

INSPECTION REPORT

Education provider/ Awarding Body:	University of the Highlands and Islands
Programme/Award:	Diploma of Higher Education in 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 <i>dental technician</i>
Learning Outcomes:	<i>Preparing for Practice</i> (Dental technician)
Programme inspection dates:	18 and 19 February 2016
Examination inspection dates:	2 and 3 June 2016 23 June 2016 (Examination Board Meeting)
Inspection panel:	Kim Tolley (Chair and Lay Member) Michael Reeson (DCP Member) Michael Fenlon (Dentist Member)
GDC Staff:	James Marshall (Lead) Shaun de Riggs (programme inspection only)
Outcome:	Recommend that the University of the Highlands and Highlands dental technology programme is approved for the cohort graduating in 2016.

Full details of the inspection process can be found in the Annex A

Inspection summary

The inspection panel noted a number of challenges that the programme team has faced during the delivery of the first cohort of students undertaking the Diploma of Higher Education in Dental Technology at the University of the Highlands and Islands (UHI). Despite these challenges, the panel was, overall, satisfied that students completing this programme would be safe beginners.

During the inspection, the panel raised a number of concerns regarding the programme, including a lack of oversight of the workplace both in terms of inconsistent physical visits to the workplace and varying levels of completion of the workplace checklists, which should be signed and returned to the Programme Team prior to the student commencing the programme, to ensure they are working in a safe and appropriate environment. In addition to this, the panel was concerned with the lack of consistency with the completion and reviewing of the student e-portfolios. The panel was also concerned with the amendments that were made to module assessments part-way through the programme, without following the required university regulations. The panel noted that the Programme Team has implemented an action plan to address these concerns.

The panel agreed that the programme lead has devoted a significant amount of attention to the development of this programme, with both students and external stakeholders commending the supportive framework that has been implemented. However, the panel agreed that the University should review the support provided to the programme lead, in order to ensure the deficiencies identified within this report are addressed.

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

Background and overview of Qualification

Annual intake (current and projected):	4 students (with capacity for 15)
Programme duration:	3 years part time
Format of programme	<p>The programme is comprised of 12 modules, with 4 modules being completed per year. All students study part time, attending the dental technology teaching laboratory for two consecutive days each month. In addition to this, there are weekly online teaching sessions via the Virtual Learning Environment.</p> <p>Students are required to be employed in dental technology laboratories for the duration of the programme, with a course requirement that students undertake the equivalent of 7 hours course related activity in their workplace each week.</p> <p>The Programme Team utilised the blended learning method, with formative assessments incorporated throughout the programme. Formative practical assessments take place in the classroom and workplace. Students have started to utilise an e-portfolio to record the quality and range of technical work that has been completed in the workplace.</p> <p>Summative assessments are comprised of a mixture of short answer questions and essay papers for theory elements of the programme. For practical elements of the course students carry out objective structured practical assessments (OSPE) and presentation cases.</p>
Number of providers delivering the programme:	University of the Highlands and Islands are responsible for the delivery of the course.

The panel wishes to thank staff, students and external stakeholders involved with the Diploma of Higher Education in Dental Technology 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Students must only provide patient care in an environment which is safe and appropriate. The provider must comply with relevant legislation and requirements regarding patient care, including equality and diversity, wherever treatment takes place.	<input 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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Systems must be in place to identify and record issues that may affect patient safety. Should a patient safety issue arise, appropriate action must be taken by the provider and where necessary the relevant regulatory body should be notified.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Providers must have a student fitness to practise policy and apply as required. The content and significance of the student fitness to practise procedures must be conveyed to students and aligned to GDC Student Fitness to Practise Guidance.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

The inspectors were informed that students on the programme attend the University of Highlands and Islands (UHI) dental technology teaching laboratory in Aberdeen for two consecutive days a month, where they learn basic skills for producing dental devices. All students are employed as trainee dental technicians and work the remainder of their time in laboratories across Scotland.

