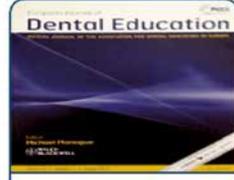




Professionalism



Interpersonal Communication and Social Skills



Knowledge Base, Information and Information literacy



Clinical Information Gathering



Diagnosis and Treatment Planning



Therapy: Establishing and Maintaining Oral Health



Prevention and Health Promotion

LEADER

Leading European Academic Dental Education and Research

THE DENTAL EDUCATION EXCELLENCE PROGRAMME



The Association for Dental Education in Europe

Lincoln Place
Dublin 2
Ireland

www.adee.org

email: administrator@adee.org

Phone: +353.1.612 7235

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Executive Summary

The LEADER Excellence Programme is a continuous quality improvement initiative designed by the Association for Dental Education in Europe that provides contextually appropriate guidance on the development of meaningful quality improvement structures within participating dental schools.

LEADER draws on ADEE's vast experience of Dental School visits and its pan European network experiences to bring together in a coordinated manner a means for dental schools to optimise and integrate their quality improvement activities in a strategic manner.

LEADER is complementary to existing Quality Assurance programmes that may operate regionally. Its aim is to embed the principles of previous ADEE best practice guidance documents including; the 'Profile and competences for the graduating European dentist – update 2009'; the 'Curriculum structure, content, learning and assessment in European undergraduate dental education – update 2010'; and the 'Quality Assurance & Benchmarking An Approach for European Dental Schools (2010)'.

ADEE is confident that LEADER provides the framework and catalyst for schools that will give life to continuous quality improvement in a manner that, if embraced, will return rewards for dental schools, dental teachers and dental students that is sustainable.

At the core of LEADER is the principle of peer reviewed self-assessment, a commitment to continuous quality improvement and a vision which sees European schools as the leading provider of quality dental education at all levels.

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LEADER

THE DENTAL EDUCATION EXCELLENCE PROGRAMME

Section One: The Evolution of LEADER

The Association for Dental Education in Europe (ADEE) brings together a broad-based membership across Europe comprised of dental schools, specialist societies and national associations concerned with the advancement and ongoing evolution of dental education in a harmonised pan-European format.

ADEE has always been committed to the advancement of the highest level of health care for all people of Europe through its mission statements:

- To promote the advancement and foster convergence towards high standards of dental education.
- To promote and help to co-ordinate peer review and quality assurance in dental education and training.
- To promote the development of assessment and examination methods
- To promote exchange of staff, students and programmes.
- To disseminate knowledge and understanding of education.
- To provide a European link with other bodies concerned with education, particularly dental education.

In recent times, in response to a rising demand from ADEE membership for greater participation the ADEE Executive Committee realised the need for the development of a quality improvement programme that could be applied in a meaningful and useful manner by European Dental Schools.

Having consulted with its membership, the ADEE Executive concluded that a formal accreditation system would not be desirable or valued by most ADEE member schools. Within the dental education arena 'Accreditation' is viewed as being the responsibility of the regulating body at the country level. However, members expressed a strong desire for a system that grew on the existing ADEE structures already in place, which recognises those schools engaged in the continuous quality improvement cycle.

Many stressed the value and benefits attained by Schools from the DentEd and ADEE School visit programmes. Others stressed the importance of the role of the ADEE Taskforces particularly Taskforce I (The Profile and Competences for the

LEADER BY ADEE

The LEADER Excellence Programme is a continuous quality improvement initiative designed by the Association for Dental Education in Europe that provides contextually appropriate guidance to members on the development of meaningful quality improvement structures within participating dental schools.

Graduating European Dentist) and Taskforce II (The Curriculum Structure, Content, Learning & Assessment in European Undergraduate Dental Education). These documents have become the foundation of dental education throughout Europe and indeed further afield.

Others such as Rohlin et al (2002, p74) stress and emphasise the uniqueness of regional and continental differences and the importance of embracing such difference in successful continuous quality improvement initiatives.

Evolving these existing valuable structures was seen as the key focus for the ADEE Executive. Any emerging initiative would need to draw on these by; combining them into a core consistent approach that enabled quality delivery of the educational experience for students and staff; and the sharing and communication of successful quality improvement. What has evolved from this work is the LEADER Excellence Programme.

