

# General Dental Council

## Education Quality Assurance Inspection Report

Education Provider/Awarding Body	Programme/Award
University of Central Lancashire	BSc (Hons) in Clinical Dental Technology

Outcome of Inspection	Recommended that the BSc (Hons) in Clinical Dental Technology is approved for the graduating cohort to register as a clinical dental technician with the General Dental Council.
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**\*Full details of the inspection process can be found in Annex 1\***

## Inspection summary

<b>Remit and purpose of inspection:</b>	Inspection referencing the <i>Standards for Education</i> to determine approval of the award for the purpose of registration with the GDC as a clinical dental technician.
<b>Learning Outcomes:</b>	Preparing for Practice (clinical dental technician)
<b>Programme inspection dates:</b>	19 & 20 October 2021 (AW, CG, SM, MM)
<b>Examination inspection dates:</b>	Clinical Assessment Panel (Sign Up): 26 April 2022 (CG, SM, KCH) Practical examinations for technical modules Second Year DG2018: 6 May 2022 (CG) Integrated Clinical Dental Technology Oral Examination: 17 May 2022 (CG, KCH) Course Board: 27 May 2022 (CH, SM, MM, KCH) Meeting with External Examiner: 1 June 2022 (SM, MM)
<b>Inspection team:</b>	Amanda Wells (Chair and non-registrant member) (AW) Chet Geisel (DCP member) (CG) Shazad Malik (Dentist member) (SM) Martin McElvanna (GDC Education Quality Assurance Officer) (MM) Kathryn Counsell-Hubbard (GDC Quality Assurance Manager) (KCH)

This was the first programme and examination inspection of the BSc in Clinical Dental Technology (“the CDT programme”) delivered and awarded by the University of Central Lancashire (“UCLan”, “the School”). Provisional approval had earlier been granted in 2018.

The programme inspection was conducted on site at UCLan. The examinations inspections were conducted remotely except for the Practical examinations. The inspection panel was comprised of GDC education associates (‘the panel’, ‘the associates’, ‘we’). The panel were grateful for the sets of documents received in advance of the inspection and a further set of documents on site during the inspection.

The panel noted that students on the programme study alongside BDS and Dental Therapy students which allowed for greater integrated working as part of the dental team.

Students work in the laboratory as if it were a commercial premises. The panel was impressed with level of work students were producing and the use of computer-aided-design and computer-aided-manufacturing (CAD/CAM).

The panel was impressed with the School's ethos of producing work-ready beginners and not just graduates.

Of the 21 Requirements being considered, all were considered to be met. The panel had no major concerns about the CDT programme.

The panel acknowledged the collaborative nature of the students working alongside other members of the dental team. The panel also noted the close relationship between staff and students. Students reported that they had received good academic, clinical and pastoral support, particularly during the Covid-19 pandemic.

The panel commended the calibre of this first cohort of students graduating from the CDT programme in 2022.

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

## Background and overview of qualification

Annual intake	12
Programme duration	3 Years
Format of programme	<p>The course is modular comprising 13 modules.</p> <p><b>Year 1</b></p> <ul style="list-style-type: none"> <li>• Dental Technology Studies module teach core prosthodontic and laboratory skills and students undertake and pass a series of in-course tests before progressing to treating patients.</li> <li>• The students have a laboratory skills and materials course supported by a Clinical Knowledge module taught alongside the BDS students.</li> <li>• The CDT students study preclinical dental science and Foundations of Professional Practice modules alongside the Dental Therapy (DT) students.</li> </ul> <p><b>Year 2</b></p> <ul style="list-style-type: none"> <li>• Students provide laboratory support for Uclan patients under supervision within their Laboratory and Clinical Placement module and maintain a log of all cases that they undertake.</li> <li>• Further laboratory sessions will develop their skills in Fixed Prosthodontics and Orthodontics.</li> <li>• Health Promotion and Population Studies is taught in Years 2 and 3 alongside BDS students and DT students.</li> </ul> <p><b>Year 3</b></p> <ul style="list-style-type: none"> <li>• On successful completion of the Clinical Progression Skills Assessment students treat their own patients under the direct supervision of UCLan staff within the Integrated Clinical Dental Technology Practice module.</li> <li>• Students also study Oral diseases alongside BDS and DT students in Year 3</li> </ul>
Number of providers delivering the programme	One

## Outcome of relevant Requirements<sup>1</sup>

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	Met
15	Met
16	Met
17	Met
18	Met
19	Met
20	Met
21	Met

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<sup>1</sup> 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)**

Students spend their first year focusing on developing their technical skills to produce laboratory appliances for patients. They are also introduced working in a clinical setting to develop understanding of the clinical relevance of the appliances that they are making.

