

INSPECTION REPORT

EDUCATION PROVIDER:	University of Birmingham
PROGRAMME/AWARD:	Bachelor of Dental Surgery (BDS)
REMIT AND PURPOSE:	Full inspection referencing the Standards for Education to determine the continuing sufficiency of the award for the purpose of registration with the GDC as a dentist
LEARNING OUTCOMES:	The First Five Years
PROGRAMME INSPECTION DATES:	3 & 4 February 2014
EXAMINATION INSPECTION DATES:	2 & 3 June 2014
INSPECTION PANEL:	Gail Mortimer (Chair) Alan Gilmour Fizan Tahir Samuel Cadden
GDC STAFF:	Ross Scales (Lead) Krutika Patel
OUTCOME:	Recommended that the University of Birmingham BDS Programme continues to be sufficient for registration as a dentist

Inspection Summary

The inspection panel noted that there was a strong team approach within the Dental School and the BDS programme was supported by an experienced and committed staff team. The students were engaged and professional, with a good understanding of the expectations placed upon them.

The programme leaders told the inspectors that they wanted the programme to be inspected as it stood, rather than what they thought the GDC expected it to be and stated that they would be open to suggestions for future change in the GDC report. The inspectors felt this was a refreshing and honest approach.

The inspectors found that patient safety was assured with good supervision arrangements and robust pre-clinical training and assessment in place. However, it was apparent that attention should be given to the quality evaluation and review systems for the programme to ensure that the maximum benefit is gained from the various internal and external mechanisms in place, including internal reviews and the use of external examiners.

It was very clear to the panel that the area of the BDS programme that required the greatest level of attention is assessment. The School must prioritise the improvement and modernisation of the assessments used, alongside the introduction of standard setting for summative assessments which was notably absent from the final examinations. The inspectors agreed that all final assessments need to be reviewed and modernised as a priority and suggest that the School appoints someone with expertise in modern assessment methods to lead on this important area. The School may wish to consider seeking advice outside the University if it is not available internally.

All of the external examiners for the final assessment are utilised in a role that requires them to spend the majority of their time assessing students directly. Whilst this is not prohibited by GDC requirements, it does prevent these external individuals gaining an oversight of the various elements of the assessment process, which is contrary to guidance provided by the Quality Assurance Agency (QAA). The inspectors agreed that the external examiners should be able to fulfil a quality assurance role, which should include taking a wider view of the various elements of the final assessments, including sign-up criteria. Their remit should include the summative element of the continuous clinical assessments, identifying discrepancies between examining groups and the performance of all elements of the final assessment process.

The School is introducing the electronic Clinical Assessment and Feedback System (CAFS) which the inspectors agreed is an important development for the BDS programme. Based on the demonstration of this system and the feedback provided by the staff and students who use it, the panel agreed that it was a suitable system for the required tasks and felt that the strong commitment to its development and effective use should make it a success. This was important as, at the time of the inspection, the inspectors found that there were various approaches to the monitoring of clinical experience, with different departments having their own systems and rules. The inspectors agreed that the School needed to monitor experience more closely and seek greater consistency with the introduction of CAFS.

A primary reason for the need to closely monitor student activity is that the amount of clinical experience gained by students is lower than expected in some areas, particularly the experience with paediatric patients. The inspectors were concerned that these issues may be exacerbated with a move to new Dental Hospital and School premises outside the City Centre. The School is aware of these risks, however, there were no plans to mitigate them presented to the inspectors. To address the issues with clinical experience, the School is advised to consider expanding the outreach arrangements for students. The inspectors recognised that there may be issues out of the School's control, but urge all parties to work together to address this.

It was apparent to the inspectors that the programme relied heavily on a few individuals and there should be thought given to succession planning. The inspectors recognised that the staff team were hard-working and the Birmingham students benefitted from a very good level of personal and professional support from staff across the programme. This was highlighted in the feedback received from students across the cohorts who clearly trusted the staff and were confident to raise any concerns with them.

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 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 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. The inspectors may also list a number of actions for the provider to undertake. 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. Where an action would improve how a Requirement is met, the term 'should' is used.
5. 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

6. This report sets out the findings of an inspection of the Bachelor of Dental Surgery awarded by the University of Birmingham. The GDC publication 'Standards for Education (version 1.0 November 2012)' was used as a framework for the inspection. 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.

7. The report contains the findings of the inspection panel across two visits and with consideration to supporting documentation prepared by the School of Dentistry to evidence how the individual Requirements under the Standards for Education have been met. This inspection forms part of a series BDS inspections being undertaken by the GDC 2012-2014.
8. The inspection was comprised of two visits. The first, referred to as the programme inspection, was carried out on 3 and 4 February 2014. This involved a series of meetings with programme staff involved in the management, delivery and assessment of the programme and a selection of BDS students. The second visit took place between 4 and 6 June and is referred to as the examination/student sign-off inspection.

Brief Overview of Qualification

9. The BDS programme sits within the School of Dentistry of the University of Birmingham. The programme has an annual intake of between 75 and 80 students. The duration of the programme is 193 weeks over five years of study and training. The University also awards a Bachelor of Science in Dental Hygiene and Dental Therapy.
10. Students spend the first year of the programme based on the main University of Birmingham campus, with some time spent at the Dental Hospital and School observing clinics and becoming familiar with the dental environment. The first year modules and assessments are designed and delivered in collaboration with the medical school. The time spent at the Dental Hospital and School increases in the second year, where the student begins to assist on clinic, and much of what they have learnt is applied to dentistry. A key stage of this transition is 'Term 6' where students undertake more work in the clinical skills laboratory and which can be considered as a gateway to commencing clinical practice. At the end of this term students take gateway exams in a number of areas including decontamination, infection control and practical ability.
11. If the gateway assessments are passed, the student commences clinical work on patients from the beginning of Year Three. The focus in clinical practice at Birmingham is on whole patient care throughout a student's training. New subjects and skills are introduced and existing subjects are built on as the student moves through the clinical years of the programme. Students attend specialist oral surgery clinics from Year Three until the end of Year Five. In Year Three, students begin to gain experience across a number of specialty clinics.
12. Students will undertake a minimum of six adult and six paediatric outreach sessions in the final two years of the programme. In the final year there is a focus on general dental practice and whole patient care sessions within the Dental Hospital and School clinics. Students also have the opportunity to take special study modules if they have a particular interest in an area, or if they require further training in that area.
13. Students are subject to continuous clinical assessment. The records of this assessment are held by the student and collected each term. In future, the development of the electronic Clinical Assessment and Feedback System (CAFS) will supersede this. Should students have gained less experience than expected by the January in the final year, they receive a letter informing them of their outstanding requirements.
14. Although the programme follows a traditional structure of a dental programme, the University has required a modular structure to be introduced. The School seems to have managed this transition well with strand modules across years including a large

overarching clinical module; however at times it made the documentation confusing for the inspectors to follow.

15. The programme had been designed to meet the learning outcomes in GDC's previous curriculum document, *The First Five Years*. However, from 2015/16 graduates of the programme will meet the learning outcomes contained in *Preparing for Practice*, which was published in late 2011.

Evaluation of Qualification against the 'Standards for Education'

16. The 'Standards for Education' were used as a framework for this inspection. 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.
17. The inspection panel used the following descriptors to reach a decision on the extent to which the BDS of the University of Birmingham 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 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 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 type="checkbox"/>	<input checked="" 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)*

Students on the Birmingham BDS programme commence the direct clinical treatment of patients in Year 3 of the programme. Throughout the preceding years students are taught in the classroom and the clinical skills laboratory and observe and assist in a clinical environment. The students are required to pass a range of knowledge and skills based 'gateway' assessments in the classroom and pre-clinical environment in preparation for clinical practice. The inspectors were provided with a list of the various assessments used and noted that the methods of assessment utilised included multiple-choice and short answer questions.

These were in addition to observed competency assessments in the clinical skills laboratory, including assessments in cavity preparation and restoration, crown preparation, extraction and oral hygiene. 'Gateway' assessments that must be passed also included decontamination, infection control and medical emergencies. The inspectors noted that these assessments occurred at the appropriate stage within the programme.

The inspectors were informed that if a student does not pass an assessment, they are given additional support and training. The students may also seek additional time in the clinical skills laboratory to hone their skills after they have commenced work on patient clinics.

The inspectors noted that medical emergency training occurs in each year of the programme and that in each year there is an emphasis on a particular aspect that has a relationship with the stage of training that the student is undertaking. This medical emergency training is delivered by an external company.

Following interviews with groups of students from each year of the programme, the inspectors agreed that it was clear the students knew the importance of acting within their own limits and would not hesitate to ask for assistance if it was required. The students told the inspectors that they felt they were safe when they first treated patients as they were well prepared when taking this step, having undertaken a good amount of preparatory work prior to this stage and they also benefitted from a good level of supervision. The inspectors were further assured about patient safety as the students were able to practise on extracted teeth in the skills laboratory before treating patients. The students reported that they felt the use of extracted teeth was very useful in their preparation for treating patients.

Based on the evidence received, the inspectors agreed that this Requirement was Met.

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

A 'welcome leaflet' is provided to all patients referred from outside the Dental Hospital and School. The inspectors agreed that this leaflet clearly explained to the patient that they were in a teaching hospital and that the treatment they receive may be provided by a student. The inspectors noted that additional information leaflets provided to patients explained the implications of treatment by students, including the time and costs involved, which was felt to be good practice. Staff and students at the Dental Hospital and School are distinguishable by the different coloured uniforms they wear in the majority of clinics and students wear badges which identify them as students.

Staff told the inspectors that students are taught from an early stage that patients must provide valid consent to treatment by a student and that this consent should be recorded. This consent is gained verbally and is recorded in the patient notes and countersigned by a supervising clinician for the majority of procedures. In addition, for some procedures written consent is required. During a meeting with staff, it was commented by staff that *best practice* would be for consent to be recorded in the notes. The panel agreed that this should be viewed as the minimum expectation when recording consent rather than considered best practice.

