



School of Dentistry
INTERNATIONAL MEDICAL UNIVERSITY
Malaysia



SEAADE PEER REVIEW
AND CONSULTATION VISITATION

1st – 3rd December, 2014

SEAADE Peer Review and Consultation Program
Review of School of Dentistry,
International Medical University (IMU)
Kuala Lumpur, Malaysia – 1st – 3rd December, 2014

Report to Professor Toh Chooi Gait, Dean, School of Dentistry, IMU, Malaysia.

1. Introduction

The SEAADE Peer Review Visit took place from 1st – 3rd December 2014, at the Bukit Jalil and Batu Pahat Campuses of International Medical University, at Kuala Lumpur, Selangor, where its Bachelor of Dental Surgery Programme is conducted.

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

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

- Prof. Krassanai Wangrangsimakul – Royal College of Dental Surgeons, Thailand (Chairperson)
- Assoc Prof. Grace HL Ong – National University of Singapore (Rapporteur)
- Dr Sri Angky Soekanto – University of Indonesia

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, Associate Deans 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 and postgraduate programmes 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 School of Dentistry, 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

The SEAADE Peer Review and Consultation Program Visitors wish to extend their sincere thanks and appreciation to Tan Sri Abu Bakar Suleiman, President of IMU, Dr Mei Ling Young, Provost of IMU and the senior leadership of the University, and Professor Toh Chooi Gait and the senior management of the School of Dentistry, as well as all academics and administrators for the meticulous organization and warm hospitality they experienced during their visit to the University and its School of Dentistry.

3. Malaysia and its Oral Health Needs.

3.1 Malaysia

Located centrally in South East Asia, Malaysia is a constitutional monarchy comprising 13 states and the Federal Territories of Kuala Lumpur, Labuan and Putrajaya. The capital city is Kuala Lumpur with a population of approximately 3 million. The South China Sea separates the states of Sabah, Sarawak and the Federal Territory of Labuan from Peninsula Malaysia.

In 2014, the population of Malaysia consisting of Malays, Chinese, Indians and other races was estimated at 30.2 million with 22.6 million living in peninsular Malaysia.

3.2 Oral Health Needs of the Country

The delivery of oral health care in Malaysia has made tremendous progress, resulting in significant improvement in the oral health of the population, but yet, the oral health needs in Malaysia are still high. Caries prevalence in adults in Malaysia has been recorded at 90.3%, with 98% of adult population requiring preventive/restorative intervention. In the age group of 65-74 years old, more than a third of this population, are edentulous. Only 58.7% of the population perceive they need treatment for oral health and only 25.2% utilize healthcare services, predominantly driven by symptoms

The dentist: population ratio is not satisfactory at 1: 6,000 and is worse in areas remote from the big cities of Peninsular Malaysia. The Government has set a target of a dentist: population ratio of 1: 3,000, to be achieved by 2020. This means that Malaysia will need another 10,000 dentists by the year 2020.

Thus, it is clear that dental educational institutions in that country should be aiming to meet the national need for well-trained dental professionals who will provide oral health care and proactive preventive measures. These professionals should also be fully able to participate in the delivery of services by being skilful in diagnosing and treating oral diseases and providing oral rehabilitative care.

The first dental school was established under the British administration in 1929. An expansion beginning in 1997 has resulted in there now being 13 dental schools of which 6 are public and 7 are private dental schools. In 1995, there was a national review of the undergraduate training for dentistry, with the recommendation to change from a 4-years training programme to a 5- years programme.

Until recently there was a requirement for Malaysian dentists wishing to practice in Malaysia to complete three years of Government Service. Whilst beneficially increasing maturity and skills of dentists entering independent practice, the requirement together with the unfavourable dentist population ratio means there is a current shortage of Malaysians qualified for academic dental teaching posts at the present time. The shortfall is made up with expatriates on contract.

4. The Institution

4.1. International Medical University was the first private medical university in Malaysia, initially with college status but from the outset ambitiously intending to offer a unique type of education. Focussing at first on an MBBS Programme it gave students the opportunity to transfer in mid-course to one of a number of partner institutions, usually in the United Kingdom, where they completed their education and were awarded their degrees.

The magnitude of what was proposed, (and quickly achieved), can be imagined when it is noted the early partner universities were long established, in countries with deep traditions of university education and almost entirely financed by substantial protected government funding. Yet throughout its years of existence, first MBBS students, then others including those in Pharmacy, Biomedical Technology and latterly Dentistry, have smoothly and successfully made that transition from IMU, despite coming from a youthful institution which is almost entirely supported by student fees.

