



**EAST AFRICAN COMMUNITY MEDICAL AND
DENTAL BOARDS/COUNCILS**

**REGIONAL GUIDELINES FOR INSPECTION
AND RECOGNITION OF DENTAL SCHOOLS
AND TEACHING HOSPITALS IN EAC
PARTNER STATES**

May 2015

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INTRODUCTION

The EAC partner states Medical and Dental Boards/Councils were established under relevant statutes in their area of jurisdiction. The core mandates of the Board/Councils is to regulate the training and practice of medicine and dentistry as well as healthcare standards in the institutions registered under their mandates. The legal mandate gives the Board/Councils the responsibility of ensuring that students undertaking medical training acquire the desired knowledge and skills that are necessary for the delivery of clinical services.

The rise in the number of Dental Schools in EAC partner states has resulted in a need for standardized guidelines for inspection and recognition of Dental Schools and Teaching Hospitals in order to ensure these training institutions meet the minimum requirements needed to successfully train competent Dentists and to ensure the provision of quality healthcare.

The guidelines have been developed as a yardstick to ensure Dental Schools and Teaching hospitals meet the set requirements. Additionally, it is aimed at standardizing the competencies of Dentists who undergo training in the accredited Dental Schools in the respective partner states.

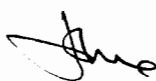
The Boards/Councils take cognizance that these guidelines will address the critical areas needed in the establishment and successful running of a training programme for Dental Surgery.

It is anticipated that compliance with the standards will enable the dental schools to run and sustain their training programmes thereby equipping the Dentists with the necessary skills and knowledge.

The guidelines have been developed with extensive consultations and input from key strategic partners and stakeholders in line with the Ministries of Health of partner states and was facilitated through the support of our key strategic partner from respective Councils and Boards. We call upon key actors of these Regional Guidelines to commit their resources, skills, knowledge and expertise to ensure the successful implementation of this important document.

Amb. Dr. Richard SEZIBERA

Secretary General of East African Community



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FOREWORD

The main goal of Dental Education is improved health for all people. Regional intergration and reciprocal recognition of dentists, prompted the Boards and Councils to develop and disseminate guidelines for inspection and accreditation of Dental Schools and Teaching Hospitals in order to harmonize their training.

The guidelines therefore, indicate the basic minimum requirements that have to be covered by all dental training institutions for their undergraduate training programmes. These requirements in a wide area of medicine have been covered with the crucial inclusion of research and innovation.

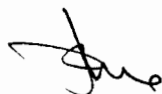
The guidelines shall be used in conjunction with the inspection checklists for Dental Schools and Teaching Hospitals.

The implementation of these guidelines will ensure that Dental Schools attain minimum requirements for the training of competent dentists and to ensure the provision of quality healthcare.

I look forward to the outcomes targeted by the new guidelines.

Amb. Dr. Richard SEZIBERA

Secretary General of East African Community



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ACKNOWLEDGEMENTS

The Medical Boards/Councils gratefully acknowledge the parties who have been involved in developing the Regional Guidelines for inspection and accreditation of Medical and Dental Schools and Teaching Hospitals.

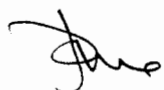
Appreciations go to delegates from:

- Medical Council of Tanganyika: Prof. David Ngassapa and Palloty Luena,
- Zanzibar Medical Board: Dr Omar J. Khatib and Dr Semeni Shaaban Mohamed,
- Rwanda Medical And Dental Council: Dr Emmanuel Rudakemwa and Thadee Vuguziga
- Uganda Medical and Dental Council: Dr Fred Nyankori
- Kenya Medical Practitioners and Dentist Board: Daniel M. Yumbya and Dr Elly Nyaim Opot
- Ministry of East African Affairs , Commerce and Tourism: Dr Ndongi N. Titus

We also thank the following key stakeholders among others for their valuable contribution and inputs:

- Technical Working Group and EAC secretariat
- Deans of Medical Schools from Respective Partner states
- The Board/Councils gratefully acknowledge our Strategic Partner (Health in Africa Initiative World Bank Group for their unwavering financial, logistical and technical support.

