

Education Quality Assurance Inspection Report

Education Provider/Awarding Body	Programme/Award	Inspection Dates
University of Bolton	Bachelor of Science (Honours) Dental Technology Foundation Degree in Dental Technology	6 – 7 December 2018

Outcome of Inspection	Recommended that the BSc (Hons) Dental Technology and Foundation Degree in Dental Technology is approved for the graduating cohort to register as a dental technician.
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Full details of the inspection process can be found in the annex

Inspection summary

Remit and purpose of inspection:	Inspection referencing the <i>Standards for Education</i> to determine approval of the awards for the purpose of registration with the GDC as a dental technician
Learning Outcomes:	<i>Preparing for Practice – Dental Technician</i>
Programme inspection date(s):	6 – 7 December 2018
Examination inspection date(s):	14 – 15 May 2019
Inspection team:	Benjamin Walsh (Chair and Non-registrant Member) Chetan Geisel (DCP Member) Khalid Mushtaq (Dentist Member) Rachael Mendel (QA Officer) Krutika Patel (QA Officer) (Programme inspection only) Jackie Spencer (Operations and Development Quality Assurance Manager) (Exam inspection only)

This is the first inspection of the BSc in Dental Technology and the Foundation Degree in Dental Technology programmes delivered and awarded by the University of Bolton. The programmes were given provisional approval by the General Dental Council (GDC) in May 2016, and the first cohorts started in September of the same year.

The panel was tasked with conducting a full programme and examination inspection to determine which of the 21 individual Requirements under the *Standards for Education* have been met.

The panel was impressed by the strong leadership skills evident within the School, together with a cohesive team approach amongst all of the staff involved in the delivery of the learning outcomes, assessment and administration of the programme. Students are also well supported and have regular meetings with their mentors every ten weeks to monitor and discuss their programme. The panel was provided with examples of the practical work completed by the students and noted the broad range of technical work the students are required to complete, to a high standard. Lastly, the dental laboratories at the School are well equipped with the latest technology, which enhanced the learning experience for those on the dental technology programmes.

Areas for development identified by the panel included the need to consistently record student progress. A selection of logbooks was provided for the panel's review and it was clear tutors were writing down varying levels of information about the student. In addition, the panel reviewed the policies and processes embedded into the programmes and considered that some of these needed to be adapted to ensure they were relevant to students on dental technology programmes.

Background and overview of qualifications

Programme	Bachelor of Science (Hons) Dental Technology	Foundation degree in Dental Technology
Annual intake	Sept 2016 – 31 FT students Sept 2017 – 22 FT students Sept 2018 – 35 FT students	Sept 2016 – 14 Sept 2017 – 9 Sept 2018 – January 2019 start
Programme duration	3 years FT	3 years PT
Format of programme	<p>The course is divided into three academic levels, 4, 5 and 6. Theory and practical development modules are awarded 20 credits whilst a greater emphasis is placed on the work-based learning modules which attract 40 credits. All modules are compulsory.</p> <p>Assessment is linked to the learning outcomes of each module and all assessment is planned over the duration of the academic year. Assessments typically consist of practical and theoretical work. Types of assessment include: practical manufacturing, examinations, portfolio, oral presentations, essays, reports, employment journals, reflective tools and regular updating of Personal Development Portfolios. In the final year of study, a research-based dissertation is completed by the undergraduate.</p> <p>Personal Development Portfolios allow students to present evidence of their time spent developing in a dental laboratory. Secondly the learner must submit case studies with a short technical report showing dental technology manufacturing techniques they have carried out. Finally, the student is asked to supply duplicate cases where they have carried out the design and manufacturing processes to complete appliances. Self-evaluation is used to determine the learner's understanding of their current development stage and to allow them to quantify the amount</p>	<p>The course is divided into two academic levels, 4 and 5 delivered over 3 years. Theory and practical development modules are awarded 20 credits whilst a greater emphasis is placed on the work-based learning modules which attract 40 credits. All modules are compulsory.</p> <p>Assessment tasks are linked to the learning outcomes of each module and all assessment is planned over the duration of the academic year. Assessments typically consist of practical and theoretical work. Types of assessment include: practical manufacturing, examinations, portfolio, oral presentations, essays, reports, employment journals, reflective tools and regular updating of Personal Development Portfolios.</p> <p>Personal Development Portfolios allow students to present evidence of their time spent developing in a dental laboratory. Secondly, the learner must submit case studies with a short technical report showing dental manufacturing techniques they have carried out. Finally, the student is asked to supply duplicate cases where they have carried out the design and manufacturing processes to complete appliances. Self-evaluation is used to determine the learner's understanding of their current development stage and to allow them to quantify the amount of future development required to pass the programme.</p>

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The GDC wishes to thank the staff, students, and external stakeholders involved with the Bachelor of Science (Hons) Dental Technology and Foundation Degree in Dental Technology programmes for their co-operation and assistance with the inspection.

