General Dental Council

Education Quality Assurance Inspection Report

Education Provider/Awarding Body	Programme/Award
University of Portsmouth	BSc (Hons) Dental Hygiene

Outcome of Inspection	Recommended that the BSc (Hons) Dental Hygiene is approved for the graduating cohort to register as Dental Hygienists.

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 Dental Hygienists.
Learning Outcomes:	Preparing for Practice (2015) Dental Hygienists
Programme inspection date:	29th & 30th June 2021
Examination inspection dates:	10th & 22nd June 2021
Inspection team:	Sarah Hamilton (Chair and non-registrant member) Bal Channa (DCP member) Ilona Johnson (DCP member) Angela Watkins (GDC Quality Assurance Manager) Marlene Ledgister (GDC Education & Quality Assurance Officer)

This is the first inspection of the BSc (Hons) Dental Hygiene programme delivered and awarded by the University of Portsmouth. The programme was given provisional approval by the General Dental Council (GDC) in October 2018. The purpose of this inspection was for the panel to assess whether this qualification is approved for the purposes of GDC registration as a dental hygienist (DH). The panel was tasked with conducting a full programme and examination inspection to determine which of the 21 individual Requirements under the Standards for Education have been met. Of the 21 Requirements, 16 were considered to be Met and 5 were considered to be Partly Met (Requirements 3, 5, 14, 19 and 21). The rationale for this is explained in the commentary under the respective Requirements. The inspection took place during the academic year when the first graduating cohort of students were in their final year of the DH programme. The inspection was made up of a number of remote meetings and observations, including the programme inspection which took place on 29 June and 30 June 2021. The panel observed a Structured Oral Examination on 10 June 2021, the Module Assessment Board on 22 June 2021 and a Board of Examiners on 2 July 2021. The evidence was clearly presented so the panel was able to easily find the evidence demonstrating how each Requirement was met.

The DH course at the University of Portsmouth is a modular course and students must pass each module via a variety of assessment methods which is appropriate to assess knowledge and clinical skills. The panel felt that there were good processes in place and that was demonstrated across the team, who had a good understanding of the overall programme. Students were very complimentary about the teaching and clinical pastoral support that was available to them and felt that tutors were readily accessible. The students complimented the move to video presentation and felt that there were good video resources for students to refer to throughout the programme.

The GDC wishes to thank the staff, students, and external stakeholders involved with the BSc (Hons) Dental Hygiene for their co-operation and assistance with the inspection.

Background and overview of qualification

Annual intake	30 students
Programme duration	36 weeks over 3 years
Format of programme	Year 1: Fundamental scientific knowledge, pre-clinical simulated skills, introduction to clinic 2: Applied scientific knowledge, direct patient treatment, introduction to research skills 3: Direct patient treatment, collaborative care outreach, applied research skills
Number of providers delivering the programme	1 - University of Portsmouth

Outcome of relevant Requirements[1]

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

Standard 1 – Protecting patients

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[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.

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 must demonstrate sufficient skill and knowledge following their initial pre-clinical skills teaching before they can progress onto live clinics with patient contact. Student progress is monitored and tracked throughout their pre-clinical skills teaching in the phantom head environment via longitudinal assessment using the "Liftupp" platform.

The panel was assured that following the COVID pandemic all students completed a refresher course in a simulated environment to assess and re-skill before moving back into patient facing clinical activity.

Gateway Objective Structured Clinical Examinations (OSCEs) are undertaken by students upon their pre-clinical skills teaching in the Foundations of Dental Hygiene Professional Practice module. The students are assessed on basic periodontal examinations, hand instrumentation, ultrasonic and rubber dam placement to review competency ahead of progressing onto patient clinics.

Students gave assurance to the panel that they were made aware of the University's and programme expectations during Induction, and this was reinforced at the start of each new module and readily available on the Moodle system.

Students informed the panel that they have good access to supervisors in clinic at all times should they need support. Students also felt that buddying previous dental trained students with non-dental trained students to help solidify knowledge was good practice.

