

## INSPECTION REPORT

<b>Education provider/ Awarding Body:</b>	<b>Education Provider: Birmingham Community Healthcare NHS Foundation Trust</b>  <b>Awarding Body (Validation of BSc Degree): University of Birmingham</b>
<b>Programme/Award:</b>	<b>BSc in dental hygiene and therapy Diploma in Dental Hygiene</b>
<b>Remit and purpose:</b>	<b>Full inspection referencing the <i>Standards for Education</i> to determine approval of the award for the purpose of registration with the GDC as a dental hygienist/therapist</b>
<b>Learning Outcomes:</b>	<b><i>Preparing for Practice (dental hygiene/dental therapy)</i></b>
<b>Programme inspection dates:</b>	<b>27 &amp; 28 April 2016</b>
<b>Examination inspection dates:</b>	<b>13 &amp; 14 June 2016</b>
<b>Inspection panel:</b>	<b>Annie Turner (Chair and Lay Member) Hayley Lawrence (DCP Member) Raj Majithia (Dentist Member)</b>
<b>GDC Staff:</b>	<b>Peter Butler</b>
<b>Outcome:</b>	<b>Recommended that the BSc continues to be approved for the graduating cohort to register as dental hygienists and dental hygienists/therapists</b>

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

## **Inspection summary**

The BSc in Dental Hygiene and Therapy validated by the University of Birmingham and provided by the Birmingham School of Dental Hygiene and Therapy, provides students with a sound educational experience. All but two of the 21 Requirements set out in the GDC's *Standards for Education* have been fully met. There is a strong pre-clinical course which sets students on the right track as they move to treating patients. They are well supervised by an enthusiastic and supportive staff team. The progress of students, both academically and clinically, is well monitored and aspects of the programme requiring improvements have been identified. Much work has already been undertaken to review and update assessments. There are excellent opportunities for students to reflect on the work they have undertaken and this was seen as a major strength of the programme.

The School is, in common with other similar institutions, struggling to meet some clinical learning outcomes due to patient shortages. The School needs to act quickly to ensure these shortcomings are addressed.

## **Background and overview of Qualification**

Annual intake	28students
Programme duration	120 weeks over 3years
Format of programme	Year 1: knowledge of biomedical sciences, behavioural sciences, dental materials, restorative dentistry, simulated skills of dental hygiene, treatment of adult patients requiring periodontal treatment, phantom head restorative skills, oral health promotion, professionalism 2: simulated clinical experience of restorative dentistry, restorative dentistry on adults and children, applied pharmacology, radiography, periodontology, paediatric dentistry 3: direct patient treatment within Birmingham Dental Hospital and on outreach, oral medicine, research project

The panel wishes to thank the staff, students, and external stakeholders involved with the BSc programme 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. When providing patient care and services, providers must ensure that students are supervised appropriately according to the activity and the student's stage of development.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Supervisors must be appropriately qualified and trained. This should include training in equality and diversity legislation relevant for the role. Clinical supervisors must have appropriate general or specialist registration with a UK regulatory body.	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Providers must have a student fitness to practise policy and apply as required. The content and significance of the student fitness to practise procedures must be conveyed to students and aligned to GDC Student Fitness to Practise Guidance.	<input 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 Met*)**

There is a strong pre-clinical course in place at the School. Students commence working on phantom heads at an early stage in the programme so they immediately begin to get a feel for clinical work. Students are expected to treat their phantom head as if it were a real patient in order to encourage professional attitudes and working practises. Students displayed a real enthusiasm for experiencing the reality of practice on patients.

Students undertake practical training sessions using their peers. This involves breaking down each patient visit to its component parts and, as part of this, they will carry out clinical tasks such as intra-oral examinations and probing and scaling on each other. Students are required to complete a competency assessment before working on each other. Students are formatively assessed and receive verbal and written feedback from the start of their phantom head teaching and supervised practice on their peers. This enables tutors to chart the progress of students and offer remedial teaching where necessary, to prepare all students for the gateway assessments before patients are treated.

Students undertake 'gateway assessments' at various stages of the programme. These are aligned to learning outcomes and include Structured Clinical Operative Tests (SCOTs) which assess life-saving skills and manual dexterity. Students felt they had adequate preparation before commencing work on real patients.

