

RE-INSPECTION REPORT

Education Provider / Awarding Body :	University of Central Lancashire (UCLan)
Programme / Award / Qualification:	Diploma in Clinical Dental Technology (CDT)
Remit and Purpose:	Re-inspection referencing the <i>Standards for Education</i> to determine approval of the award for the purpose of registration with the General Dental Council (GDC) as a Clinical Dental Technician
Learning Outcomes:	<i>Developing the Dental Team</i>
Inspection Dates:	3 – 4 September 2014 9 October 2014
Inspection Panel:	Audrey Cowie (Lay Member and Chair) James Newton (Dentist) Caroline Logan (Dental Technician)
GDC Staff:	Laura Harrison (Lead) James Marshall
Outcome:	Recommended that the UCLan CDT programme is approved for students graduating in 2014

Re-inspection summary

This was a focused re-inspection which concentrated on areas of highest risk in order to safeguard the public through ensuring safe beginners. The inspectors reviewed the requirements from the 2013 inspection report which the course team was required to address by the time of the 2014 re-inspection. These requirements are highlighted in bold in this report.

There was a marked improvement in areas of the qualification which the inspectors had raised concerns about in their previous report. The new course leads are to be highly commended for the progress which has been made promptly, alongside course delivery and within the confines of the existing model of study. The inspectors found the delivery of the programme and the assessment of students to be educationally sound and they were satisfied with the internal and external quality assurance processes observed. The inspectors were confident that the passing students in October 2014 were fit to register with the GDC as Clinical Dental Technicians.

It is recognized that the qualification will no longer be offered due to the difficulties encountered in ensuring a standardized learning experience and assessment of students within this model of study.

Re-inspection process and purpose of Re-inspection

1. The re-inspection of this qualification was required as a result of the shortcomings identified during the inspection of the 1st cohort of students, which are described in the previous report.
2. The aim of the re-inspection was to ensure that the students in the 2nd cohort demonstrated, on graduation, that they met the outcomes required for registration with the GDC as a Clinical Dental Technician.
3. The re-inspection focuses on the Requirements within the GDC publication *Standards for Education (version 1.0 November 2012)*, which the inspectors identified in their initial report as requiring attention by the School prior to the graduation of the 2nd cohort of students. These Requirements are indicated by emboldened text. This report will document the inspectors' findings. It will also reflect whether the action taken by the School has been sufficient to alter the decisions reached in the initial inspection.
4. The inspection panel used the following descriptors to reach a decision on the extent to which the UCLan Diploma in CDT 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.”

5. 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.

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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>
6. Students and those involved in the delivery of education and training must be encouraged to raise concerns if they identify any risks to patient safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Should a patient safety issue arise, appropriate action must be taken by the provider	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Providers must have a student fitness to practise policy and apply as required. The content and significance of the student fitness to practise procedures must be conveyed to students and aligned to GDC student fitness to practise guidance. Staff involved in the delivery of the programme should be familiar with the GDC Student Fitness to Practise Guidance.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GDC comments

Requirement 2: Patients must be made aware that they are being treated by students and give consent (*Requirement Met, was Partly Met in 2013*)

Actions identified in initial report

i. The course team must ensure students gain written, informed consent from all patients before any treatment is provided by students. A clear policy is required and the course team must monitor and ensure adherence to the policy

ii. Students' badges must clearly identify the student by name and as a student CDT

The inspectors saw completed consent forms in the case studies they reviewed and they were satisfied that students were gaining informed consent appropriately before commencing treatment. A clear policy relating to the taking of patient consent was made available and notices informing patients of the importance of providing consent were observed in the waiting room. The inspectors also noted information which explained the different colour uniforms worn in the dental clinic. The School should ensure the notices are always displayed in a prominent position to ensure patients can easily see them. The course team reported that students had been provided with badges which identify them by name and as Student Clinical Dental Technicians, and this was evident during the inspection.

