

INSPECTION REPORT

Education Provider / Awarding Body:	University of Essex
Programme / Award / Qualification:	BSc (Hons) Oral Health Science
Remit and Purpose:	Full inspection referencing the <i>Standards for Education</i> to determine the continuing sufficiency of the award for the purpose of registration with the GDC as a dental therapist
Learning Outcomes:	<i>Preparing for Practice (Dental Therapy)</i>
Programme Inspection Dates:	6th and 7th November 2014
Examination Inspection Dates:	11th and 12th December 2014 - Exams 8th January 2015 – Examination Board Meeting
Inspection Panel:	Katie Carter (Chair and Lay Member) Fiona Sandom (DCP Member) Stuart Boomer (Dentist Member)
GDC Staff:	James Marshall (Lead) Krutika Patel
Outcome:	Recommended that the University of Essex BSc (Hons) Oral Health Science programme is sufficient for registration as a dental therapist

Inspection summary

The inspection panel was pleased with the progress the School has made during the first year of running the BSc in Oral Health Science. It would have been helpful had supporting information on the programme been made available to the Inspection Team earlier (with the completed GDC annex 1 mapping document). However, the panel agreed that the documentation that was received in advance of the inspection was clear and found that the evidence demonstrating each Requirement was easy to find. Requests for additional information throughout the inspection process were acted upon in a timely fashion.

The panel noted several areas of good practice during the inspection. The panel agreed that the model of the students' receiving their clinical experience in the primary care setting is excellent preparation for making the transition to practicing as a dental therapist. This model provides the students with a level of clinical experience which can be challenging to achieve through a more conventional programme, and builds on their previous clinical experience as a registered dental hygienist.

The use of work-based learning placements did, however, pose some challenges for the programme leads during the first cohort. For example, not all practice placements were able to provide patient experience in the full range of learning outcomes. The School managed this in the interim by working with the students to source additional practice placements on an ad hoc basis.

The panel was pleased that additional practice placement experience was able to be sourced when the programme had already commenced, however they felt in future the School should take a more proactive approach to this issue and have processes in place to ensure that students will be able to gain experience in the full range of learning outcomes at the beginning of the programme.

The panel noted positive student feedback with regard to the programme in terms of support, supervision and action within the school following review feedback from student representatives. The panel also noted the good use of student reflection throughout the programme.

The inspectors had no major concerns that required immediate action with the programme and agreed it was well organised and ensures thorough assessment of students across the learning outcomes contained within the GDC publication '*Preparing for Practice*'.

The inspectors could clearly see development of students as they moved through the programme stages and were satisfied that upon graduation the students were fit to practise as safe beginners.

The panel wishes to thank the staff, students, and external stakeholders involved with the BSs in Oral Health Science programme for their co-operation and assistance with the inspection.

Inspection process and purpose of Inspection

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 and new qualifications where it is intended that the qualification will lead to registration.

2. The aim of this quality assurance activity is to ensure that these institutions produce a new registrant who has demonstrated, on graduation, that he or she has met the outcomes required for registration with the GDC. This is to ensure that students who obtain a qualification leading to registration are fit to practise at the level of a safe beginner.
3. The inspection focuses on four Standards, with a total of 29 underlying Requirements. These are contained in the document *Standards for Education*.
4. The purpose of this inspection was to make a recommendation to the Council of the GDC regarding the 'sufficiency' of the programme for registration as a dental therapist in the UK. The GDC's powers are derived under Part II, Section 9 of the Dentists Act 1984 (as amended) to determine sufficiency of the programme.
5. Inspection reports may 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 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, the report and observations would be presented to the Council of the GDC for consideration.

The Inspection

7. This report sets out the findings of an inspection of the BSc (Hons) Oral Health Science in dental therapy awarded by the University of Essex. The GDC publication *Standards for Education* (version 1.0 November 2012) was used as a framework for the inspection.
8. The inspection was comprised of three visits. The first, referred to as the programme inspection, was carried out on 6 and 7 November 2014. This involved a series of meetings with programme staff involved in the management, delivery and assessment of the programme and a selection of dental therapy students. The second visit took place on the 11 and 12 December 2014 during which the panel attended the student case presentation examinations. The third visit took place on 8 January 2015 during which the panel attended the examination board meeting.

9. The report contains the findings of the inspection panel across the three visits and with consideration to supporting documentation prepared by the School to evidence how the individual Requirements under the *Standards for Education* have been met.

Overview of Qualification

10. The BSc (Hons) in Oral Health Science programme sits within the University of Essex School of Health and Human Sciences. The programme has an annual intake of a maximum of 12 students. The duration of the programme is 45 weeks of teaching and assessment across one year. The University of Essex also offers a FdSc in Oral Health Science.
11. The BSc (Hons) in Oral Health Science programme is taught over four modules. At the start of the programme students are required to attend the university for a core four week period, culminating with a gateway examination. After this the students continue their learning in their work-based learning practices. Students are required to submit a clinical portfolio at the end of the programme to demonstrate their clinical attainment across the year.
12. The programme had been designed to meet the learning outcomes in GDC curriculum document, *Preparing for Practice*, which was published in late 2011.

