

INSPECTION REPORT

Education Provider / Awarding Body:	Health Education Kent Surrey Sussex (HEKSS)/Faculty of General Dental Practice (Royal College of Surgeons, England)
Programme / Award / Qualification:	Diploma in Clinical Dental Technology
Remit and Purpose:	Full inspection referencing the <i>Standards for Education</i> to determine the continuing sufficiency of the award for the purpose of registration with the GDC as clinical dental technician
Learning Outcomes:	Preparing for Practice
Programme Inspection Dates:	19 – 20 September 2014
Examination Inspection Dates:	11 – 12 June 2015 Examination Board Meeting: 15 September 2015
Inspection Panel:	Audrey Cowie (Chair and Lay Member) Daryll Jagger (Dentist Member) Caroline Logan (DCP Member)
GDC Staff:	Krutika Patel (Lead) Kathryn Counsell-Hubbard (Programme inspection only) James Marshall (Exam inspection only)
Outcome:	Recommend that the HEKSS CDT programme is approved for the cohort graduating in 2015. The programme leads must provide a new programme submission, clearly detailing how they intend to address each of the actions raised. The GDC should re-inspect the new cohort in their final year in 2018.

Inspection summary

Following scrutiny of the clinical portfolios, the panel agreed that the cohort of students considered at the examination board in September 2015 had demonstrated the required skills and knowledge and undertaken sufficient clinical practice to be deemed fit to practise as 'safe beginners'. Therefore, they should be eligible to apply for registration as clinical dental technicians with the General Dental Council.

The panel acknowledged the positive aspects of the programme. These included the recording and monitoring of clinical activity on the programme's virtual platform, ESP (Educational Support Platform) which enables programme tutors to track student progress throughout the course; the range of clinical activity students are exposed to in their work placements; the dedication of the programme staff to provide a good teaching experience for their students; the small but efficient administration team who ensured students were always provided with the necessary documentation and information about the programme; and the strong relationship between staff and students which encouraged a positive learning environment.

Areas that need to be addressed urgently within the programme concern the residential study weekends which are held in non-clinical environments which used simulation exercises to teach the clinical aspects of the programme. The panel felt this did not sufficiently convey to students the clinical complexities and professional responsibilities of working in a real clinical environment. The panel also felt there was a risk of cross infection when the students were practising procedures on each other, as there were not adequate facilities in place to wash hands regularly, prepare materials and dispose of any clinical waste. In addition, the panel noted that during these weekends, the students were not in full clinical dress when carrying out clinical procedures, this again increased the risk of cross infection and did not provide the opportunity for clinicians to provide feedback on students' professional dress and associated behaviours.

Whilst in their work placements, students are required to complete at least 75 patient cases. However, not all these cases are routinely checked by their clinical workplace supervisors. The supervisor only has to confirm that the student has completed the case, they do not assess the student or check the appliance, which is a patient safety issue as appliances may not be fit for purpose and it is not certain that patients will provide feedback when an appliance does not fit. This also means that there is less opportunity for students to reflect on their practice as no feedback is given by supervisors.

In relation to some of the final objective structured clinical examinations (OSCEs), the panel felt these should have also been held in a clinical environment and students should have been in full clinical dress. From observing the examination centre based OSCEs, the inspectors considered that the content was not robust enough for a final examination, and the some questions and scenarios were more appropriate for a dental technician examination rather than a clinical dental technician examination.

Another area of concern was the lack of a quality management framework governing the programme. The panel understood that although there is a small number of key staff delivering the programme, there was no evidence provided to demonstrate there are adequate formal strategic quality assurance systems or procedures in place to explain how

the programme would develop in response to threats, such as changes in legislation or changes in learning outcomes, or how areas of concern would be escalated and prioritised for action.

At the programme inspection, the panel was informed that the Student Handbook was the sole policy document regulating the programme. Following scrutiny of this document, the panel identified a number of policies that were absent from this document and noted there was no process in place to monitor the content of the Handbook and ensure that it remained up-to-date. In addition, there appeared to be no process in place to communicate amendments to policies and procedures to students once information had been updated. However, progress in this area has been made with students notified of changes via the ESP messaging system and changes being discussed at the study weekends.

Many of the above findings were fed back to the programme leads following the programme inspection, and subsequently some policies and processes were devised for specific areas and others were in development. The panel recognised that this action was a positive development for the programme, however, the inspectors remained concerned that this cohort had completed the programme without certain strategic and operational guidance and processes in place, which was felt to be a potential, but very real risk to public protection and patient safety.

The panel wishes to thank staff, students and external stakeholders involved with the Diploma in Clinical Dental Technology, 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 leading to registration 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 GDC to determine whether the programme should be approved as a route for registration as a clinical dental technician. The GDC's powers are derived under the Dentists Act 1984 (as amended) under The General Dental Council (Professions Complementary to Dentistry) (Qualifications and Supervision of Dental Work) [DCP] Rules Order of Council 2006.
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 Diploma of Clinical Dental Technology, awarded by Health Education Kent Surrey Sussex (HEKSS), under the auspices of the Faculty of General Dental Practice (FGDP, RCS Eng). The GDC publication Standards for Education (version 1.0, November 2012) was used as a framework for this inspection.
8. The inspection comprised three visits. The first, referred to as the programme inspection, was carried out 19 and 20 September 2014. The second part of the inspection took place on 11 and 12 June 2015, when the panel attended briefings for the exams; reviewed student clinical portfolios and examples of patient cases; and observed the final OSCEs. The inspection concluded on 15 September 2015, when members of the panel attended the Exam Board meeting.
9. All of the student's clinical experience is gained either in a general dental or clinical dental practice, under the supervision of a GDC registrant. It was only possible to meet with one of the clinical workplace supervisors (CWS) during the programme inspection; therefore the panel devised a questionnaire which was then distributed to them by HEKSS. A total of 14 responses to this questionnaire were received. The questionnaire included questions such as the responsibilities the CWS has; the application and induction process; the level of supervision they give the student; the professionalism of their student; how confident they feel the student they are responsible for supervising, will have the skill and knowledge to practise safely upon completion of this programme; and the support they have received from HEKSS in their role as a CWS. At the exam inspection, the panel was able to meet with one CWS.
10. The report contains the findings of the inspection panel with consideration to both supporting documentation prepared by the programme leads, as well as meetings with staff and key stakeholders, to evidence how the individual Requirements under the Standards for Education have been met.

Overview of Qualification

11. The two-year part time Diploma in Clinical Dental Technology, has been running since 2009. Fifty-five students in the current cohort completed the programme in June 2015

and graduated in September 2015. The previous cohorts, who graduated in 2011 and 2013 undertook a shorter programme due to their previous experience and learning in this area, as described in the 2011 GDC inspection report.

12. To be eligible for entry to the programme, students must have GDC registration as a dental technician and complete three pre-course modules, which are formally taught and assessed by HEKSS. These modules comprise 1) infection control and decontamination; 2) impression taking; and 3) jaw registration, shade taking and clinical photography. Elements of record keeping are included, where relevant, in each of the three modules. Whilst completing these modules, students must train under the supervision of a GDC registered dentist or clinical dental technician (CDT), who assesses their progress to ensure students complete at least ten processes/procedures for each of the three modules to a satisfactory standard.
13. Once the three pre-course modules have been successfully completed, students must secure a placement at a general dental or clinical dental technology practice, and work under the supervision of a GDC registrant who is their designated clinical workplace supervisor (CWS).
14. In the placement, students are expected to complete a number of mini/full patient cases, as well as assessed directly observed procedures (DOPs) and OSCEs. The latter being marked by visiting assessors. Records of clinical work are kept in individual student clinical portfolios, as well electronically on the programme's virtual platform, ESP. ESP is described as a 'student learning management system', and supports students by recording their assessment marks and grades; recording their personal development plans; delivering e-learning material; and sign-posting to further resources.
15. The programme consists of eight modules taught over two years. These are:
 - Patient Assessment;
 - CDT Clinical Skills;
 - Clinical Safety and Risk Management;
 - Oral and Dental Disease and their Prevention;
 - Human Disease and Medical Emergencies;
 - Communication Skills, Teamwork and Behavioural Science;
 - Professionalism; Law and Ethics; and
 - Science and Technology of Dental Materials.
16. Practical and theoretical teaching is delivered over the course of thirteen residential study weekends. At the commencement of each of these weekends, students will also undergo an assessment in the form of a written exam, OSCE or both, to assess the knowledge gained and learned from the previous study weekend.
17. Students are assessed using a number of methods including directly observed procedures (DOPs) and OSCEs as described above. By the end of the programme students must have completed a minimum of 21 mini patient cases which should include a medical and dental history, diagnosis and draft treatment plan. The 21 cases should include: ten complete dentures; five acrylic partial dentures; three chrome cobalt partial dentures; plus three patients which require special care or are 'out of the ordinary'.
18. The students complete 21 mini cases, students must complete four full patient cases which are selected from the mini-cases (under the guidance of their Clinical Supervisors); of which two will involve complete dentures, one will involve a partial denture, and the fourth will be the student's choice.

