

INSPECTION REPORT

Education provider:	The Greater Manchester School for DCPs
Programme/Award:	RCS (England) Diploma in Dental Hygiene and Diploma in Dental Therapy
Remit and purpose:	Full inspection referencing the <i>Standards for Education</i> to determine approval of the award for the purpose of registration with the GDC as a Dental Hygienist and Dental Therapist
Learning Outcomes:	<i>Preparing for Practice (Dental Hygiene and Dental Therapy)</i>
Programme inspection dates:	10-11 February 2016
Examination inspection dates:	16-17 March 2016
Inspection panel:	Jeanne Goulding Fiona Sandom Shiv Pabary
GDC Staff:	Laura Harrison
Previous inspection:	2011
Outcome:	Recommended that the Diploma continues to be approved for the graduating cohort to register as Dental Hygienist and Dental Therapist

Full details of the inspection process can be found in annex 1

Inspection summary

The inspectors received a large amount of material from the School both prior to, and during, the inspection. Initially there was some lack of clarity but the Programme Director greatly assisted the panel by providing additional information and clarification during the inspection. The panel is grateful to the Programme Director and the course tutors for their openness and co-operation during the inspection.

The School staff are totally committed to the course and there is a supportive and friendly attitude to students, who respond positively. The inspectors were impressed by the quality of the students on the course, their enthusiasm, maturity and professionalism.

Particular strengths of the course include: the clinical facilities, the early exposure to patients and the strong pre-clinical training. A very strong feature of the course is the six-month Vocational Training placement post-graduation, that each student is allocated. The inspectors commend the School for the excellent radiography course, the feedback and support provided to students and the students' self-reflection, which is of a particularly high standard. The School has excellent links with General Dental Practices (GDPs), which host the students' post-qualification. The Local Commissioner spoke very highly of the course and the quality and calibre of the graduates.

The School has successfully revised its curriculum so that it delivers the learning outcomes relevant to Dental Hygiene and Dental Therapy in *Preparing for Practice*. The first cohort of students to follow the new, modularised curriculum graduated in 2016 and to the School's credit the course has run smoothly. During the academic year 2014-2015 the School reacted quickly to the loss of a key member of staff. Unfortunately, this created a few problems with regards to students' exposure to extractions, but the inspectors are confident that this situation will be remedied before the next intake of students commences in January 2017.

A registered Dental Hygienist currently externally examines the programme and the inspectors were of the opinion that the School should review the external examiner arrangements for the dental therapy modules.

The last diet of the Royal College of Surgeons of England RCS (Eng) Diploma in Dental Hygiene and Dental Therapy examinations will be in December 2019, therefore the School needs to identify a new awarding body in the next academic year. The funding arrangements for the course also need to be confirmed.

Background and overview of Qualification

Annual intake	10 students
Programme duration	106 weeks over 27 months
Format of programme	<p>The dual Diploma in Dental Hygiene and Dental Therapy is delivered by the Greater Manchester DCP School, which is part of Central Manchester University Hospitals Foundation Trust. There has been an annual intake of 10 students since 2004.</p> <p>The programme has a modular format and is delivered through a blend of lectures, seminars, practical classes and clinical placements around the Salford area.</p> <p>Year 1 of the programme provides students with the academic knowledge required to treat patients and has extensive pre-clinical skills modules in Dental Hygiene and Dental Therapy. Following the successful completion of these modules, students progress to treat patients at the Eccles Gateway Clinic</p> <p>Year 2 sees a progression in clinical skills with increased clinical time and delivers academic teaching in Dental Radiography, Paediatric Dentistry, Comprehensive Oral Care and Preparation for the Workplace. Students have placements in Oral Medicine at Manchester Dental Hospital, undertake GA sessions at Salford Royal Hospital and gain experience treating implant patients at an Implant Centre of Excellence Hospital alongside MSc students.</p> <p>Year 3 of the programme prepares students clinically for the workplace ensuring they are safe beginners ready for the rigours of working life.</p> <p>Both formative and summative assessments are employed throughout the programme including:</p> <ul style="list-style-type: none"> • Short answer papers • Clinical assessments • Objective Structured Clinical Examinations (OSCEs) • Independent projects • Reflective essays

	<ul style="list-style-type: none"> • Team Presentations • Clinical case presentations • Case studies <p>The students sit the Finals examination for the Diploma in Dental Hygiene and Dental Therapy RCS (Eng) to enable GDC registration.</p>
Number of providers delivering the programme	One

The inspectors wish to thank the staff, students, and external stakeholders involved with the Diploma in Hygiene and Therapy programme and examination 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*)

At the start of the course students undertake 4.5 months' pre-clinical hygiene training at St James' House Dental Education Centre in Salford. They complete and must pass a pre-clinical dental hygiene skills module before being able to commence clinical work as a student dental hygienist at the Eccles Gateway Health Centre dental clinic (Eccles Clinic). Students continue to train pre-clinically in dental therapy at the Dental Education Centre for a further 4.5 months and are required to pass the pre-clinical dental therapy skills module. Once they have done so, they start to work clinically as a student dental therapist in the Eccles clinic.

The pre-clinical training in both disciplines is thorough and prepares students well for patient contact. There are early introductions to the skills of self-reflection in addition to health and safety training, law, ethics and professionalism and these topics are revisited throughout the course. Students must also attend an induction to the Eccles Clinic before they start to work clinically. The inspectors were impressed by the pre-clinical assessments for the two pre-clinical skills modules, which comprised clinical logbook assessments, a timed clinical assessment, an Objective Structured Clinical Examination (OSCE)-type assessment and an academic component. There was evidence of appropriate and intensive remedial training for any student who failed the pre-clinical assessments. The inspectors were confident that the School would not let any student progress to provide dental hygiene or dental therapy treatment to patients until they had been assessed as competent to do so.

