General Dental Council | protecting patients, regulating the dental team

Education Quality Assurance Inspection Report

Education Provider/Awarding Body	Programme/Award	Inspection Date(s)
Delivered at **The City of Liverpool College** Awarded by Open University	Foundation Degree in Dental Technology	12th February - 13th February 2020

Outcome of Inspection	Recommended that the Foundation Degree in Dental Technology is approved for 2020 graduates to register as Dental Technicians. Ongoing approval will be determined following an inspection of assessments in 2021.

Inspection summary

Remit and purpose of inspection:	Inspection referencing the *Standards for Education* to determine approval of the award for the purpose of registration with the GDC as a Dental Technician **Risk-based Inspection focussed on Requirements 1, 2, 3, 4, 5, 6, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21**
Learning Outcomes:	*Preparing for Practice – Dental Technician*
Programme inspection date(s):	**12-13 February 2020**
Examination inspection date(s):	**Postponed due to COVID-19**
Examination Board date(s):	**Postponed due to COVID-19**
Inspection team:	**Victoria Buller (Chair and Non-registrant Member)** **Janine Brooks (Dentist Member)** **Chet Geisel (DCP Member)** **Amy Mullins-Downes (GDC Staff member)** **Natalie Watson (GDC staff member)**

Since the last inspection that was carried out in 2016, The City of Liverpool College has taken steps to address the concerns that were raised as a result of that inspection and in doing so has become detached from the operational oversight and management of Manchester Metropolitan University, and the partnership with Birmingham Metropolitan College, and now delivers the Foundation Degree in Dental Technology on behalf of the Open University, independently.

The students completing the course are work-based and attend the College one day per week as part of their learning. This provides learners with a good opportunity to develop a good level of knowledge, skills, and expertise of the dental technology topics but also to gain invaluable experience of the work-based setting, under the direction of laboratory supervisors. The panel was satisfied to see evidence of a good working relationship between the Health Education Programme Leader for Dental Technology and the laboratory supervisors. The students themselves reported feeling content in both educational and work-based settings.

This inspection was the first carried out since the approval for the programme was granted and done so in line with the GDC's risk-based approach. The College communicated well and efficiently with the GDC prior to the inspection, and the panel was able to review several pieces of evidence and data preceding the inspection itself, this supported the panel to come to a view as to what Requirements would be focused on. In this case, it was agreed that all Requirements with exception of Requirement 7 would be inspected. Following the inspection, the panel was not assured that the College was able to demonstrate rigorous internal and external quality assurance procedures, nor that it had effective systems in place to quality assure the workplaces where students are employed. The GDC will require further

review and updates on improvements taken in this area, in addition to others detailed later in this report.

The inspection had initially included a plan to inspect the final assessments undertaken by the qualifying cohort of learners. As a result of the impact of COVID-19 and the resulting restrictions it was not possible for this to happen, and the College were required to assure the GDC of how final year students would undertake assessment to ensure that they had met the required competencies of a safe beginner. At the time of writing, whilst the GDC was satisfied with the contingency plan for the qualifying cohort that was put forward, an inspection of the examination process will be carried out once this recommences. This approval is for the 2020 graduates only. Ongoing approval will be determined following an inspection of assessments in 2021.

Background and overview of qualification

Annual intake	Up to 14 students Fd1 5, FD2 4, FD3 9.
Programme duration	3 Year Part Time
Format of programme	Year 1 Part Time: Dental Anatomy & Physiology Introduction to Dental Technology Year 2: Part Time: Dental Materials Work Based Practice A Applied Dental Laboratory Techniques 1 Year 2: Professionalism & Ethics for Dental Technicians Work Based Practice B Applied Dental Laboratory Techniques 2
Number of providers delivering the programme	One

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

Outcome of relevant Requirements[1]

Standard One	
1	Met
2	~~Part~~ Met
3	Part Met
4	Part Met
5	Part Met
6	Part Met
7	Part Met
8	Part Met
Standard Two	
9	Not Met
10	Part Met
11	Not Met
12	Not Met
Standard Three	
13	Part Met
14	Part Met
15	Met
16	Part Met
17	Met
18	Part Met
19	Part Met
20	Part Met
21	Part Met

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[1] All Requirements within the *Standards for Education* are applicable for all programmes unless otherwise stated. Specific requirements will be examined through inspection activity and will be identified via risk analysis processes or due to current thematic reviews.

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.

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 panel was informed that all learners are supervised by the qualified workplace mentor whilst in the laboratory setting. Patient care, within the setting of dental technology, lies within the manufacturing of dental devices, and does not usually involve direct patient contact. All patient devices are signed off by a registered dental professional before being fitted on a patient as part of the laboratory's own quality assurance process.

Student feedback is given contemporaneously during the process of engineering the devices within the work base laboratory setting Although there is not a formal assessment process in place, mentors will set targets and oversee work that is set. Students record this in a log book, where objectives are mapped to the GDC Learning Outcomes. Workplace mentors record their commentary, feedback, and record areas for improvement in this log book. The practical work shown to the panel did demonstrate that there was student progression as they develop through the first two years of the programme, although due the panel did not see the final year students work, as a return visit was planned to view the assessment and examinations. Due to the restrictions imposed as a result of the COVID-19 pandemic, this visit has not yet been possible.

There is no formal method in place that would ensure that there is a consistency across all mentors and laboratories. As students are producing work that is subsequently signed off by a registrant and fitted by a dentist, the College takes this as assurance that students are working to a minimum standard. It is recommended that the College develop a quality assurance framework, that would provide guidance and a consistent standard that must be met.

The College HE Work-Based Learning Policy sets out the role and expectations of the mentors and workplace supervisors, however the panel did not see evidence of how this arrangement is monitored for quality and consistency.

