

INSPECTION REPORT

Education provider/ Awarding Body:	Delivered by: University of Central Lancashire Awarded by: Royal College of Surgeons (Edinburgh)
Programme/Award:	Diploma in Clinical Dental Technology
Remit and purpose:	Full inspection referencing the <i>Standards for Education</i> to determine approval of the award for the purpose of registration with the GDC as a Clinical Dental Technician
Learning Outcomes:	<i>Preparing for Practice (Clinical Dental Technology)</i>
Programme inspection dates:	18th and 19th January 2017
Examination inspection dates:	31st March 2017
Inspection panel:	Cindy Mackie (Chair and Lay Member) Michael Reeson (DCP Member) David Hussey (Dentist Member)
GDC Staff:	James Marshall Rick Bryan
Previous inspection (only if a re-inspection):	
Outcome:	Recommended that the University of Central Lancashire Diploma in Clinical Dental Technology programme is sufficient for continued registration as a clinical dental technician

Full details of the inspection process can be found in the annex

Inspection summary

The Diploma in Clinical Dental Technology programme is delivered at the University of Central Lancashire and awarded by the Royal College of Surgeons (Edinburgh). This is a two year programme, which requires all students to be registered with the GDC as a dental technician.

The inspectors also noted the robust quality management framework, which is used to oversee all dental programmes within the School. The inspectors agreed that enabling students from a range of dental programmes to study together developed a graduate with a greater knowledge and understanding of the wider dental team.

The inspectors noted the high level of supervision for students while working within the university dental clinic environment, which reinforced the inspectors view that the University of Central Lancashire provides a safe and supportive location for clinical dental technology training.

Background and overview of Qualification

Annual intake	16 students
Programme duration	Two years
Format of programme	<p>Modular Programme with three modules running concurrently, delivered over each year.</p> <p>Year1: 3 modules CDT Clinical knowledge 1, CDT Foundation Clinical Skills and CDT Teamwork and Professionalism 1.</p> <p>During year one the student has a Simulated clinical experience (manikin course), foundation clinical skills, with direct patient contact from term 2, clinical knowledge lectures, professionalism lectures and group work.</p> <p>The students must pass a Clinical Progression OSCE and the manikin course before treating patients. They must also complete written assignments and take an end of year examination before progressing to Year 2.</p> <p>Year 2: CDT Knowledge 2, CDT Skills 2 and Teamwork and Professionalism 2</p> <p>Advanced clinical knowledge lectures, direct patient treatment, professionalism lectures and group work.</p> <p>The students must pass a Radiology Core of knowledge examination in this year. They must complete written assignments and</p>

	submit a portfolio of experience and two Case presentations. Successful completion will permit the student to take the RCS (Edin) qualifying examination.
Number of providers delivering the programme	1

The panel wishes to thank the staff, students, and external stakeholders involved with the Clinical Dental Technology programme for their co-operation and assistance with the inspection.

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 must provide patient care only when they have demonstrated adequate knowledge and skills. For clinical procedures, the student should be assessed as competent in the relevant skills at the levels required in the pre-clinical environments prior to treating patients.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Providers must have systems in place to inform patients that they may be treated by students and the possible implications of this. Patient agreement to treatment by a student must be obtained and recorded prior to treatment commencing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Students must only provide patient care in an environment which is safe and appropriate. The provider must comply with relevant legislation and requirements regarding patient care, including equality and diversity, wherever treatment takes place.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. When providing patient care and services, providers must ensure that students are supervised appropriately according to the activity and the student's stage of development.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Supervisors must be appropriately qualified and trained. This should include training in equality and diversity legislation relevant for the role. Clinical supervisors must have appropriate general or specialist registration with a UK regulatory body.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Providers must ensure that students and all those involved in the delivery of education and training are aware of their obligation to raise concerns if they identify any risks to patient safety and the need for candour when things go wrong. Providers should publish policies so that it is clear to all parties how concerns will be raised and how these concerns will be acted upon. Providers must support those who do raise concerns and provide assurance that staff and students will not be penalised for doing so.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Systems must be in place to identify and record issues that may affect patient safety. Should a patient safety issue arise, appropriate action must be taken by the provider and where necessary the relevant regulatory body should be notified.	<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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Staff involved in the delivery of the programme should be familiar with the GDC Student Fitness to Practise Guidance. Providers must also ensure that the GDC's Standards for the Dental Team are embedded within student training.

