

INSPECTION REPORT

Education Provider / Awarding Body:	Universities of Plymouth and Exeter (2009-2012 cohorts) Plymouth University (2013 cohort onwards)
Programme / Award / Qualification:	Bachelor in 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 GDC as a dentist
Learning Outcomes:	<i>Preparing for Practice (Dentist)</i>
Programme Inspection Dates:	3 & 4 April 2014
Examination Inspection Dates:	7 May 2014 and 5 & 6 June 2014 (28 May 2014 – Student Sign-up Meeting) (18 June 2014 – Examination Board Meeting)
Inspection Panel:	Cindy Mackie (Chair and Lay Member) Steven Farmer (Dentist Member) Michael Fenlon (Dentist Member) Alan Gilmour (Dentist Member)
GDC Staff:	James Marshall (Lead) Luke Melia
Outcome:	Recommended that the Universities of Plymouth and Exeter / Plymouth University BDS Programme remains sufficient for registration as a dentist

Inspection summary

The inspection panel was pleased with the comprehensiveness of the documentation received in advance of the inspection and found that the evidence demonstrating each Requirement was easy to find. Requests for additional information throughout the inspection process were acted upon in a timely fashion.

The panel was impressed with the strong and motivational leadership skills that were evident within the School, together with a cohesive team approach amongst all of the staff involved in the delivery of the learning outcomes, assessment and administration of the programme.

The panel noted there was a visible adherence to policies and practices in place, which was evident in audit trails relating to patient safety, assessment, quality assurance, fitness to practise, supervision and diversity.

The panel felt the establishment of the community outreach programme is an excellent model in enabling student's access to a wide range of patients and challenges in respect of clinical treatment, patient care and services. It also develops students in terms of their social awareness, respect for diversity and communication skills.

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

The inspectors had no major concerns with the programme, though there are some areas where it was felt that improvements could be made. The programme is well organised and ensures thorough assessment of students across the learning outcomes contained within the GDC publication '*Preparing for Practice*'.

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

The panel wishes to thank the staff, students, and external stakeholders involved with the 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 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 awarded by Universities of Plymouth and Exeter (2009-2012 cohorts) and Plymouth University (2013 cohort onwards). 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 BDS inspections being undertaken by the GDC 2012-2014.
8. The inspection was comprised of five visits. The programme inspection was carried out on 3 and 4 April. 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 examination/student sign-off inspections took place on 7 May, 28 May, 5 and 6 June and 18 June.
9. The report contains the findings of the inspection panel across the 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 BDS programme sits within the Peninsula Dental School of Plymouth University. The graduate entry programme has an annual intake of 64 students. The duration of the programme is 142 weeks over four years of study and training. The undergraduate entry programme has an annual intake of 58 students. The duration of the programme is 179 weeks over five years of study and training. The Peninsula Dental School also offers a

BSc Dental Therapy and Hygiene programme and a NEBDN Dental Nursing programme.

11. The majority of the students' clinical experience takes place in the School's Dental Education Facilities, which are based in Exeter, Derriford, Devonport and Truro. Students start clinics in month 6 of the course on one day a week rising to 4 days in Year 4.
12. The BDS programme is delivered through a spiral curriculum, which utilises a range of learning and teaching methods and is designed to combine the training of clinical skills with knowledge acquisition.
13. The programme had been designed to meet the learning outcomes in GDC curriculum document, *Preparing for Practice*, which was published in late 2011.

Evaluation of Qualification against the *Standards for Education*

14. As stated above, the *Standards for Education* were used as a framework for this inspection.
15. 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.
16. The inspection panel used the following descriptors to reach a decision on the extent to which the Universities of Plymouth and Exeter/Plymouth University BDS meets each Requirement:

A Requirement is **met** if:

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

A Requirement is **partly met** if:

"Evidence derived from the inspection process is either incomplete or lacks detail and, as such, fails to convince the inspection panel that the provider fully demonstrates the Requirement. Information gathered through meetings with staff and students may not fully support the evidence submitted or there may be contradictory information in the evidence provided. There is, however, some evidence of compliance and it is likely that either (a) the appropriate evidence can be supplied in a short time frame, or, (b) any deficiencies identified can be addressed and evidenced in the annual monitoring process."

