

INSPECTION REPORT

Education Provider / Awarding Body:	King's College, London Dental School
Programme / Award / Qualification:	Bachelor of Dental Surgery (BDS)
Remit and purpose:	Full inspection referencing the <i>Standards for Education</i> to determine the continuing sufficiency of the award for the purpose of registration with the General Dental Council (GDC) as a dentist
Learning Outcomes:	<i>The First Five Years</i>
Programme inspection dates:	12 & 13 December 2012
Examination inspection dates:	3, 4, 5 & 6 June 2013
Inspection panel:	Philip Bunnell (Chair and Lay Member) Ann Shearer (Dentist Member) M Khalid Mushtaq (Dentist Member) Michael Mulcahy (Dentist Member)
GDC staff:	Peter Butler (Lead) Ross Scales (Programme) Kathryn Counsell-Hubbard (Examinations)
Outcome:	Recommended that the BDS remains sufficient for registration as a dentist

Inspection summary

The inspectors were extremely pleased to note so many positive aspects to the BDS programme at King's although there were some areas where the inspectors felt would benefit from improvement and development.

The inspection panel was impressed with the high standard of the documentation received in advance of the inspection and found that the evidence demonstrating each Requirement was easy to find. There is a clear framework in place for managing the quality of the programme and this was well evidenced before and during the inspection process.

There is a strong pre-clinical element to the programme which provides students with excellent preparation before commencing treatment on patients. Students particularly liked being able to work with patients at an early stage in the programme. The inspectors were impressed with the levels of confidence among the student groups they met. The inspectors could clearly see development of students as they moved through the programme stages and were satisfied that upon graduation the students were fit to practise as safe beginners.

Also impressive was the way in which such a large group of students is managed and this was particularly clear when observing assessments. However, the multi-site set-up at King's means there can be difficulties to overcome. For example, protocols may vary across locations and this needs to be monitored. The inspectors felt that the support and supervision offered to students in all locations was of a high standard.

The new outreach location in West Norwood, South London, will be an excellent addition to the programme and will be a major benefit to the students undertaking the BDS programme, especially those who are unable to attend available sessions in Portsmouth.

Students need to have a stronger understanding of the need to raise concerns relating to patient safety and the ways in which they can do this. The inspectors gained the sense that those students they met with lacked clarity in this area.

The inspectors were disappointed to learn that decisions made regarding the fitness to practise of some students had, in the past, been overturned by the University. The inspectors feel strongly that the School must be given the autonomy to make decisions about the suitability of students on the BDS programme.

A new electronic recording system for students' clinical activity is under development and the demonstration provided to the inspectors showed that this will make a real difference to the ability of staff to monitor students' development. The inspectors hope that this can be introduced as soon as possible so that all involved can benefit from it. Feedback from patients also needs to be integrated into the assessment mechanisms in place.

The School needs to ensure that all staff receive the appropriate training in equality and diversity.

The inspectors wish to thank the staff, students, and external stakeholders involved with the BDS programme for their co-operation and assistance with the inspection.

Inspection process and purpose of inspection

1. As part of its duty to protect patients and promote high standards within the professions it regulates, the General Dental Council (GDC) quality assures the education and training of student dentists and dental care professionals (DCPs) at institutions whose qualifications enable the holder to apply for registration with the GDC and new qualifications where it is intended that the qualification will lead to registration.

2. The aim of this quality assurance activity is to ensure that these institutions produce a new registrant who has demonstrated, on graduation, that he or she has met the outcomes required for registration with the GDC. This is to ensure that students who obtain a qualification leading to registration are fit to practise at the level of a safe beginner.
3. The inspection focuses on four Standards, with a total of 29 underlying Requirements. These are contained in the document *Standards for Education*.
4. The purpose of this inspection was to make a recommendation to the Council of the GDC regarding the 'sufficiency' of the programme for registration as a dentist in the UK. The GDC's powers are derived under Part II, Section 9 of the Dentists Act 1984 (as amended) to determine sufficiency of the programme.
5. Inspection reports may highlight areas of strength and draw attention to areas requiring improvement and development, including actions that are required to be undertaken by the provider. Where an action is needed for a Requirement to be met, the term 'must' is used to describe the obligation on the provider to undertake this action. For these actions the inspectors may stipulate a specific timescale by which the action must be completed or when an update on progress must be provided. In their observations on the content of the report, the provider should confirm the anticipated date by which these actions will be completed. Where an action would improve how a Requirement is met, the term 'should' is used and for these actions there will be no due date stipulated. Providers will be asked to report on the progress in addressing the required actions through the annual monitoring process. Serious concerns about a lack of progress may result in further inspections or other quality assurance activity.
6. The provider of the qualification has 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 be approved for registration, the Council of the GDC have delegated responsibility to the GDC Registrar to consider the recommendations of the panel. Should an inspection panel not be able to recommend sufficiency, the report and observations would be presented to the Council of the GDC for consideration.

