

General Dental Council

Education Quality Assurance Inspection Report

Education Provider/Awarding Body	Programme/Award
University of Bolton	Bachelor of Science (Honours) in Dental Technology (BSc)

Outcome of Inspection	Recommended that the BSc in Dental Technology continues to be approved to register as a Dental Technician.
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Full details of the inspection process can be found in Annex 1

Inspection summary

Remit and purpose of inspection:	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. Risk based Inspection
Learning Outcomes:	Preparing for Practice (Dental technician)
Programme inspection dates:	23rd- 24th November 2022 15th February 2023
Examination inspection date:	N/A
Inspection team:	Cindy Mackie (Chair and non-registrant member) Chris Parker (DCP member) November 2022 Neil Hotchkiss (DCP member) February 2023 David Young (Dentist member) Natalie Watson (GDC Education Quality Assurance Officer)
Report Produced by:	Natalie Watson

This inspection was conducted with one panel reviewing both the BSc and FdSC Dental Technology programmes at the University of Bolton. There are separate reports for each of the programmes inspected in November 2022. This report is in relation to the BSc programme.

The panel conducted a risk-based inspection following the 2021 monitoring return.

The BSc Dental Technology programme has met 12 Requirements and partly met 9 Requirements, which has resulted in 6 actions which should be addressed by the next round of monitoring activity.

The panel was pleased to see that there have been improvements made against the actions in the previous report in relation to this programme. The panel noted many areas of good practice and were particularly impressed with the facilities available to students in the university, as well as the staff engagement with students. It was evident that there are a range of support mechanisms available to all enrolled on the BSc programme.

Areas for development identified by the panel were associated with improving the use of the University risk register, introducing an appropriate standard setting process and revising External Examiner input for the programme.

The panel identified concerns with staff registration, and this was investigated by the GDC Education Quality assurance (EQA) team at a return visit in February 2023.

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

Background and overview of qualification- BSc Dental Technology

Annual intake	40-50
Programme duration	3 years (3 x 2 semesters)
Format of programme	HE 4- Basic knowledge and technical work- begin part 1 placement HE5-Increased knowledge and skills finish placement 1 into placement 2 HE6- UG knowledge and skills, finalised placement, specialist skills / to be registered with GDC as safe beginner
Number of providers delivering the programme	1

Outcome of relevant Requirements¹

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

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

Standard 1 – Protecting patients

Providers must be aware of their duty to protect the public. Providers must ensure that patient safety is paramount and care of patients is of an appropriate standard. Any risk to the safety of patients and their care by students must be minimised.

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

Students enrolled on the BSc programme are undertaking a 3-year programme and complete work-based placements, typically at the associated dental laboratory (Swift) that is utilised by the University of Bolton. Some students have secured their own placements. All students have an opportunity to gain skills and experience in all areas of dental technology. There is a requirement to attend the University to complete practical work and whilst there, students have access to an on-site dental laboratory which offers a range of experience to enhance their skills further. Programme staff assess the practical work completed on site, across the duration of the programme.

Students are expected to complete a minimum number of appliances in the in-house laboratory whilst also satisfying the requirement for hours on placement.

The BSc programme lead liaises with the placement staff regularly, and also has regular contact with the students when they attend the University. Contact and support is established within a formal framework. The Staff within the placements report on the progression and skills of students within the dental laboratory and as their skills develop, they provide feedback on devices completed without direct supervision. Placement staff are required to state whether a student has progressed to being unsupervised.

Regular contact and support meetings are evidenced in the 10-week review that is conducted by the University Link Lecturers (ULLs).

All appliances are signed off by a GDC registrant before being sent for patient use and placements work in line with the Medicines & Healthcare products Regulatory Agency (MHRA).

We consider this Requirement to be Met.

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

Dental technology students do not see patients. However, both students and mentors are made aware of the consent process.

The panel was provided with information on the different theoretical modules delivered to students and was satisfied that this topic was covered adequately and as much as was practicable.

During the inspection, the panel was presented with a consent form which had been used for a student working within a CDT practice. The student was conducting a denture repair and had gained consent for this procedure. We were advised that students on the BSc programme

would have the opportunity to engage with this form if they are in a different placement environment that requires consent. Students are aware that they must gain consent if they are in the presence of a patient on placement.