Outcome of relevant Requirements¹

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

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 Met)

Dental technology students do not see patients, but measures are in place to allow students to work without constantly needing to be supervised. The panel was provided with evidence of a student who was prevented from carrying out a particular task at their dental laboratory as they had not demonstrated competence in this area during their practical sessions at the School.

Students on the Foundation programme are already working in laboratories, and all appliances are checked and signed off by a GDC registrant before being sent out to dental practices. Those on the BSc programme undergo an induction with their allocated University Link Lecturer (ULL) and a mentor before going into placement. This ensures they are familiar with what to expect when they arrive at the dental laboratory.

Evidence was provided showing that the programme cultivates a culture of repetitive appliance making to ensure all students are able to produce a range of appliances to the necessary standards. Students who met with the panel stated this helped in retaining knowledge as they had the opportunity to keep practising and learning throughout the duration of the programmes.

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)

Dental technology students on both programmes do not see patients. However, students confirmed that they understood the importance of obtaining valid consent, even though they had not yet had to do this.

In their Personal Development Portfolios (PDPs), students are provided with information on the consent process. The panel was provided with information on the different theoretical modules delivered to students and was satisfied that this topic was covered adequately and as much as was practicable.

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

Students are only placed or employed in laboratories that have valid Medicines and Healthcare products Regulatory Agency (MHRA) registration. In addition, any appliance produced by a student is always signed off by their mentor, who is GDC registered.

University Link Lecturers (ULLs) carry out a visit of laboratories prior to a student beginning their placement. Subsequently they carry out 10-weekly visits, which would identify any issues, as well as ensuring the student is gaining the necessary experience.

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

The panel was provided with a list of staff allocated to both programmes and considered the number of staff to be appropriate for the number of students enrolled. Students also informed the education associates that they were adequately supported when training in the in-house laboratories. The panel was taken on a tour of the facilities at the School and noted that the staggered seating the laboratories enabled supervisors to observe all the students at the same time, again helping to identify students that may require extra assistance.

Meetings with their mentor and ULLS are another opportunity for students to raise issues and request additional support. Currently these meetings are not recorded consistently by staff; the panel considered that this meant student progress was not being monitored as thoroughly as it could be. The cohort sizes of both programmes are relatively small, which currently allows the programme staff to 'know' each student and monitor what they require. However, this may not be possible should the cohort increase, again reinforcing the need for student meetings with mentors/ULLS to be recorded in as much detail as possible.

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

The panel was provided with evidence that the programme staff had completed the necessary equality and diversity training, as well as proof of their GDC registration. Currently all the programme staff have a PGCert (teaching qualification) or are working towards attaining this qualification. Any new staff are provided with the opportunity to shadow more experienced staff members, prior to delivering any teaching independently.

The School have devised training for its mentors, which must be completed before taking up this role.

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 programmes do not have a specific raising concerns policy. Instead, students are referred to the University policy on 'Disclosure', which was considered not to be sufficient as it did not cover the broad range of concerns that dental professionals may come across during their careers. Both programmes involve students being at or employed by dental laboratories, and there does need to be a clear policy and process in place, as for these students, raising concerns may result in their placement or employment being withdrawn.

Teaching on the topic of raising concerns is delivered as part of the 'Preparing for Practice' sessions, and students are assessed on their understanding.

The panel was informed that to date no formal concerns have been raised. There was evidence that minor concerns about student behaviour had been raised and noted in their respective PDPs but again, there was a disparity in how this was recorded between the staff.

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 Not Met)

Currently the programme does not hold a log of issues raised. Any issues are dealt with by programme staff and to date, the panel was informed no serious issues have come to light.

The panel recommend the School implement an issues log for both programmes, in addition to devising guidance for both staff and students so that it is clear what issues should be raised, how and with which individual or department. The panel considered that implementation of an issues log could contribute to the development of the programme and identify areas that students require further teaching or assessment in.

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)

Student fitness to practise is covered during the 'Preparing to Practice' module and students are then assessed to test their understanding. The students who met with the panel were clear on what constitutes a concern and how this should be raised using the processes currently in place.