Needless to say that has only been achieved by enormous hard work, much inspired strategic planning and some very imaginative organisational arrangements. The Visitors have not got the opportunity to describe everything in detail in this Report, but the following arrangements that apply across the University and which are fully embraced and supported by the School of Dentistry can be cited as some examples:

- 1) Governance structures – teamwork with shared leadership is extensively used. In the Dental School for example module coordinators and semester coordinators (downstream staff) lead peers to properly schedule and execute the fully integrated BDS Programme. A paradigm shift means “young staff” are empowered to play active roles in planning and implementing a curriculum far in advance of the traditional model where staff just concentrate on delivery of assigned lecture topics.
- 2) Emphasis on development of soft skills of staff (negotiation skills, organisational skills, leadership and teamwork skills, conflict management) so they can work as successful and dynamic teams. There are many centrally organised courses occurring regularly at IMU for the purpose. The uptake by dental staff is very high.
- 3) There are opportunities given to all academic staff to introduce innovative techniques and the use of a wide variety of pedagogical tools to stimulate student active learning. Initially new staff have to adjust to this, (much as students have to adjust to PBL after traditional class room learning), and appreciate they must seek to access the high proportion of the administrative staff at IMU deployed on a functional basis, (academic services, e-learning, etc.) for sharing by academic staff efficiently.
- 4) Many staff development activities through mentoring, coaching, on the job shadowing, besides workshops are used to fulfil identified academic objectives. Again as an example the School of Dentistry is enabled to have at least one residential retreat each year, (sometimes more), around themes including curriculum developments, assessment strategies and e-learning techniques.
- 5) The University has been very successful in maximising its facilities, (which are beautifully conceived and maintained), to produce highly effective flexible learning environments. Overall the four campuses are all fully Wi-Fi supported, in each there

are numerous places for students to have formal and informal learning in groups, from spacious seating areas for events like convocation, (in the main campus), down to quite small syndicate rooms for five or six persons. Staff seating is allocated as staff are appointed so School of Dentistry staff are full mixed in with other colleagues.

4.2 The University achieved University status in 1999. Its main courses are a) Medical programme. (b) Pharmacy programme. (c) Dentistry programme. (d) Nursing programme. (e) Biomedical Science programme. (f) Medical Biotechnology programme. (g) Pharmaceutical Chemistry programme. (h) Nutrition and Dietetics programme and (i) Psychology programme. It continues to develop and recently launched courses in Chiropractic and Chinese Medicine. It is owned by IMU Health Sdn. Bhd., one of the key subsidiaries of IHH Healthcare Bhd. IHH Healthcare Bhd., is the second largest listed for-profit private healthcare provider in the world based on market capitalization

An idea of the range of IMU’s current Partner Universities is seen in Figure 1, below.

Figure 1: IMU’s Partner Universities



4.3 The University has several campuses:

A. Bukit Jalil Campus which is the Main Campus and has an adjacent plot of land intended for development as a teaching hospital.

B. Since 1999, IMU has established clinical schools in Seremban (adjacent to Tuanku Ja’afar Hospital), and Kuala Pilah (in the State of Negeri Sembilan, Malaysia) as well as Batu Pahat, (about 0.5 Km from Batu Pahat Hospital), and Kluang (in the State of Johor, Malaysia). These clinical schools support clinical teaching of relevant programmes and utilize either adjacent or nearby government hospitals.

The clinical schools have become necessary because quite soon after the conception of the University a number of students indicated they wished to complete their MBBS programmes in Malaysia. Therefore this option of full length courses in Malaysia is provided at IMU in parallel with the Partner University programmes, and as will be seen below is also the pattern in the School of Dentistry

4.4. The School of Dentistry

After many years of successfully conducting its unique educational model with MBBS and other healthcare programmes, the Directors of IMU decided to initiate a twin track BDS Programme, on the same principles. They were fortunate to secure the services of Professor Toh Chooi Gait, a leading academic clinician and dental educationalist in the South East Asian Region. She was appointed Foundation Dental Dean in January 2007. Approval was given by the Malaysian authorities to begin the proposed 5-years Bachelor of Dentistry Programme in January 2008. The first intake of 47 students was enrolled in February 2008.

