

**UNIVERSITY COLLEGE CORK
NATIONAL UNIVERSITY OF IRELAND, CORK**

QUALITY IMPROVEMENT/QUALITY ASSURANCE

PEER REVIEW GROUP REPORT

DENTAL SCHOOL & HOSPITAL

ACADEMIC YEAR 2007/08

4th June 2008

PEER REVIEW GROUP MEMBERS

1. Professor Jonathan Cowpe, Professor of Oral Surgery, Bristol Dental School , University of Bristol, UK (*Chair*)
2. Professor Donald Burden, Head, School of Dentistry, Queens University Belfast, UK
3. Dr Michael Byrne, Head, Student Health Department, University College Cork
4. Ms Anne Kennelly. Local Health Manager, Primary, Community & Continuing Care, Cork
5. Dr Seamus O'Reilly, Department of Food Business & Development, University College Cork (*Rapporteur*)
6. Professor Cynthia Pine, Dean of Dentistry, Liverpool Dental School, UK

TIMETABLE OF THE SITE VISIT

The timetable for the site visit is attached as Appendix A.

PEER REVIEW

Methodology

Prior to the commencement of the review, the Peer Review Group had an opportunity to consider the details contained in the self-evaluation documents and reports prepared and submitted by the Dental School and Hospital. At the first meeting, the Peer Review Group appointed Professor Jon Cowpe, as chair of the Group and Dr. Seamus O'Reilly as Rapporteur. Each meeting was preceded by the formulation of specific questions to be addressed to UCC representatives by individual members of the Peer Review Group in the course of the proceedings. During the proceedings, members of the Peer Review Group took detailed notes that formed the basis for the present report. Each session was reviewed at some stage during the day. Requests for additional information were dealt with promptly and efficiently by the Dental School and the Quality Promotion Unit. All members of the Peer Review Group contributed to meetings, to the drafting of the recommendations for improvement, and to the drafting of the final report. The report was

drafted initially on site during the visit and was finalised by e-mail communications immediately following the review visit.

Site Visit

The site visit was conducted as in the timetable detailed in Appendix A. The schedule was very tight and the Peer Review Group divided for a number of meetings in order to ensure that adequate time was given to each meeting. After such meetings the information and findings were reviewed by all members.

Peer Review Report

Members of the Peer Review Group discussed their findings during the on-site visit, the Rapporteur drafted an initial document and this was circulated to all Group members for comment and contribution. A final draft was circulated to all Group members.

All members of the Peer Review Group (PRG) agree with the findings contained in the report and the final recommendations. The Chair of the PRG wrote a summary of the major findings and recommendations.

EXECUTIVE SUMMARY

The purpose of the review was to provide a mechanism for monitoring the status, effectiveness and progress of the academic programmes undertaken by CUDSH, essentially to review all activities related to the education of students and the quality of student experience. Ultimately, it is to be hoped that this review, with external input, will facilitate the CUDSH, its staff and students to continue in their endeavours to improve the quality of teaching & learning, increase their research base and to provide a quality clinical service provision.

The PRG commend the efforts of the staff to address the recommendations of the 2001 Review and visits from the Irish Dental Council. A clear and considered Self Evaluation Report (SER) has been produced and in addition an ambitious future strategy for CUDSH has been compiled. It was a pleasure to meet with staff at all levels either individually or

in groups. Likewise the students from the undergraduate years and a selection of postgraduate students clearly enjoy their time at CUDSH. Their contribution to the process was measured and generally appreciative and supportive of their teachers. The external examiners testify to the high calibre of the students. There is clearly a wish across the institution to build on their efforts to promote teaching and learning through the recently introduced modular curriculum.

The PRG welcome the appointment of a Director of Research, recognise the continued success of the Oral Health Services Research Centre (OHSRC) and acknowledge the research activity and output of the staff in spite of their very high workload in teaching, administration and clinic service provision. We noted the appropriate initiative of establishing and recruiting research fellowships to support and facilitate research and teaching in the School.

The restructuring into a single department school has clearly been a difficult transition for many of the staff at all levels. There remains uncertainty and a lack of understanding of the future direction across the School & Hospital, but clearly the restructuring process has not as yet reached its conclusion. The PRG would urge the use of mechanisms which will support and facilitate staff at all levels in clarifying, their roles & responsibilities and promoting appropriate lines of communication.

The establishment of a fully staffed central administrative office will be crucial to this and pivotal to the improvement in the delivery and organisation of the new competency based curriculum. This should ultimately provide encouragement and support for the students (providing them with a point of contact for all programme issues), facilitate the staff in pursuit of their academic activities and in addition provide an improved interaction between those aspects of the curriculum delivered by the School and those delivered by other departments in UCC. We would support efforts to maintain linkages between subjects across the curriculum and consider additional modules suggested during the review process.

The PRG were impressed with efforts to support the infrastructure of the School and Hospital, with the introduction of the new orthodontic postgraduate suite, the refurbishment of the service laboratories and the clinical skills unit. We would encourage

a more formal arrangement for a rolling re-equipment programme and a forward thinking strategy on how to address the student expansion within a building designed 25 years ago for 25 undergraduate students.

Funding is a major concern and was clearly identified as a serious restriction to the institution's activities, both within the SER and by all staff with whom we met. It appears that CUDSH is at a disadvantage when compared with its sister institution in Dublin and with many similar teaching facilities in the UK. In parallel with this resource deficiency is the unique position in which UCC finds itself, namely running a dental teaching school and being responsible for clinical service provision within a dental hospital, essentially funded through a teaching-only budget. It is the view of the PRG that all models for future development and improvement of the funding situation should be explored. The establishment of a statutory body to govern the hospital may be an ideal model. The PRG suggest that various partnership arrangements with the HSE and with the Dublin Dental School be explored. In addition to these, the PRG recommend that CUDSH explore and develop links with Cork University Hospital in order to implement a Clinical Governance Programme and clinical risk management protocol.

Whilst the PRG applaud the recruitment of staff as recommended in the 2001 review (in Oral Medicine and Radiology), this has been achieved through a cost-neutral arrangement. This inevitably has led to deficiencies in senior academic staff elsewhere in the School. The appointment of additional senior staff in Oral & Maxillofacial Surgery has not been achieved and there is a clear imbalance between full-time academic staff and part-time staff in Restorative Dentistry, which can lead to difficulties surrounding communication, development and implementation of a common policy on teaching, student feedback issues and clinical governance surrounding patient service provision. The situation is compounded by the loss of sessions at a senior level with two senior academics taking up the posts of Head of School and Head of the College of Medicine and Health. Clinical Governance has become an integral part of hospital activity since the last review in 2001. This has also been identified as an impact on an institution with a small academic staff base.

The CUDSH has clearly identified ambitious future strategies for clinical teaching. We would recommend a review of the administration of teaching under the auspices of a Director of Teaching, encompassing the important aspects of staff/student and staff/staff liaison groups. In addition, we suggest that the review is informed by appropriate directives to balance need for clinical cases for teaching purposes at undergraduate and specialist training levels whilst at the same time developing the service provision in line with appropriate clinical governance and risk management processes in place. Ultimately, CUDSH should be encouraged to consider their “core business” and in so doing place significant emphasis on their primary functions of delivery of teaching and research as an academic unit firmly established within the UCC. This could be achieved by revisiting the strategy review process.

