

Education Quality Assurance Inspection Report

Education Provider/Awarding Body	Programme/Award	Inspection Dates
University of Dundee	Bachelor of Dental Surgery	19 – 20 March 2019

Outcome of Inspection	Recommended that the Bachelor of Dental Surgery continues to be sufficient for the graduating cohort to register as Dentist
-----------------------	---

Full details of the inspection process can be found in the annex

Inspection summary

Remit and purpose of inspection:	<p>Inspection referencing the <i>Standards for Education</i> to determine approval of the award for the purpose of registration with the GDC as a dentist</p> <p>Risk based: focused on Requirements 2, 4, 6, 9, 10, 11, 12, 13, 14, 15, 17, 18 and 19</p>
Learning Outcomes:	<i>Preparing for Practice - Dentist</i>
Programme inspection date(s):	19 – 20 March 2019
Examination inspection date(s):	14 – 16 May 2019 Exam Board 17 May 2019
Inspection team:	<p>Victoria Buller (Chair and Non-registrant member) Janine Brooks (Dentist member) Aradhna Tugnait (Dentist member) Michael Wanless (Dentist member)</p> <p>Krutika Patel (Quality Assurance Officer) Martin McElvanna (Education & Quality Assurance Officer) (Exam and Exam board only)</p>

The inspection undertaken at the University of Dundee was risk-based, focusing on specific areas of their Bachelor of Dental Surgery (BDS) programme. The GDC quality assurance team and a panel of experienced education associates undertook an independent evaluation of information available to determine the content of each inspection. The information considered when identifying potential or actual risks included annual monitoring returns, previous inspection reports (including progress against actions), responses to wider recommendations in the GDC Annual Review of Education, Fitness to Practise data and complaints received.

The inspection focused on Requirements 2, 4, 6, 9, 10, 11, 12, 13, 14, 15, 17, 18 and 19 and some additional specific areas within those Requirements which are detailed below. Of these specific Requirements, four are considered to be partly met and nine are met. The rationale for this is explained in the commentary under the respective Requirement.

The panel was impressed by the outreach programme which enables students to treat a range of patients. The outreach staff are integrated into the overall delivery of the programme which means teaching and values delivered within the University are reinforced when students are in their respective placements. In addition, students praised both the academic and pastoral support provided by the programme staff.

Since the last GDC inspection in 2015, the panel was pleased that LIFTUPP had been fully embedded into the programme and was now being used efficiently to monitor student progression.

The panel also noted the relationship between the School and NHS Education for Scotland. We heard how the experience of the Dundee graduates in their Foundation/Vocational Training year has resulted in changes to aspects of the programme, ensuring students are exiting the programme as safe beginners.

The School introduced their new '4D curriculum' for the first-year students in 2018. Evidence was provided that the curriculum had been rigorously reviewed and tested via the programme's quality assurance mechanisms to ensure it was fit for purpose. However, the curriculum was implemented without the GDC having the opportunity to ensure that it mapped to the relevant learning outcomes as set out in Preparing for Practice. The education associates also had concerns that there was a lack of planning concerning the transitional arrangements which is how students studying under the old curriculum would be transitioned onto the new programme if they had to drop back a year.

Following the programme inspection in March, further information was provided which included the School's mapping of the learning outcomes and the transitional arrangements for any student needing to fall back a year. The panel is now reassured that the 4D curriculum sufficiently delivers all the learning outcomes and the transitional arrangements planned are appropriate. This will be monitored by the GDC in its Annual Monitoring processes in 2020.

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

Background and overview of qualification

Annual intake	Year 1 (2018 entry) – 59 students Year 2 (2017 entry) - 54 students Year 3 (2016 entry) - 60 students Year 4 (2015 entry) - 61 students Year 5 (2014 entry) – 67 students
Programme duration	188 weeks over 5 years (1BDS: 30 weeks; 2BDS: 36 weeks; 3BDS: 43 weeks; 4BDS: 43 weeks; 5BDS 36 weeks)
Format of programme	<p>Year</p> <p>1: 4D Module 1 (year 1 semester 1) – knowledge, simulated clinical experience, clinical skills development</p> <p>2: 4D Module 2 (year 1 semester 2) – knowledge, simulated clinical experience, clinical skills development, direct patient treatment</p> <p>3: Current BDS curriculum Year 2: knowledge, simulated clinical experience, direct patient care</p> <p>4: Current BDS curriculum Year 3: direct patient treatment</p> <p>5: Current BDS curriculum Years 4 and 5: direct patient treatment, clinic attendance, outreach, placements</p>

