The potential impact of regulating dentists: lessons from medicine

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Acknowledgements and thanks

Colleagues
- Sam Regan de Bere
- CAMERA team

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- The National Institute for Health Research
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The potential impact of regulating dentists: lessons from medicine

Outline

- Why is the impact of ‘assessment’ important?
- Programmatic research into medical revalidation in the UK
- What does this mean for dental regulation?
WHY IS IMPACT IMPORTANT?
Terminology

Effectiveness = Impact = Consequences
Why is impact important?

Central part of validity evidence
APA Validity Framework

Model to explore validity

- American Educational Research Association
- American Psychological Association
- National Council on Measurement in Education

- evidence under 5 headings

Five headings

- Content
- Response process
- Internal structure
- Relationship to other variables
- Consequences
Assessment literature

- Five headings
  - Content
  - Response process
  - Internal structure
  - Relationship to other variables
  - Consequences

- Medical/dental education
  - Predominately all validity areas except consequences

- Why?
  - Consequences are
    - Complex
    - Socio-political
    - Not positivistic
The implementation of revalidation

EVALUATING CONSEQUENCES
What is Revalidation?

For the first time in the UK

- doctors have been issued with licences to practise by the GMC (2011)
- Revalidation is the process by which licences will be renewed (launched December 2012)
What is Revalidation?

2010

portfolio of evidence

five annual appraisals

patients

colleagues

complaints
What is Revalidation?

Stage 1 - Policy
- What is the meaning of Revalidation?

Stage 2 - Practice
- What are the intended and unintended consequences of Revalidation in practice?
- Ward/Theatre/Lab
- GP
- Private Practice
- Mental Health

Stage 3 - Public
- What is the impact of Revalidation on the relationship between the profession and society?
- Media
- Patients

Research Questions
- What is the meaning of Revalidation?

Setting
- The Literature
- Policy makers

Method
- Systematic Review
- Interviewee drawings

Methodology
- Visual anthropology
- Activity Theory
- Conversation Analysis
- Discourse analysis

Outputs
- To provide an understanding of Revalidation translational to policy, education and practice
- To shape and propose positive consequences while minimising negative consequences of Revalidation
- To disseminate positive responses about Revalidation in order to shape future national policy
- Ascertain the messages that the public are getting from the media
- Develop communication about Revalidation more cost effectively
What is Revalidation in policy?

STAGE 1
What is Revalidation in policy?

Aims

- To explore the origins, definitions, and potential purpose of Revalidation
Conceptual framework

Research based on premise that

- no form of revalidation should ever be viewed as a neutral process
- It is a political issue

Development of competency criteria and their application in judging doctors = medical governance

who develops criteria, which interests decide their basis, what factors influence them, and the ways in which they are proposed, justified, applied and received are all political questions
Methods

Policy review

- starting from the Merrison report (1975)

31 unique elite interviews

- leading members of Revalidation policy development ranged from the leaders past and present of main stakeholder bodies such as the GMC, AoMRC, BMA, NHS Employers, 4 DHs
Discourse

PROFESSIONALISM
Driven by a professional movement for reform
Internally motivated
Evolutionary Development
The Quality Agenda: for patients
Restore/maintain confidence by continuing to elevate standards
Appraisal
Formative Development
Ongoing evaluation (process)
Up-to-date

REGULATION
Driven by medical scandal
Externally motivated
Revolutionary change required
The Safety Agenda: for patients
Reassurance by measuring against a fixed standard
Clinical Governance
Summative Judgment
Point-in-time Decision (product)
Fit-to-practise
Stage 1 conclusions

The purpose of revalidation not been clear historically

- Likely to cause more unintended consequences

The patient as ‘discursive glue’ but often absent from policy development and implementation

- Likely to have consequences for implementation, professional & public buy in
What is revalidation in practice?

STAGE 2
What is revalidation in practice in the SW England?

EVALUATING REVALIDATION
What is Revalidation?

