



swiss center of accreditation and
quality assurance in higher education

**Proposal for accreditation of the Study Programme in Dental Medical Education,
University of Geneva**

OAQ Report

4 May 2012

Content

1	Frame of reference, object and procedural steps	3
1.1	Frame of reference.....	3
1.2	Object of the accreditation procedure	4
1.3	Procedural steps	5
1.4	The panel of experts	5
1.5	Reference documents	6
2	External Evaluation	6
2.1	The self-evaluation report	6
2.2	The on-site visit	6
2.3	Assessment of the fulfilment of the quality standards	7
2.4	Compliance with the legal requirements	9
2.5	Position statement of the unit under accreditation on the expert report.....	9
2.6	Consultation of the OAQ Scientific Advisory Board	9
2.7	Consultation of the MEBEKO	10
2.8	Position statement of the unit under accreditation according to Art. 27 § 2 of the SUC Accreditation Guidelines	10
3	Conclusions of the OAQ	10
3.1	OAQ's proposal for accreditation according to UFG for the attention of the SUC	11
3.2	OAQ's proposal for accreditation according to MedBG for the attention of the Swiss Accreditation Council	11
3.1	Antrag des OAQ auf Akkreditierung gemäss UFG an die SUK	12
3.2	Antrag des OAQ auf Akkreditierung gemäss MedBG an den Schweizerischen Akkreditierungsrat	12
3.1	Proposition de l'OAQ relative à l'accréditation selon LAU adressée à la CUS	12
3.2	Proposition de l'OAQ relative à l'accréditation selon LPMed adressée au Conseil suisse d'accréditation.....	13

1 Frame of reference, object and procedural steps

1.1 Frame of reference

The accreditation of study programmes leading to a Federal Diploma in Medicine is mandatory according to the Federal Law on Financial Aid to Universities of 8 October 2009 (UFG)¹ and to the Federal Law on Medical Professions of 23 June 2006 (MedBG, Art. 23 § 1)². Art. 24 § 1 MedBG defines the criteria that must be fulfilled for accreditation of study programmes in addition to the accreditation requirements according to UFG. The legally defined educational objectives are of key importance (Art. 4 MedBG, Art. 6-10 MedBG).

The quality assessment is based upon quality standards that were developed by the Deans of the five Swiss Medical faculties, in cooperation with the Swiss Center of Accreditation and Quality Assurance in Higher Education (OAQ) and the Federal Office for Public Health (FOPH). They were based on the internationally accepted "Basic Medical Education WFME Global Standards for Quality Improvement"³ and authorised on 11 June 2003 by the Joint Commission of the Swiss Medical Schools (SMIFK). Under the mandate of the FOPH, in 2007 the Quality standards were revised by the OAQ and adapted to the requirements of the MedBG.

This work resulted in the developments of the quality standard set "Accreditation of Study Programmes in Basic Medical Education. Quality Standards", dated February 2010, which comprises the educational objectives specified in Art. 4, 6, 7, 8 of the MedBG as well as the general and specific quality standards for study programmes outlined respectively in Art. 10 and 12 of the Accreditation Guidelines of the Swiss University Conference (SUC)⁴. The standard set was adapted for Dental Medical Education, Veterinary Medical Education, and Chiropractic Medicine.

The procedures undertaken by the OAQ foresee the assessment of fulfilment of the accreditation criteria according to the MedBG as well as the fulfilment of the quality standards according to the SUC Accreditation Guidelines.

Between March 2010 and August 2012 the OAQ conducts the accreditation procedures of all the Bachelor and Master programmes in Veterinary Medicine, Human Medicine and Dental Medicine as well as Chiropractics.

The accreditation proposals to the two accrediting bodies, the SUC (UFG criteria) and the Swiss Accreditation Council (MedBG criteria) are each limited to the respective quality

¹ Bundesgesetz über die Förderung der Universitäten und über die Zusammenarbeit im Hochschulbereich vom 8. Oktober 1999 (UFG), SR 414.20.

² Bundesgesetz über die universitären Medizinalberufe vom 23. Juni 2006 (MedBG), SR 811.11.

³ The original standards of the World Federation of Medical Education (WFME) are available under www.wfme.org

⁴ Richtlinien der Schweizerischen Universitätskonferenz für die Akkreditierung im universitären Hochschulbereich vom 28. Juni 2007 (Akkreditierungsrichtlinien/Accreditation Guidelines), SR 414.205.3.

criteria. However, the accreditation decision according to UFG is a precondition for accreditation according to MedBG.

The conceptual planning of the procedures as well as all accompanying instruments (quality standards, guidelines) were defined by the OAQ under the mandate of the FOPH and in cooperation with the SUC and the FOPH itself.

1.2 Object of the accreditation procedure

The object of the present accreditation procedure is the full study cycle (Bachelor + Master) in Dental Medical Education offered at the Faculty of Medicine of the University of Geneva.

The University of Geneva is a full research university with about 15'500 students in 2010-2011 and has a total of eight faculties. The Faculty of Medicine offers study programmes of basic education in Human Medicine, Dental Medicine, Movement and Sports Sciences, Neurosciences, and Proteomics and Bioinformatics, for a total of about 1640 students in 2010-2011, among which 56% are women.

The study programme in Dental Medicine is organised according to the Bologna Reform and includes 3 years (180 ECTS) leading to a bachelor degree and 2 years (120 ECTS) leading to the master. The first two years of the study programme are completed together with students of Human Medicine. The bachelor degree gives right of admission to the master programme. It is intended for the students to enter the master programme directly after the completion of the bachelor.

In the Swiss system of higher education any student holding a "Matura" or an equivalent diploma gains admission into any study programme of a Swiss university. The only exception is medicine where the number of study places is limited. Most cantons have agreed to base admission on a central aptitude test. By decision of the Council of State of the Canton de Genève the University of Geneva does not require this test. In order to guarantee equal opportunities, a common exam is foreseen at the end of the 1st year of study.

The clinical capacity for the Dental Medicine is currently set at 23 students per year. All levels included (bachelor and master), there were about 150 students in the Dental Medicine programme in 2010-2011.

The programme is taught by academic staff of the University of Geneva, some of it exclusively active in the Section de Médecine Dentaire (SMD). The academic staff of the SMD is solely university dependent and has no institutionalised affiliation with the university hospital. According to the statistics published by the University of Geneva for the year 2010-2011, about 97 FTE professors and 493 FTE academic staff were active in the Faculty of Medicine, of which 6.3 FTE professors and 43.3 FTE academic staff were working for the SMD.

1.3 Procedural steps

04.11.2011	Opening of the procedure
05.07.2011	Approval of the expert panel by the Scientific Advisory Board of the OAQ as well as by the Swiss Accreditation Council
29.09.2011	Self-evaluation report of the SMD, University of Geneva
18 - 20.10.2011	On-site visit of the unit under accreditation
24.11.2011	Preliminary expert report
08.12.2011	Position statement of the SMD, University of Geneva
12.12.2011	Definitive expert report
10.02.2012	Draft OAQ report with proposal on accreditation decision
27.03.2012	Statement of the Scientific Advisory Board of the OAQ
03.04.2012	Statement of the MEBEKO
02.05.2012	Position statement of the SMD, University of Geneva, according to Art. 27 § 2 of the SUC Guidelines
04.05.2012	Definitive OAQ report with proposal on accreditation decision

The procedure was properly conducted under all formal aspects and legal requirements.

1.4 The panel of experts

The procedure was conducted in parallel with the accreditation of the study programme in Human Medical Education of the University of Geneva, foreseeing one joint on-site visit. Therefore the composition of the assessment panel comprised 6 members, covering both disciplines.

- Prof. Jan DE MAESENEER, Peer Leader (Ghent University, Belgium)
- Prof. Michael FIELD (University of Sydney, Australia)
- Prof. Eckhardt G. HAHN (Carl von Ossietzky Universität Oldenburg, Germany)
- Prof. Anne Marie KUIJPERS-JAGTMAN (Radboud University Nijmegen, The Netherlands)
- Prof. Robert A. SADER (Johann Wolfgang Goethe-Universität, Frankfurt, Germany)
- Mr. Jean-Baptiste OBONI, Student (University of Lausanne, Switzerland)

1.5 Reference documents

- Self evaluation report of the Section de Médecine Dentaire, University of Geneva, dated 10 October 2011⁵;
- Definitive expert report dated 12 December 2011;
- Position statement of the Section de Médecine Dentaire University of Geneva, dated 8 December 2011;
- Statement of the MEBEKO dated 3 April 2012;
- Position statement of the Section de Médecine Dentaire University of Geneva, dated 2 May 2012

2 External Evaluation

2.1 The self-evaluation report

The Section de Médecine Dentaire of the University of Geneva has produced an 81 pages self-evaluation report with 36 appendices. The document addresses the nine quality areas that are mission and objectives, study programme, students, assessment of students, academic staff/faculty, educational resources, programme evaluation, governance and administration, and continuous renewal/quality assurance. Since the first two bachelor years are common to both human and dental medicine students, the report shares many parts with the self-evaluation report of the Human Medicine.

