



ADVANCING EDUCATION
AND ORAL HEALTH



Report of the international peer review panel to the Faculty of Dental Medicine (FMDM) of Monastir

January 7, 2025

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Preamble

This report has been collaboratively co-created between the ADEE international peer review panel with input from faculty, student, and staff of the Faculty of Dental Medicine of Monastir following the submission by the college of a LEADER self-assessment report.

The International peer review panel carried out this review process at the request of the Dean, Prof Mohammed Salah Khalfi, of the faculty. Participation in the ADEE LEADER process is completely voluntary and designed to be collaborative in approach to enable the college or school to identify opportunities for continuous quality improvement that will assist the faculty in achieving other local or international accrediting body regulations that they deem appropriate.

About LEADER

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.

Thus, participation in LEADER is driven by the faculty and ADEE engages with the institution on a collaborative, collegial and improvement focus approach. The approach is one of dialogue that respects local cultural and social norms and standards and with a shared understanding that LEADER's focus is on empowerment of change and improvement. For this reason, the completion of a self-assessment report is the first milestone event of LEADER.

The Self-Assessment Report (SAR)

ADEE views the responsibility of programme accreditation to be a national prerogative and as such LEADER should not be viewed as accreditation, rather external peer reviewed recognition of the institution's commitment to improvement. Many institutions that participate in LEADER find participation can help in their national or other accreditation journeys. The reason for this is the approach and structure of LEADER.

The LEADER SAR is structured to guide the participating institution to consider and focus on five key areas that are common to many national and regional accrediting bodies. By carrying out a comprehensive but fluid self-assessment process institutions are encouraged to gain insight and document their approach in the areas of:

- Strategic planning: vision, mission, and objectives
- Quality assurance systems: structure and processes
- Educational stakeholder engagement
- Managing the human resource
- Managing the curriculum

This process allows institutions to have internal dialogue and shared understanding on priorities, bench marking, compliance, quality improvement and much more.



This panel report is also structured to align with the LEADER SAR format. In drafting their report, the panel consider the following:

- The Self-Assessment Report
- Supplementary documents provided to the SAR (see Appendix One)
- Insight gained from interviews with leadership, faculty, staff, and students

- Videos of facilities (as it was not logistically possible to visit in person on this occasion)
- Any other material provided to it by the faculty post interviews (see Appendix Two)

About ADEE

The Association for Dental Education in Europe (ADEE) brings together a broad-based membership primarily across Europe and comprises 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.

The International Peer Review Panel

The panel that reviewed the Faculty of Dental Medicine of Monastir on this foundation self-assessment process brought together members of faculty from internationally respected institutions and regional experts in educational quality assurance.

Sibylle Vital



Sibylle Vital graduated from the University Paris Descartes in 2003, followed by a PhD in Oral Biology in 2006 and a postdoctoral fellowship at the University of California, San Francisco in 2007. She is currently a full-time professor of paediatric dentistry at the Université Paris Cité. Since 2016, she has held the position of Vice Dean for Academic Affairs and has been responsible for the implementation of the new undergraduate curriculum of the School of Dentistry at Université Paris Cité, following the merger of the two former universities.

She is a member of the ADEE Executive Committee, where she is responsible for European Affairs. She is part of the Graduating European Dentist (GED) Taskforce, responsible for maintaining and updating the profile and competence documents for the European Dentist.

Her contributions to dental education are recognised through numerous publications.

Deborah White



Professor Deborah White spent her early career in clinical dentistry in the Community Dental Service. She then worked at the School of Dentistry at the University of Birmingham, gaining a PhD in Dental Public Health in 2000, becoming Director of Education in 2004 and Professor of Dental Public Health in 2012. She continued her clinical role in the community and also undertook clinical teaching on the integrated clinical practice and paediatric clinics. Her research interests have mainly been focussed upon national surveys of child and adult oral health in the UK. Deborah became an Emeritus Professor in 2016.

She has been involved in the Association of Dental Education in Europe for many years, serving on the executive committee from 2012 and from 2016 until 2020 as the Editor-in-Chief of the European Journal of Dental Education..

Valerie Roger



Professor Valérie Roger obtained her doctorate in dental surgery and her PhD at the Dental School of Clermont-Ferrand. Her teaching area is oral biology, with a particular focus on microbiology. She is Head of the oral biology department at the Dental School of Clermont-Ferrand. She has long been interested in dental education, and has been successively involved in the Dented, DentedEvolves, Dented III and Oral health Edu projects within the ADEE between 2000 and 2019. She served on the executive committee of this association from 2005 to 2007. Her research interests have focused more specifically on quality assurance processes in the field of dental education.

Prof Mohammed Al-Haroni



Professor Mohammed Al-Haroni obtained his dental degree from the University of Science and Technology, Yemen and later received authorization to practice as a dentist in Norway. He has held various research and academic positions in Norway and the United Kingdom. In 2014, he became a Fellow of the Higher Education Academy (FHEA) and was later appointed as an Associate Professor in Dentistry at the University of Tromsø. In 2020, Professor Al-Haroni became the Head of the Department of Clinical Dentistry. He has extensive experience in both preclinical and clinical subjects, dental research, and administration in dental education.

Professor Al-Haroni collaborates closely with the Association for Dental Education in Europe (ADEE) to advance dental education across Europe and recently has been appointed as co-opted member of the ADEE executive.