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

The panel was informed that students begin their Diploma in Clinical Dental Technology with the module 'Clinical Dental Technology Foundation Skills (1)'. During this module students undertake simulation work within the phantom head clinic. In addition to this, students are introduced to infection control, medical emergencies, patient assessment, prosthodontic techniques, consent and clinical note taking. The inspectors were pleased to note that the development of communication skills formed a cornerstone of the pre-clinical teaching and assessment of the students.

During the 'Clinical Dental Technology Foundation Skills (1)' module, students are required to demonstrate their ability to construct a complete denture case on the simulator, which is a summative pass/fail assessment. At the end of the module students must also undertake a summative Clinical Progression OSCE, which students are required to pass all elements before treating patients. The panel noted that the topic of professionalism is addressed early on in the programme, with students undertaking a written essay on the subject as their assessment.

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

All patient experience during the programme is gained within the UCLAN dental clinic. Patients are advised in writing that students will be providing their treatment and posters are clearly visible in the clinic waiting room reinforcing this. Prior to patients commencing their course of treatment, students gain both verbal and written consent from patients. Students are also required to wear a coloured uniform identifying their role, along with a name badge.

The inspectors were pleased to note when interviewing the students that they all had a clear understanding of the various routes to gaining consent, especially with regards to treating vulnerable patients, examples were provided supporting positive practice.

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

As noted in Requirement 2, all patient treatment as part of the programme takes place within the UCLAN on-site dental clinic. The inspectors were provided with copies of the CQC reports for the School of Dentistry and UCLAN Dental Clinic. In addition to this, the panel saw evidence of the necessary safety policies, including areas such as radiology and clinical

waste. The panel was pleased to note the School utilises a 2:1 supervision ratio for students while on clinic.

The inspectors were satisfied that equality and diversity has been adequately embedded within the programme, with evidence of mandatory equality and diversity training records for both UCLAN and non-UCLAN staff members involved with the course. The panel commended the School for rolling out a new equality and diversity training course covering unconscious bias. The inspectors were pleased to note examples of best practice were used when making reasonable adjustments for patients, such as treating hearing impaired patients in a separate room and allowing extra treatment time for patients when needed. It was evident that safeguarding and the appropriate treatment of vulnerable patients had an effective focus within the programme.

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

The inspectors were provided with a copy of the School's Policy for Clinical Supervision of the CDT Clinic and were satisfied that the current 2:1 supervision ratio for students on clinic was adequate. The panel was pleased with the good level of supervision of students while they are training in the phantom head clinic.

The panel was also provided with a copy of the CDT Policy for Supporting Clinically Challenged Students. In addition to this the University uses the 'Starfish' computer system, which monitors struggling students. The inspectors were informed that this is not currently used for CDT students, however plans are underway to ensure future cohorts of students are able to be monitored and supported through this system.

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

The inspectors were provided with a list of staff involved in the programme, relevant CVs and details of appropriate registration for staff working in clinical roles.

The panel was pleased to note a number of staff members involved with the programme had a Special Care Dentistry background, which had a positive impact on the course and enabled a good level of knowledge sharing between staff and students. During meetings with the students, they provided positive feedback on the tutors and made reference to their inspiring lecturers and the positive impact this had on their student experience.

The inspectors saw evidence of positive leadership and a high level of support for staff members wishing to develop within their role at UCLAN and agreed this contributed to the positive teaching and learning environment for both staff and students.

All staff members are required to undertake mandatory equality and diversity training, alongside safeguarding training. The inspectors were provided with evidence of this via the University's iTrent recording system.

Requirement 6: Providers must ensure that students and all those involved in the delivery of education and training are aware of their obligation to raise concerns if they

identify any risks to patient safety and the need for candour when things go wrong. Providers should publish policies so that it is clear to all parties how concerns should be raised and how these concerns will be acted upon. Providers must support those who do raise concerns and provide assurance that staff and students will not be penalised for doing so. (Requirement Met)

Students are taught and assessed in the topics of raising concerns, professionalism, and law and ethics towards the beginning of the programme within the module 'Professionalism in Clinical Dental Technology 1'. These topics are then reinforced within the module 'Professionalism in Clinical Dental Technology 2' in the second year.