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)*

The inspectors noted that patients are not directly treated by students. Any appliances that are fully or partly produced by students are signed off as fit for purpose by a registered technician before leaving the laboratory and the decision to fit the appliance will be made by a registered dentist.

Part of the programme involves a case study, whereby students come into contact with a patient in an observational capacity, and the patient is explicitly informed, and consent gained. This is evidenced within the student study log books. It was the view of the panel that this was good practise and gave students good insight into patient care.

There is a mechanism for informing prescribing dentists that the work in the lab is completed by students. Patients are required to sign a consent form that was derived from British Dental Association Guidance. This is designed to ensure that patients are made aware that students are making the appliances that are prescribed.

It would be beneficial if, going forward, the College must work with laboratories to ensure firmer recording of patient consent across is recorded and evidenced.

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. (*Partly Met*)

The panel was provided with evidence of placement visits carried out by the Programme Lead staff members, which take place at some point within the first year of study. Despite this evidence, the panel was not assured that the quality assurance of Health and Safety was being carried out robustly. In addition, there was no evidence that the College was ensuring that workplaces were compliant with the legislation around Equality and Diversity, or that checks in this area were done at all.

Whilst the College stated that Mentors all receive some initial face to face training, in some cases this was not happening until the second year.

Supervision ratios for students appeared to be appropriate, with one workplace mentor overseeing two students. In College this is one tutor to five students. The inspectors were concerned that there was little succession planning evidenced or contingency should a supervisor or tutor be absent.

The College must develop an action plan that ensures that all workplaces have a complete and up to date health and safety checklist and that Equality and Diversity training is embedded within those workplaces. Additionally, that all workplaces have the relevant policy and procedures in place to ensure students are working in a safe and appropriate environment.

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. *(Partly Met)*

Within the work environment, the panel were shown that supervision is taking place, with a dedicated registrant supervisor. However, there was no assurance that this was as dedicated in year one students, who reported that they were not visited by the college in the work place until partway through their first year.

There are two laboratory rooms at the college with a maximum capacity of fifteen, however in reality, as learners attend from a large geographical area, they have an average number of eight students in at any one time.

During interviews with students, the inspectors confirmed that there was a process in place for raising concerns regarding student supervision in the work-place. The second- and third-year students appeared confident that they would know who to go to if they did have a concern and that they were comfortable in doing so and that they were appropriately supervised. One first year student reported not have a designated mentor in the workplace and their log book was only being completed when carrying out practical work in the College. At the time of the inspection, the College had not carried out a workplace visit.

The College must devise and implement a process that ensures that first year students are appropriately supervised and given access to a dedicated mentor from the start of the course in order to fully meet this Requirement.

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 satisfied that all mentors who are involved with the supervision of students during in their respective workplaces are registered with GDC as dental technicians. In addition to this, all The City of Liverpool College staff members involved in assessing student competency are GDC registered.

The College was able to demonstrate that Workplace Supervisors receive two hours training directly with Higher Education Programme Leader for Dental Technology but there was no evidence of scrutiny for staff undergoing Equality, Diversity legislation training in the workplaces themselves.

The College have an online Equality and Diversity training package to be completed by all staff, and it is recommended that they consider exploring whether this can be shared with the various workplaces. It is further recommended that the college should take steps to negotiate with the employing laboratories, to agree to a written standard of training for their staff in this area.

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 panel was shown generalised policies that covered raising concerns, fitness to practise and complaints, however these were not specific to the Dental Technology Foundation Degree Course, but applicable to all courses within the College.

Concerns that arise within the workplaces are mostly dealt with in house and the college is not always informed. In some instances, the employee will be dismissed, but there is not a formalised process for informing the College.

The panel were informed that students are taught how to raise concerns, and there are specific lessons that cover this area and duty of candour. Students are also given the GDC guidance on how to raise concerns. Any concerns that are raised will be usually be raised with the Higher Education Programme Leader for Dental Technology. Any concerns that would be raised would be recorded on the central recording system, ProMonitor.

When speaking to the students themselves, the students stated that they were aware of the duty of Candour and that they would raise concerns should the need arise.

To ensure that this Requirement is fully met, the College must develop localised and programme specific policies on raising concerns, whistleblowing, and complaints and the ensure that this is written into the curricula and firmly embedded throughout the lifetime of the course and that apply fully to both staff and students.

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)*

As recorded under Requirement 6, the college relies on a Fitness to Practise policy, which is available to students but is not specific to the programme. Students are informed of this policy, which is covered during Year 1, in a light touch way, but it is not covered in depth until Year 3 under the Module Professionalism and Ethics for Dental Technicians. This Module covers preventative dentistry, disease prevention and positive views of oral health. The College also uses the Program Handbook that contains the Fitness to Practise Policy, Professionalism and further reading on patient protection.

The inspectors noted that staff are GDC registrants and are required to comply with Fitness to Practise Guidance related to 'Standards for the Dental Team' and 'Student fitness to Practise'. It is accepted that as such this would be part of the curricula, however in order to fully meet this requirement the teaching of this needs to be further evidenced and embedded through the course. Furthermore, it is expected that the school not only evidence how this is taught but also how they assess students understanding of it.

The students themselves reported feeling confident in this area and that they would approach the College or the work-based supervisors with any concerns that they may have, although no students that were spoken to had cause to do so. Students reported that overall, there has been much improvement in the sector around professionalism, scope of practise and ethics.

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Standard 2 – Quality evaluation and review of the programme
The provider must have in place effective policy and procedures for the monitoring and review of the programme.

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 Not Met)*

The inspectors were not assured that the documentary evidence provided, or the explanation given during the inspection demonstrated that the systems in place ensure the programme maps to the Learning Outcomes. Although the College state that the Higher Education Quality Reports Process Policy demonstrates that there is clear system of monitoring the Programs, this does not amount to a framework that meets this Requirement. There was no evidence of an effective Quality Management Framework being used, or any robust structure in place.