**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*)**

Letters sent to patients make clear that treatment may be carried out by students. There is clear signage throughout the dental hospital which explains that students are being trained and may be involved in treating patients. Students wear clear ID and uniforms both in the school and when in outreach locations. Patients are screened for their suitability to received treatment from undergraduate students and this process includes patients receiving advice on the advantages and disadvantages of being treated by students.

Within the dental hospital, written consent is only required for extractions. Verbal consent is recorded for all treatment. In outreach, patients will sign their consent before treatment is undertaken.

Students are provided with lectures which cover age-related consent and mental capacity issues relevant to gaining consent. This is covered in general in Year One and then, in much more detail, in Year Two. The panel were told that students are more likely to interact with patients with special needs in outreach placements. Tutors will oversee students gaining verbal consent and must take written consent themselves.

Staff cover consent and safeguarding issues as part of their usual training and this is delivered by the Governance Manager.

**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)**

Birmingham Dental Hospital is part of the Birmingham Community Healthcare NHS Foundation Trust (BCHC). Most outreach clinics fall within the Combined Dental Services of BCHC. Two of the outreach clinics are hosted by a neighbouring Community Dental Service in the Heart of England NHS Foundation Trust (HOE). Copies of Trust policies were provided in advance of the inspection. Students can access all policies and the student handbook provides information about them.

Quality and Governance Reports produced by the Combined Dental Services demonstrate compliance with Care Quality Commission (CQC) requirements and detail any external reviews undertaken regarding patient safety issues, risks or patient incidents.

The school undertakes annual audits of all clinics where students undertake patient care, both within and outside the hospital setting. This helps to provide support for outreach tutors and enables any queries or training needs to be highlighted and addressed. These reports and their resulting action plans are reported at Curriculum Development Committee (CDC) meetings.

The school ensures that issues relating to equality and diversity are covered via admissions to the programme, through academic teaching and learning as well as through practical experience. Admission interviews contain practical stations which cover equality and diversity issues and students are also invited to highlight any need for adjustments they may require during their interviews. Staff will make any adjustment that is required as long as whatever difficulty a student may be faced with does not preclude them from working upon graduation. Support and extra time for assessments is available for those with learning difficulties.

**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)**

Normally, the ratio of supervising tutor to student is 1:5 or better (i.e. a maximum of 5 students to each tutor). On outreach clinics, the ratio of outreach supervisor to operating students is 1:3 or better (students work in pairs on outreach, taking it in turn to operate and then to assist their colleagues). Policies and procedures for supervising clinics are provided in the staff handbook and in the outreach placement tutors handbook. Supervision issues may be raised at staff training days.

Students are encouraged to approach any member of staff if they feel they are struggling or need support as they move from the pre-clinical to clinical environment and an open door policy is in place. Welfare Officers are also available to students via University Student Services and this facility is completely separate to the programme. Where students are experiencing difficulties, they are likely to see their Personal Tutor on a more regular basis. Normally, students meet with their Personal Tutor to discuss their progress on a termly basis.

The diverse skill mix of the teaching team is seen by the school as a real benefit to students. They are able to benefit from the varied knowledge of a range of staff and, in the case of many

part-time members of staff, integrate with and learn from people who are actually out doing the job in the 'real world'.

**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)**

One of the key assets of the programme senior staff were extremely keen to stress to the panel of inspectors was the strength of the teaching team which has recently been expanded to include additional full time members of staff. Additionally, many of the part time members of the teaching team have worked within the school for many years and have, therefore, obtained excellent levels of experience of teaching elements of the programme as well as providing stability. All teaching staff have completed mandatory Trust training and attend annual staff development days. Staff training days will include group discussions on decision making and analysis of logbook marking to identify 'hawks' and 'doves'. A peer review system is also in place within the school and this is being rolled out to outreach centres.

Staff receive training on how to recognise there is an issue with a student which needs escalating. In the first instance, their Personal Tutor will be involved. The inspectors formed the view that the staff are particularly good at empathising with students and understanding their individual needs.

New staff shadow more experienced members of the team and they decide in their own time when they feel ready to 'go it alone'. They are provided with a guide book covering the grading scheme and how to apply it. Each new tutor will also be assigned a mentor to assist them. Outreach tutors spend time at the school which helps them to gain an understanding of how things are done and this aids with consistency of experience when students are on placements.