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 University of Portsmouth Dental Academy (UPDA) has a standard process of notifying patients that they will be treated by students. The panel saw evidence of the new patient flyer and UPDA brochure which are given to patients when they register with the Academy.
The panel saw evidence of the patient consent form which the patient reads and signs, agreeing to be treated by students. This is reviewed with the patient at the beginning of each new course of treatment, with the option to decline treatment. During the inspection it was clear that patients can decline treatment by students at any time.

Students are identifiable by both the colour of their clinical scrubs and their name badges. The panel saw a copy of a chart displayed in the patient reception indicating which colour clinical scrubs are worn by which group.

Informed consent is recorded in the patient's notes by the student treating the patient at each appointment. In addition, at the start of a new treatment plan a consent form is given to the patient with an explanation of the proposed treatment, risks, benefits, and options available to the patient and, if the patient is willing to consent, this form is signed and a copy retained in the patient's record.

Consent and the processes surrounding obtaining and recording informed consent are taught to the students in the Fundamentals of Dental Hygiene Practice module.

Students acknowledged the use of role play in dealing with patient consent and challenging patients was good.

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. *Partly Met*

It was evident that the provider has policies in place, however the Equality and Diversity Policy Statement was dated Feb 2017 and was due to be updated in Feb 2020. The programme team is reliant on the University to review and update policies, which in this case had not been completed. The programme does have its own Raising Concerns Policy which is current and due for review in 2022. However, if the programme continues to work to the overall university policy, formal reviews should be carried out.

During the inspection the provider presented a training matrix for staff. It was noted that the dates of some of the training for Equality & Diversity were not current or in line with the staff induction. Staff confirmed that they had received this training, however they had identified an issue with the system capturing up to date information. A reliable system needs to be in place as soon as possible to ensure that staff training is completed and up to date.

The panel saw clear evidence that there were COVID risk assessments and structural policies in place. This was triangulated through meeting minutes and the programme risk register.

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 panel was assured that all supervising staff are registered with the GDC and have had appropriate training prior to undertaking supervisory duties with students. All staff undergo an induction to UPDA and the clinical environment upon commencement of employment.

Within UPDA the provider operates on a staff:student ratio of up to 1:6 for dental hygiene students as clinical operators. Student ratios are monitored at clinical sessions by the clinical director and/or Associate Head(s). The panel was assured that if a staff:student ratio is going to exceed 1:6 for a student clinical operator, for example due to staff absence, the clinic is partially re-scheduled to bring numbers back within acceptable limits.

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. *Partly Met*

It was evident that all teaching staff are encouraged to pursue Fellowship of the Higher Education Academy by completing either a Degree Apprenticeship in Academic Practice or the University recognised Academic Professional Excellence Framework programme.

CPD was clearly encouraged, however during the inspection the provider presented the training matrix for staff and it was noted that the date of some training was not current. See requirement 3 for further action.

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*

The panel saw evidence that the provider has clear policies and procedures in place for staff and students to raise any patient safety concerns.

Students confirmed that they had to read policies as part of their induction and an electronic signature was obtained to evidence that they had read and understood them. All policies were readily available to students through the Moodle system.

During the inspection, the provider shared an example of a concern which had been raised and the investigation process that followed. The panel was assured that this process was in line with the evidenced policies which it had seen.

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 process of raising concerns was outlined in the Raising Concerns at UPDA policy, alongside the Incident Reporting Policy which demonstrates the process for reporting incidents, near misses, accidents, serious and critical incidents.

All incidents, including trends, are reviewed at the departmental Health and Safety and Clinical Governance meetings and findings are shared with the Clinical Committee for dissemination across the staffing body.

During the pandemic the provider has identified a gap in its feedback loop due to COVID safety regulations and the ability to use paper-based feedback forms. The provider is working closely with local dental surgeries to obtain email addresses for patients to futureproof feedback by using systems such as google forms.

The panel reviewed the UPDA Incident Report Graph which analyses risk behaviour on an annual basis. The staff gave examples of the type of incidents these relate to and what action takes place to address this. It was evident that risk behaviours were discussed at several meetings across several teams. Once an alert of an incident has been received a communication is sent to staff and students to share issues and actions taken.

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 panel reviewed all related policies and was assured that all expectations were clear.

It was clearly evident that the process was followed and that any issues were reviewed by the Fitness to Practise panel to seek to remediate prior to raising as a GDC Student Fitness to Practise concern.

