

INSPECTION REPORT

Education provider/ Awarding Body:	Cardiff Metropolitan University
Programme/Award:	BSc (Hons) Dental Technology FdSc 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 Dental Technician
Learning Outcomes:	<i>Preparing for Practice (Dental Technician)</i>
Programme inspection dates:	21 and 22 February 2018
Examination inspection dates:	21 and 22 March 2018 – Examinations 13 June 2018 – Examination Board
Inspection panel:	Alan Kershaw Chris Maryan Janine Brooks
GDC Staff:	James Marshall
Previous inspection (only if a re-inspection):	
Outcome:	Recommended that the BSc and FdSc continues to be approved for registration as a Dental Technician

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

Inspection summary

The BSc and Foundation Degree (FdSc) programmes delivered at Cardiff Metropolitan University provide a good opportunity for students to develop a good level of knowledge, skills and experience in a range of dental technology topics. For the full-time BSc students, the inspectors commended the programme leads for the opportunities given to students to work in a dental hospital setting. The inspectors were particularly impressed with the new and emerging technologies the students were exposed to.

The FdSc students undertake a part-time programme, which enables them to gain knowledge and experience in a working dental laboratory setting. The inspectors noted the challenges that can be faced when managing a part-time programme and were impressed with the processes in place to ensure these students are able to develop their skills across all dental technology modalities. However, the inspectors felt further support could be given to mentors of the FdSc students to ensure parity of the learning experience for both programmes.

The panel wishes to thank staff and students for their participation in, and hospitality during, the inspection.

Background and overview of Qualification

Annual intake	25 students (BSc), 20 students (FdSc)
Programme duration	72 weeks over 3 years
Format of programme	<p>BSc Year:</p> <p>1: basic knowledge, fundamental skills, simulated cases</p> <p>2: knowledge, more complex simulated cases, fundamental patient cases, clinical observation</p> <p>3: advanced knowledge, advanced simulated cases, more complex patient cases, research</p> <p>FdSc Year:</p> <p>1: basic knowledge, fundamental skills, simulated cases, work based learning</p> <p>2: knowledge, more complex simulated cases, work based learning</p> <p>3: knowledge, advanced simulated cases, work based learning</p>
Number of providers delivering the programme	One

The panel wishes to thank the staff, students, and external stakeholders involved with the BSc and FdSc programmes 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 Partly Met)

The inspectors were informed that for the first year of the BSc programme, students do not construct dental devices for patients. Prior to constructing patient devices during their placements, the BSc students receive a thorough induction at the dental school. The panel was satisfied that there was a robust system for ensuring the BSc students could only make devices for patient use when they had demonstrated adequate knowledge and skills. The inspectors also saw evidence that devices made by students were signed off by a registrant before patient use.

The inspectors were informed that for the FdSc students it is the responsibility of employers to ensure that students meet this requirement. The panel agreed that this was an area of weakness within the FdSc programme as the responsibility for students ultimately sits with the school. The inspectors acknowledged there is a placement agreement in place, however there was no formal gateway for assessing a students' competence to produce patient devices. The School must ensure there is a process in place that only enables students to produce devices for patient use when they have demonstrated adequate skills and knowledge.

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 Partly Met)

The BSc students produce work for patients at the dental hospital during years two and three of their programme. The inspectors saw evidence of the consent procedures in place at the hospital that ensures patients are aware that dental work may be undertaken by a student.

For the FdSc students, the panel was informed that there is a tripartite agreement between the university, student and employer and it is ultimately the responsibility of the employers to ensure practices are aware of staffing in the laboratories. The inspectors felt this agreement relies heavily on the professionalism of the registrants in the laboratories and thought must be given to whether the current tripartite agreement is sufficient. The School must ensure all patients are informed that they may be treated by a student, regardless of whether they are on the BSc or FdSc programme.

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 Partly Met)

The inspectors were satisfied that the policies and procedures in place at the dental hospital ensures students are working in an environment which is safe and appropriate.

The inspectors were provided with evidence of the School's Health and Safety Policy, the CSHS Teaching Laboratories Safety Handbook and training records for staff members.

The inspectors were informed that as part of the tripartite agreement, laboratory owners must have relevant health and safety policies in place, however the School does not request evidence of this. The inspectors acknowledged that mentors are informed of their responsibilities during the mentor training, but they felt the School must have a more robust system in place to be assured the FdSc students are working in a safe environment in their placements.