Students' technical skills are assessed at an end-of-year practical examination and in-course assessment and the panel had sight of these at the inspection.

Students also develop their skills in communication, infection control, safe handling of impressions and medical emergencies and must pass the In-course assessments (ICAs) in these areas before they attend clinic.

Into year 2, students continue to develop their technical skills and are introduced to more complex prosthodontic techniques. This was corroborated by students who indicated that they acquired technical knowledge first before applying it in the clinical setting.

Clinical dental technology (CDT) students work closely with the dental team, e.g. clinicians, qualified staff and BDS and Dental Therapy students.

The panel had sight of module descriptors, pre-clinical manikin course details, completed ICAs, student portfolios and Leopard data, which is recorded on a database for student clinical and technical data.

We considered that this Requirement was 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)**

The panel was grateful to UCLan staff to be taken on a tour of the UCLan Dental Clinic facilities. A noticeboard detailing students treating patients was clearly visible, complete with their full details and a clear indication that they are students. We also saw a notice at the reception desk indicating the same.

All clinical procedures require signed patient consent forms which again clearly state that patients are being treated by students.

At the clinic we saw students clearly wearing name badges and identifying themselves as students CDTs.

We considered that this Requirement was 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)**

The panel learnt that that the UCLan Dental Clinic is registered with the Care Quality Commission (CQC) and the clinic manager is responsible for ensuring compliance with the relevant legislation regarding patient care. We had sight of the latest CQC report. The dental laboratories are registered with the Medicines and Healthcare products Regulatory Agency (MRHA) and we saw the registration details. Both the clinic and laboratories comply with all relevant health and safety legislation and central and local University policies.

The panel had access to the clinic compliance and end of day checklists, the Never Event policy and various health and safety notices and certificates.

We learnt that the dental school has a Structured Event Reporting Policy and related forms (SERFs) for reporting patient and student safety issues.

UCLan explained that they trained and registered nursing staff who attend the clinics. They work with dental staff to oversee that clinic procedures are being followed by students. There are checklists for cleaning and preparation for the next session and we saw examples of these.

At the inspection, we had access to a suite of documents relating to equality and diversity. We saw policies, procedures and had access to staff records to confirm that mandatory training was being undertaken and recorded centrally by the University. We agreed that UCLan has a robust policy for equality and diversity.

**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)**

Ahead of the inspection, the panel reviewed two policies regarding supervision of CDT students: the *UCLan policy on clinical supervision of CDT students* and *UCLan policy on supervision of laboratory sessions*. We also had sight of supervision rotas.

We were satisfied that the staff to student ratios at clinic were appropriate. Supervision is scaled back accordingly as students progress through the final year.

UCLan explained that all clinics and laboratory sessions are supervised by at least one full-time UCLan member of supervisory staff who must remain on the clinic to provide academic support to the clinical supervisors.

On clinic, a dentally qualified member of staff is always on hand for examining dentate patients.

We considered that this Requirement was met.

**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)**

At the inspection we had access to staff and supervisor GDC registration records and we could see that all supervisors are suitably qualified and on either the GDC's dentists or dental care professionals register as clinical dental technicians.

Staff on clinic are registered clinical dental technicians and dental technicians within the laboratory.

We noted the strong ethos of teaching experience at the School. All staff have appropriate teaching qualifications and two newer members are in the process of acquiring teaching qualifications.

At the inspection we also saw records of equality and diversity training. These, along with supervisor training and induction are held by the university centrally. Equality and Diversity training is a core component of university mandatory training.

We considered that this Requirement was met.

**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)**

At the inspection we saw Minutes of Undergraduate Operational Meetings which included records of concerns being raised and actions taken.

We reviewed both the School of Dentistry Policy for Raising Concerns and Clinic Policies Raising Concerns.

At the inspection, students indicated to us that they were very comfortable with being able to raise concerns as this has been taught within the programme and they have close relationships with the course leads to whom they feel they can approach without any repercussions.

UCLan explained that staff are also highly aware of their obligation to raise concerns.

We considered that this Requirement was 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)**

The system for reporting, recording and managing patient safety issues is through the established system of structured event reporting as described in the in the Structured Event Reporting Policy and we saw the flow chart and forms used to report these (SERF). We saw examples of SERFs at the inspection.

We also saw the School of Dentistry Risk Register and policies such as the Never Events policy.