The provider gave an example of the last time that they had encountered of a fitness to practise concern being raised; this assured the panel that the documented procedures were being followed.

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 assured by the Dental Hygiene Learning Outcome mapping document and is satisfied that the programme has recently been mapped against the University's own quality assurance framework.

The programme forms part of the University's overall framework for the Maintenance & Enhancement of Academic Standards and Quality. As part of this framework Excellence and Quality Improvement Plans (EQuIPs) are carried out annually by the course leader, Associate Head Academic and Head of School. The EQuIPs collate data from various sources including student achievement, student survey questionnaire results, External Examiner reports as well as course satisfaction quality indicators. If any concerns about the quality of the programme are identified through this process, then the procedure is for the Head of School to contact the GDC to inform them. The panel was satisfied that this process clearly demonstrated a robust infrastructure.

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*

The panel was fully assured that the quality of the programme was underpinned by the overall University Quality Assurance Framework process as detailed in Requirement 9.

The programme is monitored and reviewed by three External Examiners and the panel was assured that the External Examiners had been involved with the setup of the programme. During the inspection the panel was satisfied that the recruitment process for External Examiners was robust and included a comprehensive induction programme.

The provider demonstrated a robust structure to collect feedback from across all stakeholders and examples were seen to show how this feedback had resulted in change across the learning outcomes. The students confirmed that they felt they were able to give feedback and that it would be listened to.

The panel were appraised of the "Stop…Start" feedback process which students and staff completed individually at a mid-point of each module to enable action in response to the student voice during the academic year. The panel felt this was an efficient and clear way to capture and act on feedback contemporaneously. In addition, student feedback is collected anonymously by an external organisation on behalf of the University and this data is fed back to module coordinators for full analysis and evaluation.

The Risk Management policy was found to be robust, and it was clear that the risk register was organic in identifying risks. The panel viewed minutes of meetings where the risks were discussed, and mitigating actions taken to address these risks.

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*

During the Module Assessment Board, the panel observed the outcome from an External Examiner who had raised a concern in the previous year regarding the access window. These concerns had been raised as part of the feedback and external examiner report and considered using the providers robust internal quality assurance framework. As a result, the access window for the examinations had been reduced and it was collectively agreed that this had been a successful amendment. This process fully assured the panel that the provider considers all feedback including that from the External Examiners.

The panel was assured by the External Examiner who felt that communication with students is very good, and this is clear in the standard of paperwork submitted. Students are clear about how the modules are mapped against the learning outcomes and the benchmark for assessment.

The panel was informed by the External Examiner that they considered that the use of videos for this year's graduating cohort vivas had been a strength, by allowing for a more calibrated assessment.

Although the External Examiner did say they have calibration sessions, these appear to be informal and would therefore benefit from being more structured and clearly evidenced.

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*

Direct clinical experience is carried out predominantly within the Dental Academy's teaching clinics in a primary care setting.

The panel was satisfied with the minutes supplied that demonstrated that the Clinical Committee is responsible for overseeing the operation of the clinics. It was clear that concerns raised regarding quality assurance are discussed in this forum.

Although the students do not undertake clinical treatment outside of the Dental Academy clinics, they do partake in oral health promotion and education interventions. Students felt that these were good.

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 told that the programme learning outcomes are aligned to GDC Learning Outcomes and University standard criteria to ensure that students are assessed as safe beginners. Standard setting is undertaken within the delivery team to determine departmental baselines in terms of standards and moderation. These are then reviewed by the assessment panel and modifications made to ensure they fit with learning outcomes. The provider added that advice from the External Examiner is included in the process and communication with the External Examiner was described as being of a good level. Feedback from both students and tutors is sought and fed into the assessment strategy.

The provider explained that academic assessment is normally a mix of easy, moderate, and hard questions, with pass marks set in order to achieve a range and breadth of knowledge from students. Pass marks are set to gain a balance between the range of results. The panel was told that this is calibrated within the team prior to being passed to panel for feedback on questions to be made.

