

## INSPECTION REPORT

<b>Education Provider / Awarding Body:</b>	<b>Glasgow Dental School</b>
<b>Programme / Award / Qualification:</b>	<b>Bachelor of Dental Surgery (BDS)</b>
<b>Remit and purpose:</b>	<b>Full inspection referencing the <i>Standards for Education</i> to determine the continuing sufficiency of the award for the purpose of registration with the General Dental Council (GDC) as a dentist</b>
<b>Learning Outcomes:</b>	<b><i>The First Five Years</i></b>
<b>Programme inspection dates:</b>	<b>21 &amp; 22 March 2013</b>
<b>Examination inspection dates:</b>	<b>15 &amp; 16 May 2013 24 May 2013 28 May 2013 (via teleconference)</b>
<b>Inspection panel:</b>	<b>Michael McCulley (Chair and Lay Member) Iain Mackie (Dentist Member) M Khalid Mushtaq (Dentist Member) Edward Odell (Dentist Member)</b>
<b>GDC staff:</b>	<b>Peter Butler (Lead) Kathryn Counsell-Hubbard</b>
<b>Outcome:</b>	<b>Recommended that the BDS remains sufficient for registration as a dentist</b>

## Inspection summary

The inspectors were extremely impressed with the Glasgow BDS programme although there were some areas where the inspectors felt would benefit from improvement and development.

The pre-inspection documentation and evidence provided to the GDC was of a particularly high standard, making the inspection process very much easier to undertake. The inspectors would like to thank the staff responsible for putting together such comprehensive information.

The inspectors were very struck by the cohesive nature of the Glasgow BDS programme. Despite the large cohort size, the panel gained a very clear impression of how well the staff and students work together as a team with effective communication channels in place. This should be commended. Quality assurance processes in general are good but the inspectors felt this was particularly true for outreach locations. Other impressive aspects of the programme included the graduate attributes training week offered to students which the panel felt gave excellent support to students nearing the next phase of their careers. The support given to students through the mentoring scheme is yet another strength.

It was extremely pleasing to see that one of the major strengths at Glasgow were the systems and procedures in place to monitor and review the programme effectively together with the assessment structure which the inspectors felt was well understood by staff and students alike.

The inspectors noted some areas where improvements might be made and these include investigating methods of extending feedback on examination performance to all students whether they pass or fail; expanding students' exposure to working with other members of the dental team; putting in place written protocols for students regarding how they should raise patient safety concerns and improving longitudinal monitoring of clinical performance.

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

## Inspection Process and Purpose of Inspection

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 and new qualifications where it is intended that the qualification will lead to registration.
2. The aim of this quality assurance activity is to ensure that these institutions produce a new registrant who has demonstrated, on graduation, that he or she has met the outcomes required for registration with the GDC. This is to ensure that students who obtain a qualification are fit to practise at the level of a safe beginner.
3. The inspection focuses on four Standards, with a total of 29 underlying Requirements. These are contained in the document *Standards for Education*.
4. The purpose of this inspection was to make a recommendation to the Council of the GDC regarding the 'sufficiency' of the programme for registration as a dentist in the UK. The GDC's powers are derived under Part II, Section 9 of the Dentists Act 1984 (as amended) to determine sufficiency of the programme.

5. Inspection reports may highlight areas of strength and draw attention to areas requiring improvement and development, including actions that are required to be undertaken by the provider. Where an action is needed for a Requirement to be met, the term 'must' is used to describe the obligation on the provider to undertake this action. For these actions the inspectors may stipulate a specific timescale by which the action must be completed or when an update on progress must be provided. In their observations on the content of the report, the provider should confirm the anticipated date by which these actions will be completed. Where an action would improve how a Requirement is met, the term 'should' is used and for these actions there will be no due date stipulated. Providers will be asked to report on the progress in addressing the required actions through the annual monitoring process. Serious concerns about a lack of progress may result in further inspections or other quality assurance activity.
6. The 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, the report and observations would be presented to the Council of the GDC for consideration.

## The inspection

7. This report sets out the findings of an inspection of the Bachelor of Dental Surgery (BDS) awarded by The University of Glasgow. The GDC publication *Standards for Education (version 1.0 November 2012)* was used as a framework for the inspection. Inspection reports may highlight areas of strength and draw attention to areas requiring improvement and development, including actions that are required to be undertaken by the provider.
8. The programme inspection took place on 21 and 22 March 2013. During the inspection, the inspectors met staff involved with the management and delivery of the BDS programme. The inspection team also met with clinical teaching staff, outreach tutors, and students on the BDS programme.
9. On 15 and 16 May 2013 the inspectors attended the practical elements of the final examination. These were the Objective Structured Clinical Examination (OSCE) and the Case Presentations.
10. The inspectors also attended on 24 May 2013 when the process for the Final Examination Board meeting was explained to the inspectors. The meeting had been due to take place on this date but was rescheduled at short notice due to the availability of the external examiners. Some of the inspectors joined the Final Exam Board meeting on 28 May 2013 via teleconference.