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 Partly Met*)

There is a sign in the waiting room of the Eccles Clinic informing patients that they may be treated by students. Additionally, a leaflet providing information about student activity at the Clinic is given to patients at their initial appointment. Students are identifiable by their own identification badge and also by the colour of their uniforms.

The students with whom the inspectors met confirmed that they understood the importance of a clear and full introduction to the patient and the need to complete a patient consent form. The patient consent form used is appropriate and a recent School-led patient consent audit revealed a satisfactory completion rate of 93%. It was pleasing to note the importance attached by the School to correctly obtaining patient consent.

A new placement for third year students had recently been agreed with the Implant Centre of Excellence in Salford (ICE placement). The aim of this placement is to offer students the opportunity to provide advanced periodontal treatment to patients, whilst working alongside and supporting MSc implantology students. The Greater Manchester School (GMS) students

are scheduled to attend the placement in pairs for half a day per week and gain exposure to the dental hygiene needs of patients undergoing implant treatment. There was evidence that patient consent forms would be used by the GMS students in this setting. It was not possible to gain any additional evidence from the students about their interaction with the patients because they had not started the placement at the time of the programme inspection (due to start in May 2016).

Whilst on placement at Salford Royal Hospital, students undertake extractions of deciduous teeth for patients who are under general anaesthetic. Due to unforeseen difficulties with the previously used locations, (which was not the Programme Director's fault), this placement was arranged for the final year students at relatively short notice and related documentation was rather scant. Therefore, the inspectors were not clear what measures were put in place to inform patients that they would be treated by a student and to obtain patient consent for these procedures. Given that the consent process in relation to this placement is particularly important, this requirement was judged to be partly 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)

The Eccles Clinic and the Salford Royal Hospital are part of the Salford Royal NHS Foundation Trust (Salford Trust) and are governed by the same Trust policies and procedures. Both locations are Care Quality Commission (CQC) registered and monitored. The inspectors reviewed the Trust policies relating to patient care, equality and diversity, whistle-blowing, safeguarding, data protection, confidentiality and risk management, and were satisfied that all were up to date and appropriate. It was not always easy to identify the most recent version of every policy and the School acknowledged the need for careful document control.

The inspectors also reviewed the governance of the ICE placement in Salford and were satisfied that appropriate and detailed policies and procedures were in place to protect patients.

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 staff: student ratio is a maximum of 1 to 5 at the Eccles Clinic and students that the inspectors met all felt they had regular access to their tutors/supervisors in the clinic. Supervisors comprise specialist dentist, dental hygienists and dental therapists, and there is also good nursing support available to students. It was noted that the patient feedback form used by the School asks the patient if the student had adequate supervision during their treatment. This revealed a commitment on the part of the School to ensure that high standards of student training and patient care are maintained. The inspectors reviewed completed questionnaires where no concerns were raised about student supervision.

Whilst undertaking extractions of deciduous teeth at the Salford Royal Hospital, students are instructed and closely supervised by a specialist dentist. Supervision of the students at the ICE placement is undertaken by a tutor based at the centre. The information provided to the inspectors about these two placements was not particularly detailed, owing to the fact they had been set up shortly before the inspection. However, the inspectors were satisfied that students were adequately supervised by individuals who had received prior training and guidance on their role from School tutors.

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

The inspectors were confident that the supervisors in each of the clinical settings were appropriately qualified, registered, experienced and trained to undertake their role. As employees of the Central Manchester Foundation Trust (CMFT), the tutors are obliged to undertake regular Equality and Diversity training. The specialist dentist who supervises the students in general theatre is equally bound by the Equality and Diversity policies of the Salford Trust.

There did not appear to be a systematic approach to staff development. Individual staff asked for training when they saw a need and it was provided as and when possible. The inspectors observed that staff took a proactive approach to identifying and attending training and it was clear that as individuals and as a team they were keen to keep up to date and to improve their knowledge and skills further.

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

The School is part of the CMFT, but the majority of the clinical training takes place at Eccles Clinic and the Salford Royal Hospital and these locations are the responsibility of the Salford Trust. This situation creates the need for students and staff to be aware of two sets of relevant Trust policies and procedures relating to the raising of concerns. The inspectors were assured that the policies are kept up-to-date and that they are available online.

There is no School-specific policy on raising concerns, however the inspectors formed the view that students and staff were clear that they could raise any concerns locally, within the School, in the first instance and discuss the best route to deal with the issue. The relatively small size of the School, which has an open and friendly culture, facilitates this approach and students and staff alike are happy with this way of working together. Staff demonstrated a clear understanding of protocols surrounding patient safety and the importance they attached to encouraging students to report concerns was evident.

The inspectors were impressed by the maturity, professionalism and commitment to patient safety displayed by both cohorts of students they met. A unit on Law, Ethics and Professionalism is delivered in years 1 and 2 of the course and covers the Francis report, the duty of candour and the relevance of whistle-blowing. The students showed awareness of the relevant Trust policies and how to access them, although they said they would initially discuss any concerns with a tutor or the Programme Director.

Students commented that their tutors were approachable and professional and that they would feel comfortable raising issues during their regular Personal and Academic Development meetings. They also said that they could post a concern anonymously in a box located in the central offices of the School. It was clear that any comments posted in the box were taken seriously and acted upon promptly by the staff.