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 informed that all programme staff employed by Cardiff Metropolitan University are registered dental technicians. The panel was provided with evidence of staff CVs, along with staffing timetables. In addition to this, any work made for patients at the dental hospital is checked for quality control by the senior dental technician. The panel was assured that the BSc students had appropriate levels of supervision.

The inspectors had the opportunity to speak with FdSc students and mentors from a range of placements and were satisfied with the high level of supervision that was provided.

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

The inspectors were provided with evidence of university employed staff training records, along with CVs and evidence of equality and diversity training. The inspectors were assured that university staff were appropriately registered as dental technicians.

The inspectors were assured that the mentors for the FdSc students were appropriately registered, however the School was unable to provide evidence that equality and diversity training had been completed. The panel was informed that the university runs a mentor training scheme, however the mentors interviewed during the inspection process were unaware of this initiative. The inspectors agreed that the School must review how it is assured that mentors are trained in equality and diversity legislation and collect evidence of this.

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 Partly Met)

The inspectors were provided with copies of the university's whistleblowing policies for staff and students, and the Academic Handbook for Fitness to Study Procedure. The panel was satisfied that the School has appropriate mechanisms for managing patient safety concerns, should they arise.

During the programme inspection, the panel identified that the topic of raising concerns was primarily covered via self-directed learning through the Mahara portal. The inspectors agreed that it would be beneficial for students to have the opportunity to cover this area in a group setting, to enable the sharing of experiences. For future cohorts, the School must consider whether self-directed learning is an appropriate method for teaching students of their obligation to raise concerns.

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 inspectors were satisfied that the university had sufficient mechanisms in place to ensure any patient safety issues that arise are appropriately managed.

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 Partly Met)

The inspectors were provided with copies of the university's Fitness to Practise Procedure and agreed it was sufficient to manage students who fall below the standard expected. However, as with 'raising concerns' in Requirement 6, the topic of fitness to practise is covered via self-directed learning on the Mahara platform. The panel felt this method of teaching for topics such as raising concerns or fitness to practise was not robust enough. The School must give thought to the development of teaching the significance of fitness to practise procedures.

Actions

No	Actions for the Provider	Due date
1	The School must ensure there is a process in place that only enables students to produce devices for patient use when they have demonstrated adequate skills and knowledge.	Annual monitoring 2019
2	The School must ensure all patients are informed that they may be treated by a student, regardless of whether they are on the BSc or FdSc programme.	Annual monitoring 2019
3	The School must have a more robust system in place to be assured the FdSc students are working in a safe environment in their placements.	Annual monitoring 2019
5	The inspectors agreed that the School must review how it is assured that mentors are trained in equality and diversity legislation and collect evidence of this.	Annual monitoring 2019
6	The School must consider whether self-directed learning is an appropriate method for teaching students of their obligation to raise concerns.	Annual monitoring 2019
8	The School must give thought to the development of teaching the significance of fitness to practise procedures.	Annual monitoring 2019

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

GDC comments

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)

The panel was provided with evidence of the Schools quality management framework, including the Academic Handbook, which covered programme design, approval and review. The panel was informed that alongside the formal programme design, approval, monitoring and review process, it is a university requirement for a comprehensive quality assurance review to be undertaken at least every five years.

In addition to this, there is an opportunity to make minor amendments through the school modifications process. The inspectors were satisfied that the School has sufficient mechanisms in place to manage the quality of the programme and ensure it maps across to the GDC learning outcomes.

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

The inspectors were informed that an Annual Programme Review is undertaken, where concerns or issues identified with the programme can be highlighted. The panel was provided with copies of the reports from recent Annual Programme Reviews and were satisfied this process works effectively.

The panel was also provided with evidence of the programme team contacting the GDC to discuss changes that may affect the course. The inspectors commended the School for their openness.

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)

The inspectors were provided with minutes from a range of internal quality assurance procedures, including Programme Committee meetings, teaching team meetings and Learning and Teaching Committee meetings. As noted in Requirement 10, the inspectors also had sight of recent copies of the Annual Programme Review reports.

During the inspection the panel had the opportunity to meet with the External Examiner, who has responsibility for both the BSc and FdSc programmes. The inspectors were pleased to note the level of involvement from the External Examiner and feedback provided in the External Examiner reports.

The inspectors were informed that in previous years there had been an Employers Forum, however this had been discontinued. The programme team identified that it would be beneficial to reinstate this forum in order to gain feedback to inform programme development and the inspectors would support this improvement. The School should continue working with employers and look investigate the possibility of reinstating the Employers Forum.