Competency levels are assessed using a variety of assessments. Students must pass practical competencies in the gateway threshold test(s) before progressing onto patient clinics or the next level. Methods such as online quizzes accessed via Moodle are used to demonstrate the underpinning knowledge for patient care. Students who do not pass are required to retake the assessment(s) before they are booked with patients. The panel was told that as the students progress through the levels, they are subject to pre-clinical sign off before seeing a patient in level 4 and revalidation competencies in level 5 and 6. Students deemed as a "referral" as part of the assessment process can take a second attempt.

Students who met with the panel said that they were able to access assessments, cross referenced with learning outcomes on Moodle. The External Examiner was content that the students are at the level of safe beginner in accordance with the assessments observed.

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. *Partly Met*

The provider utilises Liftupp as its central record for monitoring student achievement. The panel was told that Liftupp data is analysed at every stage, flagging students who are not achieving, so that they can be targeted for additional clinical skills tuition and experience. Absences and weaker students are picked up through the Student Support Committee, with

students who do not engage or have clinical issues being subject to the Fitness to Practise process.

The provider demonstrated how Liftupp tracks student progression showing consistent high or low scores. These scores are mapped with the student portfolio reflections, and recorded numbers of clinical activities inform decisions about student progress. Simulated data are also used to support decisions. Where the student has lower numbers than the cohort average an action plan is created, and this information is considered at the Clinical Assessment Meeting.

The provider explained that students were benchmarked against their peers, however the provider did not demonstrate that students were benchmarked against safe beginner level. The panel recommends that the development of a process for data benchmarking in Liftupp should be addressed.

The panel was told that the provider does not have a formal Sign-Up process, but scrutiny of assessment and achievement data is undertaken by the module coordinators, conducted in line with the principles of assessment. Throughout the year, the Clinical Development Monitoring Panel examines cohort averages across the previous year(s) and proposes actions for particular students where skills and experience levels are scored low. Module coordinators all provide module guides to students at the initial stages both verbally and face to face. Students are also able to access module information directly via the assessment tab on Moodle. Although the panel was assured by the process for sign-up, it is recommended that a formal process is put in place.

The provider stated that it has included a calibrated approach to using Liftupp in staff development, enabling practitioners and academics to learn from each other about student-focused feedback. Liftupp allows calibration to be viewed across all tutors, to ensure that a range of grading is being given and discussed with the Associate Head(s) where necessary. Calibration is carried out with all new staff, who shadow existing staff, giving exposure to a balance of grades, approaches, and experience.

Students log into Liftupp and view their own data. Guidance for essay grade criteria, reports, and dissertations is provided to students at the initial stages verbally face to face, talking through these and explaining the assessment strategy.

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 provider explained the processes in place that ensure that students get a breadth of experience. These include communication with students enabling them to proactively feedback across the whole range of activities in order to identify where they are lacking in practice. Where numbers are low, this is then flagged, and specific groups of patients are allocated for certain groups of students. The panel was told that staff treatment planning clinics and regular meetings about patient flow are held to roster and allocate students to clinics.

Local GDP referrals are taken including periodontic, paediatric, endodontic, and prosthodontic patients.

Students are encouraged to book and transfer patients to students who have gaps in their experience. The provider advised that there are two separate surgeries for students to carry out AGP procedures with enhanced one to one tutoring. The provider told the panel that micromotors had been sourced and were now in place in order to increase the capacity of

clinics due to the pandemic. They were also hoping to open all bays and were looking into the improvement of ventilation. The panel was assured of the mitigating actions in place.

During the student meeting, final year students told the panel that the programme gave them opportunities to liaise with other dental professionals and carry out treatment planning. The students were all generally positive and enthusiastic about the programme.

However, they added that more work with dentists and dental therapists would be helpful to them. The students commented that their experience has been different this year. They were treating patients once a week, which will be increased to two days per week for the next two months, although they feel they would benefit from more patient experience.

The students felt that the programme's use of simulation had given them confidence that any learning lost due to the pandemic had been mitigated with good impact. The students told the panel that clinical experience started at an early point in the programme which gave them early exposure. They told the panel that they have opportunities to gain an understanding of the complexity of patients but felt that this teaching could be more formalised.
Year 1 and 2 students told the panel that they felt they had access to a good number of patients and treatments and were very positive about the extended summer clinics. Their study has also included modules about dementia and safeguarding.