Outcome of relevant Requirements¹

Standard One	
1	Met
2	Met
3	Met
4	Met
5	Met
6	Met
7	Met
8	Met
Standard Two	
9	Partly Met
10	Partly Met
11	Met
12	Met
Standard Three	
13	Met
14	Met
15	Met
16	Met
17	Partly Met
18	Met
19	Partly Met
20	Met
21	Met

¹ All Requirements within the *Standards for Education* are applicable for all programmes unless otherwise stated. Specific requirements will be examined through inspection activity and will be identified via risk analysis processes or due to current thematic reviews.

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.

Requirement 1: Students must provide patient care only when they have demonstrated adequate knowledge and skills. For clinical procedures, the student should be assessed as competent in the relevant skills at the levels required in the pre-clinical environments prior to treating patients. (Requirement Met)

Requirement 2: Providers must have systems in place to inform patients that they may be treated by students and the possible implications of this. Patient agreement to treatment by a student must be obtained and recorded prior to treatment commencing. (Requirement Met)

The School has a number of processes in place to obtain valid consent to treatment by a student from patients, both in the Dental School and at each of the outreach placements located in the Fife, Grampian, Highland and Tayside regions.

When taking a tour of the clinical facilities at the Dental School, the panel saw notices in the waiting rooms advising patients that they will be treated by students unless they would prefer not to be.

When treating patients, all students wear a white tunic embroidered with the words 'Dental Student' and introduce themselves at the beginning of each patient contact. Patient consent is normally given by signing a treatment plan or consent form. Verbal consent is always recorded in patient notes.

The School use LIFTUPP to monitor students' clinical activity and the panel considered that it would be helpful if this system could be configured to record whether patient consent has been taken. Currently this is only noted on treatment plans or patient notes.

Requirement 3: Students must only provide patient care in an environment which is safe and appropriate. The provider must comply with relevant legislation and requirements regarding patient care, including equality and diversity, wherever treatment takes place. (Requirement Met)

Requirement 4: When providing patient care and services, providers must ensure that students are supervised appropriately according to the activity and the student's stage of development. (Requirement Met)

The panel was tasked with looking specifically at staffing levels and whether this has any impact on how this Requirement is met.

We were informed by the School that students carrying out clinical activity are always supervised by academic or NHS staff or general dental practitioners. Staff who have responsibility for supervising students are provided with training on calibration during the annual staff away days.

Staff to student ratios vary depending on the clinic. For example, 1:6 – 1:8 in Operative Dentistry to 1:7 and 1:4 – 1:5 in the other disciplines. In the earlier years, there is higher staff to student ratio due to the level of clinical support required. In addition, consultant staff are

available to assist if required. If the appropriate staff ratio could not be met on any day, clinics would be cancelled in order to prevent patient safety being compromised.

Requirement 5: Supervisors must be appropriately qualified and trained. This should include training in equality and diversity legislation relevant for the role. Clinical supervisors must have appropriate general or specialist registration with a UK regulatory body. (Requirement Met)

Requirement 6: Providers must ensure that students and all those involved in the delivery of education and training are aware of their obligation to raise concerns if they identify any risks to patient safety and the need for candour when things go wrong. Providers should publish policies so that it is clear to all parties how concerns should be raised and how these concerns will be acted upon. Providers must support those who do raise concerns and provide assurance that staff and students will not be penalised for doing so. (Requirement Met)

The School provided the panel with a copy of their raising concerns policy which sets out what constitutes a concern and the processes in place to raise any issues which may constitute a risk to patient safety.

For students, a specific raising concerns lecture has been introduced to ensure all students are aware of the mechanisms in place. The topic is reinforced during the teaching relating to ethics and professionalism. The student handbook also contains a statement on students' responsibility to raise concerns regarding any potential risks to patient safety.