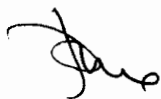
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Chairperson of Health Sectoral Committee

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LIST OF ABBREVIATIONS

BDS	-	Bachelor of Dental Surgery
DDS:	-	Doctor of Dental Surgery
CPD	-	Continuous Professional Development
CSSD	-	Central Sterile Supply Department
HOD	-	Head of Department
ICT	-	Information Communication Technology
PEPFAR	-	Presidents Emergency Plan for Aids Relief
USAID	-	United States Agency for International Development
WFME	-	World Federation of Medical Education
WHO	-	World Health Organization
EAC	-	East African Community



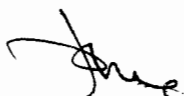
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PART ONE: RESPONSIBILITIES OF THE BOARDS/COUNCILS

The mandate of the Boards/Councils is stated in their respective statutes. In exercise of their mandates and in conjunction with the Commissions/Councils responsible for Higher Education, the Boards/Councils shall:

- a. Approve of all medical programmes and any modifications of the same for purposes of accreditation.
- b. Continually monitor the implementation of accredited programmes.
- c. Evaluate continuing programmes.



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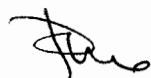
PART 2: EXISTING DENTAL SCHOOLS

Preamble

Any institution offering a degree of Bachelor of Dental Surgery (**BDS**) or Doctor of Dental Surgery (**DDS**) shall do so under the auspices of a recognized University in East Africa. The training course leading to the award of **BDS** or **DDS** shall be designed in a way to meet the oral healthcare needs of the people of the **EAC**. The rationale and justification for the programme shall be declared by the institution offering it and shall be evidence-based.

All Dental Schools shall be recognized after adhering to the following minimum standards set out by the Board/Council:

- Standard 1: Governance and Management
- Standard 2: Academic Program
- Standard 3: Research and Innovation
- Standard 4: Physical Infrastructure
- Standard 5: Human Resource
- Standard 6: Student Affairs
- Standard 7: Program Monitoring & Evaluation



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STANDARD 1: GOVERNANCE AND MANAGEMENT

1.1 Preamble and justification

An introductory statement about the Dental School and its ties to its primary University. The justification should be evidence based and involve a needs assessment/situation analysis/survey.

1.2 Vision, Mission, Philosophy/Core Values

1.2.1 Vision:

Should be relevant to the training of dentists in line with the values of the degree awarding institution.

1.2.2 Mission:

Should address quality of education with respect to acquisition of professional competence.

1.2.3 Philosophy/Core Values:

The values guiding the school towards achieving its goals. Should be consistent with the philosophy of the mother institution

1.3 Strategic plan

The institution shall have a strategic plan that identifies the programme road map.

1.4 Legislation

Institutions training dentists shall be registered by relevant statutory organs responsible for Higher Education.

1.5 Organizational Structure

Institutions training dentists shall have in place an organisational structure that comprises of a clearly defined governance and management structure. This shall include an organogram.

1.5.1 Management Team

Shall comprise of:

- i. Academic Dean who shall fulfill the following criteria:
 - a. Be a holder of **BDS** or equivalent, and a post-graduate degree
 - b. Be at least a senior lecturer, as stipulated by commission /council responsible for Higher Education
 - c. Have a minimum of 5 years medical school teaching experience,

- d. Shall be the academic and administrative head of the programme
- ii. Heads of Departments who shall fulfil the following criteria:
 - a. Be a holder of **BDS** or equivalent or degree in the relevant field, and a post-graduate degree
 - b. Be at least a lecturer and above, as stipulated by commission responsible for Higher Education
 - c. Shall be a recognized specialist in that area of training
- iii. Minimum of four (4) core departments that cover all the thematic areas..