The report was both descriptive and analytical, including a SWOT analysis for most of the areas of evaluation. It was self-reflective and useful for the process of global quality enhancement. The version given to the experts before the on-site visit was not the definitive one but it nevertheless proved to be a useful tool to prepare the on-site visit. The definitive version was provided to the experts and OAQ during the on-site visit.

2.2 The on-site visit

The on-site visit by the experts took place on October 18-20, 2011. The briefing of the expert team by the OAQ took place on the eve of the visit, on October 17, 2011.

The on-site visits of Human Medicine and dentistry were combined. The 6 members of the expert panel were jointly responsible for the evaluation of the two programmes. The expert team, supported by two OAQ scientific collaborators, had the opportunity to meet the Faculty

⁵ This definitive version was provided to the experts and OAQ during the on-site visit.

members invited for the different meetings and to visit the clinical infrastructure of Human Medicine and dentistry.

According to the experts, the quite intense programme of the on-site visit was performed smoothly and effectively. The combination of the site visit for Human Medicine and dentistry proved to be feasible and efficient. It is the opinion of the experts that the information obtained from the self-evaluation report and during the site visit allowed a thorough evaluation of the compliance of the study programmes in Human Medicine and Dental Medicine with the predefined quality standards.

2.3 Assessment of the fulfilment of the quality standards

Based on the individual examination areas the experts have highlighted the following strengths of the unit under accreditation:

- The study programme management and governance.
- The strongly integrated nature of the curriculum, with a high degree of flexibility to adapt to new circumstances.
- The broad scope of the education, looking at the biomedical, psycho-social, ethical and societal dimensions.
- The strong research component in the whole faculty.
- The permanent monitoring of processes and outcomes by UDREM in bachelor years.
- The very strong emphasis on linking assessment and learning in the undergraduate programme.
- The very personalised clinical teaching environment in the master years.
- The exposure to ambulatory practice in the second bachelor year.
- The ICT infrastructure.
- The advanced development of computer based learning.
- The counselling and monitoring of the progress of the students.
- The social accountability of the service delivery component of SMD.

As for the weaknesses, the expert panel has underlined the following:

- The absence of a selection test before the beginning of the first bachelor year.
- The lack of a strategic plan.
- The little strategy to link the bachelor and master parts of the curriculum in a more structured way.

- The insufficient monitoring of processes and outcomes by UDREM for the master years of the dental programme.
- The little dedicated educational transfer of medical knowledge from medicine to dentistry.
- The little relation with the university hospital.
- The late introduction of Evidence Based Dental Medicine.
- The limited and fragmented time for the master thesis.
- The lack of a systemic information strategy on opportunities for research and the weak encouragement for students participation in medical research and development.
- The little opportunities for the part-time academic staff in continued education and career development.
- The insufficient administrative support.
- The lack of a clear strategy to structure and strengthen the links of the faculty and SMD with external stakeholders such as community organisations, industry, NGOs and health services and providers.

In order to comply with the accreditation criteria, not every single quality standard needs to be completely fulfilled. The recommendation for accreditation by the experts and the accreditation agency is the result of a global judgement taking into account evidences at the level of sub-areas of examination.

The expert panel has indicated a large number of recommendations for the quality improvement of the study programme and for its further development.

Additionally the experts have formulated two conditions for accreditation with regard to standards 1.1.3 (mission and strategy), 8.1.2 (strategic plan) and 7.4.1 (involvement of stakeholders):

- *“The SMD, in the framework of the faculty, must develop a strategic plan to guide the evolution of its programmes and activities in the years ahead.”* (standards 1.1.3 and 8.1.2, one condition for both standards)
- *“The SMD and the faculty must take steps to increase the engagement of external bodies (health professional organisations, NGOs, other health care agencies, companies, international organisations and other potential stakeholders) in the activities of the dental school, including its structures that contribute to governance and advise curriculum development.”* (standard 7.4.1)

The panel of experts recommends the accreditation of the study programme in Dental Medical Education at the University of Geneva, with two conditions to be fulfilled by July 1st, 2013.

2.4 Compliance with the legal requirements

The expert panel concludes that the medical curriculum under consideration complies with the legal requirements foreseen by Art 24 MedBG.

2.5 Position statement of the unit under accreditation on the expert report

The Section de Médecine Dentaire of the University of Geneva has appreciated the meticulous and comprehensive analytical work of the experts as well as their highly constructive recommendations. They have contested however the first condition, stated in the draft version of the expert report as follow:

“The SMD, in the framework of the faculty, must develop a strategic plan to guide the evolution of its programmes and activities in the years ahead. Ideally this should include a strategy to change the current regulation on the selection of students, aiming to organise an entry selection before the first bachelor year. On this last point, the expert panel advises the faculty to cooperate with the universities of Neuchatel and Lausanne.”

The SMD considers the change of the current regulation relative to student selection before the first bachelor year as desirable but difficult to fulfil, as it is mostly out of their control and depending on cantonal regulation.

To comply with the second condition, regarding standard 7.4.1, appears to them as certainly possible.

However, as both conditions are similar and directly linked to those defined for the pre-graduate curriculum in Human Medicine, the SMD aligns its conclusions with that of Human Medicine and asks the experts to consider removing the conditionality clause.

The experts took note of the SMD’s position statement and decided to remove in the final version of the expert report any conditional reference dealing with the regulation on the selection of students before the first bachelor year. Although the statement was introduced by “ideally” and thus presented as a suggestion rather than as a condition per se, the experts agreed to leave the topic for the analysis and recommendation sections of the report and to take it out of the condition.

The experts thus modified in their final report the first condition but didn’t meet the SMD request relative to the removal of the conditionality clause. Both conditions thus remained.

2.6 Consultation of the OAQ Scientific Advisory Board

The OAQ sent the self-evaluation report, the expert report, the comments of the unit under accreditation and the OAQ’s draft report to its Scientific Advisory Board on February 10, 2012 for consultation. On 27 March 2012 the OAQ Scientific Advisory Board confirmed that the procedure was properly conducted and supports the programme accreditation for a period of 7 years.

2.7 Consultation of the MEBEKO

The OAQ sent the self-evaluation report, the expert report, the comments of the unit under accreditation and the OAQ's draft report to the MEBEKO on February 10, 2012 for the first consultation, according to Art. 27 § 5 MedBG. In its position statement dated 3 April 2012 the MEBEKO confirms that the procedure was properly conducted under all formal aspects and supports the programme accreditation for a period of 7 years. With regards to the involvement of stakeholders, the MEBEKO points out that the quality standard in question (7.4.1) addresses aspects of international relevance that are not included in the MedBG.

2.8 Position statement of the unit under accreditation according to Art. 27 § 2 of the SUC Accreditation Guidelines

According to Art. 27 § 2 of the SUC Accreditation Guidelines the unit under accreditation was asked to take position on the conditions, reformulated after the consultative process (cfr. Chap. 3). In its statement dated 2 May 2012 the Section de Médecine Dentaire of the University of Geneva confirmed that it is able to fulfil the conditions within the proposed time-span of two years.

3 Conclusions of the OAQ

Based on the self-evaluation report, the expert report, the position statement of the unit under accreditation, the statements of the MEBEKO and the Scientific Advisory Board, the OAQ concludes that the Study Programme in Dental Medical Education of the University of Geneva fulfils to a large extent the quality standards for accreditation of the FOPH. It supports the accreditation of the programme for a period of 7 years. The OAQ generally agrees with the conditions proposed in the experts' report, taking into account the following:

- The first condition should be maintained:

The SMD, in the framework of the faculty, must develop a strategic plan to guide the evolution of its programmes and activities in the years ahead.

This condition addresses exclusively the UFG criteria for accreditation.

- With regards to the involvement of stakeholders, the OAQ proposes to further emphasize the purpose of the condition in the specific context that represents Geneva with its UN Agencies and numerous NGOs. The condition should then be reformulated as follows:

In order to reinforce the positioning of the medical education in the specific environment that represents Geneva, the SMD and the faculty must take steps to increase the engagement of external bodies in the activities of the dental school, including its structures that contribute to governance and advise curriculum development.

This condition addresses exclusively the UFG criteria for accreditation.

The recommendations formulated in the expert report are intended by the experts to contribute to the development of the quality of the study programme. The OAQ agrees with these recommendations.

3.1 OAQ's proposal for accreditation according to UFG for the attention of the SUC

Concluding that the Study Programme in Dental Medical Education of the University of Geneva fulfils the accreditation standards pursuant to Art. 10 of the Accreditation Guidelines the OAQ thus proposes:

Accreditation of the Study Programme in Dental Medical Education of the University of Geneva for a period of 7 years, with the following two conditions to be reviewed within a time-span of 2 years, to be counted from the coming into force of the accreditation decision:

- *The SMD, in the framework of the faculty, must develop a strategic plan to guide the evolution of its programmes and activities in the years ahead.*
- *In order to reinforce the positioning of the medical education in the specific environment that represents Geneva, the SMD and the faculty must take steps to increase the engagement of external bodies in the activities of the dental school, including its structures that contribute to governance and advise curriculum development.*

3.2 OAQ's proposal for accreditation according to MedBG for the attention of the Swiss Accreditation Council

Concluding that the Study Programme in Dental Medical Education of the University of Geneva fulfils the objectives and accreditation criteria pursuant to Art. 4, 6, 7, 8 and 24 of the MedBG, the OAQ thus recommends for the attention of the Swiss Accreditation Council:

Accreditation of the Study Programme in Dental Medical Education of the University of Geneva for a period of 7 years.