OVERALL ANALYSIS

Self-Evaluation Report:

The PRG commends the depth and breadth of the SER and the detail and honest assessment reported. Ways should be explored as to how to continue the excellent work undertaken in preparing the SER which encouraged and facilitated the engagement of all staff in the process. This activity has started a process which is very healthy for the team and we recommend that you continue down this road.

SWOT Analysis

The PRG were impressed by the level of participation in the SWOT analysis. This has yielded a good overview of internal and external factors that have influenced organisational change and performance. The active involvement of staff from all areas in the Cork University Dental School and Hospital (CUDSH) has raised key organisational issues and these are clearly reported and provide the basis for action. The opinions and experiences voiced in the SWOT reflect individual responses to questionnaires as reported in the Self Evaluation Report (SER). Together these have contributed to a comprehensive and honest report. CUDSH has developed a strong reputation as a high

quality Dental School, attested to by quality graduates, external examiners and employers. This major strength is recognised in the ambitious strategic framework put forward that seeks to build on 25 years experience. Notwithstanding low morale, due to changing structures and associated lack of clarity of roles and responsibilities, staff display strong commitment and pride in their work and the reputation of the school and hospital. These are major strengths that the PRG applaud and should be celebrated and built upon. The PRG also recognise the weaknesses identified in the SER and associated SWOT analysis, in particular the need to address organisational and resource-related issues. There is considerable opportunity for development, including (i) a growing need for graduates, (ii) development of specialisms and (iii) research linkages within UCC and with other institutions. The SER clearly identifies challenges posed by funding mechanisms and the PRG also recognise the difficulties that this creates and point to the need for greater advocacy at a national level.

In summary, the reputation and standing of teaching programmes and clinical services are a major strength of the Cork Dental School & Hospital. Having established this reputation over the last 25 years the unit now faces the need for investment and positioning for the next 25 years. To achieve this, internal areas need to be addressed including agreement of a clear mission and associated strategy, structures, communication flows and career paths. The unit's role and function is entwined with external stakeholders and there is an opportunity to enhance interaction with these stakeholders within a strategic framework, for example (i) role and relationships within University College Cork, (ii) research linkages with other institutions and (iii) supplier level agreements with Health Service Executive.

Benchmarking

Benchmarking has been conducted against three institutions: School of Dental Sciences, Newcastle-Upon-Tyne, UK; University of Nijmegen Medical Centre, The Netherlands; Dublin Dental School and Hospital. Data for a number of key areas are compared, including: teaching, funding, resources, services and research. The institutions chosen do

provide for informative comparison with CUDSH, although Newcastle has twice the undergraduates of Cork, and a more relevant UK comparator may be Belfast. The review indicates a relatively poor level of funding in Cork, particularly in comparison with Dublin. The benchmarking study and report in the SER focuses on this low level of funding. While this is understandable, as it is an issue of major concern, the PRG suggest that future benchmarking could delve a little deeper into: the costs of teaching as currently delivered by many part-time staff; the potential for growth of research income; and, scrutiny of the structure and profile of clinical service provided compared to that commissioned.

FINDINGS OF THE PEER REVIEW GROUP

Unit Details

Cork University Dental School and Hospital (CUDSH) evolved from the original Dental School established in 1913 by the North Charitable Infirmary at Mulgrave Road, Cork. In 1968, University College Cork (UCC) took over the administration and control of the Dental School and Hospital.

In 1982, the new Dental School and Hospital opened at Wilton, adjacent to Cork University Hospital. The School and Hospital now functions primarily as a dental teaching institution under the control and direction of UCC. The Oral Health Services Research Centre and School of Dental Hygiene opened in 1993.

CUDSH derives its statutory remit from the Dentists Act 1985 which names it as one of two schools in the State where dentists may be trained.

The Dental School and Hospital is part of the College and Faculty of Medicine and Health in UCC, which includes Schools of Medicine, Nursing, Pharmacy, Speech & Language Therapy and Occupational Therapy.

The Dental School and Hospital offer a service to the community and has had Service Level Agreements (SLAs) with the former Southern Health Board to provide care to medical card holders in the Cork and Kerry catchment area. In some cases it is the only

provider of a service, for example Oral and Maxillofacial Surgery surgery. More recently, a service agreement has been reached with the Health Service Executive (Southern Region) to provide orthodontic care for patients in the North Cork Region.

As part of a restructuring process initiated in UCC in 2004/05, the departments of Oral Health & Development, Oral Surgery and Restorative Dentistry merged to form a single department that currently provides clinical education to undergraduate and postgraduate students.

Unit Organisation & Planning

A number of key planning and organisational issues were identified: funding, mission and level of activity, planning process, organisational structure and communication.

Funding

There are two Dental Schools in the Republic of Ireland, Dublin and Cork, and each has different ownership and funding mechanisms. The Dental School in Dublin is located in Trinity College Dublin and the associated Dental Hospital is governed by an independent statutory body. Given this structure, it is funded directly from the Department of Education. In Cork, both the Dental School and Hospital are under the governance of University College Cork and given this structure education funding is from the Higher Education Authority (HEA) who in turn is funded by the Department of Education. Hence the CUDSH funding comes through a number of levels – Department of Education to HEA to UCC to College of Medicine and Health - and each may take a top slice, which appears to account for the clear discrepancy in funding available to the two dental teaching institutions. While the number of undergraduate students¹ is similar in both schools there is a considerable difference in the funds flowing to each. The PRG note the figures provided by the SER that indicate a difference of about €5 million. Both Cork and Dublin Dental Hospitals also receive funding from the Health Service Executive (HSE). In the case of CUDSH, this budget is set annually as a block grant and the level of service provision is reported at year-end. CUDSH also receive payment from patients,

¹ It is likely that Dublin has about twice the number of postgraduate students as Cork.

however fees charged are relatively low. There appears to be a long standing tradition that CUDSH see all patients that present for treatment, including medical card and non medical card holders. In UCC the higher fees paid by economic fee paying students (typically non-EU) are passed on to the academic unit and this represents a further source of funding for CUDSH, as does fees from Continuing Professional Development (CPD) programmes. However, CUDSH is greatly constrained in this area as it has little spare capacity. The facility was designed for an annual intake of 25 undergraduate students and currently caters for 40 Bachelor of Dental Surgery (BDS) students in addition to Dental Hygienists, Nurses and Postgraduates.

Thus CUDSH has a number of sources of funding: education funding (HEA), clinical services (HSE and patient fees), and student fees (economic fee paying undergraduates, postgraduates and professional development CPD courses). However, this funding is not sufficient to cover the cost of the educational and clinical services delivered. The institution is, at present, running at a deficit in the region of €3.5 million annually. While it appears that this has been the situation for some time it has become all the more apparent in recent years with the introduction of a new UCC Resource Allocation Model (RAM). The RAM clearly allocates costs and revenue streams. With regard to the latter, funding for undergraduate students is calculated on a Full-Time Student Equivalent (FTE) basis. Different FTE weightings are allocated to different student categories as follows: a weighting of 4 for clinical students², 1.7 for laboratory-based programmes, 1.3 for intermediate disciplines (that have some laboratory/field-work) and 1 for the remainder. The PRG note that CUDSH clearly identify the significant discrepancy between educational funding in Cork compared to Dublin as a fundamental problem – i.e. dental education is costly and the Dublin budget is more in line with the actual costs compared to that provided to Cork. However, the PRG also note that there is a weighting of only 4 for clinical students in the RAM, considerably less than the multiplier the Higher Education Funding Council for England has set for clinical dental students. This much lower multiplier leads to UCC setting the costs of running a clinical dentistry

² The HEA applies a weighting of 2.7 to clinical years, hence University College Cork is already subsidising clinical students with funds generated by other disciplines.

course in Cork by around 1 million Euros per year less than a similar course in England, adding to the deficit of the School.

