

Dental School & Hospital
BDS Degree
Departments of Oral Health & Development
Oral Surgery
Restorative Dentistry

Peer Review Group:

Professor J. Hall, Professor of Physiology, UCC (Chair)
Professor A. Hyland, VP and Professor of Education, UCC
Mr. D. Doherty, Director, Office of Health Management, Dublin & CEO of
Midland
Health Board, Ireland
Professor J. Cowpe, Professor of Oral Surgery, Bristol Dental Hospital, UK
Professor W. Edgar, Department of Dental Science, University of Liverpool, UK
Professor P. Holloway, Department of Oral Health & Development, University of
Manchester, UK
Dr. D. Samararwickrama, The Royal London School of Medicine & Dentistry,
UK

Brief Summary of conduct of Site Visit:

Because all the five elements to be reviewed are so closely inter-linked it was decided to integrate the review of the five components related to the clinical dental years into a single review. Each of the external peer reviewers was a recognised specialist in one of the areas to be reviewed and in this way it was ensured that all aspects of the activities of the different entities to be reviewed were examined by experts.

The site visit was conducted over 2.5 days from 22nd – 24th April, 2001 and included meetings with

- i) Head and staff of the departments as a group and individually,
 - ii) Representatives of undergraduate and postgraduate students,
 - iii) Representatives of recent graduates,
 - iv) Representatives of pre-clinical Subjects (Anatomy, Biochemistry, Physiology)
 - v) Professor M. Murphy, Dean of Medical Faculty,
 - vi) Professor M. A. Moran, Registrar & VP for Academic Affairs,
 - vii) Professor B. Harvey, VP for Research Policy & Support
 - viii) Mr. N. Keeley, Director of Human Resources,
 - ix) Mr. M. O'Sullivan, VP for Planning, Communications & Development,
- and visits to departmental and library facilities in UCC and Cork University Hospital.

An exit presentation of the principal findings of the Peer Review Group was made to staff of the departments during the afternoon of the second day. Subsequent to the visit the Chair, Professor J. Hall and the Director of Quality Promotion, Dr. N. Ryan, met with representatives of the Junior Dental Staff and their views were transmitted back to the members of the Peer Review Group and comments on them incorporated into the final report of the Peer Review Group.

Description of Departments

Dental School & Hospital

Head of Dental School: Professor R. McConnell

No. of Staff: 56 administrative & support staff (32 perm, 24 temp)

Location of Department: Cork University Hospital, Wilton

Mission Statement

“The University Dental School & Hospital is dedicated to the advancement of learning through teaching and research and to the discovery and application of knowledge in the service of society. The School seeks to provide an environment of caring and creative enquiry within which critical thinking, humane values and practical skills are cultivated and sustained.”

Aims & Objectives

1998-2000

- Obtaining of capital funding from the department of health and Children to install a new CSSD, new dental units and new x-ray units.
- To work to define procedures and put controls on patient billing, cash handling and material requisitions in place.

1999-2000

- To continue work of renovation of physical environment.
- Identification, assessment and documentation of operating procedures.
- To address staff development needs.

2001-2003

- To work towards integration of specialist services delivered by the Dental School and the service requirements of the Southern Health Board, South Eastern Health Board and Mid Western Health Board.
- To develop staff skills and promotional structures.
- To improve internal and external communications with staff, students, user groups and funding bodies.

Department of Oral Health & Development

Head of Department of Oral Health & Development: Professor D. O’Mullane

No. of Staff: 8 academic staff (4 f/t perm, 4 p/t temp), 5 support and administrative staff

(1 f/t

perm, 4 p/t temp)

Location of Department: Cork University Hospital, Wilton

Mission Statement

“The Department (as part of the Dental School & Hospital) is dedicated to the advancement of learning through teaching and research and to the discovery and application of knowledge in the service of society. The School seeks to provide an environment of caring and creative enquiry within which critical thinking, humane values and practical skills are cultivated and sustained. The department seeks to provide the student upon graduation with the necessary skills to be competent for independent practice.”

