General Dental Council | protecting patients, regulating the dental team

INSPECTION REPORT

Education provider:	**University of Essex**
Programme/Award:	**Foundation Degree in Oral Health Science**
Remit and purpose:	**Full inspection referencing the *Standards for Education* to determine continuing approval of the award for the purpose of registration with the GDC as a dental hygienist**
Learning Outcomes:	***Preparing for Practice (Dental Hygiene)***
Programme inspection dates:	**8 and 9 May 2018**
Examination inspection dates:	**14 August 2018** **14 September 2018 (examination board)**
Inspection panel:	**Katie Carter (Lay Inspector & Chair)** **Hayley Lawrence (DCP Registrant Inspector)** **David Young (Dentist Registrant Inspector)**
GDC Staff:	**Kathryn Counsell-Hubbard** **Martin McElvanna (exam inspection only)**
Previous inspection:	**September 2011**
Outcome:	**Recommended that the Foundation Degree continues to be approved for the graduating cohort to register as dental hygienists**

Inspection summary

The Foundation Degree in Oral Health Science (hereafter referred to as "the programme" delivered at the University of Essex (hereafter referred to as "the School" or "provider") is an innovative programme that excels at early patient interaction. Students learn the essence of what it means to be a health care professional from the beginning of the programme, and progress well, supported by both the programme team and experienced clinical educators (CE) in dental practices.

The School benefits from a close relationship with their CEs which allows clinical practice to effectively mirror a student's progress through the programme. The panel was impressed by the placements and the approach taken to gateway assessments.

Some elements of the programme may not be best practice within the wider educational sphere but did not detract from what was found to be a well-rounded, effective programme which was described enthusiastically by students.

The panel wishes to thank staff and students for their participation in, and hospitality during, the inspection.

Background and overview of Qualification

Annual intake	33 students
Programme duration	2 years full-time
Format of programme	**Year 1:** ***Modules:*** • • Introduction to Oral Health and Disease • Personal Effectiveness • Biomedical and Psychosocial Sciences • Clinical Governance and Patient Safety • Promotion of Oral Health and Prevention of Dental Diseases • Health Policy, Law and Ethics • Clinical Skills Development • Placement-based Learning ***Assessments:*** • – • Introduction to Oral Health and Disease written examination and OSCE • Biomedical and Psychosocial Sciences written examination and OSCEPromotion of Oral Health and Prevention of Dental Diseases written examination and OSCE • Clinical skills gateway assessments • Placement-based Case-based discussions and Direct Observation of Procedures • Radiology written examination (formative) ***Assignments:*** • • Personal Effectiveness essay • Clinical Governance and Patient Safety Essay • Health Policy Law and Ethics Essay • Placement-based learning portfolio **Year 2:** ***Modules:*** • Health and Illness • Special Needs • Management of Oral Diseases • Critical Appraisal and Research Skills ***Assessments:*** • Health and Illness written examination and OSCE • Special Needs OSCE and Case Presentation • Management of Oral Diseases OSCE and Unseen Case Presentation • Clinical Skills Gateway assessments • Placement-based Case-based discussions and Direct Observation of Procedures ***Assignments:*** • • Special Needs Case Study • Management of Oral Disease Case Study • Critical Appraisal and Research Skills Literature

	Search, Critical Appraisal and Research Proposal assignments ▪ Placement-based learning portfolio ▪
Number of providers delivering the programme	1 provider delivering the programme, 1 provider delivering the final exams and awarding the qualification