The panel acknowledged that the students, as trainee dental technicians, are not permitted to directly treat patients and any devices that are made by a dental technician are required to be biomechanically sound and subsequently must be reviewed and approved as clinically acceptable by a registered dentist. The inspectors were satisfied that the students were supervised adequately in their labs and that all dental devices made by students for patients are signed off by a registered technician in the lab and also by the fitting dentist.

However, the inspectors were concerned that there was an inconsistent approach to the dental technology students completing the student e-portfolio. This resulted in varying levels of evidence in the e-portfolios, which did not demonstrate that that students had achieved the required competence in producing certain dental devices in their workplace settings. The panel agreed that the Programme Team must ensure that all students complete the e-portfolio to demonstrate this evidence in a timely fashion.

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)

During the course of the programme, the dental technology students have the opportunity to work alongside BDS students at Aberdeen Dental School to produce a dental device for a patient. The panel was provided with evidence of the consent forms that are used at the dental school and were satisfied that adequate patient consent was sought prior to any treatment commencing.

The panel commended the Programme Team for working with Aberdeen University in ensuring the dental technology students have this opportunity. The inspectors agreed that this was a good opportunity not only to gain an appreciation for how the work of a dental technician affects patients, but also to gain a better knowledge and understanding of how the dental team can work together effectively.

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)

During the inspection, the panel was provided with evidence that all staff involved with the programme have received equality and diversity training. In addition to this, as part of their professionalism module, all students also cover equality and diversity law and principles topics.

However, the panel was concerned that there was not a robust system in place for ensuring all workplace laboratories had been audited by UHI programme staff. At the time of the programme and examination inspections, not all laboratories had been visited by a member of university staff. The panel agreed that this posed a significant risk, which could potentially result in students working in an unsafe environment.

The programme lead acknowledged this was an issue and in an update given to the inspection team during the examination board meeting, the panel was informed that all outstanding visits would be taking place prior to the next cohort of students starting in Autumn 2016. The panel agreed that the Programme Team must ensure that all workplace settings are visited by a member of staff to ensure that students are working in an environment which is safe and appropriate.

The panel acknowledged that there is a pre-entry guidance pack for laboratory owners, which includes a checklist for the supervisor to complete, confirming they have relevant health and safety and equality and diversity policies in place. However, during the course of the inspection the panel identified that completed checklists were not available for all laboratories. As noted above, the panel was concerned that this approach could also lead to students working in environments that do not adhere to the relevant health and safety and equality and diversity legislation. The panel agreed that the Programme Team must ensure that all workplace supervisors complete the 'Dental Laboratory – Workplace Checklist'.

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 Partly Met)

The panel was satisfied that during the students' time spent at the UHI dental technology teaching laboratory, they received appropriate levels of supervision. However, the panel was concerned that there is a significant reliance on the programme lead, which could result in a risk to the programme if they were to leave. The panel agreed that the University must have in place a risk register and succession plan for the programme.

During the programme inspection, the panel interviewed students and a sample of workplace supervisors. Both groups informed the panel that they were satisfied that appropriate supervision was provided while students were in the workplace. The panel was pleased to see examples of good practice from some supervisors who were passionate about their role and able to dedicate a significant amount of time to teaching and supervising their trainee dental technician.

While the panel was able to gain assurance of appropriate student supervision within the workplace from meeting the students and supervisors, they were concerned that this supervision was not documented adequately in the student e-portfolio. Students ought to have their workplace supervisor sign their e-portfolios and provide feedback on their completed work, however there was an inconsistent approach to this. In addition, the inspectors also noted that there was an inconsistent approach from the Programme Team with reviewing the

student e-portfolios. The panel agreed that the Programme Team must ensure that students and supervisors complete the e-portfolios in a timely fashion. Additionally, the Programme Team must review student e-portfolios on a regular basis to monitor progress and identify any concerns.

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 panel was provided with CVs for all University of the Highlands and Islands staff involved in the programme and were satisfied that this demonstrated they were appropriately qualified and held current registration, where necessary.