UCLan indicated that regular clinical audits take place to check that students and staff are complying with clinic safety protocols.

Given that the programme is at early stage, we saw examples from the part time programme instead to illustrate the application of the policy in practice.

We considered that this Requirement was 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)**

We learnt that there are two separate processes, both managed by the central University. We saw a policy for *fitness to practice* and another for *fitness to study*. The latter is a supportive process with a focus on student wellbeing. Often though, both overlap.

In the event of a fitness to practice matter, an initial investigation at local level is carried out before referral to the formal central University FTP process. Before the initial investigation, it may be agreed that FtP is not the most appropriate process to follow and it could be referred under Fitness to Study.

Students are informed about FTP on their induction day and throughout the professionalism modules during the year.

The School confirmed that there haven't been any student FTP issues on this programme to date.

We considered that this Requirement was 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)**

Ahead of the inspection the panel had sight of comprehensive documents including the 2021/2022 School of Dentistry Quality Assurance Framework and Academic Quality Assurance Manual. At the inspection we had access to various minutes of meetings of the Undergraduate Operational Meeting, Undergraduate Dental Course Management Committee and Dental Academic Committee.

At the inspection the senior team gave us a helpful overview of the quality assurance framework. We were assured that there is a strong management structure underpinned by an annual monitoring process, providing an overview and action plan.

We learnt that individual subject teaching staff are responsible for responding to any change in best practice guidelines which need to be embedded in the curriculum. It was clearly stated to

us that it is the Head of School who is responsible for implementing any changes to the GDC outcomes and changes in legislation and external guidance are embedded in the curriculum.

We considered that the evidence indicated the existence of a robust quality framework and that this Requirement is therefore met.

**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)**

At the inspection, the senior team explained that any operational issues would be resolved by the course team. School level actions would be addressed by the School Executive Team and wider actions referred to the relevant University Service either directly or through the Academic Quality and Enhancement Unit Continuous Course Enhancement process.

We had sight of the various annual reports, including those from the Course Leader, Head of Dentistry and External Examiner. We also saw the School Risk Register.

We were advised that the Head of Dentistry is responsible for reporting to the GDC any serious threats to the students achieving learning outcomes. Any such risks would be placed on the School Risk Register.

We considered that this Requirement was 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)**

Prior to the inspection we were presented with a suite of policies relating to UCLan's Quality Assurance and External Examiners. Internal quality assurance is explained at Requirements 9 and 10.

External quality assurance involves the input of an external examiner (EE). We had sight of a list of EEs and their CVs. We met an EE at the examinations inspection and there is further commentary at Requirement 20.

UCLan explained that students are invited to complete module questionnaires at the end of each module. The feedback is sent to the module lead for comments and action. One example of student feedback being actioned was greater clarity over the module content and objectives.

Any changes made to modules or the programme further to student feedback must comply with the University "change" requirements.

We considered that this Requirement was met.

**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)**

Given that clinical experience for students is entirely located within the University Dental Clinic, the quality assurance of “placements” is the responsibility of the University and School of Dentistry as the provider. As only one clinic is used for delivering patient care, the issue of standardisation does not apply.

As indicated at Requirement 3, the clinic manager ensures that the clinic meets all current guidelines and undertakes regular audit to check compliance. This includes adherence to CQC requirements and the panel had sight of the latest report.

The Quality Assurance Framework details how feedback should be collected from staff and students and how this would be fed into the Continuous Course Enhancement process, resulting in any developments to the programme. At the inspection, students confirmed that they can offer feedback on any changes to the programme, for example, changes were made to the approach to coursework in the study of oral disease with two exams being introduced and the coursework element being scaled back.

We also learnt that feedback from nursing staff was also being routinely addressed.

We considered that this Requirement is met.

### **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*)**

Prior to the inspection, the panel has sight of the UCLan Assessment Handbook, which detailed the function of the Module and Assessment board and the progression of students from year to year. In earlier years students have a laboratory portfolio which demonstrates that they have achieved the Learning Outcomes within the skills portfolio. The Portfolio results are reported at the Module board for the modules in each year as part of the requirements for progression.

We also saw a completed Annex Two Learning Outcomes Mapping Table which clearly identified where each learning outcome is assessed.

The Programme Specification provided a helpful summary of the main features of the programme and the learning outcomes expected of students. We particularly noted the Curriculum Skills Map.

We reviewed various programme module descriptors, detailing both content and assessment methods against the learning outcomes.