In a similar fashion to other programmes, all enrolling dental undergraduate students study a BDS Phase One lasting for two and a half years at the IMU campus at Bukit Jalil. During that time they opt to pursue Phase Two of their BDS studies either at an overseas Partner University or to complete their studies at IMU in Malaysia

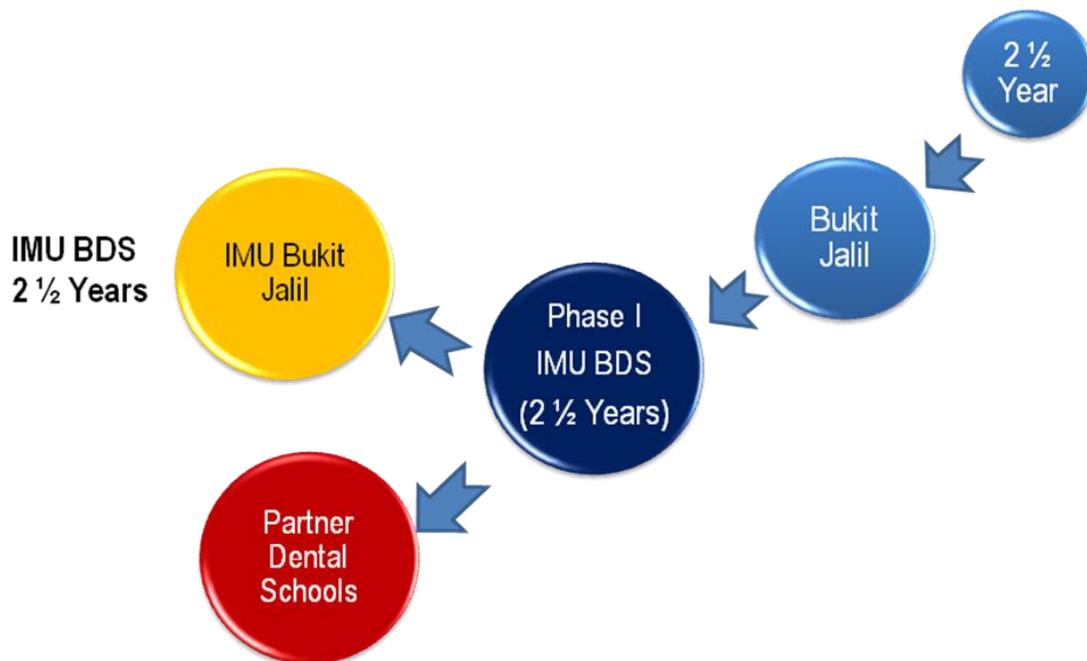


Figure 2: The IMU BDS Programme structure

At the present time the Partner Universities for the BDS Degree are

1. The University of Western Australia, Australia
2. The University of Queensland, Australia
3. The University of Adelaide, Australia
4. The University of Otago, New Zealand

In anticipation of some dental students choosing to take Phase Two of their dental education in IMU, a well-equipped clinical oral healthcare teaching facility called the IMU Oral Health Centre, was established at Bukit Jalil Campus in June 2009.

In May 2010, 38 students from the first intake completed Phase One and transferred successfully to partner universities, while 9 from the first intake began Phase Two of their clinical training in August 2010 at IMU and successfully graduated in June 2013.

A fully-fledged visitation was conducted jointly by the Malaysian Qualifications Agency and the Malaysian Dental Council in October 2012, leading to the School of Dentistry receiving full accreditation of the BDS Programme, so the 9 students completing BDS Phase Two graduate with the Malaysian degree of BDS (IMU).

5. Strategic Planning

5.1 Mission, Vision and Quality Statements

As expected given the corporate nature of the University, the School of Dentistry aligns itself closely to the well-conceived and clearly expressed Mission, Vision and Quality Statements of IMU. The statements are prominently displayed particularly on the Bukit Jalil Campus in the form of attractive posters.

The Mission of International Medical University: To be a leading private Asian health educator that creates value through integrating education, healthcare and research.

The Mission of the School of Dentistry: To be a leading private dental school in South East Asia from 2015 onwards.

To expand on its Mission Statement the University advances a number of Goals:

- a) Education - A leading private Asian health educator recognized for quality and innovative curricula,
- b) Healthcare - A value-based academic health centre with a centre for complementary and alternative medicine,
- c) Research - Recognised for research and consultancies in focus areas leveraging upon strategic alliances

Mission of School of Dentistry: To be a leading private dental school in South East Asia in 2015.