The Inspection

Standard 1 – Protecting patients			
Providers must be aware of their duty to protect the public. Providers must ensure that patient safety is paramount and care of patients is of an appropriate standard. Any risk to the safety of patients and their care by students must be minimised			
Requirements	**Met**	**Partly met**	**Not met**
1. Students must provide patient care only when they have demonstrated adequate knowledge and skills. For clinical procedures, the student should be assessed as competent in the relevant skills at the levels required in the pre-clinical environments prior to treating patients	✓		
2. Providers must have systems in place to inform patients that they may be treated by students and the possible implications of this. Patient agreement to treatment by a student must be obtained and recorded prior to treatment commencing.	✓		
3. Students must only provide patient care in an environment which is safe and appropriate. The provider must comply with relevant legislation and requirements regarding patient care, including equality and diversity, wherever treatment takes place.	✓		
4. When providing patient care and services, providers must ensure that students are supervised appropriately according to the activity and the student's stage of development.	✓		
5. Supervisors must be appropriately qualified and trained. This should include training in equality and diversity legislation relevant for the role. Clinical supervisors must have appropriate general or specialist registration with a UK regulatory body.	✓		
6. Providers must ensure that students and all those involved in the delivery of education and training are aware of their obligation to raise concerns if they identify any risks to patient safety and the need for candour when things go wrong. Providers should publish policies so that it is clear to all parities how concerns will be raised and how these concerns will be acted upon. Providers must support those who do raise concerns and provide assurance that staff and students will not be penalised for doing so.	✓		
7. Systems must be in place to identify and record issues that may affect patient safety. Should a patient safety issue arise, appropriate action must be taken by the provider and where necessary the relevant regulatory body should be notified.	✓		
8. Providers must have a student fitness to practise policy and apply as required. The content and significance of the student fitness to practise procedures must be conveyed to students	✓		

and aligned to GDC Student Fitness to Practise Guidance.
Staff involved in the delivery of the programme should be
familiar with the GDC Student Fitness to Practise Guidance.
Providers must also ensure that the GDC's Standards for the
Dental Team are embedded within student training.

Requirement 1: Students must provide patient care only when they have demonstrated adequate knowledge and skills. For clinical procedures, the student should be assessed as competent in the relevant skills at the levels required in the pre-clinical environments prior to treating patients *(Requirement Met)*

Students start placements in the second week of the programme, supported by classroom-based teaching and experience in the clinical skills lab. The early patient exposure is underpinned via a method of 'drip-feeding' gateway assessments: clinical skills are divided into smaller, constituent parts which are taught to students and then assessed. Students must successfully pass an assessment on that skill to begin to practise this on placement. The first taught clinical skill is taking a patient history, and the skills evolve from there. A range of recognised and appropriate assessments are utilised for assessing students. Students are taught the GDC's Scope of Practice at an early stage.

CEs know when particular clinical skills are taught and assessed, so have a solid understanding of when a student is likely to be ready to undertake procedure in placement. The programme has a dedicated point of contact for placements, the link lecturer, who emails the CE once an assessment has been passed to advise that a student may begin to practise that area on placement. Both students and CEs were in favour of the current gateway system and praised it.

Requirement 2: Providers must have systems in place to inform patients that they may be treated by students and the possible implications of this. Patient agreement to treatment by a student must be obtained and recorded prior to treatment commencing. *(Requirement Met)*

All placements use a University proforma for consent and notices, such as posters, to inform patients that student clinicians are training in the practice. Students wear University tunics and name badges at all times. The panel were satisfied that this requirement was met although would endorse a suggestion from a student that a leaflet about student learners might usefully be designed and given to patients before their initial appointment with a student. This would strengthen the procedures in place and reduce the risk of patients refusing treatment from a student.

Requirement 3: Students must only provide patient care in an environment which is safe and appropriate. The provider must comply with relevant legislation and requirements regarding patient care, including equality and diversity, wherever treatment takes place *(Requirement Met)*

The inspection team was advised that there had been continuity of placement provider for at least five years. The responsibilities of the placements are defined in a Memorandum of Understanding (MoU) which details the equipment, staffing levels, policies and patient types which must be available for a student to attend that placement.

A member of the programme team inspects the placements each term using a checklist to ensure that each element of the MoU is in effect. Safety policies and health and safety

arrangements are checked as part of this inspection. Having inspected placement related paperwork and spoken to students, CEs and programme staff, the panel were content that there were no issues with placements.

Requirement 4: When providing patient care and services, providers must ensure that students are supervised appropriately according to the activity and the student's stage of development *(Requirement Met)*

Supervision is appropriate to the level the student has reached and is informed by regular communication between the link lecturer and CE. The MoU specifies a range of tutorials that should be delivered in practice and this further supports supervision arrangements. Levels of supervision are consistent with individual student's experience and development and so the specific level of supervision is not stipulated or prescribed by the programme outside of a requirement that all patients are seen at the end of an appointment. Students commented that they found this student-specific approach was reported useful and effective.

The supervision arrangements are also supported by the excellent communication each CE has with the link lecturer (as outlined under Requirement 1). The School can, through CE study days, address issues related to supervision arrangements.