## Overview of qualification

11. The five year BDS programme is based primarily at the Glasgow Dental Hospital & School. Each cohort is approximately 90 students strong. The programme aims to build up the knowledge, skills and attitudes required to enter dental practice as a safe beginner. To reflect this, the programme alters in emphasis, shifting from basic science towards consolidation of clinical skills as students' progress. NHS Health Boards, in conjunction with the University of Glasgow and NHS Education for Scotland (NES),

provide outreach facilities across Scotland. By the time students reach the final year of the programme, a large proportion of their time is spent working clinically in outreach.

## Evaluation of Qualification against the *Standards for Education*

12. As stated above, the *Standards for Education* were used as a framework for this inspection. Consideration was given to the fact that the *Standards for Education* were approved in late 2012 and that it may take time for providers to make amendments to programmes to meet all of the Requirements fully and to gather the evidence to demonstrate that each Requirement is being met. The inspection panel were fully aware of this and the findings of this report should be read with this in mind.
13. The provider was requested to undertake a self-evaluation of the programme against the individual Requirements under the *Standards for Education*. This involved stating whether each Requirement was met, partly met or not met and to provide evidence in support of their evaluation. The inspection panel examined this evidence, requested further documentary evidence and gathered further evidence from discussions with staff and students.
14. The inspection panel used the following descriptors to reach a decision on the extent to which the BDS of Glasgow Dental School meets each Requirement:

A Requirement is **met** if:

“There is sufficient appropriate evidence derived from the inspection process. This evidence provides the inspectors with broad confidence that the provider demonstrates the Requirement. Information gathered through meetings with staff and students is supportive of documentary evidence and the evidence is robust, consistent and not contradictory. There may be minor deficiencies in the evidence supplied but these are likely to be inconsequential.”

A Requirement is **partly met** if:

“Evidence derived from the inspection process is either incomplete or lacks detail and, as such, fails to convince the inspection panel that the provider fully demonstrates the Requirement. Information gathered through meetings with staff and students may not fully support the evidence submitted or there may be contradictory information in the evidence provided. There is, however, some evidence of compliance and it is likely that either (a) the appropriate evidence can be supplied in a short time frame, or, (b) any deficiencies identified can be addressed and evidenced in the annual monitoring process.”

A Requirement is **not met** if:

“The provider cannot provide evidence to demonstrate a Requirement or the evidence provided is not convincing. The information gathered at the inspection through meetings with staff and students does not support the evidence provided or the evidence is inconsistent and/or incompatible with other findings. The deficiencies identified are such as to give rise to serious concern and will require an immediate action plan from the provider. The consequences of not meeting a Requirement in terms of the overall sufficiency of a programme will depend upon the compliance of the provider across the range of Requirements and the possible implications for public protection.

**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

Requirements	Met	Partly met	Not met
1. Students will 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Patients must be made aware that they are being treated by students and give consent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Students will only provide patient care in an environment which is safe and appropriate. The provider must comply with relevant legislation and requirements regarding patient care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. When providing patient care and services, students are to be supervised appropriately according to the activity and the student's stage of development.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Supervisors must be appropriately qualified and trained. Clinical supervisors must have appropriate general or specialist registration with a regulatory body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Students and those involved in the delivery of education and training must be encouraged to raise concerns if they identify any risks to patient safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Should a patient safety issue arise, appropriate action must be taken by the provider	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**GDC comments**

**Requirement 1: Students will 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*)**

In the early stages of the BDS programme students undertake a series of pre-clinical and clinical competence assessments. Key skills are assessed in the pre-clinical environment prior to treating patients. The importance of these assessments, which test both theory and practical skill, is made very clear to students who told the inspection team that the training they receive in operative techniques means they feel well prepared. The competence tests start with more basic tasks, such as hand washing techniques, and build up to more complex tasks as the programme progresses.

Plans to enhance and expand the competence assessments look robust and comprehensive. Repeat assessments may take place almost immediately for those students who it seems have had a 'bad day'. A later re-sit occurs for students requiring remediation. Additional diets may be offered but the inspectors were pleased to learn that there comes a mutually agreed point when it is decided a discussion needs to take place as to whether dentistry is the right choice for a struggling student. The inspectors were told that students do withdraw from the programme but high progress rates are attributed to the way the programme bring students up to speed quickly.

**Requirement 2: Patients must be made aware that they are being treated by students and give consent (*Requirement Met*)**

Joint procedures set up by the University and NHS Greater Glasgow & Clyde mean that students cannot commence treatment until the patient gives formal consent to be treated by a student. The inspectors had sight of the policy document which sets out the requirements for consent as well as the information provided to patients prior to being treated.

