General Dental Council | protecting patients, regulating the dental team

INSPECTION REPORT

Education provider/ Awarding Body:	**Queen Mary University of London (QMUL)**
Programme/Award:	**Diploma in Dental Hygiene and Therapy**
Remit and purpose:	**Full inspection referencing the Standards for Education to determine the approval of the award for the purpose of registration with the GDC as a dental hygienist and dental therapist**
Learning Outcomes:	***Preparing for Practice (dental hygiene and dental therapy)***
Programme inspection dates:	**12 and 13 May 2016**
Examination inspection dates:	**12 and 14 December 2016**
Inspection panel:	**Julie Stone (Chair and Lay Member)** **Christine Cotton (Dental Care Professional Member)** **Ann Shearer (Dentist Member)**
GDC Staff:	**Krutika Patel** **Kathryn Counsell-Hubbard (Programme inspection only)** **Rachael Mendel (Exam inspection only)**
Outcome:	**Recommend that the diploma continues to be approved for the graduating cohort to register as dental hygienists and therapists**

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

Inspection summary

The Diploma in Dental Hygiene and Therapy programme is delivered by the Institute of Dentistry, Barts and the London School of Medicine and Dentistry. The programme is part of Queen Mary University of London, and is therefore supported by a wide-ranging policy system, and pastoral services, including occupational health and a disability office.

The hospital was refurbished in 2014, and students on the programme now benefit from the spacious and well-appointed facilities. In addition, students benefit from integration with students from the Bachelor of Dental Surgery (BDS) programme. Joint lectures and clinical time allow the Diploma students the opportunity to experience dental team working from the outset of their training. The panel also noted that communication between students and staff was a strength of the programme, fostering a positive learning environment.

The programme is compromised by the lack of formality governing student monitoring. The panel was of the view that processes are overly based on observations and informally reported information. The panel also noted that there was lack of a structured progression or sign-up process. However, the Programme leads have been responsive to the feedback provided during the course of the inspection, and were receptive to changing elements of their management and recording of experience to ensure the programme supports the development of all students to the level of ‘safe beginner’ at the point of graduation.

Background and overview of Qualification

Annual intake	10 students
Programme duration	28 months
Format of programme	The programme of study extends over a minimum of 28 months of full time study and comprises 3 stages, totalling 9 modules. The core course material is presented in dental modules: Stage 1: Introduction to Clinical Dentistry; Health Promotion and Disease Prevention; Professionalism, Teamwork and Social Responsibility; Clinical Practice; and Selected Study Modules Stage 2: Health and Illness; and Clinical Periodontology Stage 3: Integrated Clinical Care; and Paediatric Dentistry There are a number of module Handbooks as the BDS curriculum is utilised for some of the teaching and assessment: Introduction to Clinical Dentistry Health Promotion and Disease Prevention - Population Health and Evidence Based Dentistry (Year 2 BDS) - Population Health and Evidence Based Dentistry (Year 3 BDS) An Introduction to Clinical Practice - Clinical Practice-Dental Materials (Year 2 BDS) - Introduction to Loss of Teeth (Year 2 BDS) - Clinical Practice (Year 3 BDS) - Human Health and Disease (Year 2 BDS) - Barkantine Outreach Handbook - Guttman Outreach Handbook - Treatment Planning (Year 3-5 BDS) - Child Oral Health (Year 3 BDS) Professionalism, Teamwork and Social Responsibility - Year 1 BDS - Year 2 BDS - Year 3 BDS Selected Study Modules Health and Illness - Oral Medicine (Year 3)