The inspectors were provided with a copy of the University's Whistleblowing Policy and Public Interest Disclosure Policy. The inspectors also had sight of the School's regulations for the conduct of students and the Fitness to Practise Procedure for Dental Professional Courses.

The School uses the Structured Event Reporting Forms (SERF) system for reporting untoward incidents and behaviour. Staff, students and patients are all able to use this system for reporting any concerns they have. Untoward incidents are a standing item on the Undergraduate Management Committee meetings. The inspectors were informed that to date there have been no incidents where a SERF has been completed for a CDT student, however the panel were satisfied that the system was robust and would be effective in the event that it is required.

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

As noted in Requirement 6, the School utilises the Structured Event Reporting Form (SERF) system for recording any untoward incidents. The SERF system enables staff, students and patients to record any concerns, as well as areas of good practice, online. Untoward incidents are discussed during the regular course management meetings and where necessary, the issues are escalated up through the Schools quality management framework.

Staff, students and mentors who undertake the work based assessments receive training within their inductions on how to use the SERF system. Additionally, an annual report is submitted to the Dental Academic Committee detailing the effectiveness of the system.

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

The inspectors were provided with copies of the University's Fitness to Practise Procedure and the School specific Fitness to Practise Procedure for Dental Professional Courses. While the School has not yet needed to utilise these procedures for CDT students, the panel was provided with evidence of the procedures being used for other dental programmes and were satisfied that they would be effective for the CDT programme.

The inspectors were provided with evidence that the GDC's Standards for the Dental Team were embedded within the programme and were pleased to note that topics such as the

awareness of professionalism and the use of social media were covered at an early point during the student experience.

Actions

No	Actions for the Provider	Due date
	N/A	

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
<p>9. The provider must have a framework in place that details how it manages the quality of the programme which includes making appropriate changes to ensure the curriculum continues to map across to the latest GDC outcomes and adapts to changing legislation and external guidance. There must be a clear statement about where responsibility lies for this function.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>10. Any concerns identified through the Quality Management framework, including internal and external reports relating to quality, must be addressed as soon as possible and the GDC notified of serious threats to students achieving the learning outcomes.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>11. Programmes must be subject to rigorous internal and external quality assurance procedures. External quality assurance should include the use of external examiners, who should be familiar with the GDC learning outcomes and their context and QAA guidelines should be followed where applicable. Patient and/or customer feedback must be collected and used to inform programme development.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>12. The provider must have effective systems in place to quality assure placements where students deliver treatment to ensure that patient care and student assessment across all locations meets these Standards. The quality assurance systems should include the regular collection of student and patient feedback relating to placements.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GDC comments			
<p>Requirement 9: The provider must have a framework in place that details how it manages the quality of the programme which includes making appropriate changes to ensure the curriculum continues to map across to the latest GDC outcomes and adapts to changing legislation and external guidance. There must be a clear statement about where responsibility lies for this function. (Requirement Met)</p> <p>The inspectors were informed that overall quality management for the CDT programme lies with the Head of Dentistry at UCLAN and were provided with details of the framework that is in place for ensuring quality management is handled appropriately. Day-to-day running of the programme is dealt with via the CDT Management Group, which then feeds into the Undergraduate Dental Course Management Committee. The panel was informed that QA management is a standing item on the agenda of this committee.</p> <p>Any issues arising from the Undergraduate Dental Course Management Committee are escalated to the Dental Academic Committee and subsequently the College Executive Committee. The inspectors were provided with evidence of Course Leaders reports and Head</p>			

of School reports, along with committee meeting minutes for the programme, which assured the panel that the framework in place was appropriate.

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

The panel was satisfied that, as noted in Requirement 9, there is a clear quality management framework in place that would ensure any concerns identified with the programme would be addressed as soon as possible. The inspectors noted that should any issues arise that would lead to a serious threat to students achieving the learning outcomes, there is a mechanism in place through the College Executive Committee where the GDC would be notified, via the Principal Lecturer for Undergraduate Programmes. In the event that such action is required, the risk would be placed on the School Risk Register, a copy of which the inspectors had sight of.

The inspectors were provided with evidence in the form of both internal and external reports that demonstrated how these would be used to raise any concerns with the running of the programme. These reports included the Course Leader Report, Head of School Report, External Examiner Report and minutes of meetings from within the quality management framework.