**Requirement 3: Students will only provide patient care in an environment which is safe and appropriate. The provider must comply with relevant legislation and requirements regarding patient care (*Requirement Met*)**

The work undertaken by students is performed largely in NHS facilities that must comply with NHS Health and Safety policies. Representatives from The University of Glasgow attend NHS Clinical Governance Committee meetings. There are clear Health and Safety policies in place and students receive excellent levels of supervision while working on clinics (see further comments under Requirement 4).

Considerable investment in the facilities at the School in recent times has benefitted staff and students alike. The inspectors were pleased to learn, from discussions with student groups, that the new facilities are well-liked and that refurbishments have been carried out with the minimum of disruption. The investment in providing brand new, state-of-the-art facilities will continue over the coming months and years. Facilities provided in outreach were also reported to be of a high standard. The inspection team was pleased to learn that students receive close nursing support while working in outreach placements.

**Requirement 4: When providing patient care and services, students are to be supervised appropriately according to the activity and the student's stage of development (*Requirement Met*)**

There is clearly confidence in the staff team from senior management. A relatively recent restructure of the staff complement has led to some strategic recruitment. The inspectors were pleased to learn that there is an emphasis on nurturing and developing junior staff members. Succession planning is in place in order to maintain the strength of the teaching team. The staffing strategy also identifies areas for improvement such as restorative dentistry. Clinical teaching staff are recruited against detailed person specifications.

It is anticipated that when students are working on clinics there will be no more than seven students per supervising member of staff. Commonly, staff:student ratios are better than this. Students the panel spoke with confirmed this and said they felt that a member of staff was always close at hand to assist with any issues or problems. The panel were told that, for Year 1 in particular, there is close support for students as they commence what can often be a very

different way of learning for some. Staff keep in close contact in order to manage anxiety regarding assessments and to assist them as they develop a more mature learning style. This includes an introductory programme relating to reflective learning and various 'taster' sessions. Students are also assigned a member of staff who will act as their mentor throughout their time at the Glasgow Dental School.

It is recognised by the School that there are many ways in which a student might struggle and, as such, efforts are made to ensure they are supported in many different ways. When students take time out from study, tailored programmes are devised for them on their return to the School. The panel were pleased to hear that students feel well cared for and appreciate the strong sense of community within the School. Low levels of attrition and good progression rates would seem to support this. One exemplar of the support received by students is the 'graduate attributes week' in which they are given guidance on vocational training, CV writing skills, and general careers advice.

**Requirement 5: Supervisors must be appropriately qualified and trained. Clinical supervisors must have appropriate general or specialist registration with a regulatory body (Requirement Met)**

Clinical supervisors all have the appropriate registration and there is a detailed training programme in place that includes peer observations and feedback. Part-time teaching staff all take part in an induction programme that covers teaching and assessment. They are also timetabled with an academic member of staff on clinics.

While attending training sessions is not mandatory, this is encouraged by offering time off in lieu. Many members of the team visit only two days each week, or less, so it can be difficult to manage provision of training, however, the panel were told that training sessions were well attended in general. All outreach tutors are included in in-house training sessions.

**Requirement 6: Students and those involved in the delivery of education and training must be encouraged to raise concerns if they identify any risks to patient safety (Requirement Partly Met)**

Policies are in place to cover professional conduct, whistleblowing and codes of conduct but there is no specific written protocol to cover raising concerns. When the inspection team spoke with students they said that staff were always available to discuss problems or issues, especially during clinical sessions. Given the large cohort size, the School should be commended for managing to maintain a close-knit sense of community within the programme which was very evident to the inspection team. The panel felt, however, that students had a fairly limited grasp of wider patient safety issues. The School recognises that there is a need to develop written protocols for students relating to whistleblowing and raising concerns about patient safety. If a student was unsure of the appropriate course of action to take, there is currently nothing written down and aimed specifically at explaining what they would need to do. Putting this in place should be a relatively straightforward task to undertake and complete. The School acknowledge that care needs to be taken to ensure that any written protocols being introduced fit in with NHS systems already in place.

The panel were told that methods of promoting current procedures and making them better understood by the staff team need to be identified. It was thought that effecting a culture change among staff and students will take time. For these reasons, the inspectors agreed with the School's own assessment that this Requirement is partly met.

**Requirement 7: Should a patient safety issue arise, appropriate action must be taken by the provider (Requirement Met)**

The panel saw evidence of how specific issues had been handled. One related to handpiece safety. The inspectors also saw more general evidence relating to the capture of information about clinical incidents. There are policies and procedures in place that have been agreed by the University together with the NHS so that any safety issues which may arise are dealt with appropriately and resolved in a timely fashion. This is overseen by the Clinical Governance Committee.