LEADER Leading European Academic Dental Education Research

Participation in LEADER will provide Schools with enhanced support in meeting their national regulatory and quality assurance requirements. LEADER is not to be seen as being an alternative to local regulatory and accreditation requirements rather complementary to these. It is a tool that enables a school to embed continuous quality improvement within its structures and receive appropriate peer recognition for this. It will also provide a valuable marketing tool to participating schools, signalling them as a LEADER in the field of dental education, committed to ongoing quality improvement and development.



Section Two: The LEADER Philosophy

The LEADER philosophy is grounded in the highly successful ADEE and DentEd Dental School visit programmes. The ADEE's previously published Dental School Visit guidelines and the output of Taskforce III (Quality Assurance & Benchmarking: An Approach for European Dental Schools) provided the core guidance in the creation and delivery of the LEADER programme. LEADER aims to draw on the dental schools existing quality assurance processes to offer an opportunity for peer reviewed recognition from the Dental Education profession in Europe. The approach is based on the principles of:

- collegiality and the sharing of knowledge,
- appropriateness and applicability,
- being dynamically responsive to enable application throughout the membership countries,
- evidence based best practice
- effective risk management
- minimal resource input

ADEE envisages that LEADER offers Dental Schools the impetus and opportunity to coordinate their existing quality improvement programmes and structures in a meaningful manner, whilst allowing opportunity for unique cultural, regional and national regulatory requirements to be fulfilled.

Section Three: The LEADER Approach

The LEADER programme is concerned with truly embedding quality improvement within Schools' structures. Like DentEd and ADEE school visit programmes, it is concerned with the recognition of excellence while encouraging continual evolution of the quality of dental education. This is achieved by offering a structured approach to quality improvement and benchmarking, common to the majority of accreditation and regulatory bodies within Europe. This generic approach to quality allows for flexibility and, responsiveness to local legislative and regulatory requirements, whilst still embedding best practice systems within dental education structures.

Participation in LEADER is voluntary and open to any Dental School wishing to participate.

The programme commences with a Dental School visit. This visit is used to set the baseline for improvement and development. (Note: Schools which have already participated in a DentEd or ADEE school visit can utilise this visit as the baseline report). Having addressed the need to set the base line, the LEADER continuous improvement cycle commences with a strategic decision by faculty to participate in the LEADER programme.

Exploring the literature ADEE identified that many quality improvement initiatives involved 3 to 5 year cycles of improvement. ADEE believe a 4-year continuous self-assessment cycle is best suited to the Dental School environment as it gives opportunity for quality improvement plans to be progressed in a meaningful manner. However, in acknowledging local variation in dental degree duration, ADEE will consider facilitating alternative cycle lengths when requested.