About The Faculty of Dental Medicine (FMDM) of Monastir

The Faculty of Dental Medicine of Monastir was established in 1975 and is the only dental school that exists in Tunisia.

It was inaugurated by Habib Bourguiba, the first president of the republic of Tunisia, as part of an ambitious national vision to emphasise investment in higher education, research and innovation, with the aim of promoting knowledge and national intelligence as the basic foundations of Tunisia.

At present, the FMDM is attached to the University of Monastir (UM). This university was created in 2004 as part of the reform of the university education system and today, the UM includes 17 establishments spread across the governorates of Monastir and Mahdia.

The FMDM is part of a complete biomedical campus, which is unique in Tunisia, within 500m of the city of Monastir. This campus houses the faculties of dental medicine, medicine and pharmacy, the higher colleges of sciences and techniques of health and of biotechnology, the university dental clinic and the university hospital Fattouma Bourguiba.

The campus and these links with other faculties provide all the necessary facilities for interdisciplinarity aimed at enriching the learning, teaching and research processes at FMDM in a multidisciplinary medical context.

The FMDM has a complex line of accountability. It is accountable to the Ministry of Higher Education and Scientific Research through the Council of Universities and the University Council via the Dean. In addition, for all clinical work, the Faculty is accountable to the Ministry of Health. The Dean holds a unique position being able to access and advise the Minister directly.

There is also a component of cooperation with the Ministry of Defence in admission for a few students and specialists in dental education (quota admission) to serve the military personnel's oral health demands.

Funding for the faculty comes from three sources: the Ministry of HE, student fees (mainly from foreign students) and the School's own resources. Whereas clinical funding comes to the University Dental Clinic from the Minister of Health and in addition, patient fees.

The budget from the Ministry of HE depends on the number of students that are recruited from within Tunisia and from abroad, numbers over which the FMDM has no control, insofar as they are decided at government level.

The School's own resources come from the "Entretiens odontologiques de Monastir" annual meeting, income generated by the CPD "Certificate of Complementary Studies" and the on-site cafeteria.

The University Dental Clinic of Monastir is a unique public establishment which encompasses hospital and university. It comprises 11 Departments which cover all aspects of oral healthcare and is the only centre for undergraduate dental students.

The FMDM is led by the Dean and Vice Deans and the pedagogical structure comprises four departments: Surgical Odontology; Restorative Odontology and Ortho; Prosthodontics; Basic and mixed Sciences.

There are 209 teachers, comprising 90 Professors, 54 Associate Professors, 65 Assistants.

All teachers are full time employees of the University. Most of them have a clinical component to their work (91.27%) and are graduates from FMDM. A small percentage (8.7%) are non-clinical members of staff (e.g. Cell Biology, Biochemistry, IT, English). The majority of staff are female (74%). The minimum hours for all staff activities is 36 per week.

Although all the staff have research time allocated in their job plans, only 3% have a PhD. The panel were surprised to learn that it is possible to become a professor without having attained a PhD.

Facilities

The healthcare campus provides a full range of education and clinical facilities for the students in close proximity to each other. In addition the team learned that there are a number of outreach clinics, in other parts of Tunisia, which we did not visit. There are 19 outreach clinics across Tunisia. These are utilised by the 6th year students and residents, with the supervision of clinical teachers.

The teaching facilities on campus include three lecture theatres, each seating 150 people; classrooms for tutorials, laboratories for pre-clinical skills and anatomy; computing & simulation classrooms and a well stocked library. All these are supported with good quality IT infrastructure and administration.

On campus, there is also a unit for clinical simulation to prepare students for the clinical phase of the programme.

In addition there is a new wellbeing hub with rooms to support student cultural activities, clubs and the psychologist.

The sports complex is in the centre of the healthcare campus and is available to students and staff for individual and team sports.

There are also five research laboratories which cover themes including biological approach, oral health and rehabilitation, surgery and prosthodontics.

The clinical facilities at the University Dental Clinic (UDC) include separate clinics for the 11 Departments: conservative dentistry and endodontics, orthodontics, oral medicine and surgery, pedodontics and prevention, partial removable prosthetics, complete prosthetics, fixed prosthetics, periodontology, outpatient consultations, functional exploration and dental radiology. Each of these departments has its sterilisation facilities

In total the UDC has 133 chairs and examines and treats 450 patients per day. There are 199 staff in total working in UDC (admin and clinical) and the clinical staff comprise 37 professors, 13 Associate professors and 30 assistants. The clinics are supported by 33 nurses who are not specific dental assistants, but rather general nurses who have had some additional training in-house to ensure they can support clinical activities such as sterilisation. There is no national programme for training dental assistants.

At present there are 491 4th and 5th year students who undertake clinical placements within UDC. In addition, the 6th year interns and equivalent interns work in UDC. Half (93) of the residents are graduates from FMDM, whereas the remainder (93) are graduates from other universities and are termed 'equivalent' interns.

The UDC also houses a small integrated patient care clinic, which is used by residents and teachers. This is the only clinic where integrated care takes place within UDC.

Dentist distribution and population need for oral healthcare

As stated above, the FMDM is the only dental school in Tunisia and is responsible for training most of the dentists that serve the population of the country.

Data from the Ministry of Health (2019) citing the WHO statistics for the Eastern Mediterranean Region (EMRO) from 2018 show that the ratio of dentists per 10,000 population is 4.5, similar to the regional average of 4.8. This is low, however, when compared with statistics for countries in the OECD where the average is 7.2 dentists per 10,000 population.