A Requirement is **not met** if:

"The provider cannot provide evidence to demonstrate a Requirement or the evidence provided is not convincing. The information gathered at the inspection through meetings

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

Standard 1 – Protecting patients

Providers must be aware of their duty to protect the public. Providers must ensure that patient safety is paramount and care of patients is of an appropriate standard. Any risk to the safety of patients and their care by students must be minimised

Requirements	Met	Partly met	Not met
1. Students will provide patient care only when they have demonstrated adequate knowledge and skills. For clinical procedures, the student should be assessed as competent in the relevant skills at the levels required in the pre-clinical environments prior to treating patients	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Patients must be made aware that they are being treated by students and give consent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Students will only provide patient care in an environment which is safe and appropriate. The provider must comply with relevant legislation and requirements regarding patient care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. When providing patient care and services, students are to be supervised appropriately according to the activity and the student's stage of development.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Supervisors must be appropriately qualified and trained. Clinical supervisors must have appropriate general or specialist registration with a regulatory body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Students and those involved in the delivery of education and training must be encouraged to raise concerns if they identify any risks to patient safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Should a patient safety issue arise, appropriate action must be taken by the provider	<input 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 panel was provided with evidence of the Simulated Dental Learning Environment and was impressed with its effectiveness in respect of supervision, assessment administration and support. Students are required to attend the SDLE for one day each week during year one, followed by one session each week in years two and three. Students and staff are provided with timetables of all SDLE assessments and clear criteria and policies for how these assessments will take place. There was a clear understanding of the content by both staff and students.</p>			

Students are required to complete assessments for the majority of reversible and irreversible treatments, which are recorded on the School's Form A, prior to being permitted to carry out the treatment on a patient. Students maintain a logbook of local anaesthesia treatments under direct observation and are required to complete a minimum of ten to a satisfactory and safe level and complete a final capability assessment before being permitted to carry out the procedure under direct supervision. Students must also achieve 100% in the IRMER test prior to taking any radiographs. Students maintain a logbook of radiographs under direct observation and are required to complete a minimum of ten to a satisfactory and safe level and complete a final capability assessment before being permitted to carry out the procedure under direct supervision.

The panel was informed that if, during any clinical procedure, a student is given a borderline Form S mark, remediation is given directly at the chair. If a student is given an unsatisfactory mark then a Form H is completed and the student is prohibited from carrying out that particular treatment until a remediation programme is successfully completed in the SDLE.

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

During the inspection the panel was provided with examples of the patient information leaflets and consent forms which patients are required to sign prior to receiving treatment from a student. The panel was impressed with the clear and comprehensive nature of these forms. The panel was also able to see information notices and posters for patients in and around the clinical environment.

The panel was informed that students are required to wear name badges, which clearly state their student status and this was triangulated during meetings with staff and students.

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 panel was provided with evidence that all of the clinical environments used by students have been inspected to a satisfactory level by the Care Quality Commission (CQC) in September and October 2013.

The School reported that all clinical incidents are recorded online and the issues and outcomes are reported to the University, faculty and the PDSE Health and Safety Committees. The panel was also provided with policies detailing how clinical incidents must be recorded and followed up.

The panel was pleased to see an assessment that is planned for Year 4 students as part of the five-year BDS programme, where students complete an audit project and present this. The panel felt this would enable the students to put the theory of audit into practice and help to embed this skill throughout their career.

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 panel was provided with evidence of clinic timetables and records of attendance showing staff and student levels. The panel felt that the level of supervision provided was appropriate according to the activity and student's stage of development.

