Leading European Academic Dental Education and Research

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1. Introduction

1.1 About ADEE

The Association for Dental Education in Europe (ADEE) brings together a broad-based membership primarily across Europe and comprises of academic institutions, specialist societies and national associations concerned with the advancement and ongoing evolution of Oral Health Professionals' (OHP) Education in a harmonised pan-European format.

ADEE is committed to the advancement of the highest level of health care for all people globally through its mission statements:

- To promote the advancement and foster convergence towards high standards of OHP education.
- To promote and help to co-ordinate peer review and quality assurance in OHP 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 OHP education.

1.2 Evolution of the LEADER Programme

The Association for Dental Education in Europe (ADEE) brings together a broad-based membership primarily across Europe and comprises of academic institutions, specialist societies and national associations concerned with the advancement and ongoing evolution of Oral Health Professionals' (OHP) Education in a harmonised pan-European format.

In response to rising demand from ADEE membership for more avenues of engagement, the ADEE Executive Committee realised the need for the development of a quality improvement (QI) programme that could be applied in a meaningful and useful manner by academic institutions. Having consulted with its membership, the ADEE Executive Committee concluded that a formal accreditation system would not be desirable or valued by most ADEE member schools. Instead, members expressed a strong desire for a system based on ADEE structures already in place which recognises schools with continuous QI strategies, while embracing local context and regional differences.

Evolving these existing valuable structures was seen as a key focus for the ADEE Executive Committee. Any emerging initiative would need to draw on these by: combining them into a core consistent approach, enabling quality delivery of the educational experience for

students and staff, facilitating peer support, and sharing of successful QI initiatives. What has evolved from this work is the LEADER Excellence Programme.

Quality assurance (QA)… involves the systematic review of educational provision to maintain and improve its quality, equity and efficiency. LEADER can be viewed as an external quality assurance mechanism within an overall Quality Assurance approach however it must not be confused as accreditation in its own right (https://education.ec.europa.eu/education-levels/school-education/quality-assurance#:~:text=Quality%20assurance%20involves%20the%20systematic,school%20leaders%2C%20and%20student%20assessments).

Quality improvement (QI)… is the targeted and focused actions an organisation delivers to enable improvement in service delivery. It is likely there will be actions identified in a strategic coordinated manner addressing all aspects of the education delivery system from recruitment to graduation.

Quality management (QM)… refers to the systems and processes the organisation establishes and maintains to enable the delivery of its quality improvement and assurance mechanisms within day-to-day practice and delivery of its educational offering.

1.3 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 foundation for LEADER. LEADER aims to draw on academic institutions' existing quality assurance (QA) processes to offer an opportunity for peer review from other dental educators in Europe. The philosophy is based on the principles of:

- Membership-focused service
- Collegiality and the sharing of knowledge between peers,
- Appropriateness and applicability to local and regional context,
- Evidence based best practice,
- Effective risk management, and
- Minimal resource input.

1.4 Benefits of Participating in LEADER

Schools that participate in LEADER will:

- Be better positioned in meeting their regulatory and university QA requirements
- Receive advice from external European OHP education experts on curriculum and approach, regardless of starting point
- Be recognised by ADEE as having participated in a peer review process
- Have demonstrated their commitment to continuous QI

2. The LEADER Approach

LEADER is concerned with truly embedding QI within Schools' structures. Like the DentEd and ADEE school visit programmes, LEADER encourages excellence in the quality of OHP education and recognises commitments to QI through self-assessment and peer review.

The literature around QI states that many initiatives use 3-to-5-year cycles of improvement. The ADEE Executive Committee believe a 4-year continuous self-assessment cycle is best suited to the academic institution environment as it gives opportunity for QI plans to be progressed in a meaningful manner. However, in acknowledging variation in dental degree duration and special circumstances, the ADEE Executive Committee will consider facilitating alternative cycle lengths.

LEADER begins with a Foundation stage wherein a school completes a baseline Self-assessment Report (SAR), hosts a full panel school visit, and receives a published panel report. Following this, the school may choose to enter Year One of the 4-year LEADER

Excellence Programme (Figure 1). The school applies by contacting the ADEE office at quality@adee.org to express their interest; and to agree a provisional schedule for reports, visits, and fees (Tables 1 & 2).

Figure 1. The LEADER Foundation and Excellence programme overview. Alternative cycle lengths may be considered.

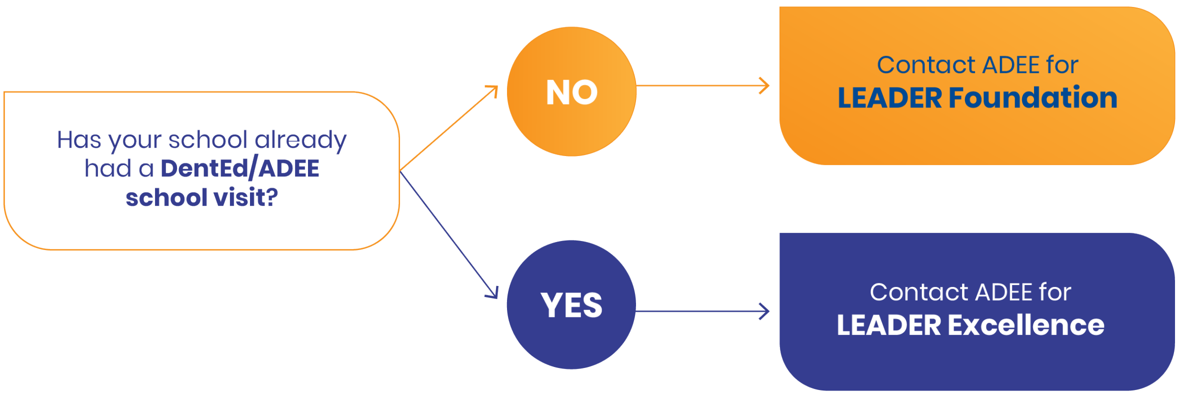

Figure 2. Is your academic institution interested in receiving ADEE peer feedback for QI?