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

There are a variety of mechanisms in place to ensure patient safety incidents are recorded and acted upon. At a local level, the School uses a Tutor Alert Mechanism whereby any issues arising on clinic are fed back through the tutor to the Programme Director by the use of specific incident reporting forms. Minor incidents are dealt with by the School and this process, whilst undocumented, appears to work efficiently and satisfactorily. It was difficult to establish whether there was any clear central recording or log of patient safety incidents at School level though and it was also difficult to track how and where exactly issues arising were discussed, monitored and reviewed. This is something the inspectors advise the School to address.

Incidents such as needle stick injuries are reported formally through a Salford Trust patient safety and risk management piece of software known as DATIX. The data is collated by the Trust Head of Community Dental Service (CDS) and ultimately reviewed by the Trust Clinical Governance Committee. The Head of the CDS discusses these with the Programme Director and monitors the follow up action taken. An example of this was when a student left a matrix band on the tray after the patient had gone and the tray was sent to central sterilisation with the disposable band section left in place. The school was alerted and following a discussion with the Head of Salford CDS the student was sent for additional training on how to dispose of single use items and how to check trays going to central sterilisation.

In addition to the DATIX system, the School reports to the CMFT through a similar risk management system called ULYSSES. This system allows the School to report on issues such as problematic IT connections between the School and the Dental Hospital, as well as incidents directly affecting patient safety. The course Programme Director attends the Dental Hospital Management Committee meetings and these provide a useful forum to discuss incident management with the leads of other departments. The meetings also provide an opportunity for the sharing of resources and access to patients. This Committee holds the School's risk register, along with the risk registers of the various dental hospital departments. As mentioned above, the inspectors consider it would be helpful for the School to have a locally-held register or log within the School as well.

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 importance of professionalism and codes of behaviour is conveyed to the students throughout the course. In their first week, students are asked to sign to confirm they have received and read the School's Fitness to Practise policy and the GDC's *Student Fitness to Practise* guidance.

There is comprehensive coverage of legal and ethical issues relevant to their role as a dental care professional and students demonstrated a solid understanding and awareness of the importance of professionalism and the concept of fitness to practise. The inspectors were impressed that the unit on Law, Ethics and Professionalism included a session on the GDC Standards for the Dental Team when students were encouraged to reflect on and discuss a

range of decision-making and behaviour-focused scenarios. Whilst the majority of the students were GDC registrants prior to starting the course, the material covered enables them to think afresh about professionalism and the relevance of it to their role as a qualified dental clinician.

Actions

No.	Actions for the Provider	Due date
2	The School must ensure there are clear procedures for informing patients undergoing extractions under general anaesthetic that they will be treated by a student. Patients' written consent for this treatment must be obtained.	Annual Monitoring 2017
6	The School should have a School-specific policy and set of procedures on raising concerns.	N/A
7	The School should arrange for patient safety issues to be recorded locally, to facilitate local review and follow up of any issues arising.	N/A

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"/>
GDC comments			
<p>Requirement 9: The provider must have a framework in place that details how it manages the quality of the programme which includes making appropriate changes to ensure the curriculum continues to map across to the latest GDC outcomes and adapts to changing legislation and external guidance. There must be a clear statement about where responsibility lies for this function. (Requirement Met)</p> <p>The School uses an internal quality framework, which allows for regular reviews of the curriculum and programme content and enables internal and external quality assurance of the teaching and assessment of students.</p> <p>The inspection panel noted the wide-reaching remit of the Programme Director, who has responsibility for the quality of the programme, the operational running of the programme, the management of the team, strategic decision-making, risk management and regulatory compliance. In addition, this individual takes a very active role in the teaching, assessment and support of the students. The inspectors thought that the high level and range of responsibilities held by this individual, creates an element of risk, especially as there is no designated deputy for the role. The small course team comprises the Director, one full-time</p>			

hygiene therapist, five part-time hygienists and therapists, one full-time and one part-time dental nurse, plus administrative staff. Enabling members of the teaching team to assume greater responsibility for a number of tasks and to deputise for the Director for some areas of work would be a pragmatic solution. The Director admitted that succession planning was a potential problem and the inspectors suggest that the CMFT reflect on this and plan accordingly.

A Curriculum Review meeting takes place annually, attended by the course team and the discussions at this meeting are informed by the outcome of prior modular reviews, programme external examiner reports, RCS examiner reports, student and staff feedback and legislative and regulatory changes. A significant curriculum review took place in 2013 when the programme was modularised and mapped to the GDC's *Preparing for Practice* Learning Outcomes. The final year students due to graduate in March 2016 will be the first to go through the modularised programme and a review of how well the new curriculum has performed will take place later in the year.

Modular Review meetings take place at the end of each module, once the assessments have been marked and discussed with the students. The team analyses the performance of the assessments, the results attained by the students and reflects on the module as a whole. Consideration is given to student feedback forms, which students are asked to complete after each module, staff feedback, and the programme's external examiner reports. All members of staff involved in the teaching and assessment of the module are encouraged to contribute to the review and a designated Module Lead is responsible for implementing any changes. Peer review of teaching by members of the course team and calibration of assessment takes place. This, along with a recent move towards standard-setting assessments, reflects the positive steps taken to improve the quality of the assessment and delivery of the course.

Student clinical and academic performance, in addition to curriculum and modular review outcomes, are discussed at Staff meetings. The School indicated that Staff meetings are held monthly, so it was unclear why minutes from only five meetings for 2015 were available for the inspectors. It was apparent that a part-time member of staff had only been able to attend two of the five meetings, but the inspectors noted that the School did take care to schedule the staff meetings on different working days to try to ensure regular attendance across the year. Staff meeting minutes are sent to all members of staff and those who are unable to attend may comment on the agenda items at weekly team huddles or through informal discussions with colleagues. The fact there are regular opportunities for the exchange of information within the School is important, particularly given the relatively high proportion of part-time members of staff.