19. In conjunction with these eight modules, students are also required to complete key skills in the following subject areas: reflection; medical emergencies; infection control; record keeping; legislation; personal development and team working; communication and complaints handling; and dental materials. These key skills form a major assessment component of the programme, with students having to demonstrate knowledge and understanding of how they relate theory to their own practice.
20. On the programme, students are separated into six 'Learning Sets', according to where they are based in the UK. Students work in their Learning Sets during the residential study weekends, where they are given exercises to discuss and report back. The Learning Sets are led by Learning Set Facilitators who are responsible for looking after the 'study welfare' of the students and monitoring their progress via ESP, as well as providing assistance and advice when the student is practising in their work placement. Students are also encouraged to seek advice and support from their fellow students, in their respective Learning Sets. The Facilitators were all previously students on the programme and they are managed by two Senior Learning Set Facilitators, who will approach one of the four Clinical Leads on the programme, if a student in one of the Sets requires specific clinical advice.
21. In addition, the Clinical Leads have full access to the 21 mini-cases, and regularly monitor these via the ESP system. The Clinical Leads also work with allocated Learning Sets and alongside Learning Set Facilitators to review and evaluate the range and quality of all clinical cases and reflections.

Evaluation of Qualification against the *Standards for Education*

22. 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 is 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.
23. The inspection panel used the following descriptors to reach a decision on the extent to which Health Education Kent Surrey Sussex 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
GDC comments			
<p>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 (<i>Requirement Partly Met</i>)</p> <p>To be eligible to apply for entry to this programme, potential students must complete three 'pre-clinical modules' which cover: infection control and decontamination; impression taking; jaw registration, shade taking and clinical photography; and aspects of record keeping where relevant.</p> <p>Teaching for all three modules is delivered via three one-day training sessions held by Health Education Kent Surrey Sussex (HEKSS). For each of these modules, understanding is tested</p>			

by the students completing ten 'Reflective Observation Sheets' (ROSs), in a dental practice under the supervision of a GDC registrant. These ROSs' are then assessed by a 'Subject Matter Expert' (SME) at HEKSS, who determines whether the ROSs' have all been completed to the required standard, to enable that student to pass and gain entry to the Diploma.

Once on the Diploma programme, students are provided with theoretical and practical teaching at 13 residential study weekends held throughout the two-year duration of the programme. Students are then expected to apply this knowledge and skill, and complete 21 mini cases, including four full patient cases selected from the 21 mini-cases and expanded to presentation standard. These must be completed by the end of the two years in the work placement, under the guidance of their GDC registered clinical workplace supervisor (CWS). To be assured that the students are ready for patient contact, the first of these weekends covers the topic of 'Patient Assessment' and by the end, students are tested using DOPs and OSCEs to ensure that they:

- are competent at taking a patient history;
- understand the importance of clinical record keeping;
- understand and be competent at diagnosing, formulating options and treatment plans
- be competent at taking, interpreting radiographs and other images, and the legislation involved;
- have knowledge of when and what to refer and arrange appropriate referrals when necessary; and
- be competent at identifying anatomical features and interpreting common oral pathology.

Following successful completion of all the assessments related to this module, CWS are advised that students are able to see patients without direct supervision in their work placements, although a GDC registrant must be on site at all times in case a student were to get into difficulty.

The inspectors felt more realistic assessments could be implemented by the programme leads to guarantee that students are well prepared and safe to have patient contact. This might involve practising on a range of manikin heads/patients that are both edentulous and partially dentate.

Most of the teaching sessions during study weekends are carried out in a hotel, which the inspectors considered to be unsuitable for clinical teaching and for students to understand the complexities of patient/professional interfaces within a clinical environment, including the principles of professionalism, managing cross-infection and clinical waste disposal.

Again during the study weekends, students are given a demonstration/s of clinical procedures/principles, and then told to go away and practise in their work placements. The panel saw no evidence that demonstrated students were being observed closely enough to ensure they understood how to carry out these procedures safely and correctly. The panel felt that this was a potential risk to patients as poor practice was unlikely to be identified before the next study weekend or assessment.

Another area of concern related to supervision. A pre-requisite to joining the programme is that each student must have a designated GDC registered CWS whilst in their placement. At the start of the course, the CWS has a mentorship role, as HEKSS advised the panel that they

supervise their student closely for at least three months of the programme, until the student successfully passes the Patient Assessment OSCEs. Once this assessment has been passed, the CWSs adopt a more supervisory role, and if they feel confident in the student's abilities, they will allow the student to practise independently, providing a GDC registrant is on site at all times. Without clear guidance for the CWSs setting out what would justify confidence in the student's abilities, the panel felt this could be another patient safety risk as a student could have passed the OSCEs but still not be experienced enough to be managing and making treatment decisions on their own.

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

From speaking with students, it was clear to the panel that they understood the principles of valid consent and made sure both verbal and written consent was taken at each appointment before any treatment took place.

HEKSS provided all students with a sample poster for their work placement reception areas and a sample 'patient permission for reproduction of clinical records form' that includes a section on the use of clinical records for learning purposes, which students can refer to when deciding which patients to use for their final patient case studies. HEKSS are able to monitor that valid consent is being obtained by students as students must upload all patient notes with each of their patient cases on ESP, and programme staff check to ensure consent protocols are being followed.

In addition, the topic of consent is specifically covered under the year one module 'Patient Assessment' and year two module 'Professionalism, Law and Ethics'. The Student Handbook advises students to refer to the GDC document 'Standards for the Dental Team', which has an entire section on the importance of obtaining valid consent prior to any treatment commencing.

Although the panel was satisfied this requirement was met, the inspectors felt that it would be good clinical and communication practice for all students in their work placements to wear a name badge clearly denoting their name and student status.

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 Partly Met*)

As stated above, students gain most of their clinical experience on this programme in their individual work placements. HEKSS only visit work placements that have not had a recent Care Quality Commission (CQC) inspection, as they feel the CQC inspection is robust enough and ensures that the actual premises and equipment are clean, suitable, used properly and secured when appropriate. The inspectors noted that CQC inspections were thorough, but considered that it would be best practice for the each relevant CQC report to be reviewed by the programme leads to ensure work placements were indeed fit for a professional educational purpose.

For those work placements that have not been inspected by the CQC, one of the programme leads will visit that practice. The panel was provided with a copy of the 'Practice Checklist' used to make sure a workplace is suitable. Items/policies checked on a visit include:

- a health and safety policy in operation;

- a working environment compliant with health and safety legislation;
- access to personal protection equipment;
- employers liability insurance certificate;
- a first aid kit; and
- suitable lighting and chairs.

A further two visits take place during the duration of the programme (one in each of the two years) where programme leads will not only assess students via DOPs but also check patient supply, that patient records are being managed correctly (e.g. referral and prescription history, medical and dental history being updated), the range of patient cases the student has access to, whether the clinical environment remains suitable and if not, what needs urgently addressing, and the level of support staff on the premises.

The panel consider this requirement to be partly met as although the work placements are assessed to ensure they are a sound clinical environment, a further assessment is perhaps necessary. Appropriate educational audit documentation should be produced and be used to make certain the work placement is a sound learning environment and that it has, for example, sufficient space for the student to study and work, access to learning resources such as the internet and a professional programme of CPD in place.

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 Partly Met*)

As discussed under Requirement 1, the level of supervision a student receives from their clinical supervisor can be reduced three months into the programme, and is dependent on the student passing the relevant OSCEs. From the feedback received from the CWSs, supervision very much depended on the ability of the student that they were responsible for, with some being on hand every time a patient was being seen, and others on the premises and available if the student required assistance. Similarly, the students spoken to confirmed that none of them had ever practised unless a GDC registrant was on site to offer assistance if needed.

The panel was concerned that as the CWSs do not have an assessment role, they are not able to ascertain clearly just how much supervision a student may actually require. The CWS is on hand to offer advice and issue prescriptions for treatment, but how often the student or patient is checked during a treatment seems to vary between student to student, which the panel felt was a patient safety issue as the resulting device created may not be fit for purpose and this may not be immediately apparent to the patient, CWS or student.

During the programme inspection, the panel learnt that students undertake domiciliary visits, sometimes accompanied by a dental nurse only. The panel consider this to be a risk to patients as no risk assessment on the premises being visited is carried out beforehand, so there is no assurance the necessary health and safety equipment is available and operational, should there be a patient safety incident. In addition, without a dental clinician (the nurse could be a qualified member of the team but would not supervise the student) present, there is no assurance that the treatment/advice the student is delivering is appropriate and not at risk of causing the patient harm. The panel was further concerned, as the elderly can be a vulnerable patient group, who may not be in a position to raise concerns if the treatment they receive is inadequate.

