

# General Dental Council

## Education Quality Assurance Inspection Report

Education Provider/Awarding Body	Programme/Award
University of Liverpool	Bachelor of Dental Surgery

Outcome of Inspection	Recommended that the Bachelor of Dental Surgery, delivered within a combined programme under the Centennial Curriculum, continues to be sufficient for the graduating cohort to register as dentists.
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**\*Full details of the inspection process can be found in Annex 1\***

## Inspection summary

<b>Remit and purpose of inspection:</b>	Inspection referencing the <i>Standards for Education</i> to determine sufficiency of the award for the purpose of registration with the GDC as a dentist.
<b>Learning Outcomes:</b>	Preparing for Practice (Dentist)
<b>Programme inspection date:</b>	23 and 24 January 2024
<b>Examination inspection date:</b> <b>Examination board date:</b>	30 April 2024 13 June 2024
<b>Inspection team:</b>	Jane Andrews (Chair and non-registrant member) Jo-Anne Taylor (Dentist member) Andrew Buddle (Dentist member) James Marshall (Quality Assurance Manager) David Zell (Education Quality Assurance Officer) – programme inspection only
<b>Report Produced by:</b>	James Marshall (Quality Assurance Manager)

The Centennial curriculum delivered by the University of Liverpool School of Dentistry (hereafter referred to as 'the School') is an innovative programme that combines the education of dental therapists with dentists. Students enter separate programmes for either the BDS or the BSc in Dental Therapy but are otherwise completely combined so that clinical experience, levels of supervision, and teaching are absent of delineation.

The BSc in Dental Therapy element of the Centennial curriculum was inspected in 2022, at which point the first graduating cohort of dental therapists completed the programme. The panel returned in 2024 to gain assurance that BDS students completing the final two years of the Centennial curriculum would have achieved the level of a safe beginner.

Thanks to the clear and constructive leadership from the programme team, the panel agreed that a high quality of dental education was being delivered. Students noted the receptiveness of senior leaders to make changes to the programme where required, which enhanced their learning experience.

The GDC wishes to thank the staff, students, and external stakeholders involved with the University of Liverpool Bachelor of Dental Surgery programme for their co-operation and assistance with the inspection.

## Background and overview of qualification

Annual intake	72 BDS students
Programme duration	194 weeks over 5 years
Format of programme	<p>Year:</p> <p>1: Knowledge development (inc. clinical sciences), psychosocial skills development, communication skills development, shadowing clinic attendance, simulated clinical experience, formal poster presentation, medical emergencies training, direct patient treatment (within therapy scope of practice) – prevention and basic periodontal management</p> <p>2: Knowledge development (inc. clinical sciences), psychosocial skills development, communication skills development, shadowing clinic attendance, simulated clinical experience, formal dental public health project, medical emergencies training, radiography, direct patient treatment (within therapy scope of practice) – prevention, full periodontal management, direct restorations, caries management in primary teeth, paediatric extractions, relevant oral medicine.</p> <p>3: Knowledge development (inc. clinical sciences), psychosocial skills development, shadowing clinic attendance, simulated clinical experience, outreach experience, radiography, research project, direct patient treatment – full scope of therapy practice</p> <p>4. Knowledge development, psychosocial skills development, shadowing clinic attendance, simulated clinical experience, medical emergencies training, direct patient treatment (dentistry scope of practice) – prevention, full periodontal management, direct restorations, caries management in primary teeth, fixed and removable prosthodontics, endodontics, radiography, orthodontics, paediatric and adult extractions, oral medicine outreach experience.</p> <p>5. Knowledge consolidation, psychosocial skills consolidation, shadowing clinic attendance, simulated clinical experience, medical emergencies training, outreach experience, quality improvement project, radiography, direct patient treatment – full scope of dental practice</p>
Number of providers delivering the programme	One; University of Liverpool School of Dentistry

## 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)**

The panel was assured that all students have the required knowledge and skills to carry out clinical procedures before they are given approval to treat patients. The school acknowledged that during the Covid 19 pandemic, pre-clinical experience had inevitably reduced but the breadth of experience is now back to expected levels. Students are given experience within the haptic suite to practice safely as well as opportunities to practice on phantom heads.

