

RE-INSPECTION REPORT

Education Provider / Awarding Body:	Aberdeen Dental School
Programme / Award / Qualification:	BDS Programme (Graduate entry pathway)
Outcome of previous inspection (2014/15):	Recommended that the BDS programme remains sufficient for registration as a dentist with the GDC. A re-inspection of the examinations to further evaluate the School's revised assessment strategy should be undertaken in the 2015/16 academic year.
Remit and Purpose:	Re-inspection of the final assessments, referencing the <i>Standards for Education</i> not previously met, to determine continuing sufficiency of the award for the purpose of registration with the GDC as a dentist.
Learning Outcomes:	<i>Preparing for Practice (Dentist)</i>
Examination Inspection Dates:	17 – 20 May 2016
Inspection Panel:	Audrey Cowie (Lay member and Chair) Edward Odell (Dentist) Paul Howlett (Dentist) Iain Mackie (Dentist)
GDC Staff:	Ross Scales (Lead) Manjula Das
Outcome of inspection:	The inspectors recommended that the Aberdeen BDS is sufficient for registration with the GDC as a dentist.

Re-inspection summary

A re-inspection of the Aberdeen Dental School final examinations was recommended in the 2015 inspection report. The purpose of this re-inspection was to evaluate the changes made to these assessments and to review the progress made against actions contained in previous inspection reports. The inspectors received documentation in advance of the inspection and attended the final assessments for the final year students in May 2016. During the inspection, the panel also met with programme leads, other programme staff and the external examiners.

The inspection panel reviewed the new assessments that had been introduced and the changes to existing assessments and found significant improvements. These included revisions to the grading schemes and, importantly, the introduction of an Integrated Structural Clinical Examination (ISCE). The assessments were well run and provided a robust and fair assessment of students. Specific aspects of these assessments, such as standard-setting, will require further thought and development in future years.

A further important development for the Aberdeen BDS was the introduction of the LIFTUPP system for recording and monitoring students' continuous achievement in the clinical aspects of the programme.

The University had made progress with recruiting new staff to the programme, but there were still some posts vacant for senior positions. The inspectors understood that recruitment remained a challenge for the programme and agreed with the programme leads that it was important to ensure that the right people were appointed. The panel saw evidence of proportionate and appropriate training of new and existing staff across the programme, including those based in outreach placements, but noted that the recording and monitoring of training still required some formalisation.

The inspectors were told by the programme leads that the work undertaken to embed the communications strategy within the programme had led to improved relationships within the School. This included better communication between staff across the School and Hospital and with the BDS students. There was evidence of these improved relationships in the meetings with programme staff.

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. GDC inspections between 2013 and 2015 focused on four Standards, with a total of 29 underlying Requirements. These are contained in the first edition of the *Standards for Education*. Although this edition has been superseded by the second edition with three

Standards and 21 Requirements, for reasons of consistency, this inspection used the first edition of the document as the framework for the inspection.

4. The purpose of this re-inspection was to make a recommendation to the Council of the GDC regarding the sufficiency of the programme for registration as a dentist 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 had the opportunity to provide factual corrections on the draft report. Following the production of the final report the provider was asked to submit observations on, or objections to, the report and the actions listed. Where the inspection panel had 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 a re-inspection of the final examination of the Bachelor of Dental Surgery (BDS) awarded by Aberdeen Dental School (ADS). The GDC publication *Standards for Education* (version 1.0 November 2012) was used as a framework for the inspection.
8. The re-inspection comprised of one visit. The visit took place between 17 and 20 May 2016 and was undertaken during the final assessment period. The panel observed the assessments, attended the examination board meeting and met with School staff.
9. The report contains the findings of the inspection panel from the visit, together with consideration of supporting documentation prepared by the School to evidence how the individual Requirements under the *Standards for Education* have been met. The main focus of the re-inspection was in regard to those Requirements that were deemed Partly Met in the 2014/15 inspection report (available on the GDC website). The inspectors were also permitted to revise their consideration of any of the 29 Requirements under the *Standards for Education* should additional information gathered require this.

Overview of Qualification

10. Aberdeen Dental School (ADS) has been developed in conjunction with Dundee Dental School and the degree will be awarded jointly from both the Aberdeen and Dundee universities for the foreseeable future.