Interviews with the students supported the information provided in the documentation and in the interviews with school staff. The students explained to the panel how consent was obtained, how it was recorded and how the patients were aware that they were to be treated by a student. The panel was reassured by the students' awareness of the importance of keeping patients informed regularly about their course of treatment.

The inspectors agreed that this Requirement was Met.

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 Met)*

The vast majority of patient care undertaken by BDS students is delivered within student clinics at the dental hospital or in other clinics throughout the hospital, where Birmingham Community Healthcare NHS Trust (BCHC) is the responsible organisation. The inspectors were provided with a range of evidence that supported the School's assertion that this requirement was met. This evidence included Care Quality Commission reports, risk assessments, insurance and indemnity details and the most recent internal safety report.

Although the majority of clinical treatment takes place in BCHC premises, some of the outreach placements fall under the responsibility of other trusts. Since 2012, the Director of Education undertakes visits to outreach placements alongside a member of staff from the College Quality Office. The inspectors were pleased to note that these visits have recently been formalised and each placement is visited once per year. A report is produced following each visit and the inspectors were provided with a range of visit reports. This is discussed further under Requirement 10.

Final year students told the inspectors that they are provided with 1:1 dental nursing support in outreach most of the time, which the inspectors agreed would help to ensure patient safety when students treat patients in outreach locations.

The inspectors determined that this Requirement was Met.

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 School provided the inspectors with details of the supervision ratios across the various clinical locations where students worked clinically. During the programme inspection the inspectors were also able to view copies of clinical timetables which included names of supervisors at each session.

It was explained that the individual or individuals supervising and the supervision level varied according to the tasks the students were undertaking and the student's level of experience. Further to this, the teaching and clinical experience of supervisors was considered when compiling the timetable to achieve an appropriate balance for supervision of student clinics. Senior school staff also explained that mechanisms were in place to address staff absences, with members of staff in reserve for each session who could be available to undertake supervision duties if needed. In addition, at a number of clinics qualified dental nurses work with the students and their role in assisting with the supervision of students was rightly highlighted by the School.

The students informed the inspectors that supervision levels in specialty areas ranges between one member of staff to three students and one member of staff to six students. In the GDP clinics it is normally four members of staff for up to 25 students, which was in line with the School's stated ratios. The students told the panel that they felt that the levels of supervision were appropriate and that they never waited for more than five minutes to see a supervisor. The inspectors were also assured that the supervision levels in outreach were of a satisfactory level.

The inspectors found that students were supervised appropriately and that this Requirement

was Met.

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

The School confirmed to the inspectors that every individual who supervises students working clinically holds general and/or specialist registration with the relevant professional regulatory body. The inspectors were able to verify this by viewing the staff records and the supervision timetables that were available to the panel during the programme inspection.

The inspectors were provided with an overview of the induction process for new staff, which included central University and Trust inductions. New staff also receive an individual induction for their specific role. All new full-time teaching staff are required to complete a teaching qualification, if they do not hold one at appointment. In addition, the panel was informed that several members of staff either hold or are studying for higher level teaching and research qualifications. It was stated by senior staff that all staff at the School are encouraged and supported to undertake further study.

The inspectors were told by the programme leads that all staff, including part-time and outreach staff receive appropriate training for their roles. New outreach trainers attend hospital clinics where they shadow experienced supervisors and after this are supervised when they first teach and supervise students. The School holds an annual outreach teachers' day each summer, though the inspectors noted that attendance is encouraged but not compulsory. Staff that do not attend this event are encouraged to undertake relevant reading related to the training though this is not mandatory. In addition, the panel was told that a number of outreach and other part-time staff have gained supervisory and/or assessment experience from other roles such as being a foundation trainer or an examiner for the GDC's Overseas Registration Examination.

The inspectors were briefed about the peer observation process, which was a recently introduced innovation. This process involves all clinical staff who have been in post for at least two years receiving peer observation and feedback on their teaching. A sample of completed peer observation forms was available to the inspectors. The inspectors agreed that this was a positive development.

All staff are subject to personal development reviews, which the School felt were helpful in identifying areas for development. However, it was acknowledged that the format of these reviews was limited for part-time staff.

It was agreed that the training and development of part-time and outreach staff could be strengthened, however, from the evidence provided the inspectors agreed that this Requirement was Met.

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)

Senior staff explained to the inspectors that the importance of raising concerns and the requirement to do so is integrated into the teaching programme from the start. The 'Healthcare Ethics and Law' module in Year 1 incorporates whistle-blowing principles and raising issues of poor performance.

When questioned by the panel, it was apparent that the students were aware of their duty to raise concerns where they were aware of risks to patient safety. Some students told the inspectors this was a professional duty and others indicated that it was a legal duty, but all student groups were clear about the requirement to take action where there are issues that could lead to patient harm. In addition, there was a common view from students that it was important to address a problem or risk before it became a greater concern.

The process by which a student or member of the wider dental team could raise a concern was verbally outlined to the panel. Although the inspectors were provided with convincing responses from both staff and students regarding how a patient safety concern would be reported, the inspectors noted that there was no specific process or guidance document that outlined the steps to be taken and provided those raising concerns assurance about the protection they would be offered. Students told the inspectors that they were confident that they would be listened to and not penalised if they raised a concern, which was reassuring.

The School of Dentistry's draft response to the Francis Report was provided in advance of the examination inspection. This document was evidently well thought through, with a clear discussion of the issues and a number of actions planned. The document was wide-ranging and highlighted how the findings of the Francis Report would affect the training of students. The inspectors were told that specific teaching on the issues raised in the report would be introduced from the first year of the programme and would be integrated into the online 'e-course' for students to access. The inspectors were informed that the contents of the action plan and the flow chart for raising concerns from this report have been incorporated into the draft quality manual, which would directly address the findings of the Francis Report. The inspectors were told that there is an intention to develop a School whistleblowing policy in the near future, which will run alongside the NHS policy.

The inspectors agreed that the approach of the staff and the students provided the evidence that this Requirement was Met and that this area will be greatly strengthened when the planned future developments come into effect.

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

An electronic 'DATIX' incident reporting system is in operation at Birmingham. This system is operated by the Trust, but jointly owned with the School. The staff that had responsibility for ensuring patient safety confirmed that any clinical incident, patient safety issue or near miss is reported on the DATIX system, which feeds into the Trust risk register. The inspectors were able to review a sample of clinical incidents reported on this system during the programme inspection.

The Governance Manager of the Trust reviews all reported incidents and is responsible for alerting appropriate people and undertaking investigations with the relevant managers. The inspectors were told that there is an emphasis on looking for lessons learned in the evaluation of reports and identifying repeat incidents. In addition, certain incidents will lead to action for individuals involved in the incident. It was also helpful to learn that the Trust had instigated patient safety walkabout sessions to try and prevent patient safety issues arising.

Although the DATIX system appeared to be working well, the inspectors were provided with limited other evidence to demonstrate this requirement and could find no records of action taken in response to issues within the various committee minutes provided. This meant that it was difficult to assess how effective any action taken by the provider had been other than being assured that the incident, safety issue or near miss would be reported and investigated.

For the reasons outline above, the inspectors agreed that this Requirement had been Partly Met.

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 Partly Met)

Students of the Birmingham BDS sign an agreement to abide by the 'code of professional conduct and fitness to practise' at the start of the programme and at the beginning of each academic year. Although guidance regarding student conduct and documentation about the University fitness to practise process was provided to the inspectors, there was some difficulty dissecting the generic University student fitness to practise processes with the specific procedures in place at the School and College. In fact, the inspectors found no clear documentation relating to a School student fitness to practise process. This left a gap prior to the University process being commenced. In addition, it was found that the University regulations were not always aligned with the expectations of a programme leading to professional registration.

The inspectors were told by staff that issues tended to be dealt with within the School and they did not want students to focus on the final stage of the fitness to practise process. It was confirmed that when a concern became formal, the University guidance for fitness to practise was followed. Senior staff explained that whilst the School had encountered some difficulties in the past with differing expectations between the School and the University, the issues had always been resolved by the School. The Dean, who is the investigating officer for serious issues, confirmed that no student would graduate if he was not assured that the student was fit to practise.

The students that the inspectors spoke to were clear about the level of professionalism required from them and told the panel that these expectations were reinforced throughout the programme. However, the students were unable to describe the stages of the process for dealing with fitness to practise issues within the School. They informed the inspectors that the first stage was either a warning or a 'telling off' from the director of the programme, which could lead to the completion of a formal warning and concern form, which in turn lead to the formal fitness to practise process. Students were not able to identify a documented policy or process related to this area.

Prior to the examination inspection, the inspectors requested and were provided with an explanatory note and a flowchart of the stages of the School's fitness to practise process. This documentation outlined the different routes and where issues would be considered and by whom. The inspectors found this helpful in clarifying the process and agreed that there was a need for the entire process and policy to be formalised into a clear document that is closely aligned with the GDC guidance and will provide students with a comprehensive picture of the processes for dealing with fitness to practise issues.

The inspectors agreed that this Requirement could only be Partly Met due to the absence of a clear process for the early stages of student fitness to practise investigations. There was therefore a clear need to develop more comprehensive documentation that reflects all of the processes in place.

No	Actions for the provider	Due date (if applicable)
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5	The provider should consider how to ensure that all part-time and outreach staff remain trained for their role	n/a
7	The provider must ensure that systems are in place to record the action taken in response to patient safety issues that have been identified and that these systems report into the School committee structure	Annual monitoring 2015
8	The provider must ensure that the student fitness to practise documentation provides clear and comprehensive guidance and thresholds that address all stages of the process	Annual monitoring 2015

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. The provider will have systems in place to quality assure placements	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 Partly Met)*

The inspectors were, at first, unclear about how the committee structure operated and felt that from the information provided it would be hard for an individual new to the programme to understand fully the remits and relationships of the various committees. The panel asked how a new member of staff would gain an understanding of how the committee structures and associated processes worked at the School. It was explained that new members of staff were inducted by attending the various meetings, though in future a quality manual would be available to explain the structure, reporting lines and mechanics of the School's quality management system. The inspectors were given a draft version of a BDS quality manual in advance of the examination inspection and found it to be a very useful document which they

agreed will be a positive and necessary development.