Requirement 7: Should a patient safety issue arise, appropriate action must be taken by the provider (Requirement Met, was Partly Met in 2013)

Actions identified in initial report

i. Individuals involved in the delivery and assessment of students must recognise and act upon any clinical safety concerns promptly and in accordance with the relevant policy

ii. There must be clear evidence that patient safety issues have been dealt with in accordance with relevant policies and procedures

In their response to the initial inspection report, the course team indicated that they would ensure that all staff involved in the delivery and assessment of students recognise and act upon any clinical safety concerns promptly and in accordance with the 'UCLan Raising Concerns Flowchart' using the 'UCLan Raising Concerns Form' or the 'UCLan Untoward Incident Policy and Reporting Form'. Incidents would be recorded in the 'UCLan Incident Report Log'.

The inspectors saw each of the above mentioned documents. Whilst there was no evidence to suggest that they ought to have been used since January 2014, the inspectors were confident that they would have been should the need have arisen, and crucially, that clinical safety concerns would have been promptly and appropriately dealt with. The inspectors were encouraged by the fact that 'untoward incidents/concerns' had become a standing item on both the CDT Course Team meeting and the Dental Academic Committee meeting agendas, the latter being the forum where compliance with correct procedures by course teams is monitored.

Requirement 8: Providers must have a student fitness to practise policy and apply as required. The content and significance of the student fitness to practise procedures must be conveyed to students and aligned to GDC student fitness to practise guidance. Staff involved in the delivery of the programme should be familiar with the GDC Student Fitness to Practise Guidance (Requirement Met, was Partly Met in 2013)

Actions identified in initial report

i. The School must ensure there is a School-specific Fitness to Practise policy and procedures

ii. The course team must ensure that students are aware of and fully comply with the School and University Fitness to Practise guidelines

iii. The course team must also ensure that mentors and UCLan staff understand that they need

to monitor students' professional behaviours and report any failure to comply with required standards

The inspectors were pleased to note that there is a school-specific Fitness to Practise policy and set of procedures which are relevant to dental courses. It was pointed out that students had been instructed on the need to be aware of and fully comply with the School and University Fitness to Practise guidelines. The inspectors were informed that both of these documents were available on 'Blackboard' and in the student handbook. The inspectors found the University guidelines on 'Blackboard' and encourage the team to make the School policy and procedures readily accessible there too.

The course team indicated that they had asked each of the mentors to provide a professional reference for their student, prior to graduation. The mentors were required specifically to confirm if they had any concerns about the student's professional behaviour. The inspectors were made aware of a situation where a mentor declined to provide a positive reference until the outcome of a fitness to practise case has been concluded. There was documentation available to demonstrate how the fitness to practise concern in question was dealt with and the inspectors were satisfied that due process had been correctly followed by the course team. They were also reassured by the actions taken by the mentor in respect of the reference.

Actions

Req. Number	Actions	Due date (if applicable)
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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 checked="" type="checkbox"/>	<input type="checkbox"/>
10. The provider will have systems in place to quality assure placements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Any problems identified through the operation of the quality management framework must be addressed as soon as possible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Should quality evaluation of the programme identify any serious threats to the students achieving learning outcomes through the programme, the GDC must be notified at the earliest possible opportunity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Programmes must be subject to rigorous internal and external quality assurance procedures	<input 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

should follow QAA guidelines on external examining where applicable

15. **Providers must consider and, where appropriate, act upon concerns raised or formal reports on the quality of education and assessment**

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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 Partly Met, was Not Met in 2013*)

Actions identified in initial report

- i. The course team must develop a new and more robust qualification if it wishes to continue training CDT students after 2013*
- ii. The course team and School must ensure that that an effective and robust quality management framework is used*
- iii. The course team and School must arrange for stronger quality management and leadership. There must be an effective and transparent management and reporting system in place*
- iv. The course team must use student, mentor and staff feedback, external examiner reports and course reviews to inform discussions relating to the quality management of the programme*
- v. The course team must ensure all meetings are fully minuted*
- vi. The course team and School must ensure that any issues identified as part of the quality management framework are fully discussed and any actions agreed are addressed to the point of resolution*
- vii. The course team and School must ensure there is a clear audit trail of any actions taken as a result of issues identified*
- viii. The School must ensure the University is kept fully informed of any issues arising and actions taken*

