

INSPECTION REPORT

Education Provider / Awarding Body:	Leeds Dental Institute (University of Leeds)
Programme / Award / Qualification:	Bachelor in Dental Surgery (BChD)
Remit and Purpose:	Full inspection referencing the <i>Standards for Education</i> to determine the continuing sufficiency of the award for the purpose of registration with the GDC as a dentist
Learning Outcomes:	<i>Preparing for Practice (Dentist)</i>
Programme Inspection Dates:	21 & 22 January 2013
Examination Inspection Dates:	11, 12, 13 June 2013
Inspection Panel:	Gail Mortimer (Chair and Lay Member) Steven Farmer (Dentist Member) Raj Majithia (Dentist Member) Ann Shearer (Dentist Member)
GDC Staff:	Luke Melia (Lead) Ross Scales (Programme) James Marshall (Examinations)
Outcome:	Recommended that the BChD remains sufficient for registration as a dentist

Inspection summary

The inspection panel was impressed with the manner the School undertook to present its documentation in advance of the inspection. Evidence to support each Requirement of the *Standards for Education* was comprehensive and well referenced to illustrate exactly how the School operated the various components of the programme.

Senior management, clinical tutors, and all of the staff and students who met with the inspection panel demonstrated enthusiasm, professionalism and a commendable commitment to the quality of the programme delivery. A strong team ethic was evident with each member showing an awareness of his or her responsibility to maintain standards and identify issues that might threaten the integrity of the qualification.

The inspectors found no major concerns, though there are some areas where it was felt that the School's excellent approach to obtaining and acting on feedback must be maintained. Plans for a patient evaluation process across all clinical areas and the shared care of patients between BChD and Hygiene and Therapy students were thought to be highly beneficial initiatives that would enhance student development.

The quality management structure within the Institute and wider University were clear and well established. The inspectors were confident that risks to patient safety or threats to the substance of the course would be identified and dealt with expediently. There were examples of issues being raised and considered, and the School designing and implementing new processes to improve the targeted area.

Central recording of student assessment and clinical performance were exceptional with detailed and reliable evidence recorded every week. The inspectors viewed this data in the format of spreadsheet databases and felt the recordings demonstrated a strong level of student clinical experience and a wide range of procedures and patients. The figures for episodes of student activity were supported by clear assessment guidelines.

Dental team working was a strong element of the course. Leeds Dental Institute also trains Hygienist/Therapists, Dental Technicians and Dental Nurses. The students are integrated into lectures, share clinics and benefit from early interaction with each other.

The inspection panel was able to track student performance through the student sign-up process and considered there to be a robust progression assessment strategy. The inspectors were assured that upon graduation the students were fit to practise as safe beginners.

The panel wishes to thank the staff, students, and other stakeholders involved with the BChD 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 is sufficient for registration, the Council of the GDC have delegated responsibility to the GDC Registrar to consider the recommendations of the panel. Should an inspection panel not be able to recommend sufficiency, the report and observations would be presented to the Council of the GDC for consideration.

The Inspection

7. This report sets out the findings of an inspection of the Bachelor of Dental Surgery (BChD) awarded by Leeds Dental Institute. 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 2012-2014.
8. The inspection was comprised of two visits. The first, referred to as the programme inspection, was carried out on 21 and 22 January 2013. This involved a series of meetings with programme staff involved in the management, delivery and assessment of the programme and a selection of BChD students. The second visit took place between 11 and 13 June and is referred to as the examination/student sign-off inspection. The lead quality assurance officer from the GDC also attended the student sign-up meeting for final examinations in April, and two inspectors and the lead quality assurance officer attended the Examination Board in June.
9. 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.

Overview of Qualification

10. The BChD programme sits within the Faculty of Medicine and Health at Leeds University. The programme has an annual intake of 96 students. The duration of the programme is 182 weeks over five years of study and training. Leeds University also offers a Graduate Diploma in Dental Hygiene and Dental Therapy, a Diploma in Dental Technology and an Advanced Apprenticeship in Health (Dental Nursing). The latter being a joint venture between Leeds Teaching Hospitals NHS Trust and Bradford College.
11. In 2011, Leeds Dental Institute undertook a rigorous design and consultation process to create an undergraduate integrated Masters and Bachelors programme in Dentistry (MChD/BChD, BSc Oral Science). The proposed revisions to the programme of study were submitted to the GDC and noted by the Education Committee in 2011 (the powers of the Education Committee were delegated to the GDC Chief Executive and Registrar at the end of 2011). This scope of this inspection was to assess the sufficiency of the undergraduate BChD, which is the registrable portion of the qualification, for the purpose of registration as a dentist.
12. The new programme is designed to meet the learning outcomes in the GDC's new curriculum document, *Preparing for Practice* (published in late 2011). Some students remain enrolled from a time when the learning outcomes were mapped to the previous GDC curriculum document, *The First Five Years*. Senior management demonstrated that the current mapping for the programme shows assessment and coverage of the full range of learning outcomes from both documents.