There are a number of School committees, which fit into a defined structure with named individuals responsible for each of the committees and groups. There are links from all School committees into the BDS Curriculum Development Committee (BDS CDC), which is the committee responsible for areas such as ensuring that the programme is aligned with the GDC learning outcomes and adapts to external changes. The BDS CDC reports to the School Learning and Teaching Committee (SLTC), which in turn feeds into the College Learning and Teaching Committee (CLTC). The CLTC is responsible for major changes to the assessment and course specific learning outcomes across the programmes that are offered by the College. The BDS programme has a representative on this committee.

There is a School Quality Assurance Lead who is a member of the key School committees, in addition being a member of the College QA Committee. There was reference in the documentation to a 'School Quality Assurance Committee' and a 'School quality meeting', but it was not clear to the inspectors how the remit of these differed from that of the School Executive Committee. The School should ensure that consistent terminology is used in the new quality manual and other documentation.

The inspectors found that the minutes of meetings that were provided as evidence did not consistently present a complete picture of the discussions. It was also not always clear from the minutes how actions had been, or would be, addressed.

Each course lead is responsible for producing an annual course review. Each course review incorporates feedback received from student questionnaires and external examiner reports. All course reports are considered by the BDS CDC, membership of which includes all heads of department with representation from part-time staff and students. It was confirmed to the inspectors that this is the major decision making group within the School. An annual report for the BDS programme is produced by the BDS CDC and is considered by the College Quality Assurance and Enhancement Committee. Students also feed back through the Staff and Student Liaison Committee to the College committee.

The inspectors were told that the BDS CDC is responsible for identifying and addressing threats to the programme, such as issues with patient recruitment and ensuring that students gain sufficient levels of clinical experience. The inspectors were told that issues regarding student clinical experience with patients tended to arise gradually, rather than suddenly; these are explored further under Requirement 19.

As the remit of the BDS CDC is wide-ranging, the inspectors felt that there would be a distinct benefit if a sub-committee or group with a focus on the assessment of students was established. It was felt that there should be a named individual with responsibility for ensuring that the programme remains up-to-date with best practice in assessment. This could incorporate the work being undertaken on the Clinical Assessment Feedback System (CAFS) and to ensure that final assessments are robust and reliable (see Standard 3, below for further information).

As well as the BDS CDC having a wide-ranging remit, the inspectors noted that the Director of Education took on several roles within the programme, including the role of senior welfare tutor. It was apparent that this individual was absolutely fundamental to the running of the programme, having management responsibility for many areas. Other senior staff were also heavily relied on in some areas. The panel agreed that a significant reliance on one individual being responsible for many areas was a risk to the programme and felt that the School should reflect on these risks and whether there were ways to mitigate them.

The inspectors acknowledged that whilst there was a quality management framework in place,

it was lacking in clarity and structure. It was agreed that until the QA manual was implemented and the structure and content of meeting minutes were improved, this Requirement could only be considered as Partly Met.

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

Whilst the majority of students' clinical experience is gained within Trust clinics at the Dental Hospital and School, the BDS programme utilises a small number of outreach placements in community clinics offering adult and paediatric primary dental care. This experience is gained in the Summer Term of the fourth year and the first two terms of the fifth year.

Though there are few outreach locations, these are well known to the School, having offered BDS students clinical experience for many years. Furthermore, since 2012 the Director of Education has visited outreach locations on an annual basis. From 2013, these visits have been formalised and they are supported by a representative of the College quality assurance team. The visits involve meetings with clinical and non-clinical staff and students. A report is produced for each visit on a standard pro-forma which summarises the findings and identifies areas of good practice. The inspectors were able to view a sample of these reports.

It was noted that there were no specific documented policies or procedures provided to the panel regarding the process for quality assuring outreach placements. This should be addressed as part of the development of the proposed Quality Manual.

Staff teaching in outreach are encouraged to attend a staff development day, though the inspectors noted that this was not compulsory and that a number of trainers did not attend each year. However, in order to standardise educational delivery and assessment across locations, new outreach staff are required to attend Dental Hospital and School clinics to observe experienced school staff. If attendance at the annual training day remains optional, the School should consider utilising experienced School staff to observe outreach trainers on a regular basis. This is particularly important if clinical experience gained in outreach continues to be taken into account when considering students' overall clinical experience.

The inspectors noted that as most of the outreach centres were under the same Trust as the Dental Hospital and School, it meant that it is possible for patients to continue to be treated by a student within the Dental Hospital clinics.

The inspectors were assured that this Requirement was Met.

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

The inspectors agreed that the School has a framework containing appropriate committees and other fora to discuss and to address issues raised and concerns that have been identified. Although there appeared to be overlap between the remit of the committees; the BDS CDC and the SLTC, which are both well attended committees that consider a range of aspects of the BDS programme appeared to be responsible for most discussions regarding quality. The panel was told that issues that require urgent investigation and action are discussed by an 'Executive Core Group' chaired by the Head of School.

The inspectors received documentation, including the minutes of the BDS CDC, which evidenced relevant discussions of programme changes, incidents and actions required. There

was evidence provided within the documentation indicating that the stated actions would be undertaken, but there was limited evidence of the reporting on the progress of these actions, or that actions had been completed and the issues identified through the framework had been resolved. For example, the lack of standard setting in examinations had been identified through the external examiner process, but there was limited evidence of discussions and actions arising from this. The inspectors agreed that the School committees should closely monitor actions being undertaken and report clearly on these.

Although there were mechanisms in place to identify and address problems these mechanisms were not clearly documented, and there was only limited evidence to demonstrate that problems identified had been resolved or were being resolved in a reasonable time frame. Therefore the inspectors found this Requirement to be Partly Met.

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)*

Following on from the above requirements, the inspectors found that there were appropriate functions in place to enable issues to be identified, which would include serious threats to students achieving the learning outcomes.

The School provided the example of provision of patients for undergraduate students as a potential threat to the achievement of the learning outcomes. The inspectors were told that due to the move to the new Dental Hospital and School outside the City Centre the issues regarding patient provision could be exacerbated. Further discussion regarding patient provision can be found under Requirement 19.

The inspectors found that the School was open about the issues it faced and were confident that any serious threats would be reported to the GDC at the earliest possible opportunity. This Requirement is Met.

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

Each BDS module is subject to a review every year, which is an analysis of the module undertaken by the module leader in response to a set of questions. The inspectors noted that some module reviews were far more detailed than others, which appeared to demonstrate greater analysis and reflection by some module leads. The inspectors found that these more detailed reviews had a much clearer focus on continuous improvement. These individual module reviews feed into an annual BDS programme review, which followed the same format as the individual module reviews.

Further internal quality assurance occurs through a variety of methods under the Birmingham Integrated Quality Assurance and Enhancement System (BIQAES). BIQAES will be replaced by the University Policy and Quality Framework, which was under development at the time of the inspection. The inspectors were told that this new framework will contain all internal quality assurance mechanisms that the BDS programme is subject to.

The various review processes under the framework include an 'Enhanced Teaching Quality Review' and a 'Vice-Chancellor's Review' regarding education and research. A 'School Quality Review' is also scheduled to take place every five years. This last took place in 2008, with the 2013 review understandably deferred due to the GDC inspection. There is a five-yearly internal 'Comprehensive Programme Review', which was last undertaken in 2011. The

inspectors agreed that the findings of this review were helpful and constructive and it appeared to be a very effective tool for improvement. It was clear that the School had taken action in response to this review in several areas, for example, the quality assurance of outreach placements.

The inspectors noted that the School was in transition to a new framework and reference was made in the evidence supplied to numerous different reviews, which may reduce in number once this transition is complete. However, there were a high number of internal reviews referenced in the evidence and in meetings with staff and, although it may not be in the School's control, the inspectors felt that it would be helpful if fewer, but more thorough, reviews took place.

Additional quality assurance comes from the BDS external examiners, who are appointed for each year of the programme. It was noted that external examiners for the early years of the BDS had identified the need for standard setting within the programme's assessments. It was disappointing that this had not been identified in relation to the final assessment. The inspectors noted that for the final examination external examiners are unable to fulfil an effective quality assurance role. This is discussed under Requirements 14 and 22.

Externally, the University is subject to inspections by the Quality Assurance Agency (QAA).

The inspectors found that this Requirement was Met.

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 Partly Met)*

The inspectors noted that external examiners received a detailed induction from the University and from the Dental School in their role at Birmingham. The inspectors agreed that this appeared to be an excellent introduction to the programme. The five external examiners present at the final examination were all experienced individuals who work, or had worked, at UK dental schools. Reviewing the documentation provided prior to the inspection, the inspectors established that the School utilised external examiners at every key stage of the programme where progression decisions were made, which was felt to be good practice.

During the final examination, the inspectors were able to observe the role of the final year external examiners. It was clear that the QAA guidance on the use of external examiners could not be followed due to all five of the external examiners spending the vast majority of their time directly examining students which meant they were not available to undertake any other role while the exams were taking place. It was noted that, except in the case of the written papers, there was no individual who could be considered to have over-arching sight of the assessment process and could evaluate the performance and calibration of the assessments, including examiner performance. The role that external examiners played was reflected in the external examiner reports, with feedback focused heavily on the content of the written papers. The panel felt that the programme would significantly benefit if external examiners were able to review the entirety of the final assessments, including having sight of the decisions made and the grades awarded for continuous clinical assessment elements and of how these were determined.

The inspectors saw that there was slight variability in the questioning styles and marking process of the panels and that these areas would have been likely to be identified by an external examiner, had they been utilised in a QA role.

The School made it clear to the inspectors that external examiners had always examined at

Birmingham and that this was permitted by the University. When discussing the use of externals with the inspectors, the School indicated that it would consider different ways of utilising external examiners in future, though it still wished them to examine in finals if possible.