For staff, raising concerns was an agenda item at the all staff training day in December 2018. In addition, clinical alerts are recorded within LIFTUPP, which identifies students whose behaviour has compromised patient safety and therefore may require extra support in clinic.

In recent years, staff have raised serious concerns about two students. The panel was provided with minutes of the Professional and Capability Committee meetings to demonstrate what support is being provided to these individuals and how their progress in being monitored.

Requirement 7: Systems must be in place to identify and record issues that may affect patient safety. Should a patient safety issue arise, appropriate action must be taken by the provider and where necessary the relevant regulatory body should be notified. (Requirement Met)

Requirement 8: Providers must have a student fitness to practise policy and apply as required. The content and significance of the student fitness to practise procedures must be conveyed to students and aligned to GDC Student Fitness to Practise Guidance. Staff involved in the delivery of the programme should be familiar with the GDC Student Fitness to Practise Guidance. Providers must also ensure that the GDC's Standard for the Dental Team are embedded within student training. (Requirement Met)

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.

Requirement 9: The provider must 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. (Partly Met)

The panel was tasked with looking specifically at the staffing levels and whether this has any impact of how this Requirement is met.

Detailed information setting out the quality assurance framework was provided to the panel in advance of the inspection. The responsibility for ensuring the curriculum remains fit for purpose lies with the School's Learning and Teaching (L&T) and Quality and Academic Standards Committees (QAS) which are the main decision-making bodies for these matters within the School. Any significant changes to the BDS curriculum require approval by both the L&T and QAS committees.

The programme is subject to a number of University quality assurance and enhancement processes with review by the Dean, Associate Dean for Quality and Academic Standards (ADQAS) and Associate Dean for Learning and Teaching (ADLT). This also includes the annual School Learning and Teaching Enhancement report which is produced following an annual meeting between senior School staff, the Vice Principal of Learning and Teaching and the University's Director of Quality and Academic Standards. The programme also undergoes the University-level Periodic Programme Review process every 5- 6 years, next scheduled to take place in September 2019.

The panel was provided with a selection of agendas and minutes from these committees and noted that actions were clearly listed and followed up within the stated deadlines. It was clear that the staffing was sufficient to support the framework and that the current staff have the knowledge to understand when changes or decisions needed to be considered by certain committees.

The School states that the GDC was informed of the planned introduction of the 4D curriculum during the course of the 2014/2015 inspections and again during the 2018 annual monitoring exercise. However, the School should have contacted the GDC's Quality Assurance team separately setting out the plans for the 4D curriculum so that education associates could assess the curriculum to ensure it mapped across to all the necessary learning outcomes prior to implementation, in line with our published guidance: *'In circumstances where a revision of a qualification will involve a major change or a significant restructure of the delivery of the award, the GDC must be contacted and advised of the changes being made in writing. A risk assessment will then be undertaken as to whether a further paper-based GDC assessment is required by subject-specific inspectors to assure the registrar that the relevant standards are being maintained.'* Such changes include *'significant curriculum alterations.'*

Following the programme inspection in March, the panel requested further information in respect of the mapping of the 4D curriculum to the learning outcomes. Following an assessment of this information, the team are assured that the 4D curriculum is fit for purpose.

This Requirement is considered to be partly met as the GDC was not involved in the scrutiny of the new curriculum. The GDC will monitor the programme through its annual monitoring process.

Requirement 10: Any concerns identified through the Quality Management framework, including internal and external reports relating to quality, must be addressed as soon as possible and the GDC notified of serious threats to students achieving the learning outcomes. The provider will have systems in place to quality assure placements. (Requirement Partly Met)

By the School's own admission, the new 4D curriculum is 'significantly' different from the curriculum being run for years 2 to 5. The GDC would expect an overview of these changes to be presented to the Education Quality Assurance team for review in advance of implementation.

As discussed under Requirement 9, there is robust evidence that University processes were adhered to when assessing and developing the new curriculum. However, the panel consider the existing quality management framework is not robust as the GDC's involvement in the process was not considered. The panel was also initially concerned that there seemed to be a lack of formalised arrangements in place for those students who may have to repeat a year would be managed. For example, how current year 2 students under the old curriculum would be managed if they had to repeat their second year. This information has now been provided and the panel are assured the arrangements in place are sufficient.