**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 (Requirement Met)**

There is a University-wide policy that covers fitness to practise. Students are required to sign up to a code of practice that includes the GDC Student Fitness to Practise guidance. They are required to do this on an annual basis which reaffirms the importance of the policy with the students. Further information, case studies and other resources are made available to staff and students via the online Moodle system. The inspectors were satisfied that any potential Fitness to Practise issues would be identified at an early stage and the necessary action taken.

**Actions**

<b>Req. Number</b>	<b>Actions</b>	<b>Due date</b>
6	Written protocols on raising concerns which are currently being put together must be completed and distributed as soon as is practicable. Further work needs to be done in order to ensure new policies are widely understood by both staff and students alike.	Update to be provided through the 2014 GDC Annual Monitoring exercise

**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**

Requirements	Met	Partly met	Not met
9. The provider will 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The provider will have systems in place to quality assure placements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Any problems identified through the operation of the quality management framework must be addressed as soon as possible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Should quality evaluation of the programme identify any serious threats to the students achieving learning outcomes through the programme, the GDC must be notified at the earliest possible opportunity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Programmes must be subject to rigorous internal and external quality assurance procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. External examiners must be utilised and must be familiar with the learning outcomes and their context. Providers should follow QAA guidelines on external examining where applicable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Providers must consider and, where appropriate, act upon concerns raised or formal reports on the quality of education and assessment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**GDC comments**

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

The evidence provided to the inspectors prior to the inspection demonstrated a clear and coherent approach to quality assurance of the programme. Aligned with this is a cyclical approach operating on different timescales. There is a process of annual monitoring where feedback is collected and analysed to establish where change may be necessary followed by additional monitoring to check any changes have been implemented successfully. There is a longer term cycle in place that includes review by the University, the GDC and other external bodies.

Feedback is crucial to the Quality Assurance mechanisms at Glasgow. It is collected widely from staff, students, patients, external examiners and other stakeholders and the inspectors felt this added great value to the process.

There has been a conscious effort to avoid subject silos and this has meant encouraging staff to focus on the curriculum as a whole rather than concentrating specifically on their own areas of expertise. This more holistic approach was clear to the inspectors and the panel supports the way in which this helps to bring about more effective and timely change.

**Requirement 10: The provider will have systems in place to quality assure placements  
(Requirement Met)**

Outreach is a major element of the Glasgow BDS programme and this has been the case for many years. It is held in high regard by both the staff and students. The outreach scheme garners extremely positive feedback. The Outreach Co-ordinator ensures that staff in outreach locations are well integrated with the rest of the programme through a rotation of regular visits, two days each week, to each location. The inspectors' viewed this as excellent practice because it enables them to discern any deviation from the expected teaching style or system. There are also opportunities to monitor students who may have been struggling in the School environment to ascertain whether the change helps them improve and develop.

Tutors in outreach are given regular, tailored training to support them throughout the programme including an annual outreach teachers' day, which can often be an opportunity to raise concerns or issues. Outreach tutors are also included in in-house training sessions and this provided the inspectors with a sense of how well integrated into the overall BDS programme they are. A trial scheme of peer observation of teaching is due to be extended across all outreach locations, which the inspectors viewed as excellent progress. Students also undertake an audit project in outreach and this is used to help standardise student experience across all locations.

The inspectors saw excellent evidence of feedback obtained regarding the outreach provision. During the final year, students spend every other week out in placements and this allows staff to keep in touch with them during the time they are based in the School. The School recognises that there can be variations in experience across the various locations but every effort was being made to make students' experiences as comparable as possible.

**Requirement 11: Any problems identified through the operation of the quality management framework must be addressed as soon as possible (Requirement Met)**

The monitoring of feedback and, subsequently, the monitoring of changes made as a result of feedback means that issues are addressed in a timely fashion. The inspectors saw clear evidence of standard agendas for Committees that included standing items to report on action points. The panel were happy to note that this meant actions were followed up appropriately. Detailed information was provided regarding the various Committees in place and how these function and interact with one another.

At the conclusion of each academic year, the Year Co-ordinator responsible for each year of the BDS programme provides a report including any actions required. Student representatives (four per year group) also interact on a formal basis with Year Co-ordinators to input into any prospective changes. Students the panel spoke with said that student representatives were always approachable.

The inspectors were pleased to be told that staff felt empowered to effect change where they saw it as needed and that they were given sufficient opportunities to raise concerns; those who raised issues were often involved in the process of putting things right.

**Requirement 12: Should quality evaluation of the programme identify any serious threats to the students achieving learning outcomes through the programme, the GDC must be notified at the earliest possible opportunity (*Requirement Met*)**

There have not been any serious threats to the programme that have required the GDC to be notified. Evidence the inspectors saw supported this and we could also see, through evidence supplied regarding the wider quality assurance mechanisms employed by the School, where issues requiring attention had been dealt with in an expedient manner.