11. The BDS programme sits in the School of Medicine, Medical Sciences and Nutrition within Aberdeen University. The programme has an annual intake of around 20 graduate students, who must demonstrate prior formal qualifications that have covered relevant biomedical subjects. The duration of the graduate entry pathway is 164 weeks over four years of study and training. The programme is designed to deliver the learning outcomes contained in the GDC document *Preparing for Practice*.

Evaluation of Qualification against the *Standards for Education*

12. The provider was requested to update their 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, students and external examiners.
13. The inspection panel once again used the following descriptors to reach a decision on the extent to which the BDS at Aberdeen Dental School meets each of the Requirements:

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 Requirement s regarding patient care	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Providers must have a student fitness to practise policy and apply as required. The content and significance of the student fitness to practise procedures must be conveyed to students and aligned to GDC student fitness to practise guidance. 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 5: Supervisors must be appropriately qualified and trained. Clinical supervisors must have appropriate general or specialist registration with a regulatory body (<i>Requirement remains Partly Met</i>) 2015 actions: (i) <i>The School must ensure that a training record is maintained of all staff involved in clinical delivery with a schedule for annual review.</i>			

- (ii) *All staff involved in the clinical delivery of the programme, including outreach tutors, must be included in the schedule of staff training*
- (iii) *The School must continue with all efforts to appoint well qualified staff to senior academic and clinical positions. This must be among the School's, the Division's and University's top strategic priorities*

The School operates a monthly training programme for all staff who supervise on clinic. Sessions delivered have focused on areas such as patient safety, student supervision and assessment, assessor standardisation and teaching and learning. Outreach staff, including dental nurses are invited to training workshops at the dental hospital. Information concerning staff training programmes is available to outreach staff through the MyBDS online system.

Part of the induction process for new staff required new clinical supervisors to shadow colleagues for a few weeks in order to become familiar with the clinics, equipment and the approaches to student assessment. Other areas covered within the induction of new staff are general equality and diversity issues, equality and diversity in teaching and the cross-infection control procedures that are in place on School clinics.

The inspectors reviewed the information provided by the School and heard oral updates from staff in relation to the training provided for existing staff. There was much to commend in the work undertaken, including the work mentioned above, but the inspectors did not receive a completed training log as this was still in development at the time of the inspection. The inspectors agreed that until there was documentary evidence to demonstrate that the training each staff member has undertaken is appropriate, sufficient for their needs and sign-posted with update requirements, this requirement would remain partly met. When satisfactory evidence of recording and monitoring staff training is provided, the first and second actions from the 2015 report would be met.

Regarding the third action point relating to staff recruitment, the panel noted some positive developments in this challenging, but high-priority area for the School. Improvements to staffing levels have been made across several areas, including restorative dentistry, periodontics and endodontics, as well as the recruitment of additional general dental practitioners in the teaching clinics. Currently, there are four positions that are being recruited. These are in human disease, restorative dentistry, oral sciences and dental public health as well as recruitment for a new assessment lead. The School Director explained that the School was keen to recruit the right staff and would not bring in new people just to increase numbers.

**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)**

2015 advisory action: *The School should have a formal policy for raising patient concerns in outreach setting and other placements*

The inspectors found that no specific formal School or University policy for raising concerns about patient safety in outreach settings and other placements had been developed at the time of the inspection. However, the School patient safety handbook, which is provided to staff in placements, includes the raising concerns policy and procedure.

The School had strengthened the patient safety links with the outreach centres in Elgin and Stornoway and visits to these centres were planned. The aim of these visits will include ensuring that the training provided regarding raising patient safety concerns and the understanding of the process to be followed are satisfactory.