The panel was concerned that there appeared to be a disconnect between the management of quality and the monitoring that takes place. There is also no framework that supports the mentors in the workplace, or clearly outlines clear lines or responsibility. The panel were concerned that the Internal Verifier, who had been in post since August 2019, was not yet qualified in Internal Verification and so this remains a further area of vulnerability within the programme.

The College must develop an effective, robust framework, that clearly details the quality management structure and ensures that any curricula changes remain aligned with the GDC's Learning Outcomes. Additionally, the College must draw up an assessment strategy document that outlines how they ensure that legitimate internal verification is carried out.

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 Partly Met)*

The Inspectors were able to view both internal and external reports that include an annual monitoring review.

Despite this, the panel was not assured that that Heath Education Quality Processes and Monitoring Report Policy was sufficient to identify and outline an appropriate response to concerns. The College state that the Health Education Programme Lead produces an annual monitoring report that takes into account the External Examiner Report and the National Student Survey however, there was no identifiable framework or committee structure that demonstrated how the differing reports affect each other.

The HE Quality Monitoring Processes and Report – Annual and Periodic Policy sets out the framework and structure for the annual monitoring process, does not outline roles and responsibilities. The panel were unable to identify the Schools local structure of committees and responsible persons.

In order to fully meet this requirement, the College must produce a framework that includes committee structures, and clear lines of how the reports are fed into and support a 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 Not Met)*

The panel was informed that the College uses a policy written in line with the Expectations and Core practices of the UK Quality Code for Higher Education. This includes monitoring and evaluation forming a fundamental part of the academic cycle and covers aspects of the higher education experience. The College is a founding member of the Conference of Dental Technology Institutions (CODTEI).

The College stated that in evaluating the performance of the programmes, the academic team draws on a range of evidence, including student progression data, external examiners reports, student feedback, and reports from other relevant external bodies. Furthermore, that the Annual Monitoring Reporting (AMR) process covers all taught HE provision delivered at the College, validated by the collaborative partner university.

The HE Student Involvement 19-20 Policy outlines the rights and responsibilities of the City of Liverpool College University Centre outline the rights and responsibilities, however this document did not demonstrate of the application and success of those polices. The panel was unable to see any evidence of rigorous internal or external quality assurance procedures that were in place. There was also no evidence of how feedback informs the programme development, and students appeared to have limited opportunities to share ideas.

The College must develop a thorough internal and external quality process, that is embedded within the programme. Additionally, they must demonstrate how feedback informs and influences programme development and improvement.

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 Not Met)*

Students are employed on a full-time basis within individual laboratories that span a significant geographical area. Once students have gained their employment, they can enrol onto the programme and work towards gaining their Degree in Dental Technology, therefore students are not gaining their practical work experience on 'placement', but within their employed role.

The College stated that the model that was in place somewhat limited their ability to quality assure the work environments of the various laboratories where the students were employed, and that each laboratory was not bound to meet a quality standard imposed on them by the College. Each laboratory is overseen by a GDC registrant dental technician and therefore is required to meet the GDC Standards in order to remain compliant.

The panel did have the opportunity to speak to the three workplace supervisors, who stated that the College did undertake an initial check to ensure that the laboratories are compliant in certain areas including health and safety, Dental Appliance Manufacturers Audit Scheme

(DAMAS) and that they have the relevant insurance and indemnities. The panel did not see evidence of the records of these checks. Additionally, it was noted that these checks do not always take place in the learners first year.

It is recognised that the collection of patient feedback is limited as learners and dental technicians have restricted direct patient contact. The Patient Case Study and reverse mentoring that takes place allows for feedback from both patients and students. The Patient Case Study allows learners to observe the device being fitted by a dentist and it was recognised that this was a good way to collate feedback directly and allow learners to see the end result of the devices that they manufacture.

In order to meet this requirement, the College must demonstrate and evidence that they undertake quality assurance of the workplaces the students are employed at, and that these workplaces meet the required standards to deliver effective patient care.

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)*

It was reported that the program has been devised to meet each GDC Learning Outcome with each unit taught relating to a specific outcome, once this has been achieved by learners, then it is confirmed within the External Examiners Report.

Despite this, the College does not have a specific assessment strategy for Dental Technology, instead they utilise the awarding body guidelines. The College utilises compensation within the marking scheme. The panel was informed that historically there had been concerns that a learners overall marks may allow for a pass, but that they may still be concerns around their ability as a safe beginner. To mitigate this, learners would be required to undergo a safe beginner test. The panel noted one example of practical work that had been failed, then compensated, however the College advised that the learner would be required to re-sit and pass the practical exam to gain an overall pass.

The panel did not see evidence that gave assurance of effective audit trails in place that ensured that the programs design and delivery could be tracked across the learning outcomes. To meet this requirement fully the College must ensure that there are suitable systems in place that ensure an effective audit trail to demonstrate student attainment across the learning outcomes. Additionally, the assessment strategy should be improved with particular focus given to marking processes, including blind marking. Additionally, it is advisable that the College review the utilisation of compensation and its effectiveness.

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 Partly Met)*

The College utilises ProMonitor to record and monitor student assessment. The system centrally records in-college learning and progression. The tutors can record predicted grades, records of attendance, individual learning plans, personal tutor meeting notes and discussions a well as progress and areas for development. Meetings that do take place between the workplace mentor and the student are not recorded within ProMonitor directly. There is functionality to add and record notes, but termly meetings are recorded elsewhere. ProSolutions is used for timetabling and attendance. There is an expectation of 85% attendance by learners.