For its Mission Statement the School of Dentistry also advances a number of Goals:

Education - 1. To be recognised for its innovative integrated dental curriculum. 2. To be a leading private dental school to provide postgraduate education. 3. To be the leading private provider of CPD

Healthcare - 4. To be a leading provider for comprehensive specialist services 5. To be a centre of excellence for oral wellness 6. To provide sustainable oral healthcare to adopted communities

Research - 7. To build capability and capacity in identified key research areas. 8. To increase research productivity and funding

The Vision of International Medical University, (embraced by the School of Dentistry) is that it shall be an innovative global centre of excellence in learning and research, supporting a community of scholars and professionals committed to serving society, promoting the development of students to reach their true potential in becoming competent, ethical, caring and inquiring citizens and visionary leaders. IMU is committed to academic freedom and the principles of equal opportunity in the pursuit and application of knowledge, the highest standards of intellectual, educational and research productivity; and the establishment of a learning organisation that respects the individual.

The IMU 2011-15 Strategic Plan is a roadmap aimed to strengthen the university's core competencies in education, research and healthcare services. It also aims to ensure that IMU is well positioned to meet and surpass students' expectations of a high quality health education. This strategic plan defines six strategic goals and crucial enablers for a health educator institution of excellence. For each of these strategic goals and enablers, the Strategic Plan spells out the objectives, initiatives and performance measures. The annual targets are being regularly reviewed to ensure they are being met by the University

5.2 Observations on the Statements and measures needed for their achievement

The Visitors regarded the statements as very well conceived, with detailed goals, objectives, and outcome measures. The School of Dentistry is definitely progressive in its vision, mission and goals. They have challenged themselves to keep moving forward and to attain recognition as a leading private dental school in Asia.

The School has set goals for education, research and oral wellness delivery. Most of the educational and oral wellness delivery goals are well within reach on present evidence, although the demands of putting into place a leading regional postgraduate programme will be a considerable challenge. Although relatively young, the School has however rightly encourage the staff to develop their skills and participate actively in research as research is one of the core scholarly activity of academics in a tertiary institution.

5.3 Quality Assurance

The IMU Quality Policy statement is: International Medical University aims to be an innovative centre of excellence in learning and research, producing competent, caring and ethical professionals who are lifelong learners. It is committed to achieving the highest standards of intellectual, educational and research productivity.

To meet its Quality Statement the University has a Quality Framework which is fully adopted by the School of Dentistry. Quality templates for students, staff, education and research are clear with well defined quality cycles.

The University has an Academic Council comprising of Deans of Partner Schools. The purpose of the Academic Council is:

- To provide advice and recommendations on admissions process, curriculum and delivery, assessment, faculty appointment and development
- Monitor and evaluate implementation of IMU MBBS and BDS Curricula with special emphasis on MBBS Phase One and BDS Phase One.
- Advise on method of transfer and monitor transfer of students to Partner Schools
- To monitor student performance at both IMU and Partner Schools and to provide regular feedback to IMU on transferred student progress

In addition, there is a Professional Education Advisory Council (PEAC) which ensures that the Quality Assurance is of international standards.

5.4 Observations on the Quality Assurance in Education

*The administration opens itself to quality reviews by local, regional and international bodies. It was observed that there was a continuous flow of international academics through the University, their comments both formal and informal are eagerly sought, and criticisms are accepted in good spirit. Implementation of remedial measures and improved practice seem to be initiated forthwith. In fact these procedures were remarkably transparent and the Visitors regarded all of this as **Best Practice**.*

6. The Organisational Structure

6.1 The Dean is assisted by three Associate Deans who oversee the three areas of Oral Sciences, Oral Clinical Sciences and Oral Health. The Heads of Divisions report to the respective Associate Deans as seen in Figure 3.

Administrative support for the structure is highly centralised as has been noted previously. Thus while there is only one School Administrator there are various centralised supporting academic complements of administrators shared across the University and organised as follows: a) Academic Services b) Student Services c) Counselling Unit d) Finance Department and Cashier's Office and e). Facilities Management and Administration.

The Practice Manager of IMU Oral Health Centre also provides administrative support for the Oral Skills Centre and Dental Technology Unit. The support goes to the two academic staff members responsible for the two facilities who are answerable to the Associate Dean for Oral Health.

6.2 Observations on the Organisational structure of the School

The Visitors regarded the Organisational Structure as being compact and efficient. Staff at all levels could readily contact their superiors. Functions of key personnel were clearly defined and their range of responsibilities easily understood by everyone. Proof of the advantages of the arrangement was the impressive progress of the School since its inception.

Centralisation of administrative support personnel is a modern management practice which can lead to great benefits with functionalities concentrated where expertise and efficiency can become highly developed. However care must be taken that there is not a mismatch with the functions of those who are being supported. The Visitors **Recommend** that the central administrative support provided be regularly reviewed to ensure that the administrative load of the academic staff does not distract staff from their primary function in engaging in scholarly activities.