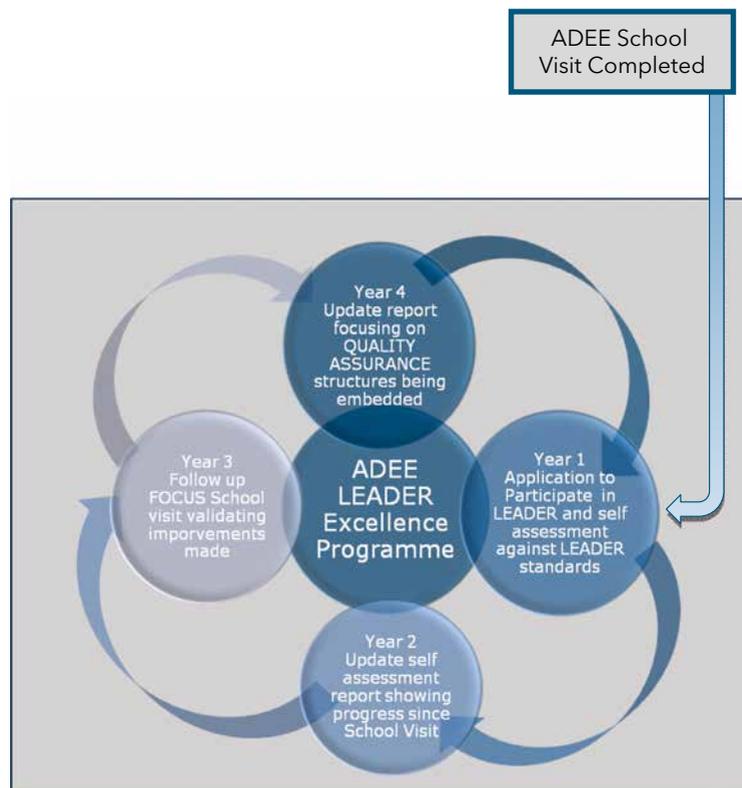


FIGURE 1: THE LEADER 4-YEAR CYCLE

LEADER SELF-ASSESSMENT

Quality management should be an ongoing, dynamic process, as well as forming an essential and integral part of every function in the dental school and hospital. There are different methods available for quality evaluation. However, decision-making processes and implementation opportunities may vary between schools and thus, not all recommendations may necessarily lead to immediate improvement. Perhaps, the most important point is to have a clear system for Quality Assurance and Improvement built into the management structure of a dental school (and hospital). Ideally it should be a continuous, repetitive process, selectively benchmarked and with appropriately timed internal and external validation included in the cycle. The key outcomes of improvement should never be assumed to have been achieved just by implementing change but should be checked against what was intended, in a further process of review and follow-up.

ADEE believes the most effective means of achieving this is a comprehensive self-assessment process. Self-assessment can be seen as the basis for achieving robust quality management, which will encompass all of the key processes in a dental school (and hospital), including education, risk assessment, research and also patient care and protection.

There are a variety of models/approaches presented in the literature to structure and conceptualise the assessment of and factors related to quality of service provision. Rohlin et al (2002, p.67) discuss 'the Deming cycle' and the concept of 'Plan-Do-Check-Act' within continuous quality improvement as it might apply to education. Harden et al (1999) discuss the professional judgement made teachers concerning their practice and how applying the principles of the QUESTS dimensions can assist improvement. Others would argue that the most enduring of these seems to be that described by Donabedian in 1966 with its further development by Starfield in 1973. This conceptual framework includes three dimensions:

Structure:

Relating to the facilities, equipment, personnel and organisation available for provision of care,

Process:

Referring to actual provision of care,

Outcome:

Denoting effects of care on the patient's' health status.

Each of these dimensions and the dynamics of the relations between them can be assessed separately (or in combination) in relation to the quality of care provided in dental schools and hospitals. Again, they are all fundamental to the development of an appropriate environment for dental education and form an important part of the overall mechanism of Quality Assurance (QA). In the case where patient treatment is performed within a hospital environment, the QA management system of the hospital, as well as the corresponding national regulations, should apply.

Demonstration of best practice principles in the area of risk assessment, analysis and management should also be incorporated into the self-assessment philosophy.

Throughout self-assessment the emphasis should be on ensuring international best practice and the principles of: the ADEE Profile and Competences for the Graduating European Dentist; the Curriculum Structure, Content, Learning & Assessment in European Undergraduate Dental Education; and other relevant documentation on acquisition and assessment of common clinical competences.

The core of self-assessment will undoubtedly focus on quality improvement identification. However, schools are also encouraged to demonstrate and share areas of expertise and best practice. In finalising the self-assessment documentation, the importance of applying international best practice to the local context must be emphasised. A balanced strategic operational approach demonstrating partnership and the integrated relationship between Dental School, University Faculty and Hospital should be communicated.

While there is not one best approach to self-assessment, ADEE advises participating Schools to utilise a systematic framework in its self-assessment process as it is on the backbone of such a philosophy that LEADER is developed.

The LEADER quality improvement programme

To participate in LEADER, a school must first participate in a full ADEE school visit. (See section 4). Having completed a school visit, schools are eligible to participate in the LEADER Excellence Programme.

During the four-year cycle, years 2 and 4 feature a mini self-assessment report by the participant school. Unlike the initial school visit, these mini-self-assessments are focused on particular aspects of the quality agenda of the Dental School, in line with the ADEE school visit report. ADEE does not expect all recommendations to be addressed; rather, a plan should be in place to ensure these are delivered in a timely and focused manner. Progress should be demonstrated.

The following section summaries each year's activity:

LEADER: Year One

A school makes the decision to participate in LEADER by contacting the ADEE office in Dublin. A provisional schedule for update reports is agreed. The school commences self-assessment against the quality improvement plans that were identified in the initial School visit report. Areas of progress and advancement are highlighted and outstanding improvement actions are scheduled.

