General Dental Council

Education Quality Assurance Inspection Report

Education Provider/Awarding Body	Programme/Award	Inspection Date(s)
University of Leeds	BSc (Hons) in Dental Hygiene and Dental Therapy	22 & 23 January 2020 – programme 7 July 2020 – final inspection meeting of panel

Outcome of Inspection	Recommended that the BSc (Hons) in Dental Hygiene and Dental Therapy is approved (DCP) for the graduating cohort to register as dental hygienists and dental therapists

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

Inspection summary

Remit and purpose of inspection:	**Inspection referencing the *Standards for Education* to determine approval of the award for the purpose of registration with the GDC as a dental hygienist and therapist**
Learning Outcomes:	***Preparing for Practice – dental hygiene and therapy***
Programme inspection date(s):	**22 and 23 January 2020**
Examination inspection date(s):	**Exam inspection replaced by remote panel meeting to discuss final assessment data on 7 July 2020**
Inspection team:	**Katie Carter (Chair and Non-registrant Member)** **Marina Harris (DCP Member)** **James Ashworth-Holland (Dentist Member)** **Kathryn Counsell-Hubbard (GDC Staff member)** **Jackie Spencer (GDC Staff member)**

The BSc (Hons) in Dental Hygiene and Dental Therapy (hereafter referred to as "the programme") delivered at and awarded by the University of Leeds (hereafter referred to as "the provider" or "the School") is a well-funded, holistic programme that combines robust systems for teaching and assessing students, good academic support and excellent systems for supporting student well-being.

The pastoral support offered by the School is an area of exceptional good practice. A member of the pastoral support team contributes to student induction and a personal development module. Students are well supported by teaching and support staff and there is an effective personal tutor system. Teaching facilities are modern and well-equipped.

Staff from the Dental Surgery MChD/BChD and hygiene/therapy programmes work together on many aspects of course delivery, and all but one module in Year One is delivered jointly to BDS and hygiene/therapy students. While there had been some challenges in integrating the first year of the two programmes, this arrangement is to be commended in that it mirrors the practice of dentistry and the increasing integration of the work of dental professionals.

The programme also benefits from an outreach system in which students gain experience in three NHS funded, but University managed, outreach centres. All outreach staff also teach and/or supervise at the University thus helping to ensure consistency in programme management and student supervision and assessment, and a good level of communication between placements and the programme team.

All these elements combine to make this an effective, supportive environment within which students attain and meet the standards expected of a safe beginner.

While the outreach model in place for this provider is a significant strength, it carries risk: the NHS does not currently impose patient treatment targets on the outreach centres, nor does it charge the provider for the outreach facilities. The School should ensure that contingency plans are in place should the NHS want to make changes to the current model.

The programme, as with all health education providers in the UK, was affected by the COVID-19 pandemic. The government-imposed lockdown that started on 23 March 2020 brought an early end to all clinical work and placements which meant that final assessments had to be rethought to ensure effectiveness whilst being completed remotely. This also meant that the concluding part of the inspection, which should have been an inspection of the final clinical exam in June, was cancelled.

The provider has worked hard to provide the panel with as much information remotely as is possible to enable a decision to be made as to whether this programme can be recommended for approval. The standards imposed by the panel in their findings of this report are the same as for all other pre-COVID inspections but some flexibility has been incorporated into the decision-making to reflect the constraints on the provider during the crisis. The provider should endeavour to deliver the programme in as close a fashion as it has done for the first two years, and as envisaged for the third year, once the crisis has abated. The panel is mindful that dental education will be different as the UK moves through the pandemic and will take all necessary changes into account when visiting the school in 2020/21.

The decision of the Registrar, on approval of this programme will unfortunately have to relate only to the 2019/20 graduating cohort as the final exams must be observed before an ongoing approval decision can be made. Such a course of action is in no way indicative of any serious concerns with the programme but is, rather, an unfortunate side effect of the COVID-19 crisis.

The GDC is aware of the additional pressure placed on the provider by an additional visit in 2020/21 but is confident that the provider can rise to the challenge.

Overall, the panel was impressed with many facets of the programme and wish to commend the provider for what promises to be a long-running and highly regarded programme in its' own right.