The College uses ProMonitor to Attendance, meetings, Learning plans, tutorials, risk indicators are areas for development. ProSolution is used to record assessment, predicted grades and fully maps to each learner the GDC ILOs achieved by each learner. Students additionally use paper-based portfolios in the format of the Workplace Logbook. Workplace supervisors are required to record student progression within these, and this commentary is then reviewed by the tutor.

In line with Requirement 13, although the College was able to demonstrate management systems that record and log student work, the panel was not assured that these systems were part of any assessment strategy or designed to demonstrate attainment that would link student progression throughout the programme to the learning outcomes. Going forwards, The City of Liverpool College must improve their recording system so that it is in line with an assessment strategy and ensures that student learning can be planned appropriately.

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 agreed that students have exposure to a broad range of patient cases and technical procedures. Several of the laboratories do specialise in one or two particular areas, and students based within those will have more exposure to those single disciplines than other areas. This is somewhat mitigated against by the College providing a range of work both on site and in the form coursework.

The students themselves commented very positively that the program has been crucial for providing progression and experience in a number of areas outside of the ones they get within their respective laboratories, that they may not otherwise have developed. It is recognised that the combination of college and on-the-job learning maximises the opportunity for learners to gain an appropriate breath of experience across many areas.

Students stated that communication was open and encouraged at the College and that any concerns could be raised and were quickly addressed, feedback was in the moment and this supported their learning and confidence. Some students mentioned that they would like to continue to broaden their experience, and the College is encouraged to continue to work with learners around this.

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 satisfied that the practical assessments that are undertaken are broadly fit for purpose. There were concerns as there did not appear to be a robust system for marking and counter-marking the written work. This area requires improvement in order to fully meet the requirement and would be further supported by a robust assessment strategy.

There is a reliance on the Health Education Programme Leader, who undertakes the first round of marking, before student work is sent for second-marking and moderation. Although it is noted that a further member of the team is being trained to undertake this work this does create a risk should the Programme Leader be unavoidably absent. The panel noted that none of the marking that is undertaken is blind and was informed that this is because of the cohort being small and therefore identifiable. The College use the system 'Turnitin' and this has functionality to support blind marking. It is recommended that the College explore this further to ensure impartiality.

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 Met)*

The inspectors were pleased to see evidence of students receiving feedback from other members of the dental team and patients themselves the form of the case study work that is undertaken. The panel agreed that this is an excellent way for students to gather a diverse range of feedback into their work and that supports that patient safety and care remains at the forefront of their work, despite the limited patient contact.

The inspectors noted that that both staff and students report being able to have open and honest conversation that keeps feedback in the moment and encourages learning and reflection. This was also reported by the workplace supervisors, who appeared motivated and enthusiastic.

Additionally, the External examiner provides feedback on the quality of the assessment decisions and this is well documented and integrated.

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 College provide regular feedback and the panel could see that students are encouraged to self-reflect on their practice; however, this is on a very informal and conversational basis.

The Portfolio Logbook that is in use is designed to capture self-written reflection with the tutor following this with formal written feedback, tutors then give a band grade for the item along with some formal written feedback for both formative and summative coursework.

Whilst this approach is beneficial to students, more robust teaching that underpins the knowledge skills and importance of reflection in a more formal way, would improve this. In order to fully meet this requirement, the College must develop a formal model that ensures feedback is given consistently and ensures that informal verbal feedback can still be captured and used to monitor student progression.

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 college was informed that all team members hold appropriate qualifications and professional body registration as required for the areas being taught. Additionally, that all team members are experienced educators and hold the appropriate teaching qualification. Whilst evidence was provided prior to the inspection being carried out, the support technician that assisted with the internal assessment and countermarking, is yet to complete the required qualification.

The panel were provided evidence that the Health Education Programme Leader for Dental Technology had completed training in Equality and Diversity, but the same evidence was not provided for the rest of the staffing team. The information provided prior to the inspection did state that the College provides this annually for all staff members.

To fully meet this requirement, the College must ensure and be able to evidence that all staff undertaking assessment work has undertaken the relevant training and holds the required qualification. Evidence must also be provided that all staff involved in the delivery of the programme have received training in equality and diversity.

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*)

The External Examiner report format is set by The Open University and asks the External Examiner to report upon the several areas that includes the range of material and information used, standards, the quality of work produced and how this is linked to teaching, the curriculum and learning resources. The inspectors were advised that the focus of the report is on quality, and each report results in an action plan being developed. The actions that are raised are overseen by the Higher Education Programme Leader for Dental Technology. The HE External Examiner Policy indicates that these reports are reviewed by the College Quality Assurance Team, with ultimate sign off by the Deputy Vice Principal.

The panel saw that the Annual Monitoring Report 2018 identified actions from the External Examiner Report and that these have been discussed, although was unable to identify a formal record of these actions and the outcomes.

There appeared to be some crossover with the External Examiner also internally verifying some student work, so there remain a conflict and a risk to the genuine externality of the assessments being carried out. The College also do not undertake any blind marking and cited the systems they use as a barrier to this. During the inspection, the College agreed that they would revisit this particular area.

In terms of ensuring equity of treatment for students whilst there were no apparent concerns, the Inspectors did not see a recognisable system that demonstrated that this was happening. In order to fully meet this requirement, the College must ensure that the External Examiner responsibilities remains wholly external to the assessments process. They must also revisit whether blind marking could be undertaken within the systems that they are using. Additionally, they College must ensure that they are able to demonstrate how they ensure the equity of treatment for students.

**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)*

The College reports that summative assessments are written and are reviewed using an internal verification system where by another GDC registrant reviews the planned assessment before it is used. Planned assessments are also sent to the External Examiner for review. The College outlines the process for the assessment criteria within their portfolios.