Evaluation of Qualification against the *Standards for Education*

13. As stated above, the *Standards for Education* were used as a framework for this inspection.
14. The provider was requested to undertake a self-evaluation of the programme against the individual Requirements under the *Standards for Education*. This involved stating whether each Requirement is met, partly met or not met and to provide evidence in support of their evaluation. The inspection panel examined this evidence, requested further documentary evidence and gathered further evidence from discussions with staff and students.
15. The inspection panel used the following descriptors to reach a decision on the extent to which the BSc(Hons) in Oral Health Science of the University of Essex meets each Requirement:

A Requirement is **met** if:

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

A Requirement is **partly met** if:

“Evidence derived from the inspection process is either incomplete or lacks detail and, as such, fails to convince the inspection panel that the provider fully demonstrates the Requirement. Information gathered through meetings with staff and students may not fully

support the evidence submitted or there may be contradictory information in the evidence provided. There is, however, some evidence of compliance and it is likely that either (a) the appropriate evidence can be supplied in a short time frame, or, (b) any deficiencies identified can be addressed and evidenced in the annual monitoring process.”

A Requirement is **not met** if:

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

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 will 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. Patients must be made aware that they are being treated by students and give consent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Students will only provide patient care in an environment which is safe and appropriate. The provider must comply with relevant legislation and requirements regarding patient care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. When providing patient care and services, students are to be 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. Clinical supervisors must have appropriate general or specialist registration with a regulatory body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Students and those involved in the delivery of education and training must be encouraged to raise concerns if they identify any risks to patient safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Should a patient safety issue arise, appropriate action must be taken by the provider	<input type="checkbox"/>	<input checked="" 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. Staff involved in the delivery of the programme should be familiar with the GDC Student Fitness to Practise Guidance.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GDC comments

Requirement 1: Students will 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*)

Principally students are already registered with the GDC as dental care professionals, and already following the standards, as set out in the GDC document 'Standards for the Dental Team'. From meeting with the students, it was evident that they clearly understood that they must only carry out treatments on a patient if they felt they had the necessary skill and knowledge to do so safely.

Other measures that have been implemented to ensure that students are competent to provide treatment to patients include a gateway exam, which aims to consolidate both the theoretical and practical teaching the students have received over the previous four weeks. This is held at the end of the first four core weeks of the programme. All students must pass the gateway exam before progressing further with the programme.

In addition, once in their training practices, the student's clinical work is assessed throughout the course by their respective Clinical Educators (CEs). With the student, the CE plans an assessment schedule to ensure all the required DOPs (Directly Observed Procedures) and CbD (Case Based Discussion) are completed for each of the modules. This information is uploaded by the student directly onto the University's Moodle site and monitored by the Programme Leads.

Students must also keep a log detailing the types and number of clinical procedures they have carried out whilst in their training practices. The requirements are set by the Programme Leads and numbers are monitored by them. The logs also have an area for both students and their CE's to reflect on their performance.

Requirement 2: Patients must be made aware that they are being treated by students and give consent (*Requirement Met*)

The topic of consent and obtaining valid consent is covered during the module 'Developing Professional Practice.' During the early stages of the programme, students are told to identify themselves each time they see a patient and wear their University name badge, which clearly shows patients they are being treated by a student dental therapist. To ensure this is taking place, programme staff will observe student/patient interaction and check name badges are indeed being worn, during one of the practice visits. The panel was also provided with examples of a patient consent form, which the training practices could use or adapt.

From speaking with both the students and CEs, the panel was informed that notices are displayed in the practice's reception area stating a student therapist is in-training in that practice and patients have a choice not to be treated by them if they do not wish to be. The training practices also had procedures in place whereby the referring dentist will inform the patient that they are referring them to a student dental therapist, and again giving the patient the option to seek treatment from another dental therapist if they wish to do so.

Along with other policies and procedures, information and guidance about obtaining patient consent can be found on the University's Moodle network.

Requirement 3: Students will only provide patient care in an environment which is safe and appropriate. The provider must comply with relevant legislation and requirements regarding patient care (*Requirement Partly Met*)

During the initial four core weeks, students are based at the University of Essex, Southend Campus, where a majority of the teaching takes place within the dental skills laboratory or in classrooms. The inspectors were given a tour of these, and were impressed with the facilities, equipment and learning resources available to the students.