To date, no student fitness to practise concerns have been raised, but the panel did note that the process in place does lack some externality, which needs to be addressed to ensure fairness for the student. In addition, there is no formalised process for such concerns (if they arise) to be recorded and monitored, and the School should ensure a procedure is in place.

Staff are trained as part of the University's requirement for continuing professional development on the themes associated with student fitness to practise requirements.

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 Met)

The Head of Dental Sciences ensures the curriculum for the dental technology programmes are mapped against each of the relevant GDC learning outcomes. Evidence of this mapping was provided to the panel, which considered the mapping to be sufficient.

At a programme level, a member of the academic team is responsible for ensuring the University's quality procedures are maintained over the duration of the programme. They will also contribute to the programmes' Programme Plan (PP). PPs are created to review previous quality assurance activity, analyse performance data and review feedback from students and external examiners. The PP allows the recording of best practice, future planning and the

management of resources. PPs are used to inform a School Quality Enhancement Plan, which in turn contributes to the University Quality Enhancement Plan. Both these plans are overseen by the School's academic quality board.

Having reviewed the information provided, the panel considered the current framework operationally sound, and staff were clear on where to go should changes needed to be actioned. Some of the programme leads were of the view the framework was too rigid, and this posed difficulties when changes needed to be made. However, modifications to the programme have happened when necessary. For example, the panel saw changes being made to assessments that were agreed via the School's quality assurance mechanisms.

The panel was impressed that a process of 'critical appraisal' was embedded within the structure of the programmes, to ensure everything remains relevant and accurate.

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

The Head of Centre is responsible for managing any concerns that may prevent students from achieving the necessary learning outcomes and reporting any such threats to the GDC. To date, this has not been necessary.

The education associates considered the moderation process in place to be robust due to the process of blind and double marking, and the detailed input requested from the programmes' external examiners.

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)

Students on both programmes do not see patients so patient feedback is not collected. The student voice plays a prominent role in the programme, and the panel saw evidence of changes to facilities and the teaching of certain topics, following feedback from students.

The programmes are currently allocated two experienced external examiners who have an understanding of the requirements of the GDC as well as current knowledge of the QAA guidelines. The education associates considered the external examiner feedback to be thorough and there was evidence that their recommendations were acted upon where possible.

The School has also run 'Industrial Advisory Boards' to encourage employer engagement with the programmes and obtain feedback on their students.

Requirement 12: The provider must have effective systems in place to quality assure placements where students deliver treatment to ensure that patient care and student assessment across all locations meets these Standards. The quality assurance systems should include the regular collection of student and patient feedback relating to placements. (Requirement Met)

The University's Standards and Enhancement Office set the parameters for the quality assurance of work placements. ULLs then carry out quality assurance visits of all work

placements to ensure they are fit for the purposes of training a student dental technician, using the 'Practice Policy for BSc Dental Technology and the Foundation Degree in Dental Technology'.

The ULLs also monitor the performance of the work-based mentor and provide support to the student if any concerns arise during the work-based learning. Examples of these ULL audits were presented to the panel, which considered them to be appropriate in managing and quality assuring work placements.

Student feedback is given during meetings with mentors or ULLs. However, as discussed under previous Requirements, the panel stress the need for this to be standardised to ensure similar information is being collected across the cohort, with a view to it contributing to the quality assurance process.

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.

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

Student progression is monitored using Unipulse software which provides demographic information which is used to monitor performance of differing groups and inform areas of required support. Retention and attendance rates are also provided for groups and individual students. The School say that is essentially a traffic light dashboard and assists in the monitoring of University Key Performance Indicators.

SITS is a student records management system used to store, administer and manage all aspects of student information from initial enquiry to the final point of being considered eligible for the final award.

The School also check for signs of plagiarism using the web-based tool, Turnitin.

The monitoring systems being employed by the School ensure students at risk of not reaching the set targets are identified and remediated in the necessary areas. The assessments in place address the learning outcomes, and the fact that courses revisit topics reduces the risk of students deskilling/forgetting knowledge during their time on the programmes. All practical knowledge is repeated back at the work placements; the mentors spoken to also ensure they are kept updated on where the student needs additional practise and mentors try to arrange this experience for them when necessary.

The School benefits from having a working laboratory on site, which is extremely well equipped and again, students are able to have sessions there to experience technology they may not have in place at their own work placements.