The College utilises a numerical marking criteria only. The appeals process for this is communicated to students at induction and this information is contained with the student handbook.

The HE Policy on Assessment includes a robust assessment setting procedure that outlines what happens before an assessment, however the panel were not assured by any evidence that this was being undertaken.

The inspectors were able to see the systems that the College uses work but were unable to demonstrate the use of a standard setting process for summative assessment. A standard setting process must be developed and put in place to be fully compliant with this requirement.

Summary of Action

Req. number	Action	Observations & response from Provider	Due date
1	The College should develop a quality assurance framework, that would provide guidance and a consistent standard that must be met.	The students are not on a placement but are employed. As such they are subject to the requirement that all the work produced by the laboratory conforms to the GDC requirement that the items produced meet a minimum standard this is confirmed by the GDC registered mentor who is senior member of staff and has undergone CoLC mentor training on an annual basis. The items are then fitted by a GDC registered Dental Surgeon meaning that the students work has been confirmed as satisfactory by two GDC registrants who have been approved by the GDC to confirm that the device is safe for a patient. This is a legal requirement for dental laboratories that any work completed by unregistered 'process workers' be signed off by a DCP registered Dental Technician. The employing dental laboratory must also meet the UK Legal requirements of registration with the MHRA which sets out minimum standards and provides protection for the patient. To pass the two work place units the students complete a daily record and account of the work they complete with personal reflections on what they have learned from the employed practice, they then have a formal recorded meeting with their mentor and are given SMART targets to improve practice for review the following week. The employed students are required to produce Case Studies. These Case Studies are duplicated and submitted with the completed logbook and written	July 2021

		Case Study Technical Report. The employed student produces the case study from seeing the impressions being taken to the device they have made being fitted. These items of evidence are reviewed as being at a consistent standard and only awarded a Pass if the work is deemed to be at the 'safe beginner' standard. Which is confirmed by two GDC registrants, with the Dental Surgeon acting independently. The work place log books are regularly reviewed with guidance given by the module tutor to both the employed student and the college trained, Qualified, GDC registered workplace mentor. This provides an evidence based Quality assurance framework is in place. The system provides fool proof evidence that a quality system is being applied to the employed students work. The College's HE Work-Based Learning Policy sets out the role and expectations of mentors/work-place supervisors to ensure an effective work-based learning experience is provided and effectively monitored for quality and consistency.	
3	The College must: Develop an action plan that ensures that all placements have a complete and up to date health and safety checklist and that Equality and Diversity training is embedded within the workplaces. Be able to demonstrate that all workplaces have the relevant policy and procedures in place to	The mentor training from September 2020 includes a comprehensive Health & Safety review that is based upon the Health & Safety executive guidance for Health Centres. This is completed on an annual basis to ensure the employed students are working in a safe environment. The laboratory representative also signs and agreement to confirm that they comply with all the legal and ethical requirements for dental laboratories required by the	July 2021

	ensure students are working in a safe and appropriate environment.	Health & Safety Executive, MHRA and the GDC requirements for employing trainees. From September 2020 all mentors complete a formal training program in the requirements of Equality and Diversity based upon an understanding of the Equality Act 2010. This assessed training meets all the legal requirements for employers.	
4	The College must devise and implement a process that ensures that first year students are appropriately supervised and given access to a dedicated mentor from the start of the course.	From September 2020 all first-year students are assigned a work place mentor who undergoes annual training in the mentor process which includes the principles of Equality & Diversity. First Year students from September 2020 will keep a logbook of the training they receive which includes personal reflection and SMART target setting by the work place mentor.	July 2021
5	Liverpool Community College must take steps to negotiate with the employing laboratories, to agree to a written standard of training for their staff in this area.	The mentor training from September 2020 includes a comprehensive Health & Safety review that is based upon the Health & Safety executive guidance for Health Centres. This is completed on an annual basis to ensure the employed students are working in a safe environment. The laboratory representative also signs and agreement to confirm that they comply with all the legal and ethical requirements for dental laboratories required by the Health & Safety Executive, MHRA and the GDC requirements for employing trainees. From September 2020 all mentors complete a formal training program in the requirements of Equality and Diversity based upon an understanding of the Equality Act 2010. This assessed training meets all the legal requirements for employers.	July 2021
6	The College must develop programme specific policies on raising concerns, whistleblowing and	From September 2020 all students sign to confirm that they have had annual training in and received	July 2021

	complaints and the ensure that this is written into the curricula and firmly embedded throughout the lifetime of the course.	copies of the GDC documentation including, Standards for the Dental Team, Student Professionalism and Fitness to Practice. This will be embedded throughout the course in Year 1 via Induction session in week 1, DT1402 Introduction to Dental Technology and via their work place log book. The students are signposted during induction to the GDC policy documents hosted on the VLE. Year 2 via Induction session in week 1, DT2404 Work Based Practice A maps the GDC Preparing for Practice (2015) Dental Technician learning outcomes to each recorded working day. The students are signposted during induction to the GDC policy documents hosted on the VLE. Year 3 via Induction session in week 1, DT3506 Professionalism & Ethics for Dental Technicians which includes comprehensive analysis of the GDC guidance and case studies provided on the GDC website. This knowledge is assessed as part of the unit. DT3507 Work Based Practice B maps the GDC Preparing for Practice (2015) Dental Technician learning outcomes to each recorded working day. In addition, students will receive copies of the GDC Policies as part of the induction process in week 1 in each year. These policies are also available on the VLE for easy access at any time. Students will be signposted to the GDC website to keep up to date with present guidance.	
8	The College must work to demonstrate that teaching of fitness to practise procedures and the GDC's Student Fitness to Practise Guidance is embedded and evidenced throughout the duration of the course.	From September 2020 all students sign to confirm that they have had annual training in and received copies of the GDC documentation including, Standards for the Dental Team, Student Professionalism and Fitness to Practice. This will	July 2021

