General Dental Council

protecting patients,
regulating the dental team

Education Quality Assurance Inspection Report

Education Provider/Awarding Body	Programme/Award	Inspection Dates
Cardiff University	Bachelor of Dental Surgery (BDS)	29 – 30 January 2019

Outcome of Inspection	Recommended that the BDS continues to be sufficient for the graduating cohort to register as dentist.

Full details of the inspection process can be found in the annex

Inspection summary

Remit and purpose of inspection:	**Inspection referencing the *Standards for Education* to determine approval of the award for the purpose of registration with the GDC as a dentist** **Risk based: focused on Requirement 4, 9, 11, 12, 13, 14, 15 and 19**
Learning Outcomes:	***Preparing for Practice (Dentist)***
Programme inspection dates:	**29-30 January 2019**
Inspection team:	**Jane Louise Jones (Chair and Non-registrant Member)** **David Young (Dentist Member)** **Kevin Seymour (Dentist Member)** **Liam O'Brien (Dentist Member)** **Rachael Mendel (GDC Quality Assurance Officer**

The inspection undertaken at the University of Cardiff was risk-based focusing on specific areas of their BDS programme. The GDC quality assurance team and a panel of experienced education associates undertook an independent evaluation of information available to determine the content of each inspection. The information considered included annual monitoring returns, previous inspection reports (including progress against actions), responses to wider recommendations in the GDC Annual Review of Education, Fitness to Practise data and complaints received.

Following this assessment, it was decided that the inspection panel focus on Requirements 4, 9, 11, 12, 13, 14, 15, and 19.

The programme benefits from having dedicated staff who work hard to support each student and provide a learning experience that ensures they are able complete the BDS successfully. The panel also noted the excellent facilities available to the students and the support that the programme provides to the students.

The education associates had no major concerns with the programme and agreed it was well organised and ensures thorough assessment of students across the learning outcomes contained within the GDC publication 'Preparing for Practice'.

The development of students as they moved through the programme stages was clearly evidenced and the panel was satisfied that upon graduation the students were fit to practise as safe beginners.

Background and overview of qualification

Annual intake	72 students (based on 2018/19 figures)
Programme duration	Year 1 - at least 30 weeks' duration Year 2 - at least 45 weeks duration Year 3 - at least 45 weeks' duration Year 4 - at least 45 weeks duration Year 5 - at least 40 weeks' duration
Format of programme	Year 1 – knowledge developed with the School of Biosciences. Year 2 - knowledge, simulated clinical activities and patient treatment. Year 3 – knowledge, simulated clinical activities and patient treatment Year 4 - clinical skills, patient treatment, outreach Year 5 - clinical skills, outreach, patient treatment
Number of providers delivering the programme	15 in the UK (1 in Wales)

The GDC wishes to thank the staff, students, and external stakeholders involved with the BDS programme for their co-operation and assistance with the inspection.

Outcome of relevant Requirements[1]

Standard One	
1	Met
2	Met
3	Met
4	Met
5	Met
6	Met
7	Met
8	Met
Standard Two	
9	Met
10	Met
11	Met
12	Met
Standard Three	
13	Met
14	Part Met
15	Met
16	Met
17	Met
18	Met
19	Met
20	Met
21	Met

[1] All Requirements within the *Standards for Education* are applicable for all programmes unless otherwise stated. Specific requirements will be examined through inspection activity and will be identified via risk analysis processes or due to current thematic reviews.

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.

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)***

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)***

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)***

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)***

The inspection panel was tasked with looking specifically at staffing levels and whether this had any impact on how this Requirement is met.

Staff to student ratios were deemed sufficient by the panel. The panel noted that a senior dental nurse organised the clinical supervision of students on a sessional basis, based on students' needs in terms of procedure and stage within the programme. This ensured that supervision levels were being considered during every session and changes were being made where necessary.

There is a timetable in place to ensure all clinics are covered and there is always suitable student support available. The students also commented that they felt appropriately supported and supervised on clinic and at outreach placements. The panel was informed that clinics would be cancelled should the ratios not be achievable on any particular day.

The panel saw evidence of succession planning taking place, with deputies in a number of positions to ensure staff are being supported and trained to progress as some staff retire.

The panel had no concerns about student supervision and that staffing levels were being managed appropriately.

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)***

The inspection panel was tasked with looking specifically at the process of managing outreach placement and staff training at outreach.

Each outreach placement is governed by a Service Level Agreement (SLA) and Health and Safety Declaration Statement that is issued annually to local clinical leads in outreach

locations. This documentation is reviewed annually by the School's Quality and Enhancement Manager and senior clinical academic team to ensure alignment and compliance with GDC requirements and Health and Safety guidelines issued by the University.