The inspection

7. This report sets out the findings of an inspection of the Bachelor of Dental Surgery (BDS) awarded by King's College, London. The GDC publication *Standards for Education (version 1.0 November 2012)* was used as a framework for the inspection. This inspection forms part of a series of BDS/BChD inspections being undertaken by the GDC 2012-14.
8. The report contains the findings of the inspection panel across the two visits and with consideration to supporting documentation prepared by the School to evidence how the individual Requirements under the *Standards for Education* have been met. This inspection forms part of a series BDS inspections being undertaken by the GDC 2012-2014
9. The programme inspection took place on 12 and 13 December 2012. 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 student sign-off

inspection took place from 3-6 June 2013 which involved attending elements of the final examinations and the Final Examination Board meeting.

Overview of qualification

10. There are currently three entry points to the five-year BDS programme running at King's: the first offers no exemption, there is a one-year exemption for holders of a BSc in a bioscience subject with a reviewed transcript and a two-year exemption for medical (MBBS) graduates with a reviewed transcript. The total intake of students to the programme, across the three entry points, is usually around 160 per year.
11. Much of the training takes place at Guy's Tower close to London Bridge. Clinics utilised here include Prosthodontics, Oral Surgery, Periodontology and Conservative Dentistry. Paediatric experience is often gained at the Denmark Hill site in South London. The Maurice Wohl Unit, previously located close to the Denmark Hill site, has been subsumed by the Denmark Hill site. The unit still provides students with experience of primary dental care. A new outreach location is to open in West Norwood, South London in 2014 and the Outreach experience previously gained at Maurice Wohl will transfer to this new location. The Norwood Hall site will have a similar community focus. Students also have the opportunity to attend the DCP training facility at Portsmouth.
12. Other qualifications available at King's are the Diploma in Dental Hygiene and Therapy, the Diploma in Orthodontic Therapy. King's are also delivering the Diploma in Dental Nursing which is awarded by the National Examining Board for Dental Nurses (NEBDN).

Evaluation of qualification against the *Standards for Education*

13. As stated above, the *Standards for Education* were used as a framework for this inspection. Consideration was given to the fact that the *Standards for Education* were approved in late 2012 and that it may take time for providers to make amendments to programmes to fully meet all of the Requirements under the Standards and to gather the evidence to demonstrate that each Requirement is being met. The inspection panel were fully aware of this and the findings of this report should be read with this in mind.
14. The provider was requested to undertake a self-evaluation of the programme against the individual Requirements under the *Standards for Education*. This involved stating whether each Requirement was met, part met or not met and to provide evidence in support of their evaluation. The inspection panel examined this evidence, requested further documentary evidence and gathered further evidence from discussions with staff and students.
15. The inspection panel used the following descriptors to reach a decision on the extent to which the BDS of King's Dental School 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Should a patient safety issue arise, appropriate action must be taken by the provider	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Providers must have a student fitness to practise policy and apply as required. The content and significance of the student fitness to practise procedures must be conveyed to students and aligned to GDC student fitness to practise guidance. Staff involved in the delivery of the programme should be familiar with the GDC Student Fitness to Practise Guidance.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GDC comments			
<p>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 (<i>Requirement Met</i>)</p> <p>The students at King's begin working clinically at an early stage in the programme. All the student groups the inspectors met with felt this was an extremely positive aspect to the King's BDS programmes. The Applied Clinical Science Course at the very start of the first year of study appears to offer a strong basis of preparation upon which to build and runs for 23 weeks, mimicking real-life dentistry as much as is possible in the pre-clinical environment. In Year 1, students will undertake non-irreversible procedures including taking patient medical histories and providing oral health/dietary advice. They will also provide chairside assistance for more</p>			

senior dental students. Clinical experience develops and expands as students advance through the later years of the programme. There is an understanding within the School that commencing more complex clinical work at too early a stage can be very stressful for students. As such, students in Year 2 of the programme will be undertaking, for example, simple 'scale and polish' work. By the third year of the programme, their skills are advancing as they are able to work clinically up to three days per week. The size of the School also allows scope for students to experience differing methods of delivering dentistry.

As they progress, students are required to complete 'hurdles' prior to carrying out more complex clinical work. These hurdle assessments must be passed in order for students to carry out particular clinical procedures or to progress to the next year of study. The merging of the Year 1 and Year 2 Curriculum Committees has enabled an effective exchange of information as students progress through the programme. This has also been the case for the Year 4 and 5 Committees and this has brought about better communication regarding students' development. The inspection panel were satisfied that students are, therefore, only undertaking procedures on patients when they are fit to do so.

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

Patients are provided with a leaflet when they first arrive at the hospital for treatment, which explains the involvement of students. Leaflets are available in languages other than English. When patients join a waiting list for treatment they also receive a letter which clearly states their treatment may be carried out by undergraduate students. The inspectors noted there was some variation between clinics as to how consent is given by patients. Not all clinics will require written consent and, instead, rely on fully informed verbal consent. More complex or irreversible treatments always require written consent. In some instances, patients are required to sign and retain a copy of their treatment plan. Students told the inspection team that it was sometimes difficult to obtain the use of a translator when dealing with non-English speaking patients.