The School also recruit a small number of students from Malaysia who join the programme in the third year. The panel was provided with evidence of how these students are assessed to ensure they are able to complete the programme and the academic and pastoral support they are given once they arrive in Dundee. When reviewing this Requirement, the panel considered that the School needed to clearly establish what constitutes a 'serious' threat. We considered that a lot of issues appeared to be dealt with at a local level when they ought to be escalated through higher levels of the QA framework to ensure there are no far reaching consequences. This is particularly pertinent when considering the Malaysian students who are given tailored support. Although there is currently a sufficient number of staff in place to offer this, there are no alternative plans in place if staff capacity was to decrease.

Requirement 11: Programmes must be subject to rigorous internal and external quality assurance procedures. External quality assurance should include the use of external examiners, who should be familiar with the GDC learning outcomes and their context and QAA guidelines should be followed where applicable. Patient and/or customer feedback must be collected and used to inform programme development. (Requirement Met)

The panel was tasked with looking specifically at how the School use student feedback to inform the development of the programme, and whether this has any impact on whether the Requirement is met.

The panel was provided with a range of evidence to demonstrate that the student voice of the Dundee BDS programme is being taken seriously and that changes are implemented where possible. Evidence included a selection of minutes from the Student Staff Liaison Committee (SSLC) and end of year student feedback questionnaires. In addition, each year group has student representatives who canvass their respective year groups for any issues they want to raise at the SSLC. It was clear to us that issues raised were either addressed or an explanation was provided as to why this was not possible.

We were also informed by the School that student feedback was used in the development of the new curriculum given that student representatives are members of the Curriculum Development Group and attend the School Teaching Away Days. Student-led focus groups and feedback questionnaires will be used to monitor the implementation of the new curriculum.

Requirement 12: The provider must have effective systems in place to quality assure placements where students deliver treatment to ensure that patient care and student assessment across all locations meets these Standards. The quality assurance systems should include the regular collection of student and patient feedback relating to placements. (Requirement Met)

Final year students are allocated time at each of the seven outreach placements located at Arbroath, Broxden, Kings Cross, Aberdeen, Inverness, Cupar and Kirkcaldy. Quality assurance of these placements is managed jointly with NHS Education for Scotland through service level agreements. The School's outreach administrator works with the BDS programme lead to ensure these standards are being maintained at each of the placements. The programme lead will also visit each of the outreach placements during the academic year to carry out peer review and again check that locations remain suitable for student training.

The panel was informed that new staff joining the outreach placements are able to shadow staff at the Dental Hospital prior to supervising students. In addition, the supervisors have University honorary contracts and so have access to Dundee's virtual learning environment and are able to attend the staff training days. Consequently, they are aware of any changes to process or policy that may need to be implemented at their respective placements.

LIFTUPP is in use at each of the outreach placements so that supervisors are able to record clinical alerts for discussion with programme staff at the School. Outreach staff are also able to report quality and patient safety issues during the 5th Year/Outreach Management Group meetings, minutes of which the panel was given.

The panel was impressed at how well the Outreach staff had been integrated into the programme with staff themselves commenting on the strong communication links with the School and that support was always available when required.

Patient, supervisor and student feedback is collected and contributes to the Annual Outreach Report. We were provided with a copy of the 2017/18 report which included information on the types of patient, treatment provided and experience of student treatment. Supervisors comment on whether they felt prepared to supervise students and how prepared students were to treat patients in the placement. The School stated only 31% of the BDS final year cohort took part in the student outreach survey in 2018. Given this low response rate, they have not published the results as it is not a representative sample of the year. The School was not able to explain why the student participation rate had been so low, particularly when it had been 95% in previous years. However, the panel did meet with students and review the minutes from the SSLC. It was clear that students are providing feedback on their placements and issues are being addressed by the programme staff where possible.

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.