Programme staff advised the panel that they intend to create posters, which informs patients that there is the potential that their appliance is made by a student.

We consider this Requirement to be Met.

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

Students must be employed in laboratories that have valid Medicines and Healthcare products Regulatory Agency (MHRA) registration. If a student needs to be placed elsewhere to gain experience, then this placement also requires MHRA registration. In addition, any appliance produced by a student is always signed off by their mentor, who is GDC registered. The University of Bolton BSc programme team has invested in an online platform for training work-based placement mentors, which prepares them to support students appropriately. This training includes equality, diversity and inclusion (EDI).

All students receive a practice placement handbook that makes them aware of the risks associated within the dental technology environment and appropriate steps to minimise risk. The handbook also addresses the support students will receive during their work-based/practice learning, including the roles and responsibilities of the University Link Lecturer (ULL), the mentor, and the student.

The University of Bolton have a QA framework which incorporates the risk associated with student placements. The BSc programme conducts audits of the placements to ensure they are working in line with Health and Safety requirements and provide suitable support to students. This is conducted by the programme lead acting as the ULL and during the inspection we were provided with evidence of this.

Staff at the University have completed EDI training which is refreshed annually. The Head of School has oversight of this and if training is not up to date, an email prompt is sent and followed up by the Head of School and human resources.

The panel was advised that the staff at the University meet monthly to review students' performance and discuss any arising issues within the students' placement.

The programme staff meet regularly as a team and also conduct regular meetings with the staff at Swift dental laboratory. This enables discussions around any concerns and challenges that may have presented with the students they have on placement. Staff at the dental laboratory can raise any concerns outside of the meetings and this would be dealt with by the programme lead. An example was provided supporting such.

The panel noted that students are well supported in their placements and within the in-house dental laboratory to work within safe and appropriate environments. There are opportunities to identify concerns and the programme staff have good relationships with the placement staff to ensure issues are resolved promptly.

We consider this Requirement to be Met.

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

The panel was provided with a list of staff employed by the University of Bolton. The panel considered the number of staff to be appropriate for the number of students enrolled. Students also informed the panel that they were adequately supported when training at the work-based placements.

The panel was taken on a tour of the facilities at the school, during the inspection, and were impressed with the facilities available to the students, which enables them to develop a broad range of experience.

Regular meetings between the students and the programme lead assured the panel that the students get the opportunity to raise issues and request additional support. Formal review meetings are recorded consistently, and any other meetings that take place are also recorded on the Pebble pad system that the University uses for monitoring students. The panel viewed the system during the inspection, which captured all necessary detail and noted that this was a significant improvement in comparison to the previous inspection, in which there was not a robust recording system in place.

The University of Bolton informed the panel that there is an appointed HR manager at Swift whom they work closely with. Students are well supported by this individual, who is responsible for making arrangements whilst on placement and also liaises with the programme lead if there are any issues. If the student does not have access to a mentor, due to illness, the HR manager would deal with this accordingly and in a timely manner. Evidence of an HR response to support students was provided.

During our inspection visit, the Panel identified a member of staff who did not have current GDC registration. This was investigated by the GDC EQA team following the Inspection. This staff member has since ceased marking and moderating students work. In February 2023, the panel returned to review all practical work completed by students to ensure that a GDC registrant had signed off students' practical work. It was confirmed by the panel that the staff member had not signed off practical work and any work that had been previously marked or moderated by this individual, has now been countersigned by a Registrant. The University of Bolton have been made aware that only GDC Registrants are able to sign off students as clinically competent and this staff member should not return to the previous role until, they have appropriate registration.

We consider this Requirement to be Partly Met.

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

The panel was provided with evidence of staff training records, as well as proof of their GDC registration.

As stated under Requirement 3, there is a process for highlighting training needs, which the panel understand will be undertaken and logged. The panel consider the training log should include a record of reminders and refresher dates.

The University of Bolton has a strong mentoring policy which encourages staff to provide close support to new staff joining the programme team.

The school have devised a training package for its mentors, which must be completed before supporting a BSc student in the workplace.

The programme lead maintains close working relationships with the work-based placement staff of all students and if a student needed reasonable adjustments, this would be the responsibility of the HR manager with the support of the programme staff at the university, who would monitor these in their ongoing formal liaison. Students would be referred to occupational health, where necessary. Students can have an action plan in their personal portfolio to ensure they are suitably supported.

