

**Faculty of Odonto-Stomatology
UNIVERSITY OF MEDICINE AND
PHARMACY
Ho Chi Minh City, Vietnam**



**SEAADE PEER REVIEW
AND CONSULTATION VISITATION**

17th – 19th July 2017

SEAADE Peer Review and Consultation Programme
Faculty of Odonto-Stomatology,
University of Medicine and Pharmacy
Ho Chi Minh City, Vietnam – 17 - 19 July 2017

Report to Dean Assoc. Prof. Ngo Thi Quynh Lan, Dean, Faculty of Odonto-Stomatology, University of Medicine and Pharmacy, Ho Chi Minh City.

1. Introduction

The SEAADE Peer Review Visit took place from 17 - 19 July 2017, at the Faculty of Odonto-Stomatology premises at the Faculty of Odonto-Stomatology, University of Medicine and Pharmacy, Ho Chi Minh City.

The School initiated the Visit by sending a formal request to the Chairman of the SEAADE Peer Review and Consultation Committee. Subsequently a completed SEAADE Visitation Self-Assessment Document was submitted prior to the Visit.

The Visitors on this occasion were from the SEAADE Visitations Panel as follows:

- Professor TOH Chooi Gait – Pro Vice Chancellor (Development), International Medical University, Malaysia (Chairperson)
- Professor Frederick Charles SMALES – School of Dentistry, International Medical University, Malaysia
- Professor LEUNG Wai Keung – Faculty of Dentistry, The University of Hong Kong (Rapporteur)

Consultant to the Vietnamese Faculties who attended was:

- Professor KRASSANAI Wangrangsimakul - Royal College of Dental Surgeons, Thailand; International Consultant, Health Professionals Education and Training for Health System Reforms Project, Vietnam

The Visit followed a pre-agreed intensive programme, including inspection of facilities, meetings with staff and students, as well as the reviewing of supporting documents. There were formal presentations by the Dean and relevant Heads of Sections. The Panel held several private meetings with various staff and student groups during the Visit to discuss aspects of the undergraduate programme and other matters for the final Report.

At the conclusion of the Visit, a summary of the Report was presented verbally to the Dean and members of the Faculty of Odonto-Stomatology, followed by a short discussion. Subsequently a written version of the Report was sent to the Dean for factual correction and then acceptance. The Dean has the option to have the Report presented in whole or part on the Official Website of SEAADE.

2. Acknowledgement



Staff with Prof WK Leung (front row, third from left), Dean Assoc Prof Ngo Thi Quynh Lan, Toh CG, President Prof. Tran Diep Tuan, HPET Consultant Prof Krasanai Wangrangsimakul, Retired Staff Dr Anh Lan, Prof FC Smales.

The SEAADE Peer Review and Consultation Programme Visitors wish to extend their sincere thanks and appreciation to Professor Tran Diep Tuan, President of the University of Medicine and Pharmacy, Vice-President Dr Ngo Dong Khanh, Dean of the Faculty Assoc. Prof. Ngo Thi Quynh Lan and the senior management of the Faculty of Odonto- Stomatology, as well as the other academics and administrators for the meticulous organization and warm hospitality they experienced during their visit to the University and Faculty of Odonto-Stomatology.

3. The Socialist Republic of Vietnam and its Oral Health Needs

3.1 The Socialist Republic of Vietnam

Vietnam, officially the Socialist Republic of Vietnam, is the easternmost country on the Indochina Peninsula in Southeast Asia. Vietnam is bordered by China to the north, Laos to the northwest, Cambodia to the southwest, Thailand across the Gulf of Thailand to the southwest, and the Philippines, Malaysia and Indonesia across the South China Sea to the east and southeast. The area of the country is 329,560 sq. km, (land: 325,360 sq. km and water: 4,200 sq. km).

The country comprises 58 provinces and five municipalities which are administratively on the same level as provinces. There are many ethnic groups of the population in Vietnam, namely: Kinh (Viet) 86.2%, Tay 1.9%, Thai 1.7%, Muong 1.5%, Khome 1.4%, Chinese 1.1%, Nun 1.1%, Hmong 1% and others 4.1%.

In year 2016, the population of Vietnam was estimated 92.7 million inhabitants with more than 9 million people living in Ho Chi Minh City. Vietnam is the world's 14th-most-populous country, and the ninth-most-populous Asian country. The capital city has been Hanoi since the reunification of North and South Vietnam in 1976.

Ho Chi Minh City, a historical city, is the largest city in the country and its metropolitan surroundings accommodate at least 10% of the Vietnamese population.

The life expectancy at birth in Vietnam was 75.61 years, with males: 71.07 years and females: 80.37 years.

3.2 Oral epidemiological data

The first and second national oral health surveys in 1989 and 1999 reported a low level of oral hygiene status, a high prevalence of calculus, and a high dental caries among adults and children. In addition, there were very low rates of dental care utilization, especially in rural areas. There were no changes in dental caries and periodontal diseases of the population from 1990 to 2000.

The prevalence of gingivitis among children in Vietnam was about 43-70%, for adults the figure was 97.5%, 98.3%, 99.4% and 98.1% for 18 years, 18-34 years, 35-44 years and above 45 years, respectively.

The prevalence of periodontitis was 1%, 7%, 32.5% and 43.5% for age groups 20-29, 30-39, 40-59 and over 60, respectively, in the southern of Vietnam. (Data from survey in 1996 by Nguyen Can et al).

The profile of periodontal diseases in Vietnam indicated more than 90% of adults and 50% of children in all areas of Vietnam suffered from gingivitis and periodontitis.

The prevalence's and severities of periodontal diseases were greater in rural areas than in urban areas. Gingivitis and calculus deposits were more prevalent and severe in rural areas of Vietnam but there were less differences in the prevalence of severe periodontitis, and there was a uniform distribution of gingivitis and periodontitis among the population living in southern and northern parts of Vietnam.

In Vietnamese children, prevalence of caries/DMF-T in the permanent dentition was 20.4%/0.48, 54.6%/1.18, 64.1%/2.05 and 68%/2.4 for age-groups 6-8 years, 9-11 years, 12-14 years and 15-17 years, respectively (National Oral Health Survey, 2000).

In Vietnamese adults, the figure of caries and DMFT was 57.5 and 2.84; 75.2 and 3.29; 81.2 and 4.7; 88.7 and 8.93 for age groups 18 years; 18-34 years; 35-44 years; and over 45 years (National Oral Health Survey, 2000).

According to a survey in year 2006, the dentist: population ratio was 1/54,112 and the dental nurse: child was 1/17,366. The survey in 33 southern provinces showed that the number of dentists who were working in the private system was 1785 and in the public one was 1017. The dentist: population ratios were 1/78,334; 1/48,275; 1/22,715; and 1/79,294 in Southern Highland; Central of Vietnam, East Southern Area; and Mekong River, respectively. This ratio was 1/13,362 in Ho Chi Minh City.

The latest surveys show that the dentist: population ratio in the northern Vietnam was 1:26,700 while that in the south was 1:20,000. For the whole country, this ratio was about 1:22,000 ranking Vietnam as one of countries in the world with a very unfavourable ratio.