Aims & Objectives

- The aims and objectives for the department are defined in a set of competencies for undergraduate teaching, and in postgraduate and continuing education towards improving the quality of all activities.

Department of Oral Surgery

Head of Department of Oral Surgery: Professor D, Sleeman

No. of Staff: 7 academic staff (5 f/t perm, 2 p/t temp), 11 support & administrative staff (1 f/t perm, 10 p/t temp)

Location of Department: Cork University Hospital, Wilton

Mission Statement

“To provide the student on graduation with technical skills and knowledge to be competent in the practice of dental Surgery within the limits of their experience.”

Aims & Objectives

- To teach undergraduates to be competent upon graduation.
- To nurture staff development.
- To promote research and scholarship.
- To be responsible for the resources provided by the university.
- To identify sources of funding for research and promotion of staff and students.
- To attain the highest clinical standards in treating patients.

Department of Restorative Dentistry

Head of Department of Restorative Dentistry: Mr. F. Burke

No. of Staff: 7 academic staff (6 f/t perm, 1 p/t temp), 37 support & administrative staff (8 f/t perm, 1 f/t temp, 28 p/t temp)

Location of Department: Cork University Hospital, Wilton

Mission Statement

“To provide the student upon graduation with the necessary clinical skills to be competent for independent practice”.

Aims & Objectives

- Teaching at undergraduate and postgraduate level.
- Developing research and scholarship.
- Recruiting, retaining and nurturing high quality staff.
- Diversifying sources of funding for teaching and research.
- Managing all of its resources efficiently and effectively.
- Developing strategic partnerships with other educational institutions within the region in Ireland and internationally.

General Comment on Quality Review

The Review group were impressed by the level of acceptance of the need for shared ownership of the school and hospital by the key stakeholders. The group was impressed by the collegial atmosphere, evident among the Heads of Departments and Senior staff and their willingness and openness, as a group, to respond to the changes, which are occurring in dental education. This tangible collaborative and collegial approach underpinned all aspects of the work of the dental School & Hospital and was highly commended. The group were impressed by the quality of the student body and the graduate output. This outcome was considered to be a measure of the great deal of hard work done by a talented and dedicated staff.

Progress on recommendations for Improvement

Recommendation of PRG	Recommendation of QPC	Follow-up Report – Oct. '02
<p>That the Dental School & Hospital should consider benchmarking with other dental schools and dental hospitals in Ireland, the UK and elsewhere.</p>	<p>The QPC endorsed the recommendation and emphasised the fact that this is a particularly important issue for the DS&H.</p>	<p>The Cork DS&H participates in all the available quality initiatives such as the following:</p> <ul style="list-style-type: none"> i) The extern examiner reports on student learning annually. ii) Staff of the School act as externs for other dental institutions worldwide. iii) The School is part of the EU association, Dented, and it's staff participate in reviewing standards in other dental schools. iv) The Irish Dental Council visits the School every five years and provides accreditation for the degree programme. The visiting group includes international external experts. v) The Dental School acts as a venue for the Statutory State examination and it's staff act as examiners.
<p>That the benefits of ISO certification or EFQM accreditation should be considered.</p>	<p>The QPC recommended very strongly that the Dental School & Hospital seriously consider the possibility of professional accreditation via ISO.</p>	<p>The Dental Hospital has investigated the possibility of being accredited by the new Association for Hospital Accreditation. However, this association is beginning it's work by focusing on the acute teaching hospitals in Dublin and is only taking registration from these hospitals. The situation will be monitored on an on-going basis.</p> <p>The suitability of ISO accreditation has been assessed and the DSH has decided not to proceed with seeking accreditation. The reason for the decision is the staff have decided that the value of the ISO to the DSH is not sufficient to warrant allocation of the resources that would be necessary.</p>
<p>Impressed by willingness to co-operate with senior members of university and SHB in planning. PRG recommended that this process be progressed.</p>	<p>Noted</p>	<p>The introduction of the Dental Hospital Liaison Committee as part of the new governance structures in Medical Faculty will enhance this co-operation and focus on joint areas of development. The Committee has been formed but has not yet met. A Senior Management Committee has also been formed of senior Officers of UCC and senior staff of SHB. This Committee is also scheduled to meet shortly.</p>