LEADER: Year Two

The focus of year 2 is the drafting and submitting of a self-assessment report on how the School has embedded the ADEE core documents within their educational programme delivery. The self-assessment will focus on updating ADEE on the progress made on quality improvements since the school visit and should also include reference to how the school is embedding key ADEE documents such as:

- Taskforce I (The Profile and Competences for the Graduating European Dentist)
- Taskforce II (The Curriculum Structure, Content, Learning & Assessment in European Undergraduate Dental Education)
- DentCPD (The Dental Continuing Professional Development (CPD) Reference Manual)

The format and design of the self-assessment is at the school's discretion. However, it is important to embrace the concept of self-assessment and address the strengths, weaknesses, opportunities and threats the school faces; a balanced perspective that embraces both positive and negatives. The self-assessment reports should be descriptive in nature explicit mention should be made regarding the application of ADEE's best practice documents. ADEE will, from time to time provide guidance and supporting documents to supplement these.

All documents will be available at www.adee.org

The report should be no more than 75 pages in length.

During Years 1 and 2, participating schools will be issued with the ADEE LEADER Participating School logo and issued with a certificate of participation.



LEADER: Year Three

During year 3, a follow up school visit will be facilitated to assist the school in its review of progress. This is scheduled within the cycle when convenient to the school. It is a shorter, two-day visit, with a peer review panel of no more than 3 members. The visit is focused on particular activities identified within the year 2 report of the school, to validate progress and assist in identifying future areas for improvement.

From year 3 onwards, participating schools will be issued with the ADEE LEADER Recognised School logo and issued with a certificate of recognition.



LEADER: Year Four

The focus for year 4 is the drafting and submitting of a final self-assessment report, identifying progress made since year 3 and to close out activity of the initial School visit. The format and design of the self-assessment is again at the school's discretion. As before it is important to embrace the concept of self-assessment and address the positive and negatives and identify outcome of systematic quality improvement.

The self-assessment reports should be descriptive in nature and explicit mention should be made to how the School is applying the ADEE best practice documents. These documents are available at www.adee.org

The report should be no more than 100 pages in length.

Continuing the LEADER Cycle

Once the initial four-year cycle has been completed schools return to Year-1 using the 'Year 4 self-assessment' as the new base line report, thereby ensuring continuity of process.

Evolving LEADER

ADEE will continue to evolve the LEADER programme and its presentation to meet local and regional demands. Application of the LEADER programme outside the European member states may be in an alternative format approved by the ADEE Executive, but the core principles of self-assessment, peer review and continuous improvement will continue to apply.

Section Four: Benefits of Participation (Schools)

For such programmes to be successful they need to return benefit for participating schools. In the case of LEADER the school will:

- be better positioned in meeting their regulatory and university quality assurance requirements
- be singled out as a LEADER in dental education with a peer reviewed continuously updated programme delivery
- be viewed as a student and quality focused institution
- be viewed as school that is recognised and validated by ADEE as embracing continuous quality improvement within curriculum, structure and teaching practice
- be able to nominate a staff member to participate on the school visit programme and LEADER update report evaluations
- be able to utilise ADEE LEADER programme membership as a means of marketing
- be able to utilise LEADER branding (logo etc) on advertising materials
- Be enabled by having a bench marking for quality practices and by using ADEE as the hub for sharing successful strategies

Section Five: Benefits of Participation (Peer Reviewers)

In return for investing their individual time in report evaluation and the school visit processes, peer reviewers will be rewarded with the title of 'Fellow of the ADEE LEADER Programme' for a period of 3 years at a time following completion of 1 school visit or having provided feedback on 2 update reports.

To retain fellowship, peer reviewers must make themselves available to review at least one update report per annum. The reviewers will participate in a LEADER induction and education programme prior to taking part in visits.

Section Six: Cost of Participation (Schools)

It is not the aim of ADEE to make profit from this venture, but all ADEE activities must be self-financing. Therefore, the following costs are applied for each school participating in the LEADER programme.

DETAILS	NON MEMBERS RATE €	ADEE MEMBER RATE €
Costs of full ADEE School visit	7,500 plus accommodation and transport cost	4,000 plus accommodation and transport cost
Year 1 Application and commence Self-Assessment	2,000	1,000
Year 2 Submit progress self-assessment	2,000	1,000
Year 3 including costs of mid-term visit	4,000 plus accommodation and transport cost	2,000 plus accommodation and transport cost
Year 4 submit final update report	2,000	1,000
Total cycle costs including initial full school visit (if required), mid cycle school visit and annual fees but excluding transport and accommodation costs	17,500 plus accommodation and transport cost	9,000 plus accommodation and transport cost
Notes		
1. It must be noted that for many schools the initial School visit has been completed and this fee will not be required		
2. If more convenient to the School, the total cost can be equally spread over the life cycle, such agreement will be agreed in advance as part of the application process		

Section Seven: The Evaluation Process

Update reports will be evaluated by peer reviewers selected by the Dublin office based on their availability and past experience. At least one peer reviewer from the previous visit will be included to ensure consistency of approach.