**Requirement 13: Programmes must be subject to rigorous internal and external quality assurance procedures (*Requirement Met*)**

As noted under Requirement 9, the programme is subject to a cycle of longer-term quality assurance procedures that involve the University's periodic review, GDC inspections as well as input from other external bodies and other influences (such as the National Student Survey). The University periodic review involves completion of a self-assessment form that is followed up with a visit to the School. The inspection team were given sight of the documentation relating to the most recent periodic review which took place in 2010.

**Requirement 14: External examiners must be utilised and must be familiar with the learning outcomes and their context. Providers should follow Quality Assurance Agency (QAA) guidelines on external examining where applicable (*Requirement Met*)**

QAA guidelines are firmly embedded within the policies and procedures the School has in place for external examiners. Extremely clear guidance is provided to external examiners regarding their role and responsibilities and how this fits in with the wider responsibilities of the School itself. External Examiners the inspection team spoke with felt they were being utilised correctly and were able to carry out their function efficiently and effectively.

**Requirement 15: Providers must consider and, where appropriate, act upon concerns raised or formal reports on the quality of education and assessment (*Requirement Met*)**

Please also see comments made throughout the rest of Standard 2.

The University periodic review produces a report which outlines improvements which could be made to the education provision within the dental school. The inspectors noted that there is a real team approach to making changes and dealing with issues with an impressive approach to using feedback to inform improvements. The inspection panel were pleased to hear that there is a good deal of discussion between staff and that problems are looked at by the entire team in order to achieve a resolution. The inspectors felt this was clearly an effective method of tackling potential problems and the panel hopes this approach continues to thrive.

**Actions**

<b>Req. Number</b>	<b>Actions</b>	<b>Due date</b>
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**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**

<b>Requirements</b>	<b>Met</b>	<b>Partly met</b>	<b>Not met</b>
16. To award the qualification, providers must be assured that students have demonstrated attainment across the full range of learning outcomes, at a level sufficient to indicate they are safe to begin practice. This assurance should be underpinned by a coherent approach to aggregation and triangulation, as well as the principles of assessment referred to in these standards.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. The provider will have in place management systems to plan, monitor and record the assessment of students throughout the programme against each of the learning outcomes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18. Assessment must involve a range of methods appropriate to the learning outcomes and these should be in line with current practice and routinely monitored, quality assured and developed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Students will have exposure to an appropriate breadth of patients/procedures and will 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. The provider should seek to improve student performance by encouraging reflection and by providing feedback <sup>1</sup> .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Examiners/assessors must have appropriate skills, experience and training to undertake the task of assessment, appropriate general or specialist registration with a regulatory body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Assessment must be fair and undertaken against clear criteria. Standard setting must be employed for summative assessments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Where appropriate, patient/peer/customer feedback should contribute to the assessment process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Where possible, multiple samples of performance must be taken to ensure the validity and reliability of the assessment conclusion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<sup>1</sup> Reflective practice should not be part of the assessment process in a way that risks effective student use

26. 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



#### **GDC comments**

**Requirement 16: To award the qualification, providers must be assured that students have demonstrated attainment across the full range of learning outcomes, at a level sufficient to indicate they are safe to begin practice. This assurance should be underpinned by a coherent approach to aggregation and triangulation, as well as the principles of assessment referred to in these standards (*Requirement Met*)**

There is a clear assessment strategy and structure and this is well described for students so that they understand how and why they are being assessed. The end point of each year of study has clear progression requirements students must meet in order to continue, so that each year of study can be viewed almost as a separate course of study. Key safety issues, such as infection control and basic life support, are assessed regularly. The programme has been designed so that students build the knowledge, skills and attitudes required to practice dentistry as a safe beginner. There is also a movement, as the student develops, from an emphasis on underpinning scientific knowledge to clinical practice. By the final year, much of students' time is taken up working clinically and this includes up to 16 weeks in outreach. Since didactic teaching is completed by the end of Year 4, the written assessment element of 'Finals' occurs at this point. The panel saw evidence of a transparent blueprinting system, linking each assessment to the GDC learning outcomes; standard setting and psychometric analysis are both used for every summative assessment. Further to this, the inspectors were able to establish that an understanding of the standard setting procedures is filtered down to all staff through each Year Co-ordinator. The embedding of the new curriculum has also assisted with this. Staff are confident that it would not be possible for a student to complete the programme without the requisite skills and knowledge.