The PRG notes that CUDSH is in a unique situation where a hospital is run by the University rather than in partnership with or by the Health Service and although this happens elsewhere, for example in North America, it is not common where public health systems operate. Given the funding restraints, it is the view of the PRG that all models for future development and improvement of the funding situation are explored. In exploring all possible models the PRG identifies the following as areas that merit attention: national strategic context, CUDSH context and strategy, clinical service mix and delivery.

National context

Education funding streams are clearly a national issue and need to be addressed at this level. International comparisons indicate that the FTE weighting for Dental Education as used by the HEA (2.7) do not reflect the true costs incurred. Indeed the level of funding provided by the Department of Education to the Dublin Dental School and Hospital appears to support this argument. This requires the attention of senior management in University College Cork. However, at a more fundamental level there appears to be a lack of attention given to the increasing demand for Dental services at a national level. The PRG note the FAS Healthcare Skills Report (August, 2005) that predicts an increasing demand for dentists and specialists³. There is a need for an advocate at national level to influence policy and strategic decision making, promote the profession and highlight areas that merit investment and development. Notwithstanding their different governance structures and sources of funding there appears to be common cause among the Cork and Dublin Dental Schools & Hospitals to take such an initiative – an action that merits strong consideration by UCC. It is recommended that the CUDSH is fully involved in this process. In addition to engagement with both Departments of

³ The PRG also note that the National Oral Health Policy Review announced by the Department of Health and Children in October 2007 as not reported.

Education and Health & Children, interaction with the HSE is also essential in order to address dental care needs and challenges.

CUDSH context and strategy

The PRG considers it important that CUDSH works with senior management within UCC to improve clarity of the core mission of the School. Any roadmap for the future should evolve from this agreed definition of the core mission of the school. While clinical education must take place within a clinical environment such as a hospital, it is unusual that the provision of health services is an objective and function of a university. Notwithstanding the unique circumstances that characterise the UCC and CUDSH relationship, more focus on core academic objectives may help to specify more clearly the role of the Dental Hospital in the CUDSH organisation and within the broader UCC institution.

The PRG were impressed by the Strategy Document prepared by CUDSH, this identifies opportunities to develop educational, research and clinical programmes. We encourage CUDSH to consider this strategy in the light of our suggested focus on education and research. The PRG is of the view that it is unlikely that the additional revenue from new clinical services will generate a surplus to fund the shortfall incurred from educational activity. It is recognised that currently it is likely that services are not generating sufficient revenue to cover the full cost of delivery and we support the view that any services offered in the future should at least cover total cost. The Strategy Document placed particular emphasis on funding growth coming from overseas students' fees. If the School's fundamental funding discrepancies can be addressed, it may be more appropriate to consider growth of overseas student income as additional rather than core funding. It is known that there can be considerable fluctuations in this market and the PRG encourage the CUDSH to undertake a competitor analysis and risk profile in relation to developing their overseas market.

Clinical service mix and delivery

In the clinical services delivered there is an understandable tension between the clinical services required to meet the needs of the local population and those needed to provide material for the education programmes. The unique ‘university only’ funding mechanism which prevails in Cork Dental Hospital means that there are sound financial and educational reasons for ensuring that the clinical services are closely aligned to the needs of the education programmes. Clinical services offered beyond this requirement should only be in the strategic interests of the school and on the basis of a properly funded SLA with the HSE.

The PRG recommends that CUDSH review both the mix and delivery of clinical services. We suggest that this review is informed by the need for clinical cases for teaching purposes. This requires a change from the current purpose and level of service provision and focuses resources on academic teaching and research objectives. This would change the contractual basis with the HSE and the group recommends that discussions are progressed with the HSE to give effect to this change. The PRG suggest that CUDSH work with the HSE and establish a clear basis for commissioning services, hence new SLAs and referral procedures are required. These changes would result in: (i) a case mix required for teaching purposes (and for specified research purposes), (ii) time devoted to primary healthcare services balanced with teaching and research priorities and (iii) more time devoted to teaching and, in particular, research. It is recognised that the provision of specific clinical services needs to be addressed, for example CUDSH is currently the sole provider of Oral and Maxillofacial services in the Southern HSE area. In this case, the PRG note that a Maxillofacial Surgery post has been approved by the Department of Health & Children in 2004 for Cork University Hospital which has not been filled. The PRG consider it unusual that a university employed clinical academic has sole responsibility for providing maxillofacial surgery services for a significant proportion of the population. Normally, clinical academics are members of teams where health service employed members of the team provide the bulk of clinical service. There is an urgent need for UCC to discuss with the HSE how this health service responsibility can be more appropriately managed.

The PRG note that Strategic Objective 3 of the CUDSH Strategy aims to develop tertiary care and build linkages with secondary care units located elsewhere, this is described as a

hub (CUDSH – Tertiary care) and spoke (Outreach - secondary care) model. This shift in mission from primary care to secondary/tertiary care is in line with the PRG recommendation; in this regard the PRG suggests that the development of specialist services are linked to key research themes/interests. Orthodontics training at Doctorate level, where doctorate students provide specialist care within a clearly defined SLA, provides a good model that links education, research and services. Should the CUDSH develop specialist areas with the primary objective of service provision the PRG strongly advises clear SLAs based on full economic cost (including the opportunity cost to teaching and research programmes). In this regard the PRG note that the CUDSH Strategy recognises that in the past services were developed in an *ad hoc* manner and welcome the commitment to full economic costing and SLAs as proposed in their Strategy document.

Given such an approach to case selection and mix it is timely to review patient screening and allocation of charts to students in order to ensure that suitable cases are referred to individual students.

Mission and level of activity

The mission statement of CUDSH is: “Advancing oral health through excellence and innovation in education, patient care and research”. Given the need to review both funding and spending streams the PRG encourage CUDSH to focus on education and research and reflect this in their mission statement. It is recognised that this is a fundamental change for an organisation that has a long tradition in primary and secondary healthcare provision and needs to be balanced with the desire by the CUDSH to become a regional referral centre with certain supporting secondary and tertiary specialisms. This change needs careful consideration and involvement of all staff in establishing the new mission and designing and implementing processes to achieve a focus on education and research. The PRG recognise past and current excellence as evident in high calibre graduates. However, given the context as outlined above, change is necessary if this tradition of excellence is to continue. Discussions between UCC and

CUDSH to ensure a common understanding of the role and nature of the programme and services delivered would enhance the change in process and clarity of the mission.

Planning process

The PRG recognise the major changes already experienced and currently underway. Implementing change is a major organisational challenge and proper planning and inclusion of people (staff and stakeholders) in this process is essential. In this regard, much can be learned from the recent restructuring changes and the PRG encourage inclusive procedures in order to achieve the proposed change in the organisation's mission. In particular, there should be a focus on providing greater clarity with respect to the roles and responsibilities of individuals outlined in the changed structure.