Outreach tutors are encouraged to undertake medical education training although this is not compulsory. Similarly, staff within the school are encouraged to achieve an educational qualification. The University is looking at whether to make this mandatory in future.

**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)**

In the wake of the recommendations of the Francis Report, BCHC Trust produced updated policies and procedures as part of their action plan. Information was issued to staff and students relating to the duty of candour and the requirements placed upon them to be honest with patients in explaining and apologising when accidents and untoward incidents occur during patient care.

Datix, a patient safety and risk management software system, is used to record and monitor issues and incidents. Action plans are created in response to any patient safety incidents which occur. These are monitored by the school's Management Committee.

Student handbooks and lectures cover the need for students to raise concerns about anything that is going wrong or anything they are concerned about. Scenarios are used during the professionalism module. A law and ethics workshop utilises scenario based teaching to encourage discussion and to develop understanding of the duty of candour and the importance of raising patient safety concerns.

Support mechanisms are in place for students who may need to raise a concern as the school are highly aware of the implications for students in terms of how daunting such a situation can be. Staff endeavour to foster a culture of openness and encourage students and staff to speak frankly. Any information relating to raising concerns can be raised via the Curriculum Development committee as well as the Staff Student Liaison Committee and via individual approach to staff members

**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)**

Feedback which highlights concerns over patient safety may be raised and escalated through the school to the BCHC Trust and to the University of Birmingham Fitness to practise committee if required. All recorded incidents are followed up by the school and a log kept of the outcomes of investigations and actions taken. If an incident involving a student raises queries over patient safety, the incident is then considered and logged under the 'expression of concern' system. This will involve an interview between the student concerned and the Programme Lead.

Continued concerns over the behaviour or performance of individual students or general concerns regarding patient safety may be discussed at team meetings or at staff development days.

The panel were given examples of actions taken when issues around patient safety had come to light. These examples included remedial teaching and follow-up meetings with Student Services for a student who had caused the laceration of a patient's lip. The Governance Manager receives reports on datix incidents and may raise queries with the Programme Lead regarding the handling of particular incidents. The Programme Lead is responsible for monitoring the repetition of clinical incidents and the management of this.

**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)**

Students are introduced to the GDC Standards for the Dental Team and the concept of Fitness to Practise (FtP) early in their studies starting with the first year professionalism module and then through lectures and workshops. In Year Two and Three, successful completion of the professionalism assignments is needed before a student can progress.

The school policy mirrors the GDC guidance for providers on Fitness to Practise, and details the local policies and procedures which apply if a concern is raised, which crosses the threshold of fitness to practise. The policy details the University code of conduct (which all students must sign up to) and the fitness to practise procedure which would be followed if a fitness to practise issue were to arise and be taken to the University of Birmingham fitness to practise committee.

Students must complete a variety of professionalism scenario assignments. They also complete a professionalism portfolio which documents their work in this area over the whole course and demonstrates their understanding and application of the GDC standards.

Role play workshops are utilised to allow students to work together exploring challenging scenarios related to clinical practice where actors play the part of patients. These give the opportunity for students to apply the GDC Standards under 'safe' conditions and to reflect on their experience afterwards.

**Actions**

<b>No</b>	<b>Actions for the Provider</b>	<b>Due date</b>
5	The peer review system should continue to be rolled out to all clinical locations, including outreach.	



**Standard 2 – Quality evaluation and review of the programme**

The provider must have in place effective policy and procedures for the monitoring and review of the programme.