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 Partly Met)

The inspectors were provided with evidence of the quality assurance process for managing BSc students undertaking their placement at the dental hospital, which included a Memorandum of Agreement between Cardiff Metropolitan University and the Cardiff and Vale University Health Board. The memorandum stipulates that the management and teaching staff within the hospital are responsible for the oversight of patient work and student assessment.

The panel was, however, concerned with the level of quality assurance for students on the FdSc programme. The inspectors acknowledge that mentors are required to sign up to the tripartite agreement between the employer, student and university, however this is limited in its scope and these placements are not visited by staff from the programme team. The inspectors agreed that the School must review the quality assurance of placements for part-time students to ensure they are effective and fit for purpose.

Actions

No	Actions for the Provider	Due date
11	The School should continue working with employers and look investigate the possibility of reinstating the Employers Forum.	Annual monitoring 2019
12	The School must review the quality assurance of placements for part-time students to ensure they are effective and fit for purpose.	Annual monitoring 2019

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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Assessment must be fair and undertaken against clear criteria. The standard expected of students in each area	<input checked="" type="checkbox"/>	<input 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 Partly Met)

During the course of the inspection, the panel reviewed evidence of the blueprinting that had been carried out to map both the BSc and FdSc programmes to the GDC learning outcomes. The inspectors were satisfied that the majority of learning outcomes were appropriately demonstrated and provided assurance that students would complete the courses at the level of a safe beginner.

The inspectors were concerned, however, that teaching focused on professionalism topics were predominantly covered during self-assessed learning via the e-portfolio and Mahara online system. The panel felt this was not sufficiently robust to ensure students had a full grasp of the area and agreed that the School must show how professionalism is taught and assessed through the BSc and FdSc courses.

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

The inspectors were informed that student assessment date is centrally recorded by a combination of both paper and electronic mediums. The School collects assessments in the form of portfolios, practical work and written assignments. Institutional assessments are exclusively exams, which are centrally organised and recorded.

During the exam board inspection, the inspectors were provided with evidence of student progression and were satisfied that only those students who had obtained the requisite marks would be allowed to complete 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)

During the inspection the panel had the opportunity to review a range of practical work that had been completed by both the BSc and FdSc students. The inspectors also interviewed students from both programmes to triangulate the opportunities students were given to enable them to gain exposure and experience in an appropriate breadth of procedures.

The panel noted the good opportunities provided to the BSc students when they undertook their work placements at the dental hospital. The inspectors were particularly impressed with the experience students gained with regards to developing technologies within the field of dental technology. The inspectors also noted the opportunity with the FdSc programme to enable students who are unable to gain a full breadth of experience in their work environment to swap with another dental laboratory to gain the required experience.

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)

The inspectors were informed that the School aligns assessment methods to current best practice as part of the annual and quinquennial programme reviews. Staff members are also required to undertake CPD and training in order to ensure they have a contemporaneous understanding of higher education. The panel was provided with copies to staff CVs to evidence this.

The panel was satisfied that the majority of assessments undertaken throughout the programme were fit for purpose and delivered results that were valid and reliable. However, the inspectors were concerned with issues of consistency with regards the anatomy and physiology viva. The inspectors agreed that the timing of the viva, which currently takes place during year one, could be reviewed to enable a better understanding of the topic and its application within the field of dental technology. The School must review the appropriateness of the of anatomy and physiology oral examination.

During the inspection the panel had the opportunity to observe students undertaking their OSPE. The inspectors noted the value of this assessment, however, they were concerned that the assessment was not taking place under examination conditions. The inspectors agreed that the School must develop a policy to ensure both staff and students are aware of OSPE exam conditions and ensure they are adhered to.

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

The inspectors noted varying levels of feedback being collected, both in terms of source, quantity and quality. The panel was informed that the e-portfolio system has the capacity to mentors to provide feedback on a students' performance, however this does not routinely take place. Additionally, the inspectors agreed that both the BSc and FdSc students were in a good position to gather patient feedback, either from the dental hospital or their work placements, however this was only undertaken sporadically. The inspectors agreed that the School must develop a robust system to ensure a consistent approach is taken to the collection of feedback which can inform the assessment process.

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 the high level of feedback that was provided to students on the BSc programme. The panel agreed that the close-knit staff team enabled high quality and beneficial feedback to be delivered to the full-time students. However, the inspectors agreed

that there is more of a challenge for effective feedback to be delivered to the FdSc students and a significant reliance is placed with the mentors. The panel felt that the School must ensure mentors for the FdSc students are trained in delivering timely and effective feedback to enable students to improve their performance.