Table 1. The LEADER Foundation and Excellence rates.

	Non ADEE member rate World Bank classification of countries' economies worldbank.org		**ADEE member rate**
	High income countries	**Middle & low income countries**	
FOUNDATION	€10500 plus travel & acc.	€5500 plus travel & acc.	€5500 plus travel & acc.
EXCELLENCE Year 1	€2750	€1750	€1750
Year 2	€2750	€1750	€1750
Year 3	€5250 plus travel & acc.	€2750 plus travel & acc.	€2750 plus travel & acc.
Year 4	€2750	€1750	€1750

Table 2. The LEADER Foundation and Excellence tasks and timelines. Alternative cycle lengths may be considered.

	Task	Duration	Timepoint
FOUNDATION	School applies by contacting the ADEE office.		
	School prepares Baseline SAR.	8-10 months	
	School submits Baseline SAR to ADEE office.		0
	ADEE establishes a full school visit panel of up to four reviewers.	2 weeks	
	ADEE panel reviews Baseline SAR.	8 weeks	
	School arranges pre-visit virtual meeting with member of panel to plan full school visit agenda.		Month 3
	School hosts school visit over approximately four days, arranging travel and accommodation; ending with panel presentation of findings.	4 days	Month 4
	Panel prepares and presents written draft report to school	8 weeks	Month 6
	School corrects and clarifies content in draft report	4 weeks	Month 7
	Panel presents and publishes final Foundation stage report with approval of school.	4 weeks	Month 8
	School receives ADEE FOUNDATION participation certificate and logo.*		
EXCELLENCE Year 1	School applies for LEADER Excellence Programme by contacting the ADEE office.		0
	School and ADEE agree a provisional schedule for roadmap, check-ins, reports, visits, and fees.		Year 1: Month 1
	School provides a high-level 'roadmap' for the planned improvement projects.		Year 1: Month 6
	School commences a SAR against the QIs plans identified in the Foundation stage and/or tailored to more specific need(s) identified locally.		As agreed
	School and ADEE meet virtually to check-in on progress against roadmap and on writing of Year 2 SAR.		Year 1: Month 11
	School receives ADEE LEADER Year 1 participation certificate and logo.*		Year 1: Month 12
Year 2	School and ADEE meet virtually to check-in on progress against roadmap and on writing of Year 2 SAR.		Year 2: Month 6
	School prepares and submits its Year 2 SAR.		Year 2: Month 12
	School receives ADEE LEADER Year 2 participation certificate and logo.*		Year 2: Month 12
Year 3	ADEE establishes a short school visit panel of up to three reviewers.	2 weeks	
	ADEE panel reviews Year 2 SAR.	6 weeks	
	School arranges pre-visit virtual meeting with member of panel to plan short school visit agenda; customised to focus on specifics presented in SAR.		As agreed
	School hosts school visit over approximately four days, arranging travel and accommodation; ending with panel presentation of findings.	2-3 days	As agreed
	School receives ADEE LEADER Year 3 participation certificate and logo.		Year 3: Month 12

Year 4	School and ADEE meet virtually to check-in on progress against roadmap and writing of final Year 4 SAR.	Year 4: Month 6
	School prepares and submits a final Year 4 SAR identifying progress made since Year 3 and Foundation stage.	As agreed
	School receives ADEE LEADER programme cycle completion certificate and commemorative plaque.	Year 4: Month 12