Requirements	Met	Partly met	Not met
<p>9. The provider must have a framework in place that details how it manages the quality of the programme which includes making appropriate changes to ensure the curriculum continues to map across to the latest GDC outcomes and adapts to changing legislation and external guidance. There must be a clear statement about where responsibility lies for this function.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>10. Any concerns identified through the Quality Management framework, including internal and external reports relating to quality, must be addressed as soon as possible and the GDC notified of serious threats to students achieving the learning outcomes.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>11. Programmes must be subject to rigorous internal and external quality assurance procedures. External quality assurance should include the use of external examiners, who should be familiar with the GDC learning outcomes and their context and QAA guidelines should be followed where applicable. Patient and/or customer feedback must be collected and used to inform programme development.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>12. The provider must have effective systems in place to quality assure placements where students deliver treatment to ensure that patient care and student assessment across all locations meets these Standards. The quality assurance systems should include the regular collection of student and patient feedback relating to placements.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>GDC comments</b>			
<p><b>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)</b></p> <p>The University of Birmingham validates the award of the BSc in Dental Hygiene and Therapy and Diploma in Dental Hygiene via a collaborative agreement with BCHC NHS Trust. The university is subject to Higher Education quality assurance controls. A clear Quality Assurance strategy was provided in advance of the inspection and this sets out where responsibility lies for the maintenance of the quality the programmes on offer.</p> <p>The programme curriculum has recently been re-mapped so that it corresponds to the updated and revised version of <i>Preparing for Practice</i> published by the GDC in 2015. The School have been working to reduce the number of modules in an effort to improve the overall structure of the programme and to reduce the number of assessments. There have been some major</p>			

alterations as a result of this work all of which have been discussed and approved via the Committee structure.

Staff from the school have, in the past, visited other institutions delivering similar qualifications in order to gain knowledge and experience to implement changes to the programme.

A student representative attends staff meetings so that they feel included in discussion about possible changes. Staff told the inspectors that feedback from students is generally very positive and they struggle to gather any negative feedback.

**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 Curriculum Development Committee (CDC) oversees the handling of concerns and issues raised in relation to the programme. The Committee considers reports of internal audit procedures such as the annual module audit review as well as reports from the Staff Student Committee. Arising issues are discussed in detail and action plans will be formulated. Any changes arising from action plans are communicated via staff development days. A risk register records any serious threats to the delivery of the programme.

Outreach placements are audited via the CDC. There are two annual training days for staff working in outreach locations and those met by the panel of inspectors said they felt well supported by staff at the school who keep in touch, informally, by telephone and by annual visits. Training days cover assessment and supervision as well as calibration exercises to ensure students are graded consistently across clinical locations. Outreach staff suggested that visiting each other's locations may also assist with this and the school may wish to consider facilitating this proposal.

Staff told the inspectors that risks and threats are reported to the GDC via the annual monitoring return they complete.

**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)**

Two External Examiners are appointed and they will look at all assessment documentation in advance so that they have the opportunity to make comments on the content or suggest changes to the structure. They attend practical assessments, to observe rather than examine, and will also look at written examination scripts to ensure fair marking and grading has taken place. In line with QAA guidelines, they carry out a quality control function. The inspectors were provided with clear information in advance of the inspection to demonstrate how External Examiners link to internal QA mechanisms.

An induction programme for External Examiners is conducted by the University and covers what their role entails and what is expected of them during their tenure. End of year reports submitted by the External Examiners feed into the annual course review report which sets out action plans for the future.

External Examiner reports are also presented to the Staff Student Liaison Committee so students are also aware of their views and input into the programme and its development. An example of a change the inspectors were told about was that essay questions have been made more specific by linking them to clinical scenarios which help to link the assessment into assessing what the student actually can 'do' on clinic.

External Examiners are consulted by the school when any changes to assessments and modules are made.

Patient feedback is sought in general terms regarding their overall experience of clinical treatment within the hospital. Individual patients are asked to feedback regarding specific treatment received from students and this will be discussed during reflection sessions with supervising tutors. Feedback is sought from students at the end of each module in order to inform development. Recent graduates are also asked to provide feedback one year after completing the programme.

**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)**

There are annual visits from staff to outreach placements and an audit questionnaire will be completed. Action plans for any major concerns arising from these audits will be created via the CDC. Placement tutors are able to comment on the standard of knowledge and skills of the students who have attended, and to discuss with the visiting tutor any issues or problems which have arisen or to clarify any queries they may have. This is a particularly good opportunity for tutors at outreach clinics, to compare their practice with that within the school.

Outreach tutors are provided with a comprehensive induction and have their own handbook which they can refer to if necessary. They are also required to carry out calibration exercises during study days. Study days cover supervision skills, assessment criteria and also facilitate discussion between school and outreach tutors regarding student teaching and to exchange ideas on how to improve their practice. Outreach tutors are invited to observe teaching within the school at any time they are able to visit.