The existing school visit panel will initially be used and this will then be supplemented by the inclusion of new members, as nominated by LEADER participant schools.

Section Eight: The School Visit Baseline Report

To participate in LEADER, a baseline self-assessment report and school visit must have occurred. In many cases this will be a previous DentEd or ADEE School visit. However, if schools have not participated in such a visit previously this will be organised through the ADEE office.

When a dental school invites an ADEE site visit, the school prepares a self-assessment document in accordance with guidelines set out by ADEE. This document encourages staff to describe and comment on the school, its curriculum, its staff and facilities. This self-assessment is in accordance with the format outlined in the 'ADEE Site Visit Guidelines Document', (see Appendix One).

The self-assessment process sets out 18 chapter headings and lists the content which should be included in each chapter. Self-assessment should be addressed in a descriptive manner and each chapter should conclude with an analysis and comments by the school. The ultimate aim of self-assessment is the creation of an open dialogue between the School and the visiting panel.

Upon receipt of the completed self-assessment document, the ADEE office will establish a school visit panel usually composed of four, experienced peer review members from different disciplines, locations and cultures. Within two months following the school visit a draft report is sent to the school. The school is provided with opportunity to correct any factual inaccuracies and/or misunderstandings and have additional input into the report. Following acceptance of the final draft of the report by the school/university, the final report will be printed and sent to the school/university. With their permission, it will also be published on the ADEE website. This report is now used as the baseline assessment for the LEADER programme. Further details of the School Visit schedule and process area detailed in Appendix Two.

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Section Nine: The LEADER standards

The following pages summarises the requirements and standards of LEADER. These standards should guide schools as they embed quality assurance activities and structures within their existing systems. These should be reported on within the original update report.

Introduction:

The ADEE LEADER excellence programme has been developed through an updating of the earlier Task Force documents. Subsequently the requirements have been carefully reconsidered and subjected to minor amendments by ADEE (in particular Task Force 3).

ADEE believes these requirements to be fundamental in achieving a high quality, modern, dental educational Quality Assurance system fit for purpose in the 21st century. The approach aligns with approach suggested by Rohlin et al (2002) and others. This was unanimously supported by the General Assembly of the ADEE in Riga 2014.

However, ADEE acknowledges that for many, these requirements may be only an aspiration, at least for a time. To fully achieve them there will be a need for appropriate local, national and European support. The appendices of this document are intended to support those taking the initial steps towards achievement of these goals, by providing a 'toolkit' and a network of expertise, to support the progress of European schools towards achieving these requirements.

The ADEE LEADER Excellence Programme identifies five requirement focus areas that dental schools must address to ensure the quality assurance of its operations and activities meet international best practice and are delivered to the level of quality expected from ADEE members. The five requirement areas are:

1. Vision, Mission, Goals and Objectives
2. Quality Management Structures and Processes
3. Educational Stakeholder Engagement
4. Managing the Human Resource
5. Managing the Curriculum

These are supplemented by additional best practice requirements.

Each requirement area is outlined in the following pages and to enable an understanding of why ADEE have elected to use them.

TITLE	OUTLINES THE GENERAL AREA OF FOCUS FOR THE REQUIREMENT
Rationale	Details the rationale why the requirement area has been selected as an area of focus
Criteria	Generic criteria that should be applied to ensure the rationale is achieved and embedded within the schools activity



TITLE	REQUIREMENT AREA 1: VISION, MISSION, GOALS AND OBJECTIVES
Rational	Quality management can only be implemented when the explicit goals and objectives of all of the functions of a dental school are clearly defined. This can be facilitated by identifying:
Criteria	<ol style="list-style-type: none"> 1.1. The School's position and inter-relationship within the broader university mission, which should be clearly documented and transparent. 1.2. Accountability, responsibility and communication relationships between the school, faculty and university (where relevant) which should be transparent and reviewed regularly for effectiveness. 1.3. School and hospital strategies that should make explicit mention of quality assurance activities and how such activities are enabled. 1.4. School and hospital goals and objectives that should be outcome based, clearly focused on the delivery of high quality dental education. 1.5. Each division and sub-division that should have a supporting operational plan that will enable the delivery of the mission and quality strategy of the school.