Students are trained in EDI and complete modules on ethical practice in dental technology.

As mentioned under Requirement 4, The panel did identify a staff member who did not hold suitable registration. This matter has since been resolved and there has been no impact to students experience or patient safety. The panel do however, need to ensure this is something that the University of Bolton are mindful of in future in relation to staffing roles and responsibilities, so as to prevent this reoccurring.

Going forwards, to be fully assured and to avoid having inappropriately qualified staff providing supervision, the school could incorporate its supervision arrangements and requirements within its' programme framework or polices.

The panel consider this Requirement to be Partly Met.

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

Students are taught raising concerns in the programmes Preparing for Practice module and are assessed on their understanding of this. Students also cover ethical requirements of working in a regulated profession.

The panel were provided with the Code of Practice for Work-Based and Placement Learning, this outlines the expectations and conduct of the University, student and placement provider. This includes reference to raising concerns and reporting incidents.

The raising concerns process is included and reinforced by inclusion in the students' placement policy, the practice handbook and the mentor handbook. This informs the learner and mentor of the process and that it is free from any negative personal outcomes, if a concern was raised in relation to a university staff member or work placement.

The University also requires the placement laboratory to confirm that they have a complaint's procedure within the workplace.

Staff within the University are aware of the Escalation of Concerns process. Students were clearly able to articulate their understanding of their responsibilities and provided positive examples to support this.

We consider this Requirement to be Met.

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

A dental technology student on the BSc programme would not be allowed to act independently without the supervision of their mentor or registered dental professional.

The panel was advised that regular meetings take place between the student, placement and ULL in designated timeframes. There are multiple opportunities for discussion to take place and identify any issues arising. Students' also complete reflections in the portfolio, which enables the ULL to highlight any issues which could affect patient safety. Reflections were noted by the panel to be of a high standard, with specific and measurable content.

Students' practical work is assessed during their time within the University laboratories and any issues can also be identified by the supporting staff.

During the 10-week review meetings for all students, there is an agreement between the employer, ULL and student for an individual action plan to be agreed which enables progression, and this is monitored closely. The student portfolios viewed, contained very effective reflections and action planning, indicating positive monitoring of student performance and active engagement by staff in encouraging such.

The panel had sight of a student fitness to practise (SFtP) policy which would be utilised if required. The programme team and students were aware of this process. If required, the Head of School and Dean of Faculty are informed and updated, and the Head of School would make contact with the GDC where necessary.

The University has a risk register which has a specific section related to the BSc programme. We did not see evidence of an issues log utilised by the programme staff which enable any issues identified on the University risk register to be effectively monitored and actioned through regular meetings.

We therefore consider this Requirement to be Partly Met.

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

The panel was provided with evidence of the Student Fitness to Practice Policy. The students are taught and assessed in relation to GDC standards and professionalism and are aware of, and have access to, the University SFtP procedure. The students the panel met with during the inspection, were clearly aware of what would constitute a SFtP investigation and were able to articulate various examples, indicating the strong emphasis given to the subject within the programme.

Staff were familiar with the process and are trained on the themes associated with SFtP.

Mentors also receive training so that they are aware of what would procedure to follow, should they have concerns.

We did not see any examples of SFtP during the inspection visit as there had been none raised.

Both staff and Students have access to the SFtP procedures on the Moodle platform that is utilised by the University.

We consider this Requirement to be Met.

Standard 2 – Quality evaluation and review of the programme

The provider must have in place effective policy and procedures for the monitoring and review of the programme.

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

The panel had sight of a document which evidenced that mapping has been completed against the relevant GDC Learning outcomes.

The BSc programme is subject to periodic review and re-approval every five years. This is managed by the Standards and Enhancement office within the university. Programme leads are also required to complete a change approval form (CAF) if there is a need for modification, as this requires academic approval. At a programme level, the staff would liaise with the External Examiner (EE) prior to submitting the CAF.

The School have a Quality Enhancement Plan, which in turn contributes to the University Quality Enhancement Plan. Both of these plans are overseen by the School's academic quality board. The University have a risk register which includes a section for the FdSc programme specifically; this was not provided during the inspection due to concerns around confidentiality. It seemed that the risk register is in relation to high-level University wide issues and there is no mechanism locally for risks to the BSc programme to be appropriately monitored.