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

External Examiners are not formally required for this diploma as it is awarded by the Royal College of Surgeons Edinburgh, however the School has retained the use of External Examiners in an advisory role during the delivery of the programme, which the inspectors considered good practice. The inspectors saw evidence of External Examiner reports along with correspondence between the School and the External Examiners. The panel noted that the External Examiners were asked to provide advice on the assessments used and gave an overall positive view of the programme.

The School also utilises the Staff/Student Liaison Committee (SSLC) meetings as a forum for raising concerns from students. All SSLC meetings are minuted and circulated to students on the programme and the course team. In addition to feedback being sought via the SSLC, patient feedback is also gathered and the inspectors were provided with evidence of the School's patient satisfaction questionnaire.

The programme is also subject to the University's five-year periodic review and the annual monitoring review. The inspectors acknowledge that as the programme is still in its infancy, a five-year review has yet to take place, however they were provided with copies of the annual reviews.

Requirement 12: The provider must have effective systems in place to quality assure placements where students deliver treatment to ensure that patient care and student assessment across all locations meets these Standards. The quality assurance systems

should include the regular collection of student and patient feedback relating to placements. (Requirement Met)

Students on the CDT programme only undertake clinical work whilst at the UCLAN Dental Clinic and therefore there are no external clinical placements that require quality assurance. As noted in Standard 1, the panel was provided with evidence of the relevant policies and regulations in place for the UCLAN Dental Clinic. In addition to this, the inspectors saw evidence of the School's Dental Clinic Complaints Policy and the Leopard and SERF recording systems, should any issues arise.

Actions

No	Actions for the Provider	Due date
	N/A	

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
13. To award the qualification, providers must be assured that students have demonstrated attainment across the full range of learning outcomes, and that they are fit to practise at the level of a safe beginner. Evidence must be provided that demonstrates this assurance, which should be supported by a coherent approach to the principles of assessment referred to in these standards.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. The provider must have in place management systems to plan, monitor and centrally record the assessment of students, including the monitoring of clinical and/or technical experience, throughout the programme against each of the learning outcomes.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Students must have exposure to an appropriate breadth of patients and procedures and should undertake each activity relating to patient care on sufficient occasions to enable them to develop the skills and the level of competency to achieve the relevant learning outcomes.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Providers must demonstrate that assessments are fit for purpose and deliver results which are valid and reliable. The methods of assessment used must be appropriate to the learning outcomes, in line with current and best practice and be routinely monitored, quality assured and developed.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. Assessment must utilise feedback collected from a variety of sources, which should include other members of the dental team, peers, patients and/or customers.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18. The provider must support students to improve their performance by providing regular feedback and by encouraging students to reflect on their practice.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Examiners/assessors must have appropriate skills, experience and training to undertake the task of assessment, including appropriate general or specialist registration with a UK regulatory body. Examiners/assessors should have received training in equality and diversity relevant for their role.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. Providers must ask external examiners to report on the extent to which assessment processes are rigorous, set at the correct standard, ensure equity of treatment for students and have been fairly conducted. The responsibilities of the external examiners must be clearly documented.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21. Assessment must be fair and undertaken against clear criteria. The standard expected of students in each area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

to be assessed must be clear and students and staff involved in assessment must be aware of this standard. An appropriate standard setting process must be employed for summative assessments.

GDC comments

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

The inspectors were informed that the School utilises the Maxinity computer system in order to blueprint the GDC Learning Outcomes against the programme objectives and assessments. The panel were given a demonstration of the functionality of Maxinity and were satisfied that throughout the programme students would have the opportunity to demonstrate attainment across the full range of learning outcomes. In addition to this, the inspectors had sight of all module descriptors, which detailed which learning outcomes were taught in each module and how they are assessed.

Throughout the inspection, the panel was given copies of the Student Assessment Strategy Handbook, marking criteria for written assignments and clinical marking criteria, evidence of standard setting and copies of the Assessment Board minutes. The panel attended Clinical Assessment Panel meeting where students were signed up to the final RCS (Edin) assessment and noted that only those students who had attained the requisite level of knowledge and experience were put forward for the exam. The inspectors were satisfied that, within the constraints of the programme structure and management, students would be fit to practise at the level of a safe beginner on graduation.

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

All clinical experience attained throughout the programme is recorded on the Leopard central recording and monitoring system. The inspectors were given a demonstration of the Leopard system and saw further evidence of its functionality during the Clinical Assessment Panel meeting. Furthermore, all written assessments and coursework must be submitted online via Turnitin.