Stage 1 - Policy

- Setting
  - The Literature
  - Policy makers
  - Systematic Review
  - Interviewee drawings

- Method
  - Visual anthropology

- Methodology
  - Activity Theory

- Outputs
  - To provide an understanding of Revalidation translational to policy, education and practice

Stage 2 - Practice

- Setting
  - Ward/Theatre/Lab
  - GP
  - Private Practice
  - Mental Health

- Method
  - Video appraisals
  - Appraisee Interviews

- Methodology
  - Conversation Analysis

- Outputs
  - To shape and propose positive consequences while minimising negative consequences of Revalidation
  - To disseminate positive responses about Revalidation in order to shape future national policy

Stage 3 - Public

- Setting
  - Media
  - Patients

- Method
  - Journalist Interviews
  - Analysis of Media
  - Patient Focus Groups

- Methodology
  - Discourse analysis

- Outputs
  - Ascertain the messages that the public are getting from the media
  - Develop communication about Revalidation more cost effectively
Core findings

2 core themes – Identity & Appraisal

Identity

- Anxiety

- Personal stress – if becomes ‘tick-box’ exercise will undermine doctors professionally

- Importance of maintaining the integrity of the appraisal = perhaps more individual and less universal set of criteria may be required
Core findings

Appraisal

- Ownership
  - Appraisers – intensely personal encounter
  - Appraisees – confidentiality

- Consistencies in appraisal process
  - Form and content largely dependent on the appraiser
  - Busy hospital offices, people’s homes, in front of computers, conversational format taking between 20 min to 2 hours
Core findings

- Revalidation becoming the driver for appraisal
  - Importance of a ‘good’ appraisal and how useful it was
    - Risk of being less pastoral
    - Revalidation will drive ‘hard’ data collection – risk that practice could become decontextualised

- Patient feedback and evidence gathering
  - Type of patient rather than medical speciality; the elderly, patients with mental health issues and/or addiction, ‘hard to reach’
  - Reception staff acting as ‘gatekeepers’
Smoke screen

Revalidation

Appraisal

Formative WBA

Quality improvement data
Dual track

- Appraisal
- Licensing decisions
- Formative WBA & QA data
What is revalidation in public?

STAGE 3
What is Revalidation?

Research Questions

Stage 1 - Policy

What is the meaning of Revalidation?

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Stage 2 - Practice

What are the intended and unintended consequences of Revalidation in practice?

Ward/Theatre /Lab

GP

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• To shape and propose positive consequences while minimising negative consequences of Revalidation
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Stage 3 - Public

What is the impact of Revalidation on the relationship between the profession and society?

Media

Patients

Journalist Interviews
Analysis of Media

Appraiser Focus groups

Interviews

Patient Focus Groups

Mental Health

• Ascertain the messages that the public are getting from the media
• Develop communication about Revalidation more cost effectively
Revalidation & PPI

Revalidation Support Team (part of NHS England)

- How are patients/public involved in RO decision making?
- How do organisations and patient groups view the role of PPI in revalidation evolving?
PPI in revalidation

PPI – common place term used interchangeably with lay representation etc.

Without clarity of roles, responsibilities and purpose, PPI risks losing its potency as a driver for change
PPI in revalidation

- **Patient** - immediate and personal engagement with the doctor
- **Public** - collective ‘patient voice’
- **Lay** - external and ‘independent’ but professional voice
Summary

Consequences or impact of assessment is an important part of validity evidence.

As with all assessment:

- What is the problem? – therefore what and how do we need to do to assess it?
- Evaluate its impact in practice.
- If wanting to engage ‘patients’, ‘the public’ define these terms and roles.
Future research

- GMC UK evaluation of revalidation
- DH PRP national evaluation of revalidation in England
- The Health Foundation - What is revalidation in public?
The potential impact of regulating dentists: lessons from medicine

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Continued Competence - Ireland

Presentation to ISDR
Obligatory scheme - not statutory (yet!)
Dental Council Scheme

• Core Competencies
  • Medical emergencies (10 hours)
  • Infection prevention and control (5 hours)
  • Radiological protection (5 hours)

• Components of scheme
  • Verifiable – structured or clinical
  • General – unstructured or non clinical