Actions

Req. Number	Actions for the provider	Due Date
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		(if applicable)
5	The School must ensure that there is a comprehensive staff training log to monitor the training needs of all clinical staff within the School. This should be reviewed annually to ensure that supervising staff are appropriately trained to fulfil their role.	Annual monitoring 2017
5	The School must continue with its efforts to recruit to the programme and provide a progress update to the GDC through the annual monitoring exercise.	Annual monitoring 2017

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

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10. The provider will have systems in place to quality assure placements

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11. Any problems identified through the operation of the quality management framework must be addressed as soon as possible

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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

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13. Programmes must be subject to rigorous internal and external quality assurance procedures

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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

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15. Providers must consider and, where appropriate, act upon concerns raised or formal reports on the quality of education and assessment

☒☐☐**GDC comments****Requirement 10: The provider will have systems in place to quality assure placements
(Requirement Met)****2015 advisory actions:**

- (i) All staff involved in the clinical delivery of the programme, including outreach tutors, should be included in the schedule of staff training
- (ii) All students on placements such as Oral and Maxillofacial Surgery should be well integrated with rest of the programme and assessment strategy

The inspectors were informed that the training provided to outreach staff varies according to the needs and specific circumstances of each individual, but attendance at one or more training sessions at the School each year is required. Staff based at locations away from ADS are also able to join many training events by videolink.

Outreach tutors are notified of the training regarding patient safety, which is delivered by ADS. Visits by ADS staff to the outreach centres are planned to ensure that the training has been delivered and all staff involved in patient care are aware about how to record patient safety

issues. Training in the Longitudinal Integrative Foundation Training Undergraduate to Postgraduate Pathway (LIFTUPP) system, which has been acquired for the programme to address the need for an electronic recording and monitoring system, will be delivered prior to the system being introduced into the outreach centres in August 2016. A symposium designed to review clinical teaching was held in 2016 and outreach staff were invited to this event, which focused on the training requirements for all clinical staff including those in placements. The inspectors were informed by the programme leads that this event will be held annually.

Further links are being developed with the Oral Surgery and Oral and Maxillofacial Surgery (OMFS) team at Aberdeen Royal Infirmary (ARI). Negotiations are ongoing about the School funding a specialist OMFS post at ARI in exchange for the OMFS team taking responsibility for the entirety of the delivery of teaching in this area.

Although further work is required to formalise the recording and monitoring of training for all staff, as detailed under Requirement 5, the inspectors noted that there had been considerable progress in developing the training for staff based away from the School.

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

2015 advisory action: *The School should continue its work to establish risk registers at programme, School, Division, and Faculty levels*

The inspectors reviewed the University owned risk register for the School, which is used to record educational risks. In addition to this, a joint Hospital and School risk register is being developed for the third quarter of 2016. This latter document will cover risks that are common to the School and the Hospital, such as those around equipment and other resources. Discussion of these risk registers is a standing item on the senior management team agenda.

The School Director had reviewed the information on Datix and confirmed that the issues identified had been reviewed by the Clinical Governance Committee and were being addressed. It was planned for learning gathered through the Datix system to be disseminated across staff. The senior management team told the panel that they were in discussions about the possibility of collating their learning with learning from other schools so that there is more data available on which to base decisions and actions. The inspectors agreed that this was a positive approach that could benefit the development of dental education.

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

2015 advisory action: *The School should revise its process for formally responding to external examiner reports. External examiner feedback should be considered at a committee level earlier and responses to the individuals who drafted the reports should be quicker and include more detailed acknowledgments of the points raised*

The inspectors met with the external examiners during the examination inspection, who provided an overview of their involvement with the assessments. The external examiners were content with the scope of their role and told the inspectors that they felt the School really listened to them and valued their feedback.

A handbook for external examiners has been produced to improve the communication between the School and the external examiners by making it more timely and effective. Although University processes meant that formal responses to external examiner reports continued to take some time, copies of the reports were now sent directly to the School to enable earlier consideration of their findings by the assessment committee. This revision to the process also provides for a more timely response from the School to the external examiner. The inspectors

were satisfied that appropriate action had been taken by the School to address the advisory action from the 2015 GDC report.

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

2015 advisory action: *The School should continue with its efforts to maintain strong communication channels with students across all year groups.*

As this inspection was of the revised final examinations only, the inspectors were unable to meet with students. However, during interviews held with staff members, the inspectors were told that there were better dynamics within all student years, which was partly due to the improved communications in place. Additional consideration had also been given to the induction processes in place for new students entering the programme, which resulted in a revised induction week.