The inspectors were very impressed by the way in which the current course team has significantly strengthened the governance, leadership and management of the qualification within a short space of time and in tandem with students completing their final year. Integral to this has been the adoption of a well tried and robust quality management framework, which has been used for other undergraduate programmes within the School. The inspectors had sight of the quality management framework structure and the composition of and terms of reference for the committees and groups which feature in it. A clear action plan concerning the quality assurance activities requiring attention was also provided and the inspectors were confident that the new management framework would ensure these were monitored through to completion.

The quality management framework should ensure that the University is kept fully informed of any issues arising and actions taken. The inspectors did not see documentary evidence relating to how and when issues were escalated and managed at University level. There was also no evidence provided that a review of or any discussions about the programme had been

held at University level. This would be expected in any new course offered.

The course team informed the inspectors that student, mentor and staff feedback, external examiner input and course reviews were used to inform discussions relating to the quality management of the programme in accordance with University policy. The inspectors had sight of course meeting and student liaison committee meetings, in addition to external examiner comments on the OSCE, completed student feedback forms, completed patient questionnaires and the results of a mentor survey. This information assured the inspectors that the course team was using relevant feedback from a variety of sources to monitor and enhance the existing programme and to develop a new and improved course, which it is anticipated will commence in 2015.

The inspectors reviewed the minutes of a variety of meetings, including course team meetings and a staff student liaison committee meeting and they were satisfied that they had been appropriately and fully recorded. The inspectors were pleased to note the use of a clear Action Plan, which lists actions in need of attention and a 'traffic light' colour coding system identifies the progress made against each action. The inspectors were satisfied that the course team were regularly reviewing this plan and taking effort to ensure all listed items were addressed within timeframes.

**Requirement 10: The provider will have systems in place to quality assure placements
(Requirement Not Met, was Not Met in 2013)**

Actions identified in initial report

i. UCLan must carry out robust quality assurance of placements both prior to the placement of students and during the course of the programme. This activity needs to be underpinned by a comprehensive policy and procedure

ii. The course team must be adequately resourced to carry out the quality assurance of placements and it must be clear who will oversee this process

iii. The course team must formalise the working partnership with the practices and ensure that all information requested from them is received and monitored

iv. The course team must ensure that they quality assure the activities within the placement so that there is standardised supervision and assessment of students

Whilst the new course team remains small, there appears to be a more clearly defined leadership and structure to the team with clarity as to who has responsibility for different aspects of the programme and in particular, the monitoring of activity within placements. There was some evidence to suggest that the team had formalised their working relationship with the mentors and their practices and that there was greater checking to ensure requested feedback from mentors was received. It was noted that all summative assessment was taking place at UCLan to ensure a standardised experience for all students. The wide - spread location of the practices across the UK, in which students were based, made it difficult to ensure rigorous and regular monitoring of practice-based activity. It was recognised that the course team had sought to review student supervision since January 2014, however, by their own admission they could not ensure students received a standardised learning experience.

It was clear that there was a desire within the team to alter the structure of the programme so that there is far less reliance on the mentors in the practice placements. The intention is to bring all course related clinical activity in-house for future cohorts. The course team indicated in response to the previous report that the placement audit document used successfully

within the undergraduate BDS course will be used for any new placements. It is the intention for the new course is that assessed clinical activity will take place in a UCLan based clinical environment.

Requirement 11: Any problems identified through the operation of the quality management framework must be addressed as soon as possible (*Requirement Met , was Not Met in 2013*)

Action identified in initial report

i. The course team and School must adopt a robust comprehensive risk management and action planning framework which enables them to identify and discuss issues arising in the programme, record discussions and agreed actions, follow up on actions agreed and review actions taken until the point of resolution. The framework must allow for the transparent and efficient management of issues arising

The inspectors saw evidence of strong quality management and leadership during this re-inspection and they were confident that this Requirement was now being met. The terms of reference for the Course Management Team indicated that there were monitoring, evaluation, development and risk identification roles. The CDT Risk Management Register (June 2013) was seen, in addition to an Action Plan, which clearly showed that issues relating to the programme were being recorded and managed. Also provided was the wider School Risk Register.