Students told the panel that some outreach locations are better than others due to the flow and influx of patients. All students agreed that they enjoyed the experience of outreach placements since they gained access to more patients here. Generally, students wanted the programme to include more outreach opportunities. Students felt that outreach tutors and supervisors did things differently at each location and the school may wish to investigate this further.

**Actions**

No	Actions for the Provider	Due date
10, 12	The school should consider a scheme to allow outreach tutors to visit one another's clinics in order to improve the standardisation of experience and should look at other means of calibration.	
12	The school should investigate the possibility of extending the outreach scheme.	

**Standard 3– Student assessment**

Assessment must be reliable and valid. The choice of assessment method must be appropriate to demonstrate achievement of the GDC learning outcomes. Assessors must be fit to perform the assessment task.

Requirements	Met	Partly met	Not met
13. To award the qualification, providers must be assured that students have demonstrated attainment across the full range of learning outcomes, and that they are fit to practise at the level of a safe beginner. Evidence must be provided that demonstrates this assurance, which should be supported by a coherent approach to the principles of assessment referred to in these standards.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. The provider must have in place management systems to plan, monitor and centrally record the assessment of students, including the monitoring of clinical and/or technical experience, throughout the programme against each of the learning outcomes.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Students must have exposure to an appropriate breadth of patients and procedures and should undertake each activity relating to patient care on sufficient occasions to enable them to develop the skills and the level of competency to achieve the relevant learning outcomes.	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Examiners/assessors must have appropriate skills, experience and training to undertake the task of assessment, including appropriate general or specialist registration with a UK regulatory body. Examiners/assessors should have received training in equality and diversity relevant for their role.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Providers must ask external examiners to report on the extent to which assessment processes are rigorous, set at the correct standard, ensure equity of treatment for students and have been fairly conducted. The responsibilities of the external examiners must be clearly documented.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Assessment must be fair and undertaken against clear criteria. The standard expected of students in each area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

#### **GDC comments**

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

Much work has been undertaken by the Programme Lead to revolutionise and modernise the assessment structure within the programme. Staff were keen to stress how much of an improvement this had made to the overall programme. A clear and comprehensive assessment strategy was provided as part of pre-inspection documentation that clearly demonstrated the consideration given to the differing modes of assessment utilised throughout the programme and their reliability.

Dental team working appears to be functioning well at the school. There are opportunities for Hygiene and Therapy students to refer patients to BDS student colleagues and to receive feedback on this. Feedback comes from the BDS tutor and students felt it would be useful to also receive feedback from the BDS students themselves. Some joint pre-clinical training takes place and this assists with student groups attaining a wider understanding of each other's roles. BSc students learn about smoking and cessation advice with BDS and dental nurse students and they are split from their peer groups to do this. There are plans to extend team working to include other professions including medics and nurses.

The detailed mapping of the programme against the GDC learning outcomes provided prior to the inspection, clearly sets out the year, module and methods of summative assessment for each learning outcome. The school is struggling to achieve some of the clinical learning outcomes and this is detailed under Requirement 15. For this reason, the panel formed the view that this requirement is only partly 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*)**

Comprehensive mapping and blueprinting of assessments assured the panel of inspectors that the school has planned and can monitor the progress of students effectively.

The academic and clinical progress of all students is monitored throughout the course. Students' achievement in clinical assessment, in particular, is monitored via progress meetings every term. Students keep a clinical logbook which details their experience and this is also held centrally in an electronic record. Evidence shown to the inspectors demonstrated that the school can easily see the current progress of each student, including aspects of the programme where students are lacking in experience.

All modules must be passed in order for students to progress through the programme. Completion of all modules demonstrates achievement of outcomes and the ability to apply knowledge and skills and attitudes.

The sign-up procedure utilised by the programme means that a student cannot progress to finals without having completed all of the mandatory requirements and without showing that all procedures have been undertaken on sufficient occasions where they were graded as being competent. Students who do not meet these requirements continue training and are considered for entry to finals 6 months later. The panel were provided with evidence to show that students are held back where these requirements are not achieved.

**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)**

There are some areas of clinical work, such as pulpotomies and stainless steel crowns, where students are receiving less experience than they should and the School is aware of these shortcomings. There are plans to expand the patient base available to students within the School and the inspectors agreed that this should be a priority going forward. Staff at the School felt that the new hospital location may assist in improving the number of patients available since it is now in a more residential location. There are plans to build relationships with local schools to increase the influx of child patients. Students receive a good level of experience in the general management of child patients.