Actions		
Req. Number	Actions for the provider	Due Date (if applicable)
10	An update on the integration of OMFS teaching in the programme should be provided through the annual monitoring return in 2017	Annual monitoring 2017

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	M et	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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input 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"/>

<p>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 *</p> <p>* = Requirement has been revised from the 2014/15 report</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GDC comments			
<p>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 (<i>Requirement revised from Partly Met to Met</i>)</p> <p>2015 action: <i>The School must continue with its assessment transition strategy keeping in mind the action points raised in earlier GDC reports</i></p> <p>Updates to the School's assessment strategy, including an updated strategy document and significant revisions made to the final examinations, were reviewed by the inspectors who noted that the changes had led to improvements over the 2015 assessments. ADS had introduced an Integrated Structured Clinical Examination (ISCE) with four stations that focused on restorative dentistry, oral surgery and oral medicine, and paediatric dentistry and orthodontics. Several changes were also made to the Presentation Case assessment including increased examiner training and revised assessment criteria that better reflected the domains in the GDC learning outcomes document.</p> <p>Programme staff assured the inspectors that students had been given the opportunity to practise the new formats of assessment and had familiarised themselves with the updated criteria. The revised assessments had also been trialled by the examiners, using previous presentations, in order to identify any issues that could arise.</p> <p>The grading system used within the School had been reviewed following discussions with the Institute of Education in Medical & Dental Sciences. The programme leads told the inspectors that grades within the new scheme could be more easily transposed to the University's common grading scheme (CGS) than before.</p> <p>The inspectors agreed that, due to the work undertaken by the School to improve assessment at the end-point of this programme, this requirement was met. This decision was strengthened by the work the School has undertaken to blueprint assessments, including the revised final assessments, against the GDC learning outcomes and also because of the introduction of the LIFTUPP system for recording student performance on clinic.</p> <p>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 (<i>Requirement revised from Partly Met to Met</i>)</p> <p>2015 action: <i>The School must prioritise plans for the introduction of a central recording system incorporating assessment and curriculum mapping capabilities. This must include a clear transition plan that considers the impact on staffing levels</i></p> <p>The School has introduced the LIFTUPP system to address the need for central recording of assessment against the curriculum and the GDC learning outcomes. This is currently in a transition period, with paper-based recording of student experience being phased out in the next academic year across most areas of the programme, including outreach placements.</p>			

LIFTUPP was introduced to the Year 2 students when they commenced clinical activities and will be used by all students from the beginning of the 2016/17 academic year. The system, which is used by many other dental schools including both the other dental schools in Scotland, will allow staff and students at ADS to better identify the progression of individual students and the cohort overall in terms of quality, amount and variety of treatment provided.

The recent changes to the assessments had resulted in the School identifying some gaps in the blueprint of learning outcomes against assessments. However, the inspectors noted the plans in place to address these and agreed that due to the above changes this requirement was met.

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 revised from Partly Met to Met*)

As described above, the inspection panel considered the changes to the final assessments as well as the benefits of the LIFTUPP system for the continuous assessment of students. The panel agreed that there had been significant improvements in both of these areas, which were now consistent with current practice.

The inspectors noted that there was still further work to be undertaken to refine the new final assessments and some improvements to be made to the standard-setting process (which are addressed under Requirement 23). The programme leads described their plans for the consideration of feedback from examiners, external examiners and others and a post-hoc review of the assessments. The changes made to the assessments used during and at the end point of the programme meant that the inspectors agreed that this requirement was now met.

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 revised from Partly Met to Met*)

Actions in previous inspection reports required ADS to review the grade descriptors, the achievement of pre-requisites, the accuracy of the central recording system and the recording strategy. Many of these actions are addressed under different requirements in this report.

The programme leads informed the inspectors that there had been an increase in patient flow for student clinics, which was the result of closer work with the NHS and a greater number of self-referrals. The leads also stated that there were no difficulties in students achieving the pre-requisite experience across the various areas of patient treatment and therefore finding appropriate patients for case presentations.

The programme leads told the inspectors that students were all seeing a sufficient number of patients that required a suitable range of treatments in order to achieve the pre-requisite numbers required. The inspectors asked whether there were plans to review the pre-requisites as the number of patients for student treatment had increased. The programme leads told the panel that the numbers were similar to other schools and that they did not want there to be a focus on numbers, that the pre-requisites should be viewed as guidance and that any progression decisions would also be based on a student's ability and take account of cross-compensation between procedures that assess similar skills.