For the remainder of this programme, a majority of the student's time is spent training in their respective workplace practices, being supervised by a CE who is a GDC registered dentist. To ensure these practices are suitable, the programme staff assess the practices against a comprehensive checklist covering facilities, equipment and patient supply. The checklist also includes questions on for the potential supervisor on their ability to commit to the student in terms of training and teaching.

As an additional safeguard, all training practices must have undergone and passed a CQC inspection. Programme staff will review CQC reports to ensure the practice has all the necessary policies and procedures in place required for a training placement.

The panel was confident that the process to assess the suitability of practices was robust and ensured that students are only training in an environment which is safe and appropriate. However, this requirement is partly met as practice inspections were carried out after the programme had commenced. This was considered a risk by the inspectors as the practice may not be suitable and this would only be identified once the student had committed to undertake this programme. The Programme Leads took this feedback on board during the programme inspection and for all future cohorts, undertook to complete practice inspections before students register on the programme.

Requirement 4: When providing patient care and services, students are to be supervised appropriately according to the activity and the student's stage of development (*Requirement Met*)

The topic of supervision is covered during the first of the two induction days, for CEs. Guidance provided by the Programme states that all patients being treated by the student therapist should be seen at the beginning and the end of each treatment. From speaking with both the students and CEs, it was clear that students were being more closely supervised than is stipulated by these requirements, with some of the CEs being present in the treatment room for the entire treatment the student therapist is carrying out.

In addition, during the practice inspections, programme staff also assess the interaction between students and their CE, to check amongst other things that they work well together.

Requirement 5: Supervisors must be appropriately qualified and trained. Clinical supervisors must have appropriate general or specialist registration with a regulatory body (*Requirement Met*)

It is a requirement of the programme that all CEs have current GDC registration, in addition to having two years post qualification experience. The panel were provided with the CVs of the CEs and the programme teaching staff and noted that all were registered with the GDC, and in the case of CEs, all had the required amount of post-qualification experience.

All CEs must attend the two induction days where topics covered include the assessment requirements and grading, which ensures that the CEs are fully aware of their role and responsibility as supervisor.

Requirement 6: Students and those involved in the delivery of education and training must be encouraged to raise concerns if they identify any risks to patient safety (*Requirement Met*)

The University has a specific whistleblowing policy which is set out in the School of Health Sciences Undergraduate Handbook. This policy includes examples of when to raise concerns; the process of concerns regarding patient safety with their personal tutor or a member of the programme, in the first instance.

It was evident to the panel that the current cohort of students understood when to raise concerns and as GDC registrants, fully understood their primary responsibility as dental care professionals to ensure the safety of their patients. The students informed the panel that each of their training practices had their own policies and protocols relating to raising concerns and this information was provided to the students prior to them commencing on the programme.

The panel was confident that the policies in place for raising concerns that both the University and the individual training practices have in place are robust. However, whilst the current cohort of students report that they would show no hesitation in raising concerns if there was a patient safety risk in their working environment, the panel felt it may be beneficial to have guidance in place for future students who may not feel as comfortable raising concerns as they may feel it could place their placement or job in jeopardy.

Requirement 7: Should a patient safety issue arise, appropriate action must be taken by the provider (*Requirement Partly Met*)

As already discussed under Requirement 6, the School has clear guidance in place should any student need to raise concerns about patient safety. This topic is supported by teaching during the four week core period and later in the programme, when students are given a lecture on raising concerns. In spite of this, this Requirement was considered to be partly met by the panel, as no evidence was provided for the inspectors to show there was a formal log of patient incidents that may have occurred whilst the students were training in their respective practices.

From meeting with the students, programme leads and CEs, the panel was informed that since the course had been running, there had been no patient safety issue – this was partly due to the close supervision the students receive whilst in training; students not practising outside their competency base and the monitoring of placements by the School. However, it is still essential that the School develop a formal process to record and monitor potential patient safety incidents for students whilst they are training in their practices and ensure that this process is covered during one of the CE induction days. The panel agreed that patient safety issues should sit as a standing item on the regular programme management meetings.

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 (*Requirement Met*)

The programme follows the University' fitness to practise policy which establishes what a fitness to practise issue may be; the procedure of dealing with a student who may have a fitness to practise issue and how students are able to appeal decisions made regarding their fitness to practise. Students on the course are informed of this policy and the GDC Student Fitness to Practise guidance during the first four weeks of the course.

Again, as discussed previously under other Requirement in this Standard, all the students are already registered GDC dental care professionals and therefore are aware of professionalism and practising safely.

In relation to staff training, new staff member inductions include a session on the GDC guidance and both staff and students are able to access both the University policy and GDC guidance on Moodle.