Although the proportion of dentists is comparable with other countries in the region, there are data from 2019 which demonstrate that there is a geographical disparity in the dentist:population ratio. Dentists prefer to practise in the coastal / city areas which are reported to be saturated with dentists. The regions in the interior of the country are much less well served. A system of incentives was initiated for inland practices, but apparently this hasn't been successful.

Consequently, as a result of professional demand, public policies have decided to reduce the dental student number per year, with a reduction of 23.2% over 6 years.

In addition, the majority of dentists choose to work in private practice compared with the public sector. In 2019 out of a total of 5576 dentists, 4805 (86%) were working in private practice compared with 771 (14%) in the public sector.

Regarding oral healthcare needs, the Ministry of Health has responsibility for oral epidemiology, but there are no national surveys of oral health. Therefore population oral health needs are unknown scientifically. The panel was pleased to hear that from December 2024 a new Department of Preventive Medicine and Dental Public Health has been created by the Ministry of Health and approved by the Medical Committee of the University Dental Clinic of Monastir. This department is committed to working on oral health data, policy and population needs in collaboration with the Department of School and University Health Service of the Ministry of Health.

The demand for dental care is high as demonstrated by the number of patients that are seen at the University Dental Clinic.

About the dental programme at FMDM, Monastir

The faculty has 1,140 students, made up of 997 Tunisian students, (87%) and 143 international students, from Jordan, Morocco, Palestine, Algeria, Lebanon and Mauritania. The maximum number of students per cohort should not exceed 200 and currently there are about 190 per year. As mentioned previously, this number has fallen due to pressure from the dentists' national council. The stated aim is for recruitment of 120 students per academic year (including 10% international students).

Overall, the majority of national and foreign students are women (60%).

The FMDM is able to select the top students for their undergraduate programme, although the selection process is outside their control. The national students are selected on the basis of their high school academic results, using a procedure administered by the Ministry of HE. The international students are selected according to their academic scores.

Since 2022-2023, the FMDM has provided a parallel programme taught in English, open to both Tunisian and international students, as a pilot study, for around 20 students.

The dental programme is organised in two cycles, the first cycle comprises 1st and 2nd year and the second cycle comprises years 3 to 6. There is a proposal to create a 3rd cycle (6th year) which would bring dentistry in line with medicine and would encompass the residency programme.

The preclinical phase lasts 3 years (the two years of the first cycle and the first year of the second cycle). It consists of lectures, tutorials and practical work using low-fidelity simulation. There are two short internships during this period: a community dentistry internship and a nursing internship.

The clinical phase begins in the second year of the second cycle. However, limited clinical contact is available earlier than this for some students who are able to attend voluntary clinical attachments in the summer holidays. (CPR is also included in the 2nd year of the programme).

The sixth year is entirely devoted to hospital placements. It is divided into 3 periods of 4 months: two periods of four months in different dental departments and the third period is divided into two months in a medical department (e.g. dermatology - oncology-cardiology-geriatrics, etc.) and two months in a surgical department (maxillo-ENT). The student's placement record is based on a collection of procedures and a disciplinary approach.

At the end of the sixth year, a multidisciplinary clinical assessment is organised and the student must also defend a dissertation

Following completion of the undergraduate period, there is the possibility of continuing one's studies through the residency program, which represents four years of postgraduate study and can lead to a teaching position. Residents are selected through a competitive examination and are open to 18 different specialties, orthodontics being the only specialty recognized for clinical practice. Three quarters of the 6th-year students attempt the residency examination each year. The plans to introduce a 3rd cycle would encompass the residency programme.

The programme within each academic year is divided into disciplines and modules. In order to progress to the next year, students must obtain a grade of at least 10/20 (50%) in each module or discipline. However, there are eliminatory marks, i.e. if the student obtains one or more eliminatory marks, he/she will have to repeat all the tests in which he/she did not obtain the mark of 10/20. The eliminatory marks are as follows : <6/20 for a written test, <8/20 for a practical test in basic sciences and <10/20 for a practical test in a clinical discipline.

Meetings with faculty and staff

As part of the LEADER process, the panel were able to meet with a wide range of faculty, staff and members of the student body during their visit and were impressed with the level of engagement and openness that was displayed in these meetings. In addition the panel visited learning facilities as well as clinics and once again, the interaction with staff and students was positive. There was a willingness to share strengths and weaknesses as well as to communicate a desire for continuous improvement. Interviews with key stakeholders were scheduled as follows:

- Self assessment report authors
- Key staff involved in strategic planning
- Key staff

The panel are most appreciative of the openness and transparency shown through the interview process with all groups and thank them most sincerely for this.

Report format

Having outlined the LEADER process and introduced the Faculty of Dentistry at The University of Monastir, this report will now progress through a brief summary of the panel's findings under each of the LEADER Focus Areas. The final part of the report is to highlight the strengths of FMDM followed by recommendations.

The reader is again reminded that the panel and its report is not making a direct judgement on the level of educational and clinical service provision. These focus rather on continuous improvement and enabling the team at FMDM to continue its quality journey.

Finally, the recommendations made throughout this report are based on the information contained within the self-assessment report and the supporting documentation provided with it in advance of the panel interviews. It is acknowledged that subsequent documentation has been provided in many instances.