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

It is a requirement that all CWSs are either GDC registered dentists or CDTs. The panel was satisfied that there were sufficient checks in place by HEKSS to ensure this was the case and was provided with a list of staff responsible for teaching and assessment and their registration details.

This requirement is considered to be partly met because of the lack of evidence explaining how HEKSS prepare CWSs for their role. The inspectors were provided with much evidence pertaining to the role of mentor, including the 'Mentor Declaration Form' that all CWSs complete to confirm they are willing to act as professional role models, will comply with equal opportunities legislation and will provide any requested advice from the student within two working days. The panel was also provided with information relating to the 'Mentor Training Day', where CWSs are informed about the responsibilities of the role and what skills are required to fulfil the role. However, considering the Student Handbook states that the role of mentor and CWS are different, the panel was surprised guidance was not provided during the mentor induction days as to what exactly these differences were. This lack of guidance on the role of CWS was confirmed by feedback received from some of CWSs who referred to the 'Mentor Training', but stated no other further guidance was provided to them on their role as a CWS.

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)

As students were already GDC registrants, they should be aware of their obligation to raise concerns if they identified any risks to patient safety. The students with whom the panel met with stated that patient safety was paramount to them and therefore any concerns would be reported via the appropriate channels.

The topic of 'raising concerns' is also covered under the first year module 'Professionalism, Law and Ethics', with further teaching and assessment delivered in relation to the key skills 'Communication and Complaints' and 'Reflection'.

A 'Raising Concerns' policy was added to the Student Handbook following the programme inspection in September 2014. However, it was not made clear to the panel how this information would be fed back to the students. Prior to this, students were referred to a 'Patient Safety Policy' which the panel felt inadequately addressed the issue of when and how to raise a concern about patient safety. The panel also noted that both these policies failed to address the conflict of interest that may prevent students from raising concerns. This conflict of interest being that the CWS is the student's employer and therefore raising a concern may not only jeopardise their work placement but their employment as well. The inspectors felt the programme leads need to find ways in which to mitigate this risk.

Another barrier that the panel felt could prevent the reporting of concerns, relates to student experience. Due to varying levels of supervision whilst in their respective work placements and the fact that they would have had limited patient contact before starting on this programme, students may not have the sufficient knowledge and experience to recognise what is and is not

a patient safety risk. Moving forward, the inspectors agreed it would be helpful for the Student Handbook to include a detailed guide to what might constitute a patient safety risk, so that students are better prepared before beginning to train in the practice environment.

Requirement 7: Should a patient safety issue arise, appropriate action must be taken by the provider (*Requirement Not Met*)

The inspectors were concerned to learn that there was no programme specific incident log in place, and no formal process or policy for incidents to be reported centrally. HEKSS relied on the interface the students have with their own Learning Sets to either be advised by the Learning Set Facilitator on how to deal with the issue, or if that is not possible, the Learning Set Facilitator or Senior Learning Set Facilitator will raise these issues directly with the programme leads.

The panel was pleased to hear that to date there have been no patient safety incidents and that from October 2014 an incident log will be implemented, a copy of which was sent to panel following the programme inspection. However, as there was no evidence provided as to how the implementation of this log was to be communicated to students, programme staff and CWSs, the inspectors were doubtful as to its effectiveness as a tool to protect patients.

Furthermore, the panel felt that some patient safety risks were being overlooked and the audit process used to review the suitability of work placements was not comprehensive. The inspectors thought it would be beneficial if checks relating to disposal/decontamination of used instruments; whether a defibrillator is available; and how uniforms are laundered be included, as these are areas that can impact on patient safety and are not included in the regular CQC inspections.

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 (FtP) Guidance (*Requirement Partly Met*)

Students on the programme are registrants and therefore should have an understanding of what fitness to practise means and the potential consequences to their future ability to practise, if they continue to treat patients when they are aware their fitness to practise is impaired.

Despite the fact that the students are GDC registrants, the panel was concerned that there was no programme specific fitness to practise policy in place, at the time of the programme inspection. At the point of their induction onto the programme, the students were all provided with a copy of the GDC student fitness to practise document, and teaching on this topic was delivered in the modules 'Clinical Safety' and 'Professionalism, Law and Ethics'. The panel was provided with a presentation on the subject of 'Duty of Care' to demonstrate the type of teaching delivered in this area.

Additionally, the Student Handbook (pages 9 – 11) has information on indemnity; professional conduct and the fact that students will be reported to the GDC if there are thought to be concerns regarding their fitness to practise. The panel was provided with letters that have been sent to the GDC in the past concerning the conduct of previous students. However, the panel

felt all this information needed to be consolidated in one concise, programme specific, “student fitness to practise” policy document, so that students were clear of what was expected of them.

The panel was subsequently informed that HEKSS has devised a programme specific student fitness to practise policy and updated the Student Handbook accordingly. The programme now also has a student fitness to practise log to capture any future incidents.

In terms of staff knowledge, the programme leads stated that tutors delivering teaching on this topic have a master of laws qualification and a clear understanding of the GDC guidance.

Actions

Req. Number	Actions for the provider	Due date (if applicable)
1	The programme must endeavour to carry out the practical sessions delivered during the residential study weekends, in a clinical environment so that students fully understand the principles of managing cross-infection and clinical waste disposal.	To be included in the new programme submission
1	Clear guidance must be created for mentors/CWS setting out what the student needs to be able to demonstrate before being able to make decisions on a patient’s treatment.	To be included in the new programme submission
2	Students should wear name badges in their work placements, which clearly denote their name and student status, so that patients are in no doubt they are being treated by a student.	To be included in the new programme submission
3	All CQC reports must be reviewed by the programme leads to ensure work placements are fit for purpose.	To be included in the new programme submission
3	The work placement audit must include checking to see whether the location is a sound learning environment, which has sufficient space for the student to study, and access to learning resources (e.g. the internet, relevant publications)	To be included in the new programme submission
4	The role of CWS must be developed to include assessing the student in the work placement.	To be included in the new programme submission
4	Risk assessments must be carried out prior to any student undertaking a domiciliary visit.	To be included in the new programme submission
4	Any student undertaking a domiciliary visit must always be accompanied by their CWS or another GDC registered dentist or CDT, who is able to check their work to ensure that the treatment being delivered by the student is appropriate.	To be included in the new programme submission
5	Guidance specifically setting out the role and responsibilities of a CWS must be created.	To be included in

		the new programme submission
6	Students may feel unable to raise concerns identified in their work placements as it may compromise their training placement. The programme leads must identify ways in which to mitigate this conflict of interest.	To be included in the new programme submission
6	The Student Handbook must include a detailed guide to what constitutes a patient risk, so that students are better prepared before beginning to work in practice.	To be included in the new programme submission
7	The incident log must be implemented amongst the work placements – and an explanation as to how information will be collated, monitored and followed up.	To be included in the new programme submission
7	The work placement audit must include additional checks relating to: <ul style="list-style-type: none"> - disposal/decontamination of used instruments - whether a defibrillator is available - how uniforms are laundered. 	To be included in the new programme submission
8	The theoretical teaching must be developed to include teaching around the programme specific student fitness to practise policy.	To be included in the new programme submission
8	A policy and process must be devised and implemented to ensure incidents will be captured and monitored if they occur at the work placement.	To be included in the new programme submission

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. The provider will have systems in place to quality assure placements	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Programmes must be subject to rigorous internal and external quality assurance procedures	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 Not Met*)

The panel had significant concerns regarding the lack of framework in place to manage the quality of the programme.

Other than the GDC pre-inspection document where providers must list when and how the relevant learning outcomes from the GDC document ‘Preparing for Practice’ are assessed no evidence was presented to demonstrate how the provider had ensured that the programme ‘maps’ against the learning outcomes. There is no methodology in place to monitor the development of the programme, and ensure it remains current and in-line with possible

legislative changes and other relevant external factors. Module Leads take responsibility for ensuring the currency of course content but no framework was in place to manage this.

From further scrutiny of the pre-inspection documentation, the panel noted minutes from the Module Lead meeting held on 26 April 2014, confirmed that a learning outcomes mapping exercise had never taken place previously as, one of the actions from this meeting was to begin mapping the course learning outcomes of each module against 'Preparing for Practice.'

It was explained to the panel that the current system of monitoring the programme is as follows: the learning outcomes are delivered over the course of eight modules. Four Module Leads are responsible for at least two modules each and they decide how best to deliver the teaching, and what assessments will be most appropriate in ensuring the learning outcomes for their modules are met. Changes and module development is triggered following feedback from Clinical Assessors, the External Examiners, the Senior/Learning Set Facilitators, lecturers and students. This is evident in the minutes from Module Lead meetings provided to the panel, which have examples of changes being discussed such as adequate timing for teaching sessions, materials that students may require and ensuring assessment aims are clearly being communicated to students.

