

# General Dental Council

## Education Quality Assurance Inspection Report

Education Provider/Awarding Body	Programme/Award
The Open University	Foundation Degree in Dental Technology

Outcome of Inspection	Recommended that the Foundation Degree in Dental Technology continues to be approved for the graduating cohort to register as dental technicians.
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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>	<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 dental technician</b>
<b>Learning Outcomes:</b>	<b>Preparing for Practice (dental technician)</b>
<b>Programme inspection date(s):</b>	<b>5-6 April 2022 (The Open University) 25 May 2022 (The Sheffield College) 13 June 2022 (The City of Liverpool College)</b>
<b>Examination inspection date(s):</b>	<b>N/A</b>
<b>Inspection team:</b>	<b>Victoria Buller (Chair and non-registrant member) Janine Brooks (Dentist member) Liam Obrien (Dentist member) Amy Mullins-Downes GDC Staff member (Operations and Development Quality Assurance Manager) James Marshall GDC Staff member (Quality Assurance Manager)</b>

Following previous concerns raised regarding the delivery of the Open University awarded Foundation Degree at both The City of Liverpool College and The Sheffield College, the GDC undertook an inspection to review the current performance of the education provision, focusing on how the Open University quality assures its programmes. The inspection comprised of a programme inspection with Open University staff responsible for overseeing the quality management framework, and centre visits with staff members responsible for programme delivery.

The inspection panel was pleased to note a number of areas of improvement in the delivery of the Foundation Degree in dental technology. Concerns with the size of the staffing cohort at the City of Liverpool College were being mitigated by a training and development programme for team members in an effort to upskill and retain existing staff.

The panel was also pleased to note improvements in the preparation and running of examination boards at Sheffield College. The panel acknowledged the support, guidance and training provided by the Open University to college staff.

Going forwards, the GDC will continue to monitor the programme to ensure issues identified with the sufficiency of the whistleblowing policy are fully embedded and that should significant concerns be identified that may impact programme delivery, there is a formal process for notifying the GDC.

The GDC wishes to thank the staff, students, and external stakeholders involved with the Foundation Degree in Dental Technology for their co-operation and assistance with the inspection.

## Background and overview of Qualification

Annual intake	<p><b>City of Liverpool College</b></p> <p>4 Students year one, 2 Students year two, 3 Students year three</p> <p><b>The Sheffield College</b></p> <p>10 Students year one and 9 Students year two.</p> <p>Student numbers reported to the GDC February 2022.</p>
Programme duration	<p><b>City of Liverpool College</b></p> <p>This is a part-time programme where students attend College for one day per week for 26 weeks each academic year, for a 3-year period. The course is organised over three terms per academic year.</p> <p><b>The Sheffield College</b></p> <p>This is a full-time programme over two years. The course is organised over two semesters per year and each semester is 16 weeks.</p> <p>The programme requires students to undertake work-based learning placements of a minimum 60 hours (during the pandemic simulated laboratories were set up over 2 weeks to address this issue)</p>
Format of programme	<p><b>The City of Liverpool College:</b></p> <p>Students study 10 modules over a 3-year period. Students are already employed in dental laboratories and attend College on a part-time basis.</p> <p>Year 1:</p> <ul style="list-style-type: none"> <li>• Dental Anatomy 1 (15 credits L4)</li> <li>• Professional Practice 1 (15 credits L4)</li> <li>• Introduction to Dental Technology (30 credits L4)</li> </ul> <p>Year 2:</p> <ul style="list-style-type: none"> <li>• Dental Materials (30 credits L4)</li> <li>• Work Based Practice A (30 credits L4)</li> <li>• Dental Technology Techniques 1 (30 credits L5)</li> </ul> <p>Year 3:</p>