However, due to the incomplete checklist forms from the workplace supervisors, which should provide details of the supervisors' registration status, the panel were unable to be fully assured that this requirement would be met. As noted above, the Programme Team has an action plan in place to address the GDC concerns, including ensuring all laboratories are visited and signed agreements between the university and work placements are completed. The panel agreed that the Programme Team must ensure that all workplace settings are visited by a member of staff and workplace checklists are completed and returned to the University in a timely fashion.

Requirement 6: Providers must ensure that students and all those involved in the delivery of education and training are aware of their obligation to raise concerns if they identify any risks to patient safety and the need for candour when things go wrong. Providers should publish policies so that it is clear to all parties how concerns should be raised and how these concerns will be acted upon. Providers must support those who do raise concerns and provide assurance that staff and students will not be penalised for doing so. (Requirement Met)

The inspectors were provided with a copy of the university's 'Raising Concerns / Whistleblowing' policy and were satisfied that this was appropriate for the programme. Additionally, during the programme inspection, the inspectors interviewed university staff members, students and workplace supervisors and were satisfied that there was a clear understanding of how and when to raise concerns.

During the course of the student induction period, students are introduced to Student Fitness to Practise and Aberdeen University policies, for when they work in the dental school. In addition to this, raising concerns is further covered during the module 'Professionalism, Safe Working Practices, Communication and Learning Skills'.

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 Partly Met)

The panel was provided with evidence of the Datix patient safety recording system, which was appropriately used by the Programme Team, however, the inspectors agreed that in order to make this process more effective, the Programme Team should ensure that learning points from issues raised in the Datix system are fed back to students after an incident has occurred.

The requirement to have an appropriate system to identify and record issues is included in the work-place checklist, however as the checklists are not satisfactorily completed and workplace visits not fully carried out the panel cannot be fully assured that this process works adequately. The panel agreed that the Programme Team must ensure that all laboratories are visited by a member of staff and workplace checklists are completed and returned to the University in a timely fashion in order for the panel to be assured that issues in the work placement are identified, recorded and managed effectively.

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

The panel was provided with, and satisfied by the Programme Team's student fitness to practise policy. Additionally, the inspectors saw evidence of university policies being aligned to the GDC guidance. Students are also introduced to the Codes of Practice of both Aberdeen and NHS Grampian at their induction. The topic of student fitness to practise is covered further in the programme module 'Professionalism, Safe Working Practices, Communication and Learning Skills'.

Actions

No	Actions for the Provider	Due date
1	The Programme Team must ensure that all students complete the e-portfolio in a timely fashion.	Re-inspection 2017
3	The Programme Team must ensure that all laboratories are visited by a member of member of staff to ensure that students are working in an environment which is safe and appropriate.	Re-inspection 2017
3	The Programme Team must ensure that all workplace supervisors complete the 'Dental Laboratory – Workplace Checklist'.	Re-inspection 2017
4	The panel agreed that the University must have in place a risk register and succession plan for the programme.	Re-inspection 2017
4	The Programme Team must ensure that students and supervisors complete the e-portfolios in a timely fashion. Additionally, the Programme Team must review student e-portfolios on a regular basis.	Re-inspection 2017
5	The Programme Team must ensure that all laboratories are visited by a member of staff and workplace checklists are completed and returned to the University in a timely fashion.	Re-inspection 2017
7	The Programme Team should ensure that learning points from issues raised in the Datix system are fed back to students after an incident has occurred.	Re-inspection 2017
7	The Programme Team must ensure that all laboratories are visited by a member of staff and workplace checklists are completed and returned to the University in a timely fashion in order for the panel to be assured that issues in the workplace are identified and recorded.	Re-inspection 2017