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

The LEADER philosophy considers quality to be a strategic priority and needing embedding throughout the everyday systems and process of the undergraduate education delivery process. Thus, as detailed in the LEADER Manual, the rationale behind the panel's focus in this section is that:

Quality management can only be implemented when the strategic plan of an Oral Health Professional 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.

It was clear from the self-assessment report and supporting documentation that the faculty has the objective to train competent, competitive and socially responsible practitioners with ethical principles. The missions, vision and aims and objectives are clearly stated and underpin the day to day activities of the School.

The faculty of dental medicine is directly accountable to the Ministry of Education and Ministry of Health and relies on funding from the government. While this does mean that the faculty must work within strict governmental parameters and budgets that are effectively outside their control, the faculty works in close consultation within its externally defined parameters to deliver its goals of good education and good clinical services.

Oral Needs evaluation:

The FMDM aims to train its students to meet the needs of the Tunisian population, but there is little data available on the oral needs of the Tunisian population.

The staff, with its unique position and knowledge, must take the lead in gathering these data and influencing national public health prevention policies. Moreover, the content of both initial and continuous education could be adjusted to be in line with these data and ultimately improve the global oral health of the population.

Internationalisation:

FMDM is determined to take its place on the international stage in terms of education and research.

In the field of **education**, FMDM has opted for international standards, in particular with the LEADER programme. The international readability of the curriculum, which is the best way to encourage exchanges, requires the introduction of a competence-based approach.

Given that a new study decree is currently under consideration, the panel recommends that it should provide a general framework for training, with competences and learning

objectives. The details of timetables, types of teaching and assessment methods will be set out in a document produced each year by the competent FMDM teaching bodies, taking into account the results of assessments and student feedback.

This will enable to adapt to changes in both teaching methods and professional requirements

The English programme, which is very costly in terms of human resources and is largely chosen by Tunisian students, does not offer any substantial gains in terms of international visibility. FMDM has a great deal of experience in training international (Arabic-speaking) students in its own core programme and must continue to capitalise on its expertise.

In the field of **research**, FMDM has great potential, but it is under-exploited. A policy of training through and in research should structure individual initiatives. FMDM would gain in visibility by highlighting its research, in fundamental, clinical or pedagogical fields.

Dentistry should be an integral part of a doctoral school, which should be made possible by its central position on campus, enabling as many people as possible to acquire a PhD, to develop scientific collaborations.

During the panel discussion with staff there is an obvious commitment at leadership level for an improvement philosophy and approach to education practice and building bridges to international collaboration to meet the faculty set of visions.

Focus Area 2: Quality Management Structures and Processes

Quality management within any organisation needs to be resourced and enabled in practice to be given life. Ideally it should be embedded within existing organisational structures rather than being tagged on or appended.

Thus, as detailed in the LEADER Manual, the rationale behind the panel's focus in this section is that:

Quality Management is enabled by efficient and effective quality structures and processes. To be effective, such processes and structures should be embedded within School support structures to be effective.

Since 2018, the FMDM has undertaken a quality improvement process, a requirement to ensure its sustainability. Indeed, by 2023, all medical faculties in Tunisia must be accredited, by the Tunisian Agency for Evaluation and Accreditation, on behalf of the Ministry of Higher Education and Scientific Research.

As the only Dental School within Tunisia, it is impossible for FMDM to engage in peer review of their dental programmes nationally. FMDM has chosen to join the LEADER programme, proposed by the Association of Dental Education in Europe (ADEE), in order to use international framework and an opportunity for peer review from experts within the field.

However, it must be stressed that the LEADER programme is not an accreditation as such and cannot replace the national process, which is the responsibility of the Ministry of Higher Education and Scientific Research specifications.

According to the SAR, the FMDM has been committed to the quality assurance process since 1996. It has benefited from quality support projects from the Ministry of Higher Education and Scientific Research in 2008, 2018 and 2019 as part of DGSU, financed by the World Bank.

Since 2023, the FMDM has embraced the ADEE QA approach and the participation in the LEADER process demonstrates the organisation's engagement with quality improvement.

At the same time, FMDM is engaged in a process of maintenance of the Management System for educational organisations (SMOE), via the norm ISO 21001- 2018. The panel were pleased to learn that since their visit, the Faculty of Dental Medicine of Monastir (FMDM) is continuing to work towards ISO 21001 certification following an external audit on 31st December 2024 and recommendations in early January 2025 which align with this panel's report.

Focus Area 3: Educational Stakeholder Engagement

Effective quality management is concerned with stakeholder experience and grounded in concepts of co creation and partnership. As detailed in the LEADER Manual, the rationale behind the panel's focus in this section is that:

Engagement with and acting on student and other stakeholders' views and responses within the education setting enables QI at a practical level.

Within any educational setting, stakeholder analysis and understanding are critical. Generally, they will involve cohorts classified as students, staff, patients, researchers, funders, the catchment community, and international community. The panel's discussion with staff and students identified positive attempts to engage with many of these cohorts through various means.

The FMDM has close links with both the Ministers of Higher Education and of Health. These are fostered by the Dean through official channels (Council of Tunisian Universities and Monastir University Council) but also through more informal routes. The Dean is able to discuss matters with the Minister of Health on an ad hoc basis.

Within the Faculty, there is an atmosphere of cooperation between the levels of the organisational structure, with staff being involved through a wide range of committees in all aspects of the academic life. However, the action plans are not always clear. FMDM seems recently engaged in staff and student feedback. The transparency and the long-term future of the process should be encouraged.