	<ul style="list-style-type: none"> <li>• Professional Practice 2 (15 credits L5)</li> <li>• Dental Anatomy 2 (15 credits L5)</li> <li>• Work Based Practice B (30 credits L5)</li> <li>• Dental Technology Techniques 2 (30 credits L5)</li> </ul> <p><b>The Sheffield College format of study is:</b></p> <p>Year 1 Semester 1:</p> <ul style="list-style-type: none"> <li>• Introductory Dental Technology (20 credits L4)</li> <li>• Basic Dental Anatomy and Terminology (20 credits L4)</li> <li>• Dental Legislation and Professionalism (20 credits L4)</li> </ul> <p>Year 1 Semester 2:</p> <ul style="list-style-type: none"> <li>• Introduction to Dental Material Sciences (20 credits L4)</li> <li>• Dental Technology Techniques - Removable Prosthesis (20 credits L4)</li> <li>• Dental Public Health and Professional Practice (20 credits L4)</li> </ul> <p>Year 2 Semester 1</p> <ul style="list-style-type: none"> <li>• Research Skills (20 credits L5)</li> <li>• Dental Technology Techniques - Removable Prosthesis and Orthodontics (40 credits L5)</li> </ul> <p>Year 2 Semester 2</p> <ul style="list-style-type: none"> <li>• Dental Technology Techniques - Removable Prosthesis and Orthodontics (20 credits L5)</li> <li>• Dental Biosciences and Anatomy (20 credits L5)</li> <li>• Dental Materials Science (20 credits L5)</li> </ul>
Number of providers delivering the programme	Two - <b>The City of Liverpool College</b> and <b>The Sheffield College</b>

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

<b>Standard One</b>	
1	Met
2	Met
3	Met
4	Met
5	Met
6	Partly Met
7	Partly Met
8	Met
<b>Standard Two</b>	
9	Met
10	Partly Met
11	Partly Met
12	Met
<b>Standard Three</b>	
13	Met
14	Met
15	Met
16	Partly Met
17	Not Met
18	Partly Met
19	Met
20	Partly Met
21	Partly 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*)**

The panel was informed that students studying on the Open University (OU) awarded Foundation Degree (FD) programmes do not provide clinical care for patients and do not have direct patient contact during their studies.

In addition to this, the panel was assured that within the modular structure of the programme, students are required to demonstrate competency in the completion of dental devices and dental technology procedures. Demonstration of this is required within the college-based laboratory setting prior to undertaking work placements as part of the programme.

**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 noted that, as dental technicians, the students would not be treating patients directly. However, within the Sheffield College setting, all mentors are given the 'Waiver notification of students' work' form. This informs them that some of the work on the appliance may have been completed by a student. The form clearly highlights that they are under the supervision of a qualified GDC registrant. The panel was reassured by this area of good practice.

Students at The City of Liverpool College are not required to demonstrate clinical care. The students who are completing the programme at the City of Liverpool College work within the Scope of Practice for Dental Technicians as employees of their dental laboratory. All students are required to have a named GDC registrant who takes direct responsibility for their supervision.

**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 was informed that students undertaking the programme at Sheffield College must complete a work placement, which is managed by the college. Students at the City of Liverpool College are required to be employed at dental laboratories prior to enrolling onto the programme.

The panel was assured with the processes in place that the OU utilises to ensure students only produce technical devices in an environment which is safe and appropriate. These include the use of regular revalidation events and ongoing monitoring from the External Examiner and Academic Reviewer.

The GDC was informed that during revalidation, the OU appointed panel will review work-based learning quality assurance resources, such as Student Work-based Logbook or Work Placement Handbook and Mentor Handbooks. In addition to this, the colleges must demonstrate within the programme documentation and during revalidation that they are fully aware of and can adhere to all professional body requirements. As part of the revalidation event, the OU panel meets with students and employers. Furthermore, equality and diversity policies are approved by the OU Equality, Diversity and Inclusion Team through the administrative audit process.

**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 informed that there are various mechanisms in place to ensure students are supervised appropriately when they are providing dental care. Initially, during the approval stage, prospective providers are required to submit details of their organisational plans and the number of staff members assigned to the programme. The OU will also scrutinise staff CVs to ensure they are of an appropriate level to teach a foundation degree.

Should there be any staff changes since the initial approval was granted, these are formally recorded during the Annual Monitoring process. The OU provided the panel with examples of staffing changes at Sheffield College and how these were recorded and monitored.

In addition to this, it had been identified during previous QA activity of the City of Liverpool College that staffing for the dental technology programme was an area of risk. To remedy this, existing staff members at the college are currently being upskilled to enable them to deliver a greater range of elements on the programme. The panel agreed that this was a positive step to empower employees and boost programme leadership retention. The OU confirmed that staffing at the college will remain an area for specific focus within the risk register, to ensure it is appropriately monitored.