Organisational structure and communication

As referred to above CUDSH includes the merged departments of Oral Health & Development, Oral Surgery and Restorative Dentistry. While the PRG was provided with a post restructuring organisational chart it appears that considerable change is still required before the new structure is fully operational. The PRG endorse the strategic objective to establish an administrative base for the CUDSH, described as the Dental School Office, and recommend that this is fully staffed and operational as soon as possible - this is further expanded upon under *Teaching & Learning* and *Staffing* below. While the academic sub-committee structure is not fully operational, the PRG consider the proposed committees as appropriate: (i) Teaching and Curriculum Committee, (ii) Research & Graduate Studies Committee, (iii) Clinical Committee and (iv) Student Liaison Committee.

The PRG recognise that the Teaching and Curriculum Committee has been somewhat consumed by the modularisation process and the impact that this could have on horizontal and vertical integration within the BDS programme. Considerable improvements have been made in this area and it is hoped that more time will be made available for the Committee to further enhance vertical integration of the programme and

in particular links with academic departments outside the school. The PRG endorse CUDSH's plan that the chair of this Committee assume the role of Director of Teaching and Curriculum. The PRG expects that the Student Liaison Committee will also play an important role in integrated programme delivery. The PRG recommend that the Student Liaison Committee is constituted as a Student-Staff Committee as outlined by UCC regulations. The Dental School Office should provide administrative support to these Committees. These recommendations are expanded on under *Teaching and Learning* below.

External Relations

CUDSH exists within a complex set of stakeholder relationships, these include *educational relationships* within University College Cork and in turn the University's interaction with the HEA and the Department of Education and also *health relationships* with the HSE and in turn the Department of Health & Children. These ultimately impact on relationships with students and patients and the internal relationships among staff. Clearly redefining the CUDSH mission requires close interaction with these stakeholders. Central to this is the strategic and operational relationship with the HSE that is required in terms of strategic investment and development of specialist services and SLAs and referral procedures that focus on the case mix required for educational and research objectives. Building educational and research relationships are fundamental to CUDSH, in this regard finding a common purpose and voice at a national level with Trinity College Dublin (TCD) should help place Dental Education and Research on the national agenda in a manner that achieves recognition of key needs and challenges. The PRG note progress in building research relationships with TCD, for example the PhD Scholars Programme between UCC, TCD and the Royal College of Surgeons of Ireland. It is likely that such relationships will become increasingly important in the drive to increase research and excellence in education.

Teaching & Learning

The Dental School and Hospital offer a range of educational programmes at undergraduate and postgraduate levels:

1. Bachelor of Dental Surgery (BDS) – a five year programme (300 credits) with approximately 40 students per year (25 school leavers, 5 mature students and 10 non-EU students).
2. Diploma in Dental Hygiene – a two year full-time undergraduate programme with 14 students per year.
3. Certificate in Dental Nursing – an undergraduate one year programme delivered nationally and Cork is one of the coordinating centres. There are plans to upgrade this to a Diploma level.
4. Masters by Research
5. Masters in Dental Public Health with an intake of 6 to 8 students in alternating years.
6. Doctorate in Clinical Dentistry – currently 6 students (4 in Orthodontics and 2 in Oral Surgery).
7. PhD – currently 9 students.

The PRG met with UG students (past and present) and employers, and also had an opportunity to review the reports from external examiners over many years. It was clear to the PRG that students in CUDSH in all the education programmes receive good educational support from hardworking and committed staff.

Concerns were raised about the negative impact of the modularisation process as this breaks teaching into small stand-alone elements in the BDS programme. Staff have endeavoured to strengthen the horizontal and vertical linkages in the programme and have made a considerable effort to increase the exposure of students to the hospital environment during both the 3rd year and in the pre-clinical years. We commend the emphasis on strong vertical programme linkages and the progress made towards a competency-based curriculum. We were impressed by the commitment of academics from Departments outside the School of Dentistry (Anatomy, Biochemistry, Pathology, Pharmacology and Physiology) to the programme. However greater interaction across

the entire teaching team would enhance programme delivery. In this regard, the delivery of Anatomy modules requires attention - this has staffing implications that are referred to below. Teaching in the human disease area could also receive further attention with agreement around delivery from general medicine and surgery.

There were a number of suggestions on new modules/subjects in the BDS programme, such as: 'aesthetic dentistry', 'behavioural sciences' and 'practice management'. Academics, employers/graduates and students all considered 'practice management' a useful subject area. The PRG find these useful suggestions, in particular some exposure to 'practice management' would enhance the programme as few graduates have the opportunity to join a vocational training programme. However, we consider the development of a structured vocational training programme a more long term and holistic response. More experience in carrying out extractions would be desirable. While this is a common challenge for dental schools, we encourage CUDSH to engage with the HSE to explore opportunities to improve students' experience in this area.

While there are some areas that require attention (such as Anatomy and Human Disease) the PRG find the BDS a good programme as evidenced by the quality of graduates, comments made in the external examiner reports and our meetings with students and graduates/employers. Of more immediate concern are a number of operational issues that came to the attention of the PRG.

From an operational perspective greater coordination is required, for example in dealing with timetabling and student feedback. We recognise that while an integrated school incorporating the Departments of Oral Health & Development, Oral Surgery and Restorative Dentistry has been established the process of staffing a central school office is not yet complete and that this has impacted negatively on the coordination of the BDS programme. At the time of the visit, it became clear that academics outside the School were unclear about their point of contact for curriculum and timetabling issues and that student year representatives were fulfilling this role. As indicated above, we recommend that a fully resourced central school office is operational as soon as possible and that a Director of Teaching and Curriculum with this appropriate administrative support takes a leading role. This will assist in the delivery of a modern dental education programme and

streamline the co-ordination of the range of duties and tasks undertaken by staff and students alike in the delivery of the programme. From the information available to the PRG, it appeared that this could be achieved mostly by redeployment and redefined roles of current staff.

The changing structure requires the implementation of the University staff-student relations processes and procedures at School level compared to the previous tradition of Department level and the PRG were pleased to see that the Quality Review Process has re-focused all delivery partners on the changes required. These are in line with modern dental educational practice and this reflects a continued focus on best practice already present in UCC e.g. regular student-staff committee meetings, academic staff member contact person/coordinator for each year who holds responsibility for curriculum organisation and curriculum delivery, student handbooks covering the whole year's programmes rather than separate single areas, coordinated timetabling, balanced student workloads and feedback procedures.

Opportunities for CPD courses were also identified; however the PRG is of the view that significant progress needs to be made in addressing organisational and resource related issues before new programme development could be pursued.

Research & Scholarly Activity

The PRG recognise the continued success of the Oral Health Services Research Centre and acknowledge the research activity and output in the Dental School and Hospital. We are impressed with the emphasis on research and the development of the 4th Level (postgraduate programmes) found in the Strategy Document. This strategy seeks to respond to key drivers in the external environment and clearly identifies research areas/themes. In particular, we welcome progress made in: (i) establishing the Doctorate programme in Clinical Dentistry, (ii) clinical research fellowships and (iii) the proposed appointment of a Director of Research.