TITLE	REQUIREMENT AREA 2: QUALITY MANAGEMENT STRUCTURES AND PROCESSES
Rational	Quality Management is enabled by efficient and effective quality structures and processes. Such processes and structures should be embedded within School support structures to be effective. This is achieved by ensuring:
Criteria	<ol style="list-style-type: none"> 2.1. Every dental school (and hospital) should pursue explicit quality management, improvement and enhancement. This should be defined in a quality improvement strategy. 2.2. Quality management includes teaching, research, clinical care, professionalism/ 'fitness to practise', the physical facilities and infrastructure. Quality should be enabled within each element 2.3. Quality is the responsibility of everybody, including all those involved in dental education, including the dental support staff and students. 2.4. Patients must have some means of input into the QA process. Patient engagement is encouraged in the quality improvement process. 2.5. Appropriate Quality Systems should be an integral part of all of the activities in a dental school and hospital. It should be a team based approach. 2.6. Schools should have critical self-evaluation systems in place with an appropriate (and consistent) documented method of analysis. 2.7. Assessment of quality should be systematic, periodic and cyclical in nature. It is suggested that, as an ideal, an annual appraisal of teaching programmes is undertaken along with a periodic (for example 5-year) review. 2.8. Continual quality management processes and their outcomes should be documented properly.



TITLE	REQUIREMENT AREA 3: EDUCATIONAL STAKEHOLDER ENGAGEMENT
Rational	Engagement with and acting on student and other stakeholders within the education setting enables quality improvement at a practical level. Such engagement is facilitated by encouraging:
Criteria	<ol style="list-style-type: none"> 3.1. Student feedback, obtained through appropriate evaluation mechanisms and teacher/student liaison meetings (or forums), are an essential component of quality improvement. This may include Student participation and representation in decision making bodies. 3.2. Academic Staff feedback should be proactively sought and incorporated into the quality improvement plan and strategy. 3.3. Feedback from recent graduates on how the dental programme has facilitated their ability to work as dental care providers should be included amongst the tools available for QA. The views of employers or postgraduate trainers about the graduates (from the school) are an important source of feedback. 3.4. Feedback from patients and the support staff team (nurses, receptionists etc.) is an important tool and can be used in the assessment of the quality of care provided by both students and staff. 3.5. Any quality improvement method employed should ensure that outcomes from the feedback and review mechanisms are communicated to teachers, students, graduate and postgraduate trainers. This fosters an ethos of transparency, continued professional development and life-long learning.



TITLE	REQUIREMENT AREA 4: MANAGING THE HUMAN RESOURCE
Rational	Quality management within the School acknowledges the role of the human resource in enabling quality improvement and change. Ensuring staff are recruited, selected and retained who embrace a continuous quality improvement ethos, will aid successful delivery of quality education services. In particular:
Criteria	<p>4.1. All those involved in, and associated with, learning and teaching should receive a regular, formal appraisal based on documentation that may include a personal portfolio. This will identify training and development needs, whilst identifying good practice for dissemination.</p> <p>4.2. There should be a strategy and associated budget for the development of all staff involved in learning and teaching.</p> <p>4.3. There should be a properly documented period of 'educationally related' training for all new (and returning) teaching staff with clear guidelines and achievable targets. This should form part of the overall strategy for the training and development of staff.</p> <p>4.4. The management and committee structure within the Dental School, Hospital and the providers of other 'clinical support' training facilities should include systems for quality assurance and improvement at every level.</p>



TITLE	REQUIREMENT AREA 5: MANAGING THE CURRICULUM
Rational	A well-described curriculum grounded in best practice principles and approaches is the bedrock of a quality educational experience for staff and students. As a minimum requirement the following should be embedded within curriculum development:
Criteria	<p>5.1. The DentEd III / ADEE 'Profile & Competencies for the New European Dentist' provides the basis for student expectations on the competencies and skills they will achieve through study within the Schools programmes.</p> <p>5.2. The DentEd III / ADEE 'Curriculum Structure & European Credit Transfer System for European Dental Schools' provides the basis for the curriculum structure that enables student mobility throughout EU nations.</p> <p>5.3. Other best practice documents are used to ensure the curriculum is kept current and responsive to international best practice.</p>

Additional Best Practice Recommendations

The following recommendations are also included for consideration as best practice in the delivery of quality improvement and benchmarking activities. These evolve out of the Standards and Guidelines for Quality Assurance in the European Higher Education Area published by the European Association for Quality Assurance in Higher Education in 2009. Implementation of these recommendations whilst not mandatory would be considered 'best practice' and are thereby encouraged throughout participating schools.