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 is met, partly met or not met and to provide evidence in support of their evaluation. The inspection panel examined this evidence, requested further documentary evidence and gathered further evidence from discussions with staff and students.
15. The inspection panel used the following descriptors to reach a decision on the extent to which the BChD programme at the Leeds Dental Institute 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 patient	<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 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 patient (<i>Requirement Met</i>)</p> <p>The inspection panel saw evidence that students had to complete a comprehensive round of pre-clinical assessments before treating patients. Year 1 includes tutor observed sessions in basic cross infection control, basic supra-gingival scaling technique, and local analgesia techniques. This is followed up by a Clinical Skills A module in Year 2 with summative and progression assessments including basic preparation and restoration tests (with plastic</p>			

restorative materials). The knowledge and skills of the two earlier years are built on in Year 3 with a Clinical Skills B module. Students are tested on several areas including crown preparation, endodontic treatments, partial denture design and basic extractions. The inspectors concluded that the early years of study prepared the students well for the more expansive clinical environments experienced in Years 4 and 5.

There was a clear element of continuous assessment of student performance evident in student logbooks. Tutor feedback and examination results were also recorded and regularly monitored by a Clinical Progress Committee. The Clinical Progress Committee meets on a termly basis for Years 3 to 5 with additional meetings for other year groups, and as necessary for individual student cases. The remit of the committee is to identify any students that may require further training or candidates whose conduct and attendance was unsatisfactory. The latter could be referred to a Progress Committee, a sub-committee of the Dental Institute's Board of Examiners, for appropriate actions to be agreed. The inspection panel reviewed minutes for both committees and could see a clear record of discussion and decisions.

A number of students informed the inspectors that they were eager to commence clinical work and had chosen Leeds specifically for the early interaction with patients. This commences in the last term of Year 1 with basic periodontal procedures and charting. The students felt they benefited from the experience as it allowed them to put skills straight into practice, building their confidence and honing their communication skills.

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

Patients register for treatment with students via the Leeds Dental Institute's website (http://medhealth.leeds.ac.uk/info/1260/treatment/153/volunteer_for_student_treatment). The webpage states clearly that dental students would be performing treatment should this be deemed appropriate after a screening process has been taken place. Volunteers undergo a 15-minute assessment (longer if an X-ray picture is required) to determine whether their dental needs match the treatments available on the programme. A screening process is also employed when patients have been referred from general practice. Informed consent is then reinforced through patient contract forms in every clinical centre, and information leaflets.

The students displayed a strong understanding of the importance of consent and clear communication with patients about all aspects of their treatment. The inspectors were informed that supervisors included consent procedures within their remit for overseeing patient 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 inspection panel was satisfied that the clinical environment was safe and relevant legislation was met. There was an incident log for Leeds Dental Institute (LDI) that was reviewed and audited with actions taken. A LDI Health and Safety Forum is held bi-monthly with the minutes showing a strong discussion on whether health and safety policy and procedures remained appropriate and explored how aspects could be improved in the future.

There was evidence of good links with outreach placements, which were seen to be subject to the health and safety policies of their relevant NHS board. Students receive full inductions before providing treatment at clinical sites, including details of local health and safety policy and procedures. The inspectors held teleconferences with Outreach facility staff and felt the

principles of maintaining patient safety at all times were well embedded within the placements and fully understood by the staff working in them.

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 inspectors considered the level of supervision within the programme to be appropriate and well gauged to each stage of student development. There was a staff student ratio of one to eight in the Leeds Dental Hospital; one to seven in the Beeston and Bradford outreach placements, and one to six in the Hull outreach placement. The expectations of staff/student supervision were clearly defined in the Schools' Restorative Dentistry Clinical Handbook.

Staff and students informed the inspectors that supervision ratios were well maintained. Both indicated that the programme benefited from a system of consultant cover, whereby a senior member of clinical staff was always on hand to offer advice on any aspect of treatment.

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 inspection panel was provided with a list of teaching staff involved in the programme, which included details of qualifications and registration with the GDC or other regulatory body. The information showed tutors were appropriately qualified to work in the capacity of supervisors on the programme.