• 250 hours over 5 years (100 verifiable and 150 general)

• Registrants track their own CPD
5 year review – changes planned

• Core Competencies
  • Medical emergencies (5 hours – excluding BLS)
  • Infection prevention and control (10 hours)
  • Radiological protection (5 hours)
  • Communications / Professional (10 hours)
    • Relationship management, ethical and legal issues, conflict resolution, complaints and communications
  • Audit (7 hours)
  • Record keeping (5 hours)
  • Governance (8 hours)
    • Workplace legislation, human resources, health and safety and development of practice protocols (team based)
5 year review – changes planned

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Mandatory Scheme

• Obligation rests with the dentist – key point

• Our mandatory scheme will aim to be:
  • balanced
  • easily understood and followed
  • administrable
“Bottom of class” – bad apples or remediation
“Top of class” – development of profession

“Bottom of class” – bad apples or remediation
Regulatory role in CPD

• Ensure a scheme is in place: set the minimum parameters

• Send forward the remedial cases

• A step removed (maybe?) from the operation of the scheme: accredit a commissioning body perhaps
Quality Assurance Program
Dr. Peter Trainor
President, RCDSO

International Society of Dental Regulators
2nd Annual Conference
September 8, 2014
Number of Dentists

- Provinces/Territories: 20,000+
- Ontario: 9,500
Ontario Governing Legislation

- Regulated Health Professions Act, 1991
- Dentistry Act, 1991
- Regulations
- By-Laws
- Standards of Practice/Guidelines/Practice Advisories
A Responsible Regulator

- Government expects all health regulatory colleges to take a proactive role in monitoring its members’ knowledge, skill and judgment.
- New legislation required all health regulatory colleges to have a quality assurance (QA) program.
Legislative Requirements

- Promote continuing competence and continuing quality improvement
- Promote interprofessional collaboration
- Address changes in practice environments
- Incorporate standards of practice, advances in technology, changes made to entry to practice competencies
The Political/Social Environment
Infection control lapses at clinic ‘broad-ranging’, Levy says

BY TOM SPEARS AND DAVID REEVEY, THE OTTAWA CITIZEN OCTOBER 17, 2011

Dr. Tom Levy, Ottawa’s medical officer of health, said the lapses in sterilizing ware ‘broad-ranging’ at an Ottawa clinic that performs endoscopies.

Photograph by: Pat Mccraith, Ottawa Citizen

Star investigation: Teacher watchdog writes soft porn for teens

Published On Wed Oct 5 2011

The Sexteens

The Sexteens and the Pake Goddess is a fund tale of suspense. It’s hard to believe, but the co-author is teacher Jacques Tremblay, one of the most important education officials in Ontario.

Kevin Odoevan
staff reporter

Ontario doctor loses licence in liposuction death

Anesthesiologist Bruce Liberman is found incompetent, dishonest and lacking in judgment in his treatment of Krista Stryland.

Anesthesiologist Dr. Bruce Liberman lost his licence to practice medicine on Wednesday, March 21, 2012, in relation to the 2007 liposuction death of Krista Stryland.

In the teeth of controversy: Denture allegations

Carlos Osorio / Toronto Star File Photo

B.C. ends teachers' control of disciplinary college


College reforms 2:21

Stay Connected

Royal College of Dental Surgeons of Ontario

Ensuring Continued Trust
Our College’s Philosophy…

• No direct link to the discipline process.
• Move beyond older, traditional QA programs that require office visits.
• Meaningful, nurturing and non-punitive.
• Encourage continuing education and practice enhancement
Our College’s Solution – A QA program that:

• recognized that the overwhelming majority of members are competent practitioners who continuously upgrade their knowledge and skills
• meets the demands of changing practice environments and patient needs
• ensures members can and do demonstrate their continued competence
LAUNCH DATE OF NEW QA PROGRAM
December 15, 2011
PRACTICE ENHANCEMENT TOOL