3.3 The Current Status of Dental Education and Services in the Country

The first dental school in Vietnam was established in 1962 as the Saigon College of Dentistry. Now the Faculty of Odonto-Stomatology, University of Medicine and Pharmacy Ho Chi Minh City, (FOS-UMP HCM), is the biggest and oldest dental teaching institution.



In Vietnam, there are nine dental education institutions that follow the Odonto-Stomatology model:

In the North:

- a) Faculty of Odonto-Stomatology, Hanoi University of Medicine
- b) Faculty of Odonto-Stomatology, Thai Nguyen University of Medicine & Pharmacy
- c) Faculty of Odonto-Stomatolog, Hai Phong University of Medicine and Pharmacy

In the Central Highlands:

- d) Faculty of Odonto-Stomatology, Hue University of Medicine and Pharmacy

In the South – Mekong Delta:

- e) Faculty of Odonto-Stomatology, Ho Chi Minh City University of Medicine and Pharmacy
- f) Faculty of Odonto-Stomatology, Can Tho University of Medicine and Pharmacy
- g) Department of Odonto-Stomatology, School of Medicine and Pharmacy, Tra Vinh University
- h) Department of Odonto-Stomatology, Pham Ngoc Thach University of Medicine

Every year in Vietnam, there are 466 students enrolled in the Odonto-Stomatology programs.

The new private school, Faculty of Odonto-Stomatology, Hong Bang International University that has been established since 2015, is initially training dental nurses and dental hygienists. It will be launching the odonto-stomatology curriculum for undergraduate students in the next academic year.

After finishing 3 years of high school education, the Vietnamese students will take the National High School Examination. The purpose of this examination is to recognize the completion of the student's general education program and is a prerequisite for university and college entrance. Candidates must take 4 subjects, including 3 compulsory subjects (Mathematics, Literature, Foreign Languages) and one elective among the subjects of History, Geography, Physics, Chemistry, or Biology as high school graduation requirement. In order to qualify for admission to universities and colleges, in addition to the above four subjects, candidates may take additional subject in accordance with the expectation of the desired University admission committee. For example, the candidates who want to apply for odonto-stomatology in UMP HCMC have to take compulsory subjects (Mathematics, Literature, Foreign Languages) and 2 electives (Chemistry and Biology). Under the auspices of the Ministry of Education and Training (MOET), The National High School Examination remained the only entrance pathway for any Vietnam university course. It appears that the Vietnam university system does not accept applicants who applied without contemporary National High School Examination result, e.g. applicant with a university degree.

UMP HCMC uses the total score of Mathematics (core subject), Chemistry and Biology (electives) to admit the top candidates among all applicants. Scores on Literature and Foreign languages (core subjects) were used as references. It is very competitive to gain entry into the odonto-stomatology program in UMP HCMC. In 2016, the candidates who were admitted to the 6 year FOS curriculum had total score ≥ 26 out of 30.

3.4 Plans of Governmental Bodies for Dental Education and Services

The Ministry of Education and Training (MOET) takes the lead in determining the structure of the programme for the degree of Doctor of Odonto-Stomatology and to that end has issued a framework in 2012 as described in Section 7 below.

Working in conjunction with MOET, the Ministry of Health (MOH) influences the content of the programmes including the competencies and assessments to meet the needs for dental treatment of the residents and improve the quality of dental services,

Graduates of public or private odonto-stomatology schools from Vietnam are expected to be enrolled in a mandatory 18 months supervised clinical training in public oral health care institutions at district, provincial, university or central levels before a full dental licence could be granted at the present moment. These recent graduates involved, however not need to sit through a licensing examination. It appeared that such public placement opportunities might not be readily available to all new dental graduates and proper supervision/training at work is not necessarily always available. In appreciation of such fact, and the extended public resources of 6 plus 1.5 years to train odonto-stomatological doctors appears not cost effective, the Vietnam Ministry of Health (MOH) is considering to set up a Council for Healthcare Professionals for license requirements and licencing examination in the country in the near future. Odonto-Stomatology schools in Vietnam may therefore soon be needed to consider training future DOS graduates to pass the licensing examination and to be work ready on finishing their university education.

The aims of the Ministry of Health in that regard are:

- a) Intensify the education and training of Odonto-Stomatologic Doctors/Dentists and the support staff to ensure conformity to the quality and quantity standards of Southeast Asia.
- b) Build skills testing and assessment centres
- c) Provide short-term training courses of graduate level
- d) Provide dental services in remote areas
- e) Raise public awareness about oral health

3.5 Health Professionals Education and Training Project (HPET)

The Visitors noted that the Faculty was one of three dental educational institutions identified for the Health Professionals Education and Training for Health System Reforms Project on dentistry which is seeking to further the above aims of the MOH.

There are several specific objectives of HPET. There is an intent to improve comprehensively the quality of health professional education and training based on competencies and international integration. Also HPET aims to strengthen the management competencies in health sector and health professionals' distribution to enable the beneficial impacts of health system management. Finally, it also aims to strengthen the competencies of primary health care teams at the grass-roots level.

4. The Institution

4.1 The University

The Faculty of Medicine and Pharmacy of Saigon was established in 1947 in Saigon as a division of the Indochina School of Medicine in Hanoi. In 1961, it was divided into the Faculty of Medicine and Faculty of Pharmacy of Saigon. Then the Faculty of Dentistry was founded in 1964. Whereas, in the Resistance Zone of the South-East of Vietnam the training of medical staff was provided by the College of Medicine established in 1965.

Following the Reunification of the country, the University of Medicine and Pharmacy, Ho Chi Minh City was founded in 1976 as an integration of the above mentioned schools and was composed of three faculties: the Faculty of Medicine, Faculty of Pharmacy and Faculty of Odonto-Stomatology. In 1994, the Faculty of Fundamental Sciences was established in order to provide the teaching of basic sciences to students of the three faculties during their first semesters of training.

In 1998, the University was expanded to train auxiliary medical staff when the Faculty of Nursing and Medical Technology was created by merging the Central Medical Technical School III. Then Tue Tinh National Medical School II and Department of Traditional Medicine of the Faculty of Medicine merged together to become the University's Faculty of Traditional Medicine.

In 1999, the Faculty of Public Health was founded by merging of the Public Health Department of the Faculty of Medicine and the Division of Health Organization and Management of the Ho Chi Minh City Institute of Hygiene and Public Health.

In 2000, the University opened its own Medical Centre of 250 beds equipped with modern medical equipment and employing highly qualified staff. This Medical Centre was soon expanded so total number of beds available for University teaching became about 500. Therefore, since 2000, the University was composed of the seven faculties mentioned above and one University Medical Centre. The University Hospital now has 650 beds and the most modern teaching and research facilities.

In 2005, the University was recognized as one of two strategic medical teaching institutions of the country. The University offers an extremely comprehensive array of educational opportunities for health professionals from undergraduate to graduate level. It is one of the highly ranked universities of medicine and pharmacy in Vietnam

The University has seven faculties and one hospital: Faculty of Fundamental Sciences, Faculty of Medicine, Faculty of Pharmacy, Faculty of Traditional Medicine, Faculty of Community Health Care, Medicine Technique and Convalescent Faculty, Faculty of Odonto-Stomatology and the University Medical Centre.