The School has an excellent induction outline for new staff with two weeks mentoring and enrolment on to the University of Leeds Teaching Award 2 (ULTA2). There was evidence of regular training days for all staff including outreach tutors.

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

The inspection panel found there to be a professional ethos throughout the running of the programme. From the course induction, students are encouraged to raise concerns during their training and prompted of the nature of the commitments that registration with the GDC will involve.

Staff and students displayed a strong understanding of the importance of patient safety and their personal responsibility to raise concerns should they identify them. On an annual basis, students sign a *LDI Code of Professional Conduct and Fitness to Practise for Dental Students*, which incorporates duty of care, and duty to report any risk to patient safety. The inspectors felt there was value in this formal re-emphasising of this code of conduct.

The School supplied details of a recent example where a student cohort had brought a potential patient safety incident to the attention of senior management. Details of the circumstance shall not be outlined in this report, but the inspectors were afforded the opportunity to review the incident paperwork in its entirety. It was felt that the maturity demonstrated by the students and the sensible management of the situation by senior staff was highly commendable.

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

The inspection panel was confident that appropriate action would be taken by the School should a patient safety issue arise. Staff and students offered assurances that should they come forward with a patient safety issue, senior management could be trusted to take all necessary action.

The inspectors saw evidence of a clearly defined process for matters of student ill health or poor conduct to be reported to a designated officer who was trained to manage situations with appropriate sensitivity. There were several levels of escalation for incidents of a more serious nature with guidance for when different members of management should be informed and/or university protocols were to be invoked. The system works in tandem with NHS policies for wider hospital remits.

The inspection panel saw evidence that incident reporting was in operation in all clinical sites, which included the logging of near misses. The recording is hospital wide though there was enough detail to identify where students had been involved. All issues and any identified trends are discussed at the Healthy and Safety Committee. It was also felt that a School protocol for raising concerns, specific to dental staff and students, would be beneficial. The system could be aligned with Trust procedures, outreach placements, and regularly emphasised to the students across programme delivery.

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

The inspection panel reviewed the School's fitness to practise policy which is aligned to the GDC Student Fitness to Practise guidance. It falls under the Health and Conduct Committee to consider individual cases where health, behaviour, or conduct has given rise to serious concerns about a candidate. Since 2010, four cases have gone before the committee with anonymised details made available to the inspectors. Administration and protocol for deliberations were considered appropriate and comparable to other institutions.

Actions

Req. Number	Actions for the provider	Due Date (if applicable)
7	The School should develop a School protocol for raising concerns specific to dental staff and students. The document should be aligned with Trust providers, outreach placements and regularly emphasised to the students across programme delivery.	Update to be provided through the 2014 GDC Annual Monitoring exercise

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

Requirements	Met	Partly met	Not met
9. The provider will have a framework in place that details how it manages the quality of the programme which includes making appropriate changes to ensure the curriculum continues to map across to the latest GDC outcomes and adapts to changing legislation and external guidance. There must be a clear statement about where responsibility lies for this function	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The provider will have systems in place to quality assure placements	<input 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*)

The pre-inspection documentation states that the Director of Student Education has the responsibility to coordinate the overall processes of School evaluation, review and reflection and keep procedures in accordance with University policy. The Director delegates different areas of responsibility to various committees, each with a specific remit. The School and Faculty committee systems were explained to the inspectors in detail and evidence of their working was explored in minutes and scheduled discussion.

It was seen that learning and teaching issues were considered by the Institute Taught Student Education Committee (ITSEC). The terms of reference for this forum are clear with robust underpinning policy. The committee has student representation and reports directly to the Faculty of Medicine and Health's Taught Student Education Committee (FTSEC). The FTSEC has the overall responsibility for quality assuring the LDI.

Graduate and postgraduate framework committees and a staff/student forum were found to be in operation. Students informed the inspectors that they were actively encouraged to get involved in the management structure of the School and felt their views were listened to by senior staff.

It was explained to the inspectors how module reviews are undertaken on an annual basis. These incorporate feedback from students, staff, external examiners and other appropriate stakeholders in addition to analysis of student performance data. An annual programme review is also conducted, which considers statistical information on student progress; the views of students from all levels of the programme; the views of the module teaching staff; the views of the external examiners and the collated information gathered from the individual module reviews. The inspectors were able to track actions identified for areas of improvement through a consultative stage and into implementation.

The inspection panel was informed that plans are underway for the mapping of the GDC learning outcomes to be included in all standard module and programme review documents. The aim is for this to allow regular, audited monitoring of mapping within the School and Faculty review systems. The inspectors considered this to be a useful tool to simplify the process for future mapping exercises.