		be embedded throughout the course in Year 1 via Induction session in week 1	
9	The College must develop an effective, robust framework, that clearly details the quality management structure and ensures that any curricula changes remain aligned with the GDC's Learning Outcomes. Additionally, the College must draw up an assessment strategy document that outlines how they ensure that legitimate internal verification is carried out.	Monitoring and evaluation of higher education is an essential process and forms a fundamental part of the academic cycle at the City of Liverpool College. It looks at all aspects of the higher education experience, including course monitoring and review processes as these enable providers to consider how learning opportunities for students may be improved. As per the GDC requirements, this includes making appropriate changes to ensure the curriculum continues to map across the latest GDC outcomes and adapts to changing legislation and external guidance. The *HE Structure and Communication Lines 19-20* document outlines how this is integrated into the College structure and the distinct roles and responsibilities that review and monitor academic and professional standards. The College regularly review and adapt approved programmes in response to the outcomes of monitoring and evaluation and in accordance with our commitment to continuous improvement. In line with the **HE Programme Monitoring and Performance Review (PMPR) Policy and Process 19-20,** the Dental Technology team work in partnership with students and stakeholders (employers) to review the content and assessment for each module on the programme. Module evaluation forms are also used for this purpose. As the policy demonstrates, the in-year reviews allow the Foundation Degree Dental Technology to propose minor and moderate module and assessment changes that are approved at the **Strategy Group** and by the **Open University** as	July 2021

		the qualification validating partner. Before any approval can be made, changes to the programme are outlined in a written proposal and reviewed by The Open University's Senior Quality Partnership Manager (SQPM) and the External Examiner. The programme Academic Reviewer is also available to discuss through and support on any proposed changes before they are submitted for approval. As part of the process considerations are made to see if there are any Professional, Statutory and Regulatory Bodies (**PSRBs**) (GDC) implications and if any changes are sufficient to inform the PSRB. These enable the programme to map to the latest GDC outcomes, legislation and external guidance.	
		The College has a policy on internal moderation and assessment of summative assessment: ***Guidance on the Internal Moderation of Summative Assessment Tasks and Assessed Work for HE Provision*** This outlines how legitimate internal verification is carried out. It will be reviewed to support continued enhancement of all HE programmes.	
		New staff involved in Internal Verification and teaching support are now completing the Level 3 Award in Assessing Vocational Achievement (CAVA)(RQF) A1 Assessors Award accredited by TQUK.	
		All staff involved in the 'Verification Process' are qualified teachers, or are in the process of completing teacher training.	
		A clear assessment strategy has been drawn up to ensure effective internal verification.	
		The College has a robust quality management processes for its Higher Education, which are	

		compliant with the Expectations and Core practices of the UK Quality Code for Higher Education (Quality Code) for higher education providers in all parts of the UK.	
10	The College must produce a framework that includes committee structures, and clear lines of how the reports are fed into and support a quality management framework.	The *HE Quality Monitoring Processes and Report – Annual and Periodic 19/20* policy sets out the framework and structure for the annual monitoring process. The *HE Structure and Communication Lines 19-20* document also outlines how this is integrated into the College structure and the distinct roles and responsibilities that review and monitor academic and professional standards. The Annual Monitoring Report takes into account more than just the External Examiner Report and National Student Survey. The College gather information from various sources, which include: student completion, retention and outcomes; student feedback from panels and internal and external surveys; feedback from teaching staff; employer feedback; programme team meetings, Board of Study meetings; academic reviewer feedback; conditions and recommendations from the programme validation and revalidation; previous years and in-year enhancement plans; etc. All reports are scrutinised by the Open University Annual Monitoring Working Group and individual programme feedback is received for the Foundation Degree Dental Technology in the form of Annual Monitoring Feedback.	July 2021

		From September 2020, the AMR process will be managed in-year, with three submission dates for the Open University in November 2020, July 2021 and September 2021. Rather than wait until end of year for feedback from the awarding body, this allows for comments to be provided alongside the running of the programme which creates more timely and responsive actions where they are needed. In line with these changes, the AMR process will also be reviewed in College, termly, rather than end of year through the HE Strategy Group, and any actions can be monitored on a more regular basis – before the end of year. Termly reviews will also allow for students to be part of a more in-depth and timely process which could mean quality improvements that have a direct effect on the current cohort, rather than preparation for the next year.	
11	The College must develop a thorough internal and external quality process. Additionally, they must demonstrate how feedback informs and influences programme development and improvement.	The External Examiner sends their annual report of the programme to The Open University's SQPM. This is then shared with the Programme Team, the relevant College Head of School and the HE Quality and Registrar Officer.

All letters of response / comments to External Examiner reports and action plans are drafted by Programme Leaders within two weeks of receiving the report and reviewed by the HE Quality and Registrar Officer. The response is then sent to the External Examiner.   The report and its response are shared with students through course team / Board of Study meetings and is available on the programme VLE. The Open University takes note | July 2021 |

of the response to the report and to any actions to ensure that they are covered at annual monitoring.