***see sample participation certificate wording in Appendix 2.**

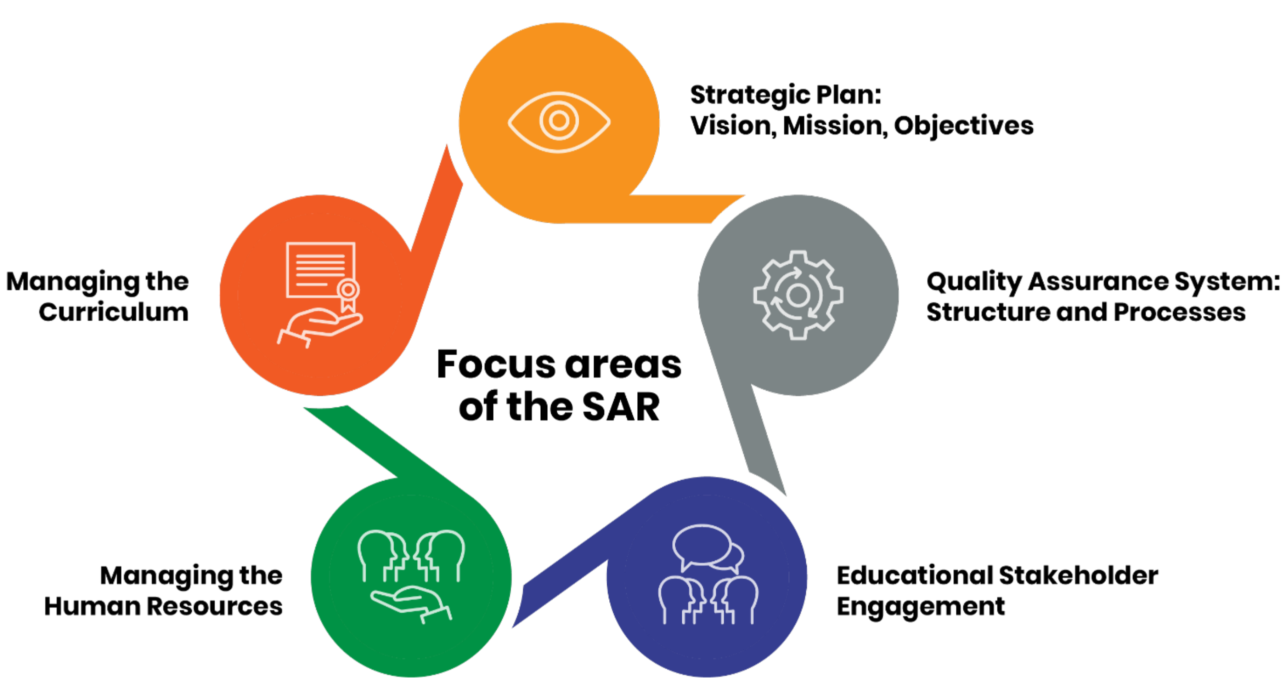

Figure 3. Focus Areas central to LEADER

2.1 Foundation

To participate in LEADER, a Baseline SAR, school visit, and panel report must have occurred through DentEd or ADEE. If a school has not participated in such a visit previously, these Foundation stage activities will be organised through the ADEE office once the school and ADEE agree a provisional schedule for the reports, visit, and fees.

The Baseline SAR should be descriptive in nature, and make explicit mention of the school's application of ADEE's core and best practice documents in its educational programme delivery. Specifically, the report should include the objective information presented in Appendix 1: Self-assessment report guidelines, complete with analysis and reflective commentary. Further, schools are encouraged to involve staff and students in describing the school and their experiences where appropriate. **The Baseline SAR should be no more than 45 000 words in length.** It is helpful to note that the actual writing of the Baseline SAR usually takes several months, and has taken as long as 8-10 months for some schools. The ADEE office will provide early feedback opportunities on draft sections of the SAR to ensure that schools are 'on the right track'.

The report should address five Focus Areas (Figure 3):

1. Strategic Plan: Vision, Mission, Objectives;
2. Quality Assurance System: Structure and Processes;
3. Educational Stakeholder Engagement;
4. Managing the Human Resources; and
5. Managing the Curriculum.

After receipt of the Baseline SAR, ADEE establishes a full school visit panel of up to four reviewers. The reviewers are accomplished higher education stakeholders from different disciplines, locations, and cultures; who have participated as peer reviewers before or completed a peer reviewer induction. They are selected by ADEE based on their experience and availability. The school hosts the panel at a school visit over a four day period, arranging and paying for travel and accommodation. This period is typically from Sunday (Day 1) to Wednesday (Day 4), but can be customised to local requirements. Normally, the panel visit should take place within three months of ADEE's receipt of the School's SAR.

It is advisable that a pre-visit virtual meeting between the visit co-ordinator/author of the SAR and a member of the panel be held to jointly plan the full school visit agenda to ensure a productive visit. Usually the visit follows this format.

Day 1 starts with the arrival of the visit panel of reviewers. They will be welcomed by the Dean of the school, the visit co-ordinator/author, and a University representative. A working dinner should be arranged by the school for the panel and welcoming party to discuss the Introduction section of the report.

Days 2 and 3 the panel will conduct meetings with staff and students, observing school activities, and touring school facilities. Dinner on these evenings should be organised by the school for the panel, and scheduled with free time afterwards for the panel to work on their report.

Day 4 in the morning, the panel will prepare a presentation based on its observations; summarising its findings and summarising the content for the draft report. Over the lunchtime period, this presentation will be delivered by the panel to the school. The panel departs on the afternoon of Day 4.

A draft written report is sent within two months of the school visit. The school may correct factual inaccuracies and/or misunderstandings, or amend the report. The school should normally return their comments within four weeks. Following school acceptance of the final draft of the visit, the panel prints and sends the final Foundation stage report. With the school's permission, this report will also be published and posted to the ADEE website. The report serves as the Foundation assessment for the LEADER Excellence programme.

Building from this final report, a continuous QI plan with timeframe should be set by the school to outline improvement initiatives to be undertaken.

2.2 Excellence

Year 1

The Excellence programme focuses on particular aspects of the quality agenda of the academic institution with consideration of the Foundation panel report. Thus, to participate in the LEADER Excellence programme, a Baseline SAR, school visit and panel report must have already occurred through DentEd or ADEE (Figure 2). Schools interested entering the Excellence programme, should contact the ADEE office at quality@adee.org. The school and ADEE will agree a provisional schedule for the reports, visits, and fees.

ADEE does not expect all issues raised from the school's original Foundation panel report to have been resolved; rather, the school should produce evidence of plans in place to ensure the recommendations were given ample consideration and implemented appropriate to the school's context. Progress since the Foundation report should be demonstrated. Any continuous QI plans developed from completion of the Foundation programme or from other processes such as accreditation may be referenced for evaluating progress. Further, the school must provide a high-level 'roadmap' for the planned improvement projects for the current year and lead up to submission of the Year 2 SAR. For example; how has the school built on its strengths, how have opportunities been seized, how have threats and weaknesses been explored and/or overcome; and what work is in development? A virtual meeting will be held to check-in on progress against roadmap and on writing of Year 2 SAR.

Year 2

The SAR is submitted by the end of Year 2 according to the agreed schedule. It should be descriptive in nature and make explicit mention of the Foundation report in light of ADEE's core and best practice documents. The report should address the five Focus Areas (Figure 3). However, rather than present the same fine detail as was provided in the Foundation SAR; this new SAR should include a brief overview of the objective information presented in Appendix 1: Self-assessment report guidelines, with concentrated analysis and commentary on the recommendations previously made, and on particular quality aspects of interest to the School. The Year 2 SAR should be no more than 5 000 words in length.