The inspectors were surprised that there was no evidence of any discussion of the ICE placement. It was unclear if the placement was connected to a particular module and how it fitted into the assessment strategy. The course staff indicated that they had seized an opportunity to set up the placement and the panel formed the view it was a slightly unplanned development. The Programme Director explained that this year the ICE clinical logbook would not be used but that the assessments results would be collated into the general clinical activity logbook. Although there were no specific learning outcomes currently attached to the placement, the inspectors concluded that it was still likely to be a valuable addition to the students' training. The placement should be formally reviewed at the end of this intake and incorporated into the programme and assessment framework before the next intake.

Students are able to feed in to the internal quality assurance framework through various mechanisms. In addition to the modular review feedback forms, students may post comments anonymously in the school office about any course related issues. There is an active Staff Student Liaison Committee, which meets once a term and during which curriculum review and student learning is reviewed. Students take it in turns to attend the meetings and they are

encouraged to raise any issues on behalf of their peers. Students indicated that the course team was receptive to points raised at the meetings and where appropriate took prompt and effective action. The School is commended for also gathering feedback post qualification from previous cohorts of students and actively using the information to improve the programme.

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

The inspectors were assured that any serious threats to the students achieving the learning outcomes would be addressed and dealt with as a priority and that the GDC would be notified. The School would deal with them either locally at Modular or Curriculum Review level in the event of a concern about academic issues, or escalate them to CMFT or Salford Trust Directorate level and or Health Education England, should the issue be related to the clinical environment, funding or patient supply. Concerns about the final examination would be raised with the RCS (Eng). The Programme Director attends regular meetings with external stakeholders and it was evident that there were good lines of communication and close working relationships between the various organisations linked to the course.

Requirement 11: Programmes must be subject to rigorous internal and external quality assurance procedures. External quality assurance should include the use of external examiners, who should be familiar with the GDC learning outcomes and their context and QAA guidelines should be followed where applicable. Patient and/or customer feedback must be collected and used to inform programme development. (Requirement Met)

As noted above under Requirement 9, there is a robust quality assurance framework in place, which facilitates a good level of internal quality assurance. The Modular and Curriculum Reviews provide a regular and valuable mechanism for reviewing the content of the modules and assessments, based on input from staff, students and patients. Assessments are all blind, double-marked and staff review each others teaching once a year. Feedback on teaching and delivery of modular content is sought from students and any points raised are addressed via staff appraisals.

An external examiner for the programme provides external quality assurance for years 1 and 2. As the course lead of a dental hygiene and therapy course elsewhere, the individual appointed to this role was familiar with the dental therapy learning outcomes.

Certain evidence provided by the School suggested that the external examiner's remit was confined to quality assuring the educational and examination processes. Elsewhere it was stated that their role was to approve the content of the examination papers, marking guidance, moderate the examination results and report on whether the assessments were fair, robust, appropriate and marked at the correct standard. The inspectors spoke with the external examiner and had sight of external examiner reports and correspondence. They formed the view that the external examiner was undertaking more than a review of processes - they were commenting on the quality of the students' performance and their level of understanding. The external examiner was also being asked to comment on, and, if need be, suggest alterations to the content of examination papers and marks awarded.

The inspectors and the RCS (Eng) examiners were surprised that the individual was not a registered dental therapist. It was difficult to understand how it was appropriate for a review of pre-clinical and clinical dental therapy assessments and the marking thereof to be carried out

by someone who was not professionally qualified in this discipline. In the event of a failed pre-clinical or clinical dental therapy assessment, the inspectors questioned how this individual would be able to provide a defensible argument for overturning the decision. The School is encouraged to review the scope of the role undertaken by the external examiner and consider appointing a second external examiner for the dental therapy assessments.

The RCS (Eng) Diploma in Dental Hygiene and Diploma in Dental Therapy written papers and case presentations are internally and externally marked against the RCS marking guidance, the marks are consolidated and this process is overseen by an RCS Quality Assurance lead. This individual also quality assures candidates' course work, the School's sign-up process and comments on the standard of the students. Following the examinations, the RCS sends a Dental Hygiene and a Dental Therapy External Examiners report to the School and this feeds in to the School's internal quality assurance framework described above.

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)

Students deliver treatment in three locations: Eccles Clinic, Salford Royal Hospital and the ICE placements. Students are encouraged to provide feedback on all aspects of the course, including their placements.

The majority of the students' clinical training takes place in Eccles Clinic, which is part of the Salford Trust. This site was inspected by the CQC in 2015 and Trust policies govern the treatment provided at the site. The inspectors had no concerns about its suitability from both a patient care and training perspective and they were very impressed by the facilities. It was noted that the School routinely collects patient feedback relating to the service and facilities at the placement and this feeds into the quality management process.

Students gain experience of extracting deciduous teeth under general anaesthetic at the Royal Salford Hospital. The panel was confident that appropriate checks were carried out by the School on the suitability of the location for training purposes. This placement was also subject to Salford Trust policies. Students gain experience of providing hygiene support whilst observing implant placements at the ICE placement and the inspectors were also satisfied that appropriate checks were made on the suitability of this location and that suitable local policies were in place. It was not clear to the inspectors if patient feedback relating to either of these two placements was being collected or whether it would be in future. If not, the inspectors would urge the School to arrange for both placements to be reviewed in this way.

During the course, students also attend the Oral Medicine and TMD Clinic at Manchester Dental Hospital as observers and Salford University Radiography Department to undertake their radiography training. There is no patient contact at either of these locations so it is not appropriate to comment on them under this Requirement.