When students are working at the University of Portsmouth Dental Academy (UPDA) site, patients are informed when they first make contact to enquire about treatment that students will provide treatment.

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 inspectors found that there are differing regulations across the various teaching and clinical sites. Staff and students seemed keen to find methods of streamlining and rationalising the various protocols and guidelines across locations.

Within the Dental Institute, issues relating to clinical governance are overseen by Management Groups of both Foundation Trusts, which receive reports from Clinical Governance and Risk Committees. The DMG is chaired by the General Manager of the Trust and representatives of both the clinical staff and management team are members of the Group.

Both the Guy's and King's Trusts have been the subject of Care Quality Commission (CQC) inspections which focus on patient care, however, these did not look specifically at the Dental Institute. The inspectors were pleased to note that a CQC inspection of the UPDA had concluded that all Standards were being 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)

On the whole, staff:student ratios were good or very good, although some ratios on certain clinics were better than others. Students are often working in pairs with one of the pair acting as a dental nurse. Generally, students also have dedicated dental nursing support as well as working in pairs. This is a common situation in many Schools. Students the inspectors met with reported that supervision levels were satisfactory. From the second year of study, each student will keep the same personal tutor all of whom run an 'open door' policy. Students met by the inspectors said they found tutors to be helpful and approachable at all times. The inspectors noted that the integration of graduate entrants was well managed.

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

All clinical teachers must hold GDC registration and have at least three years' experience. There are clear HR processes all staff must complete (including Disclosure and Barring Service (DBS) checks) before they are able to supervise students. All staff are encouraged to undertake additional training via the King's Learning Institute. There is a strong focus on career development (including appraisals) and annual teaching days provide an additional source of standardisation of teaching and assessment.

There are regular teacher education days which are planned well in advance to ensure that as many members of staff are able to make themselves available to attend. Over 200 people attended the most recent event. Attendance for these events is closely monitored but non-attendance is not viewed as being a particular issue since there is an overwhelming desire among the staff body to develop and improve. Evidence gathered during the inspection appeared to support this notion.

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 Partly Met)

The inspectors were told that clinical incidents are rare which they felt was unusual – especially given the size of the School. However, the evidence provided by the School did appear to verify this. The School reinforces students' obligation to raise concerns on an annual basis and there is useful information included in student handbooks as well as a "Student Charter" which aims to allow students to raise concerns as responsible adults. However, the inspection team did not gain a sense that students had a strong awareness of the processes in place if they were to identify patient safety issues. This is particularly pertinent given the early introduction of clinical work.

The inspectors felt that the programme should include more comprehensive induction and training for both staff and students on the importance of protecting patients through raising concerns in their role in delivering patient care, including when they are no longer working or studying at the School. The School should refer to the findings of the Report of the Mid Staffordshire Foundation Trust Public Enquiry (Francis Report) when developing this training.

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

There is an electronic reporting system which must be used for clinical incidents. There are Committees with direct responsibility for dealing with safety issues and the Management Groups of both Foundation Trusts produce reports to the relevant Trust on trends relating to clinical incidents. Similar systems are in place across the various clinical locations. There are also systems in place for the recording and monitoring of 'near misses'.

Requirement 8: Providers must have a student fitness to practise policy and apply as required. The content and significance of the student fitness to practise procedures must be conveyed to students and aligned to GDC student fitness to practise guidance. Staff involved in the delivery of the programme should be familiar with the GDC Student Fitness to Practise Guidance (Requirement Met)

Students are required to read the GDC Student Fitness to Practise guidance and sign a form to state that they have understood it. There are joint FtP procedures in place across all teaching locations which the students sign up to. The inspectors were dismayed to hear that School decisions relating to Fitness to Practise issues had been overruled by the University. The panel felt strongly that the School should be given autonomy to make such decisions in future in order to maintain patient safety and protect the general public.

During OSCE assessments in Year's three to five, professionalism is tested and examiners may mark down or fail a student who displays unprofessional behaviour.

Actions

Req. Number	Actions	Due date
2	The School should take further steps to ensure that fully informed written consent is obtained and recorded for all patients who are treated by students on the programme.	N/A
6	The School should strengthen the training and induction for staff and students to emphasise the duty within their respective roles to raise concerns about patient safety.	Update to be provided through the 2014 GDC Annual Monitoring exercise
8	The School should have the autonomy to make decisions relating to the fitness to practise of its students.	N/A

Standard 2 – Quality evaluation and review of the programme
The provider must have in place effective policy and procedures for the monitoring and review of the programme

Requirements	Met	Partly met	Not met
9. The provider will have a framework in place that details how it manages the quality of the programme which includes making appropriate changes to ensure the curriculum continues to map across to the latest GDC outcomes and adapts to changing legislation and external guidance. There must be a clear statement about where responsibility lies for this function	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The provider will have systems in place to quality assure placements	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Should quality evaluation of the programme identify any serious threats to the students achieving learning outcomes through the programme, the GDC must be notified at the earliest possible opportunity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Programmes must be subject to rigorous internal and external quality assurance procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. External examiners must be utilised and must be familiar with the learning outcomes and their context. Providers should follow QAA guidelines on external examining where applicable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Providers must consider and, where appropriate, act upon concerns raised or formal reports on the quality of education and assessment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GDC comments

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

There are clear quality management mechanisms in place. All evidence the inspection panel gathered prior to and during the inspection supported this.