**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)**

As noted in Requirement 4, the panel was assured with the processes in place that the OU uses to monitor and oversee teaching staff at the provider colleges. As part of this process, the colleges are required to submit to the OU detailed organisational plans for who will be delivering all aspects of the programme. The OU is also provided with CVs for all teaching staff, to ensure they are appropriately qualified and hold GDC registration, when required.

In addition to this, the colleges are required to update the OU on any changes to staff so these can be scrutinised and go through the approval process. The panel was assured that these mechanisms would ensure only suitably trained and qualified staff would be delivering dental technology training.

**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 Partly Met)**



The panel was informed that as part of the OUs model of oversight for its programmes, all delivery partners are required to have policies and procedures in place in relation to safeguarding, Prevent Strategy, whistleblowing, student complaints and appeals. The panel noted that these are initially reviewed as part of the provider validation process and subsequently during the administrative audit process.

During the inspection, the panel identified that some students were unaware of the whistleblowing policies in place and as a result were concerned that they may be unable to raise concerns, should they be identified. The panel agreed that going forwards, the OU must ensure that students are fully aware of their responsibilities to raise concerns and must be provided with copies of both the college and Open University whistleblowing policies.

**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 Partly Met)**

The panel acknowledged that students would not be providing direct patient care, however through the production of patient devices, they may on occasion design and produce dental devices that would be used by patients. During the inspection the panel noted that there was a lack of understanding and consistency for how issues that may affect patient safety would be identified, recorded and addressed. The panel was informed that there had not been any patient safety issues and that there was an expectation for providers to log any patient safety incident, however OU staff were unable to confirm whether there was a log in place.

The panel was concerned that should patient safety issues arise, they would not be identified in a timely fashion and lessons would not be learnt. The Open University must ensure that a robust process is in place for students and mentors to raise patient safety concerns with the provider. In addition to this, the Open University must ensure a log is kept of any concerns raised and subsequent learning points.

**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)**

During the inspection, the panel was provided with recent student fitness to practise examples relating to academic conduct. Additionally, the panel was pleased to note an improvement in the handling of student fitness to practise issues following the implementation of a revised process at Sheffield College.

OU staff confirmed that when any concerns are identified, these are initially shared and discussed with the Academic Reviewer. The process is then monitored by the OU to ensure a standardised approach for the students. Any issues that are investigated are then discussed at the exam board.

**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)**

During the inspection, the panel was provided with evidence of how the OU quality management framework is used to ensure all providers continue to map against the GDC Learning Outcomes. Both providers are subject to an initial validation event, where a panel of experts scrutinise the education provision to ensure all requirements of the professional regulator are met. Providers are subsequently subject to regular scheduled revalidation reviews, to ensure programmes continue to meet both OU and regulatory requirements.

The panel was pleased to note the efforts made by both the OU and partner colleges to ensure that during the Covid-19 pandemic, students continued to be provided with training across all GDC Learning Outcomes. The panel was provided with examples of how providers utilised their on-site laboratory facilities to replicate a work placement environment when the pandemic restrictions were in place.

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

As part of the inspection, the panel scrutinised the processes in place to identify and redress any concerns or serious threats to students achieving the learning outcomes. The panel noted that each provider has a risk register and college quality leads meet on a regular basis with OU representatives to provide updates on any relevant issues. The panel reviewed the provider action plans and were pleased to note areas that had been raised during previous GDC QA activity were being monitored.

While the panel was satisfied that issues arising at a provider level would now be identified through the internal quality management framework, the panel was concerned that there was no formal escalation process for informing the GDC of serious threats to students achieving the learning outcomes. The Open University must ensure there is a formal, documented process for notifying the GDC of concerns relating to the programme.

**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 Partly Met)**

As part of the inspection process, the panel reviewed the mechanisms in place for quality assuring the dental technology programmes awarded by the OU. The panel agreed that the ongoing revalidation process that scrutinises programme delivery against OU standards was robust and effective. Each revalidation panel consists of educational and dental specific experts who review all aspects of the programme and set conditions where improvements are required. As part of the GDC inspection, the panel observed the revalidation event for the City of Liverpool College and were assured by the process.