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

In order to work in the clinical environment at the School all supervising staff are required to hold an honorary PDSE contract, which is re-issued each year. In addition to this staff must be registered with the GDC, hold an up-to-date CRB check and have a local NHS performer's list number. Each year supervisors have an appraisal, which must be evidenced in order for the supervisor to be issued with a new honorary contract. The panel had access to staff appraisals and were encouraged by the approach taken to continuous professional development.

The School has a thorough induction programme in place for all new clinical supervisors. New clinical supervisors must also shadow experienced supervisors on the clinic until the Clinical Lead is satisfied that the new clinical supervisor is competent and confident to work directly on the clinic supervising independently. All supervisors are required to sign that they have read the 'Standards for Clinical Supervisors' document.

The panel was pleased to see that the Dental Clinical Supervisors Quality Assurance Group (DSCQAG) meets every 6 weeks during term-time where any issues can be discussed. Clinical Supervisors are also required to attend an annual training day.

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 panel was informed that students are issued with the School's 'Raising Concerns' policy, the GDC's raising concerns documentation annually, the School's response to the Francis Report has also been made available. The panel commended the School's response to the Francis Report, with a dedicated resource working on pertinent areas, and to its approach to disseminating the lessons learnt in the report regularly to students and staff.

In addition to this at the start of every year each cohort of students are reminded of the mechanisms available for raising concerns. The panel was satisfied during meetings with the students that there was a clear understanding of the requirement to raise concerns if any risks to patient safety were identified. The panel had sight of specific input designed and delivered to student cohorts on the subject.

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

During the inspection the panel was provided with the log of incidents that have occurred and the specific and timely actions the School has taken. Incidents that occur in the clinical environment are initially managed by the Clinical Leads and Senior Nurses and appropriately recorded and reported. The student or staff member involved in the incident will either be remediated or suspended from the clinical environment, pending further investigation if necessary. Students can be issued with Form P Unprofessional referral forms and could potentially be subject to a full fitness to practice investigation.

When a student is issued with an unsatisfactory Form S during an assessment, the student automatically enters the remediation programme and until this has been satisfactorily completed the student is not permitted to carry out the procedure which caused the initial concern on a patient.

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 panel was provided with evidence of the School's fitness to practise policy and procedures, aligned to GDC guidance, which is circulated to all staff and students during inductions and after the documents have been updated. The documents are also available on the School's electronic EMILY system. The panel was also provided with evidence of a Fitness to Practise incident and the course of action followed within the school, from the reporting stage through to the final outcome. There was a clear audit trail in terms of actions taken and decision making and reflected clear adherence to the School policy.

During meetings with staff and students the panel felt that the students had a good understanding of fitness to practice, however the panel was of the opinion that amongst some members of staff there was a lack of full understanding of the School's fitness to practise policies and procedures, when applied to their specific role and felt this could be further integrated into staff inductions and training in the future. Staff discussed the term 'professionalism' and were familiar with standards, however greater understanding of fitness to practise guidance would be of benefit in the future.

Actions

Req. Number	Actions for the provider	Due date (if applicable)
	None	

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			
<p>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 (<i>Requirement Met</i>)</p> <p>While the panel was satisfied that the School had acceptable frameworks in place to manage the quality of both the graduate entry and undergraduate BDS programmes, they felt the complexity of the current quality management arrangement could lead to confusion and errors could arise. However, the panel felt confident that when the School facilitates the single undergraduate programme this area of risk should be minimised.</p> <p>In its current format, the quality management of programmes is split between the Joint Approval and Review Board (JARB), which oversees the graduate entry four year BDS programme in collaboration with Plymouth University and Exeter University and the Plymouth University Peninsula School of Medicine and Dentistry (PUPSMD) Faculty Board, which</p>			

oversees the undergraduate five year BDS programme.