The inspectors noted that reflection is currently not as strong as it could be, however they were pleased to note this issue has been acknowledged by the programme team and for future cohorts, emphasis will be placed on ensuring reflection is embedded in the programme. The School must continue its work to ensure reflection is a meaningful and effective part of the programme.

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 Met)

The inspectors were informed that all staff hold teaching and dental qualifications and are registered with the GDC. In addition to this, equality and diversity training is undertaken as part of compulsory training when employees commence their employment and they are encouraged to revisit training and policies as part of personal development planning. Staff members are also members of the Higher Education Academy (HEA) or are working towards it. The inspectors were satisfied that staff overseeing the assessment process were suitably trained and experienced.

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 Met)

During the inspection process the panel had the opportunity to speak with the External Examiner and review External Examiner reports from previous years. The inspectors noted the feedback that had been provided by the External Examiner with regards to the assessment process and that any actions recommended were suitably addressed.

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 Met)

As part of the inspection process, the panel had an opportunity to speak with students across a number of year groups and from both the BSc and FdSc programmes. All students agreed that they are provided with sufficient information to be aware of that standard that is expected of them.

The inspectors were also provided with examples of the marking criteria and were satisfied that they were robust and appropriate. The inspectors were also provided evidence of the standard setting process that is followed. The inspectors were assured that the External Examiner has an integral role in ensuring assessments are fair and of an appropriate standard.

Actions		
No	Actions for the Provider	Due date
13	The School must show how professionalism is taught and assessed through the BSc and FdSc courses.	Annual monitoring 2019
16	The School must review the appropriateness of the anatomy and physiology oral examination.	Annual monitoring 2019
16	The inspectors agreed that the School must develop a policy to ensure both staff and students are aware of OSPE exam conditions and ensure they are adhered to.	Annual monitoring 2019
17	The School must develop a robust system to ensure a consistent approach is taken to the collection of feedback which can inform the assessment process.	Annual monitoring 2019
18	The School must ensure mentors for the FdSc students are trained in delivering timely and effective feedback to enable students to improve their performance.	Annual monitoring 2019
18	The School must continue its work to ensure reflection is a meaningful and effective part of the programme.	Annual monitoring 2019

Summary of Actions

Req. number	Action	Observations Response from Provider	Due date
1	The School must ensure there is a process in place that only enables students to produce devices for patient use when they have demonstrated adequate skills and knowledge.		Annual monitoring 2019
2	The School must ensure all patients are informed that they may be treated by a student, regardless of whether they are on the BSc or FdSc programme.		Annual monitoring 2019
3	The School must have a more robust system in place to be assured the FdSc students are working in a safe environment in their placements.		Annual monitoring 2019
5	The inspectors agreed that the School must review how it is assured that mentors are trained in equality and diversity legislation and collect evidence of this.		Annual monitoring 2019
6	The School must consider whether self-directed learning is an appropriate method for teaching students of their obligation to raise concerns.		Annual monitoring 2019
8	The School must give thought to the development of teaching the significance of fitness to practise procedures.		Annual monitoring 2019
11	The School should continue working with employers and look investigate the possibility of reinstating the Employers Forum.		Annual monitoring 2019
12	The School must review the quality assurance of placements for part-time students to ensure they are effective and fit for purpose.		Annual monitoring 2019

13	The School must how professionalism is taught and assessed through the BSc and FdSc courses.		Annual monitoring 2019
16	The School must review the appropriateness of the of anatomy and physiology oral examination.		Annual monitoring 2019
16	The inspectors agreed that the School must develop a policy to ensure both staff and students are aware of OSPE exam conditions and ensure they are adhered to.		Annual monitoring 2019
17	The School must develop a robust system to ensure a consistent approach is taken to the collection of feedback which can inform the assessment process.		Annual monitoring 2019
18	The School must ensure mentors for the FdSc students are trained in delivering timely and effective feedback to enable students to improve their performance.		Annual monitoring 2019
18	The School must continue its work to ensure reflection is a meaningful and effective part of the programme.		Annual monitoring 2019

Observations from the provider on content of report

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Recommendations to the GDC

The inspectors recommend that this qualification continues to be approved for holders to apply for registration as a 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 2019.

Annex 1

The 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:

"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

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

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.