Students have various opportunities to experience working with other members of the dental team although not all students will get all opportunities. These include working jointly on patients with hygienists and therapists, visiting dental laboratories to meet with technicians and gain an understanding of how to prescribe, working with the support of dedicated dental nurses in outreach and observing hygiene and therapy clinics. Year 5 students also help to mentor Year 1 students on clinic in taking impressions. The inspectors felt this was a good example of peer assisted learning and helps BDS1 students to understand what they are working towards. Students have less contact with Dental Care Professionals (DCPs) in the hospital setting. In outreach they will either have direct contact with or will learn about the functions of DCPs. The team of inspectors all agreed that there was further scope for experience of working with other members of the dental team and that this should be explored by the School.

**Requirement 17: The provider will have in place management systems to plan, monitor and record the assessment of students throughout the programme against each of the learning outcomes (*Requirement Partly Met*)**

The School are in the process of moving to the use of the Liverpool Longitudinal Integrative Foundation Training Undergraduate to Postgraduate Pathway (LIFTUPP) system for recording clinical assessments in a more longitudinal manner than is currently the case. It is planned that LIFTUPP will be piloted during the 2013/14 academic year with full implementation taking place the following year. There will be an academic member of staff responsible for the introduction of LIFTUPP within the School. The inspectors saw evidence of the current Record of Clinical Assessments and Feedback (ReCAF) which includes summative records of clinical achievements and records of completion of programme requirements.

Upkeep of the current system is time consuming and staff believe the new LIFTUPP system should go some way to alleviate this burden and allow greater analysis of student performance. In recent times, the School ensured that the full range of clinical procedures was recorded routinely. Given the School are in a period of transition between two systems, the panel agree with the School's assessment that this requirement is partly met.

**Requirement 18: Assessment must involve a range of methods appropriate to the learning outcomes and these should be in line with current practice and routinely monitored, quality assured and developed (*Requirement Met*)**

Evidence of transparent blueprinting of assessments combined with clear standard setting and monitoring of assessment reliability demonstrates that the School are easily meeting this requirement. The panel saw further evidence relating to the conduct of team meetings and Teaching Committee meetings which deal with the review and development of assessments. The inspection team attended the case presentation and OSCE examinations as part of the inspection process and felt that these were extremely well organised, especially given the size of the cohort.

**Requirement 19: Students will have exposure to an appropriate breadth of patients/procedures and will undertake each activity relating to patient care on sufficient occasions to enable them to develop the skills and the level of competency to achieve the relevant GDC learning outcomes (*Requirement Met*)**

The School provides students with suggested targets for levels of clinical experience but these are not relied on solely as an indication of competence. Students must complete competence assessments at various stages of the programme. See additional comments under Requirement 1.

Evidence the inspectors were shown suggested that students generally manage to achieve more than the recommended clinical targets and students the inspectors spoke with confirmed this. Students met by the inspectors told them that they would like the opportunity to have more oral surgery sessions to extend their experience in this area. The panel would support this. The inspectors noted that some students may gain additional experience depending on the outreach locations they attend. The School recognises that it is not always easy to provide the right types of patient at the time they are needed. Patients will often not require the types of treatment the students need to carry out. The School must continue to seek ways of working around this common difficulty.

**Requirement 20: The provider should seek to improve student performance by encouraging reflection and by providing feedback (*Requirement Met*)**

It was clear that reflection is a major component of the Glasgow programme and this is instilled from the very earliest stages of Year 1. In fact, formative assessments and the feedback provided on them are seen as a crucial method of managing expectations and students' perceptions of low grades in a group of academic high achievers. Students are provided with excellent guidance regarding the need for reflection and how to get the best out of the reflective portfolio they are required to complete. Students are also required to submit reflective reports to their mentors each year. They meet with mentors on a regular basis to develop their skills in reflecting on their performance. These reports and discussions can also feed into personal development plans. After assessments, generic feedback is provided to the year group as a whole while candidates failing to pass assessments are met with individually. This

can often help to bring underlying problems or issues to the surface. In some cases, students who have not failed a particular assessment might seek individual feedback if, for example, they have not scored as highly as they anticipated. However, this is not the norm and the inspectors would like to see feedback provided regardless of the performance standard. The panel do appreciate that, given the large cohort size, this may be difficult to achieve.

**Requirement 21: Examiners/assessors must have appropriate skills, experience and training to undertake the task of assessment, appropriate general or specialist registration with a regulatory body (*Requirement Met*)**

Academic staff undertake the Postgraduate Certificate in Academic Practice and the Dental School provides training on a regular basis with a specific focus on assessment. Non-University staff who are involved in the assessment process are required to be approved annually to undertake their role. In order to ensure consistency, they are carefully briefed and mentored.

**Requirement 22: 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 (*Requirement Met*)**

The inspection panel were given sight of all external examiner reports for the previous three years which met these criteria. During the Final Examination Board meeting, which was attended by members of the inspection team by teleconference, the External Examiners were offered the opportunity to make a preliminary, verbal report on the assessments they have been engaged in. See also comments in relation to Requirement 14.