4.2. The Faculty of Odonto-Stomatology

In August 1962, Saigon College of Dentistry and Faculty of Dental Surgery was established from the Dental Division of the combined Faculty of Medicine and

Pharmacy. In the academic year of 1966-1967, the combined grouping was relocated to the “Centre of Health Sciences” which is now the current campus of the University.

In 1971, the grouping was renamed as the Faculty of Dental Medicine. Training was provided to 50 dental students each year following a five-year programme. The structure of the curriculum was a) one year for pre-dental courses, b) two years for Basic Health Sciences and c) the last two years embracing all aspects of dental specialties.

In 1975, the curriculum was restructured into a six-year program with additional subjects (Social Sciences and Maxillo-Facial Surgery) leading to the Degree of Doctor in Odonto-Stomatology, and the faculty named Faculty of Odonto-Stomatology. The following year of 1976, the Faculty doubled the number of dental students entering so since that time it has been between 80 and 100 students entering each year.

In 1976, the division for training 30 laboratory dental technicians (Associate Degree of Dental Technology, 3-year curriculum, until 1999; then changed into two-and-a-half-year and two-year until 2001 and 2015, respectively) After 2015, FOS-UMP HCMC no longer engaged into sub-degree programmes as advised by MOET. From 2002 onwards, a Bachelor of Dental Technology (BDT) course with a 4-year curriculum was established.

In 1989, an important reform was done according to the Guidelines of the Ministry of Education in order to implement a curriculum so it was a) Certificate-based, b) Focused on Preventive and Community Dentistry, c) Composed of a total of 34 certificates in basic health sciences and 58 certificates in dentistry.

In 1998, The Division for training Dental Therapists was integrated into the Faculty with a two-year programme and a recruitment of 30 students each year.

5. Strategic Planning

5.1 The University's Mission, Vision and Quality Statements

University Mission: Educate health professionals according to the highest standards; scientific research, application and transfer of advanced technologies to effectively contribute to health care delivery, health protection and improvement to the population.

University Vision: To become a university that sets the standard for universities of health sciences in Vietnam and aligns with those of the Region.

University Core Values: Professionalism - Excellence – Dynamism – Innovation

5.2 University Core Values; Comments and Recommendation of the Visitors

The Visitors noted with approval that the University has four very good institutional core values, namely: Professionalism; Excellence; Dynamism and Innovation. It is

Recommended that these are displayed in an attractive format in several public locations in Faculty of Odonto-Stomatology premises.

5.3 The Faculty of Dentistry's Vision, Mission, Objectives and Expectations

Faculty Mission: Promote Oral Health through modern education, quality research, professionalism in patient care and community services.

Faculty Vision: To become a leading dental education institution in Vietnam and gain international prestige.

Faculty Aims: The mission of the pre-doctorate programme of the Faculty of Odonto-Stomatology is to educate and train a dental practitioner with good ethics, fundamental knowledge in modern medicine and dentistry, and technical competencies in the prevention and management of oral diseases for individuals and communities.

On the other hand, she should be able to apply traditional medicine foundations to modern medicine, to make her self-assessment and to continue her education in order to meet the growing needs for oral health promotion to the population.

Faculty Specific Objectives: A graduate from the Faculty of Odonto-Stomatology, University of Medicine and Pharmacy at Ho Chi Minh City is required to obtain the dental professional competencies for the newly graduated Doctor of Odonto-Stomatology issued by the Vietnam Ministry of Health in year 2016.

A graduate from the Faculty of Odonto-Stomatology should:

- a) Be devoted to providing health care service to the population, and treatment to patients
- b) Respect and work in good collaboration with his/her colleagues
- c) Conserve and improve the achievements of Vietnam Odonto-Stomatology
- d) Have the skills and knowledge required to be a competent dentist
- e) Be able to treat common oral and dental diseases
- f) Be able to diagnose and develop treatment plans for: dento-facial anomalies using orthopaedic procedures; Oro-dental malformations, tumours, inflammatory lesions and traumas using surgical procedures
- g) Be capable of managing dental emergency cases
- h) Be able to apply the methodology of community medicine to the management of oral and dental diseases
- i) Be able to run a dental health service according to the proposed objectives and current civil law
- j) Be able to use a foreign language for further training
- k) Continue his/her education for a lifetime

5.4 Strengths and Contributions of Vision, Mission & Educational Philosophies

The Faculty explains that the former mission of the Faculty of Odonto-Stomatology was a part of the overall mission of the University. That mission was: To educate and train healthcare professional, conduct scientific research, develop and apply advanced

medical technologies; to provide healthcare to the population in an efficient manner and contributing to the advancement of health sciences in Vietnam.

Derived from that it was stated: “The Faculty of Odonto-Stomatology, UMP- HCMC, is a centre for dental education, scientific research, development and application of advanced technologies in the field of Odonto-Stomatology; contributing in an efficient manner to provide oral health care to the population and to advance health sciences in Vietnam”.

The Faculty notes the former mission statement was too general, it did not show the development trend toward regional and international integration. The learning outcomes were defined based on the actual curriculum, and lacked of input from learners and manpower users, the long term mission and vision are still unclear. That is why the Faculty needed to develop the new Mission and Vision in accordance with the current modern dental education as mentioned earlier.

5.5 Strategic Plan; Comments and Recommendation of the Visitors

A Strategic Plan for progress is required including main areas for faculty development, with annual targets to be met in respect of the areas identified and an overview road map showing how everything fits together. The Visitors Recommend that the Faculty works with a Consultant from the HPET project and colleagues from the other two dental educational institutions participating in the HPET project so they can develop coordinated Strategic Plans which will be mutually supportive.

6. The Administrative Structure

6.1 The Relationship of the Faculty to the University

The head of the University is the Rector who has five Vice-Rectors each attending to specific functions. The functional areas are Undergraduate Education Management, Postgraduate Education Management, Scientific Research, Finance and Administration and International Relations.

There are three types of establishments in the University: a) Offices, (e.g. Human Resources, Finance, Student Support, etc.), b) Centres and Units, (e.g. University Hospital, Centre for Information Technology, etc.), and c) Faculties, (e.g. Medicine, Pharmacy, Odonto-Stomatology, Public Health, etc.). Thus the Dean or Head of a faculty will have to relate to several Vice Rectors in respect of particular functions.

6.2 The Administrative Structure of the Faculty

The Faculty is headed by a Dean who is assisted by a Board with four Vice Deans working in pairs thereby creating the top tier. The Dean and the pairs of Vice Deans each supervise functional components in a second tier as follows:



Dean: Staff Affairs, Postgraduate Training Office, Scientific Research Office

Vice Deans Pair One: International Relations, Academic Affairs, Dental Care Service

Vice Deans Pair Two: Administrative Accounting Finance Service, Logistics Maintenance Service

Among the Dean's Board, there is one Vice Dean in charge of training and responsible for all the training activities, including the quality assurance of graduate studies. The third tier of the structure comprises 14 Departments. There are plans for a specific unit which would be responsible for dental education reform.

The Visitors noted that one Vice-Dean is currently a Vice-President of the University, another has a role analogous to head of Human Resources of the University and yet another is the Director of the National Hospital of Odonto-Stomatology in HCMC.

6.3 Organizational Chart and Administrative Structure; Comments of the Visitors

There are no clear lines of reporting and accountability in the Organisational Chart of the Faculty. Additionally, the large number of departments existing in the Faculty may contribute to difficulty in collaboration and contribution to common Faculty goals.