The panel was assured that the Requirement is met, but recommends that although the programme is competency based, the provider needs to be a little more explicit about the minimum numbers of clinical experiences that ensure competence.

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*

The panel was satisfied with the provider's evidence demonstrating its process for assessment mapping and were told that standard setting is carried out using the Ebel method. The panel was told that samples of marking guides and scoring sheets are sent to examiners for feedback, and videos of vivas and oral presentation assessments were made available to external examiners to support identification and monitoring of assessment approaches.

Members of the panel also had the opportunity to observe a number of oral assessment examinations being conducted, which gave them assurance that the process was run in a fair and equitable manner. This was followed up with an observation of the Examination Board meeting for ratification of results of the range of dentistry student groups. An additional Board to ratify the outstanding clinical modules is planned for 4th August 2021.

The provider explained that to support calibration, reviews are carried out as an academic team in a variety of ways, each time with a different focus. The panel was told that these are also undertaken across departments where there are shared units. The provider added that peer review is conducted unofficially in clinics as the team works together. A new member of the team had been observed delivering a lecture, and observed online with a discussion to follow, and staff have also been asked to do exams. The panel was assured that there are robust assessment monitoring and quality assurance processes in place but recommends that the provider formalises its structure for calibration across assessment staff and also its External Examiners.

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*

The provider told the panel that students are encouraged to obtain feedback from patients and a 360-feedback section of Liftupp is completed. Both nurse and patient feedback are collected informing how students performed during the appointment, which is used to inform teaching.

Student assessments are recorded and used towards calibration, peer review and development.

Students who met with the panel articulated an openness to feedback and were proactive in seeking feedback from staff.

The panel was provided with minutes from Stakeholder Advisory Group meetings which include representatives from all other stakeholder groups. It was demonstrated through the tracker how feedback is fed into other key meetings, including the Education Committee and Departmental Executive Committee.

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*

Students interviewed by the panel said that they readily receive observation and support in clinics to ensure that their practices reflect safe beginner level. They receive feedback after every clinic, including feedback from members across the dental team, and were very positive about the role modelling and expertise of their tutors. They told the panel that they complete portfolios with reflections at the end of each day, experiencing constant monitoring of achievements through each teaching block. A log sheet of activities is also kept by the tutor.

On review of portfolios, students are encouraged to create their own personal development plans. Students are clear about the responsibility for reflection, which increases more when with patients. Years 1 and 2 students also reported that they are subject to a high level of review, receiving feedback and good guidance on what they need to do.

Liftupp is used to track and assess clinical skills development and experience and while clinical tutors are encouraged to add feedback comments on the Liftupp platform, the verbal feedback given to students in clinic is not physically captured. However, students can, and are encouraged to, record their verbal feedback on a personal device and use it for reflection.

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. *Partly Met*

All teaching fellows involved in assessments undertake an academic induction when starting in post, which includes specific induction to the departmental assessment strategy. In addition, new teaching fellows, following initial induction and discussion with line manager, are encouraged to enrol on the University supported Academic Professional Apprenticeship (APA) or Academic Professional Excellence programme, which provide a framework for early career teachers, aiming to support the development of academic knowledge, skills, values, and behaviours.

It was clear that a training programme is in place, however the system for this was not working correctly. See requirement 3 for recommendation.

The panel met with a programme External Examiner who explained the formal recruitment and induction process. The External Examiner role was clearly supporting colleagues to set academic standards for the programme. The External Examiner was clear about the role in ensuring that standards are high and comparable, and achievement is fair between institutions.

All External Examiners hold academic posts at other UK HE institutions that offer DCP education.

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 programme is monitored and reviewed by three External Examiners and the panel was assured that External Examiners had been involved from the initial setup of the programme. During the inspection the panel was satisfied that the recruitment process for External Examiners was robust and included a comprehensive induction programme.

External Examiners file a report at the end of each academic year. The key points from the reports are shared with all of the academic team members. The provider acknowledges the reports and responds with any actions / comments. The provider reviews the External Examiner reports alongside Module Evaluative Reports and develops action plans to address any concerns. Any action plans are presented at the Education Committee meeting and disseminated further to the academic teaching team as required. The panel was assured of the example they had seen to demonstrate this process.