An Annual Health Check of the programme occurs every year at Faculty level, which has a focus to maintain academic standards, the quality of the student experience and how the management systems are operating in practice. The School is also subject to a Student Academic Experience review, a five yearly opportunity for a strategic overview of the entire learning and teaching activity.

The inspection panel felt that the operating system was robust, well-coordinated and benefited from a dynamic management team and strong links with the University and NHS.

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

The inspection panel was assured that there was adequate quality assurance for placements. Students visit three outreach placements – Bradford, Beeston and Hull – during the second and third terms in Year 4 and the first term in Year 5. The aim is for students to attend one day a week with a change of location each term.

Outreach placements are a relatively new feature of the programme and benefit from close ties with the LDI. Experienced teachers work at each of the sites and offer continuity with the safety procedures, equipment and assessment practices that are in operation in the Dental School. The inspectors spoke to supervisors at every location and were impressed with their dedication to providing a wide range of clinical exposure to the students while always maintaining patient safety. These clinical tutors attend staff training days and are asked to share their views and experience with the wider teaching team. The inspectors felt that the benefits of outreach were enhanced by the School maintaining such strong links with the staff at the sites.

The School centrally records and monitors staff and student feedback from the placements. This year, programme managers have visited the clinics to offer advice and guidance to clinical

tutors and nurses. The School will be making these visits a feature of an annual monitoring system for placements. The inspectors felt that an outreach coordinator or the development of an outreach liaison committee may also be of benefit as quality assurance of placements becomes more refined.

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

The inspection panel was confident that any problems identified through the operation of the quality management framework, outlined in the narrative for Requirement 9, would be addressed appropriately and at the earliest opportunity. There was clear evidence of issues being raised, investigated and resolved within the documentation reviewed by the panel during the inspection.

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 inspection panel was assured that the School closely monitored threats to the programme. The inspectors agreed that none of the issues that had arisen were serious enough to warrant referral to the GDC and were confident that the regulator would be informed should a serious threat be identified.

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

As outlined in Requirement 9 and 11, the inspection panel found there to be several internal quality assurance methods in place with relevant policies and procedures to underpin them. LDI is also subject to yearly Faculty monitoring and five yearly reviews. The inspectors felt there was an excellent attitude to feedback within the School, both in seeking it and in acting on it.

External quality assurance comes from the Quality Assurance Agency for Higher Education (QAA) and the employment of external examiners. The quality assurance from external examiners is discussed in Requirements 14 and 21.

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

External examiners are utilised and are familiar with learning outcomes and their context. QAA guidance was followed throughout. The team of three external examiners operated as overseers of the examinations, the examination process and all three were present for the final ratification of the assessment outcomes at the Examination Board.

There was a guidance briefing in advance of the final examinations for all examiners with external examiners also being provided with a *Handbook for External Examiners* that includes details of the University Ordinances and Regulations. In addition, external examiners received information on the programme of study and a copy of the *Code of Practice on Assessment* in advance. The inspectors felt that they had observed an example of notable practice in this

area.

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 was confident that the School will act on concerns raised or formal reports on the quality of the education and assessment in the programme. The inspectors reviewed several examples of the School acting on both internal and external feedback. External examiner reports were particularly well employed as a tool for assessing and implementing areas for improvement within the programme.

Actions

Req. Number	Actions for the provider	Due Date (if applicable)
9	The School should continue with its plan for the mapping of GDC learning outcomes to be included in all standard module and programme review documents.	Update to be provided through the 2014 GDC Annual Monitoring exercise
10	<p>i. The School should ensure that it carries out its plan to undertake yearly visits to outreach placements.</p> <p>ii. The School should consider the benefits of creating an outreach coordinator and/or an outreach liaison committee to have overall responsibility for quality assuring placements</p>	Update to be provided through the 2014 GDC Annual Monitoring exercise

Standard 3– Student assessment

Assessment must be reliable and valid. The choice of assessment method must be appropriate to demonstrate achievement of the GDC learning outcomes. Assessors must be fit to perform the assessment task