3.1 Antrag des OAQ auf Akkreditierung gemäss UFG an die SUK

Das OAQ kommt zum Schluss, dass der Studiengang in Zahnmedizin der Universität Genf die Akkreditierungsstandards gemäss Art. 10 der SUK-Richtlinien erfüllt.

Daher beantragt das OAQ: Akkreditierung des Studiengangs in Zahnmedizin der Universität Genf für sieben Jahre, mit zwei Auflagen zu überprüfen innerhalb von 2 Jahren nach Rechtsgültigkeit des Akkreditierungsentscheids:

- *Die „SMD“ muss – im Rahmen der Vorgaben der Fakultät - einen strategischen Plan erarbeiten, um die Entwicklung ihrer Programme und Tätigkeiten in den kommenden Jahren zu lenken.*
- *Um die Ausbildung - im spezifischen Umfeld, das Genf darstellt- besser zu positionieren, müssen die „SMD“ und die Fakultät Massnahmen ergreifen, um den Einbezug von externen Partnern in die Tätigkeiten der „dental school“ zu verstärken; dazu gehören auch die Strukturen, die zur Steuerung beitragen und die Beratung bei der Curriculumsentwicklung.*

3.2 Antrag des OAQ auf Akkreditierung gemäss MedBG an den Schweizerischen Akkreditierungsrat

Das OAQ kommt zum Schluss, dass der Studiengang in Zahnmedizin der Universität Genf die Ziele und Akkreditierungskriterien gemäss Art. 4, 6, 7, 8 und 24 MedBG erfüllt.

Daher beantragt das OAQ: Akkreditierung des Studiengangs in Zahnmedizin der Universität Genf für sieben Jahre.

3.1 Proposition de l'OAQ relative à l'accréditation selon LAU adressée à la CUS

L'OAQ certifie que la filière d'études en médecine dentaire de l'université de Genève satisfait aux standards d'accréditation conformément à l'Art. 10 des directives de la CUS et propose l'accréditation de la filière d'études en médecine dentaire de l'université de Genève pour 7 ans, avec les 2 conditions suivantes, à remplir dans un délai de 2 ans, à compter de l'entrée en force de la décision d'accréditation:

- *La SMD, dans le cadre de la faculté, doit développer un plan stratégique pour guider l'évolution de ses programmes et activités dans les années à venir.*
- *Afin de renforcer le positionnement de sa formation dans l'environnement spécifique que représente Genève, la SMD et la faculté doivent prendre des mesures pour augmenter l'implication des instances externes dans les activités de l'école de dentisterie, y compris dans ses structures qui contribuent à la gouvernance et qui conseillent le développement du curriculum.*



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3.2 Proposition de l'OAQ relative à l'accréditation selon LPMed adressée au Conseil suisse d'accréditation

L'OAQ certifie que la filière d'études en médecine dentaire de l'université de Genève satisfait aux objectifs et critères d'accréditation conformément aux Art. 4, 6, 7, 8 et 24 de la LPMéd et propose l'accréditation de la filière d'études en médecine dentaire de l'université de Genève pour 7 ans.

**Academic accreditation in Switzerland
Expert report**

Faculty of Medicine, University of Geneva

Study programme in Dental Medicine

Report submitted on 24/11/2011

Final version submitted on 12/12/2011

Table of content

1	Introduction	3
2	Accreditation procedure	4
2.1	Presentation of the unit	4
2.2	Self evaluation report	4
2.3	Group of experts	5
2.4	On-site-visit	5
3	Compliance with the Quality Standards	6
3.1	Area 1: Mission and Objectives.....	6
3.2	Area 2: Study programme	9
3.3	Area 3: Students	16
3.4	Area 4: Assessment of students	18
3.5	Area 5: Academic staff/faculty.....	19
3.6	Area 6: Educational resources	21
3.7	Area 7: Programme evaluation	24
3.8	Area 8: Governance and administration.....	26
3.9	Area 9: Continuous renewal/quality assurance	29
4	Compliance with legal requirements	29
5	Strengths, weaknesses, recommendations on quality improvement	30
6	Recommendation on accreditation	31

1 Introduction

The accreditation for programmes leading to the Federal Diploma in Dental Medicine is mandatory according to the Federal Law on Medical Professions from 23 June 2006 (MedBG: Art. 23 Para. 1).¹ Accordingly, the study programmes must fulfil the criteria of the Federal Law on Financial Aid to Universities from 8 October 1999 (UFG)² and those of the MedBG in order to be accredited. Article 24, Para. 1 of the MedBG lists the specific criteria, which must be fulfilled for accreditation. The legally anchored educational objectives (Art. 4, 6-10 MedBG) are of central importance.

The accreditation procedure examines the quality of the study programmes on the basis of pre-defined quality standards. These standards are based on quality standards developed by the deans of the five Swiss faculties of medicine in cooperation with the Center of Accreditation and Quality Assurance of the Swiss Universities (OAQ) and the Federal Office of Public Health (FOPH). They have been developed based on the internationally accepted "Basic Medical Education WFME Global Standards for Quality Improvement"³ and authorised on 11 June 2003 by the Joint Commission of the Swiss Medical Schools (SMIFK). In 2007 on behalf of the FOPH, the OAQ revised and adapted the conditions concerning dental medicine to the MedBG. The four university centres of Dental Medicine at the universities of Basel, Bern, Geneva and Zürich are responsible for the continuous actualization of the fundamental skills and knowledge of dentistry.

Not every single quality standard must be completely fulfilled in order to qualify for accreditation based on MedBG criteria. The recommendation for accreditation by the experts and the accreditation agency, as well as the decision by the independent accreditation council (Art.47, Para. 1, MedBG) is the result of a global judgment.

The present report reflects the estimation of the expert group that was appointed by the OAQ for this accreditation procedure. The expert group analyzed whether the study programme in dental medicine at the University of Geneva fulfils the quality standards defined for this accreditation procedure.

The judgment of the expert group is based on the self-evaluation report of the University of Geneva, on various interviews carried out with all stakeholders during the on-site-visit and as well as on the visits on the university hospital and the teaching infrastructure.

¹ www.admin.ch/ch/d/sr/8/811.11.de.pdf

² www.admin.ch/ch/d/sr/4/414.20.de.pdf

³ The original standards of the World Federation of Medical Education (WFME) can be found at www.wfme.org.

2 Accreditation procedure

Presentation of the unit

The University of Geneva is a full research university with 15'666 students in 2010 and has a total of eight faculties. The Faculty of Medicine offers study programmes of basic education in Human Medicine, Dental Medicine, Movement and Sports Sciences, Neurosciences, and Proteomics and Bioinformatics, for a total of about 1640 students in 2010, among which 56% are women. There were about 150 students in Dental Medicine section in 2010, among which about 50% were women.

About 380 diplomas were delivered in 2010 (about 30 for Dental Medicine), including 37 PhDs (11 for Dental Medicine).

The faculty staffing profile in 2010 included 96.73 Full Time Equivalent of professors. The total number of academic staff for teaching and research was 493.39 FTE. Academic staff with a position at the University Hospital ("HUG") also teach in the Faculty. The academic staff of the Section of Dental Medicine (SMD = Section Médecine Dentaire) is solely university dependent and has no structured affiliation with the university hospital.

The clinical capacity of the programme is 140 students. The clinical capacity for Dental Medicine is currently set at 23 students per year. No aptitude test is required for admission to the study programme.

Since 2006, the Bologna principles and the LPMéd have been adopted by the Faculty. The Section of Dental Medicine is an integral part of the Faculty of Medicine. The first two years of the bachelor program in Dental Medicine are the same for Human Medicine. From the third bachelor year of the program the students go into the dental direction. The bachelor program counts 3 years (180 ECTS) and the master program 2 years (120 ECTS). The bachelor degree gives right of admission to the master programme. Students are expected to enter the master programme directly when they have obtained the bachelor degree.

This report concerns the compliance of the undergraduate dental education (bachelor and master programmes) at the University of Geneva with the quality standards published by OAQ and FOPH.

The 2011 accreditation procedure was the first accreditation procedure in which the Section of Dental Medicine was involved. The Faculty of Medicine has undergone a pilot accreditation procedure in 2006.

Self evaluation report

The SMD has produced an 81 pages self-evaluation report with 36 appendices. The nearly final version of the report was delivered to the experts by OAQ by September 29, 2011. During the site visit the final version was delivered.

The self-evaluation report was both descriptive and analytical, including a SWOT analysis for each area of evaluation. It was self-reflective and useful for the process of global quality enhancement. It provided an analysis for each standard of the 9 areas, that is mission and

objectives, study programme, students, assessment of students, academic staff/faculty, educational resources, programme evaluation, governance and administration, and continuous renewal/quality assurance. Before the on-site visit, the experts asked for additional information on the follow-up of the recommendations made by the experts in 2006 as this document also concerned the bachelor program in Dental Medicine. The document proved to be very useful.