Students are represented in some of the committees (assemblies, discipline area meeting, scientific meetings) and feedback from the student body is sought through end of course evaluations. There is opportunity to strengthen this engagement - make sure all years of students are represented and formalise the distribution, analysis and action plans from the surveys.

At present there is no engagement with patients as a stakeholder body. However, students examine and treat patients at the UDC as well as at outreach clinics. The Faculty could explore ways of gaining feedback from these patient groups. In addition, students undertake prevention campaigns with some parts of the community as part of their paedodontic teaching. Feedback could also be sought from people participating in these campaigns.

The FMDM is part of the research community of the University (Annuaire des Chercheurs Experts et des Structures de Recherche de l'Université de Monastir- Tunisie) and has engaged with the IADR and MUNA. It was obvious to the panel that there is a will within the

Faculty for increased visibility of their research outside the country. The research strategy of the Faculty needs to be developed and research outputs strengthened.

The engagement with ADEE has demonstrated the Faculty's desire to align their education strategy with other dental schools in Europe and beyond.

The FMDM also has strong connections and a role in continuing education of dental practitioners throughout Tunisia with their annual organisation of the "Entretiens Odontologiques de Monastir" and the organization of complementary study certificates.

Focus Area 4: Managing the Human Resource

Education and its quality are enabled or hindered by the people involved in its delivery. It is therefore essential that the human resource is appropriately managed throughout the HR cycle. Thus, as detailed in the LEADER Manual, the rationale behind the panel's focus in this section is that:

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.

- I.** The FMDM has a substantial number of staff to conduct the necessary educational and learning activities. The recruitment of staff follows a diligent process that ensures equal opportunity for applicants. The staff are recruited to full time positions. Staff indicated that they have a clear understanding of their role in the faculty.
- II.** The faculty provide CPD and numerous complementary courses/certificates for their academic and clinical staff. In fact, the faculty is the only provider of CPD in the country.
- III.** The academic and clinical staff also participated in pedagogic seminars and lectures provided by the university for its teaching staff. It is worth mentioning that the staff at all levels at the faculty are the products of the faculty internal progression policies (from student, to junior and senior staff).
- IV.** From the outset of our engagement with the Faculty of Dental Medicine, Monastir, a clear sense of teamwork and strong organisational association was communicated. This was conveyed from initial contacts, guidance of the self-assessment process, and to the interview stage of the panel's school visit.
- V.** The panel understood that there has been some difficulty in recruiting staff and the reasons for this were explored during the panel's visit. One of the main obstacles for recruitment is the difference in income between private and public sectors.
- VI.** The ADEE panel also noticed that there is a high intensity of teaching and administrative activities that render time allocated for research activities being compromised. In addition, working hours are distributed over 6 days a week that underscore the intensive work environment at the faculty. It is stated in the SAR that faculty members participate in 15 different committees. The FMDM has a strong leadership team that is committed to enabling an effective and supportive learning environment and well-being. The leadership follows the university guidelines for staff appraisal system and staff suggest they enjoy working with the college and feel both valued and supported by leadership in their work and environment.

The commitment of all staff to the Faculty of Dental Medicine is obvious. However, the faculty needs to highlight the benefits and the importance of being affiliated to the faculty to attract the new generation of academic and clinical staff.

Focus Area 5: Managing the Curriculum

At the core of educational service is the curriculum that guides teaching and learning activities and the suite of services such as assessment, marks and standards and teaching methodologies recommended and deployed.

As detailed in the LEADER Manual, the rationale behind the panel's focus in this section is that:

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.

The current curriculum was established in 1996 and was redesigned over the 2006–2011 period, but has remained fairly static since this time, particularly in the way in which it is organised via disciplines. When additional subjects have been incorporated into the curriculum, there has not been a rationalisation of the volume of teaching and so the curriculum has become increasingly crowded. The incorporation of a parallel curriculum in English, whilst valued by the students undertaking it, has led to further congestion and also a heavy load on some of the teaching staff who have to deliver the same material twice. Duplication of some teaching and a high number of exams has also resulted from the discipline-based organisation. There are plans to develop a new curriculum in line with a government decree.

At the beginning of the semester, students are informed of how they will be assessed in each discipline and module. Assessment methods are chosen according to the skills to be acquired. As the curriculum is organized mainly into disciplines and is overcrowded, assessments are very (if not too) numerous.

While theoretical knowledge and clinical skills seem to be taught appropriately, there is little data in the SAR to explain how attitudes are taught and how they are assessed. During interviews, students expressed the wish to be better trained on this topic, particularly in patient communication.

It is worth noting that the faculty has worked on its own reference framework of skills to be acquired during the curriculum, as well as on an exhaustive list of the various professional activities that students must have acquired by the end of the course (pages 115 to 126 of the SAR).

As a result of the current opportunity to reform its curriculum decided by a recent government decree, the FMDM now has the opportunity to transform its hitherto

predominantly discipline-based curriculum into a student-centred, competency-based curriculum that includes a majority of multi- and cross-disciplinary teaching. It can also rely on the GDP consensus developed by ADEE, which is currently a benchmark in and around Europe.