Requirements	Met	Partly met	Not met
16. To award the qualification, providers must be assured that students have demonstrated attainment across the full range of learning outcomes, at a level sufficient to indicate they are safe to begin practice. This assurance should be underpinned by a coherent approach to aggregation and triangulation, as well as the principles of assessment referred to in these standards	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Examiners/assessors must have appropriate skills, experience and training to undertake the task of assessment, appropriate general or specialist registration with a regulatory body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Providers must ask external examiners to report on the extent to which assessment processes are rigorous, set at the correct standard, ensure equity of treatment for students and have been fairly conducted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Assessment must be fair and undertaken against clear criteria. Standard setting must be employed for summative assessments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Where appropriate, patient/peer/customer feedback should contribute to the assessment process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
25. Where possible, multiple samples of performance must be taken to ensure the validity and reliability of the	<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

assessment conclusion

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

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*)

Learning outcome coverage as mapped in the evidence provided prior to the inspection satisfied the inspection panel how the School is assured that students demonstrate attainment across the full range of learning outcomes. The School showed a clear assessment strategy with a defined progression pathway for students to advance year on year before being considered for sign-up to sit the final examination in Year 5. Formative, progression, and summative assessments were mapped into a comprehensive timetable, which could be tracked and reviewed.

Student progress is monitored by the Progress and Clinical Progress Committees outlined in Requirement 9. There was evidence of strong centrally recorded continuous assessment with poorly performing candidates identified early and provided with extra teaching support and pastoral care as necessary. To be signed up for the final examinations, Year 5 students must satisfy the Clinical Progress Committee that they have reached a satisfactory level of clinical ability across a full range of clinical areas in addition to completing all progression requirements within the Year 5 module (Clinical Practice 5). The lead GDC quality assurance officer was in attendance at the Progress and Clinical Progress Committees that convened in April 2013 and noted that School procedures were appropriate and had been adhered to.

The inspection panel was confident that the School's approach to the aggregation and triangulation of assessment results was robust and well-managed. Two inspectors and the lead GDC quality assurance officer attended the Examination Board on 13 June. The inspectors felt there was some complexity to the amalgamation of the final results with components from older elements of the programme design still being phased out. It was thought that some consideration could be given to simplifying how the grades fit together to arrive at a final outcome, but it was also appreciated that this was likely to happen naturally as the new structure of the course reaches its first full cycle of students progressing through the entire five years. The external examiners voiced a similar opinion though their comments were generally very positive regarding the examination processes, and each expressed full confidence in the assessment outcomes.

As detailed in the introduction, at the time of the inspection students in the later years had begun their studies on a programme designed to meet the learning outcomes from *The First Five Years*. The inspectors were told that the School believed that the programme delivered students who would also meet the new learning outcomes from *Preparing for Practice*, following the 2011 redesign of the award. There was evidence that the learning outcomes embedded within the programme have been continually mapped to adhere to both GDC publications.

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 Met*)

The inspection panel was impressed with the School's excellent management systems to monitor and record student assessment. Central recording of assessments is updated on a university wider system called "Banner". The spreadsheets within the database offer a well-defined picture of student attainment broken down module by module, which allows for straightforward cross-referencing to individual learning outcomes. The records are updated on a weekly basis.

Student clinical logbook data is also centrally recorded and displayed in a clear spreadsheet format. Figures for all student experience are itemised and summarised under the core clinical areas of direct/indirect restorations, paediatric dentistry, prosthetics, endodontics, minor oral surgery, routine extractions and radiology. There was evidence of a further breakdown of clinical activity within students' assigned tutor teams. This data is colour coordinated with any deficiencies in attainment highlighted by a traffic light system of green, amber and red. The results could be displayed within simple graphs and were mapped to specific assessments areas.

In discussion with the inspectors, staff and students showed a good understanding of the recording systems and felt there was an abundance of data available to indicate the level of clinical performance being achieved. The inspectors felt the management systems they observed were an example of notable practice in this area.

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

The inspection panel reviewed evidence of an extensive variety of assessment methods utilised across the programme to assess knowledge, applied knowledge, understanding and clinical skills. The Director of Student Education has delegated the responsibility for the policy regarding assessment procedures to the Assessment and Standards Board and an Assessment Panel. The terms of references for these meetings were clear with robust underpinning policy. There was evidence of a strong commitment to continuously developing assessments and assessment strategy and adopting a dynamic approach to embracing feedback in this area.

The final examinations were conducted with care and attention to detail. Examination conditions were maintained throughout with dental nurses facilitating the timing of sections and ensuring students were guided to the correct areas. The inspectors observed a consistent approach to examining candidates by the examiners, who marked in pairs. Independent marking was seen to be undertaken before discussion was conducted to agree a final award within the team. Model answers were clear and well followed. The inspectors felt the range and level of questioning was satisfactory and observed a discriminating process that distinguished between weak and strong students.