All the integrated skills development (ISD) components have a gateway at the end, ensuring that no student progresses to treating patients with new skills until they have been sufficiently assessed as competent. Students failing ISD components receive support in order to meet the required standard. At the end of CLC3 (year 3) of the programme, students commence the integrated skills development 6 component ensuring that they are ready to begin to practice within the scope of a dentist early in year 4.

LiftUpp is used by staff to record observations of students' skills and applied knowledge, and to support them in assessing whether a student had met the required standard to proceed to treating patients. Where students are not ready to progress, the school puts in place individualised action plans which are regularly discussed with the students' Academic Advisor.

**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)**

During the inspection the panel witnessed clear procedures implemented to ensure that all patients were fully aware they were undergoing treatment by a student. There were student consent forms actively being used within placements and clear posters and informative signs for patients throughout the dental hospital.

Recording processes were in place to also ensure that patients were clear on the care they were going to receive and from whom, which was supplemented by the fact that students were expected to wear a defined uniform and badge. The panel were satisfied that this requirement has been 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)**

The dental school clearly demonstrated that the requirements and relevant legislation regarding patient care were in place, which led the panel to feel they had sufficiently met this requirement. The panel noted that the university had raised the awareness of equality and diversity amongst staff, students and patients. During the inspection the panel saw posters

around the dental hospital referencing patient care and equality and diversity demonstrating awareness of the risks.

An impromptu fire drill during the inspection gave the panel great confidence that procedures were in place and students and staff demonstrated a clear understanding of the process.

During the tour of the clinical areas the panel noted that facilities were of a good standard. There were some advanced areas of clinical space with a particular reference to the decontamination and the haptics training suites. All clinical areas were clean, safe and appropriate for use and this is supported in the dental hospital's most recent CQC report.

**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 school's usual staff to student ratio of 1:6 was in line with the panel's expectations. This was enhanced by the fact that regularly the school undertook 1:1 or 1:3 ratio clinical experience, which meant that individual and decisive instruction could be given to students. Students expressed the supportive nature of the school's faculty and explained that when timetabling issues have occurred in terms of clinical time or absent staff, the school rectified the issue quickly, which enabled the student to undertake all the relevant supervised clinical experience. All supervising staff undergo appropriate regular training.

The turnover of staff is low, and recruitment of additional staff is carried out in an efficient manner as to avoid disruption to teaching. The recruitment process is clearly defined and usually leads to a high level of competition amongst applicants.

To mitigate the low numbers of available dental nurses supporting students on clinic, the school is liaising with other dental education providers to discuss dental nurse apprenticeship positions to help mitigate this risk. The school has also introduced a university employed dental nursing teaching role to ensure that the level of skill is at the required standard. The school manages the number of staff nurses well and prioritises where the support is most needed. Ratios of staff are dependent on the procedure being carried out and the type of patient; paediatric dentistry, for example, will have a greater amount of support.

**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)**

The panel was provided with all staff logs detailing the qualifications and CPD that had been undertaken - all supervisors were appropriately qualified to oversee teaching within a clinical setting. The induction process for all staff covers equality and diversity in detail, demonstrating the importance the school places on this area of learning and teaching.

The panel was satisfied that the induction process given to staff prepared them effectively for supporting students. All staff undergo an onboarding process into their new department and are given the opportunity to shadow a current teacher on clinic and where appropriate visit the simulation lab. Mandatory training is in place and an away day is scheduled for each academic year to further discuss positive practices in place and areas for development. All external staff are expected to attend relevant training sessions and the school works closely with placements to ensure that supervising staff have the relevant knowledge or alerts pertinent to their role in overseeing the students when treating patients.