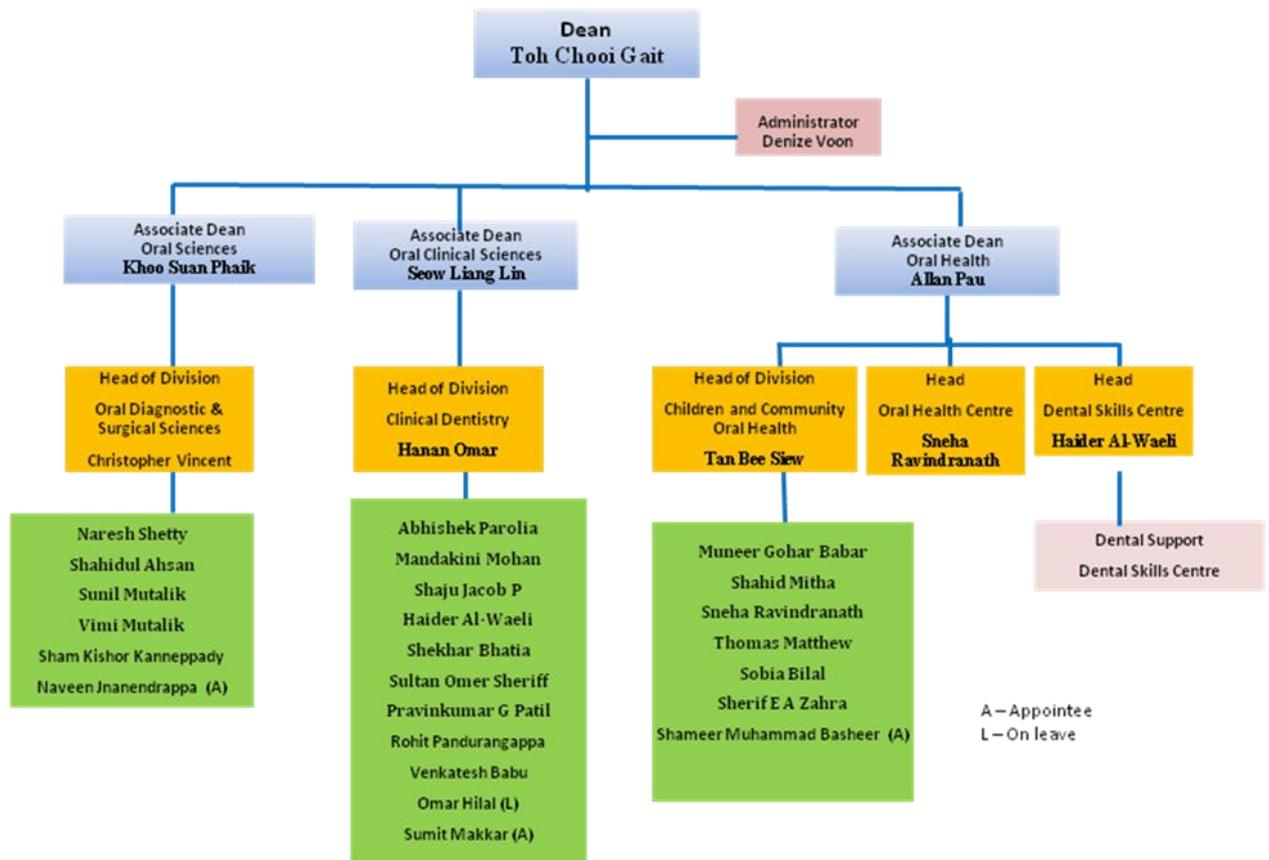


Figure 3: Organization structure of the School of Dentistry

7. The Undergraduate Program

7.1 Educational Programme – Design

The undergraduate programme is five years in length, divided into two phases. All undergraduates will study BDS Phase One at the IMU campus for 2.5 years. They

then can opt to pursue Phase Two of their BDS studies at one of the overseas partner schools or continue to complete their studies in IMU, Malaysia.

Phase One comprises mainly Oral Sciences and preclinical Dental Skills. Phase Two comprises of Human Disease, Clinical Dentistry and Oral Health. Overall the subject material is highly integrated but to ensure that everything essential is covered the curriculum has been mapped to Learning Outcomes.

Additionally, the School of Dentistry has a clearly stated educational philosophy and a sophisticated learning model, also domains of learning, with clearly mapped pedagogies for the various stages of training. Overall there is a strong emphasis on independent student centred learning.