Requirement 5: Supervisors must be appropriately qualified and trained. This should include training in equality and diversity legislation relevant for the role. Clinical supervisors must have appropriate general or specialist registration with a UK regulatory body *(Requirement Met)*

With the exception of a five-week placement at a centralised clinic all clinical supervision takes place outside the school by the CEs on placement. The CVs of new and/or potential CEs are reviewed by the programme team before that individual is allowed to supervise students. Once appointed, all CEs must attend a minimum of one of the twice-yearly training sessions and must submit current certificates for equality and diversity training every year. The CEs have a wealth of experience; many are foundation trainers for newly-qualified dentists, and some also hold formal teaching qualifications. All CEs hold appropriate GDC registration.

Requirement 6: Providers must ensure that students and all those involved in the delivery of education and training are aware of their obligation to raise concerns if they identify any risks to patient safety and the need for candour when things go wrong. Providers should publish policies so that it is clear to all parties how concerns should be raised and how these concerns will be acted upon. Providers must support those who do raise concerns and provide assurance that staff and students will not be penalised for doing so. *(Requirement Met)*

Teaching on how to raise concerns is embedded into the programme and supported by relevant policies. The mechanisms for students and staff to raise concerns are detailed in policies for whistleblowing and duty of candour, which are available on Moodle, the School's digital platform for staff, students and CEs. A personal tutor system is in place that gives students an opportunity to discuss concerns and problems with a trusted member of staff, while CEs are supported via the strong communication links with the programme's link lecturer. In a meeting with the panel, students reported feeling able and supported to raise concerns and also demonstrated an understanding of what is meant by the duty of candour.

There are 20 placements in total and the link lecturer is very familiar with all of them. The programme is, therefore, able to move students to new placements if necessary. The panel were told of a case where differences in personality between student and CE had led to a new placement being found for the student that better suited the student's needs. This is not a situation enjoyed by all, similar, programmes, and the panel felt this was a strong asset of

the course.

Requirement 7: Systems must be in place to identify and record issues that may affect patient safety. Should a patient safety issue arise, appropriate action must be taken by the provider and where necessary the relevant regulatory body should be notified. *(Requirement Met)*

To date, no patient safety issues have been reported in relation to students or their placements. Consequently, the process to support these issues is informal. The initial point of contact for the students would be the personal tutor who would escalate the issue as appropriate through the existing procedures and the quality management framework. Similarly, CEs would be expected to report issues to the link lecturer who would also escalate through affiliated processes.

The strength of the programme overall, notably the multiple sources of support provided to students and the robust teaching programme, reassured the panel that should a patient safety concern arise, it would be appropriately dealt with and that this requirement was met. However, the panel would like the programme team to give some thought to the introduction of a formal process for monitoring and acting on patient safety concerns.

Requirement 8: Providers must have a student fitness to practise policy and apply as required. The content and significance of the student fitness to practise procedures must be conveyed to students and aligned to GDC Student Fitness to Practise Guidance. Staff involved in the delivery of the programme should be familiar with the GDC Student Fitness to Practise Guidance. Providers must also ensure that the GDC's Standard for the Dental Team are embedded within student training *(Requirement Met)*

The student fitness to practise policy is applicable across the entirety of the School of Health and Social Care. Despite the policy being applicable across several programmes of study, it is appropriate for the students of this programme. The policy adequately mirrors GDC guidance and is well-disseminated amongst staff, students and CEs. It is permanently available on Moodle. There is currently one student going through the fitness to practise procedure and this is being dealt with in line with the policy.

The programme team have taken a proactive approach to ensuring that low-level, recurrent issues are recorded and dealt with so that more serious student fitness to practise issues do not develop. CEs are familiar with the policy, of their responsibilities for monitoring student fitness to practise, and of the need to report, quickly, potential problems.

