

# General Dental Council

## Education Quality Assurance Inspection Report

| Education Provider/Awarding Body  | Programme/Award    |
|---|--------------------|
| Eastman Dental Hospital Education Centre (EDHEC) awarded by London South Bank University (LSBU) | BSc Dental Hygiene |

| Outcome of Inspection | Recommended that the BSc Dental Hygiene is approved for graduating cohorts to register as a dental hygienist. |
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**\*Full details of the inspection process can be found in Annex 1\***

### Inspection summary

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|---|---|
| <b>Remit and purpose of inspection:</b> | Inspection referencing the <i>Standards for Education</i> to determine approval of the award for the purpose of registration with the GDC as a dental hygienist.    |
| <b>Learning Outcomes:</b>               | Preparing for Practice- Dental Hygienist  |
| <b>Programme inspection date:</b>       | 14 <sup>th</sup> May 2025   |
| <b>Examination inspection date:</b>     | 15 <sup>th</sup> May 2025   |
| <b>Inspection team:</b>                 | Jenny McKibben (Chair and non-registrant member)<br>Joanne Beveridge (DCP member)<br>David Young (Dentist member)<br>James Marshall (GDC Quality Assurance Manager) |
| <b>Report Produced by:</b>              | James Marshall (GDC Quality Assurance Manager)  |

### Executive summary

The GDC carried out new programme inspections of the BSc Dental Hygiene and BSc Therapy programmes delivered by Eastman Dental Hospital and awarded by London South Bank University in 2023 and 2024. Following these visits the panel recommended short-term approval on a cohort-by-cohort basis should be given.

At previous inspections the issues facing both the BSc Dental Hygiene and BSc Dental Therapy programmes were similar and as a result the inspections have been combined, however individual reports have been produced for each programme. These issues related to programme oversight and management, rather than concerns over student competence or patient safety.

A new panel and staff team were formed to undertake the 2025 programme re-inspection, tasked with assessing performance against actions set in the 2024 reports. The inspection focussed on Requirements 9, 13, 14, 16 & 19. The panel saw evidence to demonstrate all remaining actions had now been addressed and Requirements met. The panel identified the following areas of good practice:

- Proactive development of the reporting functionality in the CAFS student clinical management system.
- A robust approach to the standardisation of assessment, including a revised and enhanced marking rubric.
- A revised patient triage system, which contributes to a high level of patient care.

- A new, positive relationship between the Eastman Dental Hospital Education Centre and the London South Bank University Global Team with improved governance and support.

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

**Background and overview of qualification Provider to Complete**

|  |  |
|--|--|
| Annual intake                                | 12   |
| Programme duration                           | 3 years  |
| Format of programme                          | <p>Year 1:<br/>Foundations of Clinical Skills and Practice<br/>Biomedical Science<br/>Oral and Dental Sciences<br/>Personal and Professional Practice 1</p> <p>Year 2:<br/>Applied Clinical Practice DH<br/>Dental Specialities<br/>Personal and Professional Practice 2</p> <p>Year 3:<br/>Consolidated Clinical Practice DH<br/>Research and Dissertation<br/>Personal and Professional Practice 3</p> |
| Number of providers delivering the programme | 2  |

## Outcome of relevant Requirements<sup>1</sup>

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

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<sup>1</sup> 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)*

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)*

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)*

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. *(Requirement Met)***

During the 2024 inspection, the panel noted that there was a lack of clarity within the mapping of the EDHEC dental hygiene and therapy programmes to the GDC learning outcomes. This was due to the outcomes for both programmes being presented within a single document. The panel was pleased to note at the 2025 inspection that learning outcome mapping for the programmes had been separated. The panel was provided with evidence of the updated mapping and satisfied that this now demonstrated appropriate learning outcome coverage across the programmes.

The panel was also informed that within the LSBU Global Team, there are module review and academic standards committees. These mechanisms are used for reviewing, categorising and processing minor and major changes. That panel was assured that, should changes need to be made to the programme, an appropriate oversight framework is in place for ensuring quality.

As part of the inspection, the panel was given a demonstration of the CAFS student data recording system. The panel commended the programme team in how CAFS is being used to give both contemporaneous progress monitoring of student performance, and to collate cohort-wide data sets for analysis at progression meetings. The panel was assured that the use of CAFS would enable timely and accurate monitoring of students.

The panel now considers this requirement to be **met**.

**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 Met)***

**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)***

**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)*

### **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)***

During previous inspections, the panel had been concerned with the accuracy of data presented at examination boards, specifically the presentation of assessment grading data. The panel had been assured that this would not pose a student or patient safety concern, however they agreed that the process needed to be reviewed and enhanced.