As noted above, the School uses the Maxinity system to blueprint all assessments against the GDC Learning Outcomes. The panel agreed that the management systems currently in place were sufficient to ensure students were appropriately monitored throughout the programme.

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

The inspectors were informed that students are given a guide target for the number of procedures they should undertake throughout the course. In addition to this, in order to be signed up for the RCS (Edin) examination at the end of the programme, all students must submit a clinical portfolio of 12 cases, which should include: complete dentures; complete upper or complete lower dentures; partial dentures, of which two should be cobalt chrome skeletal frame dentures; and a minimum of 10 radiographs.

As noted in Requirement 14, all student clinical experience is logged on the Leopard system, which is monitored on a regular basis by the programme team. The students are required to meet their tutor every fortnight when they attend UCLAN to review their clinical procedures and ensure they are on track with meeting their targets. The panel was satisfied that, in the event of a student not attaining exposure to an appropriate breadth of patients and procedures, this would be picked up during the fortnightly meetings with their tutor.

While the inspectors were satisfied that the School had systems in place to monitor student attainment, they were informed that a majority of students take practical work away to their own workplace for completion. The inspectors agreed there was a small risk that a student could get someone else to complete the work. Currently all students are required to sign a plagiarism statement for their assessments, however the School should consider requiring all students to acknowledge that their practical work has been completed by themselves.

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

As noted in Requirement 13, the Maxinity system is used to map the Learning Outcomes against appropriate assessments. In addition to this, the individual module descriptors provide a description of the methods of assessment used for each aspect of the programme. The inspectors were given sight of the Maxinity system along with the module descriptors and were satisfied that the assessments were appropriate, targeted and fit for purpose. The inspectors noted the high calibre of the written papers and commented that they would suitably stretch the knowledge of the students. The panel was also satisfied that during assessments, students were given an appropriate range of examples and scenarios in order to cover a broad and typical range of techniques that a clinical dental technician would be expected to encounter.

On successful completion of the UCLAN modules and following the Clinical Assessment Panel, students are put forward for the RCS (Edin) examination, which consists of two written papers and four simulated cases. The inspectors were present during the examination inspection when the students sat their simulated cases assessment and were satisfied that the content of the cases was appropriate. While the inspectors agreed with the content of the simulated cases assessment, they noted a lack of consistency in how the assessment was undertaken, with specific reference to a variance in the recording of appropriate notation of student performance during the exam. The panel agreed that the RCS (Edin) must give further consideration to the provision of further training and guidance to Assessors, to ensure that there is sufficient valid and reliable evidence recorded and available for all students, should they wish to obtain feedback on their performance or lodge an appeal against their awarded mark.

Consideration should also be given to supervision in the immediate locality of the examination, in order to ensure candidates are appropriately directed and the process is managed effectively. The panel observed several students leave their station early, having completed their assessment and each then remained in close proximity to other live assessments in the

rotation. The panel consider this could result in a potential advantage and should be addressed in the future.

Requirement 17: Assessment must utilise feedback collected from a variety of sources, which should include other members of the dental team, peers, patients and/or customers. (Requirement Not Met)

The panel was informed that at present, no formal peer assessment takes place throughout the programme, however they agreed that given the frequency that students work in pairs while treating patients in the dental clinic, there is scope to incorporate valuable peer assessment into the programme structure. As a consequence, the School must consider incorporating formal feedback mechanisms into the assessment strategy.

The inspectors also noted that while feedback from other members of the dental team is provided orally, there is further scope for this to be improved and incorporated into the programme for future cohorts.

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

The inspectors noted that the School utilises 'grade-mark' forms when feedback is delivered to students. The panel saw evidence of completed feedback forms, however they were concerned that there was a lack of consistency in how they were completed, ranging from clear, detailed feedback to a minimal amount of feedback provided to the students. In addition to this, the inspectors noted that while feedback is provided, this is not routinely followed up by the programme staff to ensure the students have taken on board and fully understood the learning points. The inspectors agreed that the School must ensure detailed and comprehensive feedback is routinely provided to students and should incorporate a specific and measurable action planning approach to assist with student performance and assessment.