The Self-Evaluation Report has been written by Prof. Urs Belser, in close collaboration with Prof. Jean-Pierre Bernard. They have been assisted by the members of the Curriculum Committee of the SMD, that is composed by the seven division chairpersons and their senior academic staff members, and includes the input provided by more junior academic staff members, current and former students, and various other stakeholders. The expert panel found the self-evaluation report to be a useful tool to prepare the on-site visit.

Group of experts

Peer leader:

- Prof. Jan de Maeseneer, Ghent University, Belgium

Experts:

- Prof. Michael Field, University of Sydney, Australia
- Prof. Eckhardt G. Hahn, Carl von Ossietzky Universität Oldenburg, Germany
- Prof. Anne Marie Kuijpers-Jagtman, Radboud University Nijmegen, The Netherlands
- Prof. Robert Alexander Sader, Johann Wolfgang Goethe- Universität, Frankfurt, Germany
- Mr Jean-Baptiste Oboni, Student in Medicine at the University of Lausanne

On-site-visit

A briefing session was scheduled the evening before the visit. Two OAQ scientific collaborators, Laura Beccari and Geneviève Le Fort, provided information on the accreditation procedures in Switzerland, on medical education in Switzerland and on the on-site visit itself. The experts then discussed the self-evaluation report and special attention was given to the follow-up of the recommendations made in the 2006 procedure. That part of the discussion was led by Prof. Michael Field, peer leader of the 2006 procedure.

The expert panel visited the Faculty during three days on October 18 to 20, 2011. Interview sessions were organised with or about the following topics: governance, curriculum, student assessment, students, alumni, heads of departments and clinics, professors, intermediate staff and tutors, research, administrative staff, "others" (community dimension, ethics, primary care and medical humanities), quality assurance, professional environment. The panel also visited the facilities and studied various student documents.

As this procedure is a joint procedure for the human and dental medicine programmes, all interview sessions were meant to cover both disciplines. All 6 experts attended all the interview sessions. The panel however separated for the visits to the clinical facilities, human medicine on one side and dental medicine on the other. The expert panel as a whole is responsible for the evaluation of the two programmes.

The on-site visit was well organised, both on OAQ and Faculty side. The Dean's office was very helpful and supportive. The programme was quite intense but all went smoothly and with no problem at all. All the discussions took place in an open and friendly atmosphere.

The on-site visit allowed the expert panel to check the information provided in the self-evaluation report and to gather additional data. The experts feel that they have gathered sufficient information, both from the self-evaluation report and the on-site visit, to allow a thorough evaluation of the compliance of the study programme in human medicine according to the predefined quality standards.

3 Compliance with the Quality Standards

During the final expert meeting, all areas and sub-areas were discussed. The compliance with the quality standards within each sub-area was assessed. Recommendations were made for quality improvement. There was a high degree of consensus amongst the experts, so that decisions were made unanimously for all areas and sub-areas.

The expert panel has followed the OAQ guidelines for the standard compliance: fulfilled / partially fulfilled / not fulfilled. Recommendations have been formulated when a standard was partially fulfilled or at times also fulfilled. Conditions have been formulated when a standard was not fulfilled or, in one case, when it was partially fulfilled.

Area 1: Mission and Objectives

Sub-area 1.1: Mission and Objectives

Standards

- 1.1.1 The faculty of medicine⁴ defines its mission and objectives and makes them known publicly. The mission statement and objectives describe the educational process. After completion of the programme, dentists have the ability to practice their profession as well as an appropriate basis for further training in any specialised branch of dental medicine. They are able to take responsibility for their role as dentists in the health care system.
- 1.1.2 The mission statement and the objectives take into consideration social responsibility and community involvement.
- 1.1.3 The mission statement and objectives are compatible with the strategic planning and the research goals.

Analysis

The section of dental medicine has a specific mission statement that is complementary to the mission and objectives of the Faculty of Medicine. The mission objectives relate to 3 sectors: education, research and patient care/service to the public. The section of dental medicine, formulates its profile in those 3 fields: especially when it comes to patient care/service to the public, the statement makes clear that the sections wants to provide emergency services and dental care to "the economically underprivileged (social mission)". Apart from that specific objectives are defined (e.g. a sure presence in the geriatric university hospital, nursing homes for elderly patients and various social institutions).

The mission statement is not linked to a strategic planning, as there is no explicit strategic plan in the faculty.

Conclusions

The standards on mission and objectives are fulfilled, as far as there is a clear mission statement for the branch of dental medicine and the statement takes very clearly into consideration social responsibility and community involvement. However, standard 1.1.3. "The mission statement and objectives are compatible with the strategic planning and the research goals", is not fulfilled, as there is no clear strategic plan. The expert panel mandates that the section of dental medicine, together with the faculty formulates a clear strategic plan, that articulates with the mission statement by July 1st, 2013.

Sub-area 1.2: Participation in formulation of Mission and Objectives

Standard:

- 1.2.1 The mission statement and objectives of the faculty of medicine are defined by its principal stakeholders and other interested parties.

Analysis

⁴ The study program in dental medicine is integrated in the Faculty of Medicine. This document concerns the undergraduate dental curriculum, however, the term 'faculty of medicine' is used to avoid confusion.

As far as the objectives are concerned, at the level of the Swiss Confederation, a document entitled 'Swiss Catalogue of Learning Objectives for Undergraduate training in Dental Medicine' has been elaborated and subsequently formally approved by the 4 universities providing the undergraduate curriculum in dental medicine. As far as the participation of external stakeholders is concerned: this is merely realised through informal networks: on the one hand, the majority of the staff of the dental section are working as private practitioners, with a part-time commitment to the dental training program, on the other hand, there is a very positive relationship with a local dental board. The fact there is a focus on social accountability as far as service provision is concerned, enhances the contact with different stakeholders in the field.

Conclusions

The expert panel concludes that the standard on participation of important stakeholders and other interested parties in the formulation of the mission statement and objectives, is fulfilled.

Sub-area 1.3: Academic autonomy

Standard:

- 1.3.1 The faculty of medicine has a policy within which it has freedom to design the curriculum and allocate the resources necessary for its implementation.

Analysis

The SMD (Section of Dental Medicine) benefits, as a sub-ordinate entity of the medical faculty, from an adequate degree of academic freedom, permitting both to significantly participate in the designing process of the undergraduate curriculum in dental medicine and to implement the necessary resources from the overall budget. On the other hand, during the master program the SMD is handicapped being related to the University administration but not to the hospital administration which takes care of medical affairs and which has special knowledge of related boundary conditions. An imbalance in treatment between medicine and dentistry results. However, during the site visit it became clear that implementation of a vice-dean for the SMD could help to solve this problem and increase this autonomy.

Conclusions

The expert panel concludes that the standard on academic autonomy is partially fulfilled and recommends that the faculty considers creating a post for a vice-dean, representing the SMD.

Sub-area 1.4: Educational outcome

Standards:

- 1.4.1 Based on the Swiss Catalogue of Learning Objectives for Training in Dental Medicine and the MedBG, the faculty of medicine defines the competencies to be achieved by students at the completion of their studies, necessary for their subsequent training and their future roles in the health care system.
- 1.4.2 Information concerning performance assessment and other data on the competence of the graduates is used for the further development of the educational programme.

Analysis

The SMD undergraduate curriculum in dental medicine focuses on the students achievement of 4 competencies: knowledge and comprehension of the relevant basic and clinical sciences, knowledge and comprehension of the principals of evidence-based dental medicine, attitudes and clinical skills, ability to cope efficiently with drug-problems, ability for life-long learning and professional career development. There are 2 knowledge levels defined at 3 "skill levels". The 73 competencies and their corresponding levels of theoretical and practical competence that have to be required at the end of the 5 years of undergraduate study-programs in dental medicine, are well-defined.

During the interviews at the on-site visit, the expert panel captured a lot of positive feedback on the way the curriculum prepares students for their further careers. A strong point on the one hand is integration with the medical curriculum (bachelor years), and on the other hand, the very personalised clinical teaching environment in the master years.

Conclusions

The standards on educational outcome are fulfilled. The panel recommends that the faculty continues and intensifies the monitoring of the trajectories of graduates during their post-graduate training, and further in the health system (taking into account privacy aspects).

Area 2: Study programme

Sub-area 2.1: Curriculum models and instructional methods

Standards:

- 2.1.1 The faculty of medicine defines the curriculum models and instructional methods.
- 2.1.2 The study programme and the instructional methods ensure that the students have responsibility for their own learning processes and are prepared for lifelong, self-directed learning.

Analysis

The curriculum in dental medicine clearly follows a continuous and hierarchically superior general concept, leading to graduate dentists having the required competencies for providing quality dental care, for undertaking postgraduate training, and finally for life-long self-directed learning and professional career development. There is a variety of teaching and learning

formats. Although a lot of the small group activity in the bachelor years is labelled as "problem-based learning", in fact it applies a mixture of didactic formats, stretching from the classical "BBL-tutorial" to a form of "case-based learning". The theoretical preclinical learning content (bachelor year) decreases quantitatively during the later years of the master-program (Z-curriculum-model).