**Requirement 23: Assessment must be fair and undertaken against clear criteria. Standard setting must be employed for summative assessments (*Requirement Met*)**

There are clear and transparent procedures and policies in place which deal with how examinations need to be prepared. The same is also true for how results are arrived at and this report covers elsewhere how well the standard setting procedures are shared with, and understood by, staff delivering the programme and students. The Final Examination Board meeting process was explained to the inspectors very clearly and the panel were satisfied that it was conducted in a fair and transparent manner.

**Requirement 24: Where appropriate, patient/peer/customer feedback should contribute to the assessment process (*Requirement Met*)**

The inspectors saw evidence that various forms of feedback are collected. Feedback is used formatively but any major issues raised as a result of feedback can be identified and managed. The panel saw evidence of peer-assisted learning where Year 1 and Year 5 students assess work together before tutors provide feedback. During OSCE examinations, feedback on students' communication skills is gathered.

During Year 4, students are required to distribute a patient feedback questionnaire to their patients that includes questions relating to the treatment they have received. Students then receive an overall analysis of the results as well as their own individual results so they are able to see how they compare with the rest of the year group.

The School recognises that patient feedback is not always very helpful or useful and the

inspection panel understands why this might be the case, particularly where feedback is largely positive in nature. Methods of improving the usefulness of patient feedback therefore need investigation.

**Requirement 25: Where possible, multiple samples of performance must be taken to ensure the validity and reliability of the assessment conclusion (*Requirement Met*)**

The blueprinting documentation showed that the learning outcomes are covered well across all five years of the programme. The final examinations cover all aspects of the curriculum. Please see comments relating to Requirement 18 for more information on the reliability of assessments.

Documentation relating to ReCAF seen by the panel show that procedures are assessed formatively on a variety of occasions. These are then assessed summatively as part of the competence assessments students take prior to treating patients or after a period of supervised clinical practice. Key topics such as infection control are assessed regularly.

**Requirement 26: 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 (*Requirement Met*)**

The inspectors were pleased to learn that students they met with had a clear understanding of how standards are set within the School. They are provided with clear guidance on what is expected of them and they know where to locate such information via the 'Moodle' dynamic learning environment. There is a strong awareness of the procedures involved in assessing their achievements and they know how to find out which learning outcomes are being assessed and what marking scheme is being used.

Staff at all levels also seem well informed. The generic feedback sessions given to student groups after each assessment give them an idea of where they stand against their peers and gives them a sense of how they need to improve to reach a higher standard. They can understand where they may have gone wrong. Some students did feel the 9-grade system was a little cumbersome and there was some degree of variation in applying these, which was reported to the panel.

**Actions**

<b>Req. Number</b>	<b>Actions</b>	<b>Due date</b>
17	A report on the pilot of the LIFTUPP programme must be provided. If the system is not then fully rolled out, the School must explain how this Requirement will be addressed.	Update to be provided through the 2014 GDC Annual Monitoring exercise
20	The School should investigate how it might improve feedback on examination/assessment performance to all students regardless of whether they pass or fail.	
24	Methods of gathering more useful patient feedback should be established.	

26	The School should continue to work at reducing variations in grading and the application of the grading scheme.	
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**Standard 4 – Equality and diversity**

The provider must comply with equal opportunities and discrimination legislation and practice. They must also advocate this practice to students

Requirements	Met	Partly met	Not met
27. Providers must adhere to current legislation and best practice guidance relating to equality and diversity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Staff will receive training on equality and diversity, development and appraisal mechanisms will include this	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Providers will convey to students the importance of compliance with equality and diversity law and principles both during training and after they begin practice	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>GDC comments</b>			
<p><b>Requirement 27: Providers must adhere to current legislation and best practice guidance relating to equality and diversity (<i>Requirement Met</i>)</b></p>			
<p>Students told the inspectors that they felt fairly treated and provided for in terms of time off for religious holidays and provision of a dedicated prayer room. All committees within the School have standing agenda items to cover issues relating to equality and diversity. This helps ensure such matters are not forgotten, delayed or side-lined. The University of Glasgow provides centralised support, should this be required, via a dedicated Equality and Diversity Unit. Evidence given to the inspectors showed how significant issues in this area have been managed.</p>			
<p><b>Requirement 28: Staff will receive training on equality and diversity, development and appraisal mechanisms will include this (<i>Requirement Met</i>)</b></p>			
<p>Training in equality and diversity is a University requirement for all employees. A new, online training system has been introduced and all members of staff must complete this. Completion certificates for all staff were made available to the panel. There is an equality and diversity champion at university level and discussions are on-going as to whether there is the need for a champion at School level. Any member of staff whose training on equality and diversity issues has been received outside of the School or University is required to provide documentary evidence of this.</p>			
<p><b>Requirement 29: Providers will convey to students the importance of compliance with equality and diversity law and principles both during training and after they begin practice (<i>Requirement Met</i>)</b></p>			
<p>Much of the required training for students is provided during the special care dentistry course. Students undertake community placements in deprived areas at an early stage of the programme and this provides early experience of the diversity of the local population. The student body itself is a diverse group. Emphasis is placed throughout the programme on the need to engage positively with equality and diversity policy during their training and into vocational training and the rest of their working lives. Professionalism is also constantly emphasised during the programme. The students understand they have signed up to professional behaviour and a certain approach to their work and all University policies are provided to them in BDS handbooks.</p>			