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>
GDC comments			
<p>Requirement 9: The provider must have a framework in place that details how it manages the quality of the programme which includes making appropriate changes to ensure the curriculum continues to map across to the latest GDC outcomes and adapts to changing legislation and external guidance. There must be a clear statement about where responsibility lies for this function. (Requirement Not Met)</p> <p>The panel acknowledged that on paper, the Programme Team has a framework for managing the quality of the programme, however the inspectors noted significant issues with how the programme functions within this framework. For example, the panel identified assessments being changed without going through the university change procedure ('Proposals for Modification of a Degree Programme' section in the university regulations 'Academic Standards and Quality Regulations 2015-16 – Changes to Academic Provision'). This has resulted in a number of assessments being amended across several modules on an ad hoc basis with no clear documentation of how and when the changes were implemented, the rationale, or when the students were informed of these changes.</p>			

It should be noted that while the panel agreed that the changes made to the assessments could be seen as being appropriate and justified, they were of the opinion that the university authorities must be notified of the assessment alterations that had been made immediately and ensure in future the policies are followed appropriately.

The inspectors informed the programme team of their concerns during the examination inspection and received an update and action plan on this issue during the exam board meeting. The panel was informed that the Programme Team is in the process of completing University of the Highlands and Islands Curriculum Module documentation for the changes that have been made, which will be presented to the Academic Approval Committee for approval before the next cohort of students commence the programme.

The panel was pleased to note that a Senior Management Team has recently been initiated for the programme, however the Programme Team must ensure that minutes are taken for these meetings to confirm issues raised and their subsequent actions are appropriately documented.

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 panel was provided with evidence of the Programme Team having to suspend the programme for six months to enable students to re-sit failed assessments and to carry out an interim review of the programme due to the significant failure rate. The Programme Team informed the GDC of this development. While taking this action was regrettable, the panel agreed that the Programme Team had acted appropriately in order to ensure students were supported while a review of the programme was carried out.

The panel was provided with evidence of how student feedback, module reports, annual reports and action plans should feed into the development of the programme. During interviews with staff members, the panel was informed that they were confident to feed back any necessary changes to the programme lead. However, the panel was concerned that the actions from 2014-15 annual review did not appear to have been addressed. The inspectors agreed that the Programme Team must ensure actions from the annual reviews are addressed and documented.

The inspectors were pleased with the support provided by the external examiner, however they were not initially provided with a copy of the university response to the External Examiner report. This was acknowledged to be an administrative error and was subsequently provided at the exam board meeting in June 2016.

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)

As noted in Requirement 10, the panel agreed that external examiner was supportive of the programme and provided external quality assurance within the guidelines of the QAA. The panel was provided with external examiner reports, alongside corresponding action plans from the Programme Team.

During the programme inspection the panel had an opportunity to interview workplace employers and was pleased to see evidence of supervisors providing feedback to the programme lead on future course development.

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)

The panel agreed that currently the issue of quality assuring the workplace settings is of significant concern. At the time of the exam board inspection in June 2016, there remained several laboratories that were yet to be visited by programme staff, however the panel was assured that this would be completed in advance of the new cohort of students starting. The inspectors agreed that this posed a potentially significant risk to students and their learning experience.

The panel was concerned that due to the current low staff numbers, a significant amount of reliance is placed on the programme lead to visit all the sites across a wide geographical area. By not visiting all of the laboratories, the panel could not be assured that Programme Team staff had observed how the students were assessed in the work placement environment. The panel agreed that the Programme Team must ensure there is a robust system in place for quality assuring the laboratories, not only initially but as an ongoing priority

Additionally, as noted above, not all workplace checklists and learning agreements had been signed and returned by the time of the inspection. This, coupled with the lack of laboratory visits, has resulted in a significant area of risk for a programme which relies heavily on the experience a student obtains in the workplace.

Actions

No	Actions for the Provider	Due date
9	The university authorities must be notified of the assessment alterations immediately and ensure in future the policies are followed appropriately.	Re-inspection 2017
9	The Programme Team must ensure that minutes are taken for these meetings to confirm issues raised and their subsequent actions are appropriately documented.	Re-inspection 2017
10	The Programme Team must ensure actions from the annual reviews are addressed and documented.	Re-inspection 2017
12	The Programme Team must ensure there is a robust system in place for quality assuring the workplace laboratories on an ongoing basis.	Re-inspection 2017

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

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

GDC comments

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

During the inspection the panel reviewed the programme module content and their assessments, including those assessments amended midway through the course, as noted in Requirement 9. The panel was satisfied that the content of the modules taught and assessed in the training facilities at the University of the Highlands and Islands were of an adequate and appropriate standard and would enable students to demonstrate attainment of learning outcomes within the university setting. However, the panel cannot be fully assured that this requirement is currently fully met as the e-portfolios are not routinely completed and therefore student attainment data detailing the range and breadth of vital practical experience gained in the workplace is not available.