Actions		
Req. Number	Actions for the provider	Due date (if applicable)
3	The School should ensure all potential placement practices are assessed prior to students beginning the programme.	Update to be provided through the GDC Annual

		Monitoring exercise
6	Future cohorts of students may feel unable to raise concerns as it may compromise their job or placement. The Programme Leads should identify ways to mitigate this conflict of interest and then go onto to develop guidance for future cohorts.	Update to be provided through the GDC Annual Monitoring exercise
7	The School must develop a formal process to record and monitor any patient safety incidents that may occur at the student's placement. This process must ensure all students and their CEs are aware of what needs to be recorded and reported back to the School. The School must ensure all patient safety issues are appropriately logged and monitored	Update to be provided through the GDC Annual Monitoring exercise

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 will 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The provider will have systems in place to quality assure placements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Any problems identified through the operation of the quality management framework must be addressed as soon as possible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Should quality evaluation of the programme identify any serious threats to the students achieving learning outcomes through the programme, the GDC must be notified at the earliest possible opportunity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Programmes must be subject to rigorous internal and external quality assurance procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. External examiners must be utilised and must be familiar with the learning outcomes and their context. Providers should follow QAA guidelines on external examining where applicable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Providers must consider and, where appropriate, act upon concerns raised or formal reports on the quality of education and assessment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GDC comments

Requirement 9: The provider will 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 panel was satisfied that the School has a clear framework to ensure that the quality management of the programme is maintained. Any issues or concerns that are raised are handled at a local level initially for resolution. If the issue persists, or is serious in nature, then the School has a clear chain of committees throughout the University hierarchy where this can be addressed. If changes need to be made to the programme, these must be discussed at the School's Programme Management Committee. The panel was provided with clear meeting minutes to evidence this process.

The panel was informed that the overall responsibility for the programme rests with the Head of the School of Health and Human Sciences, while day to day management of the programme is undertaken by the Programme Leads.

At the end of each module, the Module Lead prepares a report which highlights areas of success and learning points for the future, with actions to be taken forward for the next time the module is taught. The report is subsequently shared with the Programme Management Committee and the Staff Student Liaison Committee. The panel felt this was an area of good practice, where all parties involved in the learning process have an opportunity to provide feedback.

Requirement 10: The provider will have systems in place to quality assure placements (Requirement Partly Met)

During the inspection the panel was informed that the work-based learning practice placements were not inspected by a member of staff from the School until the programme had commenced. This raised concerns for the panel as problems might not be identified until after the student and mentor have committed to starting the course. The panel also had concerns about the frequency of the inspections that the School carries out. The panel was informed that inspection visits take place two to three times a year, despite the fact that the majority of the student learning experience takes place in the practice. The panel acknowledged that the School had not received any complaints about the placement system, however they were concerned that this could be an area of risk in the future. The panel was pleased to learn that for future cohorts the School would undertake an early inspection of potential practice placements to ensure they are of an appropriate standard.

The panel was also concerned about the suitability of some practices. The panel noted that some practices were 'amalgam free', raising the risk that students would not be able to achieve the full scope of practice during the programme. This issue was mitigated by students being able to transfer practices to gain experience in using amalgam, however the concern remained that this may not be an option for future students.

During the inspection the panel had an opportunity to speak with a number of current Clinical Educators, who suggested a peer group could be formed to allow learning to be shared, an approach which the panel fully supported.

Requirement 11: Any problems identified through the operation of the quality management framework must be addressed as soon as possible (Requirement Met)

The panel was satisfied that the quality management framework in place clearly demonstrates that the School is able to address issues that arise in a timely fashion. The panel was provided with evidence from meeting minutes where issues were raised, discussed and actions appointed to named individuals who were responsible for completing the task.

The panel was satisfied that the School had the ability to manage low level issues at a local level, with operational issues or more serious concerns being addressed through the Programme Management Committee structure.

Requirement 12: Should quality evaluation of the programme identify any serious threats to the students achieving learning outcomes through the programme, the GDC must be notified at the earliest possible opportunity (Requirement Met)

The panel noted that although to date there have been no serious threats to the students achieving the learning outcomes through the programme, they were satisfied that if this were to

occur in the future, the School has the necessary structure in place to deal with it effectively and efficiently.

Requirement 13: Programmes must be subject to rigorous internal and external quality assurance procedures (*Requirement Met*)

The panel was provided with evidence of a number of methods that the School utilises to carry out both internal and external quality assurance. Internally, the School is subject to a periodic University review in addition to Module Lead reports on completion of each module. These reports are discussed at the regular Programme Management Committee meetings where areas of good practice are recognised and learning points are discussed and actioned. The panel was pleased to see that the students play an active role in providing feedback on the programme. Their opinion is sought as part of the module evaluation process in addition to providing feedback on their placement experience. Students also have the opportunity to provide feedback through the Staff and Student Liaison Committee.

In addition to the quality assurance procedures above, externally the programme is subject to a QAA review and regular reports from the External Examiners.