Evidence was presented which showed that a teacher calibration day takes place every at least annually and an away day, to discuss and review updates, takes place every July. NHS Trust representatives are also on the panels for all appointments to ensure the process is robust. The panel was happy that this requirement has been 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)**

During the inspection the panel met with a range of student groups and observed good responses demonstrating their understanding of the importance of raising concerns regarding patient safety and the process for doing this. Students expressed they felt comfortable raising a concern and that it would be acted upon by the school. Students expressed that they were able to inform their Academic Advisor if they had any concerns and this is then escalated to the relevant member of staff. The school actively teaches students how to raise concerns and that all concerns are kept strictly confidential with well-being support offered as a follow up.

The school has methods in place such as the HALT system and the DATIX form which ensure that all details are recorded correctly and appropriately enabling the school to deal with the incident in a timely manner. The panel was satisfied that procedures are in place to address and report patient safety concerns and these are shared with all staff and students. When on clinic, students have a designated member of staff to report any concerns to and there is an open culture within the dental school where staff and students feel safe to raise these concerns without fear of reprisal. There was evidence that triangulation of information was in place, and both students and staff were clear on their duty of care regarding patient safety.

There is an alert system used for student development which entails targeted intervention. Students are expected to engage with face-to-face meetings to discuss the concerns and formulate a plan of action moving forward. Students are required to sign the Student Agreement document which details their obligation to raise a concern. The school carries out weekly reviews of LiftUpp and Datix safety alerts to identify concerns and this in turn informs the relevant student's plan. The school demonstrated a clear duty of care towards patients for which students and staff are aware.

**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)**

As stated in requirement 6, the school has clear processes in place to identify, record and follow up on any patient safety issues. There was evidence demonstrating that actions had been taken to deal with patient safety incidents and the school used a number of resources to record this. The DATIX system was embedded well and students and staff were able to explain its purpose and how this tool was used to maintain high standards of patient care. Supplementing the DATIX system, incident logs were used on clinic and concerns were discussed thoroughly with students to prevent further incidents of a similar nature occurring again. During the inspection, the panel saw evidence the action had been taken to address all concerns identified.

During the inspection the panel observed good practice taking place including an acute intervention alert system that was used to develop student knowledge for future clinical



practice which resulted in targeted intervention. Furthermore, students meet with clinical supervisors to discuss concerns and create a plan of action moving forward to prevent future safety incidents from occurring. The acute intervention alerts feed into the Clinical Development Monitoring Panel, Clinical Safety Panel and Clinical Progress Panel meetings.

Placement staff were confident and assured that processes dealing with patient safety were clearly defined and there were a range of ways of raising these concerns with the school. Staff felt concerns raised with the school were followed up promptly and the response was appropriate leading to students being very reflective about any incidents that occur. The panel was satisfied that this requirement has been 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)**

The panel saw evidence of the student fitness to practise policy which detailed the process a student would undergo if a concern was raised. All students undertake the Personal Development and Well Being (PDW) component that includes a focus on the expectations placed upon students in both a clinical and non-clinical setting regarding fitness to practise issues; this component runs spirally through all 5 years of the BDS programme.

In addition to this, students are required to sign a Code of Conduct annually which informs them of the schools' expectations. They expressed a good understanding of what actions might lead to a fitness to practise concern and where to find the policy. There are a variety of channels of communication available for students undergoing fitness to practise and these lines of communication are open and well used. Remediation processes are in place to support students and a Health and Conduct Committee is often carried out first as a pathway to a fitness to practise investigation. The panel was satisfied that this requirement was 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 inspection the school provided evidence of a clear committee structure that allowed for effective reporting and escalating any concerns. Further evidence was presented that demonstrated that the school had robust procedures to deal with any changes to the curriculum, should they be required. The panel noted that any changes implemented were done so effectively and efficiently ensuring that it did not impact on student learning.