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*)

The inspection panel was satisfied that students had been exposed to an appropriate breadth of patients and procedures. Recorded episodes of student clinical activity were high with a clear context for the nature of the student activity undertaken. As outlined in several earlier Requirements, student development was well monitored and candidates who may have become deficient in a clinical area were identified and supported with remedial training.

The inspectors felt that the three outreach placements added a significant value and variety to the students' clinical exposure. There was evidence of a good patient mix at the sites and the students were vocal about how much the experience developed their abilities to communicate with patients, work within the dental team, as well as affording them the opportunity to hone their clinical skills. Electronic patient records, hosted by the primary care trusts in the area, were in operation at the three placements and further enriched the student exposure.

In addition to the strong levels of clinical exposure, the inspection panel also felt that dental students gained considerable benefit from the School integration of the wider dental team into the learning environment. Leeds Dental Institute also trains Hygienist/Therapists, Dental Technicians and Dental Nurses. The students are immediately brought together in shared lectures. The dental students have two modules that are tied in with the Diploma in Dental Hygiene and Dental Therapy. Shared care on clinics has been piloted and continues to be developed.

The student groups that were interviewed informed the inspectors of several advantages to learning alongside other members of the dental team. There was agreement that it contributed to their communication skills and helped them appreciate the holistic principles of shared patient care.

Requirement 20: The provider should seek to improve student performance by encouraging reflection and by providing feedback² (*Requirement Met*)

Though the School considered this area to be only partly met within their pre-inspection documents, the inspection panel felt there was evidence that student reflection was well embedded within the programme. There was an active commitment to encouraging students to consider their practice, with reflection recorded in student log books and reflective learning outcomes summatively assessed. Staff and students had a good understanding of the importance of reflective practice and showed a commitment to always striving to improve performance.

Feedback to students is provided in several formats. There is written feedback for assignments and clinical assessments. Feedback sessions are organised following the Year 3 and 4 OSCEs where students are given their individual scores for each station and written feedback from each station examiner. Tutor-recorded audio feedback can be accessed in the Virtual Learning Environment (VLE) and end of term meetings with clinical tutors offer the opportunity for overall feedback on performance to be reviewed with the student at the end of each session of the programme.

In discussion, students felt that there was an adequate level of feedback given to them though

² Reflective practice should not be part of the assessment process in a way that risks effective student use

it was thought this area could be improved. This opinion was supported in the results of the 2011 National Student Survey, which highlighted feedback as a key area for improvement for the School. The School has responded well to this and the 2012 results have shown a 34% increase in student satisfaction on the levels of feedback provided. The inspection panel considered there to be a strong ethos of providing feedback to students and the School has demonstrated its ability to implement feedback constructively and improve course delivery.

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

The School provided the details of internal and external examiners, which assured the inspection panel that the examiners had the appropriate skills, experience and training to undertake the task of assessment. The inspectors were pleased to see evidence of tutors shadowing experienced examiners at the clinical assessments in June. It was felt this was an excellent development opportunity for staff to begin training as potential examiners of the future.

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*)

The inspection panel met with the external examiners and heard assurances regarding the rigour, standard and fairness of the examination process. They advised the panel that there was an excellent attitude within the School for utilising feedback. The external examiners indicated that they would have liked to have been more involved in assessing candidates, particularly borderline cases where internal examiners may have welcomed another individual to mediate the outcome. The inspectors noted that QAA guidance states that external examiners “are not normally responsible for, or involved, the assessment of individual students.” The guidance may offer some scope for external examiners to mediate borderline assessment decisions should it be possible for the external examiners see all borderline candidates across the cohort.

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

The inspection panel was satisfied that the assessment model is fair and set against clear criteria. However it was noted that standard setting was not always clear for written papers and requires some improvement to make the processes followed more explicit.

The Undergraduate Assessment Panel has responsibility for assessing progression and summative assessments. The inspectors were provided with details for how criteria are accepted after consideration of marking, case reports, presentations and clinical skills tests. This appeared to be a reasonable and well considered approach to constructing assessments which ensured as much clarity as possible for what is expected of students.

The inspection panel reviewed the standardised marking schemes that are in place for written short answer papers. Students confirmed that they had access to this information in advance of taking the assessments. Where a written paper is primarily based on single best answer style questions, a numerical standard setting process is undertaken though the inspectors could not identify a formal standard-setting technique such as Angoff and felt this area could be made more distinct.

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

The School acknowledged that the effective use patient and peer feedback was an element of the programme that was still being developed.