Requirement 14: External examiners must be utilised and must be familiar with the learning outcomes and their context. Providers should follow QAA guidelines on external examining where applicable (*Requirement Met*)

The panel had an opportunity to meet the External Examiner during the examination inspection and was informed that they had been appointed to the role in October 2013. Since taking up the role, the External Examiner has had an overview of the summative assessments and attended the case presentations in a quality assurance role.

The External Examiner also reviewed all of the student portfolios of evidence and had sight of the written examination papers in advance, in order to provide feedback on their suitability.

The panel was pleased to see the External Examiner taking the opportunity to freely provide feedback on the programme and make comment, where necessary.

Requirement 15: Providers must consider and, where appropriate, act upon concerns raised or formal reports on the quality of education and assessment (*Requirement Met*)

The panel felt assured that should any concerns be raised, the School had the necessary processes in place to address the problems. The panel agreed that the Staff and Student Liaison Committee was an effective tool for ensuring issues raised by students are discussed with staff in a timely fashion. The panel saw evidence of an effective system for escalating issues, through minutes from the Programme Management Committee.

The panel was aware that as this is the first year of the programme, the external examiner report has not yet been received for this cohort of students, however they were satisfied that the quality management framework that is in place is capable of managing any issues that may be suggested from the provided by the External Examiner.

Actions

Req. Number	Actions for the provider	Due date (if applicable)
10	The School must ensure students have access to experience in procedures covering the full range of Learning Outcomes and	Update to be provided through the

	that arrangements are in place to mitigate any problems acquiring that experience.	GDC Annual Monitoring exercise
10	The School should consider the timing and frequency of the practice placement visits, to ensure students and CEs are provided with sufficient support and guidance.	Update to be provided through the GDC Annual Monitoring exercise

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
16. To award the qualification, providers must be assured that students have demonstrated attainment across the full range of learning outcomes, at a level sufficient to indicate they are safe to begin practice. This assurance should be underpinned by a coherent approach to aggregation and triangulation, as well as the principles of assessment referred to in these standards.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. The provider will have in place management systems to plan, monitor and record the assessment of students throughout the programme against each of the learning outcomes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18. Assessment must involve a range of methods appropriate to the learning outcomes and these should be in line with current practice and routinely monitored, quality assured and developed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Students will have exposure to an appropriate breadth of patients/procedures and will 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. The provider should seek to improve student performance by encouraging reflection and by providing feedback ¹ .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Examiners/assessors must have appropriate skills, experience and training to undertake the task of assessment, appropriate general or specialist registration with a regulatory body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Assessment must be fair and undertaken against clear criteria. Standard setting must be employed for summative assessments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24. Where appropriate, patient/peer/customer feedback should contribute to the assessment process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
25. Where possible, multiple samples of performance must be taken to ensure the validity and reliability of the assessment conclusion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ Reflective practice should not be part of the assessment process in a way that risks effective student use

26. 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



GDC comments

Requirement 16: To award the qualification, providers must be assured that students have demonstrated attainment across the full range of learning outcomes, at a level sufficient to indicate they are safe to begin practice. This assurance should be underpinned by a coherent approach to aggregation and triangulation, as well as the principles of assessment referred to in these standards (*Requirement Partly Met*)

The panel felt there was an assumption that most of the students enrolling for this programme would be recent graduates from the University of Essex dental hygiene programme. The panel felt a result of this was that the programme staff may have a tendency to develop the programme in relation to these students' knowledge and not take into account those students who may have studied at other institutions and the knowledge and competence they have gained on their courses.

The panel was concerned that the School assumed all students starting the programme would have a similar level of knowledge and experience in the role of a dental hygienist at the start of the course. As a result of this, there was a risk that, considering the relatively short length of the programme, the School could be spending teaching time covering dental hygiene aspects to ensure competence, prior to covering the dental therapy learning outcomes. The School acknowledged this was an issue and will be introducing MMI assessments during the interview process for the next cohort to test competence prior to acceptance onto the programme. The panel agreed that the School must ensure all students are assessed in the full range of Learning Outcomes for a dental therapist, regardless of their previous training or employment history.

Requirement 17: The provider will have in place management systems to plan, monitor and record the assessment of students throughout the programme against each of the learning outcomes (*Requirement Partly Met*)

During the programme inspection the panel identified that the School currently relies on paper returns to log a student's work-based learning experience, which are then uploaded onto Moodle. The panel felt there was a significant risk that this data could be lost or not uploaded into summary records in a timely fashion, which could have a detrimental effect on the student's progression.

The panel agreed that the School must ensure students return their clinical portfolio data in a secure and timely fashion, in order for this information to contemporaneously feed into the student's record of assessment.