Given that many clinicians considering career progression may not wish to pursue a PhD a Doctorate programme that supports development of a specialism holds particular interest. As indicated above the doctorate programme specialising in orthodontics

provides a useful general model. We find the strategy to attract non-clinicians to PhD studies innovative. However, as indicated earlier the capacity to deliver in all of these areas must be managed and while building a research culture and increasing PhD numbers are certainly objectives central to an academic unit they need to be addressed in a measured and achievable manner. The PRG welcome the proposed appointment of a Director of Research. As Chair of the Research Committee the Director can play an essential role in building an active research agenda, including links with other academic units within UCC, nationally and internationally. Attracting research funding to CUDSH will support investment in facilities and could strengthen the team of clinical research fellowships. We encourage inter-institutional research activity and strengthening linkages with the Dublin Dental School and Hospital.

Staff Development

The PRG recommend that staff development programmes are put in place to support the transition to a fully operational and integrated school. The PRG found an interest and willingness among staff to pursue professional development programmes. However, given the changing structure many were unclear as to the career pathways open to them. Thus staff should be encouraged to pursue educational and training programmes in line with evolving strategy, structures and opportunities. This seems especially important for development of administration and nursing staff. The PRG also recommends that staff are encouraged to avail themselves of educational and training structures available in the University for personal as well as career development.

The development of an academic career pathway in dentistry requires a concerted and strategic initiative. Current incentives are not adequate to attract graduates into lectureships. The PRG note that the CUDSH strategic plan highlights this issue. We suggest that various options are considered with regard to academic career pathways, including both research and teaching roles. In this regard, the PRG commend the establishment of clinical research fellowships that contribute to both research and teaching in CUDSH. The PRG also note the interest in joint appointments with other

academic units in University College Cork expressed in the strategic plan and suggest that the potential for such appointments is explored.

Staffing

The PRG is pleased to note the staff appointments made since the last Quality Review. However, this has been achieved by using existing posts when they became available. No additional funding has been allocated to provide for the new appointments and the on-going programme development has increased the strain on existing staff. In particular, there has been a reduction in the availability of Consultant provision and cover within Restorative Dentistry due to two of the consultants taking on additional duties, one as Head of School and the other as acting Head of the College of Medicine and Health. The problems with availability of Consultant cover in this area was referred to by other staff and students and there is an urgent need to address this shortfall in order to ensure teaching quality is maintained and clinical governance of service provision is appropriately supported.

The Department of Anatomy has not replaced the Dental specialist that has left and while this Department is not within CUDSH this impacts on the BDS programme timetable and hence the student experience. Anatomy is currently timetabled in a teaching block to facilitate delivery by a visiting specialist. This is far from adequate. For example, this year the teaching block will be delivered during the summer holiday period outside normal term time. The PRG have concerns about the suitability/sustainability of the current arrangement and recommend that as a matter of urgency UCC should appoint a specialist in the cognate area.

In discussions, it was clear that Anatomy considered that no funding flowed from the Dental School budget to its department to support the teaching. However, this was subsequently confirmed as a misunderstanding of how the RAM operates. It was recommended and accepted during the visit that the office of the Finance Director will provide a clear explanation to departments providing teaching to the dental programme that considerable funds are allocated to them for this purpose through the RAM.

As indicated above we recommend the establishment and staffing of a Central School Administrative Office, we recognise that this is already included in the new structure however staffing has not been completed. We also recognise that this change in administration requires management and suggest the adoption of a partnership approach to facilitate a resource-neutral transition.

Part-time teaching staff make a major contribution to teaching in CUDSH. Indeed the PRG observed that some part-time staff contribute to as many as six or seven sessions per week, this is very high and well above what might be considered the norm of one or two sessions per week that exists in dental schools elsewhere. While such staff make an important contribution to teaching they are not involved in research or administration. It is recognised that this is a long-standing practice within CUDSH, however it requires attention. In addition, some staff highlighted salary differentials between different clinical staff working full and part-time as disincentives to following a clinical career. The PRG recommend the involvement of the University's Human Resource Department in a process that addresses the concerns of both part-time staff and CUDSH management.

Clearly there are considerable staffing issues and this has resulted in deteriorating staff morale. While there is a funding backdrop to this, progress may be made in some areas through adopting change management and partnership processes. Given the strategic and operational challenges in this area we recommend that a comprehensive manpower plan is developed. Such a manpower plan should identify the key strategic priorities that need to be addressed in a structured manner, inclusive of all grades and specialties.

Communications

As reported above we commend the depth and breadth of the SER and the detail and honest assessment reported. Feedback obtained through questionnaires returned during this process and the SWOT analysis has pointed to the impact of changing management structures and styles. We also recognise that many staff have conveyed to us that they are unclear as to the future direction of the School and Hospital and that staff morale is deteriorating. The widespread participation in the SER reflects commitment to the School & Hospital and this process seems to have been a very positive experience and

good for communication and morale. We recommend the use of mechanisms that support the full involvement of staff at all levels. These mechanisms should clarify roles, enhance participation of staff and support feedback. Enhanced communications could go hand-in-hand with proposed management and partnership processes to address, in particular, the role of administrative and part-time teaching staff.

Support Services

The PRG visited the library on-site and found this and the electronic library an excellent service. Given the process of restructuring, CUDSH would benefit from greater input from the Human Resources Department in University College Cork. Specific staffing areas are referred to under *Staffing* above that require professional HR expertise.

Accommodation

The PRG welcomes the considerable upgrading of facilities since the last review. In particular, the installation of 34 new dental units in the Polyclinic, a 24 seat Clinical Simulation laboratory, refurbishment of laboratories and a central sterile supply department. While new equipment has been installed in radiology and the dental theatre, further investment is required in these areas; if possible enhanced use of IT in radiology would be welcome. Investment is also required in the area of Restorative Dentistry. Office space is also cramped and this is particularly evident in the nurses' office area. The need to increase the capacity is of fundamental importance and while the improvements noted above are welcome in the long term an overall expansion of capacity is required. As noted above there is currently little scope to increase student numbers and this greatly constrains the recruitment of economic fee paying and graduate students. The PRG is particularly concerned about the limited scope afforded to academics to pursue research due to a lack of capacity.

Governance

University College Cork finds itself in a rather unique situation as it owns, operates and holds ultimate responsibility for inpatient and outpatient services delivered by a medium-

sized hospital. This places an unusual demand on an institution that is typically designed to focus on student care rather than the clinical and governance issues that relate patient care. Given the funding restraints, it is the view of the PRG that all models for future development and improvement of the funding situation should be explored. The establishment of a statutory body to govern the hospital may be an ideal model. The PRG suggest that CUDSH explore various partnership arrangements with the Dublin Dental School and Hospital, for example, in the areas of funding, staffing, clinical governance and clinical risk management. Similarly, various partnership arrangements with the HSE should also be explored. As indicated above we recommend that all future SLAs are agreed within a new strategic framework that aims to deliver the case mix required for teaching purposes and the development of specialist services that compliment strategic educational and research objectives. In addition to these, the PRG recommend that CUDSH explore and develop links with Cork University Hospital (CUH) in order to implement a Clinical Governance Programme. Over recent years there has been a heightened awareness of clinical risks in the field of dentistry. Indeed dental clinical procedures are now widely recognised as high risk procedures designated as *exposure prone procedures* (EPPs) with relevance to blood-borne viruses (hepatitis, HIV and variant CJD, etc.). As a consequence there have been significant developments within clinical governance and associated structures and procedures. Given its proximity to CUH, linkages between the two hospitals may be developed that support a review of existing procedures and establish a comprehensive clinical governance programme. The PRG recognises the current, and indeed future, role and responsibility of Consultants in this area but also recognise the increased load that modern clinical governance structures and procedures can place on a relatively small hospital, thus synergies may be gained from linkages with the adjacent CUH.