Due to poor quantity of documentation to evidence student attainment in the workplace and the record keeping of the e-portfolios, the inspectors were required to scrutinise the practical work of the graduating cohort of students to be assured they would be at the level of a safe beginner. As the graduating cohort was small the panel was able to undertake this task, however, with a larger cohort this would not be possible and would potentially render the programme untenable.

In order for the programme to remain viable and to provide a consistent and reliable learning experience for students, both within the university teaching environment and in the workplace setting, the Programme Team must ensure the student e-portfolios are regularly monitored to verify that all students have demonstrated appropriate practical experience during in the workplace.

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 Not Met*)

The panel had significant concerns that there was no evidence of fully completed e-portfolios available during the programme and examination inspections. Further to this, the ones that had been completed were of a varying level of completeness and quality. As a result of this, the panel were unable to be assured that a students' technical experience in the workplace had been adequately recorded and monitored.

In addition to this, programme staff did not check the e-portfolios with appropriate regularity, leading the inspectors to question how the Programme Team can be assured that the students have acquired the necessary technical experience throughout the programme, as mandated in the course documentation.

In order for the GDC to be assured, the Programme Team must review how the monitoring of technical experience takes place and consider a variety of log book methods in order to ensure the robust collection of data from technical experience in the workplace. A method must be developed that is workable and can be easily used by both students and their work place assessors.

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 Partly Met)

The panel agreed that the students were provided with adequate attainment targets for technical practical experience within the course documentation, however as noted above there was scant evidence of how the students have achieved these targets.

During the programme inspection, the inspectors interviewed students who commented that they were happy with the attainment targets, that they were achievable and felt they were getting a broad range of experience. However, more work needs to be done for future cohorts to ensure sufficient evidence of the breadth of procedures a student undertakes is recorded more effectively and efficiently. As previously mentioned, the inspectors were required to scrutinise the practical work of the graduating cohort of students to be assured they would be at the level of a safe beginner and were able to demonstrate the required breadth and range of experience.

As noted above, the Programme Team must ensure the e-portfolios are reviewed on a regular basis to monitor student performance and attainment.

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 panel agreed that the assessments were of an appropriate level and were fit for purpose for the programme. The panel was pleased to see the use of a multi-disciplinary approach to the Objective, Structured, Practical Examinations (OSPEs). The panel noted there was an element of assessment built into each monthly session spent at the UHI teaching laboratory through the blended learning approach and all students were aware of what was required of them.

The panel noted that the Programme Team utilised the external examiner to review the assessments and ensure they were appropriate. While the panel agreed that the current assessments utilised were appropriate, they agreed that the process for the development of the assessment strategy from the module descriptors is significantly flawed. As noted above, the methods of assessments have now differed significantly from the module descriptors, without following the academic processes necessary to make these changes under the Academic Regulations. The Programme Team must ensure that any changes to the assessments must be made in line with university regulations.

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 panel was pleased to see evidence of peer review during the inspection. As part of this process, students are required to critique each other's work and provide feedback. In addition to this, class feedback discussions are integrated into the teaching schedule. For future cohorts, the Programme Team intends to put in place processes to seek feedback from the practices that use the students work.

The panel agreed that the area of feedback was positive, however the Programme Team must formalise the gathering of feedback from other sources, such as the supervisors in their workplace settings and from the practices that use the devices made by students.