The GDC wishes to thank the staff, students, and external stakeholders involved with the University of Leeds BSc (Hons) in Dental Hygiene and Dental Therapy programme for their co-operation and assistance with the inspection.

Background and overview of qualification

<table>
<tr><td>Annual intake</td><td>25 students</td></tr>
<tr><td>Programme duration</td><td>104 weeks over 3 years</td></tr>
<tr><td>Format of programme</td><td>
The structure of the BSc Dental Hygiene and Dental Therapy programme integrates closely with the existing Dental Surgery programme. Thus, offering students from both programmes the opportunity to be trained alongside each other, undertaking shared modules and patient care.

The programme is delivered in a modular format with students being required to pass all modules for the award of the qualification and all modules must be passed within each year of the programme to allow progression into the following year. A total of 6 common modules are co-delivered/shared with the Dental Surgery programme (5 within year 1 and 1 within year 2). The theme of collaborative delivery and shared teaching continues through the second and third year thus helping the development of the dental team. All the modules within the programme have been developed to align fully to the GDC learning outcomes for registration.

The students clinical experience increases in volume and complexity as they progress through the course. Commencing with preventive treatments and progressing to comprehensive care of both adults and children. Outreach teaching is utilised to prepare the students for practice in the primary dental care setting. The students also undertake oral health promotion within the community setting.

The academic components of the programme utilise a variety of teaching methods (lectures, seminars, tutorials, problem based learning and online learning) using a blended learning approach.

The programme requires students to work independently and hone the knowledge and skills necessary for graduation and lifelong learning. A research theme flows through the programme and develop the students' ability to critically find, summarise and communicate evidence-based dentistry. Within year 3 all students undertake an individual Final Year Research Project utilising the scientific research skills they have developed over the previous years.

Graduates will be well prepared to embark on a future career whether as a clinician, educator or researcher, with the ability to apply their knowledge of research-based learning to their future careers and continue with lifelong learning.

<table>
<tr><th colspan="2">YEAR 1</th></tr>
<tr><td>DSUR1127</td><td>Health and Health Promotion</td></tr>
<tr><td>DSUR1128</td><td>Introduction to the Oral Environment</td></tr>
<tr><td>DSUR1130</td><td>Anxiety and Pain Management</td></tr>
<tr><td>DSUR1230</td><td>Oral Diseases, Defence and Repair</td></tr>
<tr><td>DSUR1250</td><td>Personal and Professional Development 1</td></tr>
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	DSUR1146	Developing Clinical Practice 1
	YEAR 2	
	DSUR2000	Applied Dental Hygiene
	DSUR2010	Clinical Skills
	DSUR2118	Personal and Professional Development 2
	DSUR2146	Developing Clinical Practice 2
	YEAR 3	
	DSUR3000	Applied Dental Therapy
	DSUR3110	World of Work and the Dental Team
	DSUR3130	Final Year Research Project
	DSUR3146	Developing Clinical Practice 3
		Co-delivered/ Shared modules
Number of providers delivering the programme	1	

Outcome of relevant Requirements[1]

Standard One	
1	Met
2	Met
3	Met
4	Met
5	Met
6	Met
7	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	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)*

The programme utilises a system of Direct Observation of Practical Skills (DOPS) to act as gateway assessments for individual skills. If successful in summative DOPS, the student is allowed to practise that skill on clinic. The summative DOPS are supported by formative DOPS in the skills laboratory and students have the option to practise skills on phantom heads at any time. This process was clearly understood and valued by the students with whom the panel met.

The panel found the Requirement to be met.

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)*

A comprehensive system for obtaining patient consent in both University and outreach clinics was evidenced in the pre-inspection documentation. As the provider has a high degree of control over the management of the outreach clinics, systems such as those for obtaining consent are relatively easy to impose successfully. This consistency, coupled with the documentary evidenced, led the panel to determine that the Requirement is met.

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)*

Comprehensive documentation was provided to demonstrate compliance with this Requirement and the panel was satisfied that there is a clear patient safety culture running throughout this course and across all in house and outreach clinics. The provider was open about the challenges they have faced regarding equipment, particularly an ongoing issue with waterlines. They were also able to explain how they have mitigated against those issues, and the panel were impressed by their process in decommissioning chairs where there were waterline issues.