In May and June 2022, the panel had the opportunity to observe some examinations and course board meetings. We observed the Clinical Assessment Panel (CAP) where the senior team reviewed the progress of each final year student towards their clinical targets set for the

clinical year. Final year students are required to have reached their clinical targets in order to be "signed-up" at the CAP for their final exam.

We also observed the Course Board meeting where students are admitted for the award of the qualification. The panel considered that the processes appeared to be robust to ensure that only those students considered to be safe beginners could graduate.

We considered that this Requirement was met.

**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)**

At the inspection we had access to the UCLan Academic Quality Unit Web Pages. We also saw Module Board and Programme Board Meetings minutes.

We also inspected some student portfolios for Professionalism and Technical/Clinical Modules as well as portfolio Records of Laboratory Experience. Clinical portfolios have a record of tasks which must be completed, otherwise students cannot progress. There is a portfolio in the laboratory and another for the clinic.

At the inspection, UCLan gave us a demonstration of Maxinity which the School uses for written examinations and summative practical examinations. This system supports the quality assurance process of assessments and facilitates the mapping of the curriculum and delivery of exams safely and securely.

We were also introduced to the "Leopard system" which is the system used to continuously monitor the progression of students' clinical and laboratory activity. This monitoring ensures that they have undertaken each activity relating to patient care and laboratory experience on sufficient occasions to enable them to develop the skills and the level of competency required. Leopard demonstrates the volume and quality of both clinical and technical activity each student undertakes and their achievement.

The completion of the In-course assessments (ICAs) and the practical exam in the first year are a "gateway" assessment to starting module DG2018 which includes making appliances for patients.

The senior team explained that the University's Policies and Procedures on assessment, awards and results and appeals are observed by the School.

We considered that this Requirement was met.

**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)**

UCLan has an efficient system for the allocation of both simple and complex patient cases. The staff regularly review the quantity and variety of cases the students see on clinic and are experienced in managing this to assure that students see an appropriate patient mix. There is also particular focus on a fair allocation of cases. All students are allocated the same types of cases to begin with. We learnt that patient supply is good.

We had sight of Portfolio Documents for Recording Clinical and Laboratory experience and year curriculum plans.

Due to restrictions on clinical work as a result of the COVID-19 pandemic, academic study was brought forward. Given that the programme has a longer year, the School had more time to do practical work over the year, probably more than a traditional programme. Given that academic study was largely covered at the beginning of the year, this allowed plenty of time for clinic attendance later on. Initially the pandemic caused delays for students acquiring sufficient technical experience, but this has since been addressed and rectified.

We considered that this Requirement was met.

**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)**

Ahead of the inspection, we reviewed the School of Dentistry Assessment Guide and Course Assessment & Delivery Strategy. At the inspection we had sight of the UCLan Academic Quality Unit Web Pages and Module Lead post-hoc exam analysis.

We also saw the mapping and descriptions of assessments on the “Leopard” database.

The School explained that assessments undergo an internal review before being reviewed by the External Examiner as part of a quality assurance process. Exams are standard-set by a team of appropriately qualified staff for the exam.

An annual Continuous Course Enhancement review is informed by assessment details submitted by course leads in October which informs plans for the development of assessment and teaching.

Module leads are required to produce a summary document on the results of examinations and any actions that were taken after review of the exam results.

The School explained that they do not routinely have formative assessments. Any formative assessments would tend to be supportive in nature, taking the form of mock summative assessments to help students understand what to expect at the summative exam.

The panel were satisfied that the School has robust and transparent quality assurance processes in place to review the methods of assessment in line with the learning outcomes.

We had the opportunity to attend the Practical Exams onsite at UCLAN as well as the Integrated Clinical Dental Technology Oral Examination remotely. Both examinations appeared to be well organised. Students were made aware of the expectations of them and the staff upheld the examination rules clearly. Students were given ample opportunities to ask questions where needed. The pairing-up of staff members at both assessment events promoted a good standard of invigilation which we considered to be a sign of good practice. The organisation and running of both assessments were clearly to the level expected to promote rigour and fairness among all students.

We considered that this Requirement was 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)**

During the inspection we reviewed patient survey forms, module questionnaires, feedback and minutes of Staff Student Liaison meetings.

Feedback from patients is collected on a regular basis by way of patient satisfaction surveys.

Peer feedback is collected through Staff Student Liaison meetings and during case-based learning sessions in year 1. Individual feedback is also provided by facilitators after the session.

All of this feedback is routinely being used to assist in the student assessment process.