A requirement of the BSc programme is that a review is carried out every 10 weeks. This enables discussion with both the Student and Employer in relation to what is going well and what can be improved. The compliance team within the University of Bolton monitor this and meet monthly. Minutes of these meetings were provided to the panel during the inspection.

The panel were given a demonstration of the student monitoring system utilised by the University and this provided assurance that the students are appropriately monitored in relation to progress against the Learning Outcomes.

If there were any issues on the BSc programme that needed to be reported to the GDC, the team would follow the escalation process, and if a student needed to be removed or suspended from a programme, this would be dealt with by the vice chancellor and Head of School and would be discussed at the Exam Board. There is an assessment policy which outlines this process.

There is also an Industry Advisory Board which provides an opportunity for Employers to give their opinions regarding development to the programme as well as a Staff Student Liaison Committee (SSLC) which enables consideration of students' thoughts around changes required to the BSc Programme.

The panel considered the current framework operationally sound, and staff were clear on where to go should changes needed to be actioned.

The panel were concerned that the University-wide risk register does not address BSc specific issues and there is no evidence of how issues are addressed and monitored, and therefore consider this Requirement to be Partly Met.

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

The Head of School is responsible for managing any concerns that may prevent students from achieving the necessary learning outcomes and reporting any such threats to the GDC.

The panel considered the moderation process in place to be appropriate with the use of blind marking, a suitable Internal moderation process with consistent recording forms being utilised, including the use of an External Examiner (EE).

There was also evidence of EE feedback being provided and utilised within programme development. The EE also confirmed that they are confident that any feedback provided is actioned appropriately. The panel was of the opinion that the EE form utilised could be reviewed to ensure that EE comments are more robust in nature. This process would benefit from greater detail which identifies specifics that require an action.

There is an Industry Advisory Board that meet to consider the programme and facilities as well as a SSLC.

Within the BSc programme, the programme lead conducts a student review visit every 10 weeks. The workplace mentor is also required to conduct training which ensures consistency for students in terms of feedback and completion of the online portfolio. The dental laboratories have close working relationships with the programme staff and are able to communicate concerns when required.

The panel were assured that there are adequate opportunities for issues relating to quality to be raised.

The panel consider this Requirement to be Met.

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

The panel were satisfied with the internal quality assurance processes for this programme. Further assurance was provided with the use of the quality portal on Moodle, which enables the staff to upload performance for internal and external moderation.

The BSc programme utilises an EE, and although this individual is not a DT registrant, they are a dentist registrant and have knowledge of the full range of GDC learning outcomes and feels confident with assessing the students to the level of a safe beginner for this programme.

There is a robust process for recruiting an EE at the University of Bolton. When the EE was appointed, there was an effective handover process, in which the previous EE provided support during the initial stages of appointment. Each EE is appointed for a three-year period.

EEs also have the opportunity to meet during annual training sessions, which the panel noted as good practice.

During the inspection, the panel was provided with examples of EE feedback that had been actioned by the programme team. Following EE feedback, the programme lead is required to respond to the EE and this is monitored by the standards and enhancement office within the University.

The panel saw evidence of changes made following feedback from students.

The Industry Advisory Boards encourage employer engagement with the programmes and obtain feedback on their students.

The panel was of the opinion that the EE report seen during the inspection, was not rigorous and was lacking detail. There were concerns in relation to what extent the EE would be able to provide feedback on the standards of appliance construction and the panel would suggest that future EEs are recruited from a DT discipline.

We consider this Requirement to be Partly Met.

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

The ULL carries out regular visits in the workplace which enables the placement support staff to voice opinions and be specific about training provided to the student and what support may be required. It is also an opportunity to discuss employment behaviours which are taught to students during the programme.

Action points are set and then discussed at the next review meeting. This allows the ULL, placement mentor and student to identify areas for development and review progress against this at each visit. A plan would be put in place for a 10-week period.

As well as the students' placement experience, there is the opportunity to monitor the development and progression of students whilst in attendance at the University.

The ULL visits are recorded in the students' online portfolio and action plans with specific and measurable reflective comments from students, are available for university staff to review.

There is also an opportunity to monitor students' timely progression and determine if the student is on track with the qualification and achievement against the LOs.