- self-administered, computer-based assessment program, also known as the PET
- allows members to evaluate their practice, knowledge, skill and judgment based on peer-derived standards
- developed in conjunction with the NDEB and the Wilson Centre at the University of Toronto
- each month, 150 members are selected at random to complete the PET
• easily accessible from any computer with an internet connection

• assessment contains 200 multiple choice and case study questions covering 12 different areas of practice

• questions are based on a knowledge foundation that is required of all dentists
PRACTICE ENHANCEMENT CONSULTANT

- Dentist on staff who is available to assist members at any time to:
  - interpret or discuss the results of their assessment
  - identify appropriate continuing activities to address any areas of weakness
  - suggest resources that may support and complement professional development
Every member has secure access to their own online continuing education portfolio or e-Portfolio.

- It is easily accessible from any computer with an internet connection
- Dentists enter and keep track of CE points
For auditing purposes, members must:

- keep course certificates and other proof of attendance documents that provide evidence of successful participation in CE activities for five years from the end of a 3-year cycle.

At the end of a 3-year cycle, members are selected at random each month to have their e-Portfolio reviewed and submit their supporting documentation.
• members are entrusted with the responsibility of completing a section on their annual registration renewal form to self-declare whether they are in compliance with the QA program requirements
Our College’s Philosophy...

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What is and what makes a good dentist?

Dr. David Mock, DDS, PhD, FRCD(C)
International Society of Dental Regulators
2nd Annual Conference
September 8th, 2014
APPEAL OF THE PROFESSION + ADMISSION REQUIREMENTS

CHARACTERISTICS OF DENTAL STUDENT

DENTAL REGULATORS REQUIREMENTS FOR REGISTRATION

CHARACTERISTICS OF DENTIST

SCHOOLS AND REGULATORS OF ASSOCIATED PROFESSIONS

DENTAL TEAM’S CHARACTERISTICS
Motivation of dental school applicants

• Considerable variation by country
• Evaluation of applicant’s motivation significantly affects student/practitioner’s characteristics
• Some form of altruism
• Prestige
• Job security
• Financial reward
The “Ideal Dentist” is not necessarily synonymous with the “Most Successful Dentist”, depending on the criteria of success.
Ten Characteristics of Top Dentists

Characteristics of top dentists who “thrive in practicing fee-for-service dentistry” according to K Behrendt, www.SpiritofCaring.com:

- They have purpose, conviction & clarity of vision.
- They are hungry in learning.
- They learn best by doing.
- They surround themselves with the right people.
- Their practice is structured for success.
- They understand that “dentistry is 51% business & 49% technical.”
- They are excellent communicators.
- They look the part.
- They do a ton of marketing.
“Clinical experience is making the same mistake with increasing confidence over an impressive number of years.”

Anonymous

“An expert is a man who has made all the mistakes which can be made in a very narrow field.”

Niels Bohr (1885-1962)
Patient and registrant survey
GDC Gazette – The magazine for the dental team
Winter 2011
www.gdc-uk.org

Based on: Standards for the Dental Team
www.gdc-uk.org
How important, if at all, do you think the following qualities are for a dentist or DCP? Please give your answer on a scale of 1-10, where 10 means very important and 1 means not at all important.

<table>
<thead>
<tr>
<th>Quality</th>
<th>Registrants</th>
<th>Public</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treating patients with dignity and respect</td>
<td>92</td>
<td>78</td>
</tr>
<tr>
<td>Cleanliness of workplaces, equipment and staff</td>
<td>90</td>
<td>86</td>
</tr>
<tr>
<td>Good communication skills/explaining things</td>
<td>86</td>
<td>75</td>
</tr>
<tr>
<td>Involving patients in treatment decisions</td>
<td>83</td>
<td>73</td>
</tr>
<tr>
<td>Good treatment outcomes/success rates</td>
<td>80</td>
<td>78</td>
</tr>
<tr>
<td>Good knowledge/technical ability</td>
<td>80</td>
<td>81</td>
</tr>
<tr>
<td>Dealing with patients’ complaints/concerns</td>
<td>79</td>
<td>73</td>
</tr>
<tr>
<td>Being up-to-date with new developments in your field</td>
<td>66</td>
<td>71</td>
</tr>
</tbody>
</table>

% rated as 10/10

Base 2,827 Registrants, 26th May-20th June 2011  Source: Ipsos MORI
And how important, if at all, do you think each of the following are in giving patients confidence in you as a dentist/DCP? Please tell us on a scale of 1-10, where 10 means very important and 1 means not at all important.