Requirement 12: Should quality evaluation of the programme identify any serious threats to the students achieving learning outcomes through the programme, the GDC must be notified at the earliest possible opportunity (*Requirement Met, was Not Met in 2013*)

Action identified in initial report

i. The course team and School must develop a robust mechanism for identifying threats to students not achieving the Learning Outcomes through rigorous quality evaluation. It is essential that UCLan ensures the GDC is notified promptly if this risk is actual or potential

The inspectors were satisfied that the School Quality Management Framework was being used by the team. The inspectors reviewed information on the reporting lines within the course team and School in addition to relevant committee meeting minutes, where issues relating to programme quality were discussed. It was clear that the team had taken prompt measures to ensure students were assessed in- house for the duration of their 2nd year in 2014. A further example of the appropriate management of a potential risk was the careful planning for the remediation of a student who had had to withdraw from part of the year due to medical reasons.

Requirement 13: Programmes must be subject to rigorous internal and external quality assurance procedures (*Requirement Partly Met, was Not Met in 2013*)

Actions identified in initial report

i. The course team must internally review, identify and address issues on a regular and formal basis

- ii. All actions and decisions taken internally must be clearly and comprehensively documented*
- iii. The existing external examiner must comply with the School requirements regarding attendance and input to the course*
- iv. The existing external examiner must take a more active role in reviewing assessments.*
- v. The course team must keep a formal recording of actions suggested by the external examiner and actions taken in response*

The inspectors were assured that course team meetings took place regularly under the new leadership, with standing items including student progression, staff feedback on placements, and the quality assurance and development of assessment methods. Minutes of these meetings were made available. There was evidence that action plans arising from these meetings were created and monitored in line with the traffic light system. It was noted that the course was subject to scrutiny at School level through the Quality Management Framework. The University internal teaching review did not occur, but it is anticipated that this will take place for the revised qualification. As indicated in Requirement 9, there was an absence of information about the actions taken at University level, which was disappointing.

A newly recruited external examiner reassured the inspectors that the qualification was subject to appropriate and reliable external scrutiny. It was clear that there had been regular and helpful communication between the course team and the external examiner to provide adequate induction in to the role and involvement in the external process. The external examiner reviewed and commented on question papers in advance, attended and observed the OSCE examinations and reviewed marks awarded. Their feedback on the assessments was available and correspondence illustrated how the course team had utilised this.

It was noted that the previous external examiner had resigned. Whilst it would have been preferable to have had two external examiners, the panel recognised the time constraints made it difficult to recruit a second individual in time for them to be involved in the remainder of this programme. It was positive, however, that a second external examiner has been appointed for the purposes of the new qualification.

Requirement 14: External examiners must be utilised and must be familiar with the learning outcomes and their context. Providers should follow Quality Assurance Agency (QAA) guidelines on external examining where applicable (*Requirement Met, was Not Met in 2013*)

Actions identified in initial report

- i. The course team must appoint a second external examiner as a priority*
- ii. The external examiners must be fully utilised and meet their responsibilities*
- iii. The external examiners must follow QAA guidelines on examining*

As mentioned above, a new external examiner was involved in the course and will be joined by a second external examiner in overseeing the new qualification. It was evident that under new leadership, the course team was utilising the new external examiner appropriately and all the indications were that the new programme would benefit from their input. On the basis of the observations by the inspectors, there was no reason to doubt that QAA guidelines on examining were being followed.

Requirement 15: Providers must consider and, where appropriate, act upon concerns raised or formal reports on the quality of education and assessment (*Requirement Met, was Partly Met in 2013*)

Action identified in initial report

i. The course team must act upon issues raised or concerns raised by external examiners

As mentioned in Requirement 13, there was evidence that feedback by the external examiner on the OSCE had been used constructively by the course team. The inspectors were confident that the team would continue to act on suggestions made by the external examiner appropriately and in line with the relevant University policy.