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<p>That an understanding should be reached on future role of School & Hospital, governance and funding arrangements by end of calendar year</p>	<p>The QPC was informed that a working group has been set up and meets weekly. Progress was welcomed by the QPC</p>	<p>A review group consisting of Professor M. Murphy, Professor R. McConnell, Mr. T. McNamara, and Mr. T. O'Dwyer met on four occasions to review the governance of the Dental School. This group agreed that the Dental School would remain part of UCC but would have a service agreement with the Southern Health Board. This agreement is now formulated and awaiting signature. It is currently with the Dean of the Faculty of Medicine.</p>
<p>That communications to part-time staff on aspects of School and Hospital activities be improved.</p>	<p>QPC welcomed action by management committee involving part-time staff and suggested consideration of distribution of information using electronic means such as the web, and recommended contacting the Department of Human Resources about this.</p>	<p>Part-time dental staff will sit on three (Teaching & Curriculum; Staff:Student Liaison; Board of Studies for the BDS Degree and the Diploma in Dental Hygiene) of five standing committees that will decide on operational issues in the Dental School. Part-time staff members are also invited to departmental meetings. Some meetings are held at night or lunchtime to facilitate attendance by part-time staff. The use of e-mail to communicate electronically with staff, particularly when off-site, is being encouraged. A hospital Newsletter has been developed and Issue 1 has been published.</p>
<p>Welcomed establishment of Curriculum Development Committee to implement changes in curriculum</p>	<p>QPC welcomed action and continued operation of Curriculum Committee</p>	<p>The Dental Curriculum Committee continues to meet regularly with excellent student participation. The activity of the Committee has been informed by Dental Council Reports, "The First Five Years", General Dental Council strategy for the dental curriculum, EU, American Assoc. for Dental Education and Co-ordination standards for dental education as well as the QA Report. The committee comprises members of all departments delivering the teaching programme, the part-time staff and student representatives of all the undergraduate years. The committee has determined competencies for the graduating dentist. Future strategies will include greater horizontal and vertical integration as well as an appraisal of the basic sciences in the curriculum.</p>
<p>That a problem-based model of learning and implementation of a competence-based curriculum</p>	<p>QPC welcomed recommendation and engagement of DS&H and</p>	<p>Staff recognise the role of PBL as one of the learning methodologies to be applied in the delivery of the</p>

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be considered.	offered support to the Curriculum Committee in its endeavours.	curriculum. The curriculum committee will review all such methodologies and work to deliver the curriculum in the most stimulating and effective way possible. It is not feasible to develop increases in the current extent of PBL in the curriculum because of resources. The staff do encourage active/interactive strategies of learning and are moving from a wholly didactic curriculum towards a mixture of didactic teaching and PBL.
Dental Surgery: The PRG noted the lack of extractions and minor surgical opportunities for the students.	QPC noted this recommendation and suggested the relevant staff address the issue.	Changes in the pattern of dental and oral diseases have reduced the number of patients requiring a number of procedures, including extractions. It is recognised that a number of options need to be explored and that the solution is likely to lie in a combination of the following: i) Increase in the use of simulation teaching and experience. ii) Attendance at outpatients clinics in CUH. iii) Access to DTSS patients, particularly for designated treatments.
PRG observed that modularisation may hinder vertical and horizontal integration of programme.	QPC commented that modularisation can be used to suit any type of Teaching & Learning and does not prohibit vertical and/or horizontal integration – in fact it supports and enables such changes.	With the current structure of 1 st and 2 nd Year programme modules, it is difficult to integrate vertically. Such integration will involve co-operation and negotiation across subject boundaries. The concerted participation of all dental teaching departments in the work of the Curriculum Committee will be required to deliver this.
That consideration be given to the better use of clinical time.	QPC noted this recommendation, and suggested that it be referred to the Curriculum Development Committee.	Structure of waiting lists in Restorative Dentistry has been modified to reduce the number of failed appointments. This approach is now being considered by all departments in the DS&H.
PRG observed that the clinical years of the BDS course are too highly structured.	QPC noted this recommendation, and suggested that it be referred to the Curriculum Development Committee.	Concern was expressed that there is too much clinical work in the 5 th Year. It would be best to restructure vertically over the final 3 years of the BDS programme. The use of additional optional clinics for Final Year students will be considered. The reduction of laboratory time in 3 rd Year would facilitate this as there would be scope for earlier clinical contact. The Curriculum Committee is investigating the overall dental curriculum and plans to make suggestions to Executive

