive understanding of techniques and a critical awareness of current knowledge, skills and attitudes.

*Subject benchmark statements* thus provide reference points rather than specifying outcomes and are expository rather than prescriptive. Institutions in their programme

specifications will provide information on the structure and functions of their particular programme of study and specify learning outcomes.

Benchmark statements should also include a section on teaching, learning and assessment. They should draw attention to the central role of practical experience in the design of learning opportunities for undergraduates and the importance of ensuring that professional competence developed through practice is adequately assessed and rewarded. They should also reflect how essential it is that the integration of theory and practice is a planned process within the overall arrangements made for teaching and learning.

An example of well developed national Benchmark Statements for Dentistry are to be found at:

<http://www.qaa.ac.uk/academicinfrastructure/benchmark/honours/Dentistry.pdf>

In summary, Benchmark Statements can be used to achieve the following.

1. Provide academic staff and institutions with a point of reference in the design and development of degree programmes and a framework for specifying intended learning outcomes
2. Provide one of a number of external sources of information that can be drawn upon for the purposes of internal and external review, and for making judgements about the threshold standards being met
3. Provide an immediate starting point for discussion and reflection within teaching teams and between teaching teams and reviewers, for example during a periodic review.

## **Programme specifications**

Benchmark statements are usually developed on a national basis, but can also be formulated at the international level. They set out the standards of a discipline as agreed by the subject community,

To complement these subject benchmark statements, institutions (Dental Schools) should develop Programme Specifications that should contain the following features.

1. The intended learning outcomes of the programme
2. The teaching and learning methods that enable learners to achieve these outcomes and the assessment methods used to demonstrate their achievement
3. The relationship of the programme and its study elements to the Qualifications Framework

For further information see:

<http://www.qaa.ac.uk/academicinfrastructure/programSpec/progspec.asp>

Guidelines for producing Programme Specifications are available at:



**<http://www.qaa.ac.uk/academicinfrastructure/programSpec/progspec0600.pdf>**

The Programme Specifications reflect the details of a programme provided by an institution that can then be compared against the Benchmark Statements developed nationally or internationally (at the European level). Thus, potential students, external agencies and others have the opportunity to scrutinise local provision against a national standard.

## 5. Examples of good QA Practices

### Developing a Staff – Student Committee

#### Constitution of a Staff – Student Committee

Ideally 50:50 staff-student ratio, so that students are not intimidated by large numbers of staff. Each year group should have a staff-student committee – students electing their representatives, with the same chair for all committees to ensure continuity.

#### Aims of a Staff- Student Committee:

The Staff Student Committee meets every semester to monitor and seeks to enhance the quality of the BDS teaching and learning experience by gathering opinions and data from students through questionnaires and by discussion at meetings, and feeding this back to staff providers of courses, facilities and learning environment infrastructure. Students are asked to complete course appraisal questionnaires, analyses of these are tabled and discussed at meetings, and the policy is to cover all teaching by questionnaire over approximately a three year period. All aspects of the student learning experience are discussed. The committees report their outcomes to the main school committee responsible for teaching. Signalling is not enough; follow-up of actions for improvement should be monitored as well in how far actions have been successful

#### Agenda:

Discussion of facilities e.g. library, IT&C, clinics, laboratory  
 Discussion of course reviews  
 Discussion on assessment and examination issues  
 Discussion on quality and availability of learning materials  
 Broad discussion on the overall curriculum

#### Questions

Suggested standard questions, additional questions may be added for individual subject areas. The replies are ranked on a 1-5 likert scale.

#### Suggested standard Pre-Clinical Course questions:

The course stimulated my interest  
 The course was presented in an enthusiastic manner  
 Course material was consistent with the stated objectives, so I knew where the course was going  
 Teachers made students feel welcome in seeking help/advice in or outside of class  
 Ideas/concepts developed in class were well explained  
 Different components of the course were well integrated  
 Teachers illustrated links to other parts of the curriculum  
 The study guide helped me with the course  
 Demonstrations helped develop my practical skills  
 Feedback within practical sessions was helpful

The course enabled me to translate my knowledge of dental tissues and disease to clinical applications

The course has reinforced my decision to train as a dental surgeon

**Clinical Course questions:**

My time on this clinic stimulated my interest

I was adequately prepared by lectures/skills courses/induction

The clinical teaching was well organised, so I knew what was expected of me

Supervisors/clinical teachers made me feel welcome in seeking help/advice

Experience on the clinic enabled me to develop my clinical skills

I received appropriate dental nursing support

I received appropriate administrative support

I received appropriate feedback during/after each session

I understood the reasons for my clinical gradings, so these were formative

Questions on the overall course

I have been informed about the progress (the organization) of dental studies

I have been informed about the different ways of exercising my profession

There is a good quality of life within the Faculty.