	Clinical Periodontology Integrated Clinical Care Paediatric Dentistry The learning outcomes are achieved through a mix of lectures, tutorials, seminars, practicals, small-group work and work-based clinical learning, delivered through classroom-based teaching, pre-clinical skills training and clinical training in the Dental Institute and outreach environments. In the first four terms of the programme, teaching is integrated with the 2nd year BDS students, and as the programme progresses, the focus becomes more peer-group focussed. The integrated approach fosters and facilitates inter-professional learning and patient care opportunities. Pre-clinical training consists of training in operative techniques in the clinical skills laboratory within the Institute in the first seven months of the programme. Students must pass the clinical skills assessments (gateway assessments) ensuring a safe transition from dental simulator to treating patients. Clinical work initially takes place within the Institute and as the programme progresses, this is extended to Barkantine and Guttman outreach clinics. Clinical activity is monitored and assessed through the LIFTUPP programme. The programme is assessed using a wide variety of tools, including written papers (single best answer, structured answer and short answer questions), case reports, clinical course unit assessments and workplace- based assessment , OSCEs, poster and oral presentations. These are designed to suit students' different learning styles but also to provide an appropriate arena for testing different skills and knowledge.

The panel wishes to thank the staff, students, and external stakeholders involved with the Diploma 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.	✓		
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.	✓		
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.	✓		
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.	✓		
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.	✓		
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 parities 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.	✓		
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.		✓	
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 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)***

Students are required to pass gateway tests on key competencies before they may commence clinical practice. These competencies are contained within the Clinical Practice module which is the gateway to other modules. The Professionalism, Teamwork and Social Responsibility (PTSR) module is also taught from the beginning of the programme. This includes the teaching of communication skills.

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)***

Consent is taught during the PTSR module at the beginning of the programme. Patients are informed that students will deliver their treatment, along with information regarding the potentially positive and negative aspects of receiving treatment from a student, through communications between the School and their referring dentist. Students wear specific uniforms and have visible name badges to further denote their student status. Written consent is obtained initially before treatment commences and again whenever extractions, general anaesthetic or inhalation sedation is required.

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)***

All the clinical environments within which students gain experience fall within the health and safety requirements of Barts Health NHS Trust (hereafter referred to as the 'Trust'). These requirements are based on relevant legislation. Programme leads complete an induction checklist for every outreach placement each year to ensure ongoing suitability for training students. All staff complete a mandatory Trust induction and equality and diversity training. Staff also attend mandatory training days, which cover health and safety, as well as issues such as infection control and safeguarding. This means that all staff with whom students may come into contact are aware of relevant legislation in relation to all aspects of patient care.

The Trust has identified issues in the past year regarding the extraction of incorrect teeth. Although none of these incidents have involved the Diploma students, they have been made aware of the issue as a preventive measure and advice notices are visible throughout the clinics.

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 ratio of clinical supervisors to students is 1:5, which the panel found to be satisfactory. All staff undergo an induction upon joining the school and there is regular communication between staff to share any issues should they arise. Clinical supervisors on clinic also attend

and supervise on the outreach placements so there is consistency in student supervision across all sites.

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)*

All clinical programme staff hold the requisite GDC registration. All staff must complete mandatory equality and diversity training online and attend training days twice a year. The sessions are also recorded and may be viewed on the secure QMUL system, QMPlus, online.

Programme staff are expected to hold a formal teaching qualification equal to or above the Fellowship of the Higher Education Academy. Any new staff without such a qualification must obtain it within three years of starting in their post. Formatively, a peer review process is in place for staff to observe others' teaching sessions and give feedback. Further training, if deemed necessary following peer review, can be sought from the University.

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 programme has policies regarding raising concerns. The duty of candour is included not only within staff development days but also for students within the PTSR module. This module commences prior to students having contact with patients. The programme-level procedures are supported by an Adverse Incident and Reporting policy held by the Trust. As all clinical placements are all within the Trust, staff working at those placements are bound by the policy.

The professionalism of students is formatively assessed, which gave the panel additional assurance that students understood their obligations. The students with whom the panel met also appeared to be knowledgeable and confident about when an issue should be raised and how this should be done. The routes for raising concerns may differ depending whether the concern pertains to a Trust clinical environment or is a complaint about a staff member, or if it is in respect of student-specific performance. The routes are defined in policy and easily available on the University website.

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

The DATIX incident reporting system is in place across all clinical sites that students attend. This system is managed by nursing staff who escalate issues to governance meetings, at which point the Programme leads are informed. The level to which Programme leads or staff are actively involved in identifying and recording issues is limited.