Conclusions

The curriculum is a very strong, well thought-out, integrated education program. The standards are completely fulfilled, and the curriculum may serve as a model as far as integration is concerned. The program ensures that students really have responsibility for their own learning processes (self-directed learning), and by doing so prepare for life-long learning.

Sub-area 2.2: Structure, Composition and duration of the study programme

Standards:

- 2.2.1 The faculty of medicine describes and defines the contents, extent, and sequencing of the study programme elements, including the balance between core and optional content.
- 2.2.2 The study programme is based on the goals of the Swiss Catalogue of Learning Objectives and the MedBG.
- 2.2.3 Basic sciences and clinical sciences are integrated in the study programme as well as the interface with complementary therapies.

Analysis

The expert panel deplores the fact that in the framework of the political regulation in the canton of Geneva, the first year has to act completely as a selection-year, with only 35% of the students being successful. Apart from the logistic problems of having 461 students in overcrowded theatres (in 2010), this creates the problem of a high level of competitiveness between the students. This may be a threat to the development of the appropriate professional attitudes. The unit "person, health, society" in the first year, presenting topics in human sciences and various dimensions of community medicine, including medical ethics, is missing its objective and can be seen as "lost time". The unit is tested through MCQs and probably has little, if any, impact on framing the broader societal context of medicine. Nevertheless, the first year, especially in the unit 4 "Integration", creates an appropriate link with the study of pathology later in the curriculum. The effort in the second and the third year to expose students to family medicine is positively valued by the expert panel. The panel was impressed by the advanced development of computer-based learning e.g. in the teaching of histology, replacing the traditional microscope-based learning.

The expert panel acknowledges that the master-thesis is in a stage of development. Actually, not all the theses that were evaluated by the experts are in conformity with the Dublin-

descriptors for the master-thesis in the Bologna-framework. The total time available, 15 ECTS equivalent to half a semester, is too limited and too fragmented over the two years of the master program.

The first and second year of the master program in dental medicine, has a strong focus on learning in the clinical environment. The students rotate through all the different aspects of dental medicine but apart from the dental emergency clinic they do not have clinic sessions for integrated dental care. The small size of the group (between 20 and 30 students), enables a direct contact between teachers and students. Moreover, the fact that most of the clinical supervisors are working in private practice, apart from their academic appointment, assures the relevance of the training for the requirements of the daily practice and service delivery. There is some concern about the limited medical input in the teaching of theory. Nowadays a survey of "medical relevant aspects" is given by staff from the dentistry section itself. There is need to take advantage of the link with the medical faculty in order to improve the teaching in this part of the training.

Conclusions

The expert panel agrees that the standard on structure and duration of the study program are fulfilled, especially standard 2.2.1 on content sequencing. However, standard 2.2.2. is only partially fulfilled, as the goals in relation to knowledge of relevant medical content can be improved. Therefore, the expert panel recommends that the SMD should explore the possibilities of including medical faculty for the teaching of medical aspects in the master years of the dental study program. Although standard 2.2.3 concerning integration of basic sciences and clinical sciences can certainly be considered as fulfilled as far as the bachelor years are concerned, there are no integrative courses which are more closely related to the later daily clinical practice, and a well-defined interface to the medical family medicine program is missing. Furthermore the expert panel recommends continuing the development towards a higher quality of the master thesis.

As for the medical training, the panel recommends that the faculty of medicine, including the dental education program, engages in a process to explore a method of selection of candidates before the first bachelor year. This would have a positive influence on the learning process and the development of appropriate professional attitudes.

Sub-area 2.3: Study programme management

Standards:

- 2.3.1 A curriculum committee has the responsibility and competence for the planning and implementation of the study programme.
- 2.3.2 The curriculum committee has appropriate resources for the choice and implementation of appropriate teaching and learning methods, evaluation of students, evaluation of programme,

and innovations in the study programme. The administration, academic staff, students, and other stakeholders are represented in the curriculum committee.

Analysis

The management of the study program is well designed. The Education Committee is in charge of the curriculum for both human and dental medicine at the faculty of medicine of Geneva. There are two curriculum committees, one for the bachelor and one for the master program. Both should be advised by UDREM, but only the medical part is supported. The governance and administrative support for the bachelor curriculum are excellent. The "cursus-map", a tool developed to document the content of the different units, allows for ready access to curriculum material in the bachelor years and assures continuity in the teaching process. The dental faculty expressed their concerns on governance and support for the master program in dental medicine. In the interviews, it became clear that there is some concern about the relationship between the bachelor and the master program. In the master years there is little knowledge about what students learned in the bachelor program and vice-versa. There is a need for a strategy to link both parts of the curriculum in a more structured way.

Conclusions

The standards for study program management are fulfilled and the expert panel sees the study program management and governance of the educational process as an excellent model. The panel recommends that the faculty optimises the "content-continuity" between bachelor and master years, especially in relation to the medical content of the master years, and a closer level of cooperation with UDREM.

Sub-area 2.4: Scientific methods

Standard:

2.4.1 The faculty of medicine teaches the principles of scientific methods and evidence-based medicine, including analytical and critical thinking, throughout the entire study programme.

Analysis

Scientific reasoning and critical thinking are in the forefront of the PBL-teaching in the bachelor years. A lot of electives are offered, also specific for dental students. The panel suggests re-thinking the strategy for teaching scientific methods and Evidence Based Dental Medicine, from the first year onwards. This will require leadership and a longitudinal approach. Starting with Evidence Based Dental Medicine in the dental master years, as at present, may be too late. The practice of Evidence Based Dental Medicine is strongly reinforced and integrated into the clinical clerkship curriculum in the master years.

There is no clear strategy to "discover" students who are interested in a research-oriented career. Actually, this depends on the individual initiatives of a few professors, leading specific laboratories.

Conclusions

The expert panel concludes that the standard on scientific methods is partially fulfilled, and recommends a comprehensive longitudinal approach towards the structured teaching of Evidence Based Medicine and Dentistry.

Sub-area 2.5: Basic biomedical sciences

Standards:

- 2.5.1 The faculty of medicine identifies the contributions of the basic biomedical sciences and integrates them into the study programme.
- 2.5.2 The contributions of biomedical sciences are adapted to scientific, technological, and clinical developments, as well as to the health needs of society.

Analysis

Although the perspective of the basic sciences is an important component in the chain of "translational research"⁵, there is a strong horizontal integration of the basic medical sciences and a vertical integration in selected topics. A challenge is the appropriate "dosage" of the molecular and cellular biology content, stemming from the latest scientific and technological developments.

A remarkable approach is used in the teaching of anatomy, which is commended by the expert panel: based on the clinical content of the work of primary care physicians, a three-level approach for the degree of detail of anatomic knowledge has been defined: general-bachelor-level, elective-master-level, and post-graduate level for specialty-training. The expert panel also appreciates the impressive and successful switch made in the teaching of histology (from microscopy to E-learning).

Conclusions

The standards in relation to basic biomedical sciences are fully satisfied.

Sub-area 2.6: Behavioural and social sciences, medical ethics

Standards:

⁵ Dzau VJ, Ackerly D C, Sutton-Wallace P et al. The role of academic health science systems, in the transformation of medicine. Lancet 2009, 1 October DOI: 10.10 016/s0140-6736(09)61082-5

- 2.6.1 The faculty of medicine identifies the contributions of behavioural and social sciences, medical ethics, educational sciences, and the legal and economic basis of health care that enable effective communication, clinical decision-making, and ethical practices. This is integrated into the study programme.
- 2.6.2 The contributions of behavioural and social sciences, medical ethics and humanities are adapted to scientific developments in dental medicine, to changing demographic and cultural contexts, and to the health needs of society.

Analysis

The community health training program spans the 1st to the 3th year of the dental medical curriculum and promotes students' early exposure to community health-related concepts and issues, and to the professionals working in these fields, as well as providing an early access to direct and hands-on activities in the community. As stated earlier, there is some doubt about the effectiveness of the introductory course on psycho-social and community health in the first bachelor year, as it is probably counterbalanced by the highly competitive climate of this year. The exposure to ambulatory practice in the second bachelor year is a positive initiative.

From the beginning of the 3rd bachelor year in dental medicine the students continue to be regularly exposed to themes addressing psycho-somatic and psycho-social aspects of the dental profession during both theoretical and practical teaching. Important topics are: prevention, oral health epidemiology, motivation for behavioural changes, communication, organisation of the Swiss oral health care system, role and structure of international health care organizations.

Conclusions

The standards on behavioural and social sciences and dental medical ethics are fulfilled.

Sub-area 2.7: Clinical knowledge and skills

Standard:

- 2.7.1 The faculty of medicine assures that the students have patient contact appropriate to their level of education and have acquired sufficient clinical knowledge and skills, so that after graduation they can assume appropriate clinical responsibility.

Analysis

There is a clear "continuum" with increasing patient contact. In the first two years of the BA program patient contacts are medically oriented and start from video presentations, regular contact with a practising primary-care physician, through OSCE assessments and seminars on basic clinical skills, and clinical clerkship activity, a clear continuum is constructed. From the third BA year, second semester, up to the fifth year of the undergraduate dental program the clinical program becomes increasingly dentally oriented. As from the 3rd bachelor year,

the students learn through horizontally and vertically integrated practical "preclinical" educational units all the manual skills of dental medicine that are required for responsibly implementing appropriate oral health promotion, prevention and primary dental care, including dental emergency measures. In the master years the time for clinical treatment amounts to at least 50%.