Overall Strengths

Faculty's commitment to national health policy

- The panel acknowledges the unique position of the Faculty in being the only dental school in Tunisia and having a close relationship with the Ministry of Health. This enables the Dean to have direct access to the Minister and for the Faculty to be consulted about oral health matters, recognising their expertise in the field.
- The Faculty also has clear representation to the Minister of Higher Education through the council of Tunisian Universities and Monastir University Council, as the Dean is a member of both.
- The Faculty has a strong vision to produce dentists who can work in the healthcare system and provide oral health care for the population. Again their unique position enables the Faculty to influence the development of dental education within the country.
- The Faculty is actively engaged in developing and changing as demonstrated by the way in which they have responded to quality improvement initiatives since 2008.

Quality Assurance

- The FMDM has shown a commitment to quality improvement (through governance, projects funding and ADEE)
- The Faculty is engaged with ADEE and has commenced the LEADER Foundation programme. During the panel's visit, we were impressed with the openness and willingness to share information by all participants in our meetings including staff at all levels and by students
- The Faculty has set up a QA committee. There is evidence that this committee and the subcommittees hold regular meetings.

Facilities

- FMDM has a range of education and clinical facilities necessary to provide the set of goals and aims for learning and teaching. These are all available in close proximity on one campus. This allows for easy access by staff and students. In addition, there are good facilities for sport and extracurricular activities. We were pleased to hear the plans for central sterilisation and general anaesthetic facilities.

- The panel were impressed with the excellent IT support for all teaching areas and the way in which timetabled student activities were organised and monitored.
- The FMDM has a number of technicians and technical laboratories which are able to support the clinical activities of students and staff and provide teaching opportunities for the students.
- The range of clinical placements for students includes outreach clinics in other areas as well as in all departments in the university dental clinic.

Staff

- The Faculty has a substantial number of staff, a high proportion of professorial staff and therefore a favourable staff:student ratio
- The panel were impressed with the dedication, enthusiasm and engagement of staff and the good atmosphere and 'family spirit' which was very obvious during our visit.
- The staff are well trained clinically and also pedagogically. It is remarkable and commendable that all teachers must have completed the Certificate of Complementary Studies in Dental Education.
- Most of the staff are 'home-grown' i.e. were trained in Monastir and there is a good balance of senior and junior staff.
- Staff are able to give feedback via questionnaire surveys. It's important that that information about analysis, and resulting action plans are disseminated back to staff.
- Staff are engaged in all aspects of academic activities

Students

- A centrally administered admission process ensures high quality students, both national and international. This is outwith the control of the Faculty. In the past a high number of students was recruited, but a reduction over the past years means that the Faculty is moving towards the optimum numbers as stated in the SAR.
- The panel was impressed by the different student associations and their commitment.
- The wellbeing support available to students includes the services of a psychologist who is employed by the Faculty. The students were appreciative of this support and the panel noted this as exemplary practice.
- The panel was pleased to see that students have access to sports and clubs on campus which complement their academic studies.
- The Faculty has formalised routes for engaging with students and gaining feedback through student surveys. An evaluation of resident placements by students has been introduced to assess skills acquired or improved and to rank the training centres in order of importance.

Research

- All staff have a research component to their role and work in discrete discipline groups. However, many staff do not have a PhD.
- The Faculty has dedicated laboratories for clinical research
- Many of the staff publish their clinical research, but the possibilities for this are mainly within local journals.

Curriculum

- The staff are committed to improving and developing the curriculum and are receptive to new ideas for ways to do this. There are some examples of innovative learning and teaching methods which have already been introduced into the curriculum.
- Given the high number of students in the Faculty, the curriculum is well organised and has good IT support. Students expressed positive comments about how their timetable was provided in good time.
- The availability of a parallel curriculum in English was appreciated by students who are enrolled on it.
- The high number of patients with a range of treatment needs who attend the University dental clinic allow students to gain a wide range of clinical experience. In addition, diverse groups of patients are seen by students when they attend the outreach clinics.

Overall Recommendations

Faculty's commitment to oral health policy

- Although FMDM identifies the high oral health needs of the population, in fact there is no scientific evidence about what the needs are. The Development of Dental Public Health would enable a clear identification of the oral health needs of the population, both in the urban centres and also across the more rural parts of Tunisia.
- A strategy for Dental Public Health should be developed. This would bring together data about society's needs, coordination of prevention activities, assessment of the impact of these interventions and would take into account the population groups for each outreach clinic.
- It is obvious there is a high demand for oral healthcare at the University Dental Hospital but the oral health needs of the population are not sufficiently mapped – development of systems to assess population health needs should be developed
- Explore the possibilities of implementing outreach clinics in underserved areas.

Quality Assurance

- Although the panel witnessed the very clear will and leadership required to succeed in quality assurance, it has reservations about the large number of committees, structures and units created or involved in these processes, which limit the efficiency of actions. The panel had difficulty understanding the scope of action of the various committees or units.
- A clear structure could provide clarity and legitimacy to the priority actions, which will be established following the various assessments.
- Reducing the number of committees by gathering several of them under one umbrella would ensure cohesiveness in the work.
- Engagement with stakeholders
- Develop and utilise patient feedback
- Ensure that student feedback is carried out regularly, that the findings are translated into action plans and are communicated back to the student body. Actions from placement evaluation should be highlighted and the cycle of student feedback questionnaires should be clear.
- Students from each year should be represented on the scientific advisory board and consideration given to including student representatives on a wider range of committees.
- Student representatives should be clear about their role and have a job description which explains this. The concept of quality assurance should be made clear to students.
- Consider obtaining feedback from young practitioners to assess whether the training matches their needs.