1.5.2 Standing committees.

Shall include but not limited to the following:-

- Curriculum committee which is also responsible for quality assurance.
- Examination committee
- Time-tabling committee

1.5.3 Membership of School Board.

Shall comprise of Dean, Academic Staff and Students' representatives as governed by the statutes of the respective universities of the **EAC** partner states.

1.5.4 Administration

The administrative staff of the Dental School must be appropriate in compliance with the guidelines of commission responsible for Higher Education in the Partner States to support the implementation of the school's educational programmes and ensure good management of its resources.

1.5.5 Academic Autonomy

The schools should have the autonomy to design the curriculum and allocate resources in collaboration with the University Administration using bench marks recommended by the Medical Boards/Councils and Commissions responsible for Higher Education.

1.5.6 Financial Resources and management

The institution shall provide evidence of financial commitment to run and sustain the training program for an entire program cycle (minimum 5 years). The evidence shall be in the form of financial plans, investment plans, development plan, budget and audited accounts.

STANDARD 2: ACADEMIC PROGRAMS

All institutions training dentists shall have a curriculum approved and program accredited by the relevant Commission/Council in collaboration with Boards/Councils. The degree shall be referred to as bachelor of dental surgery (**BDS**) or Doctor of Dental Surgery (**DDS**)

2.1 Curricula

The program for the training dentists shall meet the basic requirements of the **BDS/DDS** Core Curriculum set by the Boards/Councils and in conjunction with Commissions/Councils responsible for Higher Education.

2.2 Admission policy and selection

The school shall have an admission and selection criteria stipulated by the Commissions/Councils responsible for Higher Education in conjunction with Boards/Councils.

2.3 Student Indexing

All students admitted to the dental training program shall be indexed by the Boards/Councils in the first year of training. The school shall also update the Boards/Councils on levels of student attrition rates.

2.4 Program management

The school shall demonstrate ongoing planning for, assessment of and improvement of educational quality and program effectiveness at the dental school which must be broad-based, systematic, continuous, and designed to promote achievement of institutional goals related to institutional effectiveness, student achievement, patient care, research, and service.

STANDARD 3: RESEARCH AND INNOVATION

The school shall show evidence of promoting quality research and innovation. In addition, they shall demonstrate that they have the following in place:

- 1.1. Identified thematic research areas in line with its institutional research policy that shall be aligned to the national research policy.
- 1.2. Adequate funds for research allocated at the minimum rate of 2% of the Schools operational budget as stipulated by the respective commissions responsible for Higher Education.

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- 1.3. Suitable research environment
- 1.4. Mechanisms of providing incentives to members of staff who undertake research, attract research funds, innovate and/ or patent.
- 1.5. Mechanism for documentation and dissemination of its research outputs.

STANDARD 4: PHYSICAL INFRASTRUCTURE

The institution shall provide appropriate and adequate physical and teaching facilities accessible to all (including persons with disabilities) that cater for the number of staff, students and patients. The institution shall have a Teaching Hospital whose physical facilities shall meet the stipulated statutory occupational health and safety standards. The institution shall have a schedule for maintenance and repair.

Adequate sanitary facilities must be provided for staff, students and patients

The minimum physical, teaching and learning facilities shall include:

- 1.1. Teaching/tutorial rooms
- 1.2. Administrative offices shall be located within the school and shall be accessible to all stakeholders.
- 1.3. Library and Learning resource facilities
- 1.4. Teaching Clinics
- 1.5. Skills laboratories
- 1.6. Radiography
- 1.7. Dental laboratory
- 1.8. Oral pathology laboratory
- 1.9. Oral biology laboratory



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STANDARD 5: HUMAN RESOURCE

4.1 Academic Staff

All institutions training dentists shall have in place a staff establishment including staff development plans. This shall have a sufficient cohort of academic staff with the qualifications and time required to deliver the dental curriculum and fulfill the needs and mission of the institution.