Year 3

ADEE will establish a short school visit panel of no more than three reviewers in Year 3. The reviewers are accomplished higher education educators from different disciplines, locations, and cultures; who have participated as peer reviewers before or completed a peer reviewer induction programme. They are selected based on their experience and availability. At least one peer reviewer from the previous school visit will be included, where

possible, to maintain consistency of approach. The school hosts the panel for a short school visit over a two-day period, arranging and paying for travel and accommodation. Normally, the panel visit should take place within three months of ADEE's receipt of the School's SAR.

It is advisable that the school arrange a pre-visit virtual meeting at least four weeks in advance of the short school visit between the visit co-ordinator/author of the SAR and a member of the panel to jointly plan the short school visit agenda. To ensure a productive visit, the agenda should focus on activities identified within the Year 2 SAR: to validate progress and assist in identifying future areas of improvement.

Year 4

The school drafts and submits a final SAR including progress made since Year 3 and Foundation stage activities. Partway through Year 4, a virtual meeting will be held to check-in on progress of writing of the final SAR. Again, the same fine detail as was provided in the Foundation SAR is not as essential as an emphasis on previous recommendations; including their consideration and implementation appropriate to the school's context. This final year SAR should be no more than 45 000 words in length.

The school receives a participation certificate for each year of its LEADER involvement. At the completion of the LEADER programme cycle, the school receives an ADEE LEADER cycle completion certificate and commemorative plaque. The school can choose to return to Year 1 of the LEADER programme cycle using the Year 4 Self-assessment Report as the new baseline report, thereby ensuring continuity of process.

2.3 The importance of self-assessment

Quality management and quality assurance (QA) should be an ongoing, dynamic process, as well as forming an essential and integral part of every function in the OHP 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 QA and QI built into the management structure of a 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 school (and

hospital). This should include education, risk assessment, research and also patient-centred 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, p67) discuss 'the Deming cycle' and the concept of 'Plan-Do-Check-Act' within continuous QI 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, Process, and Outcome.

- Structure relates to the facilities, equipment, personnel and organisation available for provision of care.
- Process refers to the actual provision of care.
- Outcome relates to the 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 schools and hospitals. Again, they are all fundamental to the development of an appropriate environment for OHP 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 which could include:

- 2017 - The principles of 'The Graduating European Dentist: A New Undergraduate Curriculum Framework; https://onlinelibrary.wiley.com/doi/10.1111/eje.12307
- 2010 - Curriculum structure, content, learning and assessment in European undergraduate dental education – update 2010; https://onlinelibrary.wiley.com/doi/10.1111/j.1600-0579.2011.00699.x
- other relevant documentation on acquisition and assessment of common clinical competences.

In education and training and the delivery of a high standard of patient-centred care benchmarking statements in SARs against some or any of the above is a useful route to

follow for those involved in populating their school's SAR. In addition, schools may find it of value to consult two reports compiled under the auspices of ADEE, namely:

- 2020 - Professionalism: A mixed-methods research study - https://www.gdc-uk.org/about-us/what-we-do/research/our-research-library/detail/report/professionalism-a-mixed-methods-research-study
- 2020 - Preparedness for Practice: A Rapid Evidence Assessment - https://www.gdc-uk.org/docs/default-source/research/adee-preparedness-for-practice-report.pdf?sfvrsn=cb76f1ff_14

The core of self-assessment will undoubtedly focus on QI 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 the academic institution, and its hospital activities as well as within its host faculty should be communicated. For example, when dealing with the undergraduate who struggles to progress it is important to ensure that the school and its host university apply the student appeals processes and procedures that are relevant and appropriate to ensuring that a clinical dental graduate is fit to practice.

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.

2.4 The United Nations Sustainable Development Goals and LEADER

ADEE demonstrates strong alignment between its core philosophies and the UN Sustainable Development Goals (SDGs). By advancing dental education standards, it directly supports SDG 3 (Good Health and Well-being). ADEE's commitment to promoting high standards of education, coordinating peer review and quality assurance, and providing a network for dental education research and scholarship also unmistakably aligns with SDG 4 (Quality Education). ADEE's Social Excellence Awards which recognise initiatives to provide equitable access to care, outreach to underserved populations, and promotion of diversity and inclusion; support efforts to meeting SDG 5 (Gender Equality) and SDG 10 (Reduced Inequalities). ADEE has also had a leadership role in embedding environmental sustainability in oral health professional education with its consensus reports, the addition of sustainability learning outcomes to the GED, and the establishment of the 'Practice Green©' Awards. These activities align with SDG 12 (Responsible Consumption and Production). Further, ADEE's structure inherently supports SDG 17 (Partnerships for the Goals) by providing a European-wide network for dental educators to exchange educational learning, research and innovations.

In LEADER, the framework of the Focus Areas for the SAR, and their criteria and suggested reporting expectations, while separate from the SDGs; offer a complementary method of modelling the work dental schools do. Arguably, the SDGs most important to oral health professional education will include those mentioned above applied to a school context. By adopting them, or at least considering how their work might fulfill them, dental schools can not only support and train competent clinicians, educators, and researchers; but encourage their students and staff to be socially responsible professionals able to contribute to broader societal goals. In summary, schools are welcome to report connections between the SDGs and their own policies and processes in the SARs.

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Appendix 1: Self-assessment Report and Guidelines

The following pages summarises LEADER's focus areas and rationale, with criteria and suggested reporting expectations. These should guide schools as they embed quality assurance activities and structures within their existing systems.

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 criteria may be only aspirational, at least for a time. To fully achieve them there will be a need for appropriate local, national and European support. The suggested reporting expectations of this appendix are intended to support those taking the initial steps towards achievement of these goals. Benchmarking, by cross-referencing against competences listed in established reports and publications is encouraged (for example, The Graduating European Dentist: A New Undergraduate Curriculum Framework).