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

Students meet with their allocated personal tutors every week, and during this time there is an opportunity to review and discuss their PDPs.

ULLs meet with students at their placements/labs every ten weeks. Discussions during these meetings are recorded in different places such as SITS, Unipulse and personal drives. The panel are of the view that these discussions should be centrally recorded for each student and the School could perhaps develop a template to ensure the information recorded is consistent across the cohort. Ultimately, this will improve the monitoring of student progression and help the School identify areas that may need to be covered further during the theoretical or practical sessions.

ULLs record their meetings with students in their PDPs with varying levels of details and again the education associates were of the view that consistency in recording needs to be developed as there appears to be an over-reliance on verbal feedback.

Another area of improvement concerns the PDP, which currently is a paper-based document. The School should consider making this electronic or at least back it up electronically, to minimise the risk to students if they lose it.

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 panel considered one of the strengths of this programme to be that students are required to repeat constructing appliances to ensure competence. Student progression is regularly reviewed during meetings with mentors and ULLs and identified areas of development are addressed with extra sessions in the laboratories at the School. The panel was provided with plenty of examples of student work which demonstrated that students leave the programmes being able to construct the full range of complex dental appliances.

For those students employed by specialised laboratories, arrangements can be made for the student to undertake a placement at another laboratory.

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 Met)

The School uses a range of assessments in order to test the students' knowledge and skill in dental technology. Assessments are devised to account for students with different educational needs and abilities.

The panel was able to review marked assessments, and noted the detailed feedback provided to each student by examiners.

The School has also ensured that each module has clear grade descriptors and students stated this made clear exactly what was required to achieve a pass mark.

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 School do collect and review feedback from students and employers. Currently it is only external examiner feedback that plays a role in developing the assessments in these programmes.

The School should consider looking at the processes in place/questions asked when collecting feedback and revise them in order to collect data that can improve the assessments currently being used.

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 Met)

The students receive feedback on their appliances from their mentors and during ULL visits when in their dental laboratories. This is recorded in their PDPs. Sometimes feedback is received from the dentist and the patient and the School is thinking of ways in which patient feedback could be captured as the programmes develop.

Both staff and students stated that feedback is given following practical sessions and formative assessments, which students considered to always be constructive. Peer feedback is also used for some of the formative assessments.

Summative assessments are double marked and feedback is provided by both the examiners. The panel saw evidence of this feedback when reviewing the assessments and found it to be helpful in aiding the student to improve their performance.

The education associates reviewed examples of student reflections. The students stated that the ability to reflect gets easier as they progress through the programme, but they would benefit from formalised teaching on this subject. However, Student Services are able to provide training on reflection should students request it.

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 programmes are overseen by two external examiners who are appointed by the University. The University policies state that the external examiners must have programme leadership responsibilities in delivering dental technology programmes, as well as previous external examiner experience and current registration with the GDC.

There is an induction which all new external examiners must attend, which covers the role, expectations and what they are expected to contribute. The external examiners stated the induction was not specifically focused on the dental technology programmes, but the programme leads had been very supportive in providing all the information needed to carry out their role.

Equality and diversity training was completed outside of the University as Bolton currently do not offer this training for its external examiners.

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 School stated that the external examiners complete assessment reviews to ensure all the assessments for both programmes are fit for purpose and set at the correct level. The panel was provided with evidence which demonstrated that the programme leads do take on board external examiner feedback and action recommendations where they can.

The external examiners also attend the exam board and produce a report for the programmes.

The external examiners were of the view that the programme teams were delivering a good standard of education and the quality and range of appliances produced were also of a high standard. Some areas were under review, such as Moodle training for students and the pass mark set for the dissertation as this was considered to be low; however, the external examiners were confident that these will be addressed by the School when it is practical to do so.

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*)

Module guides are introduced to all students during their induction and the panel was able to see that these provided detail and clarity on assessment requirements and links to the learning outcomes.

Assessment criteria is included in the programme handbook as well, highlighting the possible achievements within grade bands. In addition, assessments are reviewed by the external examiners prior to being finalised for students.

All assessments are initially blind and double marked to increase reliability of grading as part of the grade standardisation process. From the evidence provided to the panel, it was clear that standard setting had not been completed and it was unclear why currently the pass mark was set at 40%. The panel consider best practise would be to revise this once the first cohort has graduated to see whether 40% is the right level.