The panel was provided with evidence that the School undertakes an annual review for both the JARB and PUPSMD Faculty Board, to enable monitoring of both the graduate and undergraduate programmes. In the event of the School needing to make any changes to modules then the JARB and PUPSMD Faculty Board would be required to approve amendments to their respective programmes. The School informed the panel that the GDC would be informed of any changes to the programme, where relevant.

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

The School only has a limited number of external placements, with the vast majority of the student experience taking place in the School's primary dental care dental education facilities (DEFs).

The panel was satisfied with the policies and procedures in place to ensure quality is maintained in the placements and was also of the view there would be benefit in having a stronger formalised communication strategy with external placement providers. The panel was also provided with evidence of CQC inspection reports and was informed that all placement providers are issued with honorary contracts from the University. The School also undertakes a programme of annual visits with the practice placements and evidence of this was made available to the panel.

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

The panel was provided with evidence of the structure of the School's quality management structure and how any problems identified would be addressed by the School's Senior Management Team (SMT) and the Peninsula Dental School Social Enterprise (PDSE) Board.

The panel was satisfied that the School had mechanisms in place to escalate problems that are identified expediently to either the JARB for the graduate entry programme or the PUPSMD Faculty Board for the undergraduate BDS programme.

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

The panel was satisfied that there had not been any recent serious threats to the student's achieving learning outcomes through the programme and were reassured that the School had policies and procedures in place to ensure that threats would be escalated through the quality management framework, should they occur, and that the GDC would be notified of these threats.

The panel was informed that the Director of Undergraduate Dental Studies attends the Plymouth University Teaching and Learning Committee meetings and the Head of School attends the JARB meetings, ensuring that threats that may occur from either the undergraduate or graduate entry programmes are covered appropriately.

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

The panel was satisfied that both the undergraduate and graduate entry programmes are subject to rigorous internal and external quality assurance procedures. During the inspection

the panel had an opportunity to meet the School's three external examiners and the external advisor. The panel was impressed with the input the external examiners and external advisor have had on the programme and was provided with evidence of external examiner reports detailing their feedback.

The School also undergoes a Periodic Review by the University, which takes place every five years. The next Periodic Review for the Dental School was scheduled to take place in 2014 and the panel looks forward to the results of this. As noted in Requirement 9, an Annual Review / Action Plan is prepared each year for the Teaching, Learning and Quality Committee and the JARB respectively.

The panel was also informed that the School had performed favourably in a recent student survey, a view which was echoed during meetings with students of all years that were undertaken as part of the inspection. Students were confident that any issues they raised were listened to and acted upon.

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

The panel was provided with a copy of the School's Code of Practice for External Examiners and was also given sight of the University External Examiner Conference for 2014. All external examiners at the School are required to attend university training days and attend Subject Assessment Panels for the modules they are appointed to in addition to attending the Progress and Award Board. The panel saw evidence of the external examiners reports and were satisfied with the level of feedback provided, the panel would encourage specific, measureable and detailed feedback in external examiner / advisor reports.

During the examination inspection, which took place in May and June 2014, the panel had an opportunity to observe the external examiners during the integrated structured clinical examinations (ISCES) and case presentations and were satisfied that both the School and the external examiners were following QAA guidelines throughout the process.

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

Following previous GDC inspection reports, the School has been able to demonstrate effectively that concerns raised regarding the quality of education and assessment are acted upon and addressed. The panel was satisfied that the School meets this requirement.

Actions

Req. Number	Actions for the provider	Due date (if applicable)
	None	

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 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*)

The panel was informed that the School carries out an assessment mapping exercise on an annual basis for each module to ensure they are appropriately and sufficiently mapped to the GDCs learning outcomes. The panel was also provided with evidence of where and how each of the learning outcomes were assessed. The panel was pleased with the work carried out by the School since the initial GDC inspections, which enabled the panel to clearly identify at which point in both the graduate entry and undergraduate entry programmes the assessment of learning outcomes takes place.