The Moodle online platform utilised by the University of Bolton enables placement staff to access a confidential area to record any concerns identified in relation to the student.

Placement mentors provide support and feedback to the students' and, although they do not grade practical work, feedback is provided and action plans are put into place. The mentor is required to complete the students' online portfolio.

Students provide feedback which is recorded in the ULL meetings, as well as having the opportunity to raise issues within the SSLC.

Support would be provided to the student by the University and programme lead, should any issues arise in the placement environment.

We consider this Requirement to be Met.

Standard 3– Student assessment

Assessment must be reliable and valid. The choice of assessment method must be appropriate to demonstrate achievement of the GDC learning outcomes. Assessors must be fit to perform the assessment task.

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

The University of Bolton provided evidence of mapping to the GDC learning outcomes. The students are also provided with module guides detailing the GDC learning outcomes to be assessed. This enables them to target their personal development and prepare fully for the delivery sessions and assessment which was evidenced in portfolios viewed by the panel.

The BSc programme has now introduced the Pebble pad platform which has improved student monitoring of progression and attainment across the learning outcomes. The module guide has been improved to advise students how to complete their portfolio which also includes uploading photos which can be reviewed by the programme team.

The in-house dental laboratory enables staff to assess students' practical abilities and determine if they are at the level of a safe beginner. All assessments have to be at a pass grade, in order to complete each module. If a student was to fail any module, a referral would be made for reassessment. Students also gain valuable experience in the work-based placement environments and are suitably supported.

The assessment strategy, detailed in the programme specification, reflects the links between theory and practice which underpins the work-based ethos of the programme. This is shown by a greater emphasis on practical skills assessment as well as theory-based assessment methods.

There are appropriate processes in place if a student does not meet the expected standard and the Panel are assured that any students that are not at this level, would be managed appropriately.

We consider this Requirement to be Met.

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

The University data management system, records the complete student journey which tracks academic results and progression throughout the programme. All assessment grades are recorded and if reassessment is required, this is highlighted on this platform.

Programme staff within the BSc programme have access to this information and discuss this during the 10-week review meetings. These meetings are recorded on the Pebble Pad platform.

As mentioned, the introduction of Pebble pad has been a significant improvement to the monitoring of students on the BSc programme and this enables the personal tutors to suitably plan, monitor and record students' assessment and technical experience against the specified LOs.

The panel was assured that if any issues are identified that they would be actioned at an early stage.

We consider this Requirement to be Met.

Requirement 15: Students must have exposure to an appropriate breadth of patients/procedures and should undertake each activity relating to patient care on sufficient occasions to enable them to develop the skills and the level of competency to achieve the relevant GDC learning outcomes. (Requirement Met)

Students attend the University in-house laboratory three days a week and undertake placement on a 7- week rotation.

Any placement who is supporting a BSc student, is interviewed by the programme team and both the employer and student are provided with the expectations of the course and the responsibilities. Formal handbooks contain details relevant to the programme.

Regular meetings between the ULL, placement staff and student within an established timeframe, allow for any concerns relating to exposure to an appropriate breadth of experience to be identified and addressed in a timely manner.

For those students employed by specialised laboratories, arrangements can be made for the student to undertake a placement at another laboratory. The student is also exposed to all skills during the sessions within the university laboratory and therefore will be experienced in all aspects at the point of graduation. Students commented that they enjoyed their time within the university laboratory, and this was valuable to their learning experience.

The panel was provided with examples of student work which demonstrated that students leave the programme being able to construct the full range of complex dental appliances to a high standard.

We consider this Requirement to be Met.

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

The School uses a range of assessments in order to test the students' knowledge and skill in dental technology. Details on the assessment and grade descriptors are provided in the module guides and assessment strategy document.

All assessments are mapped to the GDC learning outcomes and successful completion of these for each student is recorded on the Pebble pad platform.

The panel had sight of marked assessments during the inspection, and noted the feedback provided to each student by examiners. The feedback viewed by the panel was timely and constructive, which reflected effective staff/student communication. The EE commented that feedback from some placements could be more comprehensive.

The standards and enhancement office at the University undertook a periodic review and reapproval in 2021 which evaluates the performance of the programme and assessment. Changes to assessment as a result of this review was evidenced during the inspection. The next review will take place in 2026. If changes are to be made prior to this date, the staff would follow the minor moderation process. Improvements to assessments are recorded in the programme plan and approved by the EE.