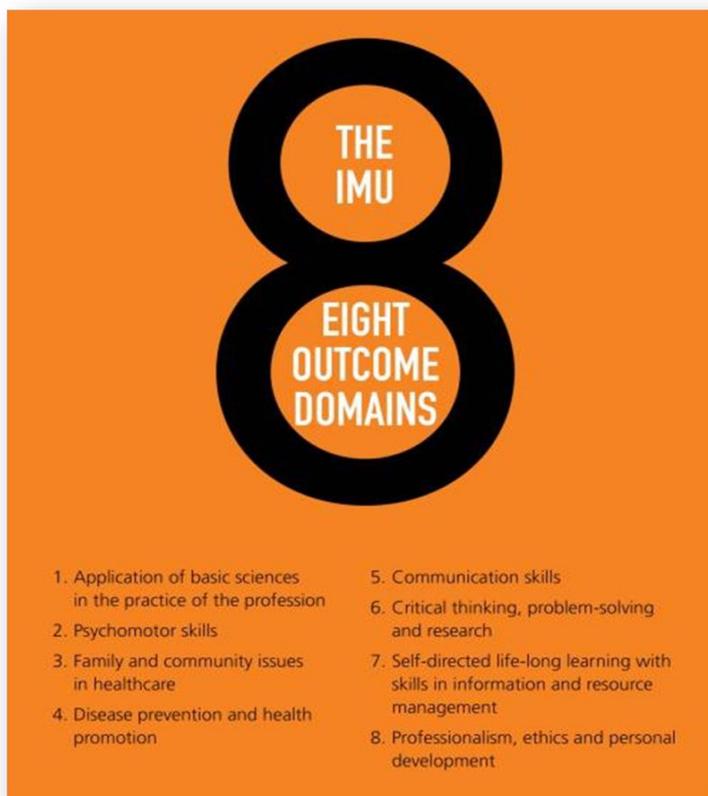


Figure 4. The 8 Educational Domains of International Medical University

The entire teaching and learning process is supported by an impressive e-learning system which has been heavily populated with materials over the period of the School's existence and which are being continuously added to and revised.

The management of the BDS Programme depends on individuals as follows:

1. Programme Coordinators oversee the planning and timely and orderly delivery of teaching and assessment for the Academic Programme. They are overall responsible for the compliance of the Academic Programme to internal and external quality standards. The Programme Coordinator reports to the School of Dentistry Management Committee and the Dental Curriculum and Assessment Committee.
2. Semester Coordinators take effective measures to ensure the timely and orderly delivery of all teaching and assessment of those parts of the Programme delivered within the semester in question.
3. Module Coordinators assume overall responsibility for the delivery of a particular module.

Quality assurance for curriculum development is through the School of Dentistry Teaching and Learning Committee. Within this Committee, there are four Workgroups as follows:

- Workgroup One: Problem Based Learning
- Workgroup Two: Case Based Learning
- Workgroup Three: e-Learning
- Work group Four: Intra-Professional Learning

The Teaching and Learning Committee reports to the School of Dentistry Management Committee and the Dental Curriculum and Assessment Committee. The Dental Curriculum and Assessment Committee reports to the Faculty Board and the Senate.

7.2 Educational Program – Assessments

The School conducts both formative and summative assessments using a wide variety of assessment instruments including Single Best Answer questions, (SBAs), Extended Matching Questions (EMQs), Short Answer Questions (SAQs) and Modified Essay Questions (MEQ) for testing knowledge and Objective Structured Practical Examination (OSPE) and Objective Structured Clinical Examination (OSCE) for testing knowledge, psychomotor and communication skills.

The details of the assessments and the competencies which they test are explained clearly in the e-learning site used by the students. Currently the competencies are based on recommendations of the Association for Dental Education in Europe and are organised into seven domains. High stakes summative examinations are conducted in the presence of local and international External Examiners whose reports are sent to the Senate of IMU. The BDS Assessment arrangements are fully under the Quality Assurance and Quality Improvement mechanisms of IMU as outlined above.

At the present time the Competencies, which are very impressive, are nevertheless being re-written to reflect Learning Outcomes which will be closely based on National BDS Programme Outcomes which have been published since the IMU Programme was launched. Additionally an effort will be made to map them to the eight domains of the IMU learning model.