The inspection panel was told that there had not previously been a formal mechanism to record patient feedback. The School implemented a patient evaluation process in restorative clinics in October 2012. This initiative invited patients to give direct feedback about how well the student dentist has managed their care. It is an expectation that Year 3 students obtain two patient evaluations per term and Year 4 and 5 students collect three per term. The results are discussed within the tutor teams and disseminated to students.

The inspection panel was mindful that this is an area that several Schools are continuing to develop and felt Leeds Dental Institute was working well towards fulfilling this Requirement. Senior management explained their plans to roll out the patient evaluation process to all clinical areas and to continuously review the system to see what aspects could be incorporated into assessments. The inspectors appreciated that formalising patient feedback into meaningful and consistent performance data was not straightforward and would require further work.

As part of their communication skills training, students peer assess as well as receive comments from simulated patients. In Year 5, group work exercises include peer assessments, which students indicated were very helpful. The inspectors felt there was more scope for incorporating peer assessment within the programme and the School may seek to develop this area further.

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

There was evidence that multiple samples of student performance are recorded by the School and triangulated to ensure a valid and reliable assessment conclusion. As outlined in Requirements 18 and 23, the inspection panel felt there was an extensive variety of assessment methods utilised across the programme to assess knowledge, applied knowledge, understanding and clinical skills. Student activities are well monitored and this allows for strongly evidenced decisions about a candidate's abilities based on a range of aspects of his or her performance.

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*)

Staff and students indicated that they were aware of the expected standard and the assessment strategy of the School. Assessment outlines are well structured and available to students from the beginning of each year of study. Assessments, including the continuous clinical assessments are marked against grade descriptors of excellent quality, which could be

followed and fully understood by the inspectors.

Progression and summative assessments are set against clear frameworks. When final year students were considered for their eligibility to sign-up for the final examinations, evidence was presented at the Progress and Clinical Progress Committees that was robust and validated from several areas of performance. The inspection panel was able to follow the audit of decision making in a transparent sign-up process with documented evidence for how follow-up considerations had been addressed.

It was felt that this area greatly benefited from the excellent tracking of student performance, which established those who were progressing at an acceptable level, those progressing at an advanced level, and any weaker students who required further support or remedial training.

Actions

Req. Number	Actions for the provider	Due Date (if applicable)
16	The School should review the amalgamation of final assessment results and consider whether a simpler framework could be utilised to bring each component together into the final awarding of a grade.	Update to be provided through the 2014 GDC Annual Monitoring exercise
19	The School should continue with its plans to operate shared care on clinics with student dentists and those students studying to be registered as other members of the dental team.	Update to be provided through the 2014 GDC Annual Monitoring exercise
23	The School should improve the clarity of its standard setting for written exams and any other area of assessment where there has been a numerical standard setting exercise undertaken.	Update to be provided through the 2014 GDC Annual Monitoring exercise
24	<p>i. The School must continue to develop its use of patient feedback within the programme and review where it may contribute to the assessment process.</p> <p>ii. The School must consider whether peer review can be further incorporated into the programme and contribute to the assessment process.</p>	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>The inspection panel reviewed the School policy for equality and diversity and were assured that current legislation and best practice guidance was being followed. The inspectors were informed that the University has a dedicated Equality and Diversity service that has the remit for strategic development of the area. There was a clear commitment to working across the main protected characteristics with dynamic policy relating to patients, staff and students.</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>The School acknowledged that during their preparation for being inspected against the <i>Standards for Education</i>, they identified that some staff involved in curriculum delivery from the wider parts of the University had not had equality and diversity training. A programme of training was run in order to address this gap and the inspectors were shown evidence that 51% compliance rate had been improved to an 81% compliance rate by the final examinations in June 2013. The School were working with the remaining staff identified to ensure training is received.</p> <p>The inspectors wished to see the School incorporate future reviews of this element of staff development within an annual appraisal mechanism.</p> <p>Requirement 29: Providers will convey to students the importance of compliance with equality and diversity law and principles of the four UK nations both during training and after they begin practice (<i>Requirement Met</i>)</p> <p>Staff and students showed a good awareness of equality and diversity and their responsibility to comply with the relevant laws. Despite the lack of formal teaching, students appreciated</p>			

there would be differences from country to country within the UK. Currently equality and diversity law is taught for England to cover learning outcomes 6.5 and 1.71 of *Preparing for Practice*. In light of the new GDC *Standards for Education* the differences of the four UK nations will be incorporated within future teaching. The outline syllabus in this area has been amended and approved by the ITSEC. This will become taught material from 2013/14 academic year.