Pre-inspection documentation raised some concerns about differences in equipment across the placement sites. The panel were advised that every effort is made to standardise equipment but that this is not always possible. The provider deals with this situation by briefing students on the different types of equipment and using this as a learning opportunity in the knowledge that students are likely to have to work with a range of different equipment once they graduate and enter employment. Students echoed this by stating that it gives them an idea of what practice might be like after graduation.

The panel found the Requirement to be met.

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 programme team described in detail to the panel safe and appropriate staff-to-student supervision ratios (SSRs) in the phantom head laboratory and in University and outreach clinics. A policy on SSRs was not available pre-inspection but provided afterwards. The panel had some minor concerns about inconsistencies in relation to supervision levels in the phantom head laboratory where, during the inspection, only one supervisor was observed supervising between 15 and 20 students when the programme team had reported that two members of staff would always be present. The Year One and Year Two students also appeared unsure of what was an appropriate level of supervision in this setting.

The panel was concerned that a ratio of 1:18, even in a setting where no patients are being treated, is not ideal and suggest that the provider should consider strengthening the policy for the benefit of students. However, the Requirement is found to be met.

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)***

There are robust processes for the recruitment and induction of new staff which include a probation period of between 12 and 24 months, three meetings per year with a mentor to discuss a personal development plan (PDP), and the shadowing, in clinical areas, of new staff by senior staff.

The same staff who supervise in the Leeds Dental Institute, where the majority of experience is gained, also supervise at the outreach placements thus helping to ensure that there is consistency in systems, processes and the delivery of teaching and assessment across the programme.

The Requirement is considered to be met.

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

Students understood the professional duty of candour and the importance of raising concerns. The procedure for raising a concern is available in the virtual learning environment (VLE) for both staff and students to consult. Students receive a lecture on the subject early in the programme. The procedure is discussed and evaluated at an annual staff away day.

The programme is supported by a committee structure which includes the Clinical Action Group (CAG) which is responsible for discussing concerns raised by staff and students. The panel heard that the CAG had not met for a large part of 2019 as the Chair had stepped down. The panel were not unduly concerned as CAG has recently been reinstated and, while it was

suspended, the Staff Student Forum (SSF) used as an alternative method for the discussion of safety concerns.

The Requirement was found to be met.

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

The provider utilises the DATIX system to record clinical incidents and near misses. The programme lead sits on cross-organisational panels between the University and NHS Trust and reviews the DATIX information to identify any student related activity which is then logged and flagged on the Clinical Assessment and Feedback System (CAFS). This subsequently feeds into the Clinical Progress Committee, which is the committee that tracks students' experience and ability to progress through the programme.

The programme team also keeps a spreadsheet to record patient safety incidents that relate to their students. Students would be called into a meeting to discuss the incident if follow-up were required.

The effective use of recording systems, both DATIX and CAFS, coupled with a cohesive quality management structure and close monitoring from the programme lead, gave the panel assurance that the Requirement is met.

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 provider has a comprehensive student fitness to practise process which has been updated in response to feedback from the GDC following the inspection of the Dental Surgery MChD/BChD programme in 2019.

The process is supported by the committee structure within the quality management framework, with the programme lead sitting on the committees relevant to students' ability to practise safely. Professionalism grades are awarded and recorded on CAFS for every patient interaction, and these can be viewed anytime by the programme team or the personal tutors. Teaching around the subject includes ethics and consent as well as professionalism, and a Personal and Professional Development module is included in two years of the programme.

The panel found the Requirement to be met and were pleased to note that previous feedback from the GDC had been acted upon. The panel did note, however, that the ability to immediately suspend a student from the clinical environment was not included within the policy and was clearly desirable should a serious fitness to practise issue arise. The programme team gave assurances that this is within their powers. The panel asked the provider to add this detail to the policy both for reasons of transparency and to protect the provider from legal challenge to this particular provision were it to be used.

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 provider utilises a quality framework that starts at module level and works upwards through the University's structure. Module leads are responsible for completing annual module reviews which include a review of student feedback. Changes or issues can be escalated from this point through the programme team, across the Faculty of Medicine and Health and into the University hierarchy.