The panel noted that the OU has a robust process for recruiting and training External Examiners. The panel was also provided with copies of recent External Examiner reports and the OU Handbook, which details the criteria for appointment.

During the inspection the panel spoke with the Academic Reviewer, who regularly meets with students to discuss their progress and any concerns they have. The panel agreed that students have an opportunity to provide feedback on the programme. This was evidenced at the City of Liverpool College, where students requested additional support and training in the use of digital dental technology. The panel was informed that the college is now in the process of sourcing additional training and resource opportunities to facilitate this. An area of concern for the panel was the lack of feedback from work placement supervisors. The panel agreed that these supervisors have the opportunity to provide beneficial feedback on both student performance and areas of development for the programme. Going forwards, the Open University must ensure that work place and work placement supervisor feedback is routinely collected to inform programme development.

**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)**

Students undertaking the foundation degree programme at the City of Liverpool College are all employees at their dental laboratories, attending the college on a part-time basis. Students at the Sheffield College are required to undertake work placements as part of their studies.

The panel was given an overview of how the OU oversees and reviews work placement activity. During (re)validation events, the OU panel reviews the college specific placement QA process(es) and meets with students and workplace providers. If concerns are identified, the (re)validation panel has the authority to request additional placement visits are undertaken. In addition to this, the Academic Reviewer meets with students on an annual basis. If any concerns are identified through this channel, they are escalated to the OU validation programme team. The panel was satisfied that the mechanisms in place would provide an effective system to quality assure 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)**

During the inspection, the panel scrutinised the GDC Learning Outcome blueprinting and was assured that, on completion of the programme, students would have the opportunity to demonstrate attainment across the full range of learning outcomes.

In addition to this, the panel gained assurance that the External Examiner will review both written and practical completed student assessments in order to calibrate student performance and confirm the students have achieved the level of a safe beginner.

**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)**

The panel noted that there are a number of mechanisms in place to record and monitor both student assessment and completion of technical experience throughout the programme. At the provider level, both City of Liverpool College and Sheffield College utilise their own recording systems log assessment results, record the completion of technical experience and review student progression. At the level of the awarding organisation, the OU reviews student progression and attainment against each module during the annual Exam Board.

Through previous GDC quality assurance activity, concerns had been identified during the Exam Board process that errors were being made in the compilation and presentation of student data. The panel was pleased to note that progress has been made to improve the Exam Board process, with additional training being delivered to the colleges from the OU and the addition of a pre-board meeting taking place. The Open University must continue to closely monitor the Exam Board process to ensure the colleges continue to accurately record and present student progression data.

**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)**

During the inspection, the panel reviewed the mechanisms in place utilised by the OU to ensure that students are able to gain an appropriate breadth of technical experience to achieve the level of a safe beginner during their studies. The OU utilises the role of the External Examiner to review on a regular basis the experience that students are gaining, this is then reported back to the OU. In addition to this, the Academic Reviewer speaks with both students and staff on an annual basis, and should concerns be identified, they can be escalated through this channel.

The panel acknowledged that during the Covid-19 pandemic, providers were unable to guarantee that all students would have a work placement, where for previous cohorts the students would have gained 'real world' technical experience in a dental laboratory. To mitigate the effect of this, the colleges utilised their on-site laboratories to create 'working' environments, where students were required to produce dental devices in a mock-up professional environment. The panel agreed that despite the challenges faced, students were able to complete the programme without any detrimental effect to achieving the standard of a safe beginner. The panel was also pleased to note that following the pandemic restrictions, work placements were now becoming available for students, to enable them to gain experience again in a working laboratory environment.

**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 Partly Met)**

The panel reviewed the assessment strategies for both foundation degree programmes delivered at the City of Liverpool College and at Sheffield College. The panel was satisfied that students graduating at Sheffield College have been assessed at level 5 of a foundation degree, in addition to demonstrating completion of sufficient competency of a safe beginner.

However, the panel remained concerned that the level of assessment at the City of Liverpool College was below that of a level 5 foundation degree. The panel was assured that students completing the City of Liverpool College programme were of a safe beginner standard,

however, they questioned the suitability of the level and complexity of some assessment methods. The panel agreed that the Open University, supported by the External Examiner, must review the assessment strategy at the City of Liverpool College to ensure it is set at the level of a foundation degree.