Departmental Co-ordinating Committee & Methodology employed in the preparation of the Self-Evaluation Report

The Group commend the Co-ordinating Committee in preparing a detailed SER. The methodology adopted followed Quality Promotion guidelines and this has resulted in a

comprehensive and honest report. Key issues (such as a funding, evolving organisational and management structures, and communications) outlined in the report were supported by meetings with staff during our site visit. Any requests for documentation not included in the report but relevant to our review was made available to us without delay during the site visit. The organisation of the PRG visit by both the Quality Review Office of UCC and the staff of CUDSH was of the highest standard.

RECOMMENDATIONS FOR IMPROVEMENT

Recommendations for improvement made by the Peer Review Group

Governance and Funding

1. University College Cork finds itself in a rather unique situation as it owns and operates a hospital. Given the funding constraints, it is the view of the PRG that all models for future development and improvement of the funding situation are explored. The establishment of a statutory body to govern the hospital may be an ideal model. The PRG suggest that various partnership arrangements with the Dublin Dental School and Hospital are explored, for example in the areas of funding, staffing, clinical governance and risk management. Similarly, various partnership arrangements with the HSE should be explored. A review of the organisation's mission, as suggested below, could frame such strategic decisions and relationships.
2. Education funding streams are clearly a national issue and need to be addressed at this level. This requires the attention of senior management in University College Cork.
3. Cork and Dublin Dental Schools & Hospitals should take an initiative at national level to highlight dental care needs and challenges. In doing so they could

appoint an Advocate to represent their interests and pursue the development of a national strategy.

4. While there are significant organisational and resource-related issues outstanding the PRG caution against the development of new courses or programmes even if they generate finance, as bolting on new activities without streamlining existing activities may only compound existing problems and further exasperate staff. We recommend that current organisational/operational issues are dealt with in advance of initiating further investment in new programmes and services.

Organisation and Mission

5. The PRG recommends that CUDSH review both the mix and delivery of clinical services with a view to ensuring a supply of clinical cases for teaching purposes and that this is reflected in the organisation's mission statement. In line with this it is timely to review patient screening and allocation of charts to students in order to ensure that suitable cases are referred to individual students.
6. We recommend that all future Service Level Agreements (SLAs) with the HSE are agreed within a new strategic framework that aims to deliver the case mix required for teaching purposes and the development of specialist services that compliment strategic educational and research objectives.
7. Should the CUDSH develop specialist areas with the primary objective of service provision the PRG strongly advises clear SLAs based on full economic cost.

Clinical Governance

8. Given significant developments within clinical governance and associated structures and procedures over recent years the PRG recommend that CUDSH explore and develop links with the adjacent Cork University Hospital (CUH) in order to review their Clinical Governance Programme and create synergies with CUH.

Teaching & Learning

9. The PRG endorse the strategic objective to establish a Dental School Office and recommend that this is fully staffed and operational as soon as possible. It is also

- important that the recently established post of Director of Teaching and Curriculum evolves so that the incumbent holds responsibility and authority for curriculum organisation and delivery across the entire five years of the UG dental curriculum.
10. The PRG recommend that the Student Liaison Committee is constituted as a Student-Staff Committee as outlined by UCC regulations and that this Committee address areas such as; regular student-staff committee meetings, academic contact person/coordinator for each year, student handbooks, coordinated timetabling, balanced student workloads and feedback procedures.
 11. The PRG recommend that the chair of the standing committee for teaching and curriculum be reclassified as Director of Teaching and be positioned at a more senior level within the management structure
 12. Explore ways in which the dental students can experience four-handed dentistry with appropriate nursing support and provide opportunities for closer interaction in the clinics between the trainee dentists and hygienists.

Staffing and Communications

13. We recognise that the establishment of a Central School Administrative Office is a change from previous administrative arrangements and requires change management; we recommend the adoption of a partnership approach to facilitate a resource-neutral transition.
14. We recommend that the UCC Human Resource Dept takes the lead in a process that addresses the outstanding issues related to part time teachers.
15. We recommend the use of mechanisms and structures that support the full involvement of staff at all levels. These mechanisms should clarify roles, enhance participation of staff and support feedback.
16. Given the evolving strategy, structures and opportunities we recommend that staff are given advice as to suitable professional development programmes. This seems especially important for the development of administrative and nursing staff. The PRG also recommends that staff are encouraged to avail of educational and

- training structures available in the University for personal development as well as career development.
17. The development of an academic career path in dentistry requires a concerted and strategic initiative. The PRG endorse CUDSH's strategy to explore various options and we also endorse the strategy to pursue joint appointments with other academic units.
 18. Given the strategic, financial and operational challenges we recommend that a comprehensive manpower plan is developed.
 19. There are a number of specific academic appointments that merit immediate attention:
 - i. Professor of Restorative Dentistry (appointment while one of the senior clinical academics is seconded to the Head of School post.)
 - ii. Senior Maxillofacial Surgery position (joint appointment with CUH)
 - iii. Professor/Senior Lecturer in Oral Biosciences/ Biology

Research & Scholarly Activity

20. The PRG endorse the proposed appointment of a Director of Research and recommend the establishment of this director as Chair of the Research Committee.
21. We welcome progress made in establishing the Doctorate programme in Clinical Dentistry, Clinical Research Fellowships and the strategy to attract non-clinicians to PhD studies. Given the resource constraints in the short term, we recommend a clear strategy is used to prioritise development in these areas.
22. In seeking research funding we encourage joint submission of proposals with other academic units in UCC, inter-institutional research activity and strengthening linkages with the Dublin Dental School and Hospital.

Infrastructure

23. In the short term we recommend investment in radiology, dental surgery and restorative dentistry.

24. In the long term we support the strategic expansion of the facility to support increased student number in existing programmes, programme development (in particular specialist postgraduate) and research.

Appendix A

DENTAL SCHOOL & HOSPITAL

PEER REVIEW GROUP SITE VISIT TIMETABLE

In Summary

- Monday 28 April: The Peer Review Group (PRG) arrives at the Kingsley Hotel for a briefing from the Director of the Quality Promotion Unit, followed by a meal with the School Co-ordinating Committee.
- Tuesday 29 April: The PRG considers the Self-Evaluation Report and meets with school staff and student and stakeholder representatives. A working private dinner is held in the evening for the PRG.
- Wednesday 30 April: The PRG meets with relevant officers of UCC. An exit presentation is given by the PRG to all members of the School. A working private dinner is held in the evening for the PRG. This is the final evening of the review.
- Thursday 1 May: External PRG members depart.