Regular Review By The University:

1. Every school should carry out, on a regular and cyclical basis, internal quality assessment and review of the provision of the teaching programmes and academic structure. This process should be overseen at the appropriate level within the University or an equivalent body.
2. The University, or equivalent body, should ensure that a larger periodic quality assessment (a review) of the dental programme should be carried out/preformed – this may, for example, be approximately every five/seven years.
3. Ideally, the individuals comprising assessment panels should be compiled from those in cognate discipline areas but should also include external representation of experts from other dental teaching institutions.

Periodic Review By National Bodies:

4. There should be some periodic assessment of the provision by, for example, a national body to ensure consistency among dental schools in the state/country. Ideally, this external periodic review process should include the use of external assessors (which could be representatives from other dental schools in the same state/country and/or a different state/country). Such assessors should be experienced in visiting curricula / examinations and be prepared to comment on the appropriateness of the programme and its component courses, as compared to other institutions, both national and international (for example, DentEd/ADEE). There is also benefit in including student representatives in this process (e.g. Dutch Dental Accreditation Process – Quality Assurance Netherland Universities (QANU))
5. The type of periodic process described could form part of the national programme accreditation - an agreed desirable outcome in the Bologna Declaration.

Review Of Teaching:

6. Peer review and student assessment of teaching is a useful tool in the enhancement of educational quality. An appropriate mechanism is necessary to address any teaching deficiencies in a positive manner through the usual system of staff appraisal, training and development.

Introducing New Content:

7. The external validation of the academic content of proposed new programmes is important, using appropriate benchmarks, before their implementation.

Managing Outreach Activities:

8. A structured process should be agreed with providers of 'Outreach', 'Extra-mural', 'Satellite' or 'Placement' dental education and clinical training – for example, in clinics/hospitals remote from the main teaching institution. The QA processes should always 'mirror' those in the central Dental School or Hospital. This is particularly important with regard to the access, by students, to appropriate library and IT facilities and also student welfare support. There should be co-ordinated management of the assessment procedures between the centre and the satellite.

Appendix One: ADEE Site Visit Guidelines Document

The following template sets out 18 chapter headings and lists the content which should be included in each chapter. All items mentioned under each Self-Assessment chapter heading below should be addressed in a descriptive manner and each chapter should conclude with an analysis and comments by the school.

1. Introduction

- number of schools in country, number of active dentists (private or state-employed), national population
- general description of school (size, date of foundation, location, other schools in country)
- general description of university (size, date of foundation, location, other universities)
- position in university
- relationship with Medical School
- central law and governmental regulations
- university regulations and formats
- relationship with care providers
- financing/insurance of dental care in the country
- analysis and comments

2. Curriculum in general

- mission of dental school
- number of semesters (years, trimesters) and credit points
- characteristics and general philosophy
- aims in general
- structure and integration (blueprint)
- admittance to semesters, modules (study progress)
- mean study duration and success rate over the years
- application, selection, enrolment
- analysis and comments

3. Curriculum Content and Methods

- competences
- educational methods
- use of ECTS
- division of hours over contact and self-study (in each year)
- contact hours between phantom-clinic- theory
- division of clinic hours between semester, trimester, modules or study years
- methods of assessment
- formal exams (semester, trimester, module, year, final)
- requirement of state exam in order to register as a dentist
- analysis and comments

4. Facilities (description and numbers)

- library
- clinics
- training laboratories
- research laboratories
- offices
- analysis and comments

5. Organization

- organisation structure (organogram)
- responsibilities of different entities within organisation
- departments
- committees
- administration of student progress
- administration of care delivered
- ICT technology and support
- analysis and comments

6. Staff

- total of academic staff and support staff in FTE (full time equivalent) and numbers
- distribution in FTE and numbers of academic staff over positions (professor, associate, etc.)
- distribution in FTE and numbers of academic staff across gender and age
- distribution of academic staff across departments
- distribution of academic staff across research, undergraduate and graduate education
- human resource management (recruitment, assessment, promotion)
- analysis and comments

In chapters 7-15 the curriculum should be described by splitting it up across the different disciplines or subjects designated within the school. Within disciplines different names of the same or almost the same fields may be given in order to indicate which subjects should be treated under which heading. Therefore, it is not mandatory to describe every mentioned discipline of subject under each chapter.