There is a comprehensive committee structure, covering all facets of the programme. This structure was well-evidenced. Generally, two committees have responsibility for the mapping of the programme to learning outcomes: the School Taught Student Education Committee and the Faculty Taught Student Education Committee. These groups hold the initial and final decision-making powers, respectively, on changes to the programme, but day-to-day oversight lies with the module leads. These individuals must ensure that their modules continue to map to the GDC learning outcomes.

External examiners feed into the quality management of the programme at various points, providing comment on changes to the modules as well as formally reporting after final summative assessments.

Students are well supported by teaching and support staff and there is an effective personal tutor system. Students value the support provided by small tutorial groups and by Denstudy. Students also praised the virtual learning platform, Minerva.

The Requirement is found to be met.

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

The quality management framework stems from the module leads, who are each responsible for reviewing their own modules and feeding their findings upwards. Module reviews feed into annual reviews at programme level and a University periodic review process.

The University's periodic review and the external examiners provide externality to the quality review of the programme. The programme team also sought the advice of the hygiene and therapy programme team at the University of Manchester when the new BSc in Dental Hygiene and Dental Therapy was being developed.

The panel were satisfied that this Requirement was met.

Requirement 11: Programmes must be subject to rigorous internal and external quality assurance procedures. External quality assurance should include the use of external

examiners, who should be familiar with the GDC learning outcomes and their context and QAA guidelines should be followed where applicable. Patient and/or customer feedback must be collected and used to inform programme development. *(Requirement Met)*

The programme benefits from being intricately linked with the Dental Surgery MChD/BChD programme. This means that the hygiene and therapy programme has stepped into an established regime of quality assurance which is underpinned by extensive use of the external examiners.

The external examiners are used across the programme in observing assessments, attending programme boards and the Special Cases Committee which considers students' mitigating circumstances. The panel found the use of the examiners in this way was a strength of the programme and should be highlighted as good practice.

The GDC standard requires patient and/or customer feedback to be collected and used to inform programme development. This is something many providers have struggled fully to comply with. This provider has, in the past, used a patient focus group to feed into its quality assurance processes, and is currently working to recruit patients to a new focus group. Patient feedback on individual encounters in clinical practice is, as is common in other providers, of limited value consisting mainly of compliments rather than constructive criticism. Feedback is gathered from students to assist in module development.

The Requirement is found to be met. Nevertheless, the panel would urge the programme team to consider whether different methods of obtaining patient feedback at other times in the treatment journey might assist them in ensuring that the feedback is of value to the quality assurance processes.

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 processes for quality assuring placements were effective. The lead for Academic Dentistry visits the outreach placements and ensures standardisation of processes and protocols across sites. The School holds two meetings per year for the outreach tutors which further supports standardisation and aids consistency. Different dental software systems are used in placements, but this is used as a learning opportunity for students as it mirrors what they will experience upon employment. The student feedback on their outreach placements was very positive.

The Requirement is found to be met.

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)*

The use of DOPS is an effective tool in the assessment of students' practical skills. While these must be passed as an initial gateway, students can then choose to repeat these to either improve their skills or refresh skills not used for some time. The facilities at the school also allow for students to use the phantom heads in the clinical environment to practise skills under supervision when a patient does not attend an appointment.

Summative assessments were found to be appropriate with robust grade descriptors. Clinical grades are divided into two components, the technical and the personal, each with a four- and three-point scale respectively. The panel were impressed with the differentiation between the competency grades under the technical component which allow supervisors to grade a procedure as being competent with assistance (SA) and one that is independently competent (SI). The panel were satisfied that the assessments discriminate between students and saw evidence of attrition and students repeating a year.

There was some concern amongst students that there were inconsistencies in the grades awarded by assessors for clinical activities, with some students making reference to an overly harsh assessor. In particular, there appeared to be some ambiguity about reasoning behind the awarding of the SI and SA grades Descriptors for the grades are included in student literature and the programme team had some awareness of this lack of understanding. The panel recommends that the programme team both reviews how the descriptors are explained to students, to better empower students to improve their practice, and continues to ensure that all assessors of clinical skills are trained and calibrated.