Actions

Req. Number	Actions for the provider	Due Date (if applicable)
28	i. The School must continue to provide equality and diversity training to wider university staff involved in programme delivery. ii. The School must incorporate a review of equality and diversity training in staff appraisals.	Update to be provided through the 2014 GDC Annual Monitoring exercise
29	The School should continue with its plans to formally teach equality and diversity law and principles of the four UK nations.	Update to be provided through the 2014 GDC Annual Monitoring exercise

Summary of Actions

Req. Number	Action	Observations Response from Provider	Due date
7	The School should develop a School protocol for raising concerns specific to dental staff and students. The document should be aligned with Trust providers, outreach placements and regularly emphasised to the students across programme delivery.	Our current protocol for raising concerns will be amended to include procedures for raising concerns specific to dental staff and students. The existing Code of Professional Conduct and Fitness to Practice for Dental Students document, which is signed annually by all students, will be amended to include a statement regarding the protocol.	Update to be provided through the 2014 GDC Annual Monitoring exercise
9	The School should continue with its plan for the mapping of GDC learning outcomes to be included in all standard module and programme review documents.	Work is ongoing to include the mapping of GDC learning outcomes in our module and programme review documents.	Update to be provided through the 2014 GDC Annual Monitoring exercise
10	<p>i. The School should ensure that it carries out its plan to undertake yearly visits to outreach placements.</p> <p>ii. The School should consider the benefits of creating an outreach coordinator and/or an outreach liaison committee to have overall responsibility for quality assuring placements.</p>	<p>Yearly visits to outreach placements will continue as part of our quality assurance processes.</p> <p>The School is reviewing the academic leadership and management of outreach with a view to appointing an outreach co-ordinator with responsibility for ensuring quality dental education and safe practice. This individual will be a member of the Undergraduate Programmes Management Committee, which will facilitate liaison between the Dental School and outreach placements.</p>	Update to be provided through the 2014 GDC Annual Monitoring exercise
16	The School should review the amalgamation of final assessment results and consider whether a simpler	The School recognises that this process is overly complex and is currently looking at options to	Update to be provided through

	framework could be utilised to bring each component together into the final awarding of a grade.	simplify it. We will be seeking the advice of the University and our external examiners in this regard.	the 2014 GDC Annual Monitoring exercise
19	The School should continue with its plans to operate shared care on clinics with student dentists and those students studying to be registered as other members of the dental team.	Pairing of students across the years is now well established. We plan to extend this arrangement to increase shared care to the benefit of our students and patients alike. Where appropriate more senior students are delegating elements of care to Dental Hygiene and Dental Therapy students. The School is setting up a working party to look at opportunities to extend this.	Update to be provided through the 2014 GDC Annual Monitoring exercise
23	The School should improve the clarity of its standard setting for written exams and any other area of assessment where there has been a numerical standard setting exercise undertaken.	From this academic year all assessments will be standard set. Existing documentation and protocols have been revised to make the process clearer.	Update to be provided through the 2014 GDC Annual Monitoring exercise
24	<p>i. The School must continue to develop its use of patient feedback within the programme and review where it may contribute to the assessment process.</p> <p>ii. The School must consider whether peer review can be further incorporated into the programme and contribute to the assessment process.</p>	<p>Our recently introduced system of patient feedback is currently being audited and discussions are ongoing about how this may contribute to the assessment process in the future.</p> <p>Our initial experience of peer review in summative assessment has been problematic; however our experience in formative assessment has been more positive. Going forward we plan to extend peer review where appropriate, for instance in outreach involving all members of the dental team.</p>	Update to be provided through the 2014 GDC Annual Monitoring exercise
28	<p>i. The School must continue to provide equality and diversity training to wider university staff involved in programme delivery.</p> <p>ii. The School must incorporate a review of equality and diversity training in staff appraisals.</p>	Equality and diversity training is now part of regular training for NHS staff and University staff with honorary NHS contracts and records are kept. Equality and diversity training for wider University staff is available and we will ensure that all staff complete this regularly and that This is recorded	Update to be provided through the 2014 GDC Annual Monitoring exercise

		The training needs of all our staff are reviewed on an annual basis and equality and diversity training needs will be considered as part of this process.	
29	The School should continue with its plans to formally teach equality and diversity law and principles of the four UK nations.	This is now incorporated into the teaching on the programme.	Update to be provided through the 2014 GDC Annual Monitoring exercise

Observations from the provider on content of report

To monitor progress against this action plan it will be a standing agenda item at our Undergraduate Programmes Management Committee.

Recommendation to the GDC

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