7. Biological Sciences

Include descriptions of disciplines such as Anatomy, Biochemistry, Genetics, Cell biology, Cytology/histology, Physiology, Microbiology/virology, Immunology

- total hours in curriculum
- distribution of hours across semesters, trimesters, modules, years
- integration in curriculum
- analysis and comments

8. Medical Sciences

Include Human Diseases, Internal Diseases, General Pathology, General Surgery, Anaesthesiology, Pharmacology, Dermatology, Neurology, Ear nose and throat.

- total hours in curriculum
- distribution of hours across semesters, trimesters, modules, years
- integration in curriculum
- analysis and comments

9. Dental Public Health and Behavioural Sciences

Include Public Dental Health, Community Dentistry, Social Dentistry, Advocacy in respect of oral health in respect of general health gain

- communication, team working, psychology, sociology, epidemiology, prevention, ethics and jurisprudence.
- total hours in curriculum
- distribution of hours across semesters, trimesters, modules, years
- integration in curriculum
- analysis and comments

10. Restorative Dentistry

Include disciplines such as Conservative Dentistry, Cariology, Restorative Dentistry, Endodontology, Fixed and Removable Prosthodontics, Occlusion and Function. Subjects such as implants and superstructures, material sciences.

- total hours in curriculum
- distribution of hours across semesters, trimesters, modules, years
- integration in curriculum
- analysis and comments

11. Orthodontics and Paedodontics

Include Orthodontics, Paediatrics, Paediatric Dental Health. Subjects such as growth and development.

- total hours in curriculum
- distribution of hours across semesters, trimesters, modules, years
- integration in curriculum
- analysis and comments

12. Oral Diseases of Bone and Soft Tissues

Include Oral Surgery, Oral Pathology, Oral Medicine, Periodontology, Radiology.

- total hours in curriculum
- distribution of hours across semesters, trimesters, modules, years
- integration in curriculum
- analysis and comments

13. Scientific Education and Development

Include Methodology, Statistics, Philosophy. Subjects such as evidence-based dentistry, bachelor thesis, master thesis, electives, study abroad.

- total hours in curriculum
- distribution of hours across semesters, trimesters, modules, years
- integration in curriculum
- analysis and comments

14. Integrated Dental Care

Include Comprehensive Dentistry, Integrated Clinics, Dental Emergencies, Special Needs Patients, Outreach Clinics.

- total hours in curriculum
- distribution of hours across semesters, trimesters, modules, years
- integration in curriculum
- analysis and comments

15. Other Influences and Student Affairs

- regional oral health needs-availability of patients
- study blockages and waiting lists
- study fees, study grants
- labour market perspectives
- sports and recreation
- student representation and involvement in administration (student body)
- student counselling
- auxiliary courses (which, how long, how many students)
- analysis and comments

16. Research and Publications

- number of publications in refereed journals last 10 years
- grants awarded last 10 years
- prizes awarded last 10 years
- extended master degrees (e.g. in Oral Surgery, Periodontology, etc.)
- analysis and comments

17. Quality Management

- Quality Management System
- course evaluation
- teacher evaluation
- internal management control/assessment (within university)
- external management control/assessment (by government or other external body)
- Quality reports
- Publicity
- analysis and comments

18. Overall analysis and comments

- strengths
- weaknesses
- opportunities
- threats
- general plans and strategies
- conclusions

LEADER

THE DENTAL EDUCATION EXCELLENCE PROGRAMME



The Association for Dental Education in Europe

Lincoln Place

Dublin 2

Ireland

www.adee.org

email: administrator@adee.org

Phone: +353.1.612 7235

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The LEADER Excellence Programme is a continuous quality improvement initiative designed by the Association for Dental Education in Europe that provides contextually appropriate guidance to members on the development of meaningful quality improvement structures within participating dental schools.