Actions

No	Actions for the Provider	Due date
11	The School should review the use of a registered Dental Hygienist to externally examine the Dental Therapy assessments in the course.	N/A

12	If patient feedback relating to the general anaesthetic placement at Salford Royal Hospital and to the ICE placement is not being collated, the School should arrange for this to be put in place.	N/A
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Standard 3– Student assessment

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

Requirements	Met	Partly met	Not met
13. To award the qualification, providers must be assured that students have demonstrated attainment across the full range of learning outcomes, and that they are fit to practise at the level of a safe beginner. Evidence must be provided that demonstrates this assurance, which should be supported by a coherent approach to the principles of assessment referred to in these standards.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. The provider must have in place management systems to plan, monitor and centrally record the assessment of students, including the monitoring of clinical and/or technical experience, throughout the programme against each of the learning outcomes.	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

GDC comments

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

The Curriculum and Modular Reviews, described in Requirement 9, ensure that the curriculum allows for attainment of the full range of dental hygiene and dental therapy learning outcomes, prior to the RCS (Eng) final examinations. The course is modular and requires students to pass academic and clinical units, which build on skills and knowledge. There is a robust progression framework for ensuring students attain the required academic and clinical standards in order to be able to progress through the course and sit the final RCS (Eng) examinations.

The progression from pre-clinical to clinical activity has already been reported on under Requirement 1. Once on clinic, the clinical competence and experience is monitored regularly through a review of the students' clinical logbooks and the clinical experience database. At the end of years 1 and 2, students must pass the relevant academic and clinical units and at the point of 'sign-up' to the RCS (Eng) final examinations, there are a number of criteria which students must satisfy. The 'sign-up' process considers clinical competency and experience, academic ability, communication skills, professionalism, radiographic proficiency, medical emergencies certificate and ability to practice independently.

The inspectors considered that the School's system of having two pre 'sign-up' progress meetings for each student, to assess their readiness for entry to the final examinations, was very helpful. The pre 'sign-up' meetings take place at 9 months and 3 months before the final 'sign-up' meeting and generate a red/amber/green outcome in respect of the various 'sign-up' criteria. This helps the students identify which areas they need to concentrate on but also offers an effective indicator of whether they are likely to be ready to enter for and sit their final examinations. The inspectors noted that a student was 'held back' from sitting the RCS (Eng) finals due to the need for more clinical experience and this decision was made after a thorough review of the student's progress and discussions involving the student and course tutors.

Whilst the blue-printing of the learning outcomes was satisfactory, the inspectors noted that students had little experience of extracting deciduous teeth under local anaesthetic. It is recognised and will be commented on under Requirement 15 that exposure to this type of procedure is difficult to achieve in an area of high dental need. During this academic year, there was unfortunately limited time available to students to increase their experience of extracting teeth under general anaesthetic. The lack of formal assessment within this placement was disappointing; the inspectors established that most of the extractions undertaken under general anaesthetic were not graded. The School fully recognises that this must be rectified for the next cohort of students.

The Programme Director stated they were confident of the students' competency in extraction. They explained this was mainly due to the verbal assurances provided by the dentist who ran

the general anaesthetic placement. In addition, there was evidence of students' ability to manage paediatric patients based on their restorative treatments of deciduous teeth. After careful consideration, the inspectors concluded the successful students had demonstrated a sufficient level of competency.

The 'partly met' finding for this Requirement is due to the absence of robust assessment of students' extraction treatments on patients under general anaesthetic. The School must pay close attention to the level of students' exposure to extractions, assessment in the general anaesthetic placement and the provision of written and verbal feedback after each treatment session. This will be monitored through our annual monitoring process.

The inspectors were particularly impressed by the teaching and assessment of the learning outcomes relating to radiology and radiography and this deserves recognition here. The students follow a dental radiography course that is specifically tailored to dental therapists. The course is taught by radiographers, a medical physicist and dentists at Salford University and teaching is delivered to IRMER practitioner level. Students are assessed by completing a portfolio of radiographs in Eccles clinic and a written examination. This course provides an excellent grounding in radiography.

The RCS (Eng) regulations for the Diploma in Dental Hygiene and the Diploma in Dental Therapy examinations set out the process for compiling papers to ensure coverage across a broad range of learning outcomes. They also clearly state how the marks from the various components of the examinations are aggregated to reach a final pass mark. Performance in the Dental Hygiene examination is considered separately from performance in the Dental Therapy examination and there is comprehensive guidance concerning various failed elements of either award. Two students failed the RCS (Eng) Diploma in Therapy final examinations and they will be able to re-sit the relevant assessments at the next diet of the examinations. These students were awarded the Diploma in Dental Hygiene as the failed elements were confined to the Dental Therapy examinations. The RCS (Eng) regulations allow for one and exceptionally two re-sit opportunities.

The format and appropriateness of the course and final RCS (Eng) assessments, including the mark schemes, external oversight and the passing standard, are discussed under Requirements 11,16, 20 and 21.

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

As mentioned in Requirement 9, the planning of the assessments occurs at Curriculum and Module review level. Upon completion of each module, feedback from a variety of sources is gathered and reviewed alongside assessment results. This process enables the Module Lead to identify if any changes are required to the delivery and assessment of the module for the following cohort.

Student logbooks contain information about clinical competence and experience, communication skills, professionalism, self-reflection and time-keeping records. Students attend tutorials on a termly basis and meet informally with tutors to discuss their clinical activity with reference to the information in their logbooks. Students also enter their clinical procedures onto a central database. The purpose of the database is to provide a summary of each student's clinical experience and this data is monitored at every staff meeting. The Programme Director ensures the accurate inputting of data by cross-referencing the database with clinical logbooks on a regular basis.