<table>
<thead>
<tr>
<th>Feature</th>
<th>Registrants</th>
<th>Public</th>
</tr>
</thead>
<tbody>
<tr>
<td>Displaying clear information about treatment fees and costs</td>
<td>69</td>
<td>71</td>
</tr>
<tr>
<td>Efficient administration of patient personal records</td>
<td>67</td>
<td>70</td>
</tr>
<tr>
<td>Being registered with a regulator</td>
<td>52</td>
<td>75</td>
</tr>
<tr>
<td>Having formal accreditation e.g. certificate in your practice</td>
<td>41</td>
<td>64</td>
</tr>
<tr>
<td>Having an affiliation with professional bodies</td>
<td>37</td>
<td>65</td>
</tr>
<tr>
<td>Having letters after your name</td>
<td>15</td>
<td>45</td>
</tr>
</tbody>
</table>

% rated as 10/10

Base 2,827 Registrants, 26th May-20th June 2011 Source: Ipsos MORI

Examined opinions of dental patients, dental students and qualified dentists and whether they agreed with standards published by the GDC (UK) in 2005
Top 6 attributes chosen by 50 qualified dentists, 50 dental students and 50 patients

<table>
<thead>
<tr>
<th></th>
<th>Qualified Dentists</th>
<th>Dental Students</th>
<th>Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td>Putting patients interests first and acting to protect them</td>
<td>Having good technical ability/manual dexterity</td>
<td>Having good technical ability/manual dexterity</td>
</tr>
<tr>
<td>Second</td>
<td>Being trustworthy</td>
<td>Putting patients interests first and acting to protect them</td>
<td>Ability to deal with a dental emergency safely and quickly</td>
</tr>
<tr>
<td>Third</td>
<td>Respecting patients’ dignity and choices</td>
<td>Maintaining a good patient relationship and communicating effectively with patients</td>
<td>Putting patients interests first and acting to protect them</td>
</tr>
<tr>
<td>Fourth</td>
<td>Having good technical ability/manual dexterity</td>
<td>Respecting patients’ dignity and choices</td>
<td>Providing patients with detailed information of risks and benefits before commencing any treatment</td>
</tr>
<tr>
<td>Fifth</td>
<td>Recognizing your limitations</td>
<td>Being trustworthy</td>
<td>Maintaining a good patient relationship and communicating effectively with patients</td>
</tr>
<tr>
<td>Sixth</td>
<td>Maintaining your professional knowledge and competence</td>
<td>Maintaining your professional knowledge and competence</td>
<td>Respecting patients’ dignity and choices</td>
</tr>
</tbody>
</table>
Quackwatch, [www.quackwatch.com](http://www.quackwatch.com), “How to Choose a Dentist”, S. Barrett, MD, R.S. Baratz MD, DDS, PhD

Universal Dental Services, [www.universaldentalcenter.com](http://www.universaldentalcenter.com), “Posts Tagged “personality traits of good dentists””

DentalAssistingSchools.net, “Top 10 Qualities of a Great Dentist”


[www.godentalschool.com](http://www.godentalschool.com), “Qualities of a good dentist”

Characteristics of the Ideal Dentist

1. Has extensive scientific and clinical knowledge.
2. Willingness and desire to learn, evaluate new ideas and employ them in practice.
   - “Education is what survives when what has been learned has been forgotten.” *B F Skinner, New Scientist, 21 May 1964*
   - “Anyone who falls in love with practice without science is like a sailor on a ship without a compass or a sail; neither knows where he is heading.” *Leonardo da Vinci*
Characteristics of the Ideal Dentist

3. A desire to help others through the provision of health care service

4. A willingness and desire to educate patients
   - Doctor ≠ healer
   - Doctor = teacher

5. Has good manual dexterity and dental skills

6. Communicative and informative
Characteristics of the Ideal Dentist

7. Works well as a member of health care team
   Intraprofessional and interprofessional
8. Honest and trustworthy with patient’s and other providers
9. Compassionate, patient and supportive
10. Puts the patient’s interests first and acts to protect them
    – “primum non nocere” NOT “caveat emptor”
What is and what makes a good dentist?