Requirement 13: To award the qualification, providers must be assured that students have demonstrated attainment across the full range of learning outcomes, and that they are fit to practise at the level of a safe beginner. Evidence must be provided that demonstrates this assurance, which should be supported by a coherent approach to the principles of assessment referred to in these standards. (*Requirement Met*)

The panel was tasked with looking specifically at the process of sign-up for final examinations and access to range and number of patients and whether these have any impact on how this Requirement is met.

In preparation for sign-up, students' development is monitored throughout the programme. Students are allocated a mentor who they must meet with at least once a semester to discuss their progress and address any actions that have arisen. Student data is then discussed by subject lead and year leads and a report collated by the programme leads is presented to the School's Progress Committee.

The Progress Committee will identify areas of developmental progress and specific further training that must be undertaken if that student wishes to continue on the BDS. Minutes of these meetings were presented to the panel who was able to see student action plans being discussed and consequently followed up at later meetings.

To be considered a safe beginner for the purposes of being eligible to sit finals, students must have:

- Satisfactory performance in the continuous assessment components of the examination;
- Attendance of at least 90% of the timetabled Outreach, Integrated Oral Care and paediatric dentistry clinical sessions;
- Complete and achieve a Developmental Indicator (DI) of 4 or above across all elements of the structured clinical operative tests in:
 - History, examination and diagnosis in primary care
 - Treatment planning
 - Local Decontamination Unit;
- Demonstrate breadth, depth and quality of clinical experience to be considered at the level of a safe beginner. All of the minimum clinical recommendations must be achieved with more than 50% of the procedures being at LIFTUPP DI 4, 5 or 6 (including DI 3 for surgical extractions); and
- No more than six lapses in professionalism points.

Two members of the panel attended the sign-up meeting in April and it was clear that the School was not allowing students to sit finals unless all the above criteria had been met.

The School have in place minimum clinical totals which students are aware of and must achieve. As this is monitored, it is rare that students are having to identify patients near to sign-up to achieve the breadth of necessary experience. The panel also noted that students themselves have access to their clinical experience in LIFTUPP and are able to seek additional experience throughout the programme rather than waiting for adviser meetings with their adviser.

The School have completed the mapping of assessments of the existing curriculum to the learning outcomes and identified gaps that will be covered using other assessments. Mapping of the new 4D curriculum was also provided and the panel was assured this currently maps to all the required learning outcomes. The panel was impressed at the methods used to capture student clinical and professionalism data and considered that the students being allowed to sit finals were of the standard of a safe beginner.

Requirement 14: The provider must have in place management systems to plan, monitor and centrally record the assessment of students, including the monitoring of clinical and/or technical experience, throughout the programme against each of the learning outcomes. (Requirement Met)

As discussed under Requirement 13, the School use LIFTUPP to capture student clinical and professionalism data which is then reviewed regularly both formally and informally to ensure students are meeting the necessary learning outcomes.

Under Requirement 13, we also explained that the School has mapped assessments to learning outcomes, identified those not being met and are devising future assessments to ensure these are addressed as the student progresses through the programme.

Requirement 15: Students must have exposure to an appropriate breadth of patients/procedures and should 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 minimum clinical recommendations must be achieved with more than 50% of the procedures being at LIFTUPP DI 4, 5 or 6 (including DI 3 for surgical extractions). The panel was provided with the targets and considered these to be sufficient to demonstrate the knowledge and skill to be considered a safe beginner. When we met students, it was clear they understood what needed to be completed and how access to their data in LIFTUPP meant they could proactively request specific patients if they were falling behind in a particular area.

In addition, staff at outreach informed us that the School would let them know if particular students needed experience in specific areas and, where possible, patients requiring these treatments would be allocated to those students.

Through monitoring student clinical activity, the School have identified three areas where recruitment of patients is difficult. These are:

- Management of caries in deciduous teeth which is in part due to the success of the Childsmile programme in Scotland;
- Minor oral surgery; and
- General anaesthetic/sedation assessments.

To address these shortages, the School has met with the NHS and Public Dental Services so that paediatric patients can be recruited from general dental practitioners or be directed straight to the Dental School. In relation to minor oral surgery, students have time to see patients during a specific period in their 5th year. If targets are not met, they must see additional patients until the requirements are met. For general anaesthesia/sedation assessments, further training has been provided to all staff on LIFTUPP to ensure these are recorded accurately.