Any subsequent changes that then need to be actioned are discussed and finalised with the Course Director. The panel acknowledged that the staff numbers for this programme were small, but considered that the current system of monitoring the programme was dependent on the same staff members to identify, implement and monitor any changes made to ensure they are successful and therefore was not sufficiently robust to demonstrate internal moderation.

Moving forward, the programme leads must ensure that the entire programme is clearly mapped against the GDC learning outcomes and managed in a systematic manner. In addition, an organogram showing which teams/staff members were responsible for the quality assurance function did not depict who was responsible for monitoring external/legislative changes that may affect the development of the programme. This was viewed to be a significant risk that could result in learning outcomes not being met. However, the panel acknowledged that the programme leads have begun to address this issue by devising a 'Programme Review Process' (dated September 2014) that will be utilised by the Course Director when carrying out the annual review. This process will include looking at whether any relevant legislative/regulatory changes need to be incorporated into the programme and looking to see if any part of the programme needs to be revised following feedback from staff, tutors, students, etc. and feedback from the residential study weekends.

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

As discussed under Requirement 3, potential work placement practices only have an initial visit by the Course Director if they have not previously undergone a CQC inspection. For those practices that are visited, the criteria for suitability is based on that of a DF1 (Foundation Dentist) training placement.

Throughout the duration of the programme, all students are visited in the workplace twice (once per year). These visits are used to assess the student via a series of DOPs and OSCEs, to witness the student treating a patient, the student's interaction with their CWS, and to

ensure the student is getting the assistance they need to help them progress through the programme.

As discussed under the requirements in Standard One, audit checklists used are sufficient to assess that the practice environment is suitable for clinical practice and service provision, but the panel feel that additional checks need to be incorporated to ensure the environment is suitable for clinical learning including that students have a space to study, and access to the internet and learning resources that would aid their progression through the programme.

Requirement 11: Any problems identified through the operation of the quality management framework must be addressed as soon as possible (*Requirement Not Met*)

The main avenue used to identify problems with the programme was through the Learning Set Facilitators who provide a progress report on each of the students in their Set. Student progress is also monitored via the ESP. This information is scrutinised by the Clinical Leads and issues they consider to be serious are discussed at the Academic Board.

From the evidence provided to the panel, it seemed the majority of problems encountered were related to students not completing the necessary amount of clinical work by the end of their first year. The panel was provided with copies of correspondence sent to students who were behind, which outlined what they needed to do and how these targets could be achieved.

If students wish to complain, the Student Handbook (pages 64 – 67) sets out the complaints procedures, the grounds for making a complaint and the possible outcomes. Students are also able to speak to the Learning Set Facilitators about any issue that they feel is affecting their learning experience and this information is then passed to the Clinical Leads and the Course Director.

Due to the insufficient quality management systems currently in place, the panel was less confident that other problems not relating to students were being picked up and addressed, which is why the Requirement is deemed to have not been met. However, as of October 2014 a risk register using the traffic light system has been implemented, and the panel hope this will aid the programme leads in identifying and monitoring problems relating to the programme and taking mitigating action.

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 Partly Met*)

Concerns that the inspectors had about students not achieving the learning outcomes was primarily related to students not completing the required amount and variety of clinical work. Students must upload completed cases onto the ESP, which is then scrutinised and assessed by the Clinical Leads. The Clinical Leads also monitor those students who are failing to complete sufficient patient cases. To address this shortfall, the panel agreed that students should attempt to secure experience at another work placement, with the full consent of their CWS. Students are also encouraged to discuss the level of experience they have gained within their Learning Sets with those students who have high patient numbers being encouraged to explain to other students what tactics they employed/adopted to achieve this.

The panel was concerned that the programme leads recognised there was a risk, in that there

was a lack of edentulous patients in particular parts of the country, but there seemed to be no formal planning in place to deal with this critical issue. From speaking with the students, it seemed that any shortfalls in patient numbers were dealt with by securing further experience at different practices. The panel was concerned that the clinical experience (e.g. complete dentures, partial dentures) gained by students could vary significantly across the cohort depending on regional distribution. However, the students were keen to emphasise there was always another GDC registrant on the premises and any clinical work carried out was always checked before the patient left the practice.

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

In terms of internal quality assurance; the Course Director completes an annual audit of the programme based on the old Postgraduate Medical Education and Training Board (PMETB) standards. The audit is separated into nine domains covering the following areas:

- patient safety;
- quality assurance review and evaluation;
- equality, diversity and opportunity;
- recruitment, selection and appointment;
- delivery of curriculum, including assessment;
- support and development of trainees, trainers and local faculty;
- management of education and training;
- education resources and capacity; and
- outcomes.

For each of these domains a set of criteria is listed: whether or not it has been met; its particular strengths; and any development needs.

The panel acknowledged the thoroughness of this audit, but was concerned that there was no action plan to show how actions have been/would be addressed with timelines and progress reports, leading to a risk of issues not being fully addressed and then closed.

Similarly, the panel was given a summary of the lead external examiner's report for the previous cohort, which included feedback on all the assessments and general comments for development. However, there was no further information provided as to how these suggestions were being acted on and incorporated into developing the programme. The inspectors felt a rolling action plan with dates for actions to be completed would assist the programme leads in implementing and monitoring progress of suggested changes.

Requirement 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 (*Requirement Partly Met*)

The programme has one lead external examiner who is appointed directly by the FGDP. In line with QAA guidelines, the external examiner moderates examination papers, reviews practical assessments, student portfolios, practice assessments and provides feedback to the examination board. The panel was not provided with the actual report as this was not produced until after the ratification meeting, but rather a summary of their comments as collated by HEKSS, which showed clear suggestions for development and a recommendation that they be

allowed to have an input into the development of future assessments. Subsequently, the panel has been informed that a meeting of the Board to discuss the final report has taken place, and actions needed addressing have been noted.

A further six external assessors have been appointed to mark the final full patient case studies that students are required to submit. Their marks are then moderated by the lead external examiner.

To familiarise all external examiners with the learning outcomes and ensure parity during the marking process, HEKSS organises a calibration meeting prior to the final examinations. During this meeting the marking scheme is explained and examiners undertake a marking exercise in pairs, followed by a group discussion to discuss any disparities in grades.

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

HEKSS representatives told the inspectors that concerns regarding the quality of education and assessment are brought to the attention of the Course Director via feedback from programme staff, the Learning Set Facilitators, and students, and well as monitoring of student clinical activity via the ESP.

The panel was provided with a range of minutes from team meetings and meetings with the Learning Set Facilitators, explaining items discussed and the resulting action points. The panel noted that the process of acting on concerns raised could be made much more efficient if the an overarching action plan was devised that would capture all discussions and resulting actions from all meetings, thereby ensuring all concerns and other issues raised would be addressed and not overlooked. Following the programme inspection, the panel was informed that such a process had now been introduced and was being delivered to staff.

Actions

Req. Number	Actions for the provider	Due date (if applicable)
9	The entire programme must be mapped against the GDC learning outcomes.	To be included in the new programme submission
9	The programme leads must provide an update on the Programme Review Process and how this has contributed to ensuring the programme is developing in accordance with changing legislation and external guidance.	To be included in the new programme submission
3/10	The work placement audit must include checking to see whether the location is a sound learning environment, including whether it has sufficient space for the student to study, and access to learning resources (e.g. the internet, relevant publications)	To be included in the new programme submission
11	The programme leads must provide an update as to how the risk register is being utilised; how risks from the individual work placements are being captured; if there have been any resulting follow up actions; and how the risk register is contributing to the	To be included in the new programme

	development of the programme.	submission
12	An action plan must be created to address the issue of edentulous patients that are available for students to treat.	To be included in the new programme submission
13/15	An overall action plan must be created listing all actions resulting from the Course Director's audit; external examiner feedback; and feedback from students, tutors and Senior/Learning Set Facilitators, including suggested dates for implementation.	To be included in the new programme submission

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

Requirements	Met	Partly met	Not met
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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. The provider should seek to improve student performance by encouraging reflection and by providing feedback ¹ .	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23. Assessment must be fair and undertaken against clear criteria. Standard setting must be employed for summative assessments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24. Where appropriate, patient/peer/customer feedback should contribute to the assessment process	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 Partly Met*)

The assessment schedule for the entire programme is set out in the Student Handbook. This schedule explains what topics will be covered during each session, the learning outcomes being assessed and the type of assessment being used to test the individual's understanding of that learning outcome. Responsibility for deciding what modes of assessment should be used to test specific learning outcomes is up to the individual Module Leads. In addition, during lectures, the learning outcomes being taught are displayed so that students are clear on the aims and objectives for that session and what they will be assessed on.