Req. Number	Actions	Due date (if applicable)
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Standard 3– Student assessment

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

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. The provider will have in place management systems to plan, monitor and record the assessment of students throughout the programme against each of the learning outcomes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Assessment must involve a range of methods appropriate to the learning outcomes and these should be in line with current practice and routinely monitored, quality assured and developed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Students will have exposure to an appropriate breadth of patients/procedures and will undertake each activity relating to patient care on sufficient occasions to enable them to develop the skills and the level of competency to achieve the relevant GDC learning outcomes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. **The provider should seek to improve student performance by encouraging reflection and by providing feedback¹.**

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

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**

23. **Assessment must be fair and undertaken against clear criteria. Standard setting must be employed for summative assessments**

24. **Where appropriate, patient/peer/customer feedback should contribute to the assessment process**

25. **Where possible, multiple samples of performance must be taken to ensure the validity and reliability of the assessment conclusion**

26. **The standard expected of students in each area to be assessed must be clear and students and staff involved in assessment must be aware of this standard**

GDC comments

Requirement 16: To award the qualification, providers must be assured that students have demonstrated attainment across the full range of learning outcomes, at a level sufficient to indicate they are safe to begin practice. This assurance should be underpinned by a coherent approach to aggregation and triangulation, as well as the principles of assessment referred to in these standards. (Requirement Met, was Partly Met in 2013)

Actions identified in initial report

i. The approach to and management of student assessment must be transparent and robust

iii. The discretionary decision-making powers of the Assessment Board must be clarified and clearly stated

ii. The 'sign up' process needs to be made significantly more robust and clear pre-requisites should be developed which students have to achieve before being allowed to proceed to the end of year modular examinations and from year 1 to year 2. Year 1 modules must be

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

achieved by students before they can progress in to year 2

iv. The process for aggregating marks must be streamlined and simplified

The assessment of students since January 2014 has been more robust and reliable than previously and the new course team is to be commended for this. The inspectors considered that the OSCEs were very well organised and run in a professional manner. There were effective briefing and de-briefing meetings before and after the examination with assessors, which enabled discussion and clarification of outstanding issues. The inspectors reviewed a Clinical Placement Assessment Protocol and the assessment criteria for case studies. They also saw relevant marking descriptors and scoring sheets for the OSCEs and a number of DOPS and they concluded that these were all sound. Reviews of marked work suggested there was a consistent and fair approach to marking. The inspectors acknowledged that there was very little the course team could change in the current programme in terms of how marks were aggregated. It was clear that the course team intends for there to be clear and robust procedures relating to progression from preclinical to clinical stages and for modular progression in the new course, which the inspectors are supportive of.

There was evidence that one member of staff was not fully aware of the assessment requirements regarding partial dentures. Incorrect information was provided to six students concerning the number of partial dentures which needed to be undertaken satisfactorily, and this resulted in them being given additional time to submit their work. The team is encouraged to ensure all staff and students are fully aware of what is expected of them.

The inspectors identified a slight mismatch between module descriptors contained on 'Blackboard' and within the student handbook. The assessments for modules DX2012 and DX2013 had been modified and the new versions of these descriptors were only available on 'Blackboard'. It was considered that this small oversight was likely due to the immense amount of developmental work being undertaken by the course team and the inspectors encourage on-going scrutiny of course information.

The team indicated that the Assessment Board can only make recommendations on progression and that these must be based on the University Academic Regulations and must be clearly minuted.

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 Met , was Not Met in 2013)

Actions identified in initial report

i. The course team needs to introduce a system which facilitates the regular and thorough monitoring and review of student progress. There must be close and regular monitoring of student's on-going clinical activity

ii. The course team must develop a centralised monitoring system for recording individual student's progress against learning outcomes

iii. The course team must keep accurate and thorough records of student activity and assessment results

The course team has introduced a system whereby they review students' clinical activity log sheets on a monthly basis and the inspectors were satisfied that this appeared to be working well. The inspectors were encouraged by the improved monitoring of student activity and the regular communication between the course team and students regarding particular areas of

patient or procedure types where further exposure was needed. Records of student activity and assessment results were being maintained and the inspectors were confident that the centralised monitoring system, which is intended for the new course, will further strengthen this important aspect of student performance management.