The following aspects of staff establishment shall be addressed:

1. A policy on recruitment addressing qualifications, specialization and academic potential shall be provided.
2. Academic Staff numbers;

Recommended ratios of staff to students in different disciplines shall meet the minimum set of:

- a. Basic sciences staff/student ratio of 1:12
 - b. Clinical departments staff/student ratio of 1:4
3. Full time academic Staff qualification:
 - a. Non-clinical departments - 50% should be holders of relevant qualifications
Clinical departments - 90% should be holders of **MDS** or its equivalent and above and shall be in the retention register of the Boards/Councils.
 4. Part – time staff should not be more than 20% of teaching staff.
 5. There shall be an appropriate mix of specialists
 6. A policy on staff promotion, retention and development

Academic Staff in Core Thematic Areas

The institution shall have competent faculty to train in the following subject areas.

1. Foundational Sciences
 - a) Biomedical science
 - b) Behavioural and social sciences
 - c) Law and ethics in dental sciences
 - d) General pathology
 - e) Surgery and internal medicine.
 - f) Population health and health systems management
2. Clinical Dentistry



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- a) Oral and maxillofacial surgery
- b) Restorative dentistry
- c) Community dentistry
- d) Pediatric dentistry

4.2 Technical and support staff

The training institution shall have sufficient number of qualified technical and support staff that shall include:

1. Administrative & Support staff
2. Dental technologists
3. Radiographers
4. Biomedical engineering technician
5. Laboratory technologists
6. Dental surgery assistant and or nurses

4.3. Staff amenities and support

The institution shall provide suitable basic amenities for the staff

STANDARD 6: STUDENT AFFAIRS

5.1 Policy on student welfare

There shall be a policy on student welfare, which should address the following among others:

- a) Guidance and counseling
- b) Social welfare (e.g. sports, clubs etc.)
- c) Rules of conduct should be published.

1.2. Accommodation

The institution shall ensure accessible, suitable and secure accommodation facilities are available to cater for the clinical years.

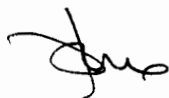
1.3. Health care facility

There shall be an accessible and suitable healthcare facility for its students.

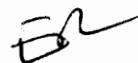


STANDARD 7: PROGRAM MONITORING AND EVALUATION

1. The dental school shall have a policy on quality assurance and quality control, which shall address continuous monitoring and evaluation (M&E) systems.
2. The school shall prepare an annual M&E report for the program and submit to the Boards/Councils.
3. There shall be formal reviews in accordance with laid down policy by the Boards/Councils (including curriculum review) at the end of every program cycle.
4. The Boards/Councils shall inspect the schools at least once every cycle, and renewal of the recognition if the inspection is satisfactory.
5. Stakeholders feedback.



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PART THREE: NEW DENTAL SCHOOLS

The standards set out in Part Two shall apply to new schools with modifications outlined in this section. Recognition of New Dental Schools shall be upon fulfillment of the following requirements:


1. All legal requirements set out in Standard 1(1.3) At institutional level the following should be in place before intake of the first group of students:
 - a. Approval (provisional accreditation) by the Boards/Councils in conjunction with Commissions/Councils responsible for Higher Education
 - b. A definition of the relationship between the dental school and the degree granting institution. Such institution should have the requisite authority from the Commission/Council responsible for Higher Education to offer degree programmes.
 - c. A defined relationship between the dental school and the teaching hospital(s)
 - d. A definition of the governance structure of the dental school and its relationship to the degree awarding institution,
 - e. Appointment of the founding Dean in accordance to the requirements in Part Two above.
 - f. Appointment of Chairs/Heads of Departments of the core departments, both pre-clinical and clinical.
 - g. Establishment of the standing committees of the dental school.