The Student Handbook also sets out the assessment strategy which covers the different methods that are used to assess progress during the course. The methods used include short answer papers, OSCEs, DOPs, reflective scenarios and case studies. The strategy contains information concerning the marking criteria for the portfolios, practice audits, professional attitude, case presentations and reflective summaries.

Aggregation and triangulation is achieved by testing students' knowledge and skill throughout the duration of the course. Students are assessed at the commencement of every residential study weekend, and have two opportunities to pass the assessments – a second failure at any of these assessments will result in the student progress being reviewed by the Academic Board and could lead to the student having to leave the programme. Information relating to progression through the programme is again set out in the Student Handbook.

Students' clinical progress is regularly monitored by the clinical leads via ESP. Students must upload 25 patient cases by the end of the first year and a further 50 patient cases by the end of the second year, which includes the preparation of the four full patient case studies that make up part of their final assessment. This monitoring is in addition to the two practice visits made to each of the work placements during each of the two years, when students are assessed through DOPs and OSCEs.

The programme leads were confident that ESP was reliable enough to identify students in difficulty and the programme has a designated 'Student in Difficulty Tutor' who will meet with a student, identify the weaker areas that need addressing and create an action plan to tackle any shortfalls in performance.

As discussed under Requirement 9, prior to the GDC inspection process commencing, the programme had not been mapped against the full range of GDC learning outcomes. This exercise must be carried out prior to any future cohorts commencing the programme to ensure that all outcomes are always taught and assessed. However, as part of the GDC inspection process HEKSS were asked to complete a mapping exercise to demonstrate where each of

the GDC learning outcomes is taught and assessed during the duration of the programme. Upon scrutiny of this document, the panel was satisfied that once this cohort of students had completed the programme as described, they would have demonstrated attainment across the full range of learning outcomes and could be classed as 'safe beginners'.

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*)

All students on the programme are required to maintain a portfolio of evidence as a summative record of what the student has achieved in the learning environment and to demonstrate personal development and learning. By the end of the two years, a student's portfolio should contain:

- Infection control protocols, including one policy the student has created or revised
- BLS and CPR certificates
- Evidence of practice audit
- Induction information received in respect of infection control in their work placement
- A policy setting out how patient consent is obtained in their work placement
- Anonymised clinical records relating to patients they have treated
- Explanations of how confidentiality is maintained in the workplace
- Copies of risk assessments carried out
- A copy of their Personal Development Plan
- A copy of their work placement's whistle blowing policy
- A copy of their work placement's complaints handling policy
- Copies of their assessments relating to each of the eight Key Skills and accompanying reflective entries.

Guidance on preparing and maintaining portfolios is available in the Student Handbook and students are also referred to the guidance devised by the FGDP (UK) (Assessment for Dental Care Professionals – A guide to preparing your portfolio of evidence). The Learning Set Facilitators are on hand to ensure students are adding to their portfolio throughout the programme. Portfolios are assessed as part of the final assessment, and students are given an opportunity at this stage to supply any missing documentation.

As already stated, the programme has a specific electronic platform (ESP), where students upload their patient cases, and numbers and types of cases are monitored by the clinical leads, with poorly performing or weaker students being offered support via the 'Student in Difficulty Tutor'.

All assessment marks are centrally collated, recorded and monitored by the course administration team, and ratified at the end of each year by the Academic Board.

HEKSS has made attempts to analyse the performance of their questions to ensure they are robust enough to be assured that students leave the programme equipped with the necessary skills and knowledge. The inspectors received such an analysis concerning assessments relating to the 'Clinical Skills'; 'Professionalism, Law and Ethics'; 'Medical Emergencies'; and 'Oral and Dental Disease and Prevention' modules. However, the panel saw no evidence of how this analysis has fed into the development of assessments for the current cohort.

The panel had concerns about the patient cases students are required to complete and upload onto the ESP. The inspectors viewed a sample of the patient cases uploaded onto the system and noted there was no process in place to record the procedure if the patient returns with an appliance that is not fit for purpose. Of the clinical leads questioned on this, there was a stated assumption that the patient would return to the practice for remedial treatment/modification of the device, or simply not use the device whilst they were waiting for another appointment. The inspectors felt that it is not always easy for the patient to recognise immediately that an appliance may be inappropriate, especially if they were already suffering discomfort from being edentulous or having very few teeth. The inspectors agreed it was important that this information be captured in some form to not only protect the patient, but encourage student development, including self-reflection.

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 Partly Met*)

The panel was provided with a wide sample of the assessments that students on the programme are required to sit. These included questions papers with a mix of both multiple choice and short answer questions, and clinical scenarios. Students are also assessed in work placements via a series of DOPs and OSCEs and on study weekends.

During the study weekends, students are informed about and taught a number of theoretical and clinical procedures/policies, and are expected to practise these in their work placements, and include them as part of their 75 patient cases.

The final examinations consist of one multiple choice question paper; one scenario and short answer question paper; a review of their portfolio, an OSCE consisting of twelve stations (half of which take place in the practice clinical setting) and a final full case. In determining a final pass mark, students' attendance at the residential study weekends must have been satisfactory, their own ESP must be up-to-date with the required amount of cases uploaded and they must have achieved a satisfactory level of performance in all previous assessments.

Whilst the panel were satisfied a range of assessment methods were utilised to assess competence and understanding, the inspectors had a number of concerns regarding the execution of the OSCEs they observed during the programme and exam inspections.

The OSCE held at the same time as the programme inspection took place at the Bristol Dental Hospital and included students carrying out a basic periodontal examination on each other. The panel noted that although students were being assessed and were in a clinical environment, a number of students were not dressed appropriately in that hair was not tied back, forearms were covered and some students were wearing inappropriate footwear. The inspectors were of the view that in exam conditions students should behave as if it were a real life clinical practice setting.

In respect of the final OSCE, observed at the examination inspection, the panel considered that many of the stations were not a robust test of the skill and knowledge required to be a CDT, with some of the stations deemed to be more appropriate assessments for a dental technology exam. This OSCE was held in a hotel, while the panel thought it would have been more appropriate if the assessment was held in a clinical setting. For example for one station,

students had to pretend to wash their hands in an artificial setting with no sinks but instead a picture of a tap attached to the wall. The inspectors felt that although appropriate hand hygiene is important, this could be assessed using a UV lightbox or an antibacterial gel – or better still in a clinical setting.

As part of their portfolio, students are required to present a valid CPR certificate. Therefore the inspectors did not understand why an OSCE station involving a CPR scenario was included as part of the final assessments. The inspectors noted that the final OSCE focused on technical competence, when several other aspects of patients care such as communication skills could be validly assessed in this environment. The panel suggest the programme leads perhaps look at developing scenarios which included a greater degree of patient care components such as communication or treating patients with anxiety.

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 Partly Met*)

From scrutinising examples of clinical work both on the ESP and in the student portfolios, as well as seeing examples of the full cases completed, the panel was satisfied both with the amount and type of clinical experience students gained on the programme. The panel was assured that student activity was being monitored via the ESP system and Clinical Leads were able to identify those students who required practise in particular areas.

The panel had some concerns regarding the underpinning initial training delivered to students on how to carry out clinical procedures. The panel understood that training on particular clinical techniques, and the surrounding theoretical knowledge, was provided during the residential study weekends, but were concerned that students were not individually assessed as being able to undertake these procedures to a particular standard by the end of the weekend. In addition, it was of particular concern that the standard of dentures provided by the students was not routinely checked at the chairside by their CWS. Therefore the panel believed there was a real risk in students returning to their work placements and repeatedly carrying out certain procedures incorrectly. This could be mitigated if the CWS had an assessment role.

This issue was fed back to programme leads after the programme inspection. The panel have subsequently been informed that the Course Director is currently looking at ways in which the CWS role can be extended to include acting as an assessor, so there is closer scrutiny of what their student is actually doing whilst in their work placement. The inspectors felt this development would improve patient safety as well as ensuring the student was being properly monitored at all times whilst training.

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

Reflection is embedded throughout the programme and is one of the Key Skills topics, which means that during the programme students must be able to provide evidence that they understand the concept of reflection and how this relates to their practise as a CDT.

The Student Handbook contains guidance on reflective writing. Students told the inspectors that they are aware that their portfolios will not be awarded a pass if they do not contain

reflective writing.

Students have to be assessed on 21 out of the total 75 mini cases that they have completed. This assessment will always include a section on reflection with students having to set out what went well and what could have been improved. As all this information is uploaded onto ESP the clinical leads are able to monitor the reflective entries of students to ensure they are sufficient. Learning Set Leaders meet with students and monitor their progress via the ESP, so will be able to feedback if they feel that the reflections are inadequate.

Learning Set Leaders also provide the clinical leads with feedback on each of the students in their Set. From reviewing examples of these reports, the panel noticed a variation in the feedback given from the Learning Set Leaders and asked how this was managed. They were informed that the Learning Set Facilitators appraise the Learning Set Leaders including reviewing their reports, and would feedback and offer advice for improvement at these meetings. This assured the panel that attempts to ensure consistency in this area were being made.