Monday 28 April 2008	
16.00 – 18.00	Meeting of members of the Peer Review Group Briefing by Director of Quality Promotion Unit, Dr. N. Ryan. Appointment of Chair and Rapporteur Group agreed final work schedule and assignment of tasks for the following 2 days. Views are exchanged and areas to be clarified or explored are identified.
19.00	Dinner for members of the Peer Review Group, Head of School and the School Co-ordinating Committee. School Co-ordinating Committee: Professor Finbarr Allen Mr. John Browne Ms. Sheila Maguire Dr. Christine McCreary Dr. Chris Stewart Dr. Helen Whelton

Tuesday 29 April 2008			
Venue: Oral Health Services Research Centre Conference Room (unless otherwise specified)			
08.30 – 09.00	Convening of Peer Review Group and consideration of Self-Evaluation Report		
09.00 – 09.30	Professor Finbarr Allen, Head		
09.30 – 10.30	Meeting with all staff of the Dental School & Hospital (see Appendix A for a list of all staff) Venue: Dental Lecture Theatre		
10.30 – 10.45	Tea/coffee		
10.45 – 13.15	<p>Venue: Oral Health Services Research Centre Conference Room</p> <p>Members of PRG:</p> <p>Prof. Burden Dr. Byrne</p> <p>Private meetings with staff</p> <p>10.45</p> <p>11.00 Dr. Ann Harris (Physiology)</p> <p>11.15 Mary McConnell (Pre-Clinical Teachers)</p> <p>11.30 Dr. Frank Burke (Restorative Dept)</p> <p>11.45 Prof. Declan Millett (Orthodontics)</p> <p>12.00 Mary Moloney (Nursing)</p> <p>12.15 Ann Dunlea (Administration)</p> <p>12.30 Dr. Frank Van Pelt (Pharmacology) & Dr. Orla Barry: Co-Ordinator</p> <p>12.45 Dr. Sinead Kerins & Mary Kelly (Biochemistry)</p>	<p>Venue: Seminar Room 1</p> <p>Members of PRG:</p> <p>Prof. Pine Ms. Kennelly</p> <p>Private meetings with staff</p> <p>10.45 Sheila Maguire (Manager)</p> <p>11.00</p> <p>11.15 Dr. Christine McCreary (Oral Surgery)</p> <p>11.30 Dr. Hassan Ziada (Hygiene)</p> <p>11.45 Michael Murphy (Finance)</p> <p>12.00 Dr. Edith Allen (Clinical Study)</p> <p>12.15 -----</p> <p>12.30 Ann O’Keeffe (Tutor Hygienist)</p> <p>12.45 Dr. Joe McKenna (Casualty)</p>	<p>Venue: Dental Lecture Theatre</p> <p>Members of PRG:</p> <p>Prof. Cowpe Dr. O’Reilly</p> <p>Group meetings with staff</p> <p>10.45 Full-time Teaching Staff:</p> <p>Dr. E. Allen, Mr. John Brown, Mr. D Field, Ms. C. Gorman, Mr. J. Hallissey, Dr. P McDermott, Dr. D. McDonnell, Dr. G. McKenna, Prof. D. Millett, Dr. N. Ray, Prof. D. Sleeman, Dr. C. Stewart, Dr H. Whelton, Dr. H. Ziada</p> <p>11.15 Administrative Staff</p> <p>Terry Cullinane, Ann Marie Doran, Ann Dunlea, Carol Horan, Mary Keelan, Eamon Kiely, Hilary Lehane, Lisa Morgan, Catherine Nevin, Ber O’Donoghue, Liz Cronin O’Flynn, Claire O’Keeffe, Helen Tyrell, Mary Wade</p> <p>11.45 Nursing Staff:</p> <p>Trish Bourke, Noleen Coomey, Judy Donovan, Eileen Foley, Úna Greene, Mary Hallissey, Maire Kelly, Sinead Lane, Cait McCarthy, Emily Lane O’Neill, Paula O’Neill, Phil Scannell</p>

			<p>12.15 Part-time Teaching Staff: Dr. E. Kelleher, Dr. B Lynch, Dr. N. Lyden, Dr. Joe McKenna, Dr. M. O'Reilly, Dr. E. O'Sullivan</p> <p>12.45 Curriculum Representatives: Dr. F Burke, Prof. M. Kinirons, Dr. C McCreary, Ms. C. Murphy</p>								
13.15 – 14.00	Working private lunch for members of Peer Review Group										
14.00 – 14.30	<p>Visit to core facilities of School, escorted by Ms. Sheila Maguire, Manager, Dental School & Hospital</p> <p>Members of PRG: Dr. Byrne, Prof. Cowpe, Dr. O'Reilly</p>	<p>Professor Finbarr Allen, Head</p> <p>Members of PRG: Prof. Burden, Prof. Pine, Ms. Kennelly</p>									
14.30 – 15.00	<p>Representatives of 1st and 2nd Year Students</p> <table> <tr> <td>Hayley Brahm (1st Year Dental)</td> <td>Grace Corrigan (1st Year Dental Hygiene)</td> </tr> <tr> <td>Katie McCarthy (2nd Year Dental)</td> <td>Barry Mulrean (2nd Year Dental)</td> </tr> <tr> <td>Jill O'Donnell (1st Year Dental)</td> <td>Judith O'Dwyer (2nd Year Dental Hygiene)</td> </tr> <tr> <td>Jay Patel (2nd Year Dental)</td> <td>Julia Quinlan (1st Year Dental)</td> </tr> </table>			Hayley Brahm (1 st Year Dental)	Grace Corrigan (1 st Year Dental Hygiene)	Katie McCarthy (2 nd Year Dental)	Barry Mulrean (2 nd Year Dental)	Jill O'Donnell (1 st Year Dental)	Judith O'Dwyer (2 nd Year Dental Hygiene)	Jay Patel (2 nd Year Dental)	Julia Quinlan (1 st Year Dental)
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Jay Patel (2 nd Year Dental)	Julia Quinlan (1 st Year Dental)										
15.00 – 15.30	<p>Representatives of 3rd and 4th Year Dental Students</p> <table> <tr> <td>Elizabeth Boland (3rd Year)</td> <td>Carol Dineen (4th Year)</td> </tr> <tr> <td>Paul Kielty (4th Year)</td> <td>David McGoldrick (4th Year)</td> </tr> <tr> <td>Finbar O'Mahony (3rd Year)</td> <td>Ronan O'Neill (3rd Year)</td> </tr> </table>			Elizabeth Boland (3 rd Year)	Carol Dineen (4 th Year)	Paul Kielty (4 th Year)	David McGoldrick (4 th Year)	Finbar O'Mahony (3 rd Year)	Ronan O'Neill (3 rd Year)		
Elizabeth Boland (3 rd Year)	Carol Dineen (4 th Year)										
Paul Kielty (4 th Year)	David McGoldrick (4 th Year)										
Finbar O'Mahony (3 rd Year)	Ronan O'Neill (3 rd Year)										
15.30 – 16.00	<p>Representatives of 5th Year Dental Students</p> <table> <tr> <td>Elaine Casey</td> <td>Nora Hopkins</td> <td>Grania O'Connell</td> </tr> <tr> <td>Killian Power</td> <td>Stephen Tangney</td> <td>Mary Turnbull</td> </tr> </table>			Elaine Casey	Nora Hopkins	Grania O'Connell	Killian Power	Stephen Tangney	Mary Turnbull		
Elaine Casey	Nora Hopkins	Grania O'Connell									
Killian Power	Stephen Tangney	Mary Turnbull									
16.00 – 16.30	Professor Paul Giller, Registrar & Senior Vice-President										
17.00 – 18.30	<p>Representatives of recent graduates, employers & stakeholders</p> <ul style="list-style-type: none"> • Dr. Grainne Cahill, past graduate and stakeholder • Dr. Maurice Delaney, past graduate and stakeholder • Dr. Liam Lynch, past graduate, employer and stakeholder <p>Venue: Staff Common Room, North Wing, Main Quadrangle</p>										
19.00	Meeting of Peer Review Group to identify remaining aspects to be clarified and to finalise tasks for the following day, followed by a working private dinner.										