Dr. David Mock, DDS, PhD, FRCD(C)
Professor (Retired), Oral Pathology/Oral Medicine & Dean Emeritus, Faculty of Dentistry, University of Toronto
Professor (Retired), Pathobiology and Laboratory Medicine, Faculty of Medicine, University of Toronto
Associate Director, Wasser Pain Management Centre, Mount Sinai Hospital
Globalisation of dental accreditation - is it possible?

Professor Robert M. Love

Globalisation of dental accreditation - is it possible?

- Dental education
  - international resource
  - institutions sharing staff and students in exchange programmes
  - sharing educational resources
    - worldwide web and similar multimedia technologies.

Globalisation of dental accreditation - is it possible?

- Developing world of global dental education
  - vital that the standards of educational resources, staff and new graduates are established, agreed upon and maintained by the dental education and regulatory communities.

Globalisation of dental accreditation - is it possible?

- Assessing and ensuring educational quality in dentistry
  - accountable to consumers, public and government.
- Globalisation
  - profession more internationally based
  - development of student and staff mobility
  - protection of the public (common standard)

Globalisation of dental accreditation - is it possible?

- Globalisation of dental education and regulation requires interaction between stakeholders in the areas of
  - quality systems
  - benchmarking
  - assessment.

Globalisation of dental accreditation - is it possible?

Quality

- Quality in dental education is required:
  - Quality is an essential component of any service and production process.
    - to be accountable to consumers, public and government
  - Important internal and external measure of an organization’s performance.
  - International cooperation requires greater insight into the quality of teaching programmes and graduates.

Rohlin et al. 1998
Quality

• Quality is assessed against a set standard and to lay the basis for improvement.
  – quality assessment is no guarantee of quality improvement
• Education: 4 strongly correlated components
  – Clear goals and objectives for the curriculum
  – Clear methods for evaluation of the course and learning objectives
  – Internal quality assurance
  – Reviewing implemented changes

Quality cycle

• The quality cycle is a systematic and structured interest in quality assurance and quality improvement within an institution.
  – Systematic: all quality control activities are embedded in a coherent quality care and management system.
  – Structured: activities are understood as a continuing process for informing about the quality of teaching and learning.
• It is a continuous process of quality monitoring, analysis and action including control, measurement, internal, external evaluation and improvement.

Quality cycle

Quality cycle

Quality management
  – quality control: operational means to fulfill quality requirements.
  – Quality assurance: aims at providing confidence both within the organization and externally to consumers and authorities.
  – policy, planning, monitoring and improvement.
• to produce efficiently a consistently high-quality dental team in a resource, time and cost effective manner.

Quality cycle

Quality cycle

• The results of the quality cycle and the outcomes of quality management have to be judged internally and externally.
  • external: external help (from peers) is sought by an institution to provide an unbiased check of the quality of their teaching, quality cycle and quality management systems.

Quality Assessment

• Structure – relating to the facilities, equipment, personnel and organization available for provision of care.
• Process – referring to actual provision of care.
• Outcome – denoting effects of care on patients’ health status.
  1. Quality is the responsibility of everyone
  • Staff, students, stakeholders
  2. Mechanisms to address deficiencies
  3. Well described curriculum
  • Goals and objectives
  4. Benchmarking
  5. Institutional approach to clinical placements
  6. International recognition agreements
Benchmark statements

- acknowledge that the requirements of professional and regulatory bodies and the standards set need to be incorporated into the design of programmes
- they allow for local innovation, development and flexibility in the overall design of the curriculum
- they do not set a national curriculum for programmes