The panel recommends that formal, internal measures are put in place to record incidents involving or affecting students, including the opportunity to provide feedback, the resulting actions and listing any lessons subsequently learnt. Issues should be discussed at team meetings and clearly noted. Communications with students about safety issues on clinic must also be formally recorded with a clear feedback mechanism in place.

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 process for dealing with student Fitness to Practise (FtP) issues exists at both a programme and University level. The formal process comprises committees for the varying aspects of an FtP issue, such as misconduct or professional capability. Before reaching a formal stage, any issues are highlighted by personal tutors who attempt remedial action with the students directly. Should this be unsuccessful, the tutors will refer to a senior lecturer responsible for pastoral support. The lecturer also meets with the student and decides whether escalation to the committee stages is appropriate. The panel was provided with examples of thresholds that may lead a student into FtP procedures.

The various mechanisms in place are documented in the student handbooks. The GDC's *Standards for the Dental Team* have been embedded into the curriculum, and students must assess and declare their own fitness to practise before undertaking summative assessments. The 'fit to sit' declaration is a University initiative and documented in the joining handbook for the programme.

The Head of Student Support meets with the Programme lead several times a month, although these meetings do not have an agenda and are not formally minuted. Despite the lack of record of discussions regarding students in difficulty, the panel was satisfied that the Requirement as a whole was met.

Actions

No	Actions for the Provider	Due date
7	Safety issues must be recorded at programme level including what action has been taken, the result, and any learning points. Additional communications with students regarding any issues must also be recorded.	Annual Monitoring 2017/18
8	The provider should consider formalising the discussions held with the programme lead regarding student fitness to practise and record such discussions appropriately.	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**
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.	✓		
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.	✓		
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.		✓	
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.		✓	

GDC comments

Requirement 9: The provider must have a framework in place that details how it manages the quality of the programme which includes making appropriate changes to ensure the curriculum continues to map across to the latest GDC outcomes and adapts to changing legislation and external guidance. There must be a clear statement about where responsibility lies for this function. ***(Requirement Met)***

The programme sits within the Institute of Dentistry and is subject to the same committee structures and management framework as the BDS programme. Ultimate responsibility for the programme sits with the Director of Taught Programmes but day-to-day ownership of quality management is devolved to a local level with the Programme Lead. The formal committee structure that governs the programme, which includes a Dental Quality Assurance Committee and a Dental Education Committee, complies with guidelines published by the University in a Quality Handbook. The local structures are far more informal: programme staff regularly discuss the programme and students either during timetabled or impromptu staff meetings; Red, Amber, Green (RAG) reports are reviewed by the Programme leads.

The quality mechanisms at a programme-level are informal. Programme staff regularly discuss the programme and student performance but this is on an ad-hoc basis. Because of the systems within which the programme operates imposed by the University, internal review of different areas such as modules and assessments are not formally completed. An internal risk register is in place within the Institute of Dentistry but this was described as being a strategic document that the panel noted had failed to assist the Institute in identifying a potential funding issue with the NHS commissioners. This funding issue could have an impact on the type of qualification offered in the future, which poses a significant risk as any new qualification would be subject to assessment and subsequent inspection by the GDC.

The panel found the Requirement to be met but were concerned by the informal nature of local quality management systems. Minuted staff meetings and central recording of emails between staff and the Programme leads regarding the quality of the programme are two potentially useful measures which the Programme leads could employ to assure themselves that any issues are discovered as quickly as possible, as well as assisting the Programme leads with their participation in the formal University mechanisms.

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)***

Reports from the different quality committees and groups, such as the Staff and Student Liaison Committee (SSLC), can be shared quickly and easily as the entire Institute of Dentistry is based in the same building. As the programme shares many resources with the BDS programme, including clinical supervisors, working in close quarters is an asset.

As outlined under Requirement 9, the local mechanisms for quality management are limited and informal, but wider management structures imposed by the Institute and University were found to be stringent and well-documented. Under Trust policy, staff complete monthly audits of the clinical area which are presented at a Clinical Effectiveness meeting. This gives further assurance that issues with the clinical area which may impact on students and their achievement of the learning outcomes would be identified and discussed.