The school has regular meetings throughout the academic year involving both BDS and therapy leads looking at the quality management systems used and whether any necessary changes are required to improve student experience whilst ensuring they meet the GDC requirements regarding legislation. The panel was informed that the school is actively reviewing the programme at the moment to ensure it meets the learning outcomes and behaviours set out in the Safe Practitioner Framework ready for implementation for CLC1

(year 1) in August 2025. Evidence of this transition beginning to happen was seen by the panel and they were satisfied that this requirement has been 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. (Requirement Met)**

The panel noted that the school has several rigorous processes in place to quality assure the BDS programme. Placements have an identified member of school staff who they liaise with to communicate the performance of students and to raise any concerns or highlight areas of positive practice. All placements undergo training led by the school on the use of the LiftUpp system to record student performance and to ensure that all assessments are consistent and standardised. The school has an induction for all placements to ensure they feel supported and well equipped when taking on students. Placement staff felt well supported by the school and were happy with the relationship they have with both school staff and students. Several other methods of standardisation are carried out to ensure that the quality of the student experience is positive such as calibration meetings and annual reviews.

The school identified and responded proactively to key areas that were identified as a concern. Recruitment has taken place to replace the loss of specialist staff and early planning work was undertaken by the Timetabling Team to mitigate against the impact of larger than normal cohorts. The school has also worked hard on patient recruitment to maximise student clinical experience. The panel was satisfied that the school had a range of comprehensive measures in place to ensure students receive a high quality of education both on site and on placements, therefore, the panel was satisfied this requirement has been 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)**

The school provided many avenues for ensuring the programme underwent rigorous internal and external quality assurance. The panel was provided with evidence of external examiner reports and follow up actions by the school demonstrating they were being utilised effectively. The programme is subject to regular periodic reviews regarding internal processes which are discussed in both the undergraduate programme committee and curriculum board. The panel saw good use of patient feedback being utilised to enhance student learning and patient experience.

NHS mechanisms are used alongside the newly introduced Patient Recorded Experience Measures (PREMs) system and students have an engagement requirement; students have access to terminals on desktops along with iPads so patients are able to give feedback. The school is continuing to work with students on increasing their confidence in asking for patient feedback. The panel was satisfied this requirement has been 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)**

The panel was encouraged by the improvements made by the school since the last inspection and this was echoed by placement staff, who felt the transformation of the school's approach to induction and quality assurance processes for placements was very positive.

As stated in requirement 10, the school has a variety of ways to ensure that a consistent and standardised approach to assessment is in place across all placements in line with onsite provision. Placement staff meet regularly with the school to discuss feedback and review the use of LiftUpp data – it was clear to the panel that the expectations of placement staff were the same as university staff.

### **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)***

In advance of the inspection the panel was provided with clear mapping documents to demonstrate how students, on completion of the programme, will have had the opportunity to cover the full range of learning outcomes and are fit to practise at the level of a safe beginner.

The School uses LiftUpp to manage the assessment of learning outcomes. Within LiftUpp there is a detailed map that relates the curriculum milestones to Preparing for Practice outcomes. In addition to this, the teaching and assessment elements of the programme are mapped to the milestones, which ensures they can also be linked back to the Preparing for Practice outcomes.

The panel was informed that in order to gain assurance that students would be graduating as safe beginners, there are a range of mechanisms in place to longitudinally monitor and review student development. This includes the Clinical Development Monitoring Panel (CDMP) and the Clinical Progress Panel (CPP).

The CDMP is chaired by the Vice-Dean for Student Experience and attended by senior programme staff members. The CDMP works alongside the Academic Advisor system and provides focussed feedback for student self-reflection regarding their progress. The Academic Advisor meetings provide students with a supportive environment for them to identify and plan how any areas for further development will be addressed. CDMP meetings take place several times throughout the year and are used to ensure a meaningful amount of data has been collected about the students to provide an informed view of their developmental needs.

The CPP, also chaired by the Vice-Dean for Student Experience, takes place at the end of each academic year. The CPP considers all student data that has been collected in order to identify students who are ready to progress to the next year of the programme. In the final year the CPP outcomes are considered independently, and alongside, the results of the finals examinations to allow the readiness for graduation decision. During the inspection the panel attended a CPP for the graduating cohort and were assured by the decision-making processes in place.