As with feedback, the inspectors agreed that while there was some evidence of students reflecting on their performance throughout the programme and within the portfolio of evidence, there did not appear to be a consistent approach to this. The inspectors noted some positive examples of effective reflection, however there were also incidents where student reflection was either ineffective or inadequate. The panel agreed that the School had the potential of having a good and effective system for reflection, however they agreed that the School must ensure students and staff receive training on how to effectively use the reflection systems that are in place.

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

The inspectors were provided with evidence of the UCLAN examiners, who oversee the assessment process up to the final examination, which is managed by the RCS (Edin). The panel had sight of staff qualifications, experience, training, registration status and evidence of having undertaken equality and diversity training. The inspectors were satisfied that the examiners were suitable to undertake the task of assessment.

The inspectors noted that the RCS (Edin) examiners were required to undertake mandatory training which must take place at least every five years. This training is generic for all RCS (Edin) assessors and covers topics such as; standard setting; RCS (Edin) policies and procedures; and equality and diversity.

The inspectors attended the examiners briefing meeting, which took place before the RCS (Edin) final examination. While the panel agreed it was good practice to hold an examiners briefing prior to the assessment, they noted examples of examiners varying both in their questioning style and recording of evidence throughout the examination and felt a more in-depth calibration session and targeted training would ensure all assessors were examining to the same standard. The RCS (Edin) must ensure assessors are provided with adequate calibration and training to ensure students are treated equitably and that there is a consistent and reliable approach to questioning and the recording of evidence during the final assessment.

Requirement 20: Providers must ask external examiners to report on the extent to which assessment processes are rigorous, set at the correct standard, ensure equity of treatment for students and have been fairly conducted. The responsibilities of the external examiners must be clearly documented. (*Requirement Partly Met*)

As noted in Requirement 11, the inspectors agreed it was good practice that the School has retained the use of an External Examiner to provide a quality assurance role for the programme up to the point of the RCS (Edin) final examination. The panel was provided with evidence of correspondence between the School and the External Examiner, along with External Examiner reports on the content and quality of the assessments. In addition to this, the inspectors were provided with copies of the UCLAN External Examiners Policy and evidence of the School mapping the programme to the RCS (Edin) Standards.

The inspectors noted that while the School utilises an External Examiner, there appeared to be a lack of external oversight of the final RCS (Edin) examination, with no evidence of the final assessment being reviewed or quality assured by an external party. The panel agreed that the RCS (Edin) must incorporate external oversight into the assessment process for the final examination of the CDT programme.

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

During the inspection, the panel was provided with copies of the UCLAN Assessment Policy, Student Assessment Handbook, Clinical Marking Criteria, Written Assignment Marking Criteria, Calibration Policy and Assessment Strategy. The inspectors agreed that students and staff are provided with clear and comprehensive information regarding the standard that is expected in each area to be addressed. The inspectors did note, however, that on occasion there was a limited amount of notes recorded by assessors during the examinations observed. The inspectors agreed that in the event that a student requests feedback on their performance the School may struggle to respond effectively. The School and the RCS (Edin) must ensure that clear and comprehensive notes are taken during assessments to ensure reliability of evidence and effective feedback on performance can be provided to students.

The inspectors saw evidence of the standard setting process that is used by both the School and the RCS (Edin) for the assessments. The Modified ANGOFF method is utilised and the panel agreed that the assessments were of an appropriately set standard.

The inspectors were concerned that during assessments, it was possible for a student to be awarded a grade '1', which is classed as unsafe, however when their total marks are aggregated the student could pass the assessment. The panel agreed that the School and the RCS (Edin) must review how grading is completed, to ensure students are safe to practise when they complete the programme.

Actions

No	Actions for the Provider	Due date
15	The School should consider requiring all students to acknowledge that their practical work has been completed by themselves.	Update required in 2018 Annual Monitoring
16	The RCS (Edin) must give further consideration to the provision of further training and guidance to Assessors, to ensure that there is sufficient valid and reliable evidence recorded and available for all students, should they wish to obtain feedback on their performance or lodge an appeal against their awarded mark.	Update required in 2018 Annual Monitoring
17	The School must consider incorporating formal feedback mechanisms into the assessment strategy.	Update required in 2018 Annual Monitoring
18	The School must ensure detailed and comprehensive feedback is routinely provided to students and should incorporate a specific and measurable action planning approach to assist with student performance and assessment.	Update required in 2018 Annual Monitoring
18	The School had the potential of having a good and effective system for reflection, however they agreed that the School must ensure students and staff receive training on how to effectively use the reflection systems that are in place.	Update required in 2018 Annual Monitoring
19	The RCS (Edin) must ensure assessors are provided with adequate calibration and training to ensure students are treated equitably and that there is a consistent and reliable approach to questioning and the recording of evidence during the final assessment.	Update required in 2018 Annual Monitoring
20	The RCS (Edin) must incorporate external oversight into the assessment process for the final examination of the CDT programme.	Update required in 2018 Annual Monitoring
21	The School and the RCS (Edin) must ensure that clear and comprehensive notes are taken during assessments to ensure reliability of evidence and effective feedback on performance can be provided to students.	Update required in 2018 Annual Monitoring
21	The School and the RCS (Edin) must review how grading is completed, to ensure students are safe to practise when they complete the programme.	Update required in 2018 Annual Monitoring