Summary of Action

Req. number	Action	Observations & response from Provider	Due date
4, 12, 14	The School should consider devising a process so that mentor/ULL meetings with students are recorded consistently.	<p>As stated during the inspection the School is moving to an electronic platform for managing the processes involved with work-based learning. This will include student PDP appliance construction records, journals, self-reflection and feedback from employment-based mentors. Meetings will also be recorded enabling review and management to be formalised.</p> <p>This has been discussed with the Head of Apprenticeships Development. He has stated that dental technology will be in the next phase of Smart Assessor roll out and confirmed compliance within a six month window. (31 March 2020)</p>	Annual monitoring 2020
6	The School must devise a programme-specific Raising Concerns policy.	<p>In the documentation provided in the initial stages of this quality assurance process the School included details of University based policies. As part of the development required in this report the School will produce a specific document for dental programmes.</p> <p>Adaptation and review of existing documents to be completed by Head of Centre. Date set to allow for the document changes to be considered by the University Education Committee if required. (20 December 2019)</p>	Annual monitoring 2020
7	The School must implement a formalised process to identify and record issues that may affect patient safety.	Whilst the School follows current centralised University policies and processes the specific reference to patient safety will be added to policy documentation for dental programmes. Records involving dental students and patient safety will be identified and recorded in specific	Annual monitoring 2020

		<p>dental files and used to monitor and manage each incident.</p> <p>Adaptation and review of existing documents to be completed by Head of Centre. Date set to allow for the document changes to be considered by the University Education Committee if required. (20 December 2019)</p>	
8	The School should implement a process to enable any potential student fitness to practise concerns to be formally recorded and monitored.	<p>The School follows the University policies for implementing Fitness to Practise processes. The records and management of FtP concerns involving dental students will be recorded as stated in 7. Current information provided to students will be updated and make FtP processes clearer to understand.</p> <p>This process exists and specific cases relating to dental technology students are recorded by University administrators. (31 October 2019)</p>	Annual monitoring 2020
14	The School should consider making the PDP electronic or at least have a process whereby this document is backed up electronically, to ensure students will not be affected negatively if this document is lost.	<p>As stated earlier the PDP is to be developed on an electronic platform to avoid this issue.</p> <p>This has been discussed with the Head of Apprenticeships Development. He has stated that dental technology will be in the next phase of Smart Assessor roll out and confirmed compliance within a six month window. (31 March 2020)</p>	Annual monitoring 2020
17	The School should consider looking at the processes in place/questions asked when collecting feedback and revise them in order to collect data that can improve the assessment currently being used.	<p>The School sources feedback from several processes and meetings in each academic year involving a range of stakeholders.</p> <p>This includes students and employers. Specific reference to assessment improvement will be requested to add into the Schools internal annual monitoring</p>	Annual monitoring 2020

		<p>processes. This will be initiated at the module level using Module Evaluation Reports to feed into the overall Programme Plans. Meeting Agenda's will also include assessment improvement.</p> <p>Compliance deadline: up to June 2020 and then in each academic year. This is an ongoing process throughout the year but will have assessment improvement added to the agenda of each meeting activity. 2 Staff Student Liaison Committee (SSLC) meetings will be held this academic year. 2 Industrial Advisory Boards (IAB) to be held this academic year.</p> <p>Annual monitoring of dental programmes conforms to the requirements of the University.</p> <p>Additional feedback will also be sourced from the National Student Survey, external examiners reports and module evaluation questionnaires.</p>	
21	The School should review the 40% pass mark once the first cohort have completed both programmes, to ensure it is fit for purpose.	<p>The School should review the 40% pass mark once the first cohort have completed both programmes, to ensure it is fit for purpose.</p> <p>This will be reviewed during monthly academic staff meetings and consider the feedback from external examiners and their reports 2018/19. Employers attending IAB's will be asked to contribute to the overall review. (20 December 2019)</p>	Annual monitoring 2020

Observations from the provider on content of report

After reviewing the Education Quality Assurance Inspection Report, December 2018 for the two programmes delivered and awarded at the University of Bolton I can as Head of Centre for Dental Sciences confirm the accuracy of the detail recorded.

I would like to thank the panellists for their support and guidance during this process and will take forward the actions required to form the basis of a school action plan for the annual monitoring process 2020.

Updates to documentation will be made available during the GDC's annual monitoring processes 2020.

Recommendations to the GDC

Education associates' recommendation	The Bachelor of Science (Honours) Dental Technology and Foundation Degree in Dental Technology are approved for holders to apply for registration as a dental technician with the General Dental Council.
Date of next regular monitoring exercise	Annual Monitoring 2020

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.