The inspectors agreed that the School must evaluate how to get the most value from their external examiners in terms of overall feedback on all elements of the finals and how to encourage the critical appraisal of assessments and elicit suggestions for development. It was clear from discussions with the external examiners that they believed any additional tasks would lead to an unacceptable workload. The panel noted that the School had ensured that the external examiner panel covered a wide range of specialty areas. However, the primary role was to assess candidates in a general assessment without the other external examiners present. As part of their considerations regarding external examiner use in future, the School may wish to investigate to what extent the involvement of external examiners in their current role in the final examinations has affected the outcome of the assessments.

Although the external examiners utilised were appropriate for the programme, the School has not followed QAA guidelines on the use of external examiners. This is because directly assessing the students takes the majority of their time, preventing them from undertaking a fuller quality assurance role. For this reason the Requirement is Partly Met

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

Within the evidence supplied to demonstrate this requirement, the School did not direct the inspectors to any specific examples where concerns had been acted on, although it was possible to see some examples of action taken through evidence provided in relation to other requirements.

The School receives feedback reports from a range of sources, including through the various reviews in BIQAES and the external examiner system as previously described. The School appeared to have taken action to address a number of matters raised within the reports it had received. However, the inspectors noted that the School had been slow to act on some suggestions, including those regarding standard setting of assessments following the 2011 Comprehensive Programme Review and external examiner feedback, which is discussed under Standard 3.

The collection and consideration of feedback from students is well-established for the BDS programme, with a variety of feedback systems available and routinely used. In addition, there is student representation on a large number of committees, including the BDS CDC as well as the Staff and Student Liaison Committee. Student feedback is also integrated in the annual module and programme reviews.

The inspectors noted that the last School Quality Review took place in 2008 and this review recommended that there should be better documentation of processes within the School. The inspectors considered that there remained work to be undertaken in this area and progress had been slow to address this.

Though there were a number of systems in place for reporting on the quality of education and assessment, there was not sufficient evidence available to demonstrate that action had been taken in response to the range of concerns raised and the contents of formal reports and therefore the inspectors agreed that this Requirement was Partly Met.

Actions		
No	Action required	Due date
9	The proposed QA manual must be implemented as soon as possible and should include reference to all relevant committees and provide direction for the content and structure of minutes of meetings.	Annual monitoring 2015
9	A specific committee or group with responsibility for assessment should be introduced into the committee structure	n/a
10	The School should ensure that the process for quality assuring placements is documented in the proposed Quality Manual	n/a
10	Outreach training should be strengthened by making attendance at development days mandatory for outreach trainers or by visiting placements to observe the training and supervision taking place	n/a
11	The provider must ensure that there is clear reporting of actions taken in response to problems identified under the quality management framework. All problems should be monitored and reported on until they are resolved	Annual monitoring 2015
13	The University and School should consider whether it would be more beneficial for the BDS programme if it was subject to fewer, but more thorough, internal reviews	n/a
14	The provider must review its use of external examiners in the final BDS assessments, with the aim of ensuring that a more comprehensive quality assurance role is achieved	Update to be provided in advance of the 2015 final assessment
15	The School must ensure that there is a system in place to record and monitor actions taken in relation to concerns raised and development points from reports received	Annual monitoring 2015

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

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Standard 3 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)

In advance of the programme inspection, the inspectors reviewed the completed mapping exercise undertaken for the purposes of this GDC inspection. This highlighted when and where in the BDS programme each of the GDC learning outcomes from The First Five Years would be assessed. The inspectors noted that the School utilised a wide range of assessment methods and that each learning outcome could be assessed on multiple occasions.

It was disappointing that the School did not have a central blueprint that could be used to manage the coverage of learning outcomes within and across assessments. Such a document or system would provide assurance about when and how each learning outcome is assessed in the programme. The inspectors agreed that a blueprint would also help staff to adapt the programme to future changes to the GDC learning outcomes and to other external documentation and guidance.

The School told the inspectors that each specialty area has its own required learning outcomes and each specialty lead is responsible for ensuring that every student has met all of these. The inspectors were also informed that there were many generic learning outcomes that were taught and assessed in the pre or non-clinical environment or throughout the programme across several modules. However, it was not clear to the panel from the documentation provided how coverage through assessment and the attainment of all GDC learning outcomes were managed by the School. The inspectors found that there was only limited demonstrable planning of assessments against the learning outcomes and no evidence was provided that explained how assessments were designed to cover specific individual GDC learning outcomes

The inspectors noted that students are allocated a personal tutor when they begin the programme and remain with this tutor throughout the five years of the BDS. Termly meetings take place between this personal tutor and the student where the student's assessment grades are available and discussed. Staff told the inspectors that the personal tutor is responsible for identifying academic problems at an early stage. The inspectors noted that pastoral care at Birmingham was particularly strong and students were engaged with the system in place. However, the panel agreed that there appeared to be an over-reliance on the pastoral system to pick up poorly performing students. At the time of the inspection there appeared to be limited evidence available which demonstrated how students performing weakly in particular areas of the programme would be picked up centrally and how the School calibrates issues for referral across the personal tutors.

The inspectors were informed that individual student and group performance is discussed at termly progress meetings, where a summary of student experience and performance is reviewed. The inspectors were told that all relevant staff attend these meetings and that student performance across all areas is scrutinised. During these meetings students who are underperforming across multiple areas of the programme are identified; however the

inspectors could find no reference as to how this is achieved nor what criteria or information were considered when determining whether there was a concern about a student.

If a student is deemed to be under-performing or falling behind they are directed to undertake additional targeted teaching. If their performance is not satisfactory across all or most areas they must discuss this with the Director of Education who is also the senior welfare tutor. Following this discussion an action plan is put in place for that student.

There are gateway tests and end of year tests that may lead to a student repeating a year, failing, or taking an exit degree. There have been a number of students that have left with the exit degree and each year a number of students are required to repeat the year.

As described under Requirement 19, on occasion the inspectors found that it was not always clear from the documentation how it was determined that some students had demonstrated particular clinical outcomes from The First Five Years, where it appeared that they had limited experience with specific 'types' of patient and in specific clinical procedures. From viewing the entirety of student experience the inspectors noted that the School 'could' be assured that students had adequate experience if transferrable skills and other factors were taken into account. Discussions with staff provided some explanation about how this was achieved; however, no documentation was provided that clearly evidenced discussions about this process. Although the School holds progress meetings which discuss student clinical experience, from the evidence provided it was difficult to understand the format of these meetings and how progress decisions were reached. The scope and effectiveness of these meetings were hard to assess as only limited records of discussions were kept. The inspectors were told by staff that progress meetings followed a mechanistic process, which the panel felt may not allow for full consideration of transferrable skills when making decisions about student achievement and progression.

Following on from this, it was very difficult for the inspectors to understand all of the steps in the process that permitted students to be 'signed up' to sit the final examinations. One reason for this was that the individual handbooks for different areas did not routinely contain the same level or type of information. Therefore, although the panel had sight of the amount of clinical treatment each student had undertaken across different areas, it was difficult to gain a full understanding about the minimum expectations of clinical experience and skill. Combined with the lack of detail in the progress minutes, the process was rather opaque to the inspection panel. The inspectors agreed that these handbooks should be in a consistent format.

The inspectors agreed that the School needs to take action to ensure that full records of these discussions and decisions regarding 'sign up' to the final examinations are kept and that evidence is provided to demonstrate this as part of the 2015 Annual Monitoring return for this programme.

Final assessment elements:

The inspectors noted that students were automatically signed up for the final assessments, based on the achievement of pass grades in all previous assessments and it being determined that they have achieved the required levels of clinical experience and competence. Continuous clinical assessment is centred on students achieving a certain level of competence, having gained sufficient experience across the GDP clinics and specialty areas. An overall grade of A-E is awarded based on the student's performance across the GDP clinics. A-E grades are also given for each specialty clinic and these are collated into one final specialty grade. These grades contribute to the final award.

A borderline fail grade of D in the continuous clinical assessment elements can be compensated by the seen case element of the final assessments. The inspectors questioned

whether a candidate who received a borderline fail grade in either of these continuous clinical assessment elements of the programme should be able to proceed to finals. The seen case assessment would be unlikely to assess the required range of outcomes, particularly in professionalism, to anything like the same level as a collection of many assessments throughout the previous year. It appeared to be counter-intuitive that the continuous clinical assessment, which is the most valid for future practice, could be failed and a student still awarded a BDS. Therefore it was agreed by the panel that it should not be relied on as compensatory for the continuous assessment elements.

The inspectors strongly recommend that the continuous assessment GDP element and specialty elements should both be passed in their own right; however, if the School continues to permit progress with a D grade, this should be mitigated by grading criteria that confirms the individual student possessed the requisite knowledge and skills for safe practice.

Preparing for Practice:

School staff informed the inspectors that they were reasonably confident that the BDS met the learning outcomes from Preparing for Practice (PFP) and explained that some further work was being undertaken alongside the medical school which would better address the management and leadership outcomes. The inspectors noted that CAFS was set up to map against the learning outcomes from PFP.

The Birmingham BDS is currently a programme in transition, working to both learning outcome documents. This did create some problems in demonstrating the blueprinting of teaching and assessment to the panel. In turn, this made it hard for the inspectors to judge this requirement, as is described above. There is, therefore, a requirement for the School to develop a blueprint that clearly maps assessments used in the BDS programme against the learning outcomes from Preparing for Practice. This blueprint should be used as a reference point to assist with designing assessments and recording where things are taught and assessed in the programme.

Although evidence was presented that demonstrated a level of assurance that the students were assessed against the GDC learning outcomes, the inspectors found that the evidence provided was unsupportive of a coherent approach to the aggregation and triangulation of assessments. The information presented to the panel lacked detail and there was a lack of coherence in the data presented to inform the decisions made. For these reasons this Requirement is Partly Met.