One example would be problems which might arise if it were decided to introduce an integrated competency-based curriculum as envisaged by the HPET project. Another is the potential difficulty that may arise in rationalising the teaching of the Doctor of Odonto-Stomatology and the BSc Prosthodontics programmes.

The Visitors therefore Recommend that early action be taken to modify the diagram of organisational structure to show clear lines of reporting and accountability. In so far as the HPET project is of considerable significance for the Faculty and will need individuals who can plan and implement curriculum change on behalf of the Dean, so at least two ‘coordinators for curriculum change’ with appropriate titles should be identified in the new administrative structure.

Furthermore, the Visitors also Recommend that the new administrative structure is prominently displayed so it can be seen by those visiting the Faculty.

7. The Undergraduate Programme

7.1 Executive Summary of the Undergraduate Dental Curriculum

In Vietnamese dental educational institutions, the dental undergraduate programmes leading to the Doctorate of Odonto-Stomatology, (DOS), have moved to a curriculum framework issued by the Ministry of Education and Training (MOET) in 2012. The overall length of such programmes is to be 6 years. There are two phases: the first phase is 2 years and half in length and the second one is 3 years and half in length. ~~each approximately three years in length.~~

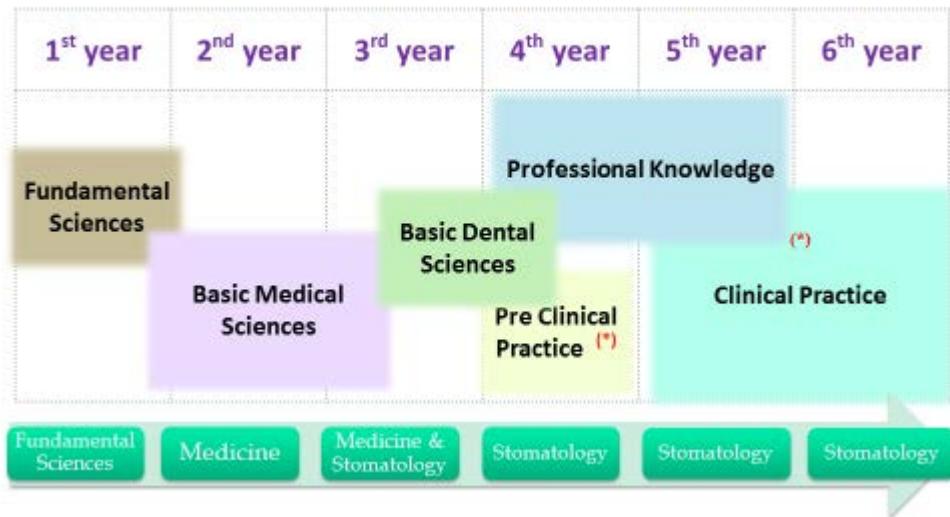
In the first phase, primarily basic medicine up to 45 subjects may be required, in the second phase, primarily Odonto - Stomatology up to 38 subjects and some related subjects may be required. In 2015, MOET moved to credit based programmes and for the DOS there are 320 learning units of which 304 are related to activities conducted by the university’s faculties, schools and departments.

The first phase includes fundamental disciplines (e.g. mathematics, physics, chemistry, etc.) and basic medical sciences (e.g. anatomy, physiology, biochemistry, bacteriology, etc.) taken together with medical students. There is also hands-on clinical practice training in the second year, which is common to medical and dental students. Starting from the second semester of third year, dental students begin to learn dental basic sciences.

To enter the second phase a dental student must complete of the final stages and assessments of phase one and being scored as “passed”, then they will be allowed to practice on patients, under strict supervision of instructors. In theory teaching method, there is a heavy reliance on traditional lectures.

As noted in regard to the graduates meeting the need of the population guidance regarding the core competencies of a newly graduated Doctor in Odonto-Stomatology from a dental education institution in Vietnam have been issued by the Ministry of Health in 2016.

Doctor of Odonto-Stomatology Programme



Three years ago the Ministry of Education and Training and the Ministry of Health issued a regulatory requirement applying to newly graduated Doctors of Odonto-Stomatology. They must spend at least 18 months after graduating in dental hospitals or general hospitals with dental patient beds before applying for practise licences.

7.2 The Undergraduate Dental Curriculum - The First Phase

In the first phase in addition to fundamental sciences, clinical sciences and clinical practice, as mentioned above students take courses in political sciences (Marxism-Leninism, Revolutionary Policies, Ho Chi Minh Ideology), National Defence and Security Education, physical education, and public health topics such as epidemiology, biostatistics and health economics. Students also take foreign language courses during three of the semesters.

The main method of teaching in the first phase consists of lectures with large group of students with not much support for active learning. For the dental disciplines, the pedagogical method has not changed from theory teaching although a component taught in English was introduced, but not so effectively to some lectures.

Most of the departments publish their own textbooks. Basically, teaching staff have many opportunities for upgrading knowledge via staff exchanges of short duration between sister schools, with clinical training regularly conducted in Vietnam by international experts, so that teaching materials are being updated.

In clinical practice training in the second year, which is common to medical and dental students there is early exposure to patients care during the general nursing rotation. All basic nursing skills are taught to students and they are allowed to provide under supervision, clinical procedures such as: recording vital signs (blood pressure, heart beat, etc.), providing wound care and doing injections. The basic nursing care provision, including early exposure and communication with patients has a positive impact on both medical and dental students.

A strength of this part of the curriculum is the training of professional practical skills. That comprises two stages. Firstly there is laboratory training (for disciplines such as dental anatomy, histo-embryology, dental laboratory technologies, etc.). Secondly there is preclinical training in a simulation laboratory, (training of professional practical skills on phantom heads) together with preclinical training in a clinical setting (simulation practice training on peers).



Dental Technology Practical Session



Prosthodontic Laboratory Practical Session

7.3 The Dental Undergraduate Curriculum - The Second Phase



Upon completion of the final stages and assessments of the first phase and being scored as “passed”, the dental students will then be allowed to practise on patients, under strict supervision of instructors. Due to the fact that the clinic for students practice is managed by the Faculty of Odonto-Stomatology, students’ learning is less teacher-dependent and more student-intensive. Instructors closely monitor each treatment according to the “apprenticeship” model. Thanks to this approach, right after graduation, students will possess proper clinical skills. However, this training does not allow good integration in the case of multidisciplinary comprehensive treatments. For the teaching method used for the main delivery of the curriculum, there is a heavy reliance on traditional lectures and passive learning.

7.4 Guidelines on Expected Competencies in the Dental Undergraduate Programme

Guidelines regarding the core competencies of a newly graduated Doctor in Odonto-Stomatology from a dental education institution in Vietnam have been issued by the Ministry of Health in 2016 and is as follows:

- a) Define the competencies requested to start up a practice as a doctor in Odonto-Stomatology/Dentistry. Those competencies should be relevant and promote the responsibilities of the Doctor in Odonto-Stomatology/ Dentistry for taking care of his/ her patients, linking oral health care needs of the individuals to those of the community. They should be concrete / specific and approved by all oral health care professionals
- b) Be in agreement with the core competencies defined by SEAADE.
- c) Serve as main reference for educational institutions in order to promote changes and improvements in dental curriculum.