Whilst the database provides an overview of the quantity of procedures undertaken, the inspectors were of the opinion that it is too limited in its scope. The database does not provide a detailed breakdown of treatment types. For example, whilst there were figures available for extractions it was not immediately obvious how much experience students were getting of extracting teeth under local anaesthetic as opposed to under general anaesthetic. However, the inspectors were informed that this distinction could be identified by referring to the different clinical logbooks used in the Eccles Clinic and in the general anaesthetic placement. It was also unclear how much exposure students had to paediatric patients. There was no information at all relating to the clinical activity undertaken in Salford Royal Hospital and in the ICE placement.

The database does not allow for the recording of student grades. The absence of information regarding attainment makes it very difficult to identify student progress and further calls in to question the usefulness of the database as a monitoring tool. The inspectors are aware that they are plans to develop the IT systems within the Salford Trust and recommend that this work be progressed as soon as possible.

External Examiners review the clinical progress of students at the Board of Examiners' meeting and, as described in Requirement 14, there is a thorough review of students' academic and clinical progress during the 'sign-up' meetings from year 1 to year 2, and for entry to the final RCS (Eng) examinations.

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)

Students are exposed to a good supply and range of patients at Eccles Clinic. Patients either self-refer or are referred from University of Manchester Bachelor of Dental Surgery (BDS) students, the Community Dental Service, Dentists with Special Interest Clinics and General Dental Practitioners. The School has worked hard to increase the numbers of patients and routes for referral to the Clinic over the past five years and is to be commended for this.

Patients are triaged by tutors at the Clinic and allocated to students according to suitability of treatment and needs of the students. Students see mainly adult and paediatric patients for restorative and periodontal treatments and they also see special care patients. The students are able to gain sound experience of providing periodontal treatment and undertaking restorative procedures on deciduous and permanent teeth. There was quite a range in the number of restorative treatments undertaken across the cohort, although this is to be expected, and a relatively high use of amalgam.

It is accepted that in an area such as Eccles, where there is a high dental care need, there will be a relatively high number of children who require multiple extractions and therefore this lessens the supply of patients for whom an extraction under local anaesthetic is appropriate. However, the inspectors were surprised at the very low number of extractions under local anaesthetic undertaken by some students. It was also disappointing that a number of the extractions undertaken under general anaesthetic were not graded. This issue is discussed further under Requirement 16.

Students indicated that there are processes in place to identify and allocate them additional patients. A whiteboard in the Clinic records and monitors student experience and patients requiring extractions are sometimes 'shared' by students working in pairs.

Whilst the inspectors were concerned about the low exposure to the extraction of deciduous teeth under local anaesthetic, they recognised that the students gained additional extraction experience in the hospital setting. They were reassured that each student had also treated a number of paediatric patients for other procedures and were therefore likely to have developed the necessary patient management skills.

It is anticipated that future cohorts will have greater opportunities to extract teeth under general anaesthetic. It is also expected that there will be more exposure to paediatric patients requiring extractions under local anaesthetic.

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)

Clinical assessment takes place longitudinally throughout the course and also via OSCE type assessments and case presentations. Communication skills, professionalism and time-keeping are also assessed on clinic. The inspectors considered that the assessments carried out in Eccles Clinic were robust and sound. As mentioned under Requirement 13, they had some concerns about the assessment of students at the Royal Salford Hospital during their general anaesthetic placement and also during their ICE placement (as noted under Requirement 9). Students are tested on their underpinning knowledge through a range of assessment methods, which were found to be satisfactory. There is a suitable mix of formative and summative assessments, which enable students to develop their skills and have a clear idea of how well they are progressing. The inspectors concluded that there is an appropriate range of assessments during the course for students to demonstrate attainment of the learning outcomes prior to sign-up to the final RCS (Eng) examinations. As mentioned previously, there is a full and regular review of course assessments via the Module and Curriculum review meetings.

The final RCS (Eng) examinations consist of three two-hour short answer papers and three case presentations – a periodontal case, an adult restorative and a paediatric case. An RCS (Eng) examiner is paired with a tutor from the School to examine the hygiene case presentation and another pairing of RCS (Eng) and School tutor examines the therapy case presentation examinations. The inspectors formed the view that the written papers and the case presentation assessments adequately assess the range of skills of a dental hygienist and dental therapist. The case presentation assessments observed by the inspectors did not discriminate between students, although this is perhaps not an issue given that the award is based on a straightforward pass or fail decision.

The examinations were well organised by the RCS (Eng). A quality assurance lead for the Royal College regularly checked that both pairs of examiners were examining consistently. The inspectors noted some inconsistent use of prompts and there was also a tendency by some examiners to rush through their list of questions, allowing the student little time to expand on their answers.

The question papers and the case presentation questions were reviewed by the RCS (Eng) examiners after the examination had concluded. Feedback on the suitability of individual questions and papers overall is collected by the Chair of the Examiners and the RCS (Eng) Board of Examiners conducts an evaluation of the comments.

The inspectors were surprised that despite calls for the introduction of an unseen case presentation from both RCS (Eng) examiners and the School for the past couple of years, this had still not been incorporated into the RCS (Eng) final examinations. The inclusion of an

unseen case would considerably strengthen the final assessment process, as it would provide an opportunity to test students' understanding of clinical situations without prior preparation. The RCS (Eng) Examination Board is encouraged to follow up on this recommendation for future diets of the examination.