There is an Undergraduate Programmes Committee (UPC) and each module of the BDS programme has a sub-committee which reports into this. The UPC is responsible for ensuring the curriculum and assessments are monitored and developed. Staff met by the inspectors reported that they are all able to input into Committees and other decision-making processes.

Staff are able to attend Committee meetings via video link if necessary and everyone is encouraged to 'have their say'.

The Staff:Student Liaison Committee (SSLC) appears to be working well for students. This Committee meets once per term during Years 1 – 4 and once a month during the final year. The inspectors were told that the students are very candid and frank when putting their views across. The inspection team were pleased to hear from students they met with that the SSLC performs a useful function for them. They told the panel that their concerns have been resolved quickly using this mechanism.

Each year of study has its own Curriculum Committee. However, the Committees for Year 1 and 2 have recently been merged and the panel agreed that the exchange of information on year groups this allows assists in maintaining a smooth transition into more complex clinical work.

The panel noted that each clinical location has individual management groups responsible for dealing with specific issues. Further to this, each location has differing rules and regulations which can often cause minor problems as students need to remember what applies to each different location. The inspectors were told that managing the interplay between the different Trusts could often be difficult and they would like to see further work to reduce the impact of this.

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

Students were quick to praise their experiences at the Portsmouth site and the inspectors felt that there are sound QA processes in place to manage their experiences despite the distance from the main site in London. Staff from King's attend the Portsmouth centre and staff rotate between locations in order to achieve a consistent approach. Staff calibration is, therefore, working well since everyone needs to be willing to be located at any of the sites in use. End-of-year evaluation questionnaires and staff-student liaison meetings are also used as a means of monitoring the success of students' placements.

The panel were told that the School had not pursued the setting up of a more widely dispersed Outreach structure due to concerns regarding quality assurance.

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

There are sound structures in place which ensure there is a rapid response to issues raised. Follow-up actions are required in order to ensure that any changes made are appropriate and effective as well as ensuring that issues are 'closed'. Each site used as part of the programme has its own specific management group to deal with specific and relevant issues. Programme review reports and associated recommendations pass to the College Education Committee and the Dental Institute Education Committee where any actions required can be delegated to the appropriate member of staff or team.

A popular method for students to raise issues is the use of comments books on clinic. Coupled with this, the School's 'You Said, We Did' initiative works well by informing students about changes made as a result of their feedback via a dedicated page on the School website. The panel felt, though, that more emphasis needs to be placed on explaining why certain changes have not been made.

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

The inspectors were assured that there have never been any issues, so far, which have necessitated contacting the GDC. However, a clear process is in place whereby the Chair of the Dental Institute Education Committee would, on behalf of the Head of School, contact the GDC in relation to any emerging threats or serious emergencies. The inspectors agreed that the quality framework in place meant that issues are picked up and dealt with long before the need to contact the GDC would arise.

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

The College requires that programme reviews include external specialists and peers. A further requirement of the College is for the Dental Institute Education Committee to include a member of another KCL School and the King's Learning Institute who has experience of College-wide quality assurance structures. The most recent BDS review occurred in 2011 and, as part of the process, staff and students were interviewed while progression statistics and external examiner reports were scrutinised. Student representation is also in place for all Committees. The Dental Institute has not been the subject of a targeted CQC inspection. Aside from the involvement of external examiners, there is scope for further external review of the programme which could be explored.

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

The involvement of external examiners in the BDS programme assessment mechanisms follows QAA guidelines. This is a college requirement. All the external examiners are senior academics appointed from UK dental schools and so have an understanding of the GDC learning outcomes and their context.

The inspectors were able to meet with the external examiners during the final examinations. They told the panel that there had been huge improvements to the running of the examinations over the previous three or four years. Many of the suggestions they have made during their tenure have been taken on board and implemented. The panel agreed with the external examiners that the examinations run very smoothly given the difficult logistics for a school of this size. It is also recognised that smaller schools are often able to implement changes more quickly. The external examiners reported that they felt further work needed to be done in order to calibrate the performance of individual examiners and, given what the inspectors saw on-site, they would support this view. The inspectors were also told that they are able to give a great deal of feedback during Examination Board meetings and through external examiner reports. The panel saw evidence of this when attending the Examination Board meeting and were able to view reports together with responses to the reports and the actions taken as a result.

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

The inspection panel saw strong evidence detailing how concerns are acted upon and many of

the comments under the Requirements for Standard 2 support this. External examiners submit reports after each examination sitting and the School is required to provide a written response to these.