- d) Provide guidelines to build up core curriculum to train doctor in Odonto-stomatology at national and institutional level, including foundation knowledge as well as clinical instruction.
- e) Provide information to educators in other health care fields in relation to priorities in dental education and competencies of a newly graduated doctor in Odonto-Stomatology
- f) Provide evaluation methods to assess the competencies of a doctor in Odonto-Stomatology/ Dentistry.
- g) Provide information and issue recommendations on criteria for dental practice license verification
- h) Set up norms for national license examination including those applied by examination boards and institutions habilitated to assess clinical competencies.

7.5 Dental Undergraduate Curriculum - Competencies and Domains

It is suggested the following are the six domains of competencies that a Doctor in Odonto-Stomatology/ Dentistry in Vietnam should be able address:

1. Critical thinking ability
2. Communication skills
3. Professionalism and continuing professional development
4. Foundation knowledge: synthesis and evaluation of clinical and para-clinical information
5. Prevention and promotion of oral health
6. Patient's care:
 - a. Diagnosis and treatment planning
 - b. Clinical practice (restoring and maintaining oral health)

It should be noted that these six domains (which are amongst those sets of domains used for dental graduates which are widely recognised internationally), are not exactly the same as the core competencies defined by SEAADE Dental Deans Workshop in August 2015 at Bali, Indonesia.

However the domains above are close to, and consistent with those defined by the SEAADE and if they are retained it will be relatively easy to sort the SEAADE's Learning Outcomes under those headings.

7.6 Assessments and Tools to Determine Expected Competencies

The core competencies of a newly graduated Doctor in Odonto-Stomatology have recently been issued and the school has not determined how the programme would be delivered and outcomes monitored to fulfil the national outcomes.

At present essay questions form the basis of assessments with some trial use of MCQs and OSCEs are being considered. In the case of essay questions these are left to the subjectivity of each teacher, have low coverage of the topic, and mainly evaluate at a low level of "knowledge recalling" rather than at "analysing" and "applying" level, making it difficult to make selection of good performers (capable of analysing and applying).

Concerning clinical evaluation, the departments usually evaluate each clinical step of the procedures. Essentially the process is under rather close control and since rating scales have usually been agreed upon, the outcomes are considered fairly reliable.

The graduation exam is composed of two parts: theory and practice. The theoretical part integrates short essays and other knowledge testing methods. Practice evaluation is conducted by carefully monitored procedures or by OSCE (Objective Structured Clinical Examination). At present portfolios are not used to follow up patients from treatment planning to clinical outcomes so monitoring the whole clinical clerkship of the candidate according to the comprehensive approach but the oral health care records have been used during student's clinical Practicums.

7.7 Internal and External Quality Assurance and Feedback from Stakeholders

Internal Quality Assurance is the responsibility of the Deans/Faculty Board. Special units or new positions are now being created to carry out this function. The general remits of such units is: to provide recommendation and decisions on curriculum delivery, conduct of assessments and their associated level of quality.

External Quality Assurance is managed partly by the University with regularly audit for quality purposes being considered. Also at the present time complete external audits are beginning according to requirements from Ministry of Health and Ministry of Education and Training. There is also external evaluation by the National Quality Control Centre of Vietnam.

Feedback from Stakeholders is still at an early stage but the drive for quality means that several methods are being considered and in some cases trialled. Promising areas are questionnaires for patients and students, and stakeholders meetings where representatives of the profession and patients can attend

7.8 Dental Students; Observations by the Visitors



The dental students who met the Visitors were bright, enthusiastic, and articulate with good communication skills, being especially proficient in the English language. They were proud to be studying in a Faculty that has track record of excellence in Vietnam. They were very positive about their supportive and knowledgeable staff and their comfortable learning environment, especially the modern library. It was noted that they might be chosen to visit a university in Japan.

7.9 Undergraduate Programme; Comments and Recommendations of the Visitors

The curriculum design is very traditional with fundamental and basic sciences (medical and dental) taught prior to clinical sciences and practice. Its delivery is also quite traditional, utilising mainly teacher centred activities involving lectures, practical classes and assignments

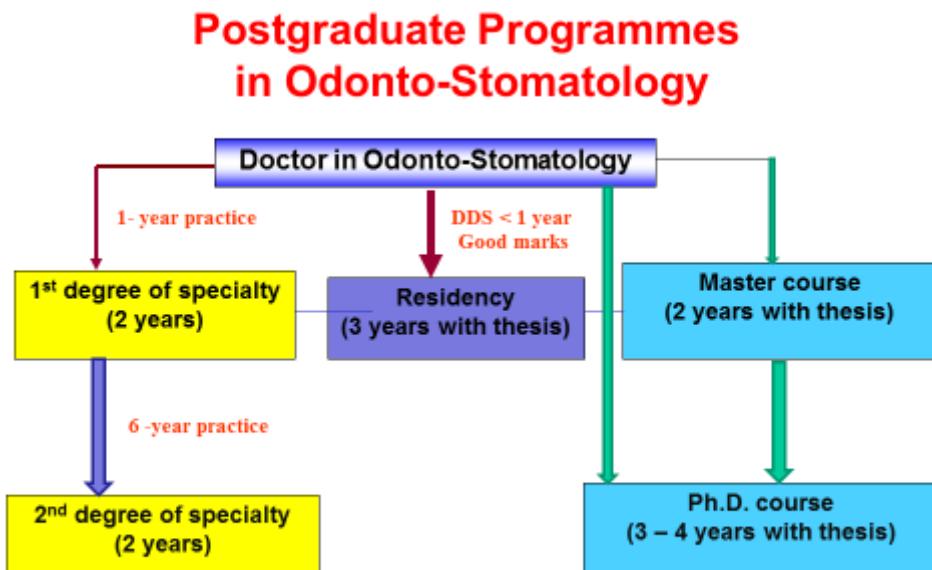
It is Recommended that a Curriculum Review Committee be established comprising of staff from the contributing faculties and with representatives from students, alumni and potential employers drawn from the profession. The remit of the Committee would be to develop an integrated competency based curriculum incorporating student centred learning activities. To support such student centred learning electronic learning facilities would have to be increased.

To facilitate curriculum change as envisaged above, extensive up-skilling of teaching and learning staff will be required. It is therefore Recommended that as soon as possible a rolling programme of academic staff up-skilling be initiated. The programme should include staff training in contemporary learning delivery and assessment methods. It will also be associated with staff training in administrative and leadership skills to manage modern integrated curriculum.

8. Postgraduate Programmes

8.1 An Overview of the Postgraduate Programmes

Vietnamese odonto-stomatological institutions can offer a variety of types of training programmes for specialities as can be seen in the Figure below.



For postgraduate clinical training, Vietnam odonto-stomatologists can seek training as Resident, Specialist 1 (SP1, or in fact general dentist level 1; the SP1 holders could later seek training at Specialist 2 or SP2 or in fact general dentist level 2) at accredited hospitals like Provincial hospital, University or Central hospitals. DOS graduates with top performance can apply direct for Residency programme, normally offered from his/her alma mater. The training involved are mainly for general dentistry and no special odonto-stomatological or dental specialty training is offered. Upon satisfying all training and assessments required, the candidate concerned will be awarded the appropriate diploma from the MoH.