In the master years, medical skills are hardly addressed, especially in related medical fields like dermatology or ENT surgery. Medical knowledge in these fields has high relevance for the quality of dental medicine. At the moment, only few medical skills are taught, but not by the medical disciplines themselves but instead by the maxillofacial surgeons who have also a medical degree. A stronger medical component (in the teaching of relevant medical topics) must therefore be developed.

Conclusions

The standards on clinical knowledge and skills are partially fulfilled. The expert panel recommends that, through cooperation with the medical curriculum, a more elaborated medical context is introduced in the master years.

Sub-area 2.8: Linkage with dental practice and the health care system

Standards:

- 2.8.1 An operational link between the study programme, postgraduate medical education, and the independent professional practice of medicine is assured.
- 2.8.2 The curriculum committee uses information from the professional field, the health care system, and society to improve the study programme.

Analysis

The operational link between the undergraduate dental education and postgraduate dental education is assured by the fact that SMD provides postgraduate dental training within formally accredited specialty education programs.

Interprofessional learning is only developed to a limited extent. There is a very positive cooperation with the geriatric department of the university hospital, within the framework of gerodontology. This good practice could be inspiring for other forms of interdisciplinary cooperation.

The link of almost all professors with the delivery of dental services in the community is a strong asset in the focus on "social accountability". Moreover, the dental service has a very committed program for addressing the patients most in need.

Conclusions

The standards on linkage with the dental practice and the health care system are fulfilled.

Area 3: Students

Sub-area 3.1: Admission policy and selection process

Standards:

- 3.1.1 The governing body and the faculty of medicine have formulated admission conditions that clearly explain the student selection process.
- 3.1.2 Gender equality is guaranteed.

Analysis

As explained earlier, the non-existence of an "entry-selection" before the first bachelor year creates a frustrating situation. The system is inefficient and educationally detrimental. The expert panel advises the faculty to do a survey of the 65% of the students that are not passing the selection exams at the end of the first year.

There is concern about the very modest numbers of dental students that are trained in the program. This is again the result of the strong selection in the first year of the BA program. One of the results is that there is currently a great need to "import" foreign dentists, who need extra training in order to fulfil the criteria for registration in Switzerland.

There is appropriate gender equality. No information was available on the participation of migrants.

Conclusions

The standards on admission policy and selection process are fulfilled, although the expert panel advises the Faculty to engage in an advocacy for change of the existing regulations towards an entry selection for the first bachelor year.

Sub-area 3.2: Number of students

Standard:

- 3.2.1 In all phases of the study programme, the number of students is defined and in accordance with the capacity of the faculty of medicine.

Analysis

The Self-Evaluation Report states that the clinical capacity is currently 140 students in human medicine and 23 students in dental medicine. As mentioned earlier, the panel notes that the number of first year bachelor students is higher than ideal to allow for optimum learning conditions.

Conclusions

The standard on the number of students is fulfilled, although there is room for further review of this area as mentioned above.

Sub-area 3.3: Student support and counselling

Standards:

- 3.3.1 The medical faculty offers support and counselling services for the students.
- 3.3.2 The counselling programme is based on monitoring the learning progress of the students and takes their social and personal needs into account.
- 3.3.3 Students have access to a gender equality commission.

Analysis

During the visit, the panel of experts experienced a very positive, open and friendly interaction between students, staff, professors and other stakeholders. Moreover, the expert panel appreciates the efforts made in student counselling: the role of Students' Advisors is quite important: they give collectively about 1000 personal consultations each year related to academic problems, social and financial issues and health problems. Also the secretariat in the dean's office provide assistance to the Students' Advisors and can be reached all weekdays from 9.30 a.m. to 12.30 a.m. The fact that there have been no suicides in the last 15 years is an indicator of appropriate attention being given to the needs of the students. Nevertheless, there are no data about the 65% that failed in the first year. It is noted that there is a functioning Gender Equality Commission.

Conclusions

The standards on student support and the counselling are all fulfilled. The faculty should be congratulated on its efforts in the field of counselling and monitoring the progress of the students. It should be noted however that this service is highly person-dependent, and that it will be a challenge to find student advisors as good as the current staff should any wish to stand down from this role.

Sub-area 3.4: Student representation

Standards:

- 3.4.1 The medical faculty has a policy on the representation and appropriate participation of the students in the design, implementation, and evaluation of the study programme, as well as in other matters relevant to the students.
- 3.4.2 Student organisations are promoted.

Analysis

The students are represented at different levels, in the Education Committee, in the Bachelor and Master Curriculum Committees, in the Participative Council and in the Library Committee. The students are generally not involved in the design of major educational

changes. However, in recent years, the faculty has tried to involve students at the beginning of new educational changes. Starting with the 3rd BA year the dental students form the Clinical Dental Student Organization which is the link between students and teachers. The students are invited to give ongoing feed-back, which enables them to express criticisms and provide suggestions on the different modules and the teachers involved.

Conclusions

The standards on student representation are fulfilled and students participate actively at different levels. A recommendation is that the faculty could look for ways of formally recognising the commitment of the students e.g. by giving credits, or some educational acknowledgement.

Area 4: Assessment of students

Sub-area 4.1: Assessment methods

Standards:

- 4.1.1 The faculty of medicine defines and communicates the methods and criteria for the assessment of students.
- 4.1.2 The reliability and validity of the assessment methods are documented and evaluated and new assessment methods developed.

Analysis

A variety of assessment methods are used, including MCQ, OSCE, CBA-stations and others, both in a formative and summative way. The assessment program addresses knowledge, skills, and attitudes. During the master years, assessments put particular emphasis on professional attitude and behaviour. Due to the small student numbers it is difficult to assess the reliability and validity of the assessment methods in the 3rd BA, and 1st and 2nd MA year. The SMD could take more advantage of the expertise of UDREM.

Conclusions

The standard in relation to the methods and criteria for the assessment of students is fulfilled. The standard on reliability and validity of the assessment methods is only partially fulfilled. The expert panel recommends that the SMD involves UDREM in the development and evaluation of assessment methods in the master years.

Sub-area 4.2: Relationship between assessment and learning

Standards:

- 4.2.1 Assessment principles, methods and practices correspond to teaching objectives and promote learning.

4.2.2 The number and type of examinations encourage integrated and interdisciplinary learning.

Analysis

The UDREM plays an important role in the quality assurance of the assessment system. They train staff in the necessary skills to master the different formats, including written, computer-based, oral and practical exams. Interdisciplinary learning is starting and the subject of gerodontology illustrates a good practice of cooperation between SMD and the geriatric department at the university hospital.

Conclusions

The standard on correspondence between assessment principles, methods and practice and teaching objectives is fulfilled. The undergraduate program has a very strong emphasis on linking assessment and learning. The standard "the type of examinations encourage integrated and interdisciplinary learning" is partially fulfilled. The expert panel recommends that SMD should invest more in cross-linkages with relevant departments in the university hospital.

Area 5: Academic staff/faculty

Sub-area 5.1: Recruitment policy

Standards:

- 5.1.1 The faculty of medicine has a staff recruitment policy, which defines the academic staff required for the adequate implementation of the programme. It describes the type and composition of the academic personnel, the balance between dental and non-dental staff, as well as between full and part-time employees. Responsibilities are clearly defined and periodically examined.
- 5.1.2 The faculty of medicine has formulated staff selection criteria, which takes into account performance in science, teaching and clinical activities, as well as the demands of the mission statement of the institution, economic considerations, and further issues.
- 5.1.3 The recruitment policy for academic, administrative, and technical personnel is published.

Analysis

A permanent academic Planning Committee, chaired by the dean, examines all positions that will be vacant over a 4-year period. A comprehensive assessment of applicants takes place involving experts from Switzerland and abroad. During the procedure, the evaluation of teaching ability is restricted to the performance at the public seminar delivered by each short-listed candidate. Although there are a few positions designed for persons with a predominant involvement in teaching, the faculty does not favour the possible emergence of a "teaching track" parallel to the "research track" for professorship.

Except for the professors and 3 senior researchers, the vast majority of the faculty in the SMD for the master years are working part-time at the university. This may hinder the full

implementation of the academic program in the master years (e.g. in relation to the master thesis).

Conclusions

The standard on the recruitment policy is only partially fulfilled, as there is not enough fulltime staff. The expert panel recommends an increase in the number of fulltime faculty involved in the training in the master years.

The standards on selection criteria and on the publication of the recruitment policy are fulfilled.

Sub-area 5.2: Staff policy and development

Standards:

- 5.2.1 With its staff policy, the faculty of medicine strives for a balance in teaching, research, and service functions, and ensures recognition of meritorious academic activities with appropriate emphasis on both, research attainment, and teaching qualifications.
- 5.2.2 The staff policy includes training, development, and assessment of the teaching staff. It considers teacher-student ratios appropriate to the various components of the study programme, and assures that teaching staff is represented on relevant committees and bodies.
- 5.2.3 The staff has access to a gender equality commission.
- 5.2.4 The faculty of medicine supports a long-term promotion of young academic staff.
- 5.2.5 The staff has access to continuing education, career development opportunities, and appropriate counselling.