Requirement 18: Assessment must involve a range of methods appropriate to the learning outcomes and these should be in line with current practice and routinely monitored, quality assured and developed (*Requirement Met*)

The panel was satisfied that there are a range of methods utilised to ensure the learning outcomes are being met. The panel noted that at the end of each module a report is produced by the Module Lead, which details what has gone well during the module and covers areas for future development. The panel felt this was an area of good practice, ensuring feedback is captured from both staff members and students.

The panel was satisfied that the guidance for Clinical Educators is consistent as training is given during the two Clinical Educator days during the programme, which ensures a consistent approach is taken when assessment is undertaken in the practice placements. The panel was also reassured that staff members from the School attend the practice placements to observe the assessments taking place, again ensuring there is a consistent approach to assessing the students in each of the placement settings.

Requirement 19: Students will have exposure to an appropriate breadth of patients/procedures and will 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*)

During meetings with the students, the panel noted that staff members were helpful in identifying experience needs and requirements during the programme. However, the panel felt earlier practice visits would identify issues with patient access and possible clinical shortfalls. This was especially pertinent with respect to the students who are on placement in amalgam-free practices. The panel acknowledged that the School worked round this issue by ensuring the students affected had an opportunity to spend time in another practice where amalgam was used.

In order to mitigate this in future, it is the responsibility of the School to take a proactive approach from the outset of the programme to ensure students are provided with sufficient opportunity to gain exposure to an appropriate breadth of procedures at all work-based learning practices. The School must proactively monitor the clinical experience that is being gained in each practice placement and have formal arrangements in place to ensure students are able to obtain an appropriate range of experience in other settings, should issues arise in the designated work-based learning practice.

The panel agreed that the recording and submission of clinical data information by students was not always carried out in a timely fashion, resulting in a lack of clarity over the exact experience the students had achieved. The panel felt the School must ensure students return their clinical portfolio data in a secure and timely fashion.

Requirement 20: The provider should seek to improve student performance by encouraging reflection and by providing feedback (*Requirement Met*)

The panel was provided with evidence of continuous feedback given to students from the Clinical Educators and programme staff in the clinical portfolios. The panel was pleased to see that students are encouraged to provide feedback on each other following clinical sessions.

The panel noted that there are sections in the clinical portfolios that require the student to reflect following each clinical activity and this area of the portfolio was regularly kept up to date.

Requirement 21: Examiners/assessors must have appropriate skills, experience and training to undertake the task of assessment, appropriate general or specialist registration with a regulatory body (*Requirement Met*)

The panel was provided with CVs of all the programme staff members and noted that they all had relevant teaching qualifications and registration with the GDC.

The Clinical Educators carry out teaching and assessment in the work-based learning setting. The educators are trained and calibrated twice a year during the induction session at the beginning of the year and a further training session later in the year. All of these sessions are held at the School. The panel was pleased to note that during the meeting with the Clinical Educators, they commented positively on the support and training provided from the School.

Requirement 22: 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 (*Requirement Met*)

As this is the first year of the programme a report from the External Examiner is not yet available. However, the panel was pleased to note that the External Examiner had reviewed the exam papers and suggested changes.

During the exam inspection the External Examiner reviewed the student's clinical portfolios, as well as performing a quality assurance function during each of the case presentations to ensure the examination had been fairly conducted.

Requirement 23: Assessment must be fair and undertaken against clear criteria. Standard setting must be employed for summative assessments (*Requirement Partly Met*)

During the programme and exam inspections the panel was provided with evidence of the marking criteria used in the assessments that take place in at the School and those that are undertaken in the work-based learning placement setting. The panel was satisfied that this criterion, along with the guidance and training provided to the Clinical Educators, enabled them to carry out the task adequately, however felt that further contact with the Clinical Educators, in addition to the two training events currently in operation, would ensure the criteria and guidance provided is fully followed.

The panel noted that the School does not undertake any standard setting at present, however the programme leads acknowledged its importance and are currently sourcing training to develop this area further. The panel agreed that the School must develop the use of standard setting for summative assessments.

Requirement 24: Where appropriate, patient/peer/customer feedback should contribute to the assessment process (*Requirement Partly Met*)

During the inspection the panel was informed that the School is currently not utilising feedback effectively as part of the assessment process, however the panel acknowledges that this is a complex area and that the School is beginning to address this for future cohorts.

The panel was provided with evidence that the School are currently piloting a patient feedback scheme. Patients will be asked to complete a feedback form at the end of each treatment, which will be included in the students' clinical portfolio and submitted for assessment. In addition to this, the School utilises patient actors during the OSCE examinations and their feedback is incorporated into the assessment mark, using the marking guides and mark sheets that have been developed. The panel agreed that the School must continue to review the use of patient/peer/customer feedback as part of the assessment process.

Requirement 25: Where possible, multiple samples of performance must be taken to ensure the validity and reliability of the assessment conclusion (*Requirement Met*)

The panel was satisfied that students were assessed on multiple occasions to ensure the validity of the result. The panel was provided with the clinical log books, module assessment records, and overall student attainment data. The panel was also given the opportunity to attend the final case presentation examinations to evidence this this.