The *HE Student Involvement Policy 19-20* outlines the rights and responsibilities of The City of Liverpool College University Centre in relation to all its Higher Education Students. The College HE Student Involvement Strategy is based on the following key principles:

- HE students are actively involved and included in relevant decision-making processes
- HE students have their own voice and can express their views and concerns
- College academic structures and staff are fully responsive to HE students' views

The internal student survey 19-20 received 100% agreement to the following questions from students in Year 1, 2 and 3 of the Foundation Degree Technology:

- 'I have the right opportunities to provide feedback on my course'
- 'staff value students' views and options about the course'
- 'it is clear how students' feedback on the course has been acted on'

The City of Liverpool College University Centre is committed to actively support all HE students to participate in the relevant operational and strategic HE discussions and decision-making processes. As per the policy, "College structures and staff support the following student engagement activities to ensure students' motivation to engage in

		learning and participation in quality enhancements and quality assurance processes:	
		1. Access to and promotion of active participation with student surveys – internal and national (NSS); Participation at Focus Group meetings – organised during the academic year at the course/ school/ departmental/ College level providing opportunities for students to share their views and discuss issues and suggestions.	
		2. Participation at the Board of Study meetings at the school /departmental level	
		3. Participation at student staff forums organised by partner universities – where appropriate	
		4. Feedback from the in-house HE survey and NSS survey results and from the Focus Group meetings are analysed and reported at the annual monitoring level, at the performance review meetings and at the Board of Study meetings. Any actions and suggestions resulting from the survey results and Focus Group meetings will be followed up at the course/ school/ departmental and College level.	
		5. The College will encourage and oversee the election of the HE Student Representatives who will represent course groups at relevant forums, college parliament and other meetings. Every HE course (and every year group) will have an opportunity to elect a nominated student representative.	
		HE course teams will register HE Student Representatives (appointed by mid-November) and	

indicate their interest in the HE Student Officer role at the cross-college level.

The Student Union will oversee the training for student representatives and communication.

There will be at least one HE student sitting on the <u>**Student Parliament**</u> – these are elected from the HE student body by students.

The HE Officer is a member of the Student's Union Executive.

Other Students' Union Executive Officer positions that may or may not be HE students:

- Black, Asian Minority Ethnicity Officer
- Disabled Students Officer
- Fundraising Officer
- LGBTQ+ Officer
- Women's Officer
- Vice President for Representation
- **5 x** Vice President for Centre

Additionally, the Student's Union President and/or Vice President of Activities maybe HE students in the election year.

There are two student governors – one is elected from the general College population; one is the Students' Union President. In both cases elections are by blind ballot and the elected governors may or may not be a HE student depending on the election results."

We also refer to this statement from Requirement 15 that contradicts statement in Requirement 11:

'The students themselves commented very positively that the program has been crucial for

| | | providing progression and experience in a number of areas outside of the ones they get within their respective laboratories, that they may not otherwise have developed. It is recognised that the combination of college and on-the-job learning maximises the opportunity for learners to gain an appropriate breath of experience across many areas.

Students stated that communication was open and encouraged at the College and that any concerns could be raised and were quickly addressed, feedback was in the moment and this supported their learning and confidence.'

We have viewed Inspection reports from other centres that we work closely with and with whom we have developed qualifications as part of a consortium in the past. It is the case than the same process is beginning used and has been viewed as satisfactory by the Inspectors and been marked as Requirement Met. One example is below.

'The External Examiner is required to comment on all aspects of the programme and produces an annual report on their findings. External Examiners at BMet also moderate exam papers, meet with students, moderate assessments and feed into the examination boards. Any comments in the External Examiner report, which is produced following the June examination board meeting, are reviewed by the programme team and a formal written response is produced. The completed External Examiners report is available for students to review via the MyMet portal. Any External Examiner comments | |

| | | and responses to them form part of the programme's Quality Improvement Plan and Annual Monitoring Report.'

I was present at the meetings with the GDC Inspection team as I'm the External Examiner for the program and yet the exact same process is viewed as Requirement not met at CoLC? | |
|---|---|---|---|
| 12 | The College must demonstrate and evidence that they undertake quality assurance of the workplaces the students are employed at, and that these workplaces meet the required standards to deliver effective patient care. | The mentor training from September 2020 includes a comprehensive Health & Safety review that is based upon the Health & Safety executive guidance for Health Centres this is signed by both parties. This is completed on an annual basis in years 1, 2 and 3 to ensure the employed students are working in a safe and ethical environment that meets all the requirements of the HSE and the GDC. The laboratory representative also signs an agreement to confirm that they comply with all the legal and ethical requirements for dental laboratories required by the Health & Safety Executive, MHRA and the GDC requirements for employing trainees. | July 2021 |
| 13 | The College must build a framework that gives evidence and assurance of effective audit trails that demonstrate that the programs design and delivery can be tracked across the learning outcomes.

The assessment strategy must also be improved with focus given to marking, including blind marking. | From September 2020 all student assessment activities will conform to a blind marking, numbering system. This will also apply to 'turnitin' submissions.
The College uses the 'Promonitor Suite' of programs which are used by 95% of Colleges including those who have been inspected by the GDC and given a 'Requirement met'?
Student progression is monitored using Promonitor | July 2021 |

| | | Which provides demographic information for monitoring of performance of each student and each year group.
Each student's achievement of the GDC ILO is mapped across all of the units, this is recorded fully and accurately on the student's record found on Promonitor software used by the College. This records predicted grades, assessment grades, GDC PfP ILO achieved and progression for each learner. Assessment strategy is recorded under the 'assessment' Tab for each learner and for each year group. GDC PfP Learning Outcomes are recorded under the 'Tasks' Tab and ticked only when achieved in the assessment. Students cannot progress unless all of the indicated GDC PfP learning Outcomes for that unit. Compensation is not allowed for any units on the Foundation Degree.
Each assessment activity clearly indicate the GDC ILOs it covers on the cover sheet to inform the student and to ensures accurate tracking.
A mapping to module document showing the PfP Learning Outcomes is available. Module Specifications clearly indicate which PfP outcomes are attributed to module outcomes indicating where and how they are assessed. Module Handbooks indicate the GDC PfP Learning Outcomes attached to that module and how and where they will be assessed.
Student records are managed using the 'Prosolution' system to administer, monitor and store all student information from enrolment to final award. Students are monitored using a 'Traffic Light' system to assist in the monitoring of the key | |