Analysis

Different strategies are in place regarding staff development. The Renewal Committee identifies individuals with academic potential, with particular attention given to those active in the domains defined as priorities for the faculty. The Committee for Coordination of academic careers examines all requests for internal promotions. The staff policy includes teachers' training, development and evaluation. Teachers are encouraged to improve the quality of their performance, e.g. through the acquisition of a master-title in medical education abroad. The minimum teaching duty is 30 hours per year; supervising a master-thesis counts for 25 hours. There is a monitoring system (MIMOSA) that makes an inventory of all the teaching activities of each staff member. It serves as a basis for the personalised objectives of the staff in education. There is concern about the opportunities for the staff of the dental service unit with respect to continued education and career development. Most of them are part-time fulfilling educational and clinical tasks, so their academic perspective is rather limited.

Conclusions

The standards for staff policy and development are fulfilled, with the exception that the staff working in the master years at the dental service unit do not have not enough opportunities for continued education and career development, due to the fact that these staff are mostly part-time. The expert panel recommends that the faculty should increase career development opportunities for members of the part-time staff in order to engage them to work full-time and thus to have more full time staff available.

Area 6: Educational resources

Sub-area 6.1: Infrastructure

Standards:

- 6.1.1 The faculty of medicine provides an appropriate infrastructure to ensure that the study programme can be adequately implemented.
- 6.1.2 The learning environment for the students is regularly adapted to developments in medical education.

Analysis

For the year 1 and 2 of the BA the infrastructure is appropriate, with the exception of the theatres for the first year lectures, where students are not all able to put questions due to the large size of the groups, spread across two lecture rooms.

The dental clinic has a reading room and students are dependent on the main university library where the dental collection is rather limited.

Conclusions

Standard 6.1.1 is partially fulfilled as far as the appropriateness of the infrastructure for the first year students is concerned. As stated earlier, the solution for this problem lies in introducing a process for student selection before the first year to permit reduction of the size of the year 1 cohort. The expert panel recommends that the Faculty follow the recommendations made elsewhere in that matter. The expert panel recommends a review of the dental collection of the main library.

Sub-area 6.2: Practical clinical training resources

Standard:

- 6.2.1 The faculty of medicine provides the necessary resources for adequate clinical education, including a sufficient number of patients and clinical training facilities.

Analysis

The skills lab has provided good opportunities for early training in clinical skills, but urgently requires an increase in space: the actual space available is inadequate for the number of students needing to be trained and for the increasing role of a skills lab in a modern medical education system.

From the third year on, the dental students are mainly working in the dental clinic building. Within the context of this old building, the technical facilities of the clinics and research labs are sufficient. A new dentistry building is under construction. Clinical learning in the dental service unit takes place in the context of caring for a broad group of patients with a wide variety of problems. The service unit pays special attention to people living in difficult social conditions (social accountability).

Conclusions

The standard on practical clinical training resources is fulfilled.

Sub-area 6.3: Information Technology

Standard:

6.3.1 The faculty of medicine has a policy for the efficient use of information and communication technologies in its study programme. Teachers and students are enabled to use information and communication technology for selflearning, accessing information, managing patients and working in health care systems.

Analysis

The ICT infrastructure is excellent. Students and staff have computer access to the most relevant databases and to library facilities: 115 computers are installed in the computer rooms at the main library. A team of 12 computer assistants help the students to use the IT infrastructure by answering their questions and by organising and offering basic computer courses. The central e-learning platform DOKEOS is used intensively. Email is the official information channel between faculty and students for administrative and organisational communication. A sophisticated tool, the "CursusMap", allows browsing and finding details about the curriculum according to learning objectives and is regularly updated.

Conclusions

The standard on information technology is fulfilled.

Sub-area 6.4: Research

Standards:

6.4.1 The faculty of medicine has a policy describing the research facilities and areas of research priorities at the institution, as well as the relationship between research and teaching.

6.4.2 The interrelationship between research and teaching is reflected in the study programme and in the current course offerings. The students are encouraged and prepared to participate in dental research and development.

Analysis

There is a clear research strategy, formulating research priorities for a 4-year period in the faculty of medicine. SMD has increased its overall research performance and has the potential for a leading position in some of their research fields internationally.

Fostering of interest in research among undergraduates is mainly a personal initiative. A more structured information strategy directed towards the students could help to raise interest in an academic career. The expert panel noted that the students do not have a comprehensive idea of the research activities within the faculty. There is no strategic approach in order to encourage students to participate in medical research and development.

Conclusions

The standards on research are fulfilled, except for the encouragement of students to participate in medical research and development (6.4.2 partially fulfilled). The expert panel notes that a systematic information strategy on opportunities for research is lacking and recommends that the faculty addresses this deficit, in order to stimulate future dentists to engage in an academic career.

Sub-area 6.5: Educational expertise

Standard:

6.5.1 The faculty of medicine includes educational expertise when planning dental medical education and developing teaching, learning and assessment methods.

Analysis

At the time of the reform of its curriculum in 1995, the faculty of medicine created the Unit of Development and Research in Medical Education (UDREM). This was the first unit of its kind to be introduced in Switzerland. Its role is to promote innovation in educational quality through activities and program development, including curriculum and instructional methods, in student assessment and program evaluation, in faculty development, and in research in medical education. Thus UDREM provides considerable support at different levels of the educational process, and develops high-quality research in medical education. However, the dental faculty expressed their concerns about the minimal availability of educational support from UDREM for the dental curriculum. UDREM is now looking at evolving towards a new role, reducing some service activities and concentrating on development and research. A new field of activity could emerge, for example, in the master years of the dental program.

Conclusions

UDREM is one of the most developed units of its kind in medical education in Europe. It is of utmost importance for the quality assurance of the curriculum, and also contributes to capacity building in the field of medical education. For the dental training, the standard on educational expertise is partially fulfilled. The expert panel recommends that the master years interact more intensively with UDREM.

Sub-area 6.6: Cooperation

Standards:

- 6.6.1 The faculty of medicine has formulated a policy for cooperation with other educational institutions and the transfer of educational credit points.
- 6.6.2 Regional and international exchange of academic staff and students is facilitated by the provision of appropriate resources.

Analysis

At the level of the faculty there is a committee for international cooperation. Nowadays, there is not much exchange of students in the framework of ERASMUS. It would be advisable to explore how this could be improved, although the expert panel recognises that the specificity of the integrated curriculum of Geneva makes international exchange during the bachelor and master years not so easy.

Conclusions

The standards in relation to cooperation are fulfilled. Ways to take advantage of the ERASMUS-exchange program in the undergraduate curriculum could be explored.

Area 7: Programme evaluation

Sub-area 7.1: Study programme evaluation

Standards:

- 7.1.1 The faculty of medicine has quality assurance mechanisms (i.e. evaluations) that monitor the study programme and student progress, and ensure that weaknesses are identified and addressed.
- 7.1.2 Study programme evaluation includes the context of the educational process, the specific components of the study programme, and the general outcome.

Analysis

There are appropriate mechanisms for the evaluation by the student of the teaching units. Moreover, there are regular reviews by the BA and MA Curriculum Committees and

retrospective curriculum evaluation by senior students and by 1st and 2nd year graduates. The UDREM plays an important role in the study program evaluation components in the bachelor years: design, administration, development, analysis and report. There is a clear approach of collecting relevant information, analysing, reporting and giving feedback. As pointed out in 6.5.1 the role of UDREM in the master program, could be strengthened.

Conclusions

The standards on study program evaluation are partially fulfilled, as UDREM is not involved in the MA program in a very comprehensive and high-quality manner as for the bachelor program. It is recommended that UDREM be involved more extensively in the evaluation process.

Sub-area 7.2: Teacher and student feedback

Standards:

- 7.2.1 Feedback from both teachers and students is systematically collected, analysed, and used to continually improve the study programme.
- 7.2.2 Teachers and students are to be actively involved in planning the study programme evaluation and using its results for programme development.

Analysis

The role of the students in curriculum evaluation is prominent. Students are regularly informed about implementation of improvements they have asked for. At different levels of the educational process, information is collected, processed, analysed and conclusions are implemented.

Conclusions

The standards on teacher and student feedback are fully met.

Sub-area 7.3: Student performance

Standard:

- 7.3.1 Student performance is analysed in relation to the mission, objectives, and study programme of the faculty of medicine, and brought to the attention of the curriculum committee.

Analysis

The first year acts as a selection year with a low average pass rate (35%). For the second year the pass rate is about 85-89%. From the 3rd BA year on the pass rate is close to 100% except for the students who did not participate in the BA program in Switzerland. All students passed the Federal licensing exam that was held for the first time in 2011.

Conclusions

The standards on student performance are fulfilled. However, the problem of the first year, acting as a selection year, with a very low pass rate, asks for a fundamental review of the selection of students at the start of the undergraduate curriculum.

Sub-area 7.4: Involvement of stakeholders

Standard:

- 7.4.1 The processes and outcome of study programme evaluation involve the governance and administration of the faculty of medicine, academic staff and students and take into consideration feedback from additional stakeholders.