The number and quality of patients provided is adequate

## 6. Quality Assuring the Student as a Clinical Professional

### ‘Fitness to Practise’ Mechanisms

1. As well as the need to appropriately Quality assure all areas of the dental curriculum, the clinical training, the physical facilities etc (as laid down elsewhere in the document). There is a need to protect the safety of patients during dental student training and to be sure that an appropriate and quality assured, process is in place in that regard. In other words, QA has an important part to play in consumer protection, as alluded to earlier in the document. Dental students are almost unique in the healthcare training sector in that they treat patients to health before becoming a registered healthcare professional. In addition, unlike in other healthcare areas, (e.g. Medicine) they perform irreversible treatment procedures on patients. This means that Universities and other bodies responsible for the clinical training of dentists must be confident that the rights and safety of patients, under student care, are being appropriately maintained in the clinical training environment. One side of the equation is to maintain adequate levels of expert supervision at all times but with the recognition that this might vary, for example, from 1:6 to 1:10 staff: student ratios depending on the level of competence and procedure being performed (QANU 2006). On the other side of the equation is the need to be certain that students are able to act as clinical professionals and are, and will, be ‘fit to practise’.
2. Many universities have a ‘Fitness to Practise’ or Professionalism Assessment Procedure that could be a disciplinary instrument for students. However, perhaps more importantly, it is a Quality Assurance tool which makes sure that the dental student is, in all ways, during the progress of their training, competent to treat and care for patients. It should also act as one mechanism by which patients (the consumers) are protected during the students’ clinical learning experience. It is an advantage if the procedure is compliant with any national regulatory professional body requirement. Students should be reminded that the rules apply equally away from the university campus (e.g. on outreach or satellite clinic placement).
3. When a ‘Fitness to Practise’ procedure is triggered the usual rule of innocence until guilt is proven applies. Students may be accompanied and/or represented in any disciplinary committee, the deliberations of which should be confidential. A right of appeal would usually apply to clear and defined criteria:
  - a) procedural irregularities;
  - b) exceptional circumstances not brought to the attention of the disciplinary committee which can be shown to be relevant to the case. In appeals based on these grounds, the appellant must show good reason why such exceptional circumstances were not made known to the disciplinary committee;
  - c) that the decision taken by the disciplinary committee was unreasonable or could not be sustained by the facts of the case.

4. The following are examples of circumstances which would, prima facie, render a student unfit to practise clinically, and hence be excluded from a University:
  - a) exploiting the vulnerability of a patient or professional client to establish a sexual relationship;
  - b) offences against the vulnerable, including children, the elderly and the mentally incapacitated;
  - c) chronic drug or alcohol abuse;
  - d) acting in a violent manner on or away from University premises;
  - e) conviction of a criminal offence;
  - f) intimidation of fellow students, patients or professional clients on religious or other grounds;
  - g) failure to rectify behaviour that has been subject to any disciplinary actions under the University's regulations;
  - h) repeated inappropriate behaviour towards others;
  - i) falsification of patient or other professional records;
  - j) severe and relapsing mental illness;
  - k) being a carrier of a serious communicable disease;
  
5. The contemporary educational approach within healthcare is that graduans are 'Fit to Practice', i.e. they are 'Competent' and therefore may be entered onto the appropriate national register as a healthcare professional. Competence has been defined as:
 

*'..the behaviour expected of beginning independent practitioners. This behaviour incorporates understanding, skills, and values in an integrated response to the full range of circumstances encountered in general professional practice. This level of performance requires some degree of speed and accuracy consistent with patient well-being but not performance at the highest level possible. It also requires an awareness of what constitutes acceptable performance under the circumstances and desire for self-improvement'<sup>1</sup>.*
  
6. It follows from the above that, in addition to the intellectual skills required of a university degree, the student has to develop other skills and values to allow them to become a member of their chosen profession, to have insight into their performance - academic, clinical and behavioural - and exhibit a desire to improve. Students should demonstrate that they are acquiring these attributes during the course, not just immediately prior to, or at, the final assessment.
  
7. Healthcare disciplines should have robust processes and procedures in place for monitoring student progress and should not, therefore, recommend exclusion of a student on grounds of lack of clinical competence without clear and obvious evidence as to their unsuitability to become a member of the profession. This is irrespective of their performance in other summative academic assessments.
  
8. It is important that due account is taken of the opinions of experienced teachers regarding the suitability of a student to enter the profession on grounds of 'Fitness to Practise'.

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<sup>1</sup> (David Chambers, Journal of Dental Education, 1994; 58: 342-345

9. The university should have a clear disciplinary pathway for circumstances in which, after remediation opportunity, a student fails to progress. The university should have a 'Fitness to Practise' or Professionalism Committee (Healthcare) which has the authority to exclude students on the grounds of continuing poor performance (including lack of evidence of progression towards competence, which will include technical and behavioural competence) in addition to the Fitness to Practise categories given above.
  
10. Any such disciplinary committee might have senior representation from:
  - a) the school involved;
  - b) at least two other schools within the university (one of which should be another healthcare discipline);
  - c) the university registry or equivalent QA supervising authority;
  - d) an external body, preferably from the national regulatory body of the discipline concerned.

The committee should be chaired by a senior officer of the university.

The decision of the committee should not normally be overruled by any other university committee, panel or group since the safety of patients is paramount.