Requirement 26: 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 (Requirement Met)

During the programme inspection the panel was provided with a copy of the programme handbook, which clearly stated the standard that was expected of the students. The panel was satisfied that when meeting with the students, they also confirmed that they were aware of the assessments involved in the programme.

Actions

Req. Number	Actions for the provider	Due date (if applicable)
16	The School must ensure all students are assessed in the full range of Learning Outcomes for a dental therapist, regardless of their previous training or employment history.	Update to be provided through the GDC Annual Monitoring exercise
17 & 19	The School must ensure students return their clinical portfolio data in a secure and timely fashion	Update to be provided through the GDC Annual Monitoring exercise
19	The School must proactively monitor the clinical experience that is being gained in each practice placement and have formal arrangements in place to ensure students are able to obtain an appropriate range of experience in other settings, should issues arise in the designated work-based learning practice	Update to be provided through the GDC Annual Monitoring exercise
23	The School should ensure the Clinical Educators are provided with sufficient training and guidance on the teaching and assessment of students	Update to be provided through the GDC Annual Monitoring exercise
23	The School must develop the use of standard setting for summative assessments.	Update to be provided through the GDC Annual Monitoring exercise

24	The School must continue to review the use of patient/peer/customer feedback as part of the assessment process.	Update to be provided through the GDC Annual Monitoring exercise
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Standard 4 – Equality and diversity

The provider must comply with equal opportunities and discrimination legislation and practice. They must also advocate this practice to students

Requirements	Met	Partly met	Not met
27. Providers must adhere to current legislation and best practice guidance relating to equality and diversity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Staff will receive training on equality and diversity, development and appraisal mechanisms will include this	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
29. Providers will convey to students the importance of compliance with equality and diversity law and principles of the four UK nations both during training and after they begin practice	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GDC comments			
<p>Requirement 27: Providers must adhere to current legislation and best practice guidance relating to equality and diversity (<i>Requirement Met</i>)</p> <p>The University has a specific ‘University of Essex Equality Policy and Strategy 2011/2014’ which sets out equality objectives, an action plan to achieve these and key performance indicators to ensure these stated objectives are met. This strategy also includes individual policies relating to bullying and harassment; disclosure; confidentiality and data protection; employment and a policy covering the specific protected characteristics.</p> <p>Although there seemed to be no formal process in place to record complaints, the panel was informed no complaints in relation to equality and diversity issues had been received by the School.</p> <p>Requirement 28: Staff will receive training on equality and diversity, development and appraisal mechanisms will include this (<i>Requirement Partly Met</i>)</p> <p>As stated under Requirement 27, the University has a specific equality and diversity strategy in place. As this is a University document, there is an assumption that all staff members have knowledge of this document and its contents. Current staff members also have annual appraisals, where all training needs, including those relating to equality and diversity are discussed and subsequent training arranged. The panel was provided with evidence of certificates of the programme staff who had attended equality and diversity training.</p> <p>All new staff joining the University will undergo an induction, where the equality and diversity strategy is covered.</p> <p>The panel decided this requirement is partly met as there appears to be no checking to ensure the CEs have the necessary E and D policies in place in their respective practices. The panel was informed that as all training practices have passed a CQC inspection, it is assumed by the programme staff that the practices have the relevant E and D policies in place and leave it up to the individual CEs to make their own decisions about training. The panel felt that the assessment of the training practices should include a section on ensuring the CEs have the necessary equality and diversity training, and that all the practices have a formalised equality and diversity in place.</p>			

Requirement 29: Providers will convey to students the importance of compliance with equality and diversity law and principles of the four UK nations both during training and after they begin practice (*Requirement Met*)

From meeting with the students, it was clear that as GDC registrants they had a strong understanding of equality and diversity already. However, this topic is covered during the induction week, and includes the differences in legislation between the four countries. The topic is covered again during the Developing Dental Professionalism module.

The panel was informed that the School is planning to carry out exit interviews with students which will include equality and diversity training needs, in the event that a student chooses to work in one of the UK nations with differing equality and diversity legislation to England.