The sign-off procedure, which is overseen by two committees and considers competency, academic and professionalism data, was found to be robust. Governance of the programme allows for the convening of an "extraordinary" Clinical Progress Committee to consider students who need to increase their clinical experience in the skills laboratories ahead of sign-up. Monitoring of clinical progress is done effectively through the Clinical Assessment and Feedback System (CAFS) (see Requirement 14).

The panel saw evidence that the programme is able to identify and intervene with effective remediation where students are struggling.

In addition to formative and summative assessments (the latter sitting within the University's formal assessment regulations), this course requires students to pass a series of, what it calls, Progressional Assessments which do not contribute to module marks but test essential aspects of the practice of dental therapy and hygiene and must be passed in year for the student to progress. The panel was impressed by these assessments which they agreed were innovative and useful.

A number of changes to summative assessments were necessary because of restrictions resulting from the COVID-19 pandemic. The panel sought, and received, detailed evidence that the standards for the graduating cohort were not compromised as a result

The panel found the Requirement to be met.

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)*

CAFS is used to record, electronically, student progress, including clinical activities. CAFS has been adopted by the school relatively recently. The panel was satisfied that an appropriate tendering process and security checks were completed prior to CAFS being implemented.

The panel was given a presentation of the CAFS system and talked to staff and students about its implementation. All were complimentary about the system and the panel was satisfied that the programme team are working to develop CAFS from a system that gathers input effectively to one that also provides useful output: management information to monitor student progress and inform programme development and which can also play a role in the calibration of assessors. These developments were still being explored at the time of the January 2020 inspection, and had been stalled by the COVID-19 pandemic.

The provider was able to provide an update following the panel's June 2020 meeting which showed that gap analysis and automatic notification of "bad" grades, being those below a satisfactory level, has been introduced.

The panel will explore further developments to CAFS during the 2020/21 inspection but are content that this Requirement is also currently met.

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)*

Programme leads and students were open about difficulties with patient flow at the beginning of the 2019/20 academic year due to an insufficient number of patients being assessed for student treatment over the summer break. The issue was resolved, and students reported no other difficulties in seeing the patients required to meet competency levels.

Students reported that they were content with the variety of patients seen. A breakdown of the amount of clinical time across the pre-clinical and patient areas was provided and the panel agreed that students receive enough clinical experience to meet GDC learning outcomes.

The programme has good mechanisms in place to ensure that students have exposure to an appropriate range of patients. Patient waiting list coordinators are responsible for allocating patients to students and ensuring an even distribution of patients between dental and hygiene and therapy students. Staff and students spoke highly of these individuals who they described as approachable and responsive. In addition, the School monitors patient non-attenders to identify any trends. The programme also has a number of trusted, local dental practices which have the ability to refer patients directly into the university clinics.

The Requirement is met although the panel recognises some change to the experience that would usually be offered because of the COVID-19 lockdown. Some students have not had practical experience of extraction of deciduous teeth but have gained skills around this procedure in a simulated environment. The experience gathered during the rest of the programme along with highly detailed PDPs, combined with the simulated experience, has

provided assurance that students will graduate with all the skills of a safe beginner. It must be noted, however, that the provider must strive to provide the practical, hands-on experience, in all appropriate skill areas moving forward.

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 programme has processes in place for the review and updating of assessments. Module level Assessment Panels review feedback on assessments for particular modules and feed into the Assessment Board which has oversight of assessments across the programme. A medical statistician is used to review assessment effectiveness.

Year Three assessment data for a sample of the cohort was provided and reviewed remotely due to the cancellation of the exam inspection because of COVID-19 lockdown. The panel saw examples of robust assessments and inclusion of evidence-based learning which were considered to be good practice. The marking guides accompanying each assessment were also clear and evidence was also provided of these being used effectively during a poster discussion.

The panel found the Requirement to be met.

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 collection and use of feedback on student assessments was limited. Feedback is collected from patients to assist students with their own development although this often lacks enough detail to allow staff to formatively assess students. A peer feedback pilot is currently being trialled for the dentistry programme and may be rolled out to the hygiene and therapy programme if successful but currently there is no mechanism for formatively collecting peer feedback throughout the programme although this is a part of the World of Work module in Year Three.