**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 Not Met)**

During the inspection the panel reviewed the mechanisms in place to collect and review feedback. Whilst the panel acknowledged the variety of ways in which feedback is gathered from staff and students to feed into programme development, they were unable to identify any mechanisms where feedback is used to inform the assessment process.

The panel was disappointed that, despite the opportunity to make use of experienced dental technician professionals in both the work placement and workplace environments to provide assessment feedback, this was not currently taking place. Going forwards, the Open University must review how feedback is collected and incorporate this into the assessment strategies of both the City of Liverpool College and Sheffield College dental technology programmes.

**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 Partly Met)**

The panel was provided with evidence to demonstrate how students are invited to provide feedback on the programme through the revalidation event and during annual meetings with the Academic Reviewer. The panel was supportive of these efforts to ensure students had a voice in programme development.

However, the panel saw limited evidence of how students were encouraged to reflect on their practice and improve their technical performance. The panel agreed that going forwards, the Open University must ensure that providers clearly document feedback given to students and that this is monitored by the Academic Reviewer to ensure all students are receiving an equitable experience.

**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)**

During the inspection the OU was able to satisfy the panel that there are sufficient processes in place to ensure examiners/assessors have appropriate skills, experience and training to undertake the task of assessment. Prior to a programme commencing, all teaching and assessing staff CVs must be submitted to the OUVF team for scrutiny and approval. This is reviewed again during the revalidation process. In the event that there are staff changes between revalidation events, the provider is required to inform the OU and submit a copy of the new faculty member's CV.

Additionally, during the admin audit, the OU will also review the equality and diversity training records for all provider staff members who are involved in the delivery of the dental technology programmes.

**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 Partly Met*)**

The panel was provided with evidence to demonstrate how all OU External Examiners are appointed. The panel was satisfied that this was a robust appointment process, supported by a training framework to ensure all applicants were aware of their role.

The panel was also informed that new External Examiners for both the City of Liverpool College and Sheffield College programmes had been appointed during the 2021-2022 academic year. At the time of the inspection, the External Examiners had not submitted their formal end of year report and therefore the panel was unable to be fully assured that all aspects of their role were being complied with. The Open University must submit to the GDC signed off External Examiner reports, including follow-up action plans, for the 2021-2022 academic 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. (*Requirement Partly Met*)**

The panel wasn't provided with a clear standard setting process for the assessment strategy at either City of Liverpool College or Sheffield College. The OU stated that it is the responsibility of the External Examiner to ensure standards are being set appropriately. The panel agreed that going forwards, the Open University must ensure that a formal standard setting process is in place for External Examiners to refer to, in order for consistency to be maintained across both providers.

The panel was informed that students are provided with guidance in the form of their student handbook, which details what is expected of them and the criteria against which their assessments will be set. In addition to this, the Academic Reviewer meets with students on an annual basis to hear their feedback which is then fed back to OUV, part of this discussion focusses on course requirements.

## Summary of Action

Requirement number	Action	Observations & response from Provider (Updated June 23)	Due date
6	1) The Open University must ensure that students are fully aware of their responsibilities to raise concerns and must be provided with copies of both the college and Open University whistleblowing policies.	<p>From 23/24:</p> <ul style="list-style-type: none"> <li>• OUVV will require all partners to obtain student signatures annually confirming they have received and understood both OU and College Whistleblowing Policies.</li> <li>• The OUVV Academic Reviewer role descriptor and reporting template have been amended to ensure Whistleblowing is discussed during meetings with students and programme teams.</li> <li>• For new programmes being validated in Whistleblowing policies will be reviewed as part of the validation documentation submission.</li> <li>• As part of revalidation events, students and programme teams will be questioned on awareness and understanding of Whistleblowing.</li> <li>• Partners will be required to report cases of Whistleblowing to OUVV via their annual reporting.</li> <li>• OUVV will update its OU Student Guide to include a link to the OU Whistleblowing Policy. It is an OUVV requirement that the OU Student Guide is made available via partner websites. All cases will be reported to the University Secretary's Office.</li> </ul>	Monitoring 2023/24
7	2) The Open University must ensure that a robust process is in place for students and mentors to raise patient safety concerns with the provider. In addition to this, the Open University must ensure a log is kept of	A process has been developed for implementation in 23/24 – see Appendix 1 a and 1 b.	Monitoring 2023/24