Industry Advisory Boards are invited to discuss assessments and identify where developments may be necessary.

We consider this Requirement to be Met.

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

The mentors within the placements of BSc students provide feedback in the online portfolio. All placement staff are provided with training in relation to expectations of the role and what feedback should be provided to students. Portfolios are regularly reviewed by the programme team and ULL. Placement staff also provide feedback through the review process.

Although a 10-week review meeting takes place, there are further opportunities for feedback to be provided to the student and review any feedback received regarding the students' performance. Any meeting that takes place between the student and personal tutor is recorded online which is accessible to staff, students and mentors. Students work that is completed on-site in the University dental laboratory is also assessed and written feedback is recorded.

There is a SSLC which enables students to provide feedback which may be specific to assessment. Students are provided with a "you said/we did" following feedback being actioned.

As well as this there is an Industry Advisory Board which enables the employers to provide their feedback in relation to the programme and assessment of students.

An EE is utilised for this programme and the panel was assured that feedback had been utilised within programme development.

The panel was advised that peer assessment is used for formative assessment feedback during practical assessment projects. The BSc students provide informal feedback on each other's work during the practical sessions within the university. Peer feedback is not a formalised process and takes place verbally however this could be used for skill development with the introduction of a more formalised, documented process.

We therefore consider this Requirement to be Partly Met.

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

The placement staff do not assess the students, however they do provide feedback on the appliances made in the workplace. They are governed by the MHRA standards and are required to state if the appliances are fit for purpose. Every appliance is signed off by a GDC registrant. This is recorded in the online portfolio, accessible to both the student and programme team.

Mentors have access to a recorded presentation and receive training regarding providing direct and informative feedback that will give students foundations on how to improve.

The panel saw evidence of feedback when reviewing the assessments during the inspection and found it to be helpful in aiding the student to improve their performance. Performance is also the main focus of the 10-week reviews. Feedback is provided to the student from both the ULL and mentor. The student is also required to consider their performance to date and how they could improve in the future. This is suitably recorded.

Students have the opportunity to reflect on their manufacturing practice in various course modules. Feedback is given to students on theory and practical projects, and this is continuous throughout the academic year. Students are regularly encouraged to consider academic and practical areas of development. This was evidenced during the inspection and the panel noted the reflection to be to a good standard. Staff were also positively engaged in promoting the use of reflection on an ongoing basis and reinforcing the need for a specific and measurable approach.

Students receive support with academic skills and study skills sessions can be attended online.

We consider this Requirement to be Met.

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

Programme staff involved with assessment have the appropriate skills, experience and training and are GDC registered. As mentioned under Requirements 4 and 5, one member of staff did not hold GDC registration when engaged in assessment, and this was investigated and rectified.

The programme is overseen by an EE who was appointed by the University and holds GDC registration. There was an induction which covered the role, expectations and what they are expected to contribute.

A requirement of this post is that the EE has current EDI training. This is confirmed prior to appointment into the role.

The EE attends an annual meeting with other EEs within the University to participate in a peer feedback sharing experience. The panel noted that this was good practice.

The EE advised the panel that the programme is well run and that the team works effectively with the EE. The EE provided assurance to the panel that any feedback is actioned seamlessly by the programme team.

We consider this Requirement to be Partly Met.

The panel would like to recommend that there is consideration for the next appointed EE to be a registered Dental Technician or to have demonstrable skills and up to date knowledge and experience in this area . GDC registration should be considered by the EE in their overview of assessment.

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 school stated that the EE report requires a statement on the validity of the assessment processes and that they are set at the correct academic level. EEs must also consider that the amount of assessment in each module is appropriate, and students have been assessed in a fair manner.

The panel was provided with evidence which demonstrated that the programme leads do take on board EE feedback and action recommendations where possible.

The EE has an opportunity to review the practical work completed by students. During COVID the EE reviewed photos and videos of practical work.

The panel was provided with evidence of EE reports for the BSc programme, however there were concerns that they were not rigorous and lacked sufficiency in detail.

The University of Bolton is currently not utilising an appropriate method of standard setting for the BSc programme, which requires review. The panel would encourage implementation and future commentary on such by the EE in their related reports

On that basis, we consider this Requirement to be Partly Met.