A 1.1 Focus Area 1: Strategic Plan – Vision, Mission, Objectives (VMO)

Rationale	Quality management can only be implemented when the strategic plan of an OHP school is clearly defined. A strategic plan includes a vision, mission, objectives, and often includes strategies and action plans to provide a blueprint for the operations of a school.
Criteria	1. The School's position and inter-relationship within the broader university mission should be clearly documented and transparent. 2. Accountability, responsibility and communication relationships between the school, faculty and university (where relevant) should be transparent and reviewed regularly for effectiveness. 3. School and hospital strategies should make explicit mention of quality assurance activities and how such activities are enabled. 4. School and hospital goals and objectives should be outcome-based, clearly focused on the delivery of high quality OHP education. 5. Each division and sub-division should have a supporting operational plan that will enable the delivery of the mission and quality strategy of the school.

Suggested Reporting Expectations. The following school information helps to benchmark against Focus Area criteria…

1. The basic data and information about the Programme(s)[1] it delivers to give context for its broader university mission, including:

- Institution/Faculty/School/Department delivering the programme(s)
- Full name of the programme(s)
- European Qualifications Framework level
- Number of European Credit Transfer System (ECTS) points
- International Standard Classification of Education (ISCED) field(s) of study
- Degrees awarded

The general background of the oral health services and education in its local context:

- Description of oral health services in the country
- Description of oral health education in the country
- Number of schools, number of active dentists, national population size
- School and HEI's position in the National/Regional Education System
- School and HEI'S relationship with the National/Regional Health System
- Central law or governing regulations on OHP education and graduating dentists

2. A brief summary of its vision and mission statements: articulating purpose, values, educational goals, research functions, social accountability and relationships with:

- the community in which is embedded: Higher Education Institution (HEI);
- the healthcare service and oral health professional bodies;

[1] Only one programme is reviewed per LEADER engagement. Nevertheless, to provide context, it is imperative that some information about other programmes operating alongside or in conjunction with the programme under review.

- the wider society: Government (HEI and/or Health ministries or departments) and social representatives.

3. A description of the Accreditation status of the Programme, in terms of:

- National accreditation and regulatory bodies
- Relevant external Quality Assurance agency (if any)

4. A list of outcome-based school and hospital goals, and their contributions towards high quality OHP delivery.

5. A description of the supporting operation plans enabling delivery of the mission and quality strategy of the school by division and sub-division.

*Critical reflection on and discussion of strengths, weaknesses, threats, and opportunities for QI in its vision, mission, goals, and objectives.

A 1.2 Focus Area 2. Quality Management Structures and Processes

Rationale	Quality Management is enabled by efficient and effective quality structures and processes. In order to be effective, such processes and structures should be embedded within School support structures to be effective.
Criteria	1. Every OHP school (and hospital) should pursue explicit quality management, improvement and enhancement. This should be defined in a QI strategy. 2. QM includes and enables improved education, research, clinical practice, professionalism and staff development, sustainability, facilities and infrastructure. 3. Quality is the responsibility of everybody; including all those involved in OHP education: academia, dental support staff, students, and former staff and students. 4. Patients must have some means of input into the QA process. Patient engagement is encouraged in the QI process. 5. Appropriate Quality Systems should be an integral part of all of the activities in a school and hospital. It should be a team-based collaborative approach. 6. Schools should have critical self-evaluation systems in place with an appropriate (and consistent) documented method of analysis. 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. 8. Continual QM processes and their outcomes should be documented properly and be publicly available.

Suggested Reporting Expectations. The following school information helps to benchmark against Focus Area criteria...

1. Its QI strategy which includes a description of quality assurance expectations from external agencies, including:

- The relevant national procedure for quality assurance
- The school's status with respect of its respective national quality agency, by providing its last published HEI's /Faculty/Programme quality assurance report.

2. A summary of its internal quality assurance regulations and structures.

3. A description of the stakeholders involved in quality assurance and their roles in quality assurance.

4. A description of patient engagement in the QI process.

5. A description of the internal quality assurance regulations and structures in each aspect of Its' activities: education, research, clinical practice, professionalism and staff development, sustainability, facilities and infrastructure; including:

- Decision-making and change management structures and processes
- Documentation, reporting, and dissemination strategies

6. A description of the self-evaluation systems in place with explanation of the methods of analysis used therein.

7. An explanation of the standardisation of its QA process, length of cycle, and cyclical nature.

8. Evidence that process and outcomes are documented and publicly available.

*Critical reflection on and discussion of strengths, weaknesses, threats, and opportunities for QI in its quality management structures and processes.

A 1.3 Focus Area 3: Educational Stakeholder Engagement

Rationale	Engagement with and acting on student and other stakeholders views and responses within the education setting enables QI at a practical level.
Criteria	1. Student feedback, obtained through appropriate evaluation mechanisms (ex. teacher/student liaison meetings) are an essential component of QI. This may include student participation and representation in student advocacy groups and/or decision-making bodies. 2. Academic staff feedback should be proactively sought and incorporated into the QI plan and strategy. 3. Feedback from recent graduates on how the OHP 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. 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. 5. Any QI 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. 6. Student application, admission, and appeals policies should be publicly available. 7. Student wellbeing should be supported by easily accessible services. 8. Student representatives should participate in and be represented in all decision-making bodies.

Suggested Reporting Expectations. The following school information helps to benchmark against Focus Area criteria...

0. Basic data and information about the students, including:

- Number of students and their distribution by year and programme
- Year Intake for undergraduate studies, postgraduate studies, and continuing professional development programmes (CPD)
- Distribution by age, gender, socio-demographic, National/International

1. A description of student feedback mechanisms and how student feedback is incorporated into QI

2. A description of academic staff feedback mechanisms and how academic staff feedback is incorporated into QI.

3. A description of mechanisms used to solicit feedback from recent graduates, and employers or trainers regarding recent graduates and how this feedback is incorporated into QI.