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*)

The inspectors were told that all examiners/assessors involved with the programme have many years teaching experience. Some having postgraduate teaching qualifications and act as assessors with other bodies or have experience as Foundation Trainers for dentists, and others are undertaking a relevant masters-level qualifications.

As evidence, the panel was provided with a list of credentials relating to the assessors/examiners, including all those delivering clinical teaching and training.

External examiners are required to attend a training day, where they will be taken through the aims and objectives of each of the assessments and the marking scheme. This is then followed by a calibration exercise, which is overseen by one of the clinical leads. As a further check, the structure of examining employed by the programme means that the external examiners are moderated by a lead external examiner who checks all the marks to identify inconsistencies.

For those assessing clinical practice, HEKSS representatives told the panel that it is ensured those undertaking this role have experience in curriculum development, question bank compilation, assessment of postgraduate examinations, and training others in assessment processes. Clinical assessments are marked against clear criteria, which were provided for the panel to see. Prior to assessments taking place, all the clinical assessors are briefed on the assessment and undergo a calibration exercise. Following the assessment, all the examiners and assessors meet to discuss 'lessons learnt' and future developments to improve future assessments.

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 Partly Met*)

The programme is supported by a group of six external assessors, and one lead external

examiner who is responsible for managing the group. The panel felt this number was appropriate given the current size of the cohort. The external assessors have no examining duties, but do have responsibility for reviewing and commenting on all the assessments, to determine whether or not the assessment enables students to demonstrate the requisite knowledge and skill.

In addition, the external assessors' group has responsibility for marking the final full patient cases that each student must complete as part of their final assessment. The marking is moderated by the lead external examiner.

The lead external examiner collates feedback from the other external assessors and produces a report on the mid-course and final examination process. These are then discussed during Module Lead meetings and considered by the Course Director as part of his annual review of the programme.

The inspectors were given copies of the external examiner reports and comments, and noted the feedback and the subsequent action points. The panel felt it would be helpful if the programme introduced an action log relating to these reports so that actions could be monitored and followed up where necessary.

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

Assessment methods for each of the modules are decided by the individual Module Leads. All assessments are then reviewed by the lead external examiner prior to students being assessed.

The Student Handbook sets out the different assessment methods, along with an explanation of what is required. The Handbook also contains the marking criteria for the portfolios, practice audits, professional attitude, case presentations and reflective summary, with students having to achieve at least 50% to be awarded a 'pass'. The programme employs no standard setting, with the criteria for the marks being set by HEKSS and the actual pass mark being determined by the FGDP.

In relation to the eight key skills the students are required to demonstrate understanding of, templates that need to be completed are included in the Handbook, including information about useful resources and evidence that must be provided. The marking criteria for these are determined by the FGDP and explained to the students during the programme induction.

The panel was of the view that the grade descriptors for the final examinations, in particular, needed to be refined to include further criteria relating to students being able to demonstrate competence in making independent clinical decisions about their patients.

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

Students are required to complete one assessment for their portfolios that involves carrying out a 'Patient Satisfaction Audit'. However, this is not a continuous audit, and occurs at one point

only during the programme. There was also some evidence that feedback had been collected from patients being treated in the work placements in some of the cases uploaded onto ESP. Feedback is sought from patients (where possible) by the clinical leads when they visit students in practice and is captured on the DOPs assessment sheet.

Opportunities for peer feedback are limited to sessions during the residential study weekends when students practise procedures on each other and also within the individual learning sets. There was no evidence to suggest any of the feedback contributed to the assessment process and the inspectors suggest that a formalised process should be introduced to both capture and record this feedback to aid student reflection, progression and development through the programme.

Given that students carry out the large majority of their training in work placement and, for most, this is the first time they will be managing and treating a patient, the panel felt that it would be beneficial to make it a requirement that all the work placements ensure feedback is sought from all patients being treated by the student CDT. The programme leads will then need to consider how this information will be used when discussing and developing the assessment process.

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

As already discussed under previous requirements, the programme employs a variety of assessment methods to ensure students are graduating with the requisite skill and knowledge required to practise as a CDT.

To be eligible to sit the final examinations, students must pass all module assessments, practice audits, complete all the necessary work to demonstrate understanding of the eight key skills, and upload onto ESP 21 mini-cases and four full patient cases. Student progression is monitored by the clinical leads, via ESP, with students in difficulty being identified and offered the appropriate support.

The final examinations look at multiple samples of the students' performance, such as the case presentations, OSCEs and written papers, in addition to attendance records and their completed portfolios.

Whilst the panel was assured that multiple samples of performance was being considered in deciding whether or not a student was eligible to pass the programme, the panel was concerned about the lack of supervision the students received from their CWS whilst completing their full patient cases. The panel understood that these cases were not being assessed by the end of the programme, creating a potential risk of students continuing to practise some aspects of clinical dental technology unsafely/incorrectly as their clinical work was not being reviewed closely. One of the objectives of assessment is to see progression throughout the training experience, which the inspectors felt was not comprehensively facilitated as the clinical experience students gained in practise was not being sufficiently monitored.

As outlined above, HEKSS aim to develop the role of CWS to include assessment, which the panel feel is a positive and essential step in facilitating learning and reducing potential patient harm.

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 Student Handbook contains all the necessary information regarding assessments including learning outcomes being achieved, assessments methods, and marking criteria. Information is also uploaded on ESP, which both staff and students have access to.

At the beginning of teaching sessions during the residential study weekends, tutors will normally leave a presentation slide up on screen setting out the learning outcomes for that session/module, again making students aware of the standard they need to attain to pass.

During the final examinations, the panel attended a briefing sessions held for staff and students on the examinations, which included information on the marking criteria and what was being assessed, and it appeared clear that everyone involved was aware of the standard.

ESP is the primary monitoring tool to ensure standards are being met at each stage of the programme, with Learning Set Facilitators providing support and feedback where necessary on all aspects of the programme.

For students not meeting the standards, the programme has in place a specific policy relating to 'Students in Difficulty' which covers recognising a student in difficulty (identifying concerns or capability and signs and symptoms), and how these issues are dealt with. If a student continues to not meet the required standards either professionally or academically, they are referred to the Academic Board, who will make a decision as to whether a student is able to progress through the programme or not.

Actions

Req. Number	Actions for the provider	Due date (if applicable)
17	The programme leads should consider how the analysis of the questions can be used to feed into the future development of assessments.	To be included in the new programme submission
17	As part of their 75 cases, students must now include information as to whether or not the patient was satisfied with the treatment/appliance received – this could initially be monitored by their CWS, with any resulting concerns raised with Learning Set Facilitators/clinical leads/programme leads, if it was determined that the student required further training/teaching relating to a specific area.	To be included in the new programme submission

18	Programme leads should hold the final OSCEs in a clinical setting.	To be included in the new programme submission
18	Programme leads must develop the final OSCE scenarios to include humanistic patient care components such as communication and treating patients with anxiety.	To be included in the new programme submission
19	All dental treatment, including dentures and other oral appliances provided by the student, must be checked in the mouth by a qualified dentist or CDT, to ensure an appropriate standard of clinical care.	To be included in the new programme submission
23	Grade descriptors for the final examinations must be refined to include further criterion relating to students being able to demonstrate competence in making independent clinical decisions about their patients.	To be included in the new programme submission
24	A formalised process should be introduced to both capture and record peer feedback to aid student progression and development through the programme.	To be included in the new programme submission
24	The programme leads should consider making it a requirement that all work placements ensure feedback is sought from patients being treated by the trainee CDT.	To be included in the new programme submission

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
28. Staff will receive training on equality and diversity, development and appraisal mechanisms will include this	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
29. Providers will convey to students the importance of compliance with equality and diversity law and principles of the four UK nations both during training and after they begin practice	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GDC comments			
<p>Requirement 27: Providers must adhere to current legislation and best practice guidance relating to equality and diversity (<i>Requirement Partly Met</i>)</p>			
<p>As part of the theoretical teaching, the students receive a presentation on the topic of Equality and Diversity, including the 'Equality Act 2010' and how this applies practically when practising as a dental care professional.</p>			
<p>In respect of the work placements, those that have undergone a CQC inspection are assumed to have the relevant equality and diversity policies implemented. In addition, the panel was informed that students and their CWS are already registrants, and therefore following the guidance set out in the GDC document 'Standards for the Dental Team' all registrants must put patients interests first by treating them as individuals by respecting their culture and values.</p>			
<p>The panel noted the Student Handbook contained incorrect equality and diversity information, some of which referred to the General Medical Council rather than the GDC. The panel was informed there was an overarching HEKSS equality and diversity policy but as the programme has never had an issue in relation to equality and diversity, it was admitted that this area has tended to be overlooked and needed to be updated. Following the programme inspection, the programme leads revised this section of the Handbook, but the inspectors felt it would be more helpful if the extracts of legislation be accompanied with relevant examples as to how they would apply to the student's role as a dental care professional.</p>			
<p>In addition, it was noted that equality and diversity was not considered during the enrolment process and there was a lack of evidence to demonstrate how students are taught about dealing with patients, who may have equality and diversity issues relating to language barriers, mobility difficulties or sight/hearing impairments.</p>			
<p>Following the programme inspection, the panel was informed that legislative updates would be addressed at every Module Lead Meeting, and thereafter the relevant course documentation would be updated accordingly.</p>			
<p>Requirement 28: Staff will receive training on equality and diversity, development and appraisal mechanisms will include this (<i>Requirement Partly Met</i>) Teaching staff for the programme all work on a part-time basis, and their equality and diversity</p>			

training had been delivered outside the programme. The panel was provided with a spreadsheet demonstrating that staff had undergone equality and diversity training in the last year at their own respective work places. However, the content of this training was not known or monitored by the Programme Director, which the panel felt it should be to ensure all staff were equipped with the relevant training for this programme should equality and diversity issues arise in the future.