Requirement 18: Assessment must involve a range of methods appropriate to the learning outcomes and these should be in line with current practice and routinely monitored, quality assured and developed (Requirement Met, was Partly Met in 2013)

Actions identified in initial report

- i. The course team must make it clear to students and all involved in the programme when assessments will take place, what the assessments are designed to assess and whether they are formative or summative. All module-related documentation must be accurate*
- ii. The course team must quality assure and review assessments on a regular basis*
- iii. The course team must develop assessments which are clear, targeted and fair*

The inspectors noted that the course leads had provided to students and staff a clear programme of activity from January to September 2014. This was most helpful given the changes that the course team were required to make, in order to address the required actions from the initial inspection report. Aside from a slight discrepancy in information provided in module descriptors and on 'Blackboard', which is described in Requirement 16, there was clear information about the nature and purpose of the various assessments. It was very encouraging to see that assessments had been standard set and quality assured both internally and externally and in line with University regulations. The inspectors were impressed by the improvements made to the assessments they observed and reviewed and commend the course team for their efforts. It was recognised that in future there is a need to ensure all written papers and case presentations are anonymised to avoid any potential marking bias.

Requirement 19: Students will have exposure to an appropriate breadth of patients/procedures and will undertake each activity relating to patient care on sufficient occasions to enable them to develop the skills and the level of competency to achieve the relevant GDC learning outcomes (Requirement Met, was Not Met in 2013)

Actions identified in initial report

- i. The course team must ensure that mentors and students are fully aware of the breadth and range of patients and procedure types that students need to have access to during the programme*
- ii. The course team must put in place a mechanism whereby staff can quickly identify if a student has insufficient access to patient/ procedure-types and they must then quickly remedy the problem*

As mentioned in Requirement 17, monthly reviews of student activity have occurred since January 2014 in order for the course team to be able to identify any shortfalls in students' clinical experience. Whilst inspectors did not see documentation which clearly identified outstanding procedures, they did see monthly log-sheets stating which procedures had been completed. Discussions with the course leads satisfied the inspectors that they would

document and promptly address situations where students were lacking in experience of particular patient or procedure types. It was felt that the system of emailing students on a regular basis to let them know what they needed to achieve in terms of clinical activity was supportive and encouraging. There are now guidelines in place regarding minimum clinical requirements and this has undoubtedly assisted students and staff.

Requirement 20: The provider should seek to improve student performance by encouraging reflection and by providing feedback² (Requirement Met, was Not Met in 2013)

Actions identified in initial report

- i. Good quality feedback must be provided in a timely fashion after formative and summative assessments, so as to maximise the potential for the student to learn, develop and achieve*
- ii. The School must follow the University guidelines on the provision of feedback*
- iii. Constructive feedback must be given on case studies to prevent inappropriate cases being presented as part of the summative assessment process*
- iv. Students should be encouraged to reflect on their practice, so as to maximise their learning potential*

The inspectors saw evidence of helpful feedback provided by course tutors and assessors to students. It was not possible to establish whether feedback was routinely provided within the 15 day timeframe, as stipulated by the University, but it was generally effective, as judged by successive assignments. In respect of students' case studies, there was evidence of constructive feedback provided at the case selection stage. This had resulted in an improvement in the submitted case studies although the inspectors did note one example of an inappropriate case choice. Some feedback provided via the computerised system of Turnitin was generic in nature and the course team recognised the need to personalise the comments as appropriate, to ensure students realise that their work has been looked at individually.

The students are actively encouraged to reflect on their practice by the course team. The inspectors considered that the guidance on reflection provided was very beneficial, and the reflection witnessed in the case studies was of a good quality.