Actions

Req. Number	Actions	Due date
9	Methods of managing difficulties presented by the multi-site set-up of the School should be monitored and developed.	N/A

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. The provider will have in place management systems to plan, monitor and record the assessment of students throughout the programme against each of the learning outcomes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18. Assessment must involve a range of methods appropriate to the learning outcomes and these should be in line with current practice and routinely monitored, quality assured and developed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Students will have exposure to an appropriate breadth of patients/procedures and will undertake each activity relating to patient care on sufficient occasions to enable them to develop the skills and the level of competency to achieve the relevant GDC learning outcomes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. The provider should seek to improve student performance by encouraging reflection and by providing feedback ¹ .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21. Examiners/assessors must have appropriate skills, experience and training to undertake the task of assessment, appropriate general or specialist registration with a regulatory body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Providers must ask external examiners to report on the extent to which assessment processes are rigorous, set at the correct standard, ensure equity of treatment for students and have been fairly conducted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Assessment must be fair and undertaken against clear criteria. Standard setting must be employed for summative assessments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24. Where appropriate, patient/peer/customer feedback should contribute to the assessment process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
25. Where possible, multiple samples of performance must be taken to ensure the validity and reliability of the assessment conclusion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

26. The standard expected of students in each area to be assessed must be clear and students and staff involved in assessment must be aware of this standard



GDC comments

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

Evidence provided to the inspectors in advance of the inspection included an extremely detailed mapping of the programme against the GDC's learning outcomes as published in *The First Five Years*. This gave the panel a clear picture of where each outcome is covered in the programme and the methods of assessment used to test attainment of each outcome. This included both formative and summative assessments. The delivery strategy clearly showed that a key aim of the programme and assessment methodology is to provide the evidence to allow students to progress as well as to inform the student and the School about students' performance against the outcomes expected of them. Please also refer to Requirement 18 for information relating to assessments.

There are good opportunities for students to gain experience of working with other members of the dental team during the programme and students the inspectors met were particularly keen to praise their experiences at Portsmouth where they work alongside dental hygienists, dental therapists and dental nurses. It is disappointing, then, that currently only 50% of the cohort is getting this experience. The panel understand that Portsmouth is not a suitable location for many of the student cohort given its distance from London. The new outreach location in West Norwood, which will open soon, will provide a similar experience to Portsmouth and the inspectors believe this new site will be a real asset to the programme.

The panel gained a very strong sense that patient care is compartmentalised and that improvements need to be made to students' experience of holistic care. More emphasis should be placed on providing continuity of care.

The inspection team were pleased to note that the transition to delivering the learning outcomes set out in *Preparing for Practice* is going well. This move was described as a significant evolution rather than a revolution.

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*)

Student's clinical work is monitored both formally and informally throughout the programme. The inspectors had sight of students' clinical portfolios during the inspection. A new, Electronic Dental Record system for capturing clinical experience is currently being tested but is not expected to roll out for student use for at least two years from the time of this inspection. This system will also enable the recording of discussion points given as feedback following clinical work. It is anticipated that the new electronic system will provide a deeper level of monitoring of experience than has previously been possible. Please also refer to Requirement 25 for information regarding clinical work.

The overall assessment strategy is designed to support learning by providing formative

feedback. There is a dedicated member of staff responsible for the assessment process. Part of their role is to liaise with Year Co-ordinators. Assessments are overseen by the relevant Progress Committee and this means that struggling students are identified and provided with the necessary support.

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

A wide range of accepted assessment methods are used throughout the programme in order to assess the application of knowledge. These include, Multiple Choice Questions, Short Answer Questions and essays. The final year assessments for the BDS programme comprise two written papers (one of which is conducted online). In order to assess clinical aptitude, students complete an objective structured clinical examination (OSCE), Case Presentations and a Clinical Reasoning Examination. The inspection team attended the Case Presentation and Clinical Reasoning Examinations only. Patients are required to attend the Case Presentation examination. Although the inspectors could see why this might be useful, they did not think their presence added a great deal to the process. Candidates provide examiners with a high quality poster which includes digital photographs and radiographs. Some students the inspectors saw, whose patients had not been able to attend on the day of the examination, were in no way disadvantaged. Logistically, arranging for each patient to attend must add to the burden of an already fairly stressful process for all involved.

The inspectors were impressed with the quality of the scenarios being used for the Clinical Reasoning Examination as well as with the challenging level at which they had been set. Grade descriptors used by the examiners (particularly for the case presentations) did not seem to be very clear or helpful to the examiners in reaching a decision about the performance of a candidate. The descriptors could be reviewed so they include more detailed and explicit guidance.

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 Met*)

Students are given 'quotas' for clinical procedures and these must be attained in order for students to be entered for end of year progress assessments although they do not actually contribute towards assessments. The quotas themselves do not form an element of in-course assessment.