Programme requirements

Before admission of the students the following should be in place:

- a. A curriculum approved by commission/councils responsible for Higher Education in conjunction with the Boards/ Councils
- b. A comprehensive plan covering areas of financial resources, staff, curriculum implementation and students management for the first programme cycle
 - i. Working plan for the curriculum as a whole, consistent with the educational objectives,
 - ii. A detailed layout of the academic programmes for the entire programme cycle
 - iii. Written standards and procedures for disciplinary action, including appeal mechanisms to ensure due process is followed,

Guidelines for Inspection and Recognition of Medical Schools and Teaching Hospitals.May2015



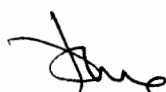
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- iv. Design of a system for educational programme evaluation, including the designation of outcome measures to indicate the achievement of overall educational objectives.
- v. Six (6) months prior to commencement of the clinical phase of training, the following requirements shall be attained:
 - a. The School shall have appointed appropriate complement of staff to support clinical teaching, of whom, 80% are full time.
 - b. The school shall have set up appropriate physical infrastructure to facilitate clinical teaching as stipulated in Part Two above,
 - c. The school shall have made provision for reasonable adequate, safe, secure and accessible accommodation for the students, in close proximity to the training hospital.

Monitoring and evaluation

- a. The school shall submit annual reports to the Boards/Councils on the implementation process on a format provided by the Boards/Councils
- b. The Boards/Councils shall carry out an inspection on the school prior to commencement of the clinical phase of training, after the School submits the necessary reports.
- c. The school shall conduct a full review of the first programme cycle, and this review shall incorporate the stakeholders. This report shall be submitted to the Boards/Councils, following which, the Boards/Councils shall re-inspect the School and if satisfactory, grant full accreditation in collaboration with the commission responsible for Higher Education
- d. If not satisfactory, the School and the Boards/Councils shall agree on an appropriate time limit within which the School should have made appropriate corrections. Once satisfactory, Full Accreditation shall be granted.
- e. Once fully accredited, the school shall then be inspected for renewal of the accreditation certificate after every programme cycle.
- f. In the event of non-compliance, disciplinary action shall be taken.
- g. Thereafter these reviews shall be conducted with every cycle in accordance to the stipulation above for pre-existing school



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PART FOUR: GUIDELINES FOR TEACHING HOSPITALS TRAINING DENTISTS

Teaching hospitals are key components in the training of dentists. The hospitals shall attain and maintain minimum requirements. The hospitals shall be in compliance with all relevant statutes that govern the running of health facilities. A Teaching Hospital shall have the following:

1. Physical infrastructure that caters for training in:
 - a) Internal Medicine (including Dermatology and Mental Health)
 - b) Surgery (includes Operating Theatres)
 - c) Accident & Emergency
 - d) Pharmacy
 - e) Pathology and Laboratory medicine
 - f) Radiology and Imaging
 - g) ENT
 - h) Ophthalmology
 - i) Oncology
 - j) Orthopedics
 - k) Anesthesiology & and Critical care medicine
 - l) Public Health
 - m) Medical Information systems
 - n) Dental Departments
 - o) Mortuary

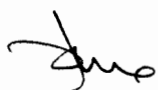
Relationship between Dental Schools and Hospitals

A dedicated Teaching Hospital is a requirement but this does not mean the Dental School must own the Hospital. The school may use more than one teaching hospital, as long as these Hospitals are approved by the relevant authorities

In the case where the School does not own the hospital, there shall be a clear Memorandum of Understanding (**MOU**), which shall include the following:

- a. Total number of staff required for service, research and teaching based on infrastructure and facilities available.

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- b. Distribution of staff between university and hospital and their role in the areas of teaching, research and patient care should be stated clearly.
- c. Student to bed ratio of at least 1:4
- d. Operating theatre to hospital bed ratio of 1:50
- e. Resources sharing in areas of financial, human resource, consumables and equipment which shall meet the minimum requirement
- f. Relationship between the hospital and the university departments.
- g. Quality assurance mechanisms in the institution
- h. Conflict Resolution mechanism

Minimum Requirements for a Teaching Hospital

- a. Functional Departments as stipulated in 1 above.
- b. Dental unit capacity (Student to dental unit ratio of 1:2)
- c. Dental unit engagement of at least 80%
- d. Tutorial rooms and side labs in the Dental units for the students.
- e. Policy on consumables
- f. Adherence to policy on infection prevention and control
- g. Adherence to policy on Occupational Health and Safety
- h. Adherence to policy on staffing norms
- i. Adherence to policy on standard operating procedures
- j. Teaching hospitals shall be recognized as Continuous Professional Development (CPD) Providers by the Boards/Councils.
- k. The hospital must declare the number of institutions using it for teaching **BDS/DDS** and other programmes to ensure the ratio of 1:4 is maintained.