The programme is also subject to the University's Annual Programme Review (APR) process which evaluates all aspects of the programme. The APR is presented to the University each year and feedback received, which provides external review of the programme.

The Requirement is met but the panel would strongly urge the Programme leads to notify the GDC of any changes to the funding of the programme (discussed under Requirement 9).

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 Partly Met)***

The programme is subject to external quality assurance, including the use of three external examiners for all three parts of the programme. The role of the external examiner is clearly defined within the Assessment Handbook, with duties including providing feedback on the modules and assessment, and to annually submit a report of their findings to the School. All three external examiners are involved with dental education at another institution and are therefore familiar with the GDC learning outcomes.

Feedback from patients is an area that the provider is working to improve. At present, some feedback is obtained through the Trust but this is not attributable to a particular student. Discussions are taking place to extend the capabilities of the LIFTUPP (Longitudinal Integrated Foundation Training Undergraduate to Postgraduate Pathway) system utilised on clinic to allow patients to feedback directly onto the system about their treatment with an individual student. The Programme leads hope that this will be in place before the next academic year.

For these reasons, the Requirement was found to be Partly Met based on the lack of feedback from patients. The provider must prioritise the implementation of a system to capture patients' feedback on their treatment, and must also utilise this when evaluating the programme. How and when patient feedback will be incorporated into the quality management systems should be defined in policy.

The panel also identified a lack of succession planning. The absence of recording within the programme-level quality management systems concerned the panel, as it is unclear how another member of staff would be able to take over if the Programme Lead was unexpectedly absent.

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 Partly Met)*

Students attend outreach placements, all of which fall within the responsibility of the Trust. The placements are staffed by Trust employees and fall within Trust governance protocols. Clinical supervisors from the programme accompany students on outreach placements.

The mechanism for collection of patient feedback was of concern to the panel, as this is generic and not specific to individual students. The proposed measures to gather such feedback, as detailed under Requirement 11, would assist the provider in meeting this Requirement. The collection of patient feedback, even if not by the proposed means, must be implemented as soon as possible.

Actions

No	Actions for the Provider	Due date
11 & 12	The provider must collect feedback from patients to assist with developing the programme and to ensure that the outreach placements are sufficient to allow students to deliver an effective service to patients.	Annual Monitoring 2017/18

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.		✓	
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.		✓	
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.		✓	
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.		✓	
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.		✓	
18. The provider must support students to improve their performance by providing regular feedback and by encouraging students to reflect on their practice.	✓		
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.	✓		
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.	✓		
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.

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)*

Assessment information for this programme is set out in the individual module handbook as well as the 'Programme Specification' document. These include learning outcomes, assessment criteria and types of assessment used to determine competence in any given area. The panel was provided with a draft copy of the programme's Assessment Handbook (due to be implemented in 2017), which brings together all the information about every assessment a student on this course is required to complete. Students must complete every assessment to meet all the learning outcomes and be deemed 'safe beginners'.

Student progression is monitored by the individual academic leads, who report back to the Director of Taught Programmes and the Programme lead. Students in difficulty are also identified by and monitored by the Student Support System. Shortfalls in certain clinical procedures are either addressed by the student being referred the appropriate patients in clinic or by being assessed in the clinical skills laboratory, if patient supply is an issue.

In addition, the School use LIFTUPP to contemporaneously record each student's performance during their clinical session. This records detailed information on the clinical progress of each student, which is then used by tutors to provide feedback to aid the student's progression.

Although the panel was provided with data relating to students' assessment and clinical experience, the programme currently has no process in place to collate all this data in one place and it was difficult to determine what each student has actually completed without cross-referencing a number of different spreadsheets. There also appeared to an absence of a formal sign-up procedure. Given the relatively small size of the cohort, the Programme lead stated that students approached staff if there were any difficulties, with staff speaking to students and arranging remediation if and when required. However, none of these discussions appeared to be documented and there was no formal process either taking place or being formally minuted, as to how the decision was made that each student was ready to sit the final examinations.