External Examiners attended the Module Assessment Board and Board of Examiners where feedback was given. The panel heard of a recommendation from the External Examiner which had been actioned from a previous year.

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. *Partly Met*

The provider explained the process for standard setting. Previous questions from the Hygiene Therapy programme and previous standard setting outcomes are utilised to review and add new questions. The panel was told that questions are reviewed by the External Examiner to ensure that the standard is appropriate before being adapted. Students are also utilised in the process, and this is fed into the summative assessment.

However, the panel did not feel that the peer review and standard setting process was fully evidenced by the provider. The process lacked systematic recording and documented evidence of the steps taken in the process. The panel recommends that the provider ensures that this is remedied.

In addition, there was a lack of clarity in the grading criteria observed in student portfolio assessments, and the panel recommends that clear grading criteria should be produced.

Summary of Action

Requirement number	Action	Observations & response from Provider	Due date
	Develop a systematic recording process to demonstrate the steps taken in the standard setting	Standard setting is implemented for all summative assessments undertaken by students but a more robust process will be developed to improve in this area. Thematic teaching teams span the 3 academic years and academics from all levels will be involved in the standard setting process to ensure the level and balance of assessment is appropriate. A form will be developed for all module coordinators to use to evidence compliance with the standard setting procedure and once the initial internal assessment moderation process has been undertaken the assessments (including marking criteria and evidence of standard setting) will be shared with the external examiners for their feedback.	November 2021
	Clear grading criteria should be developed and communicated to students	Assessment expectations and grade criteria are made available to students for all summative assessments. Clinical portfolios are a pass/fail assessment item however, it is acknowledged that further clarity on what is required to pass / fail these portfolios can be developed and shared with students. Module Coordinators will be asked to develop specific grade criteria to determine the pass / fail status of portfolio sections and in addition, marking criteria in relation to the overall portfolio.	October 2021
	Introduce benchmarking for Liftupp data clearly against the safe beginner level	Throughout the Covid-19 pandemic it was acknowledged that benchmarking Liftupp data was required to evidence decisions related to ensuring a student will be a safe beginner. Benchmark figures for clinical data captured on Liftupp have been developed and agreed with the Department's Executive team and Clinical Module Coordinators.	August 2021

	Implement a formal process for sign-up	Course Leads will work with the Associate Head Academic to develop a formal process for sign up, incorporating assessment data, clinical data and any concerns raised throughout the student journey. It is proposed that the formal sign-up process will be implemented in April 2022 ahead of the summative assessment period for the next cohort due to graduate.	January 2022
	Introduce a more formal calibration process across staff and External Examiners with clearly documented evidence of activities	Calibration exercises are routinely carried out by all academic and clinical assessment teams. A standardised method for the department will be introduced to ensure an equitable approach and one that can clearly be evidenced. The external examiners will be asked for their feedback in the development of this calibration method and this will be incorporated in the finalisation and roll out of the process.	December 2021
	Develop a robust system for capturing staff training and ongoing development	A shared, cloud-based drive will be created to host information relating to staff certification and development. Individual staff members will take responsibility for uploading their own CPD certificates and the process will be monitored by line managers throughout the academic year and as a minimum requirement, annually at the staff member's Personal Development Review. Every GDC registered staff member will also own a spreadsheet tracking staff development and specific information from the individual spreadsheets will auto-populate a master spreadsheet to offer the senior team an instant over-view of staff development and progress.	December 2021

Observations from the provider on content of report

The report has been compiled considering the feedback from staff and students. It is clear that the evidence submitted was reviewed thoroughly and valid points have been made in relation to meeting the Standards for Education (2015). As part of the inspection process some of the observations and recommendations made in the final report had become apparent to the team

within the Dental Academy, demonstrating the Inspection team's understanding of the evidence supplied and validating our own areas identified for improvement.

Recommendations to the GDC

Education associates' recommendation	The BSc (Hons) Dental Hygiene continues to be approved for holders to apply for registration as a Dental Hygienist with the General Dental Council.
Date of next regular monitoring exercise	October 2022

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 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.