Schools of Odonto-Stomatology in Vietnam universities often operate credit-based short (3-6 months, on part-time basis) continuous education programme for practising dentists. The currently favoured subjects are endodontics, dental implant and orthodontics. These continuous education programmes require Vietnam MOH prior approval.

Odonto-stomatologists can also consider to apply for research training, e.g. Master or PhD degree programmes offered by universities which has school of odonto-stomatology. In contrast to the postgraduate clinical training, the related research training is subject- or department-based. Upon satisfying all training and assessments required, the candidate concern will be awarded the appropriate diploma from the MOET.

There is no national registration/agency for odonto-stomatological or dental specialty qualifications so it is all up to the successfully trained individuals or the oral healthcare attender or general public to assume the clinician's clinical competency.

A national entrance examination is required for applicants for the above full-time training programmes (except PhD). SP1 and master training courses.

The training durations for SP1 and master programs are both 2 years. Before training finishes, SP1 candidates have to sit for assessment on monograph writing and a prescribed number of documented case presentations. Upon satisfying the examiners, the SP1 certificate would be issued.

SP1 holders, after 2 years of working experience, can apply for SP2 training after successfully passing the national entrance examination. In addition foreign language proficiency such as English or French B1 European is required. Odonto-stomatological master degree holders with at least 6 years practising experiences, could also apply for the SP2 entrance examination. The duration of SP2 training is 2 years and the candidate will have to be assessed in a similar format as when he/she exits SP1 together with a dissertation.

Appropriate pay roll increase will normally be awarded to recent SP1 or SP2 holders. The latter could also become eligible for certain higher dental positions in the District, Provincial or Central hospitals. By nature of the certificates, they do not represent dental specialization but mere demonstrated the holder has more structured dental training and had passed standardized assessments.

For master candidates, they normally will go through two years' education and training including basic dental science education, clinical theories education such as ENT, dermatology etc., training on all available dental discipline, perhaps with some increased exposure on a particular discipline, teaching, assisting, research on a clinical topic and thesis writing. At the end of the university course, candidates are often required to sit for an examination including monograph writing, documented case presentations, research thesis report and foreign language proficiency.

PhD research training vary from 3-4 years dependent on the background of the candidate. To graduate, the candidate has to write 3 research reports, one review essay and a dissertation.

For Resident training, the program is offered by a university hospital targeting candidates who graduated their DOS in the highest band of mean scores. Often times these candidates will seek master training in parallel upon satisfying all respective entrance requirements (except the 18-month supervised training, which normally be waived). The residence training takes 3 years. Residency exit requirements is similar to that of SP1 programme.

8.2 Postgraduate Programmes in HCMC; Commendations by the Visitors

The Faculty offers the full range of postgraduate training and can proudly record the achievement of the graduation of 251 Masters students, 17 PhD students, 120 1st level specialty students, 19 2nd level specialty students, and completion of 18 residency programmes. That represents a significant contribution to Vietnam's needs for highly skilled dental professionals to contribute to academia, research and clinical service and is **Highly Commendable**.

All the postgraduate programmes are conducted with quality assurance with participation from internal, external and international peers (**BEST PRACTICE**). The Master's programmes are particularly valuable as they incorporate the achievement of 38 credits towards the specialized discipline concerned.

It is Recommended that the Faculty increase in the research facilities and related human resource to support growth of postgraduate programmes and staff development. On a somewhat different point it is also Recommended that the Faculty develops plans for flexible specialist training suitable for dentists who are having to work.

9. Research Activity

FOS-UMP HCMC remained one of the oldest and biggest odonto-stomatology institute in the country and is highly cognisant of its role to lead dental research in Vietnam and strive to acquire scientific evidence to inform dental practises for better oral health of the Vietnamese people.

9.1 Research Organisation/Management

A Department of Research is established in FOS-UMP HCMC led by the Vice Dean for Research and a committee (Science Board) with members mainly with basic science or applied dental science background. One staff administrator supports the function of the department.

9.2 Research Facility

A wing on a floor on the UMP HCMC main building is dedicated for housing the new stem cell research laboratory with equipment partly supported by Hiroshima University. Together with the Oral Pathology laboratory 500 million VND was secured in financial year 2017 for infra-structure and installation. The laboratory planned to open by end of 2017. UMP HCMC also has core research facilities, i.e. Genetics and Molecular Center, Stem cell Division, Genetics Division, Immunology Division and Cancer Study Division, while departments within Faculties of Pharmacy and Medicine have their own laboratories. FOS-UMP faculty could theoretically approach respective colleagues for research backup and collaboration.

9.3 Oral Research and Research Development Needs

Research is obligatory for all academic staff of the University. For the Faculty of Odonto-Stomatology the fields of study need to be related to oral health issues of the Vietnamese population. At present the aspiration to have high-quality research components in all postgraduate programmes is the major driver of research, but undergraduate students also need to do research projects and academic staff should all be research active in accordance with their job descriptions.

Most research is focused on the oral health fields for community or dental basic sciences in cranial-facial development and growth. The number of oral biology and clinical trials are limited. International publications are limited due to difficulties with English and absence of protected time for research.

Research grants are not readily available in Vietnam. The University so far does not provide a budget for dental research. Grants are available from Departments of Sciences and Technology in the cities and regions and the Ministry of Health but they are intermittent and strongly competed for.

Most teaching staff of the Faculty have to do the dental research in their KPI, some participate as supervisors or advisors for undergraduate students as well as post-graduate ones. All research projects need the Faculty Scientific Committees and the University Ethic Committee to approve them resulting in high standards in research methodology.

9.4 Research Strategy

The Faculty has focused on the three traditional main trends in the research strategy since it was established:

- a) Dental Morphology and basic dental research: The aim of this trend was to do the longitudinal study on the growth and development of the maxillofacial and dental complex in Vietnamese; the morphological and anthropological characteristics of the permanent and deciduous teeth in Vietnamese. In addition, the research of rapid modeling applied in dentistry and medicine was conducted in collaboration with Faculty of Engineering, Ho Chi Minh City University of Technology)

- b) Dental Public Health: This trend focused on the oral epidemiology research to find the oral health problems in Vietnamese population, especially in the areas with issues regarding oral diseases.
- c) Clinical Studies: The trend concentrated in clinical studies of common oral diseases (oral cancer, maxillo-facial injuries, maxillo-facial tumors, congenital diseases, dental caries, periodontal diseases).

The Faculty is developing the new areas in research, such as oral biology and molecular biology, systemic health-oral health relationships, oral medicine (antibiotics resistance) and oral health promotion models for schoolchildren and special communities.

Table 1: Number of scientific projects during 2012-2016

	2012	2013	2014	2015	2016
University level	47	27	34	36	27
City/ Provincial level	1	1		1	2
National level	0	0	0	0	0

Table 2: Number of international publications during 2012-2016

Year	No. of publication
2012	5
2013	2
2014	3
2015	5
2016	11

9.5 Research; Observations by the Visitors

The Visitors were gratified to note there was a clear university mission and directive to encourage staff to be active researchers and publish in ISI indexed journals. The University was also establishing well identified research laboratory spaces.