The School adopts a range of assessment methods, including multiple choice questions, applied dental knowledge (ADK) questions, case presentations, unseen case assessments and an integrated structured clinical examination (ISCE). The ADK examination is set at the level of a qualified and registered Foundation Dentist, to ensure that the students are assessed to a robust standard.

Student's assessment results are recorded on the School's assessment database (ADB) as soon as an assessment is complete, enabling both staff and students to track progress in 'real-time', which allows staff to flag up any problems or issues with a student as soon as they arise. The student's ADB portfolio of clinical experience is also discussed during the regular portfolio appraisals (RPA).

In the event of a student achieving the required number of credits but leaving the programme before graduation, they can be awarded a BSc in Oral Health Science, which does not permit registration with the GDC.

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 panel agreed that the School makes excellent use of its Assessment Database (ADB), which is the central recording and monitoring system for all students. The ADB can be accessed by both students and staff, enabling all members of the team to monitor and review progress throughout the programme. The ADB is used during students RPAs to enable learning plans to be developed, when needed. The ADB also enables the School to produce progress reports on individual students or the cohort as a whole. The panel discussed the recording of assessment and clinical attainment data with the students, who responded positively. The students felt that having access to their progress records whenever they wanted was extremely beneficial and assisted in their ongoing learning and development.

The programme Module Records detail where each Preparing for Practice learning outcome is mapped to each module, enabling the School to ensure the learning outcomes are adequately taught and assessed for each student and for the cohort as a whole.

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*)

During the inspection the panel was presented with evidence of the range of assessment methods used in the BDS programme. The panel was satisfied that the range of assessments was appropriate to the learning outcomes. The panel was particularly impressed with the final year ISCE assessment, which they felt was organised and administrated in a very professional manner. Staff involved in all of the related organisational, administrative and assessment tasks were fully briefed and effective in their specific roles. Evidence in assessment records indicated validity and reliability and professional and rigorous practice by assessors involved. The panel commends the School for excelling in this area.

The School works closely with the University's Pedagogic Research Institute and Observatory (PedRIO) to ensure that an appropriate and wide range of assessment types are utilised across the modules of the programme. The School also seeks feedback from the external examiners on the assessments used and their appropriateness and any changes that are suggested are discussed at the Dental Programme Management Committee (DPMC) prior to implementation.

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 panel was provided with evidence of the clinical activity that final year BDS students had undertaken during the programme and they agreed that the students received an adequate exposure to a range of patients and procedures.

The panel noted that during previous GDC inspections the School had struggled to ensure that students had sufficient exposure to paediatric patients and they were pleased to note that the School is addressing this with the assistance of a specific paediatric Consultant who is now engaged to assist in this area. However, the panel suggests that the School closely monitors this area to ensure that students achieve an appropriate level of experience treating paediatric patients in the future.

The panel felt that the experience the students get working in the deprived areas of Plymouth with marginalised communities is of great benefit. The panel agreed that this approach ensured that students graduated with a good knowledge of treating patients from a very wide range of backgrounds. Students have access to patients from a variety of different social, cultural, ethnic and gender profiles and are engaged in outreach education and treatment. The panel was pleased to hear extremely positive feedback on this area of the programme from both staff and students, during meetings held as part of the inspection. The students were particularly positive during discussions about this aspect of the programme, which they believe develops their interpersonal skills and insight in to social issues impacting on dentistry.

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

The panel was satisfied with the School's approach to improving student performance by encouraging reflection and providing feedback and was provided with evidence of a range of methods used by the School to manage feedback. After each clinical procedure students and staff are required to reflect on the performance and this is logged in the ADB.

Each term academic staff and the Year Leads meet with student representatives to discuss issues that have been raised and feedback is shared on the 'Your Voice' section of the EMILY

website. Students who met with the panel praised their tutors and the Year Leads within the school, in respect of their interest and actions following the receipt of student feedback.

Students also receive personal feedback in a timely manner on completion of the marking of all assessments, which can then be discussed further with academic tutors or module leads, if desired.