<b>Actions</b>		
<b>Req. Number</b>	<b>Actions</b>	<b>Due date</b>
-	-	-

## Summary of Actions

Req. Number	Actions	Observations Response from Provider	Due date
6	Written protocols on raising concerns that are currently being written must be completed and distributed as soon as is practicable. Further work needs to be done in order to ensure that new policies are widely understood by both staff and students.	<ul style="list-style-type: none"> <li>A protocol for students on <i>Raising Concerns</i> has been produced and is attached. This has been approved by the Dental Education Committee and has been publicised to students and staff via email. It will be further disseminated via staff-student liaison committees and teaching committees, and will be placed in the BDS Handbook section of Moodle.</li> <li>A recently revised NHS Greater Glasgow &amp; Clyde policy on <i>Whistleblowing</i> is attached. NHS and honorary clinical staff will be alerted to this via a <i>Team Brief</i> document and through the Clinical Director – Lead Clinician structure.</li> </ul>	Update to be provided through the 2014 GDC Annual Monitoring exercise
17	A report on the pilot of the LIFTUPP programme must be provided. If the system is not then fully rolled out, the School must explain how this Requirement will be addressed.	<ul style="list-style-type: none"> <li>Familiarisation of key academic staff with the assessment processes in LIFTUPP has begun and we anticipate no difficulty in assimilating the system into the Glasgow BDS curriculum.</li> <li>We continue to work with NHS Partners to address patient confidentiality and IT issues. There are significant challenges but we are exploring a number of options to overcome these.</li> </ul>	Update to be provided through the 2014 GDC Annual Monitoring exercise

		<ul style="list-style-type: none"> <li>The pilot is planned for May-July 2014</li> </ul>	
20	The School should investigate how it might improve feedback on examination/assessment performance to all students regardless of whether they pass or fail.	<ul style="list-style-type: none"> <li>The School notes the inspector's comments, in relation to requirements 20 and 26, concerning the use of generic feedback. In relation to requirement 26, the inspectors note that students consider the generic feedback to be effective; the School concurs with this evaluation.</li> <li>The Dental Education Committee will continue to explore means of improving the usefulness of generic feedback, including the use of Moodle. The School currently utilises features of the examination software <i>Speedwell</i> to provide feedback on MCQ examinations in BDS1. This will be extended to all summative MCQ papers.</li> <li>The School will consider how students might be helped to understand and utilise feedback effectively. It will also explore feed-forward approaches and peer assessment to enhance student understanding of marking criteria.</li> <li>The University has recently established a working group on examination feedback, chaired by the Deputy Head of the Dental School. The School will seek to implement any recommendations of this working group.</li> </ul>	N/A

24	Methods of gathering more useful patient feedback should be established.	<ul style="list-style-type: none"> <li>• Dental Education Committee will consider how this might be achieved and will look specifically at improving the existing questionnaire and its distribution to patients. Electronic means of gathering patient feedback will be considered and we note that this is a feature of LIFTUPP.</li> <li>• We will investigate the options of random telephone surveys and focus groups.</li> </ul>	N/A
26	The School should continue to work at reducing variation in grading and the application of the grading scheme.	<ul style="list-style-type: none"> <li>• Examiner/assessor training and calibration will continue to feature in regular in-service training events. We will also look to develop on-line resources.</li> <li>• The introduction of LIFTUPP will necessitate the adoption of a new grading scale with associated descriptors. This will provide a focus for the re-calibration of all staff. The automatic recording of all grades will allow the identification of grading outliers and facilitate appropriate intervention.</li> </ul>	N/A

### Observations from the provider on the content of the report

The School would like to thank the inspectors for the efficient and thorough way in which the inspection process was conducted. The inspectors had clearly taken great care to read the documentation provided by the School. We note that the report and actions are well-aligned to Standards for Education and the School is grateful for the recommendations for improvement.

## **Recommendation to the GDC**

The inspectors recommend that this qualification is sufficient for holders to apply for registration as a dentist with the General Dental Council.