The panel reviewed the clinical data for the final year and was assured that students were achieving the necessary experience in order to meet the relevant learning outcomes.

Requirement 16: Providers must demonstrate that assessments are fit for purpose and deliver results which are valid and reliable. The methods of assessment used must be appropriate to the learning outcomes, in line with current and best practice and be routinely monitored, quality assured and developed. (Requirement Met)

Requirement 17: Assessment must utilise feedback collected from a variety of sources, which should include other members of the dental team, peers, patients and/or customers. (Requirement Partly Met)

Evidence that feedback was being collected was provided to the panel. However, although patient feedback collected was mainly positive, it was difficult to understand how this could meaningfully contribute to the development of assessments. Similarly, this year's feedback is being collected from dental nurses and technicians relating to student behaviour and ability but it was difficult to know how this could contribute to the assessment process.

The panel was of the view that questions being asked needed to be reviewed and designed with assessments in mind so that the data could be utilised for that purpose.

Requirement 18: The provider must support students to improve their performance by providing regular feedback and by encouraging students to reflect on their practice. (Requirement Met)

There is a lecture on the topic of reflection delivered to all first-year students which is then followed by an assessed assignment. Students are able to log reflections from LIFTUPP and reflective accounts are also monitored and discussed during the adviser meetings.

Both staff and students spoke of a culture of continuous feedback at the School in order to promote professionalism and encourage students to develop their clinical skills to a high standard. As well as feedback following clinical activity which is recorded in LIFTUPP and in clinical logbooks, feedback is received from patients and the School is now collecting feedback from dental nurses and technicians. Peer feedback in the final year now forms part of an assessment. We reviewed evidence of the range of feedback and we were encouraged that the School is continuing to develop this to make it relevant to individual student development.

Requirement 19: Examiners/assessors must have appropriate skills, experience and training to undertake the task of assessment, including appropriate general or specialist registration with a UK regulatory body. Examiners/ assessors should have received training in equality and diversity relevant for their role. (Requirement Partly Met)

Under this Requirement, the inspection panel was tasked with looking specifically at staffing levels and whether this has any impact on how this Requirement is met.

The School provided the panel with evidence that all staff involved with assessment were registered with the GDC, had completed equality and diversity training and had undergone an appraisal in the last year.

The panel was also provided with a selection of materials used to train assessors which consisted of presentations and videos setting out the types of assessment, marking schemes, questions and issues that may arise.

We concluded that the staffing levels were sufficient and there wasn't any negative impact on the assessment process. However, this Requirement is partly met due to the apparent lack of preparation provided by the School to examiners participating in the year 5 finals.

The panel attended the calibration sessions for both the structured reasoning and case presentation examinations. The calibration exercises involved a viewing a recording of a student sitting the exam which the examiners mark using the mark scheme. The panel noted the quality of the recordings was not clear and it was difficult to hear the students speaking. We considered there was a lack of calibration following a collection of examiners' marks. Although there was a range of scores, there was no discussion how the students in the video should be graded. Following a discussion with the external examiners, the panel learnt that in previous years, examiners had been shown an example of a strong and weak student making calibration easier for those present to come to a decision about what was expected.

The panel did have the opportunity to observe both the structured reasoning exams and case presentations. We were assured that students were being marked appropriately. We considered the mark scheme was clear in identifying who should pass and who should be awarded a fail. However, a thorough calibration exercise is still required.

Requirement 20: 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. The responsibilities of the external examiners must be clearly documented. (*Requirement Met*)

Requirement 21: Assessment must be fair and undertaken against clear criteria. 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. An appropriate standard setting process must be employed for summative assessments. (*Requirement Met*)