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*)

Prior to all assessments taking place, assessors and examiners are required to attend assessor training and validation sessions and the panel was provided with reports of these training events. The panel felt that providing assessors with case presentation videos to assess, in preparation for live assessment was another area of good practice. The panel recognised this as a developmental tool in refining and developing assessor skills, and in due course impacting on validity and reliability in the assessment undertaken within the school.

The panel was provided and satisfied with the CVs of PDS assessors and felt they had appropriate skills and experience to undertake the task of assessment. The panel was informed that all external examiners are approved by either Plymouth University or the JARB.

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*)

During the programme inspection the panel met with the external examiners and external advisor. The panel was informed that the external examiners are required to approve all academic assessments and they are sent samples of all assessments for quality assurance purposes. The external examiners also check a proportion of the marked scripts and are in attendance during the clinical assessments.

The panel was also provided with external examiners reports and was pleased to see that the School proactively seeks feedback from the external examiners and acts on this where appropriate. The panel would encourage the external examiners/ advisor to provide specific and measurable feedback in their reports regarding assessment processes, so as to ensure a full reflection of the rigour applied. This would serve to ensure continued focus on developmental opportunities for the School in assessment processes. Simultaneously it will provide ongoing insight in to the equity and fairness applied within the various methods of assessment for student candidates.

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

The panel was impressed with the approach the School takes to standard setting assessments for the programme. During the inspection the panel had an opportunity to meet the Faculty's psychometricians, who analyse the assessment data in order to set the pass marks. The School uses the Angoff and Hofstee methods for standard setting the written examination papers.

The panel had sight of the assessment criteria used at the School during the inspection, which is used during training and calibration sessions in advance of clinical assessments. Criteria for all assessments are also set out in the / Assessment Technical Manual/ Technical Operations Manual, which is available to students on the EMILY website. The panel viewed a sample of final assessment sheets/records which reflected an evidenced approach by assessors in terms

of data collected, and the recording of content which was reliable, valid, specific and measureable against clear criteria. Observation of records and live assessment took place where standards were not reached by a small number of student candidates. The panel were satisfied with the approach taken in terms of the evidence gathered, the assessor skills and overall fairness applied to the process and the final decisions.

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

The panel acknowledges that the School takes a proactive approach to getting general patient feedback, with patient satisfaction surveys regularly taking place and a comments box in every DEF reception, however the panel felt there was limited scope in its current format for patient feedback to be used in the assessment process. The panel also noted that there was no method for peers to feedback and contribute to the assessment process.

The panel agreed that the School must focus on this area to ensure that patient and peer feedback is able, where appropriate, to contribute to the assessment process. The panel believe this would also assist the School in addressing their internal quality assurance processes, review of learning outcomes, teaching methods, assessment methods, and steps which the school are taking in relation to the Francis report.

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

During the inspection the panel was provided with the module records for each year of the BDS programme. The panel was also given evidence of the module mapping to the learning outcomes and assessment schedules. The panel was satisfied that this evidence, in collaboration with feedback from staff during meetings, enabled the School to meet this requirement. The panel was informed, and given evidence, that students are given a minimum target number of clinical procedures they must complete prior to sign-up for the final examinations.

Students must also pass Proficiency Tests, which can be taken as many times as required until the student and two clinical supervisors sign off the proficiency assessment, which must be completed before graduation.

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*)

Both the students and staff handbooks contain details of the standard expected of students. Students have access to their handbook on the EMILY website. During the programme inspection the panel observed live assessment and examined associated marking sheets and records, which indicated staff awareness as to the standard expected. The panel also held meetings with students from each cohort and all of the groups agreed that they were provided with a sufficient amount of information. In addition to this, external examiners reports are also available to the students, should they wish to view them. There was also a view from students that they could gain advice and guidance if required with regard to assessment queries, from course tutors without any difficulty.