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)

As discussed under Requirement 16, above, the inspectors noted that the School did not have a central management system that enabled an effective blueprint of student assessments against the individual learning outcomes from The First Five Years. However, the School had systems in place to record results of all summative assessments centrally and individual clinical assessments within the GDP and specialty areas.

There was little evidence provided to the inspectors that clearly demonstrated how the School ensured individual assessments were designed to address the required learning outcomes and how the range of assessments in place provided adequate coverage of all of the required GDC learning outcomes. In relation to the final assessments, the inspectors did not see any evidence that demonstrated consideration that specific GDC learning outcomes must be assessed in individual elements or across all final examinations. It was felt by the inspectors

that a key reason for this is the absence of a blueprint.

Based on the above findings, the inspectors agreed that there was a clear need for the programme to develop clearer linkage between summative and continuous clinical assessments and the GDC learning outcomes. This must be undertaken in future in respect of the learning outcomes from Preparing to Practise.

Overall, the inspectors found that there was a lack of clarity about how information relating to student performance is collated to make robust decisions on progression. It was clear that CAFS will be central in the School meeting this requirement in the future. This is being introduced for the Year 3 cohort and the inspectors anticipated that with a good blueprint sitting behind this system it would allow the programme to fully meet this requirement as this cohort enters the final year. At the time of the inspection, the panel found that this Requirement had been Partly 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 Partly Met)

It was clear to the inspectors that the alignment of assessments to the GDC learning outcomes requires further work. However, as this is described in detail within the above requirements no further comment will be made here.

The School utilises a range of formative and summative assessments across the various stages of the programme. The inspectors were told that the philosophy of the summative assessment used was to ensure that the students had the required knowledge and understanding, and to test generic skills. The inspectors were also informed that the University is looking to streamline assessments, but the School was in control of the assessments used in the BDS programme and would have the final word on the assessments used.

The inspectors found that, generally, the range of summative assessments used were appropriate for the areas being tested. Objective structured clinical examinations (OSCEs) have been introduced for elements of the programme, though not for the final assessment. The panel was provided with a sample of OSCE stations used and although a small number of the stations appeared to be based on multiple choice questions which could be assessed elsewhere, the OSCE appeared on paper to be a valid and appropriate test of students' applied knowledge and skills.

Whilst on the clinic students receive a single grade for each session. The inspectors were informed that the grade received takes into account performance and ability, professionalism and communication skills. The inspectors noted that CAFS would record areas such as professionalism and communication separately and therefore should be able to better identify those students who may be weaker in these areas. This was felt to be a potential improvement on the current scheme.

The inspectors observed the 'seen' and 'unseen' case elements of the final examinations and had access to the written paper elements. These are very traditional assessments and are similar to those that have been utilised at UK dental schools for many years. The inspectors considered that several aspects of the final assessments were no longer in line with current practice and would benefit from significant review. This is a sensible time for the School to review their assessments and the inspectors recommend that the School appoints a lead and/or a consultant to assist them with this. The inspectors felt that this task will be a considerable undertaking and it would be difficult to add this to the workload of senior members of the staff team.

An area where the School is out of step with other providers is the limited use of standard setting in the BDS programme. The inspectors were provided with some evidence that standard setting was used in assessments that occurred at earlier stages of the programme, however, there was no use of standard setting in the final assessments, including the written papers. Further commentary regarding standard setting can be found under Requirement 23.

The inspectors found no evidence of a robust formal quality assurance mechanism for the final assessments, with no individual or group of individuals having oversight of the range of assessments used. In addition, for the 'seen' and 'unseen' case elements there was no mechanism in place to ensure issues such as inter-panel variability did not arise. The role of external examiners is discussed under Requirement 22. No evidence was provided to the inspectors to demonstrate that any analysis of the assessment or the examiner performance took place after the exam.

The range of assessments used was felt to be appropriate to assess the learning outcomes, but there was limited evidence of routine monitoring and development of these, specifically the final assessments. There seemed to have been little development of any of the aspects of the final assessments since the GDC report from 2004, which is unusual considering the changes to current practice in assessment that have occurred within this period. Although there were a range of appropriate assessments, for the reasons outlined above, the inspectors found this Requirement to be Partly 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 Partly Met)

Shortly before the final examination inspection, the inspectors were provided with summaries from each specialty area and the GDP area that outlined the clinical experience of the final year students. The inspectors agreed that the overall experience of students was generally comparable with other UK BDS programmes, however, it was noted that experience in some areas was low.

The BDS uses a points system to establish whether students have accumulated enough clinical experience to progress through the programme. The inspectors were told by the School that by adopting a points system that considers the global total number of procedures, rather than individual procedures, it encouraged holistic patient care and helped to ensure that students were not 'chasing numbers' but focused on providing the right care to best serve their patients' interests. To ensure experience across the required range of procedures, the points system used is accompanied by benchmarks of core procedures or minimum treatment numbers, in areas such as endodontics and dentures. The inspectors noted that the benchmarks were set at a low number for some core procedures and that, on occasion, not all students would achieve these. The School acknowledged that they could not always ensure the required experience with full dentures due to the patients available and that students could progress without the experience of all stages of this procedure being undertaken on a patient. In addition, for periodontic procedures the inspectors were told that there are stated minimum requirements for a student to 'aim' for, but on occasion the student could be admitted to the final examinations with less experience than this in a procedure. The panel was disappointed not to receive any information that demonstrated that student clinical experience and ability had been discussed at progress meetings. Overall, the inspectors found a lack of clarity in the evidence provided about how student experience is monitored and developed to ensure that all students gain the appropriate breadth of clinical experience.

The inspectors noted that every dental school will have some difficulties in ensuring that all of their students will see a wide enough range of patients to gain the necessary experience across all areas. The panel was told that since the last GDC inspection of the Birmingham BDS, the Dental Hospital and School had started to advertise to recruit patients for student clinics and had changed the times of clinics in an effort to attract more patients. The staff interviewed told the inspectors that they felt that both these measures had been very effective and commented that the students spend more time working clinically than they did previously.

The inspectors acknowledged that the Dental Hospital and School had to be very proactive to get enough paediatric patients as there are significant levels of fluoride in the water in the region, but it was clear that the steps taken to access paediatric patients had not been enough. The inspectors agreed that the Dental Hospital and School must recognise that it is critical to the programme that the patient supply for students, across all areas, is assured to enable the students to graduate as safe beginners. Therefore, the Dental Hospital and School must take action to ensure that the patient supply across paediatrics, endodontics and prosthodontics is sufficient to enable all students gain enough experience. Additionally, the Dental Hospital and School should ensure that adequate patients are available to be assured that all students are assessed as competent in the use and removal of all restorative materials they are likely to encounter when they begin practice, including both composite materials and amalgam.

The students that the inspectors met with were content with the amount and variety of experience treating patients on the programme and commended the help they were given to access patients requiring the treatments that they needed to gain more experience in. Considering the limited experience that students had in some areas, such as paediatric dentistry, the inspectors were surprised by this response.

The School told the panel that outreach placements play an important role in preparing students for practice upon graduation and are essential for students to gain sufficient experience in areas such as paediatrics. The inspectors agreed that it would be a great benefit if the outreach provision could be increased in line with the majority of other dental schools and students could gain more experience outside the Dental Hospital and School. The panel was aware that there are several factors that may make this difficult, but also noted that it may be necessary to explore this further to ensure that students gained the necessary clinical experience in the areas mentioned previously. If there continue to be difficulties in students gaining adequate clinical experience in all areas, particularly with regard to the move out of the City Centre, the inspectors agreed that expanding placements outside the Dental Hospital and School and local area may be the only viable option.

During the meetings with senior staff, the inspectors were content that the School was aware to the threats to the patient supply for the BDS programme involved in the move to the new premises. However, no analysis of these potentially significant threats was provided as evidence and the inspectors would welcome sight of mitigation plans in place to address these threats.

The inspectors found the various approaches to ensuring individual students had gained requisite clinical experience to be fit to practise as a safe beginner rather 'untidy' and considered that there must be further investigation into establishing a system to better manage this area. In relation to this, the panel was informed that the School was revisiting the points system and the associated processes with the introduction of CAFS and it was likely that the system would be changed in future. As there are some considerable issues regarding access to particular procedures and the availability of patients of a specific type, the inspectors considered that a more suitable system would help the School better identify and track patient access issues.

The inspectors agreed that if a post for an assessment lead and/or committee was

established, this should help the School to ensure consistency between GDP and specialty clinics, set clear expectations for clinical competence and experience and to link these expectations with CAFS.

The inspectors felt that although overall levels of clinical experience were comparable to other dental schools and the School was able to produce evidence of students' clinical experience upon request there were considerable issues in some clinical areas. The continuous monitoring of clinical experience could also be improved. The inspectors, therefore, found that this Requirement had been Partly Met.

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

The panel was told that reflection is introduced in the Introduction to Clinical Dentistry module in the first year and carries on throughout the programme. The inspectors were informed that students are encouraged to reflect in their workbook and progress file, in discussions with their personal tutor and when reviewing their clinical performance with the supervisor. It was acknowledged that it would be hard to get all students to complete their reflective logs to a high standard and that it may not be productive to force individuals to reflect. The inspectors were told that CAFS would make feedback easier for students. After viewing a demonstration of the system, the inspectors agreed with this statement.

Written or oral feedback is provided for all course work, practical work and clinical activity. Feedback received includes group feedback on exam performance and individual clinical assessment reports each term, which are reviewed with the relevant staff member. Personal tutors are directed by the University handbook to help students to get the most value from the feedback they receive. The handbook for personal tutors comprehensively covers their role in helping students to get the most value from feedback received and encouraging them to reflect on performance. Some staff stated that they felt that the amount of feedback students received could be overwhelming at times.