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)

A module entitled 'Preparation for the Workplace' requires students to write a **1,000-word reflective essay based on their own self-evaluation and 360 degree feedback on their performance. The feedback is collected anonymously from patients, tutors, dental nurses, dentist, receptionists and peers. The inspectors were impressed by the high standard of the essays they read and noted that this is a summative assessment, signalling the importance attached by the School to obtaining and using feedback in their assessment of students.**

Requirement 18: The provider must support students to improve their performance by providing regular feedback and by encouraging students to reflect on their practice. (Requirement Met)

The course introduces students to self-reflection at the pre-clinical stage and it was clear that self-reflection forms are an important part of the teaching and assessment within the course. Students reflect on their clinical experiences in their logbooks and, as mentioned above, a reflective essay. They also undertake an exercise where they are required to set their own learning objectives and reflect on the value of a teaching session held outside of the School and how it may influence their own clinical practice. There were examples of students demonstrating excellent insight and the inspectors were very impressed by the students' ability to self-reflect and their understanding of the value of this activity.

The feedback provided to the students from tutors and RCS (Eng) examiners was of a very high standard. Students receive verbal feedback in the Eccles clinic and written feedback in their logbooks and after their tutorials. They are given plenty of opportunity to discuss their performance in non-clinical assessments with tutors and the Programme Director. It was noted that students who require additional training are provided with excellent support and opportunities to improve.

The inspectors noted an absence of written feedback for students on the general anaesthetic placement and of reflection by the students on their clinical activity. The School is aware of the need for this to be re-introduced for the next cohort.

Requirement 19: Examiners/assessors must have appropriate skills, experience and training to undertake the task of assessment, including appropriate general or specialist registration with a UK regulatory body. Examiners/ assessors should have received training in equality and diversity relevant for their role. (Requirement Met)

The inspectors are satisfied that each of the tutors on the programme and the RCS (Eng) examiners has the appropriate skills, experience and training to undertake the assessment of students. The examiners and assessors are registered with the GDC and have undertaken training in both general and course-specific assessment practices and processes. They have all received equality and diversity training and two School tutors have attended a training course on equality and diversity specifically in relation to assessment. New assessors and examiners

are required to undertake training and shadow experienced examiners before being allowed to examine or assess students.

Requirement 20: Providers must ask external examiners to report on the extent to which assessment processes are rigorous, set at the correct standard, ensure equity of treatment for students and have been fairly conducted. The responsibilities of the external examiners must be clearly documented. (*Requirement Met*)

As mentioned in Requirement 11, the School and the RCS (Eng) produce reports for the School after the programme and final examinations, which provide detailed feedback on the fairness, standard and rigour of the assessments. The inspectors had sight of the remit of the programme external examiner but not of the RCS (Eng) examiners. They had concerns about the external examination of Dental Therapy assessments by a Dental Hygienist, as commented on earlier under Requirement 11.

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

The school undertakes multiple samples of clinical assessments using a grading system of Novice, Becoming Competent, Competent (N, B, C) throughout the course. The descriptors for the three grades were adequately detailed and there appeared to be a common understanding of what each grade signified. The grade C represents a 'safe beginner'. The inspectors were satisfied with the grading system for academic assessments and noted that the mark descriptors for each modular assessment are detailed in the student handbook. Students with whom the inspectors spoke were very clear about the standard they needed to achieve to pass their course assessments.

The inspectors were satisfied that generally the in-course assessments were run and marked appropriately with the use of blind, double marking. Whilst the summative written assessments were deemed to be set at an appropriate level in terms of the pass mark, it was noted that the School is yet to adopt formal standard setting procedures. The process has been trialled and tutors have been undertaking training to prepare for using formal standard setting for the 2016-2017 academic year. The absence of formally standard set summative assessments for this cohort of students is the reason for the 'partly' met finding.

The written elements of the RCS (Eng) final examinations are formally standard set using the Angoff criterion-referenced standard setting method. Each question in the question bank is individually standard set and this enables a pass mark for each individual paper to be established. This process was introduced for the December 2015 diet of examinations and have been in use since.

The RCS (Eng) examination regulations clearly explain the approach to marking and standard setting and students the inspectors spoke to were aware of this. The case presentations are marked by considering six aspects of the performance and awarding a 'satisfactory' or 'unsatisfactory' grade. An 'unsatisfactory' grade will result in a fail for that examination and examiners are required to give explanations for their decisions. The inspectors were not clear as to why the categories listed for a failed case did not match those against which the student is assessed. They also noted that the descriptors for a 'satisfactory' performance did not correspond with either the criteria for assessment or for failure. The descriptors were open to differing interpretations and would benefit from greater precision. The inspectors noted that

the examiners each marked individually and a consolidated mark was reached after discussion.

Actions

No	Actions for the Provider	Due date
13	The School must ensure robust assessment of students on their general anaesthetic placement.	Annual Monitoring 2017
14	The School must improve its central recording of clinical assessment grades. Records showing breadth and depth of experience across all clinical locations must be kept. Grades obtained for each clinical procedure must be recorded so that levels of competency as well as experience can be easily monitored.	Annual Monitoring 2017
15	The School must ensure that students have sufficient exposure to extraction treatments under local and general anaesthetic.	Annual Monitoring 2017
16 i	The RCS (Eng) should consider issuing guidance on the use of prompts by examiners and reducing the number of set questions.	N/A
16 ii	The RCS (Eng) should give consideration to incorporating an unseen case study in to the final examination.	N/A
18	The School should ensure that verbal and written feedback will be provided to students after each extraction on the general anaesthetic placement.	N/A
21 i	The School must implement formal standard setting for summative assessments from the next academic year	Annual Monitoring 2017
21 ii	The RCS (Eng) should consider developing more precise marking descriptors for the case presentations and ensure that these correspond with the areas on which the candidate is marked and the criteria for a failing candidate.	N/A