Analysis

The different levels of governance demonstrate clear leadership and appropriate constitution of the decisional bodies. Academic staff is represented at the different levels of the committees involved in the educational process. Students also have their representatives in the same committees. However, there are almost no external stakeholders formally involved in the whole process, although the SMD is linked to professional interest groups. The Participative Council is internal to the faculty, composed of faculty-members and students. There is a need to examine how a wide range of community and health services stakeholders could be involved, e.g. in the Participative Council.

Conclusions

The standard on involvement of stakeholders is partially fulfilled. There is an appropriate representation of members of the faculty. Although there are good informal links with dental bodies, the expert panel mandates that efforts be made to involve stakeholders from the community and health services facilities (health professional organisations, NGOs, other health care agencies, companies, international organisations and other potential stakeholders) in the activities of the SMD, including its structures that contribute to governance and advise curriculum development.

Area 8: Governance and administration

Sub-area 8.1: Governance structures and functions

Standards:

- 8.1.1 Governance structures of the faculty of medicine and their functions are defined, including their relationship within the university and to the university hospital.
- 8.1.2 The faculty of medicine has a strategic plan.

8.1.3 The academic staff participates in decision-making processes concerning teaching and research.

8.1.4 Decision-making processes, competencies, and responsibilities are communicated to all participants.

Analysis

The 3 main authorities of the faculty of medicine are the Dean's Office (executive body), the Participative Council (participative body), and the "Collège des Professeurs".

As mentioned earlier, the faculty of medicine has no explicit clear strategic plan.

Conclusions

The standard on governance structures of the faculty of medicine and their functions, including relationship with the University and the University Hospital, is fulfilled. Standard 8.1.2 "The faculty of medicine has a strategic plan" is not fulfilled, but the standards on academic staff participation in decision-making and on the communication of decision making processes, competencies and responsibilities to all participants are fulfilled.

However, the expert panel mandates, as already stated under standard 1.1.3, that by the 1st of July 2013, a clear strategic plan should be developed and guide the actions of the faculty.

Sub-area 8.2: Academic leadership

Standards:

8.2.1 The responsibilities of the academic leadership of the faculty of medicine for the study programme in dental medicine are clearly stated.

8.2.2 The academic leadership is periodically assessed with regard to the fulfilment of the mission and objectives of the faculty of medicine.

Analysis

The responsibilities of the academic leadership are clearly stated. The faculty's organisation allows a continuous adaptation of the curriculum and provides adequate authority to implement changes. Coordination between the BA and MA Curriculum Committees can be improved. There is regular assessment of the leadership.

Conclusions

The standards on academic leadership are fulfilled.

Sub-area 8.3: Administrative staff

Standard:

- 8.3.1 The faculty of medicine has sufficient administrative staff. This ensures the organisational implementation of the study programme and other activities, and guarantees efficient resource management.

Analysis

Regarding teaching, the faculty can count on a core of highly competent and committed members of the administrative staff for the bachelor years of the dental program. They are very active and important agents in the curriculum implementation process. Moreover, they act as links between staff and students, when appropriate. The dental master program lacks sufficient administrative support.

Conclusions

The standard on administrative staff is partially fulfilled: the staff is sufficient, very motivated and guarantees efficient curriculum implementation for the bachelor years. For the master years, the expert panel recommends that more administrative staff be appointed.

Sub-area 8.4: Educational budget and resource management

Standards:

- 8.4.1 The faculty of medicine has clear authority and responsibility for the study programme and its financing. This includes a dedicated educational budget.
- 8.4.2 The faculty of medicine has sufficient autonomy to direct resources, including the remuneration of teaching staff, in order to achieve the overall objectives of the faculty.
- 8.4.3 The financial sources and all conditions linked to financing are transparent, and do not hinder the autonomy of the faculty of medicine to make decisions concerning teaching and research.

Analysis

It was quite difficult for the expert panel to gain some idea about the educational budget and resource management. There is no clear, identified, earmarked, educational budget. The Educational Committee has 1 million CHF to spend on education. As far as the expert panel could see, the total budget of the faculty is somewhere around 160 million CHF, with another 120 million CHF as input from the hospital for education and research. A substantial fraction of the salary budget is assigned to teaching. The clinical dental service is part of the university, not of the hospital, which complicates management as the university is not equipped to run patient services.

Conclusions

The standard on sufficient autonomy to direct resources is fulfilled. The standards on a dedicated educational budget, and on a transparent financing system for teaching, are partially fulfilled. The expert panel recommends that the faculty increase the transparency of

the way resources are spent respectively for education and research, and that the dental service in the future could be managed as a department of the university hospital.

Sub-area 8.5: Interactions with the health sector

Standard:

8.5.1 The medical faculty collaborates with the health and health related sectors of society and government.

Analysis

The SMD has its own service delivery unit, integrated in the university. Moreover, there are collaborations with many private medical practitioners working part-time in the unit. The SMD has established a collaboration with the WHO and serves as a reference centre for the French-speaking part of Switzerland.

Conclusions

The standard on collaboration with the health and health-related sectors of society and government is fulfilled.

Area 9: Continuous renewal/quality assurance

Standard:

9.1.1 As a dynamic institution, the faculty of medicine implements procedures for the periodic reviewing and updating of its structure and functions, and rectifies documented deficiencies.

Analysis

Taking into account the major changes that have been realised in the curriculum of the last 5 years, the institution really demonstrates an effort to carry out continuous renewal and quality assurance.

Conclusions

The standard on continuous renewal and quality assurance, updating structure and functions, is fulfilled.

4 Compliance with legal requirements

- MedBG art. 24, para. 1 a and b.

Art. 24 (Loi sur les professions médicales, LPMéd) Filières d'études

1 Une filière d'études devant mener à l'obtention d'un diplôme fédéral est accréditée si elle répond, outre à l'exigence d'accréditation prévue dans la LAU aux critères suivants:

- a. elle permet aux étudiants d'atteindre les objectifs de la formation à la profession médicale universitaire qu'ils ont choisie;*
- b. elle permet aux étudiants de suivre une formation postgrade.*

The study program on dental medicine of the Faculty of Medicine of the University of Geneva, is in accordance with the legal requirements.

5 Conclusions

Strengths, weaknesses, recommendations on quality improvement

The expert team is fully aware of the impressive achievements of this faculty at different levels, but recognises that, quite often, the legal and organisational framework hinders further developments. The absence of a selection test before the beginning of the first BA year is one example, the challenges for the development of a comprehensive primary health care system with family physicians in Switzerland is another illustration.

The expert panel invites the faculty to reflect on its role in the societal and political debate, in order to explore what strategies could be developed and what evidence could be brought in, for the improvement of the systems the faculty and the society have to work with nowadays.

The expert panel very positively assesses the strongly integrated nature of the curriculum, with a high degree of flexibility to adapt to new circumstances. The permanent monitoring of process and outcome by UDREM is used as an opportunity, and could be improved for the master years of the dental program.

Also the broad scope of the education, looking at the biomedical, psycho-social, ethical and societal dimensions, is highly appreciated. However, the master program does not reflect the medical responsibilities that a dental practitioner is confronted with in his daily clinical practice regarding an ageing population with increasing comorbidities. A more dedicated educational transfer of medical knowledge from medicine to dentistry has to be implemented, as admirably exemplified by gerodontology.

Moreover, the faculty needs to define a strategy to structure and strengthen its links with external stakeholders such as community organisations, industry, NGOs and health services and providers. Modifying the distribution of available human resources is advisable, orientating the numbers required to train in dentistry and the different specialties to the future needs of society.

The experts congratulate the faculty on the way they take care of their students, with an important role for the student advisors. Strategies for improving international student mobility

could be explored. A faculty Alumni group should be created, and alumni should be offered the opportunity to keep their university email address. This would facilitate career follow-up and statistical analysis of the outcomes of their undergraduate studies.

Although there is a strong research-component in the whole faculty, strategies to improve the communication with students regarding research are needed.

The expert panel appreciates the social accountability of the service delivery component of SMD. The dental clinical services are currently part of the university. Rethinking of this structure is advised. From the organisational point of view, consideration could be given to integrating SMD as a full hospital department, or another model could be to integrate the clinical services as a dental hospital in the organisational structure of the university hospital. This would also enhance interdisciplinary cooperation with departments of the university hospital, as already happening in the framework of the gerodontology service. This could also have a positive influence on the medical content of the master years, where there is presently room for improvement.

The current challenge will be taking the necessary steps to become a "change-agent" in the university dental landscape in Switzerland. By doing so, SMD can play a leading role in contributing to the realisation of relevant, equitable, high-quality, person-centred, and innovative health care.

Recommendation on accreditation

The expert panel advises that the study program in dental medicine of the faculty of medicine and health sciences of the University of Geneva should be accredited for 7 years with the following 2 conditions:

1. The SMD, in the framework of the faculty, must develop a strategic plan to guide the evolution of its programmes and activities in the years ahead.
2. The SMD and the faculty must take steps to increase the engagement of external bodies (health professional organisations, NGOs, other health care agencies, companies, international organisations and other potential stakeholders) in the activities of the dental school, including its structures that contribute to governance and advise curriculum development.

The expert panel advises that these conditions should be fulfilled by the 1st of July 2013.