Actions		
No	**Actions for the Provider**	**Due date**
7	The provider should consider how to improve the process supporting the report of a patient safety issue to ensure it is robust and effective.	Annual monitoring 2020/21

Standard 2 – Quality evaluation and review of the programme The provider must have in place effective policy and procedures for the monitoring and review of the programme			
Requirements	**Met**	**Partly met**	**Not met**
9. The provider must have a framework in place that details how it manages the quality of the programme which includes making appropriate changes to ensure the curriculum continues to map across to the latest GDC outcomes and adapts to changing legislation and external guidance. There must be a clear statement about where responsibility lies for this function.	✓		
10. Any concerns identified through the Quality Management framework, including internal and external reports relating to quality, must be addressed as soon as possible and the GDC notified of serious threats to students achieving the learning outcomes.	✓		
11. Programmes must be subject to rigorous internal and external quality assurance procedures. External quality assurance should include the use of external examiners, who should be familiar with the GDC learning outcomes and their context and QAA guidelines should be followed where applicable. Patient and/or customer feedback must be collected and used to inform programme development.	✓		
12. The provider must have effective systems in place to quality assure placements where students deliver treatment to ensure that patient care and student assessment across all locations meets these Standards. The quality assurance systems should include the regular collection of student and patient feedback relating to placements.	✓		

GDC comments

Requirement 9: The provider must have a framework in place that details how it manages the quality of the programme which includes making appropriate changes to ensure the curriculum continues to map across to the latest GDC outcomes and adapts to changing legislation and external guidance. There must be a clear statement about where responsibility lies for this function *(Requirement Met)*

A well-defined committee structure was evidenced through terms of reference for individual committees and meeting minutes. The committees that have primary responsibility for monitoring programme quality are the Programme Management Committee (PMC) and the Teaching and Learning Quality Enhancement (TLQE) committee. The TLQE committee is a School level committee that meets monthly. The programme-level PMC meets termly. Module reports and proposals for changes to the programme are considered by TLQE thereby ensuring that the programme is discussed very regularly.

There is also a termly Staff and Student Liaison Committee (SSLC) which provides a direct, formal link between students and programme leads.

The formal structure is supported by twice-weekly programme team meetings. These meetings were described as being the starting point for change as ideas and proposed changes are discussed before being formalised into a report for the TLQE committee or as an agenda item for the PMC. Examples of change implemented through the committee structure were shared with the panel. The panel were satisfied with the quality management procedures in place.

Requirement 10: Any concerns identified through the Quality Management framework, including internal and external reports relating to quality, must be addressed as soon as possible and the GDC notified of serious threats to students achieving the learning outcomes. *(Requirement Met)*

The programme team is small and therefore benefits from good channels of communication internally. There are also excellent relationships not only with the CEs but also with the local Health Education England (HEE) body. The panel were assured that concerns from the HEE would be shared with the programme leads quickly.

A risk register does not exist for the programme. The structure below the TLQE committee meets less than once a month and team meetings are informal. However, the existence of regular module reports coupled with the monthly TLQE committee meetings provided reassurance that concerns and issues relating to quality are considered in a timely fashion. The quality management processes are also supported by the periodic review process which is an intensive evidence review by a University-level group.

Serious threats to the programme would be reported by the programme lead and it was clear to the panel that the programme leads are well supported by the Head of the School of Health and Social Care, providing an additional layer of responsibility as to who would notify the GDC if necessary.

While elements of the governance of the programme could be formalised, such as the introduction of a risk register, overall the panel found the requirement to be met. The panel would urge the programme team to maintain contact with the GDC in light of changes to funding within healthcare education.

Requirement 11: Programmes must be subject to rigorous internal and external quality assurance procedures. External quality assurance should include the use of external examiners, who should be familiar with the GDC learning outcomes and their context and QAA guidelines should be followed where applicable. Patient and/or customer feedback must be collected and used to inform programme development. *(Requirement Met)*

External scrutiny of the programme is provided by the external examiner who observes the final assessments and provides a report. The report is considered both by PMC and by the TLQE committee. The external examiner also attends and feeds into the final exam board meeting. The programme gathers feedback from students, CEs and patients which is discussed at the PMC meetings. Patient feedback is collected at each of the placements and reviewed by the link lecturer during their visits.

The periodic review process provides external scrutiny. The review is completed by a group of University-appointed academic staff both internal and external to the programme/School. The resulting report is discussed by the TLQE committee.

The programme is not subject to an annual review either by the School of Health and Social Care or internally but the other mechanisms in place were found to be adequate to provide internal and external scrutiny of the programme's quality. The programme team felt the intensive nature of the periodic review negates the need for an additional internal review. An

informal version of the review is completed by discussing the various facets of the programme during the PMC meetings.