		performance indicators required for student success. These systems are the Further Education equivalent of the Unipulse and SITS used by Universities.	
14	Liverpool Community College must improve their recording system so that it is in line with an assessment strategy and ensures that student learning can be planned appropriately.	The College uses the 'Promonitor Suite' of programs which are used by 95% of Colleges including those who have been inspected by the GDC and given a 'Requirement met'? Student progression is monitored using Promonitor Which provides demographic information for monitoring of performance of each student and each year group. Each student's achievement of the GDC ILO is mapped across all of the units, this is recorded fully and accurately on the student's record found on Promonitor software used by the College. This records predicted grades, assessment grades, GDC PfP ILO achieved and progression for each learner. Assessment strategy is recorded under the 'assessment' Tab for each learner and for each year group. GDC PfP Learning Outcomes are recorded under the 'Tasks' Tab and ticked when achieved. Students cannot progress unless all of the indicated GDC PfP learning Outcomes for that unit. Compensation is not allowed for any units on the Foundation degree. Each assessment activity clearly indicate the GDC ILOs it covers on the cover sheet. A mapping to module document showing the PfP Learning Outcomes is available. Module Specifications clearly indicate which PfP outcomes are attributed to module outcomes indicating where and how they are assessed.	July 2021

		Student records are managed using the 'Prosolution' system to administer, monitor and store all student information from enrolment to final award. Students are monitored using a 'Traffic Light' system to assist in the monitoring of the key performance indicators required for student success.	
16	The College must explore the functionality of its current systems and give genuine consideration and evaluation to the use blind marking within their assessment methods.	From September 2020 all student assessment activities will conform to a blind marking, numbering system. This will also apply to 'turnitin' submissions. Improvements will be implemented and based upon our '*HE Policy on Assessment 19-20* Section 9 –Anonymous Marking Good Practice Guidance'. A new member of staff new staff has been enrolled on a teacher training Certificate of Education course. This will ensure that there should be less reliance on the Higher Education Programme Leader.	July 2021
18	The College must develop a formal model that ensures feedback is given consistently and ensures that informal verbal feedback can still be captured and used to monitor student progression.	Informal feedback has been recorded using Promonitor from the start of 2020. Amendments will be made to the Student Portfolios to record the informal feedback give to the students on an ongoing basis. Sessions will be planned to develop self-reflective practice. The College has a formal model for formative assessment in Section 10 in *HE Policy on Assessment 19-20* Work based Mentors record feedback in the Portfolios of Professional Practice in years 2 and 3.	July 2021

		A log book has also been introduced to record weekly training and experience with mentor feedback and self-reflective practice for year 1.	
19	Liverpool Community College must ensure and be able to evidence that all staff undertaking assessment work have undertaken the relevant training and hold the required qualification. Evidence must also be provided that all staff involved in the delivery of the programme have received training in equality and diversity.	All staff involved in the teaching and assessment of the students are qualified or in the process of gaining a teaching qualification. A new member of staff is in addition presently completing a one year Level 3 Award in Assessing Vocational Achievement (CAVA)(RQF) A1 Assessors Award accredited by TQUK. It is a legal requirement that all member of the College undertake annual training to include 'Equality & Diversity'. The College uses an independent external company 'Smartlog' to meet this legal compliance using online training and monitoring in line with the College Equality and Diversity policy. It is a disciplinary offence to fail to complete the training. Evidence of compliance has been supplied for all team members which predates the period of inspection.	July 2021
20	The College must ensure that the External Examiner responsibilities remains wholly external to the assessment process. They must also revisit whether blind marking could be undertaken within the systems that they are using. Additionally, the College must ensure that they are able to demonstrate how they ensure the equity of treatment for students.	Due to the Dental Technician Support member of staff leaving there was a period where we were having difficulties finding a suitable replacement. In order to ensure that the quality of assessment and verification could be maintained we utilised the experience and special knowledge of the External Examiner. This was an 'exceptional measure' and ended with the appointment of a new member of staff. Blind marking will be introduced from September 2020 and greater use of Turnitin will be implemented and based upon our '*HE Policy on*	July 2021

		Assessment 19-20 Section 9 –Anonymous Marking Good Practice Guidance'	
21	The College must develop and implement a standard setting process for summative assessment.	The college will ensure that standard setting meetings take place before assessments are set and will ensure that standardisation meetings take place to review student assessments and performance. This will be via the *HE Policy on Assessment* which includes a robust assessment setting procedure that outlines what happens before an assessment (Section 1), in preparation for an assessment (Section 2), in designing the assessment (section 3), once the assessment is issued (Section4), how assessments are submitted (Section 5), consequences of late submission (Section 6), how assessment should be marked (Section 7) – including marking criteria for summative assessment (Appendix1). Responsibilities for the implementation and monitoring of this setting process are included in Section 14.	July 2021

Observations from the provider on content of report

The City Of Liverpool College will look to implement the identified and required changes. As part of our regular review process, policies have been updated for 20-21 these can be supplied upon request. Whilst the report has identified some issues to address it seems that these do not apply uniformly to other Further Education Colleges who have had their GDC Inspection reports published. As an educational sector the College is required to produce policies that meet the QAA guidelines. As a result, policies are the same or very similar across the sector. When reviewing other Colleges Inspection Reports it would appear that these have been accepted as 'Requirement Met'. It would be useful to understand the GDC process of Report standardisation so that we can continue to improve.

Recommendations to the GDC

Education associates' recommendation	Qualification is be approved for 2020 holders to apply for registration as a Dental Technician with the General Dental Council. Full approval to de determined following examination inspection in 2021.
Date of reinspection / next regular monitoring exercise [Delete as applicable]	Examination Inspection 2021

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Annex 1

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:

"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.