There is currently a reliance on the use of phantom heads (utilising natural teeth) to ensure students are gaining experience of refining the skills required to undertake the treatments where patient numbers are lacking. The inspectors were assured by senior staff that BDS students were not being given priority over BSc students.

Students felt that the school monitored their clinical experience very closely. They had an awareness that there were certain procedures where they may lack experience and they understood the need to work within their own level of competency.

The inspectors formed the view that students on the programme may not be getting as much clinical time as other similar programmes at other institutions. Students across all year groups were very vocal, when meeting with the inspection panel, about their desire to have more time on clinics.

Through discussions with outreach tutors during the inspection, the panel formed the view that there is a potential and a willingness to expand the outreach provision for the BSc programme. Given the difficulties in providing adequate patients facing the school, the inspectors agree that this possibility should be investigated without delay.

**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)**

Written papers have standardised answer guides that are set and approved by the module lead. Summative assessment blueprints show the topics and outcomes covered each year in each module. The school can then check to ensure that all topics are assessed over time. Various types of assessment are used to triangulate results across the programme curriculum. The intention is to measure knowledge and performance on several occasions for each outcome.

The assessment blueprints are monitored to ensure that the content of each module is covered sufficiently. In this way, the school are able to ensure that assessments are valid and reliable.

All written papers are screened by External Examiners and they are encouraged to make suggestions for change and improvement, where necessary. The questions are altered if required and all of the External Examiners comments are answered, in order to agree that the paper is fit for purpose.

Standard setting of the pass mark is undertaken where possible. The school recognise that some types of assessment do not lend themselves to standard setting and for these, standardised marking guides or performance descriptors are employed. The standard setting methods chosen, such as the Angoff method, are used to ensure that everyone meets the minimum standard for safe practice as a 'safe beginner'.

Annual module review reports include data regarding the performance of assessment types. This includes any comments received from External Examiners, tutors and students and will set out action plans if these are needed. Assessments are also reviewed for potential improvements during staff team meetings and staff development and training days.

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

Students receive feedback as part of formative assessment during pre-clinical laboratory time. Written feedback after each patient contact is recorded when students move to working on real patients. Tutors will include dentists, hygienists and therapists. The dental nurses who work with the students also oversee clinical set up procedures and cross infection control and will give verbal feedback to individuals. All feedback is recorded in the students' clinical assessment progress folders throughout the programme. Feedback as part of clinical assessment records continues to be used formatively until the final year.

Generic feedback is gathered throughout the year via a patient questionnaire and the results of this are available to staff and students electronically. Specific feedback regarding treatment by students is gathered at the completion of appointments. This feedback is discussed between student and tutor during the post-treatment discussion and grading and it contributes to the overall percentage grade given for the appointment. Students are required to collect this feedback on at least ten separate occasions during Year Two and Three of the programme. Clear information is given to students explaining how and why patient feedback is used as part of the assessment of their clinical skills.

**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)**

Students receive feedback after each patient contact and this generally comes in the form of a discussion with their tutor. The details of this discussion are recorded in written form for future reference. There is plenty of space for reflection included in student logbooks.

Tutors' feedback on grades gives a justification for the decision reached and this helps the students to understand why they have achieved a certain grade. Feedback on written assignments is usefully broken down against the marking criteria.

After assessments and examinations, students receive verbal and/or written feedback on their performance concentrating not only on aspects requiring improving but also on areas where

they performed particularly well. Personal tutors also meet with their assigned students after the termly progress meetings to provide feedback on how they are progressing.

Students met by the inspectors said that they felt they received adequate levels of feedback during the programme. They liked that the type of feedback they received tended to differ depending upon the task they had undertaken. They also enjoy the opportunity to undertake some informal peer review exercises at an early stage in the programme.

The inspectors agreed that reflection on performance was a strong element of the programme with students being given good guidance on how to be a reflective learner from the start of the programme through lectures and workshops. Students will provide a short reflective summary at the end of each patient appointment and this is followed up with a more detailed reflection on the entire course of treatment once it has been completed. These are then signed off as completed by tutors.