Requirement 12: The provider must have effective systems in place to quality assure placements where students deliver treatment to ensure that patient care and student assessment across all locations meets these Standards. *(Requirement Met)*

All placements are required to sign the MoU and this is supplemented by termly visits from the link lecturer to ensure compliance. The students complete a Record of Clinical Experience (RoCE) on placement, via Moodle. This online record is regularly reviewed by personal tutors and the link lecturer to ensure that appropriate clinical activity is being achieved. If students are not getting the required clinical experience, there are enough placements to enable students to be moved between placements. This means that students have little or no difficulty in getting the experience they need.

The induction and regular training for CEs also ensures that there is calibration and consistency across all sites. The panel were impressed with the placements and the support mechanisms in place.

Actions		
No	**Actions for the Provider**	**Due date**
9	The provider should consider adding a standing item to the PMC agenda for the sharing and discussion of change amongst the team.	Annual monitoring 2020/21

Standard 3– Student assessment Assessment must be reliable and valid. The choice of assessment method must be appropriate to demonstrate achievement of the GDC learning outcomes. Assessors must be fit to perform the assessment task			
Requirements	**Met**	**Partly met**	**Not met**
13. To award the qualification, providers must be assured that students have demonstrated attainment across the full range of learning outcomes, and that they are fit to practise at the level of a safe beginner. Evidence must be provided that demonstrates this assurance, which should be supported by a coherent approach to the principles of assessment referred to in these standards.	✓		
14. The provider must have in place management systems to plan, monitor and centrally record the assessment of students, including the monitoring of clinical and/or technical experience, throughout the programme against each of the learning outcomes	✓		
15. Students must have exposure to an appropriate breadth of patients and procedures and should undertake each activity relating to patient care on sufficient occasions to enable them to develop the skills and the level of competency to achieve the relevant learning outcomes	✓		
16. Providers must demonstrate that assessments are fit for purpose and deliver results which are valid and reliable. The methods of assessment used must be appropriate to the learning outcomes, in line with current and best practice and be routinely monitored, quality assured and developed.	✓		
17. Assessment must utilise feedback collected from a variety of sources, which should include other members of the dental team, peers, patients and/or customers.		✓	
18. The provider must support students to improve their performance by providing regular feedback and by encouraging students to reflect on their practice.	✓		
19. Examiners/assessors must have appropriate skills, experience and training to undertake the task of assessment, including appropriate general or specialist registration with a UK regulatory body. Examiners/ assessors should have received training in equality and diversity relevant for their role.	✓		
20. Providers must ask external examiners to report on the extent to which assessment processes are rigorous, set at the correct standard, ensure equity of treatment for students and have been fairly conducted. The responsibilities of the external examiners must be clearly documented.	✓		
21. Assessment must be fair and undertaken against clear criteria. The standard expected of students in each area	✓		

to be assessed must be clear and students and staff
involved in assessment must be aware of this standard.
An appropriate standard setting process must be
employed for summative assessments.

GDC comments

Requirement 13: To award the qualification, providers must be assured that students have demonstrated attainment across the full range of learning outcomes, and that they are fit to practise at the level of a safe beginner. Evidence must be provided that demonstrates this assurance, which should be supported by a coherent approach to the principles of assessment referred to in these standards. *(Requirement Met)*

The programme team monitor student attainment using Moodle. Each student's RoCE on Moodle clearly demonstrates the types and numbers of competencies being achieved on placements. This information is then collated into an overarching spreadsheet which is kept centrally and to which all the programme team have access. The programme is fully blueprinted to GDC learning outcomes (LOs) and further supported by detailed module guides. A sample of 25 LOs were checked by the panel and found to be fully covered within the programme.

Student competency is tested by a variety of assessment types including copious and regular work-based assessment. A recent change to the final assessments to ensure greater consistency in assessment (the replacement of a student-selected case presentation by an unseen case presentation) demonstrated to the panel that the programme team reviewed and adapted assessment methods as appropriate.

A formal sign-up procedure is not utilised for admitting students to the final assessment. Instead, the programme uses a longitudinal module that has a defined level of clinical experience which the students must achieve in order to qualify for the final assessment. Added to this is a requirement for students to confirm their own 'fitness to sit' the final assessments.

Collectively, these elements evidenced a sound and coherent method of ensuring student attainment.