Some students will be required to complete quotas after final examinations before they can be signed off as able to register. Students met by the inspectors said that the quotas were not set so that they are easy to meet. Despite the quotas being relatively ambitious, the panel were pleased to note that students' regularly exceeded them by some distance. The multi-site make-up of King's provides students with access to very different types of patient during their course of study. Expectations of what students should be able to achieve clinically are revisited and, where needed, revised on an annual basis via Curriculum Committees in accordance with local patient need. The panel were provided with sound assurance that the quota system combines consideration of the standard of work undertaken with the numerical student experience.

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

As noted under Requirement 17, the forthcoming electronic recording system will allow for the recording of feedback on students' clinical work. The inspectors noted, however, that while there is scope for feedback from supervisors and patients to be recorded, there is no room for the student to record their own comments and reflections on their performance. This needs to be addressed.

Feedback is provided directly to students on their academic and practical achievements as well as their overall professionalism. Feedback is given more emphasis when in relation to poor performance as a means of encouraging reflection. Tutors have been provided with training in effective feedback to help them engage more fully with the process and this has been well attended. Awareness of the need for feedback appears to be growing. Group feedback discussion sessions often take place at the conclusion of patient treatment sessions.

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

Staff are encouraged to access training and development via the King's Learning Institute. These opportunities are available to all staff and this includes part-time members of the team. It is a College requirement that academic staff have received training in teaching and the College runs recognised training courses accordingly. All staff are subject to an annual appraisal process in order to monitor their performance. There is a programme of teacher education days which are well attended.

Requirement 22: Providers must ask external examiners to report on the extent to which assessment processes are rigorous, set at the correct standard, ensure equity of treatment for students and have been fairly conducted (*Requirement Met*)

External examiners are appointed for a four-year term. Part of their role is to produce and submit reports to which the School must respond. The external examiner reports are considered, in the first instance, by the Head of School. Any issues raised which relate to teaching will also be considered by the Programme Committee. The inspectors felt this process had been clearly defined, described and evidenced.

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

The School's ethos is that all assessments should be mapped to the relevant curriculum, and be accurate, valid and feasible.

Marking descriptors used are generic College descriptors which the School acknowledge are not necessarily the most appropriate descriptors for a dental programme. These are, therefore, under review and there are plans to move towards a more descriptive and relevant marking scheme in the near future. The inspectors were told this will make grading far more meaningful.

When the inspection team spoke with the external examiners, they were told that standard setting does not always take place despite the external examiners having commented on this and requesting via external examiner reports that this should be incorporated into the assessment process.

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

Patients are encouraged to make comments at any time, which will be recorded by members of staff and the process for providing feedback is made clear to patients. As the School develops the programme to align with *Preparing for Practice*, there are plans to formalise patients' role in the assessment process. For example, when students work in pairs, the student who is assisting might play a role in obtaining feedback from the patient. The School understand the need to ensure that any negative feedback is used in a positive manner.

A project looking at peer-DOPs (direct observations of procedures) has been put in place and it is planned that this will develop over time. Methods of training are being developed to ensure that the students are able to give an honest and useful assessment of their observations. Students who spoke to the inspection team stated that they found peer assessment difficult as they did not wish to appear as being superior to the colleagues. Often, the usefulness of peer to peer feedback depended on the relationship between those giving and receiving feedback and the confidence of the individuals involved. The students were clearly nervous of criticising one another and the inspectors understood this but felt that this could be overcome. The use of feedback requires further work to become a direct part of the student assessment process and therefore this requirement is partly met.

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

Students are graded on each and every clinical procedure they undertake and the inspectors were assured that the programme allows students to undertake the full range of clinical tasks required of a newly qualified dental professional on multiple occasions.

Mid-session formative assessments allow the students to measure their performance against end of year progression points which use a range of methods to assess breadth and depth of knowledge. The mapping of the programme against the GDC's learning outcomes clearly demonstrated that each outcome is assessed at various points throughout the programme and using a variety of assessment methods. Please refer to Requirement 18 for further information relating to assessments.

Requirement 26: The standard expected of students in each area to be assessed must be clear and students and staff involved in assessment must be aware of this standard (*Requirement Met*)

All new staff must attend an induction programme in order to gain an understanding of assessment standards. They are also encouraged to make use of the opportunities available via the King's Learning Institute. Departmental training days and teacher education days are mandatory and cover these aspects of the programme.

Staff are encouraged to use the full range of available grades when assessing students' work in order to try and identify weaknesses at an earlier stage.

Assessment criteria are provided to students in the form of written guidance and are also accessible via the virtual campus online. Students are given clear verbal guidance on an annual basis regarding changes to assessment policies and procedures.