**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)**

Calibration of examiner grading is carried out in a variety of ways including staff away days and through peer review. All outreach placements are visited regularly for discussions regarding grading. The school acknowledges that it is difficult to completely integrate outreach tutors given time constraints and work continues to find better ways of achieving this. Outreach tutors met by the inspectors felt that a way of achieving better calibration and integration would be for them to swap clinics occasionally.

Staff are actively encouraged to undertake further training to gain qualifications which are relevant to dental education and there are a number of current tutors who are undertaking diplomas and Masters degrees. Tutors have GDC registration and therefore undertake appropriate levels of Continuing Professional Development (CPD) education. New staff must undertake mandatory training in equality and diversity in line with Trust requirements and this must be repeated every three years.

New tutors will shadow experienced members of the team in order to gain a full understanding of the clinical teaching and assessment procedures. There is also a system of peer review in place which is designed to monitor and improve teaching by sharing good practice across all learning locations. Outreach tutors also visit the school to learn about teaching, supervision and grading procedures.

A training workbook for clinical assessment has been introduced and this utilises a number of case scenarios so that all staff can consider how they should grade students' work. This also assists new staff to gain an understanding of the different considerations which go into grading clinical work carried out during the programme.

**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 attend an induction with the University and this covers everything they need to know in order to undertake their role effectively. External Examiners for this programme are required to have had wide-ranging experience in teaching and assessing hygiene and therapy students. They will scrutinise the marking of all summative, written assessments undertaken as part of the programme and will report on the quality of the marking



in general as well as the feedback given to students by internal examiners. In discussions with senior staff, they may suggest alterations to examination questions and/or marking guides if necessary.

The External Examiners attend and observe the finals case discussion examination. They are not involved in the questioning of students and provide a quality assurance function only. They will also be present at examination board meetings where they can give direct feedback about the assessments they have scrutinised and the practical assessments they have observed.

Any changes to modules are discussed with the external examiners for their input and advice. It was clear to the inspection team that the school values the experience and advice the external examiners bring to the programme.

Each External Examiner submits a full report at the end of each academic year and these will inform any action plans, set up through module reviews, for the following academic year as appropriate.

The inspectors had the opportunity to meet the External Examiners as part of the inspection process and were pleased to hear that they felt this programme offers an educational experience comparable to other similar programmes offered across the UK. They told the panel that they had been given plenty of time to look at the required paperwork and were provided with high quality guidance from both the school and the university. The External Examiners felt that the school are very open to the suggestions and comments they make as part of their role. They felt their views are listened to and taken on board where possible.

**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)**

Staff told us that they have the impression that, by the time students reach the final year, they understand how the different elements of the programme come together. Along the way, they might not necessarily grasp why they are learning a particular subject or topic until they see the bigger picture.

Students stated that they were given clear information at the start of each academic year about what they were expected to achieve and that module descriptors provided clearly set out the learning outcomes they are intending to meet. Module handbooks set out the expected learning outcomes and the level of achievement required. Assessments are explained to students during the introduction to each module and during revision sessions prior to examinations.

External Examiners told the inspectors that there have been major changes to assessments, including the introduction of more robust procedures and clearer guidance, which have vastly improved the programme. They felt that the case presentation examination which forms part of the finals was, perhaps, too short to allow students to fairly demonstrate their depth of knowledge. They felt it would be fairer to extend the length of case presentations. The inspectors would support the school giving further consideration to this.

**Actions**

No	Actions for the Provider	Due date
13, 15	The school must ensure that patient access is improved to ensure that clinical outcomes are being achieved. Consideration	

	must be given to extending outreach provision to accomplish this.	
<b>21</b>	The school should consider extending the length of case presentations to allow students to better demonstrate their depth of knowledge.	