The panel understood that, given the number of students in each year of the programme, those experiencing difficulty or failing assessments could be easily identified and provided with the necessary training and teaching. However, to ensure each student is being properly monitored throughout the course, the programme must implement a process which enables all student assessment and clinical data to be recorded in one place. This would also lessen the risk of the Dental Institute being challenged by a student, as they would then have accurate data to evidence decisions made in allowing a student not to sit the final exams or progress through the programme. For the same reason, the sign-up must be formal with an agenda and be minuted showing that all student data was reviewed in deciding which students be allowed to sit the final examinations.

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)*

Student progression data for this programme is monitored by a number of different teams: the Student Support Office holds the students' records (including attendance data); the Examinations Office holds progression and assessment results; and day-to-day clinical data is overseen by the Module leads, with the Programme lead having oversight of all this data. As mentioned in Requirement 13, there is an absence of a central recording system which pulls together all student information including LIFTUPP data, summative assessment data and assessment data from the logbooks. The programme must implement a process to centrally record this data to ensure that every student is completing all the necessary assessments and meeting all the required outcomes.

Other than a termly tutorial meeting with students, there was no evidence provided to the panel to show that students had formal progress meetings where their development was discussed. Part of this is a result of the data not being centrally recorded which means that not all staff have access to all the components, and as a result reviewing individual student progress is difficult. The panel was disappointed that the programme had failed to address this given the relatively small numbers of students in each of the cohorts.

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)*

To ensure that students have the necessary exposure to the appropriate breadth of patients and clinical procedures, sessions are arranged at the Dental Institute and at the two outreach centres.

Clinical experience is monitored via LIFTUPP and students are also expected to keep a log book of their assessments, which the panel had sight of during the inspection. The panel was informed that in 2015, one of the outreach centres changed location and this resulted in students having difficulty in attaining the necessary paediatric experience. This was addressed by students attending new patient clinics, undertaking screening clinics and the School encouraging collaborative working between senior students, staff and consultants.

Whilst the panel was content that students were seeing a wide range of patients, it was not clear exactly how many times each student was required to complete each type of clinical activity by the School to be deemed competent. The lack of central recording of student experience meant there were gaps in the data presented to the panel during the programme inspection, showing some of the students had zero attempts recorded next to certain procedures. This was raised with programme staff who stated that all students would have successfully completed all the procedures and any student showing a shortfall would be required to either have extra sessions at the Dental Institute or carry out an assessment in the skills laboratory. Updated data provided during the exam inspection showed all students had completed the required number of each of the procedures to exit the programme. However, panel remained concerned at this lack of consistency. As discussed under Requirement 13, this risk would be lessened, once the programme implements a process to enable the collection of all student assessments and clinical data to be recorded in one place.

Requirement 16: Providers must demonstrate that assessments are fit for purpose and deliver results which are valid and reliable. The methods of assessment used must be

appropriate to the learning outcomes, in line with current and best practice and be routinely monitored, quality assured and developed. (*Requirement Partly Met)*

The programme has recently employed programme Academic Leads for Assessment and Quality Assurance, who will be reviewing all the programme's assessments in 2017. Any changes that are thought necessary will then be planned in line with the Queen Mary Academic Credit Framework (QMACF). The QMACF provides a structure for all modules taught at QMUL or the University of London, and all programmes utilise this framework when planning their respective assessments.

Assessment type is based on the learning principles of Miller's Triangle of clinical competence and Bloom's taxonomy, thus ensuring that on completion of the programme, the student is able to apply their theoretical knowledge to their clinical practice. A range of assessment types are employed to test student ability including short and extended answer questions, patient case studies, OSCEs, presentations and poster work on an oral health issue. The panel was provided with examples of all student work and was content that the methods of assessment being used were appropriate in testing the skills and knowledge required to practise as a dental hygienist therapist.

The programme has three external examiners in place, which the panel thought was appropriate given the number of students on the course. The externals provides feedback on assessments at the Subject Examination Board where results from the different components of the programmes are scrutinised. The panel was informed that following feedback from the external examiners, the programme and Module leads will review marks, possibly amend marks and remove poorly performing questions from future assessments.