4. A description of patient and support staff team feedback mechanisms and how this feedback is incorporated into QI.

5. A summary of how the mechanisms described above and the outcomes from the feedback are shared back with its contributors.

6. A description of its student recruitment policies, including:

- Admission and selection policies for undergraduate studies, postgraduate studies, and CPD programmes
- Policies for re-application, deferred entry, and transfer from other schools or courses (including international students)

7. A description of student wellbeing supports and procedures, including

- Social, psychological, and financial support services, as well as career guidance
- Emergency support services available in the event of personal/institutional/national trauma or crisis
- Specific processes to identify students in need of personal counselling and support
- Promotion strategy to improve accessibility and uptake by students
- Practices to maintain discretion and confidentiality
- Specific processes to support students in need of academic support

8. Evidence of student representation in decision-making bodies.

*Critical reflection on and discussion of strengths, weaknesses, threats, and opportunities for quality improvement in educational stakeholder engagement.

A 1.4 Focus Area 4: Managing the Human Resource

Rationale	Quality management within the School acknowledges the role of the human resource in enabling QI and change. Ensuring staff are recruited, selected and retained who embrace a continuous QI ethos, will aid successful delivery of quality education services.
Criteria	1. All those involved in, and associated with, learning and teaching should receive a regular, formal appraisal based on documentation that should ideally include a personal portfolio and personal development plans. This should be part of an institutional appraisal, training and development programme. 2. There should be a strategy and associated budget for the development of all staff involved in learning and teaching. 3. The management and committee structure within the school (or hospital) and other 'clinical support' training facilities should include systems for quality assurance and improvement at every level. 4. Staff representatives should participate in and be represented in all decision-making bodies. 5. Academic staff feedback should be sought for all aspects of Academic activity, including teaching, research and administration. 6. Expectations for the performance and conduct of staff should be clearly communicated to staff. 7. Organisational structure, ranking and responsibilities of different roles, and policies should be clearly communicated to staff. 8. Staff wellbeing should be supported by accessible, confidential services.

Suggested Reporting Expectations. The following school information helps to benchmark against Focus Area criteria…

0. Basic information about its academic and support staff, including:

- Total numbers of academic and support staff in relation to FTE (full time equivalence)
- Total numbers of Senior and Junior, as well as visiting (non-academic or part-time clinical teachers) academic staff
- Distribution of academic staff numbers and gender across different grades (E.g. professor, clinical teacher, clinical lecturer)
- Distribution of staff across departments
- Distribution of academic staff across research, teaching, undergraduate and postgraduate course delivery
- Details of human resource management including frameworks for recruitment and retention, annual review, and promotion
- Details of how academic and non academic staff are benchmarked against professional standards

1. A description of academic staff recruitment policies, including:

- Where authority for decision-making around staff recruitment lies
- Number, level, and qualifications of academic staff required to deliver the planned curriculum to the intended number of students

- Distribution of academic staff by grade and experience
- Policies around equality, inclusivity and diversity

2. A description of the strategy and budget for teaching and learning staff development, including;

- Details of CPD requirements for staff
- Details of strategies to train and benchmark academic staff, including PDP (Professional development planning) and peer-observation of teaching

3. A description of the management and committee structure at the school and other training facilities, and their quality assurance and improvement systems.

4. A description of strategies to ensure academic staff participation/engagement; including

- Communicating expectations related to participation/engagement
- Participation and representation in all decision-making bodies
- Opportunities to feedback about all aspects of academic activity, including teaching, research and administration.

5. A description of academic staff feedback mechanisms and how academic staff feedback is incorporated into QI.

6. A description of on-boarding/induction and on-going practices to familiarise new and existing staff with individual role(s) responsibilities, and school organisation and culture; including

- Communicating code of conduct, school vision and mission, and school structure
- Committees and their functions and the amount of executive or decisional power they have

7. Evidence of clear communication of organisational structure, ranking, and responsibilities of different roles, and policies to staff.

8. A description of staff wellbeing supports and procedures, including

- Social, psychological, and financial support services
- Emergency support services available in the event of personal/institutional/national trauma or crisis
- Practices to maintain discretion and confidentiality

*Critical reflection on and discussion of strengths, weaknesses, threats, and opportunities for QI in managing the human resource.

A 1.5 Focus Area 5: Managing the Curriculum

Rationale	A well-described curriculum grounded in best practice principles and approaches is the bedrock of a quality educational experience for staff and students. Guidance provided by several key documents should be embedded within curriculum development.
Criteria	1. Features of the current published 'Vision' for Oral Health Professional Education in Europe (https://o-health-edu.org/ohe-vision) should be incorporated into curriculum. 2. The learning expectations of curriculum should be able to be cross-referenced to the learning outcomes, areas of competence, and domains of the Graduating European Dentist: A New Undergraduate Curriculum Framework (GED) can be used. 3. Strategies used to teach, learn, and assess should align with those described in The Graduating European Dentist: Contemporaneous Methods of Teaching, Learning and Assessment in Dental Undergraduate Education. 4. Explanation of how the DentEd III / ADEE 'Curriculum Structure & European Credit Transfer System for European Dental Schools' applies locally should serve to promote and facilitate student mobility through the EU. 5. Other best practice documents should be consulted and embedded where appropriate to context to ensure the curriculum is kept current and responsive to international best practice. 6. The curriculum should be clear and accessible, to support both learners and educators alike.