Requirement 14: The provider must have in place management systems to plan, monitor and centrally record the assessment of students, including the monitoring of clinical and/or technical experience, throughout the programme against each of the learning outcomes *(Requirement Met)*

As detailed under Requirement 13, clinical experience is recorded online and collated. Further to this collation, a Red, Amber, Green (RAG) rating is applied to the RoCE to flag any deficiencies or potential deficiencies in student experience. The link lecturer is also able to monitor clinical experience through their termly visits to placements.

The students have regular meetings with their personal tutor. During these meetings their achievement on the programme to date is reviewed. All meetings are recorded on a dedicated system called My Tutor. The School maintains a separate recording system for summative assessments. Tutors and lecturers can easily marry an assessment pass with the specific LOs tested because of the comprehensive blueprinting.

Requirement 15: Students must have exposure to an appropriate breadth of patients/procedures and should undertake each activity relating to patient care on sufficient occasions to enable them to develop the skills and the level of competency to

achieve the relevant GDC learning outcomes *(Requirement Met)*

As detailed under previous Requirements, placements are closely monitored. Assigning students to placements that were suitable for their needs was found to be an exemplary element of the overall management of student clinical experience. As the School cannot provide any clinical experience in-house, other than phantom heads, it is crucial to ensure that students are obtaining sufficient experience. The panel were satisfied that this is the case.

The placements also have an incentive to provide an effective placement due to additional funding they receive from HEE. Should a placement be unable to provide the student experience required, as set down in the MoU, then this payment would cease. However, the panel were satisfied that the engagement of the CEs with the programme and the supporting training days were the genuine incentive for success of the placements to date. Students expressed only positive opinions about their placements during meetings with the panel.

Requirement 16: Providers must demonstrate that assessments are fit for purpose and deliver results which are valid and reliable. The methods of assessment used must be appropriate to the learning outcomes, in line with current and best practice and be routinely monitored, quality assured and developed. (*Requirement Met*)

A range of assessments are in place and all assessments are routinely reviewed to ensure that they continue to adequately test students and are fair. The panel were able to review the whole range of summative assessments undertaken prior to the final unseen case presentation assessment. These assessments earlier in the programme were consistently marked and were in-line with University guidelines. All assessments are standard-set.

The panel did note that the programme uses single marking except for individual, failed questions, which are double marked. While this is in-line with University policy, the panel were of the opinion that single marking was not necessarily best practice, particularly for scripts where there were some failed questions. The panel would therefore urge the provider to reassess this approach to ensure that it is reflective of best practice across the education field.

Requirement 17: Assessment must utilise feedback collected from a variety of sources, which should include other members of the dental team, peers, patients and/or customers. *(Requirement Partly Met)*

Feedback from students is routinely gathered and used to inform changes to the programme. The students meet with their personal tutors to receive feedback after summative assessments as well as feedback from the CEs after every patient interaction.

Peer feedback is not formally utilised. However, students do work in pairs while on placement which provides an opportunity for informal peer feedback and the students were very appreciative of this arrangement. However, this is neither recorded nor followed up by CEs or personal tutors.

Patient feedback is collected by the placements but this may not be specific to the student that treated that particular patient. Similarly, the actor used as a simulated patient for one of the summative assessments is able to give their feedback but as they are not an actual patient undergoing treatment this is of limited value.

The School must implement a mechanism whereby student-specific feedback from patients can be gathered. This must be underpinned by policy describing how and when this will be formally considered when discussing programme development. The panel would further recommend that some procedure for formal peer feedback be introduced. The provider may wish to look into implementing 360º feedback.

Requirement 18: The provider must support students to improve their performance by providing regular feedback and by encouraging students to reflect on their practice. *(Requirement Met)*

Reflection and the need for this is taught early on in the programme and it is emphasised in later modules. The reflection seen by the panel was of a high quality. Students demonstrated a clear understanding of the need for reflection during meetings with the panel. The ways in which feedback is given are well defined and the students were satisfied with the level and content of feedback provided.

Requirement 19: Examiners/assessors must have appropriate skills, experience and training to undertake the task of assessment, including appropriate general or specialist registration with a UK regulatory body. Examiners/ assessors should have received training in equality and diversity relevant for their role. *(Requirement Met)*

All CEs receive training from the provider which includes assessment calibration exercises. Several CEs have additional skills that assist their ability to supervise and assess students (see Requirement 5). New members of the programme team undergo a period of observing colleagues before they are allowed to supervise and/or examine students. All members of the programme team have relevant qualifications and those that require registration are registered.