The student groups that the inspectors met with told them that the timeliness and quality of feedback received was very good. As the students work in small groups they told the inspectors that they get the right amount of attention and that they also receive immediate feedback for some activities. If required, the students were also able to book individual feedback sessions with staff. The students who had begun to use CAFS were happy with the immediate feedback that was received and also that they were able to look back over the feedback provided in previous sessions and their reflections on this. The inspectors were told by the students that patient feedback would be incorporated into CAFS at a later date. The students also indicated that they would discuss the things that had gone well and those that had not gone well with the tutor before any work was graded. The inspectors found that the students who were interviewed clearly understood the importance of reflection and that this was something that would play an crucial role in their professional lives.

Although the documentary evidence supplied by the School prior to the inspection to demonstrate this requirement was limited, the inspectors agreed that the Requirement was Met as a result of their meetings with the staff and students. It was noted that the introduction of CAFS will be provide significant assistance to Birmingham students when reflecting on their practice.

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 Partly Met)*

During the inspection the School provided the inspectors with a list of examiners. The inspectors noted that all clinical examiners and assessors had appropriate registration with the GDC.

The documentation provided prior to the inspection stated that “All internal examiners have achieved the necessary level of training and experience to conduct student assessment...” and there was evidence available to the panel that outlined the formal qualifications the internal examiners held. However, there was no documentary evidence provided to the panel that gave details of specific training that examiners and clinical assessors had received for the task of assessment at Birmingham. Staff told the inspectors that calibration of continuous assessments is addressed through the staff development day and there are specific criteria that guide staff in this exercise. The inspectors were told that a recent in-house ‘train the trainers’ day focused on question setting, linking assessments to the learning outcomes, standard setting and psychometrics. Further details of these efforts to train staff in assessment and to ensure calibration were not provided as evidence to the inspectors.

The inspectors received details of the peer observation process as evidence to demonstrate this requirement. It was agreed that this was an area of good practice, although it appeared that the primary focus of this exercise was on teaching rather than assessment.

The inspectors observed the examiner briefings at the start of each of the final examination days. During the briefing the conduct of the examination was explained, including that it was expected of examiners to mark independently and then come together to agree a mark for each element. Examiners were also told to relate all questions to the case that was presented.

The School provided external examiner reports as evidence of this requirement and, as has been commented elsewhere, the external examiners undergo a very thorough induction process. It was therefore surprising that a new examiner did not know until the first day of the final examinations that they would be directly examining the students.

The grading system was traditional and easy to follow, with descriptors of performance attached to each grade. The inspectors agreed that the final examination briefing would have benefitted from a greater focus on the circumstances where it is appropriate to award grades of D and E and the key differences between them.

The inspectors agreed that this Requirement was Partly Met as further attention should be paid to the examiner briefing and training regarding setting assessments and marking student performance against the learning outcomes.

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 Partly Met)*

Please note that Requirement 14 describes the use of external examiners in the Birmingham BDS final examinations.

As evidence for this requirement, the School provided the University of Birmingham Guidance for External Examiners. The inspectors noted that this guidance stated “We do not ask our external examiners to determine marks for individual students but to consider, and provide feedback on, the consistency and accuracy of marking across a cohort. This is achieved through reviewing the marking within each module, and between modules of the same level.” The inspectors found that this guidance did not apply to the BDS programme.

The School requests that the external examiners for the final examinations provide feedback in their reports on these assessments. However, the inspectors found that the responses given to specific questions about the rigour and standard of the examinations were focused on the written elements rather than the case presentation (or 'seen' case) and the unseen case. There was also no consideration of the continuous clinical assessment grades by the external examiners. There is the opportunity for the external examiners to provide feedback at the examiners' meetings on wider areas, but the inspectors agreed that this might not be the easiest environment for critical feedback to be conveyed and that it also would not give the individual time to reflect. The inspectors noted that external examiners are not well-placed to comment on the equity of treatment of the students as they are examining the students the majority of the time. There is therefore no individual who takes a step back from examining students and is able to comment on this area, for example, identifying differences in the approaches of the examiner groups. It should be noted that the inspectors found only slight variation in how panels examined, but it was felt that this would have been picked up by an external examiner undertaking a role with oversight of the different panels.

The School told the inspectors that they had always used external examiners to examine and they were open to considering how this worked in future. The inspectors acknowledged that the School had used external examiners in this way for a long time, but questioned the benefit of this. It might be a useful exercise for the School to determine whether the results would have been different had the external examiners not directly examined the students. The inspectors felt that it is questionable whether the external examiners are providing the most value to the assessments in their current role and it was agreed that the School must investigate this further. Should the School modernise its assessment methods and use of external examiners, it should be able to gather information on examiner performance which would further mitigate the removal or reduction of the external examiners' roles in examining students directly.

If, as would be desirable, the School utilises some or all external examiners in a role that allows them oversight of the entire final assessment process, the inspectors agreed that they should consider appointing an external examiner with experience of this role and expertise in modern assessment methods. The inspectors agreed that the role of the external examiner should also be widened to consider the sign-up for the final assessments, including the sign off process for the continuous assessment elements in clinical practice.

The inspectors found only limited evidence of programme developments that had been made following feedback received from external examiners and found this concerning considering the extensive use of external examiners throughout the programme.

The panel was assured that the external examiners are asked to report on the rigour, standard, fairness and treatment of students, but the panel agreed that the role of the external did not enable them to provide comments that were as informed as they could be. For this reason, this Requirement is Partly Met.

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

The inspectors noted that the students were generally content that the assessments they undertook were fair and that they understood what they had to do to pass. The inspectors, however, experienced some difficulty in establishing that there had been sufficient efforts undertaken to ensure that the criteria required to pass were understood by all examiners and that the standard set to be awarded the BDS was demonstrably appropriate.

Regarding continuous clinical assessments, the inspectors noted that a grade between A and

E was awarded for each clinical session and that there was a separate competency scale used for individual clinical procedures, namely: Proficient, Competent, Learner, Novice, Observer. The inspectors agreed that the competency scale had appropriate grade descriptors, which did not permit a grade of competent or above if the student had received assistance with the procedure. The inspectors noted that the grades available and the accompanying descriptors appeared in some of the student handbooks, but did not appear in others. As stated under Requirement 16, the inspectors felt that the School must endeavour to bring greater consistency in the design, purpose and content of the handbooks. The inspectors were told that theoretical knowledge and understanding, as well as clinical performance and professionalism, are taken into account when awarding grades on clinic. It was not clear how the process that brought the various elements together to arrive at the final grade worked.

It was extremely difficult for the panel to get a clear understanding about how the marking across each specialty area functioned, the discussions that took place to ensure that each student was safe to practise in that area and how compensation worked between the different areas. This difficulty extended to the award of the final grades for clinical practice, including the grades given that contributed to the final degree award.

The inspectors noted that formal standard setting procedures were not present in the final summative assessment and felt strongly that this should not happen where an examination is of such high stakes for both the student and the general public.

The panel was informed that standard setting had been used in determining the pass marks and grade boundaries in a small number of assessments taking place at earlier stages of the BDS programme and some evidence was provided to demonstrate this. As the final assessments are high stakes assessments, it was surprising that the marking in some elements was purely based on intention grades awarded by (albeit experienced) examiners, particularly when combined with the lack of oversight and quality management of examiner performance.

Students received a grade of A-E for each written paper and the pass grade of C was set at 50%. The inspectors found no evidence that instructed question writers to design questions for Paper 2 so that the just passing candidate should score 50%. There was also no evidence received that directed those compiling the papers to ensure that they should have consideration of a 50% pass mark, when the questions were combined into a paper. After viewing the results of the 2014 final written papers it appeared that some of the questions were not discriminatory. It was noted that the standards for the two written papers were set at very different levels. Paper 1, which was essay based and for which the instructions directed markers to award the borderline passing candidate 50% (which was converted to a grade of 'C') had 45% of students scoring C or below with 5% of students scoring an A grade. Paper 2, which had no reference to standard setting, had 3% scoring a C (no students scored below C) and 53% obtaining an A grade. Efforts must be made to set the standard of these assessments in a manner that the School can demonstrate is at the appropriate level.

The School indicated that they only wished to use standard setting processes that work for the programme and that would highlight good performance. The inspectors noted that although a standard setting procedure such as Angoff may not be ideal for an assessment that has several points to set a standard for, it was clear that the lack of any apparent standard setting for some elements was not acceptable. The inspectors were informed that the School had adopted the Cohen standard setting process used by the medical school at Birmingham for the Human Disease examination, but this had proved unsuitable due to the cohort size. The School indicated that it intends to use the Angoff standard setting process for suitable assessments, and that it had used the borderline group method for the OSCE assessments, but warned that it will take up to three years to fully implement. It was also commented that mixed groups of GDPs and specialists would be used to ensure that the standard was set at

the right level, which the inspectors noted as potential good practice.

In determining the final award for the BDS, the inspectors found that the grading/compensation matrices were clear, although it did take some time to fully understand them. However, as stated above, it was not clear to the inspectors how final grades were determined for the specialist teaching and clinical practice elements that fed into the matrices.

The School may find it useful and interesting to compare student performance in robustly standard-set assessments against assessments with an arbitrarily set pass mark and fully subjective assessments.

The inspectors agreed that the School must seriously investigate the use of more reliable assessment methods at this crucial final stage and standard setting must be used where it can be. The expertise of the experienced examiners available in Birmingham should not be underplayed, but it was agreed this expertise must be applied within a stronger and clearer framework.

It was noted that the need for standard setting had been identified several years ago, including in the 2011 comprehensive programme review. The inspectors agreed that the work to integrate standard setting process across the programme, particularly for the final assessments, is a priority action for the School. It should be acknowledged that work had begun to investigate how standard setting would be best achieved for the Birmingham BDS, including piloting this within different areas. However, progress to fully implement standard setting has been slow. The inspectors agreed that an action plan for the implementation of standard setting must be provided to the GDC as a priority and subsequently reported through the GDC Annual Monitoring process.

The lack of robust standard-setting procedures suggest that this requirement has not been met, however, due to the clear assessment criteria in place the inspectors agreed that this Requirement was just Partly Met.