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		Committee. The timetabling of courses has been looked at. Actions taken include the decrease in laboratory classes by 30%; clinical skills sessions have been included.
That an assessment clinic to identify appropriate patients for undergraduate dental teaching should be considered.	QPC noted this recommendation and referred the issue to the staff of the DS&H to progress if considered appropriate.	Students now participate in consultation clinics in Departments of Restorative Dentistry. The waiting list in Restorative Department has been reorganised to ensure that it is up to date. Delegation and referral of patients is made on the basis of patient need and student requirement.
That a Teaching & Learning Group be set up to centralise quality assurance.	QPC were highly supportive of this recommendation and look forward to its early implementation.	The new committee structure has included the establishment of a Teaching & Curriculum Committee and will address quality issues as will the Boards of Studies for each programme. The use of student appraisal forms has begun for postgraduate teaching and will be encouraged by this committee at undergraduate level. They have been used in the Department of Restorative Dentistry.
PRG observed that the teaching loads and staff/student contact hours are particularly high.	Welcomed and supported by the QPC. QPC will await a response from the Curriculum Committee on the issue.	The student contact hours for clinical work are not any higher than other benchmarked dental schools. All dental schools operate nine sessions per week and the contact hours are appropriate for the course being delivered. Non-clinical teaching, i.e., lectures and tutorials, is being reviewed and no additional burden will be added to the current timetable. The teaching loads for the full-time clinical staff (especially in Restorative Dentistry) are very high and there is a considerable danger of burn-out if more full-time staff are not appointed in Restorative Dentistry. The DS&H is very vulnerable in certain areas with respect to the provision of teaching, e.g. currently there is only 1 full-time appointment in Paediatric Dentistry.
That further experience in basic life support be provided throughout course.	Welcomed and supported by the QPC. QPC will await a response from the Curriculum Committee on the issue.	There has been an increase in the exposure of students to CPR with CPR teaching delivered each year in 3 rd , 4 th and 5 th Year. Students are exposed to a mixture of practical instruction and didactic teaching.

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That the collaboration of all departments with the Oral Health Services Research Unit be continued.	Recommendation was endorsed by QPC.	Collaboration is ongoing and a number of projects have resulted in joint publications. The DS&H Research Committee is considering the research strategy across the School.
PRG observed that part-time staff would welcome more opportunities for in-house education.	QPC recommended continued collaboration with Department of HR and welcomed the response of the DS&H.	Part-time staff are invited to participate in the Journal Club. A training grant is given annually for staff development. On-line learning courses to be offered to staff. Each part-time clinical teacher is allocated 1,000 over 3 years. There is also on-site learning with 1 to 1 discussions.
That staff development and continuing education for all staff needs be addressed.	Action welcomed and endorsed by QPC.	A training needs analysis was undertaken for support staff with the help of the HR Department. This resulted in scheduled staff participation in designated courses and a tailored programme in Customer Care being delivered in the Dental School. The situation has improved greatly over the past year.
That a system of professional development with regard to competencies, including assessment and provision of clear guidelines be put in place.	Action welcomed and endorsed by QPC.	A standardised scheme has been devised and will be implemented by the Teaching and Curriculum Committee. Competency statements for each course have been agreed and appropriate assessments are in the process of being agreed.
That a course in Behavioural Sciences be established.	QPC recommended that DS&H discuss with Deans of Medicine, Arts and Science as there is the possibility that similar courses to that recommended for the BDS Degree are already on offer elsewhere in the Medical Faculty and in other faculties.	A proposal will be drafted and forwarded to Faculty Board. This course will be vertically integrated in the curriculum. This will have resources implications. The potential also exists for the delivery of Applied Communication Skills in module RO3003. This is being actively discussed at Faculty level.
That the techniques laboratory should be upgraded.	QPC recommended that the DS&H should discuss the issue with the Dean of Medicine in the first instance and also referred the issue to the Deans-EMG for consideration as this is a major budgetary issue	The techniques laboratory cannot fulfil the needs of undergraduate teaching. The equipment is 20 years old, is outdated, and has not kept pace with changing developments in simulation teaching. The laboratory is considered a priority and all heads of departments support resources being devoted to its development. Cross-disciplinary educational modalities have moved forward and the development of a clinical skills laboratory is currently the top priority for the Dental School.