Requirement 29: Providers will convey to students the importance of compliance with equality and diversity law and principles of the four UK nations both during training and after they begin practice (*Requirement Partly Met*)

During the programme induction, students are provided with information on equality and diversity legislation. The programme leads reported to the inspectors that the onus is on students (as they are already GDC registrants) to ensure they comply with all the laws and regulations that may affect their work. This is reinforced when students are completing assessments in relation to the Key Skills.

On meeting with students, the panel found that the responses to the questions asked indicated that there was limited understanding of the differences in equality and diversity legislation depending on where the student was practising, which is an area that needs to be addressed for future cohorts. In addition, the Student Handbook, as an important resource for the programme, was found to require revision to include contemporary and relevant professional guidance.

Actions

Req. Number	Actions for the provider	Due date (if applicable)
27	The Student Handbook section relating to equality and diversity must be revised, to include relevant examples as to how they would apply to the student's role as dental care professional.	To be included in the new programme submission
28	A process to ensure that all programme staff have to undergo training in equality and diversity, and the content of that training to enable deficiencies to be identified and subsequently addressed, should be introduced.	To be included in the new programme submission
29	The teaching given on the topic of equality and diversity, must include sufficient information on the differences on the equality and diversity legislation between the four countries.	To be included in the new programme submission

Summary of Actions

Req.	Actions for the provider	Observations Response from the Provider	Due date (if applicable)
1	<p>The programme must endeavour to carry out some of the practical sessions delivered during the residential study weekends, in a clinical environment so that students fully understand the principles of managing cross-infection and clinical waste disposal.</p>	<p>There will be a Practice Based Induction Checklist – This will be key for treating patients within practice.</p> <p>As detailed in the Inspection Report (IR) comments, all clinical teaching does take place in an appropriate clinical environment. It is only the underpinning knowledge and theory that is taught away from this facility. What will be included in the new submission is a clear delineation between these areas of delivery of the curriculum. A code 'CT' for clinical teaching and 'K&T' for knowledge and theory can be added to every teaching session in all programmes/timetables and student handbook.</p> <p>Clinical Teaching will be split into two categories Hands-on and Lecturing. Additional to this, a distinction between practical and non-practical clinical work will be identified.</p> <p>A two-part form will be created with which will form part of the signing off process.</p>	<p>To be included in the new programme submission (01.03.2016).</p>

1	Clear guidance must be created for mentors/CWS setting out what constitutes student competence, and what the student needs to be able to demonstrate before being able to make independent decisions on a patient's treatment.	<p>Mentor training to be delivered by HEE(KSS), to look at Competency Assessment.</p> <p>Students will not be released as 'Competent' until January 2017 at the earliest.</p> <p>Mentors/CWS are given support and training throughout the process. However there is recognition that the definition of 'student competence' needs to be made more transparent for the purpose of patient safety.</p> <p>A two-part form will be created which will form part of the signing off process – to include an Infection Control OSCE.</p>	To be included in the new programme submission (01.03.2016).
2	Students should wear name badges in their work placements, which clearly denote their name and student status, so patients are in no doubt they are being treated by a student.	<p>HEE (KSS) to produce name badges for providing to students at registration on the first teaching weekend.</p> <p>The provider notes this useful idea. This action will be introduced at the student induction weekend in June 2016. In addition each student must wear such badge during all clinical teaching sessions for the duration of the course.</p>	To be included in the new programme submission (01.03.2016).
3	All CQC reports must be reviewed by the programme leads to ensure work placements are fit for purpose.	The provider notes this point. CQC (or regional equivalent) reports are now checked by the TPD to ensure that there are no outstanding issues that may affect patient safety. Tracking sheet/report was included in new submission.	To be included in the new programme submission (01.03.2016).

3	The work placement audit must include checking to see whether the location is a sound learning environment, which has sufficient space for the student to study, and access to learning resources (e.g. the internet, relevant publications)	The provider notes this point. The Cohort 4 application form has been updated to include questions concerning study facilities in the practice setting.	To be included in the new programme submission (01.03.2016).
4	The role of the CWS must be developed to include assessing the student in work placement.	A new protocol has been devised and will be introduced for Cohort 4 Clinical Mentor Supervisors (CMS). Clinical Workplace Assessment will be built within the Portfolio of Evidence.	To be included in the new programme submission (01.03.2016).
4	Risk assessments must always carried out prior to any student undertaking a domiciliary visit.	The provider notes this observation. The students are given specific teaching on risk assessment and complete a Key Skills (KS) in Legislation that includes this subject and the requirement of having to carry out RAs' in their workplace. However in C4 the students will produce a RA on a domiciliary visit to be included in the KS. In house treatment will be required for a specified period of time, teach Domiciliary Visit (DV) in a robust way, supported by documentation for assessment and sign off.	To be included in the new programme submission (01.03.2016).
4	Any student undertaking a domiciliary visit must always be accompanied by their CWS or another GDC registered dentist or CDT, who is able to check their work to ensure that the treatment being delivered by the student is appropriate.	The provider notes this observation. The students are given specific teaching on POVA, which includes the theory and practice of all aspects of domiciliary visits. However in C4 the students will not be able to undertake one of these visits until year two of the course. We accept the GDC position, but concerns of	To be included in the new programme submission (01.03.2016).

		removing an important part of the students clinical experience, which will mean when they are qualified they will have less experience on conducting a DV.	
5	Guidance be created specifically setting out the role and responsibilities of a CWS must be created.	The provider notes these comments. A new protocol has been devised and will be introduced for Cohort 4 Clinical Mentor Supervisors (CMS). Clinical Workplace Assessment will be built within the Portfolio of Evidence.	To be included in the new programme submission (01.03.2016).
6	Students may feel unable to raise concerns identified in their work placements as it may compromise their training placement. The programme leads must identify ways in which to mitigate this conflict of interest.	The provider notes these comments. As with all GDC registrants attention is drawn to the GDC Standards - specifically 8.2.3 and 8.2.4 that details management of such conflict. However in C4 this subject will be taught at an earlier stage (induction weekend). In addition to this to mitigate this risk, the interactive teaching sessions on raising concerns will include case studies on dealing with possible conflicts of interests and whistle blowing. Flowchart of complaints will be incorporated into the Student Handbook for Cohort 4.	To be included in the new programme submission (01.03.2016).
6	The Student Handbook must include a detailed guidance to what constitutes a patient risk, so that students are better prepared before beginning to work in practice.	The provider notes these comments. The raising concerns policy in the Student Handbook will be adapted to include guidance on identifying and managing <i>specific</i> patient risks. Relevant CDT examples will be created for inclusion within the Cohort 4 Student Handbook.	To be included in the new programme submission (01.03.2016).
7	The incident log must be implemented amongst the work placements – and an explanation as to how	The provider notes these comments. An incident log was created in October 2014. An explanation of	To be included in the new

	information will be collated, monitored and followed up.	<p>its operation will be communicated through the teaching team at the earliest opportunity in the academic programme. It will become part of the resources available through the electronic support platform. Students will be encouraged to access the relevant policies in their workplace.</p> <p>Any incident which takes place within a student's workplace will be logged within the Practice Incident Log and then reported to HEE(KSS).</p>	programme submission (01.03.2016).
7	<p>The work placement audit must include additional checks relating to:</p> <ul style="list-style-type: none"> - disposal/decontamination of used instruments - whether a defibrillator is available - how uniforms are laundered 	The provider notes these comments. These requirements will be incorporated into the Practice Inspection Process.	To be included in the new programme submission (01.03.2016).
8	The theoretical teaching must be developed to include teaching around the programme specific student fitness to practise policy.	<p>The provider notes these comments.</p> <p>The teaching programme will be adapted to ensure Student Fitness to Practise policy is thoroughly covered from both HEE(KSS) and GDC perspectives.</p>	To be included in the new programme submission (01.03.2016).
8	A policy and process must be devised and implemented to ensure how possible incidents will be captured and monitored if they occur at work placement.	<p>The provider notes these comments.</p> <p>An incident log was created in October 2014 and in conjunction with the raising concerns policy in the Student Handbook, students will be encouraged to record and report incidents. The outcomes will be monitored and if necessary will be actioned as appropriate. Furthermore, HEE(KSS) will emphasise that CDT students have to comply with two aspects of Fitness to Practise; as a Dental Technician registrant and as a Student Clinical</p>	To be included in the new programme submission (01.03.2016).