Actions		
Req. Number	Actions	Due date
17	The introduction of the electronic recording system must take place at the earliest possible point to ensure the experience of students is monitored efficiently and effectively	Update to be provided through the 2014 GDC Annual Monitoring exercise
18	Consideration should be given to the value of having patients present during case presentation examinations	N/A
20	The Electronic Dental Record must include scope for students to record comments and reflection on their own performance	Update to be provided through the 2014 GDC Annual Monitoring exercise
23	Standard setting must be incorporated into the assessment process as has been requested by the external examiners	Update to be provided through the 2014 GDC Annual Monitoring exercise
24	Methods of involving patient feedback in assessment mechanisms must be investigated and developed	Update to be provided through the 2014 GDC Annual Monitoring exercise

Standard 4 – Equality and diversity

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

Requirements	Met	Partly met	Not met
27. Providers must adhere to current legislation and best practice guidance relating to equality and diversity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Staff will receive training on equality and diversity, development and appraisal mechanisms will include this	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
29. Providers will convey to students the importance of compliance with equality and diversity law and principles both during training and after they begin practice	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GDC comments			
<p>Requirement 27: Providers must adhere to current legislation and best practice guidance relating to equality and diversity (<i>Requirement Met</i>)</p> <p>College-wide policies are in place relating to equality and diversity issues and staff and students across locations are made aware of these and of associated legislation. The Dental Institute itself has clear procedures set up to deal with any emerging issues or complaints.</p> <p>Requirement 28: Staff will receive training on equality and diversity, development and appraisal mechanisms will include this (<i>Requirement Partly Met</i>)</p> <p>Staff across locations are encouraged to undertake formal training in equality and diversity although this is not mandatory. The records provided showed that not everyone had done so. The panel recognised that, in some cases, training will have been undertaken outside of the dental school environment.</p> <p>The Associateship of King's College (AKC) qualification is offered to students alongside their BDS studies. This covers ethics and is considered as being of great importance to the school given its multicultural make-up. Staff are also able to undertake the AKC.</p> <p>Requirement 29: Providers will convey to students the importance of compliance with equality and diversity law and principles both during training and after they begin practice (<i>Requirement Met</i>)</p> <p>The student charter conveys the importance of equality and diversity issues to all students. The School is required by the College to develop its own equality and diversity action plan and, at the time of the inspection, this was under development. Students are required to sign a contract at the commencement of their studies and this includes a section covering equality and diversity issues. These issues are reinforced during the programme, particularly during the Social and Behavioural Science course.</p>			
Actions			
Req Number	Actions		Due date
28	Training on equality and diversity for all staff must be		Update to be

	developed and strengthened. This must be compulsory for all staff involved in the delivery of the programme	provided through the 2014 GDC Annual Monitoring exercise
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Summary of Actions

Req Number	Actions for the provider	Observations Response from Provider	Due date (if applicable)
2	The School should take further steps to ensure that fully informed written consent is obtained and recorded for all patients who are treated by students on the programme.	The Dental Institute is aware that not all departments are in a position to get fully informed written consent from patients who are treated by students. This is currently provided for adult patients treated at Guy's Hospital. The current paperwork will now be rolled out to all areas and this will be made a requirement for clinical governance from both NHS Foundation Trusts with whom we work as well as at Portsmouth Dental Academy and West Norwood Health and Leisure Centre. All patients give verbal consent but it is accepted this level of consent must be exceeded. We thank the GDC for bringing this to our attention.	N/A
6	The School should strengthen the training and induction for staff and students to emphasise the duty within their respective roles to raise concerns about patient safety.	The issue of raising concerns about patient safety is a national priority in healthcare at the present time. The NHS Foundation Trusts and KCL will now move this to the forefront of training and in particular at induction of all new teachers. We have never had any concern raised over this matter, but appreciate it now has added importance and greater cognisance will be taken of this matter, in particular with new teachers.	Update to be provided through the 2014 GDC Annual Monitoring exercise
8	The School should have the autonomy to make decisions relating to the fitness to practise of its students.	The College's published <i>B5 Fitness for Registration and Practise Regulations</i> ('B5 Regulations') apply to all programmes of study	N/A