Staff are kept updated through regular training at Education Days and email correspondence. Outreach staff also attend a supervisors meeting on an annual basis at the Dental Hospital. All School and NHS staff are subject to an annual Performance Development Review (PDR). This includes a review of mandatory training such as Equality and Diversity and Health and Safety training.

All new outreach staff receive an Induction Guide to clinical supervision and training, which includes shadowing more experienced members of staff on clinic. This training is organised and provided by the clinical lead.

Staff are also provided with information on feedback and assessing/grading students to ensure that staff apply the same marking principles (development indicators) in outreach as in the University Dental Hospital.

The panel saw evidence of the signed SLA's and evidence that outreach centres were assessing using the same standards and grading criteria as the university hospital. The panel saw evidence of strong relationships between outreach staff and the university. In order to strengthen this relationship, the university too should strive to make more regular visits to each outreach centre. Going forward, as well as providing training to outreach staff on assessment, they should also consider providing training on pastoral support for outreach staff to ensure that any issues that could arise while on outreach are dealt with appropriately.

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)***

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)***

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)***

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.

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)***

The panel was tasked with looking specifically at staffing levels and whether this has had any impact on this requirement.

The school uses the Annual Review and Enhancement (ARE) process along with the strategic period review process, to manage the quality of the BDS programme. The panel saw evidence of this framework and were satisfied with the quality framework functions and where responsibility for these functions lie.

The panel also saw evidence of how staffing levels were managed and the process that was followed to ensure that any concerns relating to staffing followed the appropriate process to address these concerns, for both succession planning and recruitment of additional staff.

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. The provider will have systems in place to quality assure placements. ***(Requirement Met)***

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)***

The panel was tasked with looking specifically at how student feedback was used to inform the development of the programme and how this impacted on the requirement.

The programme uses a variety of methods to collect and use student feedback in programme development, including the structured modular evaluation, student surveys, staff student panels and monthly student representative meetings. The students informed the panel of ways in which they had fed back to the staff about issues they were having, and how these had been addressed.

The panel saw evidence of how the programme effectively used feedback from students in programme development, and how they then fed back any changes made to the students. This was done, for example, through the use of posters, in the form of 'You Said We Did.'

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. The quality assurance systems should include the regular collection of student and patient feedback relating to placements. ***(Requirement Met)***

The panel was tasked with looking specifically at how the quality assurance of placements and outreach takes place and how patient and student feedback is collected and utilised.

The online Module Evaluation (ME) system was implemented in 2017 across all programmes to ensure a consistent approach to analysis and student feedback. This system provides a quantitative data report, which can be communicated to all students on a variety of platforms. Students can also review the data directly in the Online Module Evaluation Survey tool for their own cohort and previous cohorts.

Additionally, monthly student representative meetings are used alongside student questionnaires to ensure that issues are resolved as soon as they are recognised rather than at year-end. The panel saw evidence of changes to outreach placements and timetables had occurred due to student feedback.

The panel saw evidence of how the quality assurance of outreach placements was monitored and recorded in an action log, based on issues raised and the resulting changes or action to address the issue.

The panel were satisfied that outreach placements were being quality assured appropriately, and that students had the opportunity to feedback to the university about their placements.

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.

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 panel was tasked with looking specifically at the process of sign-up for final examinations and access to a range and number of patients and whether this has any impact on how this Requirement is met.

The sign-up process is the cumulative end point of longitudinal student progress monitoring in both clinical and academic environments. This process was previously called Academic Review and Feedback (ARFC) but has evolved following the introduction of LiftUpp and is now referred to as SPFTP (Student Performance and Fitness to Progress).

Through the use of LiftUpp, work based clinical performance data is now being used in the process. The school now has full LiftUpp data or other data based around LiftUpp development indicators (such as Paediatric outreach data collected in a log book). The programme is now able to monitor numbers and experiences but also cross link this with student development which is fundamental to the SPFTP process and LiftUpp data**.**

In the students final year frequent “sign-up” meetings are held where the collected data is reviewed to ensure that the student was considered able to complete the course and be eligible for registration with the GDC as a “safe beginner”.

The panel saw evidence of how, through regular monitoring, struggling students were picked up and sent to drop- in sessions for additional support. The panel also saw evidence of the sign-up process, and meeting minutes to discuss student progression and were assured that they were being monitored appropriately.

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 Partly Met)*

At the previous inspection, it was evident that the programme was using multiple methods for recording and monitoring data, depending on the clinical area or outreach centre that the student was in. This resulted in a number of different sources of information needing to be collated in a meaningful way. In order to ensure a more consistent approach to recording and monitoring student clinical experience and progress, the school have implemented LiftUpp.

The panel noted how the use of LiftUpp had enabled the programme to pick up any struggling students and provide support to these students in a timely manner.