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That plans to re-equip all areas of the Dental School & Hospital on a rolling basis should be made.	QPC recommended that the DS&H should discuss the issue with the Dean of Medicine in the first instance and also referred the issue to the Deans-EMG for consideration, as this is a major budgetary issue.	The view of the Dental School is that it is necessary for UCC and the SHB to agree the proportion of funding to be provided by each to provide the capital funding annually to allow ongoing updating of equipment.
That an acute or primary care unit to enable students more opportunity to experience a wide range of borderline human diseases be established.	QPC noted that this is a major budgetary issue. The DS&H should refer to the Dean of Medicine in the first instance.	The Dental School recognises that teaching of acute care needs to be developed. The Department of Dental Surgery and Restorative Dentistry will co-operate in the delivery of this unit. A Senior Lecturer/Consultant is one of the new appointments due to take up post in summer 2003 and will assume responsibility for the delivery of the acute care needs unit.
That the 2 posts in Oral & Maxillofacial Surgery (about to become vacant due to retirements) be replaced.	QPC noted that this is a major budgetary issue. The DS&H should refer to the Dean of Medicine in the first instance.	One replacement post is being pursued in conjunction with the SHB/CUH. Adequate funds are not yet available. There is agreement for the joint appointment with the SHB. However due to fiscal constraints this post is not yet available for filling.
That 2 Senior Lecturers/Consultants – one in Oral Medicine and Pathology and one in Dental Maxillofacial Radiology – be appointed.	QPC noted that this is a major budgetary issue. The DS&H should refer to the Dean of Medicine in the first instance.	This has been done and the Senior Lecturer/Consultant in Oral Medicine began work in September 2002. The dental radiology post has been offered and the appointee will be taking up duty in 2003.
That a senior non-clinical academic appointment in Dental School to oversee biomedical science teaching be made.	Recommendation and proposed action noted by QPC.	An appointment at this level is essential. Other dental schools have clinical staff in these posts. This is a priority for the Dental School and might be located in the Department of Restorative Dentistry. The filling of this post will be actively pursued. This appointment has also been recommended by the Dental Council.
That an appointment at a senior level in orthodontics be made as a matter of immediacy to support undergraduate and postgraduate programmes.	QPC noted that this is a major budgetary issue. The DS&H should refer to the Dean of Medicine in the first instance.	This post has been approved, advertised and offered. Work is ongoing to secure the resources required by the successful candidate. Some progress has been made and sources for the necessary funding is being negotiated.
That the course in Ethics & Jurisprudence be expanded.	Recommendation and proposed action noted by QPC.	The current course consists of: 3 lectures from Philosophy. 1 lecture from Dental Council. 2 lectures on Consent and

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		<p>Confidentiality. A proposal for a five-credit module to be delivered in 3rd year will be developed for consideration by the Teaching and Curriculum committee. The Department of Oral Health & Development will oversee this programme in conjunction with the Department of Philosophy.</p>
<p>That the future of support for the Oral Health Services Research Centre is assured</p>	<p>Recommendation noted and DS&H response was welcomed by QPC.</p>	<p>A new Director has been appointed with impending retirement of Professor D. O'Mullane.</p>