Students must pass a number of objective structured clinical examinations (OSCEs) during the programme and a number of the stations are filmed. The programme team and CE, during separate training days, can watch the OSCE and discuss the examiners or mock-mark the assessment as a means of calibration or to learn about the standard expected. The panel felt that this was an excellent means of ensuring that assessors and examiners were not only adequately trained but also effectively calibrated.

Requirement 20: Providers must ask external examiners to report on the extent to which assessment processes are rigorous, set at the correct standard, ensure equity of treatment for students and have been fairly conducted. The responsibilities of the external examiners must be clearly documented. (*Requirement Met*)

The panel were able to review past reports from the external examiner and meet with them during the exam inspection. The external examiner reported that they feel that the provider listens to them and that their recommendations are taken into account. Summative assessments are submitted to the external examiner for their comment and they also have sight of the standard-setting grid. The role is set down in University regulations.

Requirement 21: Assessment must be fair and undertaken against clear criteria. The standard expected of students in each area to be assessed must be clear and students and staff involved in assessment must be aware of this standard. An appropriate standard setting process must be employed for summative assessments. (*Requirement Met)*

Standard-setting is fully employed across the programme through the use of the Angoff method. This takes place termly and the programme team agree what a 'barely passing' student looks like. Standard University pass marks are employed in line with University assessment regulations.

Module guides are available on Moodle. These define what will be examined at the end of each module and the standard expected. For examiners, clear marking grids are used to ensure consistency. The panel observed that the grid used for the final exam was clear and easy to use.

The panel found the Requirement to be met. However, a high proportion of students – higher than observed on similar programmes - had submitted applications for mitigating circumstances. The panel were concerned that there may be a culture of applying for mitigating circumstances, and that this was inconsistent with the provider's policy that stipulates that students must confirm their own fitness to sit before an examination takes place. The panel had no reason, however, to believe that the applications for mitigating circumstances had not been dealt with correctly and within School guidelines, and that the resulting decisions as to resits were not valid and fair. The panel would urge the provider to review the mitigating circumstances procedure and to consider whether a more intensive and formalised sign-up procedure might not be more appropriate in order for students and the provider alike to be equally satisfied as to a student's ability to sit the final exam.

Actions		
No	Actions for the Provider	Due date
17	The provider must implement the gathering of student-specific feedback from patients and formalise in policy how such feedback is utilised for student assessment.	Annual monitoring 2020/21
17	The provider should implement a system for formal peer feedback.	Annual monitoring 2020/21
21	The provider should review the procedure for the consideration of applications for mitigating circumstances. The provider should also consider a more formal sign-up process.	Annual monitoring 2020/2021

Summary of Actions

Req. number	Action	Observations **Response from Provider**	Due date
7	The provider should consider how to improve the process supporting the report of a patient safety issue to ensure it is robust and effective.	A register for any patient safety issues will be kept and will have defined areas to show how these are being monitored and resolved. This would also inform part of the Clinical Educator days.	Annual monitoring 2020/21
9	The provider should consider adding a standing item to the PMC agenda for the sharing and discussion of change amongst the team.	Committee agenda are set by the TLQE committee and representation will be made to them to have this added.	Annual monitoring 2020/21
17	The provider must implement the gathering of student-specific feedback from patients and formalise in policy how such feedback is utilised for student assessment.	This will be discussed at the upcoming Clinical Educator Day; We envisage this forming part of the summative assessment for placement.	Annual monitoring 2020/21
17	The provider should implement a system for formal peer feedback.	Peer feedback is now being used in the clinical skills sessions where they operate in pairs. The use of it in placement to support the mentoring system will be discussed at the upcoming Clinical Educator Day.	Annual monitoring 2020/21
21	The provider should review the procedure for the consideration of applications for mitigating circumstances. The provider should also consider a more formal sign-up process.	Consideration will be made to formalising the sign-up process for final exams. There were however, in actuality, only 2 extenuating requests for final exams this year from a cohort of 33 (All extenuating circumstances from the whole 2017/18 academic year were discussed at the Exam Board as is the current university policy, only 2 of which related to the final term's assessments).	Annual monitoring 2020/21

Observations from the provider on content of report

We extend our thanks to the inspection team for all of their work involved in their visits to the University of Essex and for the overall very positive feedback and useful recommendations for improvement to the delivery of the programme. We are confident that all actions needed will be in place in a timely fashion.