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 panel was pleased to see ongoing student reflection incorporated into the blended learning method that is utilised while students attend their monthly sessions at the University of the Highlands and Islands teaching facilities. Tutors were able to have a good ratio with the students due to the small class sizes, which improved the ability to provide meaningful, individual feedback. Students commented that this feedback from the programme team was very valuable and key to their development as safe beginners.

The panel agreed that while there is some reflection in the e-portfolio, as this is not uniformly completed or reviewed by programme staff, they were unable to be assured that this was a reliable method for student reflection.

In order to fully utilise student reflection within the programme, the Programme Team must ensure the e-portfolios are regularly updated and monitored.

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 panel noted that all assessors were appropriately experienced, trained and held the necessary registration to undertake their role. Additionally, all teaching staff on the programme have completed postgraduate training in education and assessment.

The panel was pleased to observe a good range of staff members involved in the various modules and assessments. This ensured there was a wide range of skills and experience brought together from other areas of the dental team to work with the students.

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)

The panel was provided with external examiner reports relating to the programme. As noted above, the university has responded to all reports with the exception of 2014-15. However, when this was identified by the panel, the university addressed this oversight.

The panel was pleased to be informed that the external examiner has a close involvement in reviewing the quality of the assessments and ensuring students are treated fairly and with equity.

The university's 'Academic Standards and Quality Regulations 2015-2016 clearly state the role and responsibilities of an external examiner.

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)

In general, the inspectors found that the marking criteria provided was appropriate. However, the panel felt the current essay examination paper marking criteria was of concern as it lacked sufficient detail. The panel agreed that for future cohorts the Programme Team must review essay examination marking criteria to ensure it is fit for use.

The panel was provided with evidence that standard setting had been utilised when preparing the assessments and the panel was able to view model answers and marking grids during the examination inspection in June 2016. Additionally, the panel was given the opportunity to review past exam papers and was pleased to see double marking was utilised.

As noted above, assessments were amended midway through the programme without following the university module change procedures. As this was done on an ad hoc basis there is a risk that students may not be fully aware of the changes and in future the Programme Team must follow a robust process for managing amendments to the programme in order to minimise disruption to the students.

Actions

No	Actions for the Provider	Due date
13	The Programme Team must ensure the student e-portfolios are regularly monitored to verify that all students have demonstrated appropriate practical experience during in the workplace.	Re-inspection 2017
14	The Programme Team must review how the monitoring of technical experience takes place and consider a variety of log book methods in order to ensure the robust collection of data from technical experience in the work-place.	Re-inspection 2017
15	The Programme Team must ensure the e-portfolios are reviewed on a regular basis to monitor student performance and attainment.	Re-inspection 2017
16	The Programme Team must ensure that any changes to the assessments must be made in line with university regulations.	Re-inspection 2017
17	The Programme Team must formalise the gathering of feedback from other sources, such as the supervisors in their workplace settings and from the practices that use the devices made by students.	Re-inspection 2017
18	In order to fully utilise student reflection within the programme, the Programme Team must ensure the e-portfolios are regularly updated and monitored.	Re-inspection 2017
21	The Programme Team must review essay examination marking criteria to ensure it is fit for use.	Re-inspection 2017
21	The Programme Team must follow a robust process for managing amendments to the programme in order to minimise disruption to the students.	Re-inspection 2017

Summary of Actions

Req. number	Action	Observations Response from Provider	Due date
1	<i>The Programme Team must ensure that all students complete the e-portfolio in a timely fashion.</i>	Update: Ongoing. This has started in 16/17 with update at induction and programme leader showing students how to use Mahara. This will be monitored by the programme team starting in September 2017.	Re-inspection 2017 Update: 2018
3	<i>The Programme Team must ensure that all laboratories are visited by a member of member of staff to ensure that students are working in an environment which is safe and appropriate.</i>	Update: Ongoing. This started in 16/17 and will be continued by the programme team starting in September 2017. In the meantime UHI have been in contact with the employers about programme leader's absence and what has been put in place.	Re-inspection 2017 Update: 2018
3	<i>The Programme Team must ensure that all workplace supervisors complete the 'Dental Laboratory – Workplace Checklist'.</i>	Update: Ongoing. This started in 16/17 and will continue when the students resume studies in September 17.	Re-inspection 2017 Update: 2018
4	<i>The panel agreed that the University must have in place a risk register and succession plan for the programme.</i>	Update: The MOU had identified staff from University of Aberdeen and hours they could contribute to the programme. When the programme leader went off ill, this was put in place and the dental technologist helped with the delivery and assessment of semester 1 modules. However, UHI decided to suspend semester 2 until the situation was resolved. Discussions between UHI, University of Aberdeen, NHS Grampian and	Re-inspection 2017 Update: 2018