Summary of Actions

Req. number	Action	Observations Response from Provider	Due date
15	The School should consider requiring all students to acknowledge that their practical work has been completed by themselves.	A signed statement to this effect is now included within the student portfolio	Update required in 2018 Annual Monitoring
16	The RCS (Edin) must give further consideration to the provision of further training and guidance to Assessors, to ensure that there is sufficient valid and reliable evidence recorded and available for all students, should they wish to obtain feedback on their performance or lodge an appeal against their awarded mark.	The three core UCLan course staff have become RCS assessors in 2018 and have received training from the RCS on their assessment process. The fourth UCLan supervisor has submitted an application to become an assessor and we expect that training will be complete by Summer 2019	Update required in 2018 Annual Monitoring
17	The School must consider incorporating formal feedback mechanisms into the assessment strategy.	This has already been adopted for the start of the September 2018 cohort. We now have a feedback strategy and assessments include a statement detailing how each student will receive feedback for that assessment. Our in course procedure assessment sheets have been renamed Assessment and Feedback Sheets and students are made aware that this process contributes to the feedback process. We are investigating how to effectively introduce peer feedback within the course.	Update required in 2018 Annual Monitoring
18	The School must ensure detailed and comprehensive feedback is routinely provided to students and should incorporate a specific and measurable action planning approach to assist with student performance and assessment.	Students have always been given written feedback on all written assessments and now this is detailed as in Req 17. For the final year students we have introduced a series of formative assessments which allow staff and students to monitor academic progress and performance. This feeds back into a student	Update required in 2018 Annual Monitoring

		<p>support programme which provides additional academic support for students that may have performance issues.</p> <p>All student receive feedback on all clinical patients via both the grades and comments recorded on the Assessment and Feedback sheets and detailed oral feedback.</p>	
18	<p>The School had the potential of having a good and effective system for reflection, however they agreed that the School must ensure students and staff receive training on how to effectively use the reflection systems that are in place.</p>	<p>We have reviewed the main area in which student reflection is collected, which is within the student portfolio. The students have received training and guidance in the reflection process and the staff responsible now use a more supportive approach in encouraging the students to use reflection as a development tool.</p> <p>This has been facilitated by redesigning the reflection sections within the clinical log/portfolio.</p>	<p>Update required in 2018 Annual Monitoring</p>
19	<p>The RCS (Edin) must ensure assessors are provided with adequate calibration and training to ensure students are treated equitably and that there is a consistent and reliable approach to questioning and the recording of evidence during the final assessment.</p>	<p>All our staff (UCLan) have received, or are in the process of receiving, training from the RCS. We have a much closer relationship with the College now and are in regular contact with the Exam Bank manager who is responsible for writing the exam.</p> <p>Questions are sent to UCLan prior to the exam for review and standard setting and when appropriate there is discussion over the questions and changes if required are made to the exam.</p> <p>In 2019 it has been agreed that the assessors will meet for review and standard setting and this should further enhance the reliability of the exam.</p>	<p>Update required in 2018 Annual Monitoring</p>