PART FIVE:THE PROCESS OF RECOGNITION

1.0 The Process of Recognition

The Board shall offer two forms of recognition based on whether the institution seeking recognition is a new or continuing school namely:

1. Provisional recognition
2. Full recognition

1.1 The Process of application

The parent institution shall apply to the Boards/Councils for provisional recognition in the prescribed manner at an appropriate fee.

1.2 Provisional recognition

Provisional recognition is the recognition classification granted to a dental school, which is in the developmental stages of program implementation in a program that is partially operational. This recognition classification provides evidence to educational institutions, licensing bodies, government or other granting agencies that, at the time of initial evaluation(s), the developing dental program has the potential of meeting the standards set forth in the requirements for a recognized dental training program. Provisional recognition is granted based upon one or more site evaluation visit(s).

1.3 Full recognition

Full recognition shall be granted to the institution that has met all the stipulated standards by the Boards/Councils after the first programme cycle.

1.1.Student's feedback.

- The Boards/Councils shall have an online assessment tool for student feedback.
- The tool shall provide information on strengths and weakness of the programs offered
- The information shall be analyzed and the feedback shall be sent to the school within a period of 3 months.

1.2.The Process of full recognition

1. Upon receipt of a formal application from parent institution the Boards/Councils in conjunction with the Commissions/Councils they shall thereafter provide the recognition standards and the check list to the applicant.
2. The applicant shall provide a preliminary status report addressing the requirements highlighted in the checklist.
3. Upon receipt of the preliminary status report an inspection visit shall be scheduled within a period of 6 months.

The Boards/Councils shall ensure that the standards outlined have been met before granting the full recognition. The Boards/Councils shall within 1 month issue full recognition where all the standards have been met. Where the standards have not been met, the Boards/Councils shall issue a report indicating areas for improvement within a prescribed period.

The Validity of full recognition is equivalent to one programme cycle

2. Constitution of the Inspection team for recognition

The Boards/Councils shall constitute a joint team which shall coopt relevant resource persons that shall carry out inspection for the purpose of recognition. At least a three (03) month notice shall be communicated to the school for the scheduled inspection visit.

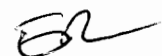
3. The Funding of the Joint Inspection

The cost of joint inspection shall be borne by **EAC** Secretariat and respective Boards/Councils

4. Joint Inspection report

The report shall be prepared and availed to the **EAC** Secretariat at the end of the inspection.

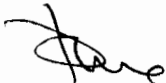
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PART SIX: APPEAL PROCESS

Programs denied recognition status or whose recognition status has been withdrawn, have the opportunity to appeal against the decision. An appeal shall be received by EAC Secretariat through the respective Boards/Councils accompanied by an appropriate nonrefundable fee. This appeal shall be lodged to the respective Boards/Councils within thirty (30) days of receiving the decision from Boards/Councils.


The Boards/Councils shall submit the report to the EAC Secretariat within fourteen (14) days. The EAC Secretariat shall constitute a team to conduct a reinspection within thirty (30) days.

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END



APPENDICES

1. Inspection checklist for Medical Schools and teaching hospitals
2. Inspection checklist for Dental Schools and teaching hospitals
3. Application form for Recognition of Medical Schools
4. Application form for Recognition of Dental Schools
5. Certificate of Provisional/ Full recognition as a Medical School
6. Certificate of Provisional/ Full recognition as a Dental School

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