Recommendations to the GDC

The inspectors recommend that this qualification continues to be approved for holders to apply for registration as a dental hygienist with the General Dental Council.

The School must provide detailed information regarding how they have met, or are endeavouring to meet, the required actions set down in this report.

Appendix 1

Inspection process and purpose of Inspection

1. As part of its duty to protect patients and promote high standards within the professions it regulates, the General Dental Council (GDC) quality assures the education and training of student dentists and dental care professionals (DCPs) at institutions whose qualifications enable the holder to apply for registration with the GDC and new qualifications where it is intended that the qualification will lead to registration.

2. The aim of this quality assurance activity is to ensure that these institutions produce a new registrant who has demonstrated, on graduation, that he or she has met the outcomes required for registration with the GDC. This is to ensure that students who obtain a qualification leading to registration are fit to practise at the level of a safe beginner.

3. The inspection focuses on three Standards, with a total of 21 underlying Requirements. These are contained in the document *Standards for Education*.

4. The purpose of this inspection was to make a recommendation to the GDC to determine whether the Diploma in Dental Hygiene and Therapy should continue to be approved as a route for registration as a dental hygienist and therapist. The GDC's powers are derived under the Dentists Act 1984 (as amended) under The General Dental Council (Professions Complementary to Dentistry) (Qualifications and Supervision of Dental Work) [DCP] Rules Order of Council 2006.

5. Inspection reports may highlight areas of strength and draw attention to areas requiring improvement and development, including actions that are required to be undertaken by the provider. Where an action is needed for a Requirement to be met, the term 'must' is used to describe the obligation on the provider to undertake this action. For these actions the inspectors may stipulate a specific timescale by which the action must be completed or when an update on progress must be provided. In their observations on the content of the report, the provider should confirm the anticipated date by which these actions will be completed. Where an action would improve how a Requirement is met, the term 'should' is used and for these actions there will be no due date stipulated. Providers will be asked to report on the progress in addressing the required actions through the annual monitoring process. Serious concerns about a lack of progress may result in further inspections or other quality assurance activity.

6. The provider of the qualification has the opportunity to provide factual corrections on the draft report. Following the production of the final report the provider is asked to submit observations on, or objections to, the report and the actions listed. Where the inspection panel have recommended that the programme be approved for registration, the Council of the GDC have delegated responsibility to the GDC Registrar to consider the recommendations of the panel. Should an inspection panel not be able to recommend approval, the report and observations would be presented to the Council of the GDC for consideration.

Evaluation of Qualification against the *Standards for Education*

7. As stated above, the *Standards for Education* were used as a framework for this inspection. The provider was requested to undertake a self-evaluation of the programme against the individual Requirements under the *Standards for Education*. This involved stating whether each Requirement is met, partly met or not met and to provide evidence in support of their evaluation. The inspection panel examined this evidence, requested further documentary evidence and gathered additional evidence from discussions with staff and students.

8. The inspection panel used the following descriptors to reach a decision on the extent to which the Diploma meets each Requirement:

A Requirement is **met** if:

"There is sufficient appropriate evidence derived from the inspection process. This evidence provides the inspectors with broad confidence that the provider demonstrates the Requirement. Information gathered through meetings with staff and students is supportive of documentary evidence and the evidence is robust, consistent and not contradictory. There may be minor deficiencies in the evidence supplied but these are likely to be inconsequential."

A Requirement is **partly met** if:

"Evidence derived from the inspection process is either incomplete or lacks detail and, as such, fails to convince the inspection panel that the provider fully demonstrates the Requirement. Information gathered through meetings with staff and students may not fully support the evidence submitted or there may be contradictory information in the evidence provided. There is, however, some evidence of compliance and it is likely that either (a) the appropriate evidence can be supplied in a short time frame, or, (b) any deficiencies identified can be addressed and evidenced in the annual monitoring process."

A Requirement is **not met** if:

"The provider cannot provide evidence to demonstrate a Requirement or the evidence provided is not convincing. The information gathered at the inspection through meetings with staff and students does not support the evidence provided or the evidence is inconsistent and/or incompatible with other findings. The deficiencies identified are such as to give rise to serious concern and will require an immediate action plan from the provider. The consequences of not meeting a Requirement in terms of the overall sufficiency of a programme will depend upon the compliance of the provider across the range of Requirements and the possible implications for public protection."