Actions

Req. Number	Actions for the provider	Due date (if applicable)
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24	<p>The School must actively seek written and verbal feedback from patients across a range of ages and profiles, including comments on paediatric care. Organised feedback sessions during the academic year would also be of benefit.</p>	<p>Update in 2015 Annual Monitoring Exercise</p>
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Standard 4 – Equality and diversity

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

Requirements	Met	Partly met	Not met
27. Providers must adhere to current legislation and best practice guidance relating to equality and diversity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Staff will receive training on equality and diversity, development and appraisal mechanisms will include this	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Providers will convey to students the importance of compliance with equality and diversity law and principles of the four UK nations both during training and after they begin practice	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GDC comments			
Requirement 27: Providers must adhere to current legislation and best practice guidance relating to equality and diversity (<i>Requirement Met</i>)			
<p>On the whole the panel was satisfied that the School meets this requirement, however during meetings with the students it was identified that some students had not seen the University bullying and harassment policy or maternity policy. The panel acknowledges that this information is readily available on the University website but students were not always sure where to find it.</p> <p>The panel was pleased to see that the School has appointed a Disability Co-ordinator, who attends the University liaison meetings and works closely with Disability Assist and the Learning Gateway at the university to better support students. The School had also formed contact with the local Community Police Constable who addresses community safety issues, with a view to increasing the confidence and safety of students who are unfamiliar with the area.</p> <p>Discussion with staff generally highlighted a positive awareness of Diversity best practice guidance. The panel believe that some further staff training in the identification and integration of diversity best practice within the School would be beneficial. The panel is of the view this would further develop staff who act as role models in promoting diversity to their students.</p> <p>The panel supports PU PSMD in its recent submission for the Athena Swan Bronze Award and looks forward to seeing the results of this application.</p>			
Requirement 28: Staff will receive training on equality and diversity, development and appraisal mechanisms will include this (<i>Requirement Met</i>)			
<p>The panel were provided with evidence of Plymouth University's equality and diversity and widening participation policies and procedures. The panel also had sight of the School's equality and diversity training programme. The panel was pleased that this is in place, but emphasises the importance of continuous equality and diversity training and encourages the School to ensure the staff appraisal system focuses on this area and in particular the recognition and application by all staff, of best practice guidance which can then be role modelled to students.</p>			
Requirement 29: Providers will convey to students the importance of compliance with			

equality and diversity law and principles of the four UK nations both during training and after they begin practice (*Requirement Met*)

Students attend lectures on conveying the importance of equality and diversity law and principles during the programme. Students are also required to sign an agreement as part of the admission process, which includes an undertaking to abide by the principles of equality and diversity.

During the first and second years of the programme students work closely with disadvantaged and marginalised groups in the community alongside the Community Engagement Team. This practice encourages students to follow best practice and engage with aspects which impact on culture, age, gender, sexual orientation, disability, faith and social issues. The panel agreed that this was another area of good practice and was impressed with the positive feedback received from students on this aspect of the programme. One student presented a case study on her clinical experience with a patient who had experienced homelessness. This allowed the panel to observe the impact and learning outcomes which result from the very positive learning opportunity created within the School. The School should be commended for their wide ranging community outreach in respect of their student experience which develops their students understanding of Diversity and compliance with the associated legislation and principles.

Actions

Req. Number	Actions for the provider	Due date (if applicable)
	None	

Summary of Actions

Req.	Actions for the provider	Observations Response from the Provider	Due date (if applicable)
		<i>Provider to record observations in response to actions here</i>	
24	The School must actively seek written and verbal feedback from patients across a range of ages and profiles, including comments on paediatric care. Organised feedback sessions during the academic year would also be of benefit.	We are actively planning further developments in response to the panel's helpful comments in relation to Requirement 24 and will provide an update as requested in the 2015 Annual Monitoring Exercise.	Update in 2015 Annual Monitoring Exercise

Observations from the provider on content of report

Provider to record additional observations here

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