Research facilities are still basic. There is not enough equipment to conduct even simple research or experiments requiring more high technology approaches. Access to the limited research facilities was also limited to working hours. It is Recommended that funds be allocated to equip the research laboratory in the new wing and provide access to the laboratory to researchers after working hours and weekends as needed.

UMP HCMC has a good sized library but dental resources are limited and severely inadequate to support research activities for staff and students.

In respect of facilitating staff members to conduct research it was evident that as the senior staff have not been research active they are not able to provide effective mentorship to junior staff for research. Additionally, there are heavy teaching loads for young staff making it difficult for them to engage in research activities.

9.4 Research; Recommendations by the Visitors

The Visitors therefore Recommend that electronic resources be acquired by the library for easier access by staff and students to support dental research as there are now more and more digital dental/medical literatures

The Visitors further Recommend that specific measures be taken to accelerate research by the provision of opportunities for staff to network with research experts in dental ad other disciplines, and also the development of a fund to subsidise staff participation at research conferences in the region.

10. Human Resource

The number of staff in the Faculty is 168, including regular and temporary staff. The staff are divided into a Teaching Division and a Management and Services Division.

10.1 Academic and Clinical Teaching Staff

The Teaching Division has 82 teaching staff (1 Professor, 6 Associate Professors, 13 Academics with PhD Degrees, 50 Masters of Health Sciences, 1 Doctor with Second Degree of Specialty in Odonto-Stomatology, 7 Doctors with First Degree of Specialty in Odonto-Stomatology and 15 Academics with the DDS Degree. For professional titles, the faculty has one Senior lecturer, 23 main lecturers, 57 lecturers, 20 Bachelors and one teacher.

The teaching staff and employer's personnel resource are the only support for dental training activities among students in the last three and half of years in their curriculum. In the first two and half of years of the 6-year curriculum, dental students study with medical students and they are taught by teaching staff from Faculty of Medicine, the Faculty of Public Health, and the Faculty of Fundamental Sciences.

10.2 Administrative and Management Staff

The Management and Services Division has odonto-stomatological doctors as administrators of the five clinics which the Faculty uses. There are currently 86 staff working in the management, administrative and service areas. Some of Heads of Management Departments who are key teaching staff concurrently hold additional responsibilities duties such as those involving the Academic Affairs, Postgraduate Office and International Affairs.

The management staff are doctors in Odonto-Stomatology, an advantage being they understand the specialty and professional requirements for dental instruments, materials and equipment. The weakness is that they have not had management training or extensive experience,

In addition, the current remuneration is not sufficient to attract the highly qualified management staffs or professional network managers. There is no staff performance assessment available to comment and improve the competencies of management-related employees.

For service units handling dental clinics, there are a large number of staff working in areas of material and instrument distribution, maintenance, dental assistance, hygiene, etc. with qualifications of dental assistants and intermediate degrees. All the service personnel are regularly trained in the service skills needed according to their working positions.

10.3 Time Commitments of the Teaching Staff.



Most academic staff are committed to their teaching mission, active in updating their theory knowledge and mentoring students' practice. The Faculty has its own clinical training sites. Students are allowed to treat patients under their teachers' supervision. Therefore, the teachers spend a lot of their time in supervising students during their preclinical and clinical practice in order to ensure treatment quality.

However, heads of departments are also recruited for functions related to education management such as constructing the outcome standards, renewing the curriculum, governing their department or taking part to the Faculty project. These will add to their already busy schedule.

Teaching competency varies a lot between teachers and they have no time for experience sharing. Enthusiasm and dynamism are not equal among teachers. There is still a lack of interdisciplinary approach and insufficient teamwork skills. In particular lecturers have been reminded to apply active teaching and student-centred approach however they are not trained efficiently in new teaching methods and therefore still apply traditional ones. So far there is no cluster of educational expert in the Faculty for the processes of constructing the competencies standards with curriculum delivery that utilises outcomes standards, student-centered learning activities and modern assessment tools.

10.4 Management and Service Staff

Management and service staff strive to ensure smooth operation of teaching, scientific research and patient treatment. It is a considerable task as the Faculty have clinics with the about one hundred dental chairs the most of any institution in the county.

However, more professionalism is needed which will require training. One of the challenges that prevent the recruitment of competent managers is the low salary. Dental education management requires a manager with dental knowledge; however, the graduated doctors prefer to do clinical work rather than management, which limits opportunities for their career development.

Most of the service staff are at elementary level (dental assistant with nine months training), their tasks consist in: materials and instrument distribution in lab and clinic or working as ancillary staffs, maintenance staffs, receptionists. They are very zealous and hardworking and assume a bulk of work. However, there are too many students for them to manage. Nevertheless, their activities are quite stable since they are not complicated and have been defined by standardized procedures

10.5 Faculty Staff: Observations and Areas for Attention noted by the Visitors

It was noted that the Faculty was fortunate in having a very loyal academic staff. There was a good age range from youthful to very senior staff, all dedicated to providing good support for students' learning. Young staff are bright and enthusiastic with some having had excellent overseas training experience which can contribute to the Faculty's development. Many staff have good communication skills in the English language, a valuable attribute as considerable amounts of published material on best medical and dental educational practices are in that language.

On the other hand, there were several staffing issues that required attention. For example, it was noted that promotion criteria do not include credit for clinical expertise and administrative contributions. It is recommended that more widely spread criteria for promotion be drawn up to recognise staff's contribution in curriculum development and teaching innovations as well as clinical teaching and service besides research based criteria.

Communication was noted as a problem between departments, and there seemed to be a lack of internal mentoring of junior staff by senior staff. In addition, it was observed that the younger staff were facing financial and time challenges while attempting to keep balance between working in the Faculty, work in private clinic and home commitments.

10.6 Faculty Staff; Some Recommendations by the Visitors

It is Recommended that criteria for staff promotion take into account teaching, clinical and academic contributions and be clearly communicated to all academic staff.

With regard to human resource it is Recommended that the workload of Faculty staff be monitored to ensure equitable distribution of work and prevent overload of duties.

It is further Recommended that a structured faculty development plan be introduced that would include a strategic plan to raise funds to support faculty training and development such as posting to other institutions, conference attendances and participation in medical educational and leadership courses.

11. Physical Facilities

11.1 Facilities Shared with the Faculty of Medicine and the University

In the first two years of their programmes dental and medical students learn together using the same lecture rooms and laboratories facilities for basic medical sciences training. The space includes an amphitheatre of 500 seats, 28 lecture rooms each with 200 to 300 seats and a skills laboratory.

At the Faculty of Medicine each basic science department has its own laboratory for student training giving in total nine laboratories, all furnished with basic laboratory equipment. There is also a large anatomy dissecting room with 40 dissection tables.

There are approximately 200 computers in one computer laboratory and a further computer room established in 2015 with the support of a World Bank project.

The Library at the Faculty of Medicine has over 30,000 reference books, 70% of which are in foreign languages, but less than 5% are up to date. There are 30 computers for general use. In terms of online references, the library has WHO HINARI access to over 20,000 free online articles.

Areas for attention at the Library include reference materials that are mostly out of date, and with the exception of articles accessed by WHO HINARI, there are no online references or long term online subscriptions, for example for UpToDate, DynaMed, etc. These limit reference sources for teachers and students, especially during their clinical years when searching is needed as indicated by guidelines for carrying out evidence based medicine and doing research.