LiftUpp has still not been introduced across all outreach sites and in some cases, double recording of data is taking place, as a method of ensuring accuracy of LiftUpp. While the panel understands that the process is still ongoing, the programme should strive to introduce LiftUpp across all sites so the double running of two systems will stop. The introduction of LiftUpp across all sites will also standardise the monitoring and assessment process and ensure consistency is being achieved across all sites.

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)*

The panel was tasked with looking specifically at access to the range and number of patients and whether this has any impact on how this Requirement is met.

Through the longitudinal progress monitoring and feedback system including the sign-up process described in requirement 13, the programme ensures that students have exposure to an appropriate range and breadth of experience. Students are appraised termly of their progress throughout the programme ensuring that where they fall behind, they are aware of this and can remediate the situation. This is done in a number of ways; through SPFTP and input into LiftUpp. At the end of the year if a student's ability to progress is recorded as unsatisfactory then they will not progress and will be required to repeat the year. In Final Year this means they will not be signed-up to sit their Final BDS examinations and will not graduate.

The panel noted that students were exposed to a variety of patients and procedures, both at the university hospital and during outreach, providing them with an appropriate range and breadth of experience.

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)*

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 Met)*

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)*

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)*

Under this Requirement, the panel was tasked with looking specifically at staffing levels and whether this has any impact on how this Requirement is met.

The panel saw evidence that staff involved in assessment had appropriate registration and qualifications. Most have some form of educational training. Supervisors are trained on giving feedback to students at multiple levels.

The panel saw evidence of how training sessions had been organised throughout the roll out of LiftUpp to ensure that all those involved in clinical assessment know how to use the system and are marking at the same level. Assessment training videos are made available to staff, in order to support them with assessment. Calibration of the data on LiftUpp is monitored and feedback is given during training sessions, to try and ensure consistency. New staff members are also required to shadow more experienced colleagues during their induction period.

The panel were satisfied that the staffing levels were appropriate and that they did not negatively impact the ability of the programme to assess the students.

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)***

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)***

Summary of Action

Req. number	Action	Observations & response from Provider	Due date
14	The programme should strive to introduce LiftUpp across all sites so the double running of two systems will stop.	The School will continue to strengthen relationships between outreach staff and the University. The School will review the timetable for visits and explore opportunities to increase the frequency of visits to centres.	Annual Monitoring
5	Pastoral support training for outreach staff	Consideration to be given to providing training on pastoral support for outreach staff, to ensure that any issues that could arise while on outreach are dealt with appropriately.	31 July 2020
5	In order to strengthen relationships between outreach staff and the University, the University too should strive to make more regular visits to each outreach centre.	The School recognises that there are challenges associated with this which may take longer to resolve than we would like. However, we will endeavour to explore the reasons for these, identify potential solutions and map out a timeframe for progress.	31 July 2020

Observations from the provider on content of report

The School was very pleased to receive a positive report from the General Dental Council, confirming their recommendation that the BDS continues to be sufficient for the graduating cohort to register as dentist.

Recommendations to the GDC

Education associates' recommendation	Qualification continues to be sufficient for holders to apply for registration as a dentist with the General Dental Council
Date of next regular monitoring exercise	2020

Annex 1

Inspection purpose and process

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. It also quality assures new qualifications where it is intended that the qualification will lead to registration. The aim of this quality assurance activity is to ensure that institutions produce a new registrant who has demonstrated, on graduation, that they have met the learning outcomes required for registration with the GDC. This ensures that students who obtain a qualification leading to registration are fit to practise at the level of a safe beginner.

2. Inspections are a key element of the GDC's quality assurance activity. They enable a recommendation to be made to the Council of the GDC regarding the 'sufficiency' of the programme for registration as a dentist and 'approval' of the programme for registration as a dental care professional. The GDC's powers are derived under Part II, Section 9 of the Dentists Act 1984 (as amended).
3. The GDC document 'Standards for Education' 2nd edition1 is the framework used to evaluate qualifications. There are 21 Requirements in three distinct Standards, against which each qualification is assessed.

4. The education provider is requested to undertake a self-evaluation of the programme against the individual Requirements under the Standards for Education. This involves stating whether each Requirement is 'met', 'partly met' or 'not met' and to provide evidence in support of their evaluation. The inspection panel examines this evidence, may request further documentary evidence and gathers further evidence from discussions with staff and students. The panel will reach a decision on each Requirement, using the following descriptors:

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”

5. Inspection reports 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 QA team aims to send an initial draft of the inspection report to the provider within two months of the conclusion of the inspection. 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 is sufficient 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 ‘sufficiency’ or ‘approval’, the report and observations would be presented to the Council of the GDC for consideration.

7. The final version of the report and the provider’s observations are published on the GDC website.