Suggested Reporting Expectations. The following school information helps to benchmark against Focus Area criteria…

1. An explanation of how its curriculum incorporates to the 'Vision' for OHP education

- Integrated across Oral Health Professions and wider healthcare disciplines
- Contemporary in their approaches
- Responsive to local population demands
- Able to maintain minimum EU standards
- Embeds social responsibility and environmental sustainability
- Quality assured, both internally and externally

2. A description of how its curriculum fulfills the GED's Domains and Areas of Competency, specifically:

- Professionalism
- Safe and effective clinical practice
- Patient-centred care
- Dentistry and society

3.a A description of the student-centred educational methods used to support learning, including examples of:

- Varied instructional techniques
- Student-to-student interactions

- Sharing of well-written learning outcomes and rubrics with students for self-monitoring
- Early and frequent feedback opportunities

3b. An outline of the system in place to inform progression and graduation decisions, including

- Summative assessments appropriate to measuring course outcomes
- Formative assessments to promote reflective and meaningful learning
- Methods by which assessments are designed and evaluated for reliability and validity
- The means by which students and staff are advised of this system and decisions
- The remediation and appeals processes to support the struggling undergraduate

4. A description of policies whose goal is to facilitate national and international mobility; such as:

    - Participation in ERASMUS+[2]
    - Implementation of the minimum agreed training conditions specified in the European Union Directive 2005/36/EC, or relevant common trainings frameworks established under the Directive
    - Adaptation of the School's Assessment and Qualification System to the EU Qualification System (EQF)[3] and Diploma supplement[4]

5. A listing of other best practice documents used to manage the curriculum and how they have been applied.

6. Evidence that the curriculum has been clearly written and accessible to learners and educators alike.

*Critical reflection on and discussion of strengths, weaknesses, threats, and opportunities for QI in managing its curriculum.

[2] European Commission. (n.d.). *Erasmus+*. European Commission. https://erasmus-plus.ec.europa.eu/
[3] European Union. (n.d.). *European Qualifications Framework (EQF)*. Europass. https://europass.europa.eu/en/european-qualifications-framework-eqf
[4] European Commission. (2022, June 18). *Diploma supplement*. European Education Area. https://education.ec.europa.eu/education-levels/higher-education/inclusive-and-connected-higher-education/diploma-supplement

Appendix 2: List of Abbreviations

ADEE	Association for Dental Education in Europe
CPD	Continuing professional development
ECTS	European Credit Transfer System
EQF	European Qualification System
HEI	Higher Education Institution
ISCED	International Standard Classification of Education
OHP	Oral health professional
QA	Quality assurance
QC	Quality control
QI	Quality improvement
OHP	Oral health professional
SAR	Self-assessment Report
VMO	Vision, mission, and objectives

Appendix 3: What counts as "evidence"

Evidence is documentation which demonstrates that a school is actually doing what it claims it is doing with concrete examples. In the context of the SAR, evidence is 'proof' that a strategic plan, quality management structures and processes, stakeholder engagement, human resource management, and the curriculum exist and function as described. This appendix provides examples of documents that may serve as evidence for your SAR, organised by Focus Area and Suggested Reporting Expectation to correspond to the LEADER Manual. Broad examples of evidence include policy documents, meeting records, data and statistics reports, feedback mechanism surveys and forms, internal/external reviews documents. Many of the evidence items proposed here are already items a dental school will maintain as part of their day-to-day business. Some items may satisfy multiple requirements, although schools may need to signpost this to ADEE LEADER panel experts. Further, schools should note that while sharing these items is key, the quality and reflective analysis accompanying the items is just as important in writing the SAR.

A 1.1 Focus Area 1: Strategic Plan - Vision, Mission, Objectives (VMO)

1. Basic data and information about the Programme(s)

Suggested Evidence:

- Programme specification
- Programme handbook
- Module descriptors

2. Brief summary of vision and mission statements

Suggested Evidence:

- Documentation supporting quality management of the programme
- Evidence of clear communication of organisational structure, ranking, and responsibilities of different roles, and policies to staff
- School vision and mission communication documents
- Strategic plan

3. Description of the Accreditation status of the Programme

Suggested Evidence:

- Accreditation report
- External examiner feedback
- Internal and external reviews

4. List of outcome-based school and hospital goals

Suggested Evidence:

- Programme specification
- Learning outcome mapping document
- Assessment mapping document

5. Description of supporting operation plans

Suggested Evidence:

- Relevant policy, procedures and documentation supporting quality management of the programme
- Minutes from committee(s) responsible for programme review
- Documentation, reporting, and dissemination strategies

A 1.2 Focus Area 2: Quality Management Structures and Processes

1. QI strategy description

Suggested Evidence:

- Documentation supporting quality management of the programme
- Review policy and timeline

2. Summary of internal quality assurance regulations and structures

Suggested Evidence:

- Internal verification/quality assurance reports
- Remit and minutes of responsible groups or committees

3. Description of stakeholders involved in quality assurance

Suggested Evidence:

- Minutes of external examiner meetings
- Evidence of student representation in decision-making bodies
- Staff and student survey results

4. Description of patient engagement in the QI process

Suggested Evidence:

- Patient consent policy
- Feedback forms or equivalent for patients and colleagues for individual students
- Patient guidance/systems for giving feedback

5. Description of internal quality assurance regulations across activities

Suggested Evidence:

- Clinical and workplace safety policies
- Records of staff training on specific legislation
- Health and safety policies and processes

6. Description of self-evaluation systems

Suggested Evidence:

- Internal programme review process
- Psychometric analysis of assessments, and outcomes from this
- Action plans or reflections to evidence how learning is taken forward

7. Explanation of QA process standardisation and cycle

Suggested Evidence:

- Review policy and timeline
- Records of assessment review meetings
- Minutes from relevant internal meetings

8. Evidence that processes and outcomes are documented and publicly available

Suggested Evidence:

- Changes to the programme submitted to a regulatory body, where relevant
- Location and route of access to the documents a member of the public

A 1.3 Focus Area 3: Educational Stakeholder Engagement

0. Basic data and information about students

Suggested Evidence:

- Student progression statistics
- Distribution of students by year, gender, socio-demographic data
- Year intake information for undergraduate, postgraduate, and CPD programmes