Wednesday 30 April 2008		Venue: Oral Health Services Research Centre Conference Room (unless otherwise specified)
08.15 – 08.30	Convening of Peer Review Group	
08.30 – 09.45	Professor Robert McConnell, Acting Head, College of Medicine & Health	
09.45 – 10.15	Representatives of Postgraduate Students Kevin O'Rourke (Orthodontic Postgraduate) Patricia McDermott (Ortho PhD Postgraduate) Gerry McKenna (Rest Dent PhD Postgraduate)	
10.15 – 11.15	Visit to CUH Library, meeting with Ms Una Ní Chonghaile, Subject Librarian PRG members: Dr. Byrne, Dr. O'Reilly, Ms. Kennelly	Meeting with staff 10.15 Dr. Deniz Yilmazer-Hanke (Anatomy) 10.45 Dr Mary Hayes: (Pathology) PRG members: Prof. Burden, Prof. Cowpe, Prof. Pine
11.15 – 11.45	Tea/coffee	
11.45 – 12.00	Mr. Cormac McSweeney, Finance Office	
12.00 – 12.30	Dr. Ruth Davis, Research Support Officer, Office of the Vice-President for Research Policy and Support (Representing the VP for Research Policy & Support) Professor Grace Neville, Vice-President for Teaching & Learning	
12.30 – 13.00	Group Meeting Venue: Oral Health Services Research Centre Conference Room PRG Members: Prof. Pine, Dr. Byrne Dr. O'Reilly Research Graduate Studies Committees Professor Finbarr Allen, Dr. Michael Cronin, Dr. Helen Whelton	Group Meeting Venue: Seminar Room 1 PRG Members: Prof. Burden, Prof. Cowpe, Ms. Kennelly Consultant Clinical Staff Dr. F Burke, Dr. D Field, Prof M Kinirons, Dr. C McCreary, Dr. D McDonnell, Prof D Millett, Prof D Sleeman, Dr. H Ziada
13.00 – 14.00	Working lunch	
14.00 – 15.00	Preparation of first draft of final report	
15.00 – 14.30	Professor Finbarr Allen, Head of School	
14.30 – 17.00	Preparation of first draft of final report (tea/coffee at 16.00)	

17.00 – 17.30	Exit presentation to all staff made by Professor D. Burden on behalf of the Peer Review Group, summarising the principle findings of the Peer Review Group. Venue: Dental Lecture Theatre
19.00	Working private dinner for members of the Peer Review Group to complete drafting of report and finalise arrangements for completion and submission of final report.

Appendix A

Dental School & Hospital Staff

Consultants: Prof. Finbarr Allen, Dr. Frank Burke, Dr. Denis Field, Dr. Catherine Gallagher, Prof. Martin Kinirons, Prof. Robert McConnell, Dr. Christine McCreary, Dr. Donal McDonnell, Prof. Declan Millett, Prof. Duncan Sleeman, Dr. Chris Stewart, Dr. Hassan Ziada

College Lecturers: Dr. Edith Allen, Dr Patricia McDermott, Dr. Noel Ray.

Lecturer in Dental Technology: Cathy Gorman.

Lecturer in Dental Technology (Orthodontic): John Brown.

Part-time Lecturers: Dr. Eleanor O’Sullivan.

Senior Instructor Dental Technician: Joe Hallissey.

Administration: Jane Ahern, Terry Cullinane, Ann Marie Doran, Ann Dunlea, Carol Horan, Phil Johnson, Mary Keelan, Eamon Kiely, Hilary Lehane, Sheila Maguire, Lisa Morgan, Neill Nash, Catherine Nevin, Ber O’Donoghue, Liz Cronin O’Flynn, Claire O’Keeffe, Paula Rose, Ber Sweeney, Helen Tyrell, Mary Wade, Helen Walsh.

NCHD’s: Dr. Mairead Brown, Dr. Paddy Delaney, Dr. Jill Johnston, Dr. Gerry McKenna, Dr. Colm Murphy, Dr. Ikeagwuani Okechukwu, Dr. Emma Vahey.

Post Graduate Orthodontic Student: Dr. Ciara Campbell, Paula Murray, Dr. Gerard O’Mahony and Dr. Kevin O’Rourke.

Part-time Clinical Staff: Dr. Paul Brady, Dr. Deirdre Browne, Dr. Michael Crowley, Dr. Margaret Coyle, Dr. Peter Cudmore, Dr. John Foley, Dr. Liam Harte, Dr. Aileen Hayes, Dr. Martin Holohan, Dr. Patricia Jones, Dr. Elizabeth Kelleher, Dr. Nuala Lyden, Dr. Barry Lynch, Dr. Tom McCarthy, Dr. Mary McConnell, Dr. Joe McKenna, Dr. Fiona McSweeney, Dr. Siobhan McSweeney, Dr. Aidan Monahan, Dr. Derek Mulcahy, Dr. Seamus O’Donoghue, Dr. Donal O’Keeffe, Dr. Mary O’Reilly, Dr. Eleanor O’Sullivan, Dr. Richeal Ni Riordain, Dr. Sean Russell, Dr. Noel Walsh, Dr. Billy Waters.

Nursing: Noleen Coomey, Mary Curran, Eileen Foley, Teresa Grogan, Catherine Hegarty, Leona Kelleher, Maire Kelly, Eileen Leonard, Mary McCarthy, Kay Mescall, Mary Moloney, Katherine Morrissey Moran, Geraldine Murphy, Mary Murphy, Nora O’Mahony, Mary O’Sullivan, Janice Sweeney, Peggie Ui Aodha, Toni Whelan.

Dental Nurses: Pamela Binks, Patricia Bourke, Gillian Bradley, Jacqueline Bray, Veronica Burton, Louise Carmody, Sheila Casey, Jacinta Collins, Catherine Cronin Roberta Daly, Maria Doolan, Una Green, Mary Harrington Nellie Healy, Emily O’Neill Lane, Sinead Lane, Renie Ledwith, Hazel McAuliffe, Cait McCarthy, Joan McDermott, Colette Murray, Norma Murray, Siobhan Murray, Fiona O’Callaghan, Muriel O’Connor, Grainne O’Donovan, Emer O’Dwyer, Deirdre O’Shea, Mary M. O’Sullivan, Judy Riordan, Phil Scannell, Amelia Spillane, Elizabeth Thompson.

Clinical Teachers - Dental Hygiene: Martina Collins, Ann Holohan, Caroline Horgan, Clare Murphy, Ann O’Keeffe.

Health and Social Care Professionals: Ann Brown (Radiographer), Caroline McCarthy (Hygienist), Helen Nwokoeeye (Radiographer), Margaret O'Brien (Radiographer).

General Support Services: Abraham Brennan, Maria McNamara, Jenny Noonan, Hilary O'Riordan, Anita Van Den Heuvel.