Dental and medical students still learn together in the first two years while the computer system is just sufficient for the medical students. That indicates the need for the Faculty of Odonto-Stomatology to set up a separate computer room for training, student assessment and online learning.

Finally, it is noted that some of the Faculty's students will be using the University's dormitory consisting of 2000 beds.

11.2 Faculty of Odonto-Stomatology Dedicated Facilities

There are 8 lecture rooms in the Faculty of Odonto-Stomatology. Lecture Rooms A and B have 100 seats each. These two rooms can be used separately or merged into one larger room with 260 seats. Lecture Room C has 150 seats, Lecture Room D has 100 seats and Lecture Room E has 250 seats. There are a further two located in the university facility on Cach Mang Thang Tam Street lecture. These are designated Lecture Room E1 and Lecture Room E2, each with 100 seats.

There are two teaching laboratories dedicated to basic dental subjects. The first is the Basic Dental Sciences Laboratory and the other is the Dental Histology- Embryology-Histopathology Laboratory. Undergraduate training includes training in dental technology. There are three laboratories for that purpose. Equipment includes trimming machines, casting machines, and vibrating machines.

There are two laboratories for training in preclinical skills at 652 Nguyen Trai Street. These are equipped with 65 phantom heads and associated dental units. Additionally there are 10 dental chairs for simulation practice, and a further 15 phantom heads/ dental units at Cach Mang Thang Tam Street. At the present the above comprises the largest laboratory arrangement for preclinical practice for undergraduate dental and post graduate dental students in Vietnam.

An area for attention in the teaching laboratory arrangements is that there is no software to assess clinical skills on phantoms. The training is still conducted in the traditional way and is not supported by information technology which makes it time consuming and inefficient.

There is currently one dental histopathology research laboratory available. An oral biology research laboratory is in process of being commissioned in cooperation with Hiroshima University, Japan.

11.3 Facilities for Clinical Practice Training



There is one consultation area and five dental clinics for clinical practice training together with some school based dental units at outlying elementary schools where students can practice, treat patients and in the later faculties provide primary dental care to schoolchildren. Thus the Faculty has a total of 104 dental chairs in five clinics; each clinic is equipped with peri-apical x-ray machines, dental equipment and instruments for the training of all types of dental treatment.

The Diagnostic Imaging Department is equipped with a cone beam CT machine, a panoramic x-ray machine, and a peri-apical x-ray machine. Three minor surgery rooms are equipped with an online camera system so procedures can be observed outside the operating room.

Thanks to the support and cooperation with a number of companies, the Faculty has acquired some very modern equipment for student training. The equipment can be used for implant placement, endodontics and laser diode treatments. Several other machines have been purchased from the career development fund of the Faculty. They include a CO₂ laser machine and a number of ultrasonic scalers.

The dental clinics are served by one Central Sterilization Unit equipped with autoclaves purchased with Faculty funding and additional support from Hiroshima University. In this area instruments are sterilized, packaged, stored and dispatched to all the different clinics.

An area of concern is that the majority of the dental chairs are out of date (50% are over 20 years old), therefore malfunction often occurs and students are lacking of opportunities to get acquainted with modern dental equipment.

11.4 Clinical Practice Arrangements; Observations by the Visitors

The Visitors noted an advanced plan to introduce a comprehensive care clinic. Staff having been trained abroad in comprehensive dental care and the Visitors regarded these arrangements as Highly Commendable.

The Faculty are well equipped with the latest radiographic and imaging equipment including that for Ortho-Pantomographic Radiology, Lateral Cephalometric Radiology and Cone Beam Computed Tomography. Staff had been well trained overseas in Oral Maxillofacial Radiography and Imaging so the equipment could be fully used for patient care, teaching and research and the Visitors regarded that as Commendable

Finally the Visitors saw with interest the use of live real-time monitoring of clinic activities with CCTV to a central viewing station **BEST PRACTICE**



With regard to infection control, efforts were being made to bring about improvements including the use of a standard protocol for infection control and the presence of a specific person in charge. However, there were Concerns that the protocol did not incorporate best practice of monitoring effectiveness of autoclaves e.g. by use of regular biological tests

More generally the Visitors noticed with approval that improvement in several laboratory facilities to support teaching and research programmes was ongoing.

12. Conclusions

The Faculty of Odonto-Stomatology is a forward-looking organisation which has created an optimistic and positive attitude amongst its staff, many of whom are relatively young and still in process of achieving the qualifications which will carry them through a life-long academic career. The energetic Dean and her senior colleagues can take much satisfaction from their achievements in that regard.

Secondly, as indicated in the comments in this report, the Faculty Administration's ability to reflect on its shortcomings is refreshing and such self-insight provides a powerful starting point for positive and creative change which will lead to international high status. Thus, the high level of leadership commitment and educational resourcing at the Faculty of Odonto-Stomatology conveys the impression of a dental institution poised to make great achievements in the years to come.

The special opportunities and challenges offered by the selection of the Faculty by the Ministry of Health to participate in the Odonto-Stomatology part of the Health Professionals Education and Training Project (HPET) are an exciting feature of the drive towards international excellence and recognition. The Faculty and the University can be assured that SEAADE and its member dental educational institutions stand ready to assist in appropriate ways if required.

It may also be useful to recapitulate and emphasise some of the Recommendations of the Visitors which although they are important as stand-alone measures may be essential to the well-being of the HPET project:

- a) The Faculty should be prepared to work with the officers and HPET Consultants of the Department of Health and with colleagues from other dental institutions selected for the project on a regular basis and possibly with a steering function.
- b) The Faculty should have individuals ready for those meetings so in addition to the Dean or the Dean's representative at least two 'coordinators for curriculum change' with appropriate titles should be identified in a new administrative structure.
- c) The Faculty should initiate a rolling programme of academic staff up-skilling as soon as possible beginning with the 'coordinators for curriculum change', but eventually through the lifetime of the HPET project encompassing all career academic staff. The programme should include staff training in contemporary learning delivery and assessment activities. It will also be associated with staff training in administrative and leadership skills to manage modern integrated curriculum.
- d) The Faculty should have a strategic plan ideally coordinated with those of the other HPET participating dental institutions which will highlight the introduction of an integrated competency based curriculum incorporating student centred learning activities. To support such student centred learning electronic learning facilities would have to be increased.

More generally it should be noted a SEAADE Peer Review Report cannot be completely exhaustive in its descriptions of matters for praise nor in its listings of areas for concern. Rather, the SEAADE Reports tend to identify a few key matters that will enable the institutions visited to progress further towards full international status. In the case of the University of Medicine and Pharmacy therefore, the Visitors consider that during the period of HPET and beyond the Faculty should continue to be monitored at regular intervals.

Finally, and inescapably however the overall thrust of this Report is one of admiration for the enthusiasms and efforts of a very dedicated group of individuals. The Visitors conclude this Report by wishing the Dean, her staff and students every success. They found the Visit extremely interesting and worthwhile in every way.

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Professor Dr. Toh Chooi Gait
Chairperson

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Professor Leung Wai Keung
Rapporteur

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Professor Dr. Frederick Charles Smales
Visitor

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