The students' PDPs, which include examples of feedback from the wider dental team and others, are assessed as part of the World of Work module in Year 3 but this was the only example of received by the panel as to how feedback fits into the assessment framework.

The Requirement is found to be partly met. An expansion for the patient feedback scheme would be useful to gather more meaningful data to feed into the students' personal tutor sessions and the meetings of the Clinical Progression Committee. Similarly, the introduction of peer feedback would be useful particularly as students work in pairs on clinic.

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 pastoral support offered by the School is an area of exceptional good practice. A member of the pastoral support team contributes to student induction and a personal development module. Students are well supported by teaching and support staff and there is an effective personal tutor system. Teaching facilities are modern and well-equipped. Students value the

support provided by small tutorial groups and by Denstudy. Students also praised the virtual learning platform called Minerva.

The panel reviewed and were impressed by all the Year Three students' PDPs, which contained good examples of reflection. Students from all years also value post-clinic 'huddles' which provide a good opportunity to gather formative feedback and undertake further reflection.

Two areas were identified which would benefit from a review by the programme team. Firstly, University requirements are that feedback on assessments is made available to students within two weeks of the delivery of the assessment but students from years one and two reported that these timescales were not always met. Secondly, the patient feedback reviewed by the panel was, in common with examples of patient feedback seen across the sector, almost entirely positive and superficial, and so was of very limited value to a new professional hoping to improve their skills. Some scrutiny on these areas to improve the efficiency of feedback and the usefulness of patient feedback would benefit students.

The Requirement is found to be met.

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)*

New staff undergo training and shadowing of more experienced staff to prepare them for assessing students. Staff training days include calibration exercises. CAFS will eventually allow for management reports to be generated which will assist in identifying assessor 'doves and hawks'.

Where appropriate staff are trained in how to use standard setting methodologies. All staff receive training in equality and diversity.

The panel were satisfied that the Requirement is met.

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)*

External examiners contribute at several points during the programme (more detail under Requirement 11). The panel reviewed a number of external examiner reports and was satisfied that external examiners are used, both in line, with University requirements, but also in additional ways to support the development and running of assessments. At the time of writing this report and of making a recommendation to the GDC Registrar the external examiner report for the graduating cohort was not available.

Given all the other information reviewed by the panel, including the minutes of the final examination board, which contain a summary of the external examiner's views, the panel are of the view that it is unlikely that the external examiner will have any criticisms of the programme that will make enabling the Year 3 students to graduate an unsafe decision. The report will be reviewed as soon as it is available.

The Requirement is found to be met.

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

The standard setting of summative assessments is rigorous. The Modified Angoff method is utilised, and all internal examiners are trained in this methodology.

Summative assessment outcomes are subjected to analysis to assure parity between examiners. A number of assessments are delivered using an online system called Speedwell which produces analyses of candidate answers thus allowing the programme team to review the robustness of question settings.

Assessments are subject to the LEAF guidelines which assist in ensuring that examiners question students in a consistent manner to achieve fairness The consistency across examiners was borne out by meetings with the students and assures an element of standard setting in non-written assessments.

Student Handbooks contain full details of the assessment programme, methodologies, and weightings.

The Requirement is found to be met.

Summary of Action

Req. number	Action	Observations & response from Provider	Due date
4	The provider should review the SSR policy and consider auditing the staff to student ratio in the phantom head laboratory.		Inspection in 2020/21
8	The provider should include the provision for removing students from the clinical area immediately upon a relevant student fitness to practise issue being raised.		Inspection in 2020/21
17	The provider must review the method by which patient feedback is gathered to ensure that meaningful information is captured. The provider must introduce measures, such as peer feedback, to ensure that feedback about students plays a key role in their assessment.		Inspection in 2020/21
18	The provider should consider reviewing patient feedback and time within which feedback is given to students to ensure that there is no delay.		Inspection in 2020/21

Observations from the provider on content of report

Refer to guidance

Recommendations to the GDC

Education associates' recommendation	The programme continues to be approved for holders from the graduating cohort to apply for registration as a dental hygienist and therapist with the General Dental Council
Date of reinspection	Examination inspection due in 2020/21 for decision as to ongoing approval to be made

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.