In addition, as the LIFTUPP system is introduced there will be changes to the recording of clinical skills assessments and a much more robust system in place to provide assurance of students' experience. This requirement is now met.

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*)

2015 advisory actions:

- (i) *The School should continue with the staff training in the area of assessment and grading the final examinations*
- (ii) *The School should continue to review and develop its assessment strategy to ensure there is an even spread of core dentistry being assessed and not a focus on restorative work*

The inspection panel observed the examiner briefing in advance of the final case presentation and ISCE assessments. The instructions provided to the examiners clearly outlined the 'safe beginner' standard required to pass at the case presentations and grading instructions were clear. The examiners confirmed to the panel that this briefing replicated the content of training previously given.

The inspectors noted that the final assessments covered a greater range of areas of treatment than for previous cohorts.

A number of internal examiners undertake external examiner roles for postgraduate programmes and for qualifying examinations for overseas-trained dentists, however, they do not fulfil this role at other UK BDS programmes. The inspectors agreed that staff should be strongly encouraged to do this when the opportunity arises.

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*)

2015 advisory action: *The School should continue with its plans to recruit more external examiners and develop closer engagement and emphasis on the quality assurance of clinical and academic in-course assessment.*

As detailed elsewhere in this report, there was a good relationship between the external examiners and the School. The external examiners confirmed that they had opportunity to review the written papers and the scenarios for the ISCE assessment, as well as previous external examiner reports. Both external examiners reported that they felt listened to by the School and recommendations that they made were acted upon.

There was external examiner presence at the stage where students' progress, clinical experience and achievements through in-course assessment were reviewed to determine whether they were permitted to sit the final examinations.

As addressed under Requirement 14, steps had been put in place for the School to receive a copy of each external examiners' report directly from that individual, rather than waiting for it to go through the University's formal system which had previously led to a delay in the School being able to act on the findings and recommendations.

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

2015 advisory actions:

- (i) *The School should continue with its consideration of how best to combine the University CGS scores with the assessment strategy and further review whether the CGS grading scheme is suitable for a professional programme of study*
- (ii) *The School should continue with its work to increase the granularity of the descriptors and grading to offer a better distinction between borderline students and higher achieving ones.*

As described under Requirement 16, the inspectors noted that the students were well-briefed for the revised final assessments and were given the opportunity to practise these before they sat for the summative examinations.

At the final year ISCE assessment, examiners were asked to make a criterion-based decision on how well a student had performed on an individual item. The criteria were grouped under four headings: exceeds the standard, meets the standard, below the standard and well below the standard. A modified Angoff standard setting process was then used to determine the pass mark. The inspectors were concerned that this may have led to two standard setting processes being used in conjunction at the same assessment and suggested that the headings for the criteria were revised to avoid confusion.

The inspectors noted that the transposition of grades from the revised final assessments were more compatible with the University CGS, than for the previous assessment schemes used.

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

2015 advisory action: *The School should seek to continue the planned extension of the 360° feedback pilot and further consider how multi-source feedback can be incorporated in student assessment*

The inspectors agreed that the School still had further work to do under this requirement before it could be considered as met. Further work was required to determine how feedback from a variety of sources can be used both to aid and to assess student development.

There is scope for patient feedback and feedback from other sources to be recorded in LIFTUPP, when this is operational. The panel found that this requirement remained partly met and agreed that an update on progress made to incorporate feedback from an appropriate range of sources must be reported on through the annual monitoring exercise.