	any concerns raised and subsequent learning points.		
10	3) The Open University must ensure there is a formal, documented process for notifying the GDC of concerns relating to the programme.	<ul style="list-style-type: none"> <li>• A process has been developed for implementation in 23/24 – see Appendix 2.</li> </ul>	Monitoring 2023/24
11	4) The Open University must ensure that workplace and work placement supervisor feedback is routinely collected to inform programme development.	<ul style="list-style-type: none"> <li>• Feedback from work-placement supervisors is reported as part of programme (re)validation and annual reporting.</li> <li>• In 23/24 OUVP will enhance the IPM template to explicitly reference how feedback has been collected and has informed programme development.</li> </ul>	Monitoring 2023/24
16	6) The Open University, supported by the External Examiner, must review the assessment strategy at the City of Liverpool College to ensure it is set at the level of a foundation degree.	<ul style="list-style-type: none"> <li>• This has been undertaken and assurance has been sought from the External Examiner who has confirmed assessment is robust, appropriate, and set at the correct level.</li> <li>• Whilst already in the External Examiner role description, the OUVP External Examiner reporting template is being updated for 23/24 to include confirmation approval of assessment.</li> </ul>	Monitoring 2023/24
17	6) The Open University must review how feedback is collected and incorporate this into the assessment strategies of both the City of Liverpool College and Sheffield College dental technology programmes.	<ul style="list-style-type: none"> <li>• OUVP will continue to seek evidence from partners on how work-placement supervisors have informed assessment strategy at the point of programme revalidation.</li> <li>• OUVP will continue to seek evidence from students during meetings with Academic Reviewers and at point of programme revalidation.</li> </ul>	Monitoring 2023/24
18	7) The Open University must ensure that providers clearly document feedback given to students and that this is monitored by the Academic Reviewer to ensure all students are receiving an equitable experience.	<ul style="list-style-type: none"> <li>• Whilst this routinely takes place (as previously reported), OUVP will develop a communities of practice event with partners to share approaches to reflective practice, candour, and professionalism.</li> </ul>	Monitoring 2023/24



		<ul style="list-style-type: none"> <li>Whilst Academic Reviewers meet with students annually, it is the role of the External Examiner to ensure assessment feed-back/feed-forward to students is appropriate.</li> </ul>	
20	8) The Open University must submit to the GDC signed off External Examiner reports, including follow-up action plans, for the 2021-2022 academic year.	<ul style="list-style-type: none"> <li>See Appendix 3.</li> </ul>	Monitoring 2023/24
21	9) The Open University must ensure that a formal standard setting process is in place for External Examiners to refer to, in order for consistency to be maintained across both providers.	<ul style="list-style-type: none"> <li>OUVP will schedule a collective annual meeting with appointed External Examiners to review partner marking rubrics and assessment strategies.</li> </ul>	Monitoring 2023/24
	10) In addition to the above, OUVP has established a Dental Technology Oversight Group (DTOG) acting as a management group and is a sub-group of the OUVP Quality Management Group (QMG) responsible to OUVP Senior Management Team (SMT)	<ul style="list-style-type: none"> <li>See Appendix 4 for Terms of Reference</li> </ul>	

## Observations from the provider on content of report

The OU welcomes the report received in January 2023 following the April-June 2022 inspection visits and will consider and respond to the outstanding requirements as detailed above.

The GDC should note that The Sheffield College dental technology programme is in its final presentation, with students expected to complete at the end of 22/23 academic year. Additionally, new dental technology provision has been validated by the Open University at Nottingham College, first registration from February 2023.

All actions related to the outstanding requirements will be considered and applied to all current and new provision.

2 February 2023

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## Recommendations to the GDC

<b>Education associates' recommendation</b>	The Foundation Degree in Dental Technology continues to be approved for holders to apply for registration as a dental technician with the General Dental Council.
<b>Date of next regular monitoring exercise</b>	Monitoring 2023/24

# 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.