Actions

Req. Number	Actions for the provider	Due date (if applicable)
28	The School must ensure that the CEs have received equality and diversity training and that each practice placement has the necessary equality and diversity policies in place	Update to be provided through the GDC Annual Monitoring exercise

Summary of Actions

Req.	Actions for the provider	Observations Response from the Provider	Due date (if applicable)
		<i>Provider to record observations in response to actions here</i>	
3	The School should ensure all potential placement practices are assessed prior to students beginning the programme.	For the 2015 cohort, practice placement assessments were undertaken prior to students commencing the programme to ensure they were of an appropriate standard; this will be the standard for future cohorts.	Update to be provided through the GDC Annual Monitoring exercise
6	Future cohorts of students may feel unable to raise concerns as it may compromise their job or placement. The Programme Leads should identify ways to mitigate this conflict of interest and then go onto to develop guidance for future cohorts.	It is recognised that students are working with their employers whilst undertaking the BSc programme; therefore the student handbook is being updated to include additional information and guidance in relation to raising concerns about risks to patient safety.	Update to be provided through the GDC Annual Monitoring exercise
7	The School must develop a formal process to record and monitor any patient safety incidents that may occur at the student's placement. This process must ensure all students and their CEs are aware of what needs to be recorded and reported back to the School. The School must ensure all patient safety issues are appropriately logged and monitored	Practice patient safety incidents are now a regular agenda item within the BSc programme management meetings. The student handbook is being updated to include additional information and guidance in relation to raising concerns about risks to patient safety.	Update to be provided through the GDC Annual Monitoring exercise
10	The School must ensure students have access to experience in procedures covering the full range of	Although having access to a broad range of patients within placement at the outset of the	Update to be provided

	Learning Outcomes and that arrangements are in place to mitigate any problems acquiring that experience.	programme is a requirement to enable comprehensive access to experience to required procedures, discussions are also in place for students to gain experience in other clinical environments such as the community setting to consolidate their own practice experience, should problems arise.	through the GDC Annual Monitoring exercise
10	The School should consider the timing and frequency of the practice placement visits, to ensure students and CEs are provided with sufficient support and guidance	Practice visits are undertaken regularly throughout the programme and these include meeting the clinical educators to address any queries or issues; these supplement the regular contact that we have with both students and clinical educators through other forms of correspondence.	Update to be provided through the GDC Annual Monitoring exercise
16	The School must ensure all students are assessed in the full range of Learning Outcomes for a dental therapist, regardless of their previous training or employment history.	The 2015 interview process utilised the MMI process to establish baseline knowledge and skills which proved successful and demonstrated competence in the areas of periodontology and prevention. This has enhanced the broad range of assessments, including comprehensive work based assessments, which are mapped to the learning outcomes.	Update to be provided through the GDC Annual Monitoring exercise
17 & 19	The School must ensure students return their clinical portfolio data in a secure and timely fashion	For the 2015 cohort, there has been emphasis on the monitoring of the work based learning components of the programme through the Moodle system with a more seamless approach than previously; this has resulted in all students meeting their clinical targets and deadlines to date.	Update to be provided through the GDC Annual Monitoring exercise
19	The School must proactively monitor the clinical experience that is being gained in each practice	Monitoring the clinical activity is a key component of the programme and as outlined in point 10,	Update to be provided

	placement and have formal arrangements in place to ensure students are able to obtain an appropriate range of experience in other settings, should issues arise in the designated work-based learning practice	discussions are in place for students to gain experience in other clinical environments should this be required. This has been further reinforced for students to consider additional placements at the outset, should this arise.	through the GDC Annual Monitoring exercise
23	The School should ensure the Clinical Educators are provided with sufficient training and guidance on the teaching and assessment of students	There is an initial training session previous to the start of the course which covers the assessment of the students as well as providing guidance for helping with student development. This is supplemented throughout the year by termly practice visits from university staff as well as two way communication links between the CEs and the students' personal tutors.	Update to be provided through the GDC Annual Monitoring exercise
23	The School must develop the use of standard setting for summative assessments.	The team are working to introduce standard setting into the programme, with staff training having taken place in April 2015. Standard setting is now being introduced for the BSc programme from the next cohort.	Update to be provided through the GDC Annual Monitoring exercise
24	The School must continue to review the use of patient/peer/customer feedback as part of the assessment process.	Although there is an established feedback mechanism by using actors for the OSCE's, work has commenced with regards to using patient feedback as part of the assessment process within the practice placements. The NHS 'friends and family test' is currently being piloted in placements and work is undergoing regarding how this contributes to the student experience.	Update to be provided through the GDC Annual Monitoring exercise
28	The School must ensure that the CEs have received equality and diversity training and that each practice placement has the necessary equality and diversity policies in place	This is now part of the requirement of the clinical educators during the application process; should clinical educators not have current equality and	Update to be provided through the GDC Annual

		diversity certification, this will be offered by the University.	Monitoring exercise
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Observations from the provider on content of report

Provider to record additional observations here

The programme staff would like to thank the GDC Inspection Panel for their supportive and considerate approach during the inspection process. The advice and guidance offered by the inspection panel has contributed to the development and enhancement of the BSc (Hons) programme that the University offers.

Sarah Murray, Programme Lead BSc

Recommendation to the GDC

The inspectors recommend that this qualification is sufficient for holders to apply for registration as a dental therapist with the General Dental Council.