Summary of Action

Req. number	Action	Observations & response from Provider	Due date
4	The School should configure LIFTUPP so that patient consent to treatment is recorded at each patient contact.	The school has explored this request with the vendors of Liftupp. Liftupp is sold as a national product and such a change cannot be made on a bespoke basis for an individual school. Such a change would involve a reprogram of the App for all users. LIFTUPP are unaware of any other school where such a request has been made. Liftupp is an assessment tool and does not form part of a patients dental record. Thus, the appropriate place to record consent to treatment is in the patients clinical notes.	Annual Monitoring 2020
9, 10	The School must ensure changes as set out in the GDC document 'QA Process for BDS (2015)' are communicated formally to the GDC's Education Quality Assurance team.	<p>The School now accepts that information relating to the introduction of the 4D Curriculum was not made available to the GDC in the correct manner, but are pleased that the curriculum documentation, including the procedure to be followed should a student drop back from the existing BDS programme to the 4D programme has been seen and accepted by the GDC QA team.</p> <p>With respect to the Malaysian students we are unaware what the issues the Inspection team were referring to but the School undertook a detailed, blueprinted appraisal of work completed in Malaysia, the standards achieved, English Language etc which followed the University QAS systems.</p> <p>The school undertakes formally to communicate with the GDC Education QA team when necessary.</p>	Annual Monitoring 2020

9	The School must provide an update on the progress of the implementation of the 4D curriculum.	The school will provide updates on the progress of the implementation of the 4D curriculum through the annual monitoring reports and out with this should it be necessary.	Annual Monitoring 2020
10	The School should set out what constitutes a 'serious threat' and develop supporting guidance so that issues are raised and addressed appropriately.	The school will work to identify issues which constitute a 'serious threat' and develop supporting guidance to address these issues appropriately	Annual Monitoring 2020
17	The School should review feedback processes and questions so that data collected can meaningfully contribute to the assessment process.	The school agrees to review feedback processes and questions (from patients, and other members of the dental team) so the data collected by these means can contribute meaningfully to the assessment process	Annual Monitoring 2020
19	The School should review its calibration processes for those participating the year 5 finals to ensure all those examining are clear on what constitutes a passing/failing candidate.	The school accepts that this year the calibration process for the final examination Structured Clinical Reasoning examination was sub-optimal. Actions will be taken to ensure that all those examining are clear about what constitutes a passing/failing candidate.	Annual Monitoring 2020

Observations from the provider on content of report

<p><i>Refer to guidance</i></p> <p>The School should like to thank the Inspection team for taking a detailed view of the BDS curriculum at Dundee and preparing a report which we believe is a good representation of the programme in Dundee. Suggestions for review and scrutiny are relevant and will help ensure that our students receive an education which prepares them well as safe beginners for entry into the next phase of their careers.</p>

Recommendations to the GDC

Education associates' recommendation	Qualification continues to be sufficient for holders to apply for registration as a dentist with the General Dental Council
Date of next regular monitoring exercise	2020

Annex 1

Inspection purpose and process

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. It also quality assures new qualifications where it is intended that the qualification will lead to registration. The aim of this quality assurance activity is to ensure that institutions produce a new registrant who has demonstrated, on graduation, that they have met the learning outcomes required for registration with the GDC. This ensures that students who obtain a qualification leading to registration are fit to practise at the level of a safe beginner.
2. Inspections are a key element of the GDC's quality assurance activity. They enable a recommendation to be made to the Council of the GDC regarding the 'sufficiency' of the programme for registration as a dentist and 'approval' of the programme for registration as a dental care professional. The GDC's powers are derived under Part II, Section 9 of the Dentists Act 1984 (as amended).
3. The GDC document 'Standards for Education' 2nd edition¹ is the framework used to evaluate qualifications. There are 21 Requirements in three distinct Standards, against which each qualification is assessed.
4. The education provider is requested to undertake a self-evaluation of the programme against the individual Requirements under the Standards for Education. This involves stating whether each Requirement is 'met', 'partly met' or 'not met' and to provide evidence in support of their evaluation. The inspection panel examines this evidence, may request further documentary evidence and gathers further evidence from discussions with staff and students. The panel will reach a decision on each Requirement, using the following descriptors:

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”

5. Inspection reports 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 QA team aims to send an initial draft of the inspection report to the provider within two months of the conclusion of the inspection. 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’ or ‘approval’, the report and observations would be presented to the Council of the GDC for consideration.

7. The final version of the report and the provider’s observations are published on the GDC website.