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

Although the NHS Trust collects patient feedback it is not gathered in such a way that specific students can be identified and the feedback shared with them. The inspectors were told that this would be a future development within the programme and it was intended that patient feedback would be collected through CAFS.

The collection and analysis of the patient feedback provided as evidence was focused on patient perceptions of their treatment and identifying the causes of patient dissatisfaction, rather than assessment of students. For this reason, the evidence supplied had only limited relevance to this requirement.

At the time of the inspection, the only patient feedback that fed into the assessment process occurred informally through the continuous clinical assessment process. The inspectors were told that patient feedback provided on clinic would contribute to the grade the student was awarded, but how this was done was not formalised.

The Year 5 students told the inspectors that patients were occasionally given forms and if the feedback related to their work this would be fed back to them. They confirmed that all patients are given the appropriate contact details for complaints and praise.

The inspectors noted that there was some evidence of peer feedback in the first three years of

the programme in the form of communication skills role-play exercises. It was also noted that students would provide peer feedback when paired in clinical settings.

As there was only very limited use of peer and patient feedback in assessment the inspectors found that this Requirement was Partly Met.

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

The inspectors noted that the School uses a broad range of valid and appropriate assessment methods which are used at repeated intervals throughout the programme. However, as described above, it was not clear how 'joined up' the assessments were to ensure appropriate coverage of the GDC learning outcomes. Although School staff meet in termly progress meetings to discuss student performance there appeared to be a lack of formal structure to this, a lack of detail in the recording of discussions and reasons for decisions and no blueprinting of assessments against the learning outcomes.

The inspectors were disappointed that there was no documentation available to them that provided an oversight of student performance and provided evidence that students had demonstrated satisfactory communication skills and levels of professionalism.

As discussed above, the School must undertake work to ensure that the assessments used within the programme are clearly blueprinting against the GDC learning outcomes. This will assist in the School being assured and be able to provide clear evidence that each outcome has been assessed on multiple occasions. Further work should be undertaken to link up and formalise the assessment of several areas within the outcomes. For example, it was not clear to the inspectors how assessments of students' communication skills were considered across the various clinical areas, including the specialty teaching areas. Having multiple sources of data will help improve the reliability of assessment.

Although the School does take multiple samples of performance, there was no evidence supplied to explain how these samples of performance are coordinated or triangulated. This means that this Requirement is Partly Met.

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 Partly Met)*

Expectations of students are outlined in the student handbooks and the University assessment guidelines. The students that the inspectors met stated that they were happy with the information provided regarding assessments and were able to easily refer to the guidance provided.

Staff and students were aware of the general expectations of them and there seemed to be an assumed standard that students were assessed against, which was relative to the stage of the programme. It was acknowledged by students that there was some variation in marking, but there was also an understanding that this will sometimes happen. Students told the panel that they were pleased to be provided with written information about the assessment criteria and that it was explained to them how assessments would be marked. This included the continuous clinical assessments, where there was understanding of the two grading schemes used (the 5 point scale (A-E) and proficient, competent, learner, beginner, observer). The students confirmed that it is always explained to them why they have received a particular grade. They

also told the inspectors that they liked the revision sessions before examinations. However, as discussed above, further work must be undertaken to ensure that the standard that is set is demonstrably the right standard, particularly for the summative assessments.

The inspectors noted that some of the grading is based on 'assumed' standards by an experienced professional, rather than any absolute standard. In the final examinations, where a candidate had scored a 'D' grade, which is a compensatable fail, it was felt that on occasion the 'safe beginner' standard should have been referenced in the examiners' discussions.

For the reasons outlined above, and under Requirement 23, the inspectors determined that this Requirement was Partly Met.

Actions

No	Action required	Due date
16	The provider must ensure that all handbooks are in a consistent format	Annual monitoring 2015
16	The provider must ensure that students are not be permitted to proceed to the final assessments with a fail grade in either continuous clinical assessment element, OR, the grading criteria must confirm that the student possesses the requisite knowledge and skills for safe practice	Update to be provided in advance of the 2015 final assessment
16, 17, 25	A blueprint that clearly maps assessments used in the BDS programme against the learning outcomes from Preparing for Practice must be developed and this blueprint should be referenced when designing assessments	Update in annual monitoring 2015
16, 19	The provider must ensure that where a student has obtained less than the stated minimum level of experience required in an area, the reasons why progression has been permitted are clearly recorded	Update to be provided in advance of the 2015 final assessment
18	The provider must modernise assessments, including all elements of the final summative assessments, to ensure that there are in line with current practice. In undertaking this task independent educational advice should be sought	Update in annual monitoring 2015
18	There should be scope within the quality management systems to routinely monitor the assessments used in the BDS to ensure that they remain appropriate	n/a
19	Action must be taken to ensure that the patient supply across paediatrics, endodontics and prosthodontics is sufficient to enable all students gain enough experience to become fit to	Update to be provided in advance

	practise as a safe beginner at graduation	of the 2015 final assessment
19	An update must be provided to the GDC on the threats to patient supply, including those arising from the move to the new Dental Hospital and School building	Update in annual monitoring 2015
19	The provider must ensure that there is a system in place, such as CAFS, that will collate student clinical experience and enable it to be easily summarised and analysed to identify 'gaps' in student experience	Update in annual monitoring 2015
20	Staff and students should be provided with clear guidance regarding the use of CAFS as a tool to enable both feedback and reflection	n/a
21	The provider must ensure that all examiners of high stakes examinations are provided with training specific to the assessment process to ensure a level of consistency through calibration. Psychometric analysis post examination should be undertaken to ensure this consistency between examining teams	Update in annual monitoring 2015
22	External examiners must be able to undertake a quality assurance role that will enable them to feedback on all elements of the final assessments and the provider should encourage critical appraisal from external examiners as part of this role	Update in annual monitoring 2015
22	The provider should consider the appointment of an external examiner with previous experience of undertaking a quality assurance role at other BDS examinations	n/a
23, 26	A clear action plan for the introduction of standard-setting in summative assessments must be agreed without delay. This action plan should include the appointment of an assessment lead	Action plan to be submitted to the GDC by March 2015
23, 26	The criteria for determining the overall grade for continuous clinical assessment elements must be explicit	Update to be provided in advance of the 2015 final assessment
24	An action plan for the collection and analysis of patient feedback for the purposes of informing student assessment must be developed and implemented	Update in annual monitoring 2015

25	Students' communication skills and professionalism should be formally recorded in a consistent manner across clinics to increase the reliability of the information available	n/a
26	Examiners should discuss, as a matter of routine, whether a student has demonstrated that they are fit to practise at the level of a safe beginner if a borderline fail grade has been awarded	n/a

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

Requirement 27: Providers must adhere to current legislation and best practice guidance relating to equality and diversity (Requirement Met)

The School provided the inspectors with copies of several documents relating to equality and diversity, including the Trust policy on equality, diversity and human rights, the University of Birmingham equality information report, policies on fairness and diversity and harassment and bullying and the University code of practice on admissions.

The School is required to follow both the University and the Trust policies relating to equality and diversity. Staff informed the inspectors that they have received no complaints regarding equality and diversity issues for the BDS programme.

For students with a declared disability, support is provided from the central University department. The student's personal tutor receives details of their needs and undertakes a review on at least an annual basis. A number of students may have non-declared disabilities, which the inspectors were told tended to be picked up in the early stages of the programme. Should a student require additional support or training, this is offered to them.

The inspectors were told that the gender and ethnic mix of the student cohort is monitored in the central office and that although specific information is not kept by the school, it is given feedback about this.

The College currently holds a 'Bronze Award' for Athena Swan and is seeking to achieve a 'Silver Award' in the near future. There is also a significant amount of work being undertaken in widening participation to help students from disadvantaged areas apply to the University.

The inspectors found that this Requirement was Met.

Requirement 28: Staff will receive training on equality and diversity, development and appraisal mechanisms will include this (Requirement Met)

The inspectors were told that equality and diversity training is monitored centrally. School staff are required to undertake mandatory on-line diversity training and the inspectors were told that there was 100% compliance with this. The training is also completed by new staff members as part of the induction process. Staff employed by the Trust must also complete mandatory training. The inspectors noted that the School is working with the Trust to provide a complete on-line training package for all students and University staff, which will include equality and diversity training.

All staff who are involved in the student admissions process undergo mandatory equality and diversity training and the School has recently introduced specific training for all those interviewing in 'unconscious bias'.

The inspectors were told that part-time staff are subject to the personal development review process, but it was more limited in scope to just re-confirming that they can and should continue with their role, though assured the inspectors that it could be expanded if required.

No evidence was supplied that linked this with appraisal or development, though the inspectors were given verbal assurance that appraisals would pick-up whether this training had been completed.

The inspectors found that this Requirement was Met.

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)

The inspectors noted from the evidence provided that students receive a specific lecture on culture and oral health, and are required to undertake an assessed presentation on culture and health in the behavioural science module.

Staff told the inspection panel that in the first two years of the BDS programme students are taught about healthcare ethics and law, disability studies, behavioural science, communication, culture and inequalities. In Year Two students learn about the Equality Act 2010 and students are assessed on the relevant UK legislation in place. In addition, it is highlighted to students that there are different rules and legislation in place according to where practice is taking place and that they have an obligation to make themselves familiar with the local policies and protocols.

The students told the panel that they received introductory lectures on equality and diversity law and principles, where they are taught about disability and protected characteristics. The

students also told the inspectors that they are taught not to discriminate against colleagues or patients and that they should embrace the fact that they are treating people and working with a diverse team of people with differences and that they should make the most of these differences and the different lifestyles that individuals have chosen. The inspectors were told by several students interviewed that equality and diversity principles are reinforced in clinical practice.

The inspectors agreed that this Requirement was Met.