		NES/CDO have now resulted in the decision to employ extra staff and the students will transfer to the University of Aberdeen in February 2018.	
4	<i>The Programme Team must ensure that students and supervisors complete the e-portfolios in a timely fashion. Additionally, the Programme Team must review student e-portfolios on a regular basis.</i>	Update: See action 1	Re-inspection 2017 Update: 2018
5	<i>The Programme Team must ensure that all laboratories are visited by a member of staff and workplace checklists are completed and returned to the University in a timely fashion.</i>	Update: See action 3	Re-inspection 2017 Update: 2018
7	<i>The Programme Team should ensure that learning points from issues raised in the Datix system are fed back to students after an incident has occurred.</i>	Update: Agree that this will be done.	Re-inspection 2017 Update: 2018
7	<i>The Programme Team must ensure that all laboratories are visited by a member of staff and workplace checklists are completed and returned to the University in a timely fashion in order for the panel to be assured that issues in the workplace are identified and recorded.</i>	Update: Ongoing see action 3	Re-inspection 2017 Update: 2018
9	<i>The university authorities must be notified of the assessment alterations immediately and ensure in future the policies are followed appropriately.</i>	Update: Agreed Programme team know that any changes require MOD1s to be submitted which are supported by the external examiner and this is then considered by UHI Joint Faculty Executive. All assessment changes have gone through this process to date at UHI.	Re-inspection 2017 Update: 2018

9	<i>The Programme Team must ensure that minutes are taken for these meetings to confirm issues raised and their subsequent actions are appropriately documented.</i>	Update: Agreed Ongoing when students resume their studies in September 17 and when the new programme team starts.	Re-inspection 2017 Update: 2018
10	<i>The Programme Team must ensure actions from the annual reviews are addressed and documented.</i>	Update: Agreed, an annual report (Self Evaluation Document) is submitted at the end of 16/17 in which an action plan is required and this is reviewed by the Subject Network Leader. This feeds into the course committee meetings which are minuted to close the loop. This GDC action plan will be part of the action list.	Re-inspection 2017 Update: 2018
12	<i>The Programme Team must ensure there is a robust system in place for quality assuring the workplace laboratories on an ongoing basis.</i>	Update: Agreed, the programme team will continue this when they start in September 17.	Re-inspection 2017 Update: 2018
13	<i>The Programme Team must ensure the student e-portfolios are regularly monitored to verify that all students have demonstrated appropriate practical experience during in the workplace.</i>	Update: Agreed, see action 1	Re-inspection 2017 Update: 2018
14	<i>The Programme Team must review how the monitoring of technical experience takes place and consider a variety of log book methods in order to ensure the robust collection of data from technical experience in the work-place.</i>	Update: Agreed Ongoing	Re-inspection 2017 Update: 2018
15	<i>The Programme Team must ensure the e-portfolios are reviewed on a regular basis to monitor student performance and attainment.</i>	Update: Agreed see action 1	Re-inspection 2017 Update: 2018