		Dental Technician.	
9	The entire programme must be mapped against the GDC learning outcomes.	The provider notes these comments. The programme submission for Cohort 4 has been carefully mapped to Annex Two which formed part of this submission.	To be included in the new programme submission (01.03.2016).
9	The programme leads must provide an update on the Programme Review Process and how this has contributed to ensuring the programme is developing in accordance with changing legislation and external guidance.	The provider notes these comments. A revised meeting schedule for all key academic staff will be implemented routinely throughout the Cohort 4 programme.	To be included in the new programme submission (01.03.2016).
11	The programme leads must provide an update as to how the risk register is being utilised; how risks from the individual work placements are being captured; if there have been any resulting follow up actions; and how the risk register is contributing to the development of the programme.	The provider notes these comments. A Risk Register will be introduced at the commencement of Cohort 4 and will be used to outline any areas for action, discussion or development. This will be reviewed regularly at team meetings and updated accordingly. In addition risks arising from the student's workplaces will be identified through the incident log which was created in October 2014 and in conjunction with the raising concerns policy in the Student Handbook, students will be encouraged to record and report incidents. The outcomes will be monitored and if necessary will be actioned as appropriate.	To be included in the new programme submission (01.03.2016).
12	An action plan must be created to address the issue of the lack of edentulous patients that are available for treatment.	To address this shortfall, it is expected that students will attempt to secure experience at another work placement (within Cohort 4), with the full consent of their CMS. Students will also be encouraged to discuss the level of experience they have gained within their Learning Sets with those	To be included in the new programme submission (01.03.2016).

		students who have high patient numbers being encouraged to explain to other students what tactics they employed/adopted to achieve this.	
13	An overall action plan must be created, listing all actions resulting from the Course Director's audit; external examiner feedback; and feedback from students, tutors, and Senior/Learning Set Facilitators, including suggested dates for implementation.	The provider notes these comments. The existing action log, will be amended to incorporate all actions from all team meetings and feedback from students and their CMS's. This will be managed by Training Programme Director and CDT administration and reported to the Course Director.	To be included in the new programme submission (01.03.2016).
17	Use the analysis of the questions to feed into the future development of assessments.	The provider notes these comments. The assessment database will in future be managed by the FGDP. The course director will have a routine exchange of information with the FGDP regarding updating of the question databases and feedback of assessment performances. To ensure that the assessment process is both robust and responsive to performance.	To be included in the new programme submission (01.03.2016).
17	As part of their 75 cases, students must now include information as to whether or not the patient was satisfied with the treatment/appliance received – this could initially be monitored by their CWS, with any resulting concerns raised with Learning Set Facilitators/clinical leads/programme leads, if it was determined that the student required further training/teaching relating to a specific area.	The provider notes these comments. A patient feedback questionnaire will be issued to every patient seen by each student. The CMS's will review these responses with their students, furthermore the students will be expected to share their experiences with patients and the feedback received through their learning sets.	To be included in the new programme submission (01.03.2016).
18	Programme leads should hold the final OSCEs in a clinical setting.	The provider notes these comments and will ensure that future inspections identify those OSCEs that are carried out in a clinical setting and those in the examination centre.	To be included in the new programme submission

			(01.03.2016).
18	Programme leads must develop the final OSCE scenarios to include patient care components such as communication and treating patients with anxiety.	The provider notes these comments and will ensure that future OSCES cover all aspects of patient communication.	To be included in the new programme submission (01.03.2016).
19	All dental treatment, including dentures and other oral appliances provided by the student, must be checked in the mouth by a qualified dentist or CDT, to ensure an appropriate standard of clinical care.	The provider notes these comments. A new protocol has been devised and will be introduced for Cohort 4 Clinical Mentor Supervisors (CMS). Clinical Workplace Assessment will be built within the Portfolio of Evidence.	To be included in the new programme submission (01.03.2016).
23	Grade descriptors for the final examinations must be refined to include further criteria relating to students being able to demonstrate competence in making independent clinical decisions about their patients.	The provider notes these comments. Cohort 4 marking descriptors will be refined for all of the final assessment marking.	To be included in the new programme submission (01.03.2016).
24	A formalised process should be introduced to both capture and record peer feedback to aid student progression and development through the programme.	PM. The provider notes these comments. A patient feedback questionnaire will be issued to every patient seen by each student. The CMS's will have an opportunity to review these responses with their students, furthermore the students will be expected to share their experiences with patients and the feedback received through their learning sets for peer review.	To be included in the new programme submission (01.03.2016).
24	The programme leads should consider making it a requirement that all work placements ensure feedback is sought from patients being treated by the trainee	The provider notes these comments. A patient feedback questionnaire will be issued to every patient seen by each student. The CMS's will have	To be included in the new

	CDT.	an opportunity to review these responses with their students, furthermore the students will be expected to share their experiences with patients and the feedback received through their learning sets for peer review.	programme submission (01.03.2016).
27	The Student Handbook section relating to equality and diversity must be revised, to include relevant examples as to how they would apply to the student's role as dental care professional.	The provider notes these comments. The experiences identified within the module lead meetings will be used to incorporate relevant examples into the student handbook.	To be included in the new programme submission (01.03.2016).
28	A process to ensure that all programme staff have to undergo training in equality and diversity, and the content of that training, to enable deficiencies to be identified and subsequently addressed, should be introduced.	The provider notes these comments. E-learning modules from a single source will be identified to ensure consistency across all faculty team members prior to the commencement of the course and at prescribed intervals thereafter.	To be included in the new programme submission (01.03.2016).
29	The teaching given on the topic of equality and diversity, must include sufficient information on the differences on the equality and diversity legislation between the four countries.	The provider notes these comments. The academic team will ensure that the students fully engage with the important aspects of equality and diversity throughout the four countries.	To be included in the new programme submission (01.03.2016).

Observations from the provider on content of report

Re: Inspection Report of the Diploma in Clinical Dental Technology (dated 31 January, 24 / 25 February 2014)

On behalf of the Health Education England (Kent Surrey and Sussex), I would like to express my thanks to the General Dental Council (GDC) and the panel of inspectors for the report following the programme inspection of the qualification in June 2015. I would also like to thank the GDC for providing HEE(KSS) with the opportunity to respond to the report and to comment on the content of the report itself as well as the inspection process.

Programme Inspection June 2015

The inspection was conducted in a professional manner, with the inspection team raising a number of valid points with regards to the Diploma qualification and supporting policies and procedures. As stated during the inspection, HEE(KSS) values the input of the GDC in order to refine and improve this qualification. Many of the requirements contained in the report have already been addressed, with a number of documents sent to the inspection panel prior to receiving the inspection report. The impact of these changes on future programmes will be assessed by the GDC when the next cohort is inspected. An action outlined by the GDC in going forward.

These included:

- A clear progression through clinical training with appropriate and robust assessment at specified stages in the programme leading to the CDT students having the appropriate skills to treat the public in a supervised environment. It is worth re-iterating that all clinical training delivered during the Diploma programme, which was inspected, were all carried out in Bristol Dental School. It was not made clear enough by HEE(KSS) to the inspectors that the Scope of Practice Modules for Dental Technicians did not form an integral part of the Diploma but were necessary prerequisites for a Dental Technician wishing to join the Diploma programme.
- Despite the student conducting patient satisfaction audits it is recognised that routine feedback should be gathered from all patients seen by the student CDTs. This will be introduced for future cohorts.
- A revised training programme for Clinical Mentor Supervisors (CMS) will be devised and introduced for future cohorts to deliver a regular and ongoing assessment of the students in the work place.
- A new Significant Events Policy will be drafted and included in the Student Handbook for future cohorts.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'John Darby', is positioned in the upper left quadrant of the signature box.

John Darby
CDT Course Director

Recommendation to the GDC

The inspectors make the following recommendations:

- The programme team to submit a new submission addressing each of the action points raised in this report. This submission would need to be completed and assessed prior to any new cohort commencing the programme.
- If the submission is approved and the programme runs with a new cohort (2016/2018), the GDC would re-inspect at some point in the final year.