Clinical facilities

- The panel supports the plan to install a central sterilisation unit at the dental hospital that would streamline clinical routines around infection control.
- The panel supports the plan to develop a new general anaesthesia facility, considering the patient needs and the local professional competencies
- Increasing the number of dental radiography units could be beneficial both for patients and training.

Staff

- The Faculty has a strong asset in terms of the staff. However, the panel heard that it was difficult for some of them to balance their responsibilities for education, clinical work and research and that they had very heavy workloads.

- We recommend that staff should have job plans which clearly specify their time allocation for these different aspects of their role, in accordance with their career development.
- The panel recommended the strict protection of time allocated for research, personal clinical sessions and self-development activities.
- It may be beneficial for the faculty to consider building an internal staff system linked to teaching activities, community services, and research with a set of Key Performance Indicators (KPIs), applicable to the clinical nature of their roles.
- The panel identified that there was duplication of teaching in some areas due to the segregation of disciplines. The Faculty could enable integration of staff across clinical disciplines and also integration between clinical and non-clinical subjects so that these duplications could be identified and eliminated, thus creating more space within the curriculum.
- Teaching the curriculum in English for a small proportion of the students means that in many cases staff are delivering the same teaching session twice. The Faculty should consider a benefit/risk analysis of this programme, while considering that foreign students could follow the core programme.
- In some cases, recruitment of staff appeared to be difficult. The Faculty should explore the reasons for this. Policies to retain existing young staff and recruit new ones should be implemented (for example: flexible working hours, implementing of home office routines, clear job description and career plan, dedicated financial plan for development initiatives to young academics, such as training, workshops, and other opportunities).

Education and Training

- The panel supports the move to reduce the number of dental students and agrees that the aim of 120 students per year seems more reasonable given the congested timetable.
- There is no national training programme for dental assistants, but the Faculty should consider whether it is a possibility to provide this training. The current use of general nurses with additional in-house training is helpful, but formally trained dental assistants would improve the availability of chairside support and would enhance patient care and patient safety. Possibly in the future the training of other oral health professionals such as dental hygienists would enable the needs of the population to be met.
- The Faculty has been proactive in setting up committees and commissions to address different aspects of the curriculum, quality improvement and so on. However, the effectiveness of these is not always clear. Work should take place to streamline and reduce the number of committees, whilst implementing strategies to ensure that they are useful.

- It is important that the course evaluations, which are carried out in each discipline, highlight development plans for the forthcoming academic year.
- Students should be informed in writing of expected expenses they will incur during their studies and of ways that could be helped with this in case of economic barriers
- It is important to train students and provide written information about clinical dress code (long hair tied back, no nail varnish, inconspicuous jewellery) and make sure they are consistent in following it.

Research

- In order to raise the profile of FMDM's research, a clear research strategy should be developed, which defines a local research approach. The Faculty should consider the appointment of a vice-dean for research to oversee this.
- Research in FMDM appears to be undertaken in discrete discipline areas. It would be sensible to organise the Faculty's research into integrated research groups, with clear aims and focus.
- FMDM would gain in visibility by highlighting its research, in fundamental, clinical or pedagogical fields.
- The Faculty should introduce a proper structure for a doctoral research training program. This should be specific to dentistry and would lead to all junior staff undertaking a PhD. This is important for future international collaboration in research and to give legitimacy to the dental school of providing education that is research-based.
- Research activities take time and it is important that this time for staff is clearly identified and protected.
- The panel would encourage the exploration of research possibilities in cooperation with the biomedical campus.
- The university is part of the Mediterranean and Middle East University Network Agreement (MUNA) and this provides opportunities for research collaborations across the participating universities.

Curriculum

- At present the curriculum is very crowded and the students have a high number of contact hours for each subject area. It is crucial that the curriculum is decongested to enable formalised active learning for students in the timetable. This would also create time within the programme for students to undertake self-study and to develop structured self-evaluation.
- The departmental structure constrains integrated holistic treatment approaches in particular for students. There should be a move towards integration between departments

- It is important that staff are allowed the necessary time to develop and implement curricular changes.
- The discipline based nature of current teaching has led to duplication of learning material. A move towards integrated teaching would be sensible and it was noted that this would be supported in general by staff. This should happen between basic science and the clinical teaching as well as integration across clinical disciplines to help prepare students for clinical work once they graduate
- The clinical placements during the internship (6th year) are currently assessed by the number of procedures the students carry out. A competence-based approach and a more holistic approach to patient care would be relevant at this stage of training, to be more in tune with the reality of practice in towns and cities, rather than the collection of procedures etc as outlined in earlier part of the report.
- Elements of oral disease prevention and community prevention projects should be brought together into a coherent Dental Public Health or Dentistry in Society subject area
- The panel recommends that teaching of Professionalism is reviewed and re-structured in line with the ADEE Graduating European Dentist document This would address the issue of the lack of training in patient communication raised by students.
- The panel recommends that early patient contact be introduced, this would be in line with the ADEE Graduating European Dentist document and strengthen professionalism teaching.
- It is important that the teaching of ergonomics is also part of the preclinical and clinical teaching.
- The objectives of the nursing and community dentistry placements should be clearly established.
- The number of assessments seems to be extremely large. The panel suggests that assessments are reviewed. We would also suggest the introduction of a formative, rather than solely punitive, assessment system, including the implementation of reflexive portfolios, self assessment, peer assessment.
- Sustainability concepts should be clearly embedded into the academic curriculum, accordingly to ADEE recommendations (Field J, Martin N, Duane B, Vital S, Mulligan S, Livny A, Lindberg P, Lundegren N, Gummesson C, Long R, Lundbeck H, Ramasubbu D, Dixon J. Embedding environmental sustainability within oral health professional curricula-Recommendations for teaching and assessment of learning outcomes. Eur J Dent Educ. 2023 Aug;27(3):650-661. doi: 10.1111/eje.12852. Epub 2022 Sep 19. PMID: 36121067.)