Benchmark statements

- threshold standards, incorporating academic and practitioner elements, ensure the dental team member is ‘fit for practice’
- provide guidance within which higher education institutions are expected, as a minimum, to set their standards for the award

Benchmark statements

- 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

Benchmark statements

- The main sections of the statement should describe:
  - the general nature and extent of programmes leading to qualifications in dentistry
  - the profession-specific expectations and requirements that characterize the profession.
  - broad expectations of the practitioner as a professional
  - need for a systematic acquisition of knowledge, a comprehensive understanding of techniques and a critical awareness of current knowledge, skills and attitudes.
- non-prescriptive rather than prescriptive

Benchmark statements

- include teaching, learning and assessment
- Highlight the central role of practical experience in the design of learning opportunities
- highlight that professional competence developed through practice is adequately assessed
- reflect the essential nature of integration of theory and practice in teaching and learning

Benchmark statements

- Benchmark statements should be developed by the academic community
  - formal groups of experts
  - including associations and professional bodies
- Regulatory authorities
Benchmark statements


Academic standards – Dentistry
This Subject benchmark statement (statement) describes the nature and standards of an undergraduate programme in dentistry (BDS or BChD). It is part of a more widespread process, under the aegis of the Quality Assurance Agency for Higher Education (QAA), to provide benchmark standards that can be used particularly in the course of academic review, and as an aid to external examiners.

Assessment

• The goal of an effective assessment strategy should be that it provides the starting point for students to adopt a positive approach to effective practice, reflective and lifelong learning
  – Blueprinting, valid, reliable, multiple, formative, summative, quality/quantity, transparent defined criteria & grades
  – alignment of appropriate assessment, integration
  – reflective, critical thinking, continued learning

Assessment

• The assessment outcomes are a measure of the quality of the curriculum.

Globalisation

• A common quality assurance and educational framework can promote internationalization.
• Stakeholders should encourage governments, regulatory bodies and institutions to adopt a common quality assurance and educational framework to allow globalisation.
• A common quality assurance and educational framework should allow for diversity between institutions
  – maintains student choice
  – allows the dental team to be fit for purpose for national and international needs in dental health care.

Globalisation

Dentistry’s twin internal weaknesses- factionalism and parochialism- contribute to academic resistance to change and unwillingness to share power. Dental accreditation is a powerful impetus toward inclusion of best teaching and learning evidence in dental education.

Globalisation

• Canada-USA
• Canada-Australia
• Canada-New Zealand
• New Zealand-Australia
• Canada-Eire
• The European Community
• The Southern African development community
Globalisation

..restructure the undergraduate curriculum to global standards..
..result in quality assurance, benchmarking the assessment system to achieve international recognition..

Globalisation of dental accreditation- is it possible?

• mutual recognition only works where there is substantial commonality between the nature of the professional activities, education and training in both the home and host countries.

• Does adoption of common processes necessarily require an authority to recognise another jurisdiction?

Globalisation of dental accreditation- is it possible?

The primary goal of the Councils on Chiropractic Education International (CCEI) is to assure the highest possible quality in chiropractic education around the world, emphasizing effective accreditation based on excellent education standards.

Globalisation of dental accreditation- is it possible?

CCE Australasia CFCREAB (Canada) CCE United States European CCE
As a condition of membership, the accrediting agencies that are members of CCEI must adhere to and implement accreditation criteria of high quality, as exemplified by the CCEI International Chiropractic Accreditation Standards.

Globalisation of dental accreditation- is it possible?

• Accreditation standards
  - Objectives & organizational factors
  - Policies
  - Educational objectives
  - Teaching staff
  - Resources
  - Research
  - Outcomes

• Process of Accreditation
  - Application for accreditation
  - Development of a self evaluation report
  - Review of the SER
  - Inspection visitation
  - Accreditation determination
  - Appeal of Accreditation determination

Globalisation of dental accreditation- is it possible?

• Partially
  – Comparable authorities
  – High level standards
  – Jurisdiction autonomy
  – Aspirational

• Should dental accreditation authorities move to international accreditation standards?
  – yes
Thanks