20	The RCS (Edin) must incorporate external oversight into the assessment process for the final examination of the CDT programme.	We feel that this is a question to be answered by the Royal College. However we do undertake some roles that have similarities to the role of an external examiner as we have opportunity to make comments on the suitability of questions and the marking process.	Update required in 2018 Annual Monitoring
21	The School and the RCS (Edin) must ensure that clear and comprehensive notes are taken during assessments to ensure reliability of evidence and effective feedback on performance can be provided to students.	At present our raw marks for the written papers after marking are sent to Edinburgh and not the annotated marked papers. This has been discussed and from Summer 2019 the marking process will be done by the assessment team simultaneously at UCLan, which will allow comprehensive discussion of marking. UCLan follows the procedures of the RCS and we acknowledge this process is subject to the regulations of the RCS but is facilitated by UCLan. The training received with the college has provided sound guidance on what is appropriate in terms of notes for the oral examination. The college has been helpful in providing appropriate feedback to students that have failed assessments.	Update required in 2018 Annual Monitoring
21	The School and the RCS (Edin) must review how grading is completed, to ensure students are safe to practise when they complete the programme.	The school has discussed the grading system with the RCS regarding the fact that a student may receive a grade of Unsafe in a section yet still pass the overall examination. We are inclined to agree that the wording of Unsafe is unfortunate and calibration might indicate a poor rather than unsafe answer to a section. We have raised this as an issue. This is an area for ongoing discussion but as stated earlier this examination is subject to RCS regulations and this is a standard marking methodology that applies to their examinations.	Update required in 2018 Annual Monitoring

Observations from the provider on content of report

We would like to thank the panel for the constructive and helpful review of our course. We have made positive changes to the course in response to issues raised. We are aware that parts of this report refer to the qualifying examination which is provided by an external body. Although the examination is not within UCLan's immediate control, we have with close cooperation with the examining body made a number of positive changes to the examination process and we have developed a good and supportive working relationship with the College team.

Recommendations to the GDC

The inspectors recommend that this qualification continues to be approved for holders to apply for registration as a Clinical Dental Technician with the General Dental Council.

The School must provide detailed information regarding how they have met, or are endeavouring to meet, the required actions set down in this report in 2018.

ANNEX ONE

Inspection purpose and process

1. As part of its duty to protect patients and promote high standards within the professions it regulates, the General Dental Council (GDC) quality assures the education and training of student dentists and dental care professionals (DCPs) at institutions whose qualifications enable the holder to apply for registration with the GDC. It also quality assures new qualifications where it is intended that the qualification will lead to registration. The aim of this quality assurance activity is to ensure that institutions produce a new registrant who has demonstrated, on graduation, that they have met the learning outcomes required for registration with the GDC. This ensures that students who obtain a qualification leading to registration are fit to practise at the level of a safe beginner.
2. Inspections are a key element of the GDC's quality assurance activity. They enable a recommendation to be made to the Council of the GDC regarding the 'sufficiency' of the programme for registration as a dentist and 'approval' of the programme for registration as a dental care professional. The GDC's powers are derived under Part II, Section 9 of the Dentists Act 1984 (as amended).
3. The GDC document '*Standards for Education*' 2nd edition¹ is the framework used to evaluate qualifications. There are 21 Requirements in three distinct Standards, against which each qualification is assessed.
4. The education provider is requested to undertake a self-evaluation of the programme against the individual Requirements under the *Standards for Education*. This involves stating whether each Requirement is 'met', 'partly met' or 'not met' and to provide evidence in support of their evaluation. The inspection panel examines this evidence, may request further documentary evidence and gathers further evidence from discussions with staff and students. The panel will reach a decision on each Requirement, using the following descriptors:

A Requirement is **met** if:

"There is sufficient appropriate evidence derived from the inspection process. This evidence provides the 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:

¹ <http://www.gdc-uk.org/Aboutus/education/Documents/Standards%20for%20Education.pdf>

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

A Requirement is **not met** if

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

5. Inspection reports highlight areas of strength and draw attention to areas requiring improvement and development, including actions that are required to be undertaken by the provider. Where an action is needed for a Requirement to be met, the term ‘must’ is used to describe the obligation on the provider to undertake this action. For these actions the 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 QA team aims to send an initial draft of the inspection report to the provider within two months of the conclusion of the inspection. The provider of the qualification has the opportunity to provide factual corrections on the draft report. Following the production of the final report the provider is asked to submit observations on, or objections to, the report and the actions listed. Where the inspection panel have recommended that the programme is sufficient for registration, the Council of the GDC have delegated responsibility to the GDC Registrar to consider the recommendations of the panel. Should an inspection panel not be able to recommend ‘sufficiency’ or ‘approval’, the report and observations would be presented to the Council of the GDC for consideration.
7. The final version of the report and the provider’s observations are published on the GDC website.