Actions since the panel visit:

The panel is pleased to learn that subsequent to their visit the Faculty reports already having taken action to address some of the recommendations in this report. These include creating a new Committee of Oral Health to develop a strategic plan for oral health; merging several committees under unified umbrellas; starting a curriculum review in accordance with ADEE guidelines; making the Vice Dean of the faculty responsible for research and initiating discussions with the Ministries of Health and Higher Education about possibilities for commencing dental assistant training.

General narrative and rationale from this report

This report has identified a number of opportunities for improvement under each of the focus areas of the LEADER approach. As discussed earlier in the report, the recommendations made throughout this report are based on the information contained within the self-assessment report and the supporting documentation provided with it in advance of the panel interviews. It is acknowledged that subsequent documentation has been provided in many instances.

The self-assessment process is at the core of all continuous improvement initiatives. Regardless of what accrediting or certifying body is being used, the real benefit comes from an effective and organisationally empowered self-assessment process. Self-assessment is an opportunity for reflection, gathering and recording of internal best practices, training, and staff support, strategic alignment and clarity of purpose and vision. It must be positively owned and proactively engaged with by the organisation.

Effective self-assessment will ensure that all stages of the improvement cycle are demonstrated by documentation (policy, rationale, evidence of progress and evaluation, communication and reporting internally and externally) which can be provided up front and in advance to any external review panel without request, with a clear narrative guiding the reader of the self-assessment through the relevant documents.

The panel considered how a faculty and quality improvement team respond to a self-assessment request to be a good indicator of the stage of advancement of the quality improvement within an organisation. Institutions with advanced experience on international self-assessment will appreciate the need for documentation beyond just those of documented policy and curriculum.

The college can see that most recommendations offered are in fact around documentation of policy and strategy (for example defined roles for student representatives, research strategy report, IT strategy etc.), and evidence of change, improvement, and its impact. Such deficiencies in initial evidence are expected in early international peer review exercises.

We would encourage the FMDM to engage continuously with ADEE activities, to support the development of their visions and goals.

Decision

Having engaged with the self-assessment report, seen firsthand the enthusiasm and drive for improvement throughout faculty and from the supportive insights provided by the student body in the interview process; the LEADER Panel are comfortable to recommend that the Faculty of Dental Medicine of Monastir, be recognised as a LEADER school with the completion of its Foundation SAR and panel visit.

ADEE looks forward to providing support and guidance as required to the college as it engages with the recommendations of the panel.

ADEE commends the leadership and faculty at the college for their openness and willingness to engage in the LEADER process as a means of demonstrating their commitment to continuous quality improvement.

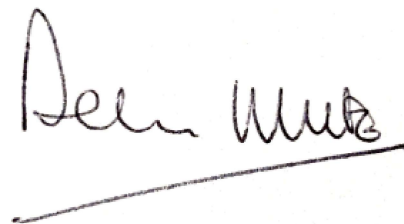
Approval of this report

This report was agreed by the panel at its close out meeting held on 7th of January 2025.



Prof Sibylle Vital

Panel Academic Chair



Prof Deborah White

Panel Administrative Chair

Appendices

Appendix 1: Supplementary documents provided at time of submitting SAR

- Decree-law of creation of FMDM n°75-71
- Finance law on the creation of the dental clinic
- Decree n° 2008-2716 on the organization of universities and higher education and scientific research establishments
- Decree n° 95-2603 relating to the system of studies and the conditions for obtaining the national diploma of doctor of dental medicine
- National certification framework in Tunisia
- FMDM organization chart in 2023
- Tunisian code of ethics for dental practitioners
- Documents showing international collaborations
- Documents on complementary studies certificates
- DPC (Continuous professional development) in Tunisia
- ATEA : Tunisian agency for assessment and accreditation
- Documents showing links with ADEE
- Internal audit report, March 2019
- PAQ Project on quality assurance 2008
- PAQ Project on quality assurance 2019
- ISO certification 21001
- Report with a view to transforming FMDM status into a public scientific and technological establishment
- Studies curriculum and program
- Dentist job description (reference)
- Fees for foreign students
- Demographic trends among dentists in Tunisia (2023)
- The list of committees of FMDM (2022)
- The list of the different associations affiliated with FMFM

Appendix 2: Supplementary documents provided during visit

- Slides of presentation from the Dean
- Slides of presentation about the curriculum
- Directory of Expert Researchers and Research Structures of the University of Monastir - Tunisia

Appendix 3: Supplementary documents provided post visit

1. Student feedback document (15.9.24)

- Minutes of Quality Committee meeting (22.02.22)
- 2019 ministry of health report on the demography of healthcare professionals.
- Draft Government Decree for new curriculum



ADVANCING EDUCATION
AND ORAL HEALTH

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