		<p>across the College leading to a professional qualification, which is registrable with a statutory regulatory body, including the Bachelor of Dental Surgery programme. These regulations invest autonomy in Schools, including the Dental Institute, so that they are able to investigate and assess Fitness to Practise issues for themselves and determine whether a case should be referred to the College's Director of Students and Education for a Fitness to Practise hearing to be convened. The GDC may wish to note that since the GDC's inspection of the BDS programme, the <i>B5 Regulations</i> have been revised to more explicitly acknowledge the role of Schools' local Fitness to Practise procedures in determining what cases should be referred from the School to the College. The Student Conduct and Appeals Office has engaged with the Dental Institute and other relevant Schools to ensure that School FtP procedures are robust, fair and interface consistently with the <i>B5 Regulations</i>.</p> <p>The role of the College's Fitness to Practise Committee is to determine, on the basis of the findings and evidence presented, whether students referred to it are unfit for registration and practise and to make any appropriate orders permissible under the <i>B5 Regulations</i>. This process does not consist of 'overruling' decisions made by Schools; on the contrary it provides a structured forum in which recommendations from the referring School can be fully taken into account, alongside any representations put forward by the student concerned. Notably, the membership of the Committee includes two senior members of the given profession, who may or may not be</p>	
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		<p>members of academic staff of the College. This ensures that decision makers include those who are personally familiar with the profession's specific regulatory requirements. External professionals are frequently used where this is possible so that greater impartiality is embedded within our Fitness to Practise procedures.</p> <p>The current approach joins uniformity with flexibility and ensures that students on professional programmes are treated fairly. Heads of School have the authority to suspend students from clinical activities of their own volition where they consider it appropriate under the <i>B5 Regulations</i>. Where ameliorative steps cannot be identified or where they have been exhausted, the College will take all relevant circumstances into account and make a final determination on a case-by-case basis. Determining the ultimate outcome of Fitness to Practise cases gives the College the opportunity to ensure parity in how students are treated and is mechanised to best serve principles of equity and natural justice which meshes with the College's legal obligations and the expectations of the Office of the Independent Adjudicator of Higher Education ('OIA').</p> <p>The College's Fitness to Practise hearings are clerked by experienced members of the centrally-based Student Conduct and Appeals Office who, incidentally, have recently been observing fitness to practise hearings across the regulatory sector as part of a routine professional development exercise. The College can assure the GDC that it is uncompromising when it comes to patient safety and protecting the public interest and all Fitness to Practise cases are treated very seriously without</p>	
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		exception.	
9	Methods of managing difficulties presented by the multi-site set-up of the School should be monitored and developed.	The on-going challenges of working with two Foundation Trusts may be resolved by the merger of the two NHS Foundation Trusts according to the restructuring of the Academic Health Science Centre. This will be a slow process, even if agreed immediately. Agreement has been reached with Senior Management for greater collaboration and a sharing of working practice. The multi-site set-up of the Dental Institute is both a strength and a challenge. The challenges are being slowly overcome and this statement from the GDC will provide greater momentum for smoother working for both staff and students across all our sites. Communication overall is good, but we are not complacent. All sites now have student (and staff) liaison meetings, these will be monitored by the Education Committee.	N/A
17	The introduction of the electronic recording system must take place at the earliest possible point to ensure the experience of students is monitored efficiently and effectively.	The Dental Institute is delighted this has been noted by the visitors. The Salud system is currently being rolled out on one site, but to overcome local challenges, the Liverpool LiftUp system is being purchased and introduced to all sites. This will take 1-2 years to implement, but is fully funded, and staff to aid introduction are currently being appointed. This is a very positive step forwards for the Dental Institute.	Update to be provided through the 2014 GDC Annual Monitoring exercise
18	Consideration should be given to the value of having patients present during case presentation examinations.	This is a timely comment, which has been under consideration for some time. It is now felt that with good records, it is no longer a requirement to have the patient attend for the assessment. This will be proposed to the education committee for introduction in June 2015. It is considered too soon and the records system is not adequate for a start	N/A

		in June 2014, but this will be investigated.	
20	The Electronic Dental Record must include scope for students to record comments and reflection on their own performance	The Salud electronic patient record system will be investigated to offer reflective opportunity. The Liverpool system does allow this and is likely to be the system of choice to develop reflective practitioners of our students. This will be in place in all areas for 2015.	Update to be provided through the 2014 GDC Annual Monitoring exercise
23	Standard setting must be incorporated into the assessment process as has been requested by the external examiners	All current examinations are standard set. Calibration of the examiners for the Clinical Reasoning Examination in Finals has always been problematic due to the size of the cohort. The exact mechanism proposed by the visiting examiner is not feasible, nor necessary in our opinion. We have good psychometric data that the exam is fair and reliable and that assessors operate with a remarkable degree of internal consistency and reliability. We would be happy to present this data at any time to the GDC. We will however continue to investigate improving the reliability of our examination, even after the visiting examiner has finished their term of service.	Update to be provided through the 2014 GDC Annual Monitoring exercise
24	Methods of involving patient feedback in assessment mechanisms must be investigated and developed.	Patient feedback is an important part of the feedback process in appropriate assessments. This is something we shall continue to investigate. It is challenging as it lacks reliability, but is an essential component of a future formative assessment package for our students. This will initially be developed for adult restorative care, where patients are seen over a long-term.	Update to be provided through the 2014 GDC Annual Monitoring exercise
28	Training on equality and diversity for all staff must be developed and strengthened. This must be compulsory for all staff involved in the	We have begun enquiries at College level with a view to introducing into the Dental Institute and the wider College teaching environment an online	Update to be provided through the 2014 GDC

	delivery of the programme.	method of delivering and assessing a course on equality and diversity. If we do not find anything appropriate we will develop one ourselves as we agree this is an important area and we must robustly ensure that all staff have regular and appropriate training. We thank the GDC for bringing this to our attention.	Annual Monitoring exercise
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Observations from the provider on the content of the report

We would like to say how much we valued this exercise and how positive the relationship was between the GDC, the visitors, and King's. It was a useful exercise to review the totality of our work, and have an external opinion as to the efficacy and benefit of what we do. We did not believe we had any major issues (as agreed by the report), and are proud of our curriculum and the work we do in training dentists at all levels, but it was useful for the GDC to point out issues which we could then take to College to take forward in the best interests of students and, of course, patients.

Recommendation to the GDC

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