Requirement 22: Providers must ask external examiners to report on the extent to which assessment processes are rigorous, set at the correct standard, ensure equity of treatment for students and have been fairly conducted (Requirement Met, was Not Met in 2013)

Actions identified in initial report

- i. The course team and School should take note of and respond to comments made in an External Examiners' report*
- ii. Any actions taken by the course team in response to external examiner reports must be documented*
- iii. There must be formal communications between the course team and the external*

² Reflective practice should not be part of the assessment process in a way that risks effective student use

examiner(s), which allows for a clear audit trail

iv. The course team must ensure the external examiner carries out their responsibilities appropriately and in full

There was evidence that the course team had acted upon the feedback from the new external examiner in advance of the OSCE examination. The inspectors were confident that the course team would consider and respond appropriately to comments made in any future external examiner report. There was also a clear and logical trail of communications between the course team and the external examiner. Whilst the new external examiner was unable to attend a formal induction in to the role, the inspectors had no doubt that the course team had provided the external examiner with a full and clear explanation of the role.

Requirement 23: Assessment must be fair and undertaken against clear criteria. Standard setting must be employed for summative assessments (*Requirement Met, was Not Met in 2013*)

Actions identified in initial report

i. All assessments should be standard set and clear records that this has happened should be kept

ii. The course team must provide clear descriptors and a clear marking scheme to students and mentors

iii. The course team must ensure the marking process is transparent to staff and students

iv. The course team must apply the marking framework for a given assessment consistently across all candidates

v. The course team must ensure compatible and clear descriptors are given to grades within a marking scheme

vi. The course team must structure DOPs so that standardised questions are available to all assessors. This will ensure transparency and fairness across the examination

The inspectors saw evidence of standard setting statistics and records of the standard setting processes followed. This revealed a robust and educationally sound approach to the assessment of students, which the new course team is to be commended for. There were, however, a high number of overall passes with merit and distinction and the external examiner commented that the course team may wish to consider this when setting the passing 'standard' in future.

There was evidence that clear descriptors, marking systems and question guides for the various assessments had been used, to ensure consistency and fairness in assessment and marking. The inspectors were generally very impressed by the performance of assessors in the OSCE, although they were surprised to see a senior assessor inappropriately prompting candidates.

Requirement 24: Where appropriate, patient/peer/customer feedback should contribute to the assessment process (*Requirement Partly met, was Not Met in 2013*)

Action identified in initial report

i. *The course team should ensure patient and peer feedback on student's activity is regularly obtained and, if possible, that it contributes to both formative and summative assessment as well as programme review*

The course team indicated that all patient and peer feedback gained during clinical activity within UCLan clinical facilities was reviewed and results were given as formative feedback to the students. Copies of patient feedback questionnaires were seen, but there was no evidence of the formative feedback provided individually to students. In the OSCEs, actors contributed to the assessment of students, although it did not contribute to the final mark. It is anticipated that feedback will be used in summative assessments in the new course.

Requirement 25: Where possible, multiple samples of performance must be taken to ensure the validity and reliability of the assessment conclusion (*Requirement Met, was Partly Met in 2013*)

The inspectors found this requirement to be Met on the basis of the re-inspection.

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, was Not Met in 2013*)

Action identified in initial report

i. *The course team must ensure students and all involved in the delivery of assessments are clear on the required standard*

From the evidence provided, the inspectors felt that both staff involved in assessments and students should now be clear as to the required standard in assessments. This was perceived to be a result of the hard work of the course team in producing clearer and more informative assessment documentation than had previously been the case. As noted in Requirement 16, there is a need for careful reviewing of documentation to ensure any changes made are replicated across all sources of information.

Actions for the Provider

Req. Number	Actions	Due date (if applicable)
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Summary of Actions

No	Action	Observations Response from Provider	Due date
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Observations from the provider on content of report

The course team would like to thank the GDC for their patience during this long inspection cycle. We have as a team agreed with and put into action any requirements of the various reports and now feel in a much stronger position to progress with the proposed course format

Recommendations to the GDC

The inspectors recommend that this qualification is approved for students graduating in 2014.

Instructions to the School

To provide the GDC with assessment paperwork, mark-sheets and final grade documentation relating to the remaining student, upon completion of his studies