There appeared to be a lack of formalised process in place concerning the monitoring of assessments and the decision-making surrounding individual question choices. The Programme and Module leads monitor the assessments, but no evidence was provided to the panel as to how this monitoring was undertaken. Module leads are responsible for deciding on questions for their own assessments, which are then submitted to the Programme leads for sign-off. Questions are also reviewed by the respective external examiners for review, approval, amendment to ensure there is appropriate coverage of the topic area. A formal process of documenting all the decision-making into finalising assessments must be documented to ensure every assessment remains a robust test to ascertain knowledge and competence.

The programme does not currently utilise any formal standard setting, but the panel was informed that this was an area being developed and would be introduced during late 2016/17.

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

As mentioned in Requirement 11, the provider is developing the capability of LIFTUPP so that patients can comment in further detail about their treatment from an individual student; currently feedback obtained through the Trust is not attributable to individual students. The School hope this will be in place by the 2017/2018 academic year, and will assist in identifying areas that students may require additional support, and this will, in turn, be fed into the discussions relating to teaching and assessment content.

Students can comment on assessments, formally, through the Student Staff Liaison Committee, and informally in meetings with their tutors or during other teaching sessions. A selection of minutes from these meetings, including discussions on the duration of

assessments and adjustment of timing of examinations, due to lack of teaching on one occasion, were made available to the panel.

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 topic of reflection, and its importance, is introduced to all students during the early stages of the programme. In all three years, marks are allocated to students' reflective accounts. Reflective accounts are also included as part of the patient case study and written project they are required to complete. LIFTUPP and student logbooks also have sections where students must reflect on how they feel particular clinical procedures went. These would include comments on what worked well, what could be improved and what could be done differently.

In terms of feedback, patients currently provide limited feedback via LIFTUPP. Students are supervised on clinic, and tutors will give feedback following the session on what went well, areas for improvement and further reading.

Following every assessment, students are provided with individual feedback and those who fail have the opportunity to seek immediate feedback from the programme or Module lead. In addition, before embarking on case studies or projects, students can present their proposals to a tutor and receive feedback on whether or not the subject matter is appropriate.

To ensure all students are provided with appropriate feedback and support with their reflections, programme staff are encouraged to attend refresher training sessions offered by the University's Centre for Academic and Professional Development.

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)***

It is a requirement of QMUL that those involved with delivering assessments for the programme be registered with the GDC, as well as having the necessary academic knowledge to deliver that particular assessment. The internal assessors for this programme have also acted as external examiners for other universities, so are experienced in the field of assessments.

QMUL run courses for teaching staff who assess, and if staff feel they need additional support in this area, they can indicate this as a training requirement during their annual appraisal. The school also holds two staff development days every year, where topics including marking schemes and calibration exercises are carried out discussed.

The external examiners for the programme are GDC registrants and are Programme leads for a DCP programmes elsewhere, and are therefore familiar with the GDC learning outcomes as well as the principles of fair and robust assessment.

In relation to equality and diversity training, all QMUL staff must complete this training on-line with refresher sessions provided should there be any changes in the legislation. The external examiner has undergone training at their own School, evidence of which can be provided should QMUL require the documentation.

Requirement 20: Providers must ask external examiners to report on the extent to which assessment processes are rigorous, set at the correct standard, ensure equity of

treatment for students and have been fairly conducted. The responsibilities of the external examiners must be clearly documented. (*Requirement Met)*

The roles and responsibilities of the external examiner, are set out in the QMUL document 'Guidance for External Examiners'. For the purposes of this programme, the external examiner is asked to comment on programme structure; standard of student performance; the assessment process; other issues of quality; issues of procedure; and any other general feedback they may have. The external examiner is sent copies of all assessments for their comments and their role during the final case presentations is to observe the process to ensure all students are being assessed equitably and being tested with the appropriate questions.

The panel was provided with copies of the external examiner reports and noted the recommendations made that had subsequently been actioned by the programme. This included putting information about assessment word counts in the same place in each of the module handbooks so that students were clear from the outset as to what they should be aiming for. The external examiner had also noted that students were not achieving sufficient experience of paediatric extractions, which resulted in the Dental Institute running specific paediatric clinics to ensure this shortfall was addressed.