Actions		
No	Action required	Due date
-	None	n/a

Summary of Actions

No	Action	Observations Response from Provider	Due date
5	The provider should consider how to ensure that all part-time and outreach staff remain trained for their role	<p><i>The annual staff development days and monitoring visits to outreach placements identify and address training needs for staff.</i></p> <p><i>All staff have access to the ecourse (online learning environment) which contains the core teaching resources for each subject, ensuring all teachers are informed of the current material required to be taught.</i></p>	n/a
7	The provider must ensure that systems are in place to record the action taken in response to patient safety issues that have been identified and that these systems report into the School committee structure	<p><i>We shall ensure that actions taken in response to patient safety issues are recorded. The mechanism for this will be included as part of the Quality Manual review.</i></p>	Annual monitoring 2015
8	The provider must ensure that the student fitness to practise documentation provides clear and comprehensive guidance and thresholds that address all stages of the process	<p><i>We are currently reviewing the student fitness to practise documentation to ensure that explicit guidance about all stages of the process is in place.</i></p>	Annual monitoring 2015
9	The proposed QA manual must be implemented as soon as possible and should include reference to all relevant committees and provide direction for the content and structure of minutes of meetings	<p><i>The Quality Manual is being reviewed and revised to reference all relevant committees.</i></p> <p><i>Standardisation of committee terms of reference and structure of minutes will be incorporated.</i></p>	Annual monitoring 2015
9	A specific committee or group with responsibility for assessment should be introduced into the committee	<p><i>The existing standard-setting panel will form the basis for a group with responsibility for assessment</i></p>	n/a

	structure		
10	The School should ensure that the process for quality assuring placements is documented in the proposed Quality Manual	<i>This is already contained within the manual. The relevant section will be made more prominent.</i>	n/a
10	Outreach training should be strengthened by making attendance at development days mandatory for outreach trainers or by visiting placements to observe the training and supervision taking place	<i>Outreach training will include a compulsory observation during 2015-16, and subject to outcomes, will move to a two yearly cycle. Attendance at development days will be strongly encouraged and non-attendees may undergo an additional peer observation to ensure development needs are met</i>	n/a
11	The provider must ensure that there is clear reporting of actions taken in response to problems identified under the quality management framework. All problems should be monitored and reported on until they are resolved	<i>The Quality Manual revisions will make it more obvious how actions are progressed. Action logs will be kept and monitored regularly to ensure prompt action is taken.</i>	Annual monitoring 2015
13	The University and School should consider whether it would be more beneficial for the BDS programme if it was subject to fewer, but more thorough, internal reviews	<i>With HE review on the horizon, this is unlikely to change. The programme has been caught between a changeover in institutional process which has meant slightly more frequent reviews as the reporting cycles settle. We do not anticipate this to be a longer term problem.</i>	n/a
14	The provider must review its use of external examiners in the final BDS assessments, with the aim of ensuring that a more comprehensive quality assurance role is achieved	<i>This historically common practice has been in place for many years and some dental schools still maintain this practice. However, we are very happy to conform more to this. We shall write to our external examiners for 2014/15 to confirm the expectations of their role for the future.</i>	Update to be provided in advance of the 2015 final assessment

15	The School must ensure that there is a system in place to record and monitor actions taken in relation to concerns raised and development points from reports received	<i>We shall undertake a one-off exercise to review reports since the 2008 School Quality Review. This activity will be overseen in the longer term by a small Quality Committee which reports into the School Education Committee.</i>	Annual monitoring 2015
16	The provider must ensure that all handbooks are in a consistent format	<i>The School has already undertaken some work to align handbooks. This will continue ready for the forthcoming academic year.</i>	Annual monitoring 2015
16	The provider must ensure that students are not be permitted to proceed to the final assessments with a fail grade in either continuous clinical assessment element, OR, the grading criteria must confirm that the student possesses the requisite knowledge and skills for safe practice	<i>The School has implemented a change in regulations for the forthcoming final assessment. A fail grade in any element of clinical assessment will result in a student being deferred from sitting final BDS.</i>	Update to be provided in advance of the 2015 final assessment
16, 17, 25	A blueprint that clearly maps assessments used in the BDS programme against the learning outcomes from Preparing for Practice must be developed and this blueprint should be referenced when designing assessments	<i>The blueprint which maps BDS assessments against the learning outcomes from Preparing for Practice is under development and will be consulted when designing assessments.</i>	Update in annual monitoring 2015
16, 19	The provider must ensure that where a student has obtained less than the stated minimum level of experience required in an area, the reasons why progression has been permitted are clearly recorded	<i>In Periodontology the minimum requirement of 7 RSD sessions is achieved by 100% of students as demonstrated for the last 5 years. Students are told to aim for 10 sessions as we do not encourage "minimal experience". In future students will be clearly advised that the minimum experience is 7 RSD sessions, but that this will only allow them to achieve 50%. Those achieving greater experience will have access to a</i>	Update to be provided in advance of the 2015 final assessment

		<i>higher grade.</i>	
18	The provider must modernise assessments, including all elements of the final summative assessments, to ensure that there are in line with current practice. In undertaking this task independent educational advice should be sought	<i>The School realises the need to ensure that assessments are appropriate to their purpose, the methods are supported by robust evidence and that they are conducted appropriately. This will include making some changes to the final summative assessments. We shall seek independent educational advice prior to making changes and implementing them.</i>	Update in annual monitoring 2015
18	There should be scope within the quality management systems to routinely monitor the assessments used in the BDS to ensure that they remain appropriate	<i>This will be addressed as part of the assessment group / panel.</i>	n/a
19	Action must be taken to ensure that the patient supply across paediatrics, endodontics and prosthodontics is sufficient to enable all students gain enough experience to become fit to practise as a safe beginner at graduation	<i>The School and Hospital have been working in a variety of ways to ensure sufficient appropriate patients for students.</i> <i>It has recently been agreed that there will be a separate referral pathway for student patients, which should help to address the situation.</i>	Update to be provided in advance of the 2015 final assessment
19	An update must be provided to the GDC on the threats to patient supply, including those arising from the move to the new Dental Hospital and School building	<i>Work has taken place to identify the proportion of patients who may be deterred from attending once the Hospital and School have moved to a new location. Only 25% of current patients indicated this was the case. However, the majority of patients that the students see in Speciality clinics are referred by dental practitioners. In Perio and Prosthetics 100% of student patients are referred; In Endodontics 70% of patients are referred and in Paediatric Dentistry 60% of patients</i>	Update in annual monitoring 2015

		<p><i>are referred.</i></p> <p><i>Work is taking place at the Restorative and the Paediatric MCNs to develop systems for referring patients.</i></p>	
19	The provider must ensure that there is a system in place, such as CAFS, that will collate student clinical experience and enable it to be easily summarised and analysed to identify 'gaps' in student experience	<p><i>CAFS is now operational for years 3 and 4 of the BDS programme. There has been a slight delay to the roll-out to year 5 due to the introduction of the electronic dental record. However, CAFS will be used throughout the clinical BDS programme commencing September 2015. This will enable student experience to be collated and analysed across all clinical disciplines. It will also allow a more detailed review of each student's clinical work.</i></p>	Update in annual monitoring 2015
20	Staff and students should be provided with clear guidance regarding the use of CAFS as a tool to enable both feedback and reflection	<p><i>Students and staff are being supported in their use of CAFS on clinics. Supporting guidance is being written.</i></p>	n/a
21	The provider must ensure that all examiners of high stakes examinations are provided with training specific to the assessment process to ensure a level of consistency through calibration. Psychometric analysis post examination should be undertaken to ensure this consistency between examining teams	<p><i>The assessment lead and group will be setting up mandatory training sessions for all such current examiners and their successors which will be repeated at intervals. This will include instruction on item-writing, assessment methods, blueprinting, marking and most importantly, calibration of examiners. Examination data will be subject to analysis to monitor the quality of examinations in terms of reliability, validity and acceptability, and of the examiners as regards consistency and level. The advice of a psychometrician will be used to guide these processes.</i></p>	Update in annual monitoring 2015

22	External examiners must be able to undertake a quality assurance role that will enable them to feedback on all elements of the final assessments and the provider should encourage critical appraisal from external examiners as part of this role	<i>We are changing the role of our external examiners for the forthcoming finals assessment. This will ensure that they principally have an observational role and have time to meet together as a team to discuss all aspects of finals.</i>	Update in annual monitoring 2015
22	The provider should consider the appointment of an external examiner with previous experience of undertaking a quality assurance role at other BDS examinations	<i>The external examining team include a number of external examiners who have undertaken a QA role at other BDS examinations</i>	n/a
23, 26	A clear action plan for the introduction of standard-setting in summative assessments must be agreed without delay. This action plan should include the appointment of an assessment lead	<i>A formal standard-setting process will be introduced for the finals examinations in 2015. This builds on the standard-setting processes which have been introduced elsewhere in the BDS programme successfully. An action plan is being written and an assessment lead has been appointed.</i>	Action plan to be submitted to the GDC by March 2015
23, 26	The criteria for determining the overall grade for continuous clinical assessment elements must be explicit	<i>The criteria are determined on a competency scale and are included in the relevant student handbooks.</i>	Update to be provided in advance of the 2015 final assessment
24	An action plan for the collection and analysis of patient feedback for the purposes of informing student assessment must be developed and implemented	<i>Patient feedback is being collected via CAFS. An action plan is being developed for using this to inform student assessment.</i>	Update in annual monitoring 2015
25	Students' communication skills and professionalism should be formally recorded in a consistent manner across clinics to increase the reliability of the information available	<i>Students' communication skills and professionalism are formally recorded via CAFS. This is being used throughout years 3 and 4 currently and will be used for students in year 5 in the forthcoming academic year.</i>	n/a

26	Examiners should discuss, as a matter of routine, whether a student has demonstrated that they are fit to practise at the level of a safe beginner if a borderline fail grade has been awarded	<p><i>If a borderline fail grade has been given, examiners discuss whether the student is able to pass the final examination by compensation.</i></p> <p><i>If an E grade has been given, the student is not safe and will fail the final examination.</i></p>	n/a
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Observations from the provider on content of report

Provider to record observations here

Recommendation on sufficiency

The inspectors recommend that this programme is sufficient for registration as a dentist with the General Dental Council:

Yes	No
✓	