Actions

Req. Number	Actions for the provider	Due Date (if applicable)
23	The School should review the decision to employ both item specific subjective decisions and the Angoff standard-setting processes.	Annual monitoring 2017

24	An update on the 360° feedback pilot and the use of feedback from a range of appropriate sources must be provided.	Annual monitoring 2017
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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 checked="" type="checkbox"/>	<input 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 28: Staff will receive training on equality and diversity, development and appraisal mechanisms will include this (<i>Requirement Met</i>)</p> <p>2015 advisory action: <i>The School should look to improve the clarity of recording and auditing in the area of staff training in, and individual performance reviews relating to, Equality and Diversity</i></p> <p>See Requirement 5 for information regarding progress on staff training.</p>			

Actions		
Req. Number	Actions for the provider	Due Date (if applicable)
-	none	n/a

Summary of Actions

Req. Number	Action	Observations Response from Provider	Due date
5	The School must ensure that there is a comprehensive staff training log to monitor the training needs of all clinical staff within the School. This should be reviewed annually to ensure that supervising staff are appropriately trained to fulfil their role.	<p>A Staff Training Database, which will hold all training records for staff at ADS and Hospital, is currently being developed. Attendance levels at training events relating to core areas for safe clinical/academic practice will be reviewed annually and potential gaps addressed through the Annual Review exercise and individual Personal Development Plans (PDPs). Additional training will be organized where necessary, for the fulfilment of mandatory training requirements. A Joint Dental School and Hospital study day to address Core CPD requirements was held in June 2016; this will be an annual event.</p> <p>The School will update the GDC as part of the annual review process in 2017.</p>	Annual monitoring 2017
5	The School must continue with its efforts to recruit to the programme and provide a progress update to the GDC through the annual monitoring exercise.	<p>This remains a key priority for the School. Since May 2016 the following staff have been appointed:</p> <ul style="list-style-type: none"> • 0.4 WTE Senior Clinical lecturer (Scholarship) / Honorary Consultant in Restorative Dentistry • 0.6 WTE Senior Clinical Lecturer (Scholarship) • 1.0 WTE Senior Lecturer in Oral Sciences 	Annual monitoring 2017

		<ul style="list-style-type: none"> • 0.6 WTE Lecturer in Dental Public Health • Two, 0.4 WTE Clinical Lecturers (Scholarship) in Oral Surgery <p>In addition, the school is looking to extend the appointment of its Senior Clinical Lecturer (Scholarship) in Paediatric Dentistry from 0.6 WTE to 1.0 WTE.</p> <p>In March 2017, the school will advertise for a Chair in Human Disease in Relation to Dentistry and a Senior Clinical Lecturer (Scholarship)/Honorary Consultant in Restorative Dentistry.</p> <p>The School will further update the GDC on recruitment as part of annual monitoring in 2017.</p>	
10	An update on the integration of OMFS teaching in the programme should be provided through the annual monitoring return in 2017	<p>As part of the School's internal restructuring, an Associate Director in Clinical Sciences has been appointed. Part of this role is to review and develop the clinical curriculum within the school. In liaison with the two new Clinical Lecturers in Oral Surgery, a review of the oral surgery curriculum is planned.</p> <p>The School will update the GDC on progress as part of annual monitoring process in 2017.</p>	Annual monitoring 2017
23	The School should review the decision to employ both item specific subjective decisions and the Angoff standard-setting processes.	A review of the Year 5 ISCE assessment criteria and the standard setting process has taken place and was piloted with the Year 5 formative ISCE in December 2016. Feedback from the examiners was positive.	Annual monitoring 2017

		The School will update the GDC on progress as part of annual monitoring process in 2017.	
24	An update on the 360° feedback pilot and the use of feedback from a range of appropriate sources must be provided.	<p>Under the leadership of the Deputy Director of Dentistry, a working party has been set up to look at how the school can best incorporate feedback, including patient feedback, into the student assessment programme and whether this should be formative or summative.</p> <p>The School will update the GDC on progress as part of annual monitoring process in 2017.</p>	Annual monitoring 2017

Observations from the provider on content of report

The Aberdeen Dental School thanks the General Dental Council for their visit to re-inspect the final assessments in May 2016. The Dental School found the visit to be both positive and helpful and we are pleased with the positive outcome. The Dental School is in agreement with the content of this Re-Inspection Report and will address those actions recommended by the visitors in order to further develop our educational provision. We would like particularly to thank the GDC visitors for the conduct of this re-inspection.

Recommendations to the GDC

The inspectors recommend that this qualification is sufficient for holders to apply for registration as a dentist with the General Dental Council. Future inspections of the Aberdeen BDS programme should take place during the BDS inspection cycle.