As part of the improved working relationship between EDHEC and LSBU, the provider now sits within the LSBU Global team, this has allowed the programmes to benefit from an improved exam board process. Additional elements include a tier one pre-board meeting where student progression data accuracy is checked and confirmed before progressing to the tier two exam, where grade ratification takes place. The panel was provided with a copy of the *LSBU Assessment and Examinations Procedures 24-25* to evidence this improvement and they were assured by the changes that have been made.

As noted in Requirement 9, the panel agreed that EDHEC's enhanced use of the CAFS system to report on student performance and progression has provided greater assurance to demonstrate students are progressing towards a safe practitioner level. In addition to this, the panel agreed that should a student be struggling with their performance, this would be identified through the CAFS reporting mechanisms, enabling support to be provided in a timely manner.

The panel now considers this requirement to be **met**.

**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 noted in Requirements 9 and 13, during the 2025 inspection the panel was provided with a comprehensive overview of the CAFS system. This included how individual student performance was monitored and reported both contemporaneously and during student progression committee meetings. The panel agreed that the reporting mechanisms were detailed, comprehensive and robust, and would effectively support the programme team's decision-making process.

To support the panel's understanding of the CAFS reporting suite and its impact on progression decisions, they were provided with copies of the *Student Progress Committee Terms of Reference and Domain* and *Domain Criteria and Guidance for Student Progression*, which supported their assurance of the management systems in place.



The panel now considers this requirement to be **met**.

**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)**

**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)**

During the 2025 inspection, the panel observed both dental hygiene and dental therapy students undertaking their seen case examinations. The panel observed all examining pairs and agreed that there was a high level of consistency throughout the examination. The panel noted the positive use of the internal moderator documentation to monitor standardisation of the assessment experience. The panel was also pleased to note the positive role the External Examiner played in ensuring a fair opportunity was given to all candidates.

Furthermore, the panel was provided with evidence of the EDHEC's new marking rubric, which has been developed in collaboration with LSBU. The panel agreed that this new marking rubric ensured that a high level of assessment clarity was given to examiners, empowering them with a clearly defined structure during examinations. The panel noted how EDHEC had also sought guidance from external assessment training providers to ensure a high quality experience was being delivered, which they agreed was an area of good practice.

As noted in Requirement 13, the panel was provided with evidence of the revised exam board process. The panel fully agreed that this process would ensure a high level of student data accuracy is presented to the tier two *Award and Progression Board* after initial review and checking at the tier one pre-board.

The panel now considers this requirement to be **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 Met)**

**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)**

**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 Met)**

As noted in Requirements 13 and 16, the panel was provided with, and satisfied by, the development and implementation of the two-tier examination board process. The good working relationship between EDHEC and LSBU was commended by the panel as it demonstrated a commitment to delivering high quality and consistent dental hygiene and dental therapy education and assessment.

In addition to support from the LSBU team, the panel was pleased to note the EDHEC's willingness to seek external advice, guidance and training for the development of staff and processes. The panel felt this would ultimately benefit the student experience and ensure only safe practitioners who have demonstrated an appropriate level of competence would be able to graduate and register with the GDC.

The panel now considers this requirement to be **met**.

**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

| Requirement number | Action | Observations & response from Provider | Due date |
|--------------------|--------|---------------------------------------|----------|
| N/A                |        |                                       |          |
|                    |        |                                       |          |
|                    |        |                                       |          |
|                    |        |                                       |          |
|                    |        |                                       |          |
|                    |        |                                       |          |

### Observations from the provider on content of report

The Eastman Dental Hospital Education Centre and London South Bank University extend their sincere thanks to the panel for their thoughtful comments and observations in this report. We are especially grateful for the panel's openness to engaging in meaningful dialogue with our staff team.

We warmly welcome the recognition of our areas of good practice, and we appreciate the acknowledgment from the GDC Education team for listening to our concerns regarding the inspection process and for their commitment to ensuring a fair and transparent approach.

### Recommendations to the GDC

|                                      |  |
|--------------------------------------|--|
| Education associates' recommendation | Recommended that the BSc Dental Hygiene is approved for graduating cohorts to register as dental hygienists. |
| Date of next QA activity             | Monitoring 2026/27   |



## **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 edition<sup>1</sup> 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 education associates 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 education associates must 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 monitoring process. Serious concerns about a lack of progress may result in further inspections or other quality assurance activity.

6. The Education Quality Assurance 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.