The Visitors note two interesting initiatives in the area of assessment to which they would like to draw attention. Firstly in common with other School in the University, an on-line Student Reflective Portfolio is being developed. This is clearly an example of **Best Practice** in dental education and dental student development

There is also an assessment initiative entitled iBop proceeding in association with the Dental School at the University of Adelaide. iBOP stands for the .International Benchmarking Online Programme. It is centred on the development, running and evaluation of formative assessment tasks using common student-generated questions from IMU and University of Adelaide. It engages the students from both universities in generating SBA/OBA questions to enhance their critical thinking and clinical reasoning skills. Such an innovation is **Highly Commended**.

7.3 Observations on the Educational Programme and Curriculum

The BDS educational programme at IMU is a treasure-trove of interesting activities for any dental educator to visit and inspect. Some of these are mentioned and commented on above and below.

*One aspect however seems to the best of the Visitor's knowledge to be unique in South East Asia, and that is the careful structuring and implementation which is carried out to give students the option to transfer to partner schools after BDS Phase One. By any international means of benchmarking the diligent arrangements and aftercare procedures must categorised as being **Highly Commended**.*

Beyond that there is no doubt that the BDS Curriculum is well planned and co-ordinated. Competencies for each module, (currently being re-written as Learning Outcomes) are well thought out and articulated. Many best practices can be learnt from the IMU curriculum among which are:

- 1. Innovative inter-disciplinary and inter-professional learning. The dental students have opportunities to work and learn with students from the other health science disciplines. **Best Practice**.*
- 2. Dental students participate in providing oral healthcare to adopted communities in the 'IMU Cares' scheme. **Best Practice**.*
- 3. The ongoing excellent mapping of learning activities to Learning Outcomes aligned to the National published versions, and classified under IMU's eight Learning Domains, **Best Practice**.*
- 4. Innovative pedagogies for didactics and clinical skills training for example:*

- a. *Clinical audit done by students* **Best Practice.**
- b. *Peer assisted learning.* **Best Practice.**

It was readily obvious to the members of the Review Group that International Medical University including its School of Dentistry, go to considerable lengths to be at the forefront of healthcare education, delivery and research. To achieve that a culture of innovation pervade everywhere.

It make excellent sense for IMU as the transferring students from such an environment must find themselves readily accepted in the Partner Universities. For its part IMU appears to place a premium on innovation, actively seeking out new initiatives from bodies like the Academic Council and PEAC, then incorporating the ideas into goals of Schools and KPIs of staff members.

The Visitors are of the opinion that indeed there are presence of many innovative learning activities to support student-centred learning fulfilling the School's goal of being a leader in providing innovative integrated dental programme of quality.

8. Postgraduate Programs

8.1 At the time of the Visit, dental postgraduate programmes at the School of Dentistry are only just beginning. The School has strategic plans to launch various types of postgraduate degrees offering training in dental specialties, ranging from postgraduate diploma courses to specialty training over the next 10 years and to be a leading private dental school in providing continuing education and postgraduate programmes for the Malaysian dental profession.

There main strategy is to develop flexible modular postgraduate programmes catered for the dentist at work and to develop split sites postgraduate programmes with partner dental schools offering international experience.

8.2 Observations on the Postgraduate Educational Programmes

The Visitors found the plans for postgraduate education both innovative and commendable, leading eventually to much improved state-of-the-art oral healthcare for the population of Malaysia.

9. Research Activity

The International Medical University (IMU), despite being a totally private university has invested considerable resources amounting to RM 1.5 million per year to support research projects, with an additional RM1.5 million per year for equipment and infrastructure. The IMU Institute for Research, Development & Innovation has identified four major thrust areas of research establishing centres in environmental and population health, bioactive molecules and drug discovery, cancer and stem cell research, and health professional education research.

The Visitors were shown some impressive research infrastructure and facilities to support research at IMU. The IMU Research Laboratories (IMU-RL) occupy a total floor space of 26,000 sq ft. There is animal storage facility with expanded space (about 770 sq ft) and state-of-the-art caging and maintenance of experimental animals. There are eight Research Laboratories and eight tissue culture laboratories for medical research in areas such as genes, gene products, biomarkers, recombinant proteins, monoclonals, natural products and other biomolecules, drug delivery, pharmacokinetics, bioavailability, pharmacodynamics, cancers and related stem cell research. The equipment available include HPLC, Power Lab, Gel Documentation System, Ultracentrifuge, Scanning Electron Microscope, Flow cytometer, Protein Separation System and Fluorescence Microscope. There is also an Environmental Testing Lab equipped with Inductively Coupled Plasma – Mass Spectrometry (ICP-MS) machine for heavy metal analysis. In addition, a Synthetic Chemistry Lab has been set up for chemical synthesis work. The IMU-RL is also in the process of setting up a biobank, which serves as a repository of various cell lines. Such facility is important for clinical research, especially cancer and stem cell research. The operation of the IMU-RL is overseen by a Lab Manager with the support of a team of Lab Scientists.