1. Description of student feedback mechanisms

Suggested Evidence:

- Staff and student survey results
- Feedback forms and details of actions taken
- Use of multisource feedback including patient feedback

2. Description of academic staff feedback mechanisms

Suggested Evidence:

- Staff appraisals for wellbeing
- Records of staff training and CPD
- Minutes from relevant committee meetings

3. Description of mechanisms for graduate and employer feedback

Suggested Evidence:

- External examiner feedback
- Records showing responses to external examiner input and any actions taken
- Graduate and employer survey results

4. Description of patient and support staff feedback mechanisms

Suggested Evidence:

- Patient/peer/customer comments
- Examples of recorded consent across departments
- Feedback forms for patients and colleagues

5. Summary of how feedback outcomes are shared with contributors

Suggested Evidence:

- Evidence of the communication mechanisms used
- Student and staff handbooks
- Minutes of relevant internal meetings

6. Description of student recruitment policies

Suggested Evidence:

- Admissions policy
- Policies covering widening participation/access

- Data about successful and failed applicants

7. Description of student wellbeing supports

Suggested Evidence:

- Staff and student wellbeing policies
- Additional support framework
- Signposting to internal or external support mechanisms

8. Evidence of student representation in decision-making bodies

Suggested Evidence:

- Evidence of student representation in decision-making bodies
- Minutes from committee meetings showing student participation
- Student representation policy and procedures

A 1.4 Focus Area 4: Managing the Human Resource

0. Basic information about academic and support staff

Suggested Evidence:

- Total numbers of academic and support staff in relation to FTE
- Distribution of academic staff numbers and gender across different grades
- Distribution of staff across departments

1. Description of academic staff recruitment policies

Suggested Evidence:

- Recruitment and appointment policy and procedures
- Policies around equality, inclusivity and diversity
- Details of human resource management including frameworks for recruitment and retention

2. Description of strategy and budget for staff development

Suggested Evidence:

- Records and content of supervisor training and induction and CPD
- Details of CPD requirements for staff
- Details of strategies to train and benchmark academic staff, including PDP

3. Description of management and committee structure

Suggested Evidence:

- Remit and minutes of responsible groups or committees
- Evidence of clear communication of organisational structure, ranking, and responsibilities
- Committees and their functions and decisional power documentation

4. Description of strategies for academic staff participation

Suggested Evidence:

- Evidence of training specific to the assessment of students and relevant experience
- Opportunities to feedback about all aspects of academic activity
- Participation and representation in decision-making bodies

5. Description of academic staff feedback mechanisms

Suggested Evidence:

- Staff appraisals for wellbeing
- Records of assessment review meetings
- Academic staff survey results and action plans

6. Description of onboarding practices for staff

Suggested Evidence:

- Inductions, mentorships
- Communicating code of conduct, school vision and mission
- Evidence of supervisor training and induction

7. Evidence of clear communication of organisational structure

Suggested Evidence:

- Staff handbooks
- Organisational charts and role descriptions
- Policy documentation accessible to staff

8. Description of staff wellbeing supports

Suggested Evidence:

- Staff wellbeing policies
- Emergency support services documentation
- Practices to maintain discretion and confidentiality

A 1.5 Focus Area 5: Managing the Curriculum

1. Explanation of curriculum incorporation of Vision for OHP education

Suggested Evidence:

- Curriculum mapping to identify contemporary approaches
- Documentation of social responsibility and environmental sustainability in curriculum

2. Description of how curriculum fulfills GED Domains and Areas of Competency

Suggested Evidence:

- Learning outcome mapping document
- Blueprint demonstrating the links between assessments and learning outcomes

3a. Description of student-centred educational methods

Suggested Evidence:

- Programme handbook
- Module descriptors
- Evidence of varied instructional techniques documentation

3b. Outline of system for progression and graduation decisions

Suggested Evidence:

- Student progression policy and procedures
- Minutes of progression boards including 'sign-up' and/or 'sign-off' decision meetings
- Arrangements for failed candidates

4. Description of policies facilitating national and international mobility

Suggested Evidence:

- Participation in ERASMUS+ documentation
- Implementation of EU Directive 2005/36/EC documentation
- Adaptation to EU Qualification System (EQF) and Diploma supplement documentation

5. Listing of other best practice documents used

Suggested Evidence:

- Changes informed by external review bodies
- External examiner feedback
- Internal and external review documentation

6. Evidence that curriculum is clearly written and accessible

Suggested Evidence:

- Programme handbook
- Student and staff handbooks
- Availability and accessibility of curriculum documentation

Appendix 4: Sample Certificates

Participation Certificate

SAMPLE

The Association of Dental Education in Europe awards this certificate to:

Example Institution

in recognition of its dedication to continuous quality improvement in Dental Education through its participation in **LEADER FOUNDATION.**

LEADER's self assessment and peer review process is guided by a team of international peers from European centres of oral health professional education. It is designed to promote convergence towards the highest standards in undergraduate oral health professional education through continuous quality enhancement, and by sharing and exchanging innovations and best practices with peer educators.

PROF BARRY QUINN
ADEE SECRETARY GENERAL

MR DENIS MURPHY
ADEE ADMINISTRATOR

Date:
October 12, 2023

SCAN QRCODE TO KNOW
all about the LEADER Programme

Participation Certificate

SAMPLE

The Association of Dental Education in Europe awards this certificate to:

Example Institution

in recognition of its dedication to continuous quality improvement in Dental Education through its completion of its **fourth cycle** of **LEADER EXCELLENCE.**

LEADER's self assessment and peer review process is guided by a team of international peers from European centres of oral health professional education. It is designed to promote convergence towards the highest standards in undergraduate oral health professional education through continuous quality enhancement, and by sharing and exchanging innovations and best practices with peer educators.

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October 12, 2023

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