## Summary of Actions

Req. number	Action	Observations Response from Provider	Due date
5	The peer review system should continue to be rolled out to all clinical locations, including outreach.	<p>Peer review of teaching in all clinical and non-clinical teaching environments within the Dental Hospital, is embedded into the School of Dental Hygiene and Therapy's quality assurance process.</p> <p>The outreach placement visit procedure and documentation was reviewed and revised in October 2016. The number of tutors assigned to undertake these visits during 2016-2017 has been rationalised and reduced in order to improve standardisation.</p> <p>The outreach placement visits during 2016-17 will be timetabled to include time for peer observation of clinical teaching to take place. The peer review process will use the standardised format utilised in the Dental Hospital, enabling the tutor under review to request feedback on specific areas of their teaching practice prior to the visits. Discussion and feedback after the session with the reviewer will facilitate planning for improvements and identify any further support needs.</p>	Peer review of teaching will be rolled out to all clinical locations by July 2017

		Outreach tutors have also been invited to attend the Dental Hospital to offer similar peer review opportunities to the tutors in the BSDHT.	
10, 12	The school should consider a scheme to allow outreach tutors to visit one another's clinics in order to improve the standardisation of experience and should look at other means of calibration.	<p>Please see comments at '5' above.</p> <p>In addition, this will be discussed with outreach tutors at the next Outreach tutors Seminar meeting on 28<sup>th</sup> March 2017. Tutors will be encouraged to visit the BSDHT to undertake peer review and standardisation exercises with us and also to visit their colleagues in other outreach clinics.</p>	An update to be provided in the annual monitoring exercise 2017
12	The school should investigate the possibility of extending the outreach scheme.	<p>The outreach clinic at Good Hope Hospital reopened in November 2016, providing students with wider outreach experience.</p> <p>Discussions are ongoing within this Trust and a neighbouring Trust as to the possibility of providing further outreach opportunities on School mobile dental units in the area.</p> <p>We are exploring the possibilities of utilising outreach opportunities in primary care facilities in General Dental Practice.</p>	An update to be provided in the annual monitoring exercise 2017
13, 15	The school must ensure that patient access is improved to ensure that clinical outcomes are being achieved. Consideration must be given to extending outreach provision to accomplish this.	<p>Please see comments in '12' above.</p> <p>Within the Dental Hospital, from September 2016 we instigated regular weekly screening sessions on our paediatric clinic, to plan treatment for children who are referred for consultant care but who are found to be suitable to receive care from undergraduate students. This continues to</p>	An update to be provided in the annual monitoring exercise 2017

		<p>bolster our supply of paediatric patients requiring restorative care.</p> <p>Local General Dental Practitioners (GDPs) have been encouraged to refer paediatric patients to undergraduate students for treatment, if they wish. This initiative was launched across the combined Dental Services in the West Midlands, in July 2016 and referral forms were issued to all GDPs in the area. Referrals can be sent to the Birmingham Dental Hospital or to outreach placement clinics in the community, near to the patient's home. These patients may be treated by BDS students and/or by BSDHT students.</p> <p>Since September 2016 we have established fortnightly adult screening clinics in the timetable, within the BSDHT. Senior DHT students assist BSDHT dentists in assessing patients who have volunteered for care with students. This is providing a very good source of new patients for the students to treat, whilst also giving the students the opportunity to improve their treatment planning skills.</p> <p>Recall patients from the BDS list are shared with students in the School DHT and provide very useful clinical experience for junior students.</p>	
21	The school should consider extending the length of case presentations to allow students to better demonstrate their depth of knowledge.	With the support of our external examiners and examination board, the length of the SHoCSA case discussion part of the Finals assessments, will be increased from 10 to 15 minutes for the exams taking place in June 2017. This will allow students more time to settle into the discussions,	The discussions will be lengthened in June 2017 and reviewed as part of our quality

		<p>whilst maintaining the standardisation of assessment which we strive to achieve. This change will be reviewed subsequently with the help of our external examiners in their quality assurance role. Further increases in time allocation may be considered in future if we feel that this will improve the quality of the assessment and allow students more opportunity to demonstrate their achievement of the required GDC outcomes for this assessment.</p>	<p>assurance process.</p>
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### Observations from the provider on content of report

The Birmingham School of Dental Hygiene and Therapy thank the GDC Inspectors for their careful consideration of the BSc Programme and for giving us a comprehensive report on our progress in meeting the GDC Standards for Education. This has enabled us to gain focus on areas where we can continue to improve the educational experience for our students.

### Recommendations to the GDC

The inspectors recommend that this qualification continues to be approved for holders to apply for registration as a dental hygienist/dental therapist with the General Dental Council.

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

## 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*' 2<sup>nd</sup> edition<sup>1</sup> 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:

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<sup>1</sup> <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.