We considered that this Requirement is 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)**

The School explained that feedback on clinical and laboratory activity is regularly provided and is also recorded on the Clinical Procedure Feedback sheets. Portfolios are regularly reviewed by the module lead and further feedback is given. Feedback is also provided after assessments to help students understand how they can improve and examples of this include time management and exam revision techniques.

In the event that a student is struggling, the School believes in early intervention, with tailored 1:1 support being offered.

At the inspection, students were complimentary about the level of feedback they received from their coaches. They also explained that they were clear on the grading system and clinical targets.

Concerning reflection, the concept of reflection is introduced in the Foundation of Professional Practice module in year 1 and teaching is formally continued throughout the Professionalism modules in years 2 and 3.

The process of reflection is structured. Not only are students encouraged to reflect on cases holistically, but also on the procedures they have completed in the laboratory and at clinic. This is recorded on their Lab Portfolio and Clinical Case Portfolios. Reflection on working as a team, their role and their confidence is also encouraged.

We considered that this Requirement was 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)**

As explained at Requirement 5, we saw evidence of staff and supervisor records and we could see that all supervisors are suitably qualified and GDC registered.

We also saw details of examiner assessment training sessions.

UCLan explained that all internal examiners and assessors are required to have or be working towards "D2" which is aligned to the UK Professional Standards Framework (UKPSF) and accredited with the Higher Education Academy (HEA).

Marking criteria for clinical and technical assessments is made clear. We heard evidence of how staff calibrate to ensure consistency in marking. A series of tasks in the lab are set up and marked independently and then compared and discuss after.

At the inspection, we had access to the Equality and Diversity (E&D) portal. All staff must undergo E&D training as part of their mandatory training. Records are held centrally by the University HR department.

We considered that this Requirement was met.

**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)**

During the exams inspection, the inspection panel had the opportunity to meet an External Examiner (EE). The EE indicated that it was clear that this cohort of students had prepared really well for their oral examination and that their case presentations were of an exceptionally high level.

The EE confirmed that they had received clarification on the role and expectations required of them. The EE was appointed during the current academic year given that this is a new programme.

EEs are appointed for all of the modules in the programme. Each is provided with all relevant programme and module information and this was confirmed by the EE. In advance of summative assessments, they are provided with examination material and asked to comment on the content, range and level, using assessments undertaken in other schools and relevant benchmarking standards as their comparators. They are also invited to comment on written questions. The EE who we met explained that they suggested that some of the questions could have been written more clearly and that this feedback was quickly adopted by UCLAN.

After exams, EEs are supplied with a range of examination scripts and/or computer marked results for scrutiny and are invited to comment on the examination, its conduct and marking.

They are also invited to attend programme board meetings to observe the conduct of these meetings and the performance of students.

EEs are required to produce an annual External Examiner Report for the University each autumn. Following attendance at the examination diet of 2022, the EE who we met did not have any further recommendations to make.

The EE also stated that the current cohort of students qualifying were clearly safe beginners and easily exceeded the minimum threshold required.

We considered that this Requirement was 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)**

Ahead of the inspection we had sight of the UCLan Assessment Handbook, School of Dentistry Assessment Guide and marking criteria for various modules which illustrate clear criteria for assessments. This detail is also recorded on Blackboard Module information. At the inspection, both students and staff indicated that they were clear on the assessment criteria.

Standard-setting procedures for all summative assessments is undertaken. Initially the Module lead drafts an assessment with input from the team. The assessment lead is then invited to comment. The module lead then sends it to internal staff for further comments which are collated and a final draft is produced. This is then sent to a panel for standard setting using the modified Angoff method. The standard-setting process is recorded in Maxinity which details the process, changes made, internal review comments and post-hoc psychometric analysis of reliability and validity and moderation.

The School explained that the approved pass mark for all assessments is 50% and as a result, the results need normalisation. This method is used for both written and practical examinations.

We considered that this Requirement was met.



## Summary of Action

Requirement number	Action	Observations & response from Provider	Due date
No actions identified			

## Observations from the provider on content of report

We were very grateful to the inspectors for their time and attention during the visit. We welcome their findings, many of which reflect our own observations.

We wish to thank all members of the panel for their flexibility and conduct during the process.

## Recommendations to the GDC

<b>Education associates' recommendation</b>	The BSc in Clinical Dental Technology is approved for holders to apply for registration as a clinical dental technician with the General Dental Council.
<b>Date of next regular monitoring exercise</b>	To be confirmed

## 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 edition<sup>1</sup> 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 education associates 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 education associates must 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 monitoring process. Serious concerns about a lack of progress may result in further inspections or other quality assurance activity.

6. The Education Quality Assurance 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.