Although IMU started research only ten years ago, there is evidence that the institution has made remarkable progress as indicated by the increased number of publications, postgraduate students and external grants received.

Despite the formidable challenges of beginning a new dental undergraduate program, the School of Dentistry quite admirably places emphasis on research as a core activity of the staff from its inception.

At present, research is funded largely from internal sources, but also with significant grants from external agencies in Malaysia. Most staff of the School were involved in supervision of research for undergraduate students and the projects were of high standard with regard to methodology.

9.2 Observations on Research Activity

The research activity and track record of senior members to attract research funding from external sources as well as contract research is commendable considering their heavy teaching and administrative loads.

*The Visitors noted the bold move of the University of putting academic staff in open faculty clusters and allocating staff from different schools and disciplines in each cluster. There is a relatively large staff room for staff to mingle and chat over complimentary drinks provided by the university. The environment encourages interprofessional learning and initiation of multidisciplinary research that will assist the School of Dentistry to build its staff capacity in research. The University also supports staff to develop themselves in individualised Faculty Development Plan whereby staff identifies their own needs of development in areas of teaching-learning, research and professional interest with assistance of their head of department and faculty mentor. The University provides financial support for staff's participation at scientific conferences and staff development courses. This is recognised as a **Best Practice**.*

10. Human Resource

Annual intakes of undergraduates have risen from an initial 40 per year to 65 currently.

A combination of a current expansion of dental undergraduate student numbers and increasing demands for oral healthcare in Malaysia has put great pressure on availability of dental teachers in Malaysia.

The present staff are young and extremely enthusiastic and have a high level of respect for their leaders who have achieved so much in a short time. The Visitors found all staff to be very highly motivated, communicative and receptive to ideas of change. Students reported that they had a dedicated and supportive academic staff who they greatly appreciated.

*However, as previously noted the high administrative load borne by both junior and senior faculty member was a concern. The Visitors **Recommend** that administrative support staff be provided to support academics who lead programmes.*

11. Physical Facilities

The well-appointed clinical facilities, lecture halls and tutorial rooms appear adequate to support current program.

Overall there is a most pleasant environment and there were many interaction spaces for staff and students, especially the ability for inter disciplinary meeting with students from other faculties. Special teaching and support facilities for dentistry are also well provided. Thus there are modern laboratories for teaching dental skills including good simulation facilities for student learning. Also the prosthetic and ceramic laboratories are well equipped to support modern procedures.

In particular the Visitors noted many student-led extra-curricular activities proceeding in the main atrium at they entered the Bukit Jalil campus. The impression is that the arrangements are for the well-being of the students, and of course for the staff and the delightful academic environment is indeed **Best Practice**.

12. Conclusions

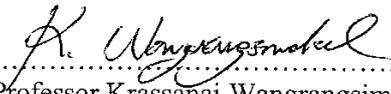
The International Medical University, School of Dentistry has two exceptional features to be borne in mind whilst reading this Report. Firstly, there is the relative newness of the School; the first undergraduates only entered some six years before this Review took place. Secondly, the School has chosen quite deliberately to embody the idea of exceptional innovation in all its programs, particularly undergraduate teaching, and thus far has remained true to that conception.

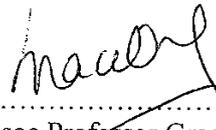
The high level of leadership commitment and educational resourcing conveys the impression of a dental institution poised to make great achievements in the years to come, particularly if the current rates of progress and adjustments are maintained.

Nevertheless, as is frequently stated, a SEAADE Peer Review Report cannot be exhaustive in its descriptions of matters for praise nor in its listings of areas for concern. Rather the Reports identify a few key matters that will enable the institution to progress further towards full international status, and possibly become best of its type. In the case of the School of Dentistry, therefore the Visitors consider that some form of review with regards to the professional development of junior academics to guide and enable them to progress in the academic ladder is a priority.

However, finally, and inescapably the overall thrust of this Report is one of admiration for many achievements made in so short a time by a very dedicated group of individuals. To be included on the list are accomplishment of purpose, contribution to the global dental educational debate, level of staff commitment, quality of facilities and there are many more smaller accomplishments which are outstanding in their way. Should it be considered helpful to create institutional role models that new dental institutions might strive to emulate during their period of establishment, then IMU's School of Dentistry would be very high on the list from South-East Asia.

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 Krassanai Wangrangsimakul
Chairperson


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