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 programme has clear guidance in terms of marking schemes and criteria. Coupled with the calibration training, everyone involved in assessment is clear on pass/fail decisions. The marking of assessments is carried out in line with the guidance set out in the QMUL Assessment Handbook. All assignments are open double marked and written assessments are blind double marked and checked for plagiarism.

The Dental Institute recognises the need to have formal standard setting processes in place, however a strategy to devise suitable staff training on this subject is currently being developed. The plan is to implement standard-setting using the modified Angoff method during 2017.

Actions:

No	Actions for the Provider	Due date
13 & 16	The programme must implement a process to enable the collection of all student assessment and clinical data in one place.	Annual monitoring 2017/18
13	The programme must ensure all future sign-up meetings have an agenda and are all formally minuted.	Annual monitoring 2017/18
14	All future student progress meetings must be documented, including areas needing support and an action plan to address deficiencies.	Annual monitoring 2017/18
17	The programme must ensure that LIFTUPP is configured to collect student specific patient feedback.	Annual monitoring 2017/18

17	An update on how patient feedback is contributing or will be contributing to the development of assessments, must be provided to the GDC in the next annual monitoring return for 2017/18.	Annual monitoring 2017/18
21	An update on the implementation of standard-setting into the programme, must be provided to the GDC on the annual monitoring return for 2017/18.	Annual monitoring 2017/18

Summary of Actions

Req. number	Action	Observations Response from Provider	Due date
7	Safety issues must be recorded at the programme level including what action has been taken, the result, and any learning points. Additional communications with students regarding any issues must also be recorded.		Annual monitoring 2017/18
8	The programme should consider formalising the discussions held with the programme lead regarding student fitness to practise and record such discussions appropriately.		N/A
11 & 12	The provider must collect feedback from patients to assist with developing the programme and ensure that the outreach placements are sufficient to allow students to deliver an effective service to patients.		Annual monitoring 2017/18
13	The programme must implement a process to enable the collection of all student assessment and clinical data in one place.		Annual monitoring 2017/18
13	The programme must ensure future sign-ups meetings have an agenda and are all formally minuted.		Annual monitoring 2017/18
14	All future student progress meetings must be documented, including areas needing support, and an action plan to address these deficiencies.		Annual monitoring 2017/18
17	The programme must ensure that LIFTUPP is configured to collect student specific patient feedback.		Annual monitoring 2017/18
17	An update on the how patient feedback is contributing or will be contributing to the development of		Annual monitoring 2017/18

	assessments, must be provided to the GDC in the next annual monitoring return for 2017/18.		
21	An update on the implementation of standard-setting into the programme, must be provided to the GDC in the annual monitoring return for 2017/18.		Annual monitoring 2017/18

Observations from the provider on content of report

We very much appreciate the efforts of the inspection team during their visits to the Institute of Dentistry at Barts and The London QMUL and for this report. We feel the content and recommendations of this report are entirely fair and reasonable. We are confident that we will be able to address all of the recommendations before the 2017 Annual Monitoring.

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 when the GDC carries out annual monitoring for 2017/18.

Annex 1

Inspection purpose and process

1. As part of its duty to protect patients and promote high standards within the professions it regulates, the General Dental Council (GDC) quality assures the education and training of student dentists and dental care professionals (DCPs) at institutions whose qualifications enable the holder to apply for registration with the GDC. It also quality assures new qualifications where it is intended that the qualification will lead to registration. The aim of this quality assurance activity is to ensure that institutions produce a new registrant who has demonstrated, on graduation, that they have met the learning outcomes required for registration with the GDC. This ensures that students who obtain a qualification leading to registration are fit to practise at the level of a safe beginner.

2. Inspections are a key element of the GDC's quality assurance activity. They enable a recommendation to be made to the Council of the GDC regarding the 'sufficiency' of the programme for registration as a dentist and 'approval' of the programme for registration as a dental care professional. The GDC's powers are derived under Part II, Section 9 of the Dentists Act 1984 (as amended).

3. The GDC document '*Standards for Education'* 2nd edition[1] 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.