Summary of Actions

Req. number	Action	Observations Response from Provider	Due date
2	The School must ensure there are clear procedures for informing patients undergoing extractions under general anaesthetic that they will be treated by a student. Patients' written consent for this treatment must be obtained.	Consent is obtained for patients undergoing GA's. Patients are always informed that students will be carrying out the extractions.	2017 Annual Monitoring
6	The School should have a School-specific policy and set of procedures on raising concerns.	The School does have a School specific raising concerns policy but this will be looked at again to ensure it is clear to staff, students and external reviewers	N/A
7	The School should arrange for patient safety issues to be recorded locally, to facilitate local review and follow up of any issues arising.	We currently look at all issues like this at our staff meetings. We accept that a regular formal meeting should be set up to analyse any issues like this and thank the panel for their suggestion.	N/A
11	The School should review the use of a registered Dental Hygienist to externally examine the Dental Therapy assessments in the course.	We will appoint an additional External Examiner to oversee the Pre-Clinical Dental Therapy module	N/A
12	If patient feedback relating to the general anaesthetic placement at Salford Royal Hospital and to the ICE placement is not being collated, the School should arrange for this to be put in place.	Patient feedback for both placements is collected and this will be analysed by the School as part of our quality assurance process	N/A

13	The School must ensure robust assessment of students on their general anaesthetic placement.	Each extraction is now graded using the Schools clinical grading descriptor and written and verbal feedback is provided on each procedure.	2017 Annual Monitoring
14	The School must improve its central recording of clinical assessment grades. Records showing breadth and depth of experience across all clinical locations must be kept. Grades obtained for each clinical procedure must be recorded so that levels of competency as well as experience can be easily monitored.	The School now separates clinical experience on the database for each clinical site and records LA extractions and GA extractions separately. The grades for each clinical procedure are recorded in the clinical logbook and this is monitored monthly to ensure that students are making adequate clinical progress.	2017 Annual Monitoring
15	The School must ensure that students have sufficient exposure to extraction treatments under local and general anaesthetic.	The general anaesthetic sessions last year had to be cancelled due to the sudden loss of the surgeon who supervised the sessions. The sessions were reinstated in December 2015, which meant that student experience in extractions was low compared to previous years. The mean score for the cohort was 15 extractions. We now have the sessions running all year round and the numbers of extractions are anticipated to be much higher than last year.	2017 Annual Monitoring

16 i	The RCS (Eng) should consider issuing guidance on the use of prompts by examiners and reducing the number of set questions.	<p>The School has passed these comments to the RCS (Eng) and discussed them at the annual RCS (Eng) examiner training day.</p> <p>RCS (Eng) Response:</p> <p>It is planned to provide internal and external examiners guidance on using key standardised questions. This guidance will be discussed and agreed prior to the start of the case presentation examination as part of the pre-examination calibration process.</p> <p>As part of the quality assurance process, examiners' performance will be monitored and fed back to each examiner.</p> <p>Examiners have had previous training on techniques for examining case presentations, it is planned to provide a training session in 2017 for both internal and external examiners to ensure continuous improvement.</p>	N/A
16 ii	The RCS (Eng) should give prompt consideration to incorporating an unseen case study in to the final examination.	<p>The School has passed these comments to the RCS (Eng) and discussed them at the annual RCS (Eng) examiner training day.</p> <p>RCS (Eng) Response:</p> <p>Using unseen case studies for the summative examination was recently discussed at the internal and external examiners training day 19 October 2016. It is planned to set up a task group to move</p>	N/A

		<p>this forward, which will look at syllabus coverage, question construction, a standardised marking matrix and appropriate timeframes for the development of a bank of questions. This process will be supported by the Examination Department's Quality Assurance team.</p> <p>Incorporating an unseen case study element in the examination would require amendments to the Diploma in Dental Hygiene and Diploma in Dental Therapy Examination Regulation and sufficient lead in time for Schools.</p>	
18	The School should ensure that verbal and written feedback will be provided to students after each extraction on the general anaesthetic placement.	Each extraction is now graded using the Schools clinical grading descriptor and written and verbal feedback is provided on each procedure.	N/A
21 i	The School must implement formal standard setting for summative assessments from the next academic year	Over the last 12 months, the School has been piloting formal standard setting. This has provided time to train staff and to evaluate the expert panels required to set the standard. The process has been very successful and we will formally standard set assessments across the programme for the 2017 intake starting in January.	2017 Annual Monitoring
21 ii	The RCS (Eng) should consider developing more precise marking descriptors for the case presentations and ensure that these correspond with the areas on which the candidate is marked and the criteria for a failing candidate.	<p>The School has passed these comments to the RCS (Eng) and discussed them at the annual RCS (Eng) examiner training day.</p> <p>RCS (Eng) Response:</p>	N/A

		<p>It is planned to review the marking descriptors for the case presentation component to ensure they correspond with the criteria for the unsuccessful candidate.</p> <p>This will be implemented January 2017 onwards.</p>	
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Observations from the provider on content of report

The School is very grateful for the opportunity to respond to the inspection teams report and we would like to thank the inspection team for the way they conducted the visit and for their constructive comments. The School appreciates the suggestions made and we have already applied the recommendations to the programme. Thank you for your helpful comments, which we have used to improve the delivery of our programme

Recommendations to the GDC

The inspectors recommend that this qualification continues to be approved for holders to apply for registration as a Dental Hygienist and 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 in 2017.

ANNEX ONE

Inspection purpose and process

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

A Requirement is **met** if:

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

A Requirement is **partly met** if:

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

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

A Requirement is **not met** if

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

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