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

As stated under Requirement 13, module specifications provide information in relation to each assessment, and it is clearly outlined for students. Module guides are introduced to all students during induction and are available on the Moodle platform.

Students study skills are developed to improve academic awareness underpinning the requirements of assessment.

Internal moderation is carried out within the academic team which is recorded on moderation forms. These are then forwarded to the EE who is required to review the samples, confirm the validity of the process and attend an Exam board.

During the inspection, the panel was advised that the overall results are forwarded to a Final Exam Award Board. This exam board also confirms that students have met the learning outcomes and are ready to pass through the gateway to the next academic year or go forward to registration for finals.

Students' results are centrally recorded and communicated to the learners after the final board. Those who have fallen short of the academic requirements are contacted by academic staff to support and guide them to complete their assessment and meet the minimal expected standards.

During the inspection, it was clear that standard setting had not been completed. The panel would encourage a review and further steps to establish and document standard setting fully within the process.

Due to standard setting not being completed, we consider this Requirement to be Partly Met.

Summary of Action

Requirement number	Action	Observations & response from Provider	Due date
7 and 9	<p>1.You must ensure the University Risk Register is specific to the BSc programme and is evidenced on an action log and regularly discussed and reviewed. This should be evidenced with regular meeting agendas/minutes/action logs.</p>	<p>The University General Academic and Business Risk Register does not refer to programmes as it is concerned with institutional risk:</p> <ul style="list-style-type: none"> • Operational risk • Financial risk • Reputational risk <p>The BSc Dental technology programme must comply with the Quality Assurance systems within the University of Bolton and as such completed an annual programme plan which has an action plan which is reviewed at 3 point during the year. The programme plan is used as a mechanism to highlight risks to provision and ways in which they will be managed- This will include factors that influence the experiences of dental technology students.</p> <p>The individual programme plans then feed into the school and then university plans so that there is planning for the student experience.</p> <p>These plans are approved by the Standards and Enhancement Office (SEO). These plans feed into the University Quality Enhancement Plan (UQEP).</p>	September 2023

11,19 and 20	<p>2. You must ensure the EE feedback form is revised to ensure a more robust process which captures wider and detailed feedback to enhance programme delivery and assessment, which also includes consideration of a documented standard setting processes.</p> <p>3. You should consider a DT registered EE when re-appointing after the current term</p> <p>4. You must ensure all staff conducting assessments are GDC registered</p>	<p>There are a number of quality mechanisms which provides opportunity for the EE feedback. All assessments are approved by the EE prior to commencement- This is to ensure that the assessment meets that standard and learning outcomes. The EE is then provided with this and they are able to comment on this work- This includes whether standards of assessment have been adhered to.</p> <p>The EE visits the University to see the sample of work- The team have feedback from this review by the EE.</p> <p>The EE attends the Examination / progression Board- Each EE is able to give feedback on the rigour of the quality processes.</p> <p>The final report –</p> <p>2: The University plans to appoint a second EE currently and will advertise out for the DT</p>	September 2023
17	5. You should formalise a peer feedback mechanism which can be used for skill development.	<p>There is current consultation taking place with the teaching team and the students to look at ways in which peer feedback can be formalised to be used as part of the formative feedback processes. This is a practice that currently takes place informally but will become standardised going forwards</p>	September 2023
20 & 21	6. You must Introduce a standard setting process for assessments.	<p>The assessment is marked against an established matrix which is based around the set learning outcomes. The learning outcomes are part of the validated programme and are designed to meet the GDC standards</p>	September 2023

		There are % attached which are connected to how well we have addressed the points raised	
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Observations from the provider on content of report

The report provided is comprehensive and linked with the GDC standards for education. There is clarity in terms of requirements and where additional evidence is required- including the evidence which might be provided. The report reflects the inspection process well. The points which are met are mapped in a transparent way. There is clear indication of point which have only been partially met-which gives an opportunity to respond and provide further evidence. During the inspection the inspectors where clear about their processes and supportive to the University of Bolton Team/ students and employers they met with.

Recommendations to the GDC

Education associates' recommendation	The BSc continues to be approved for holders to apply for registration as a Dental Technician with the General Dental Council.
Date of next regular monitoring exercise	2024/25.

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.