16	<i>The Programme Team must ensure that any changes to the assessments must be made in line with university regulations.</i>	Update: Agreed see action 9	Re-inspection 2017 Update: 2018
17	<i>The Programme Team must formalise the gathering of feedback from other sources, such as the supervisors in their workplace settings and from the practices that use the devices made by students.</i>	Update: Agreed ongoing	Re-inspection 2017 Update: 2018
18	<i>In order to fully utilise student reflection within the programme, the Programme Team must ensure the e-portfolios are regularly updated and monitored.</i>	Update: Agreed see action 1,4,13, 15	Re-inspection 2017 Update: 2018
21	<i>The Programme Team must review essay examination marking criteria to ensure it is fit for use.</i>	Update: Agreed. All assessments and marking criteria have been reviewed in consultation with previous external examiner and will be reviewed with the new programme team and new external examiner for September 17.	Re-inspection 2017 Update: 2018
21	<i>The Programme Team must follow a robust process for managing amendments to the programme in order to minimise disruption to the students.</i>	Update: Programme team know that any changes requires MOD1s through UHI Joint Faculty Executive. Due to long term illness of the programme leader, the students and their employers were kept updated about what amendments to the programme delivery were being made.	Re-inspection 2017 Update: 2018

Observations from the provider on content of report

The content is a fair summary.

Summary of Provider's Update:

As you may be aware, we have been working with the University of Aberdeen and stakeholders to secure the appropriately experienced and qualified staff and facilities required for this highly specialised programme, and to confirm the delivery arrangements.

We are pleased to inform you that these have now been finalised, and the Dental Technology programme will transfer from the University of the Highlands and Islands to the University of Aberdeen during Academic Year 2017-18.

To ensure there is no disruption to the planned start date, the new and continuing students will register with UHI and start the semester as normal in September. In Semester 2, their registration will transfer to the University of Aberdeen.

There will be no changes to course content or structure, or the way the course is taught. The academic and support staff will remain the same, and the course will continue to be delivered at the University of Aberdeen Dental School and Hospital.

However, it is proposed that the final cohort will stay with UHI for their last semester and exit with their award in June 18.

All students will be told that the GDC accreditation status of the course remains the same – that is, it has provisional approval from the GDC, pending their re-inspection of the programme.

Finally, we will inform their employer / sponsor of these arrangements.

Recommendations to the GDC

The inspectors recommend this be approved for holders of the first cohort graduating in 2016, to apply for registration as a dental technician with the General Dental Council.

The Programme Team must provide detailed information regarding how they have met, or are endeavouring to meet, the required actions set down in this report in 2017.

ANNEX ONE

Inspection purpose and process

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

A Requirement is **met** if:

"There is sufficient appropriate evidence derived from the inspection process. This evidence provides the inspectors with broad confidence that the provider demonstrates the Requirement. Information gathered through meetings with staff and students is supportive of documentary evidence and the evidence is robust, consistent and not contradictory. There may be minor deficiencies in the evidence supplied but these are likely to be inconsequential."

A Requirement is **partly met** if:

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

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

A Requirement is **not met** if

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

5. Inspection reports highlight areas of strength and draw attention to areas requiring improvement and development, including actions that are required to be undertaken by the provider. Where an action is needed for a Requirement to be met, the term ‘must’ is used to describe the obligation on the provider to undertake this action. For these actions the inspectors may stipulate a specific timescale by which the action must be completed or when an update on progress must be provided. In their observations on the content of the report, the provider should confirm the anticipated date by which these actions will be completed. Where an action would improve how a Requirement is met, the term ‘should’ is used and for these actions there will be no due date stipulated. Providers will be asked to report on the progress in addressing the required actions through the annual monitoring process. Serious concerns about a lack of progress may result in further inspections or other quality assurance activity.
6. The QA team aims to send an initial draft of the inspection report to the provider within two months of the conclusion of the inspection. The provider of the qualification has the opportunity to provide factual corrections on the draft report. Following the production of the final report the provider is asked to submit observations on, or objections to, the report and the actions listed. Where the inspection panel have recommended that the programme is sufficient for registration, the Council of the GDC have delegated responsibility to the GDC Registrar to consider the recommendations of the panel. Should an inspection panel not be able to recommend ‘sufficiency’ or ‘approval’, the report and observations would be presented to the Council of the GDC for consideration.
7. The final version of the report and the provider’s observations are published on the GDC website.