**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)**

The panel was provided with good evidence of the systems used by the school to monitor and record the assessment of students against the learning outcomes. This system is standardised across all placements to ensure a consistent approach is in place. All staff, including placement supervisors, were clear on how to use the systems and felt appropriately supported and trained by the faculty leads.

As noted in Requirement 13, LiftUpp is the primary system used for capturing assessment and student clinical experience data. LiftUpp allows student data to be recorded against the following domains:

- Clinical
- Professionalism
- Management & Leadership
- Communication
- Knowledge & Understanding

The system uses a scoring range for each clinical activity attempted which demonstrates competency progression throughout the programme.

Information on how LiftUpp is used was clear and accessible for all students and staff. The panel was satisfied that this requirement has been 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)**

The panel acknowledged the school's approach to patient exposure, where emphasis is placed on competency rather than solely on clinical attainment numbers. The panel was also reassured to note the school acknowledges that a sufficient breadth and depth of experience is essential for the development of competence and for the reliable demonstration of its attainment.

During the inspection the panel was provided with, and assured by, student clinical achievement data that was demonstrated through LiftUpp. The panel was pleased to note that when issues arose due to a lack of clinical experience in a particular domain, action plans were put in place to address this. The panel was provided with an example of students struggling to achieve competency with endodontic treatments. This was identified by the programme team and appropriate measures put in place to remediate the students.

The panel was also pleased to note that potential timing issues relating to the teaching of prosthodontics was mitigated by a timetabling change. A concern had been identified that students may not have sufficient time to complete their prosthodontic cases if they start in year 4. To address this, students start this area of experience at the end of year 3, giving them extra time to achieve the programme requirements.

**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)**

The panel was provided with evidence to demonstrate that assessments are mapped in detail against the learning outcomes and an overall programme blueprint was in place. The inspectors were pleased to note that methods of assessment are regularly reviewed to ensure that they are fit for purpose and continue to be in line with relevant legislative changes.

During the inspection the school provided evidence of changes they have made to assessments to ensure they are reliable, appropriate and compared to best practice. The panel was satisfied that this requirement has been 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)**

The panel was provided with evidence to demonstrate that regular feedback is provided, and the school proactively manages any concerns identified. Feedback is used appropriately to ensure the experience of both staff and students is at the highest level. The Patient Recorded Experience Measures (PREMs) system is used to supplement LiftUpp which enables the school to make relevant changes based on the given feedback.

The panel saw evidence of assessors asking for patient feedback following a student appointment feeding directly into the overall assessment of the student. Feedback is received by the year leads at the end of each programme component and this feeds into the review of that unit to ensure student experience is maximised. The panel was assured that the school has methods in place to collect and utilise feedback from a variety of sources.

**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)**

During the inspection the panel was provided with a demonstration of how LiftUpp can be used to enhance the student experience. The panel was informed that LiftUpp helps students develop by encouraging reflection after each clinical experience. LiftUpp enables both students and supervisors to provide feedback and reflect contemporaneously, resulting in a more efficient and effective approach.

In addition to the PREMs system noted in Requirement 17, the school utilises the Student Recorded Experience Measures (SREMS) system for student feedback to staff. During the inspection the panel were provided with an opportunity to review SREMS data from the graduating cohort and were satisfied with its effectiveness.

The panel noted that to support students reflecting on their performance following assessments, the programme uses a style of feedback that aims to focus students on areas for development in their learning by identifying topics that fall below the minimally competent standard.

**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 part of the inspection process the panel was provided with evidence of examiner knowledge, skills and experience. This included having the opportunity to review CPD records for relevant staff members. The panel was assured that the school took the training of examiners seriously, as evidenced by being informed that the Vice-Dean for Education and

Scholarship holds training sessions on question writing for key staff members, as well as providing guidance for all staff responsible for writing examination questions.

During the inspection the panel observed OSCEs taking place at the dental hospital. As part of this element of the inspection they attended the examiner briefing and calibration session and were reassured by the thorough and comprehensive process. OSCE examiners were also provided with a briefing document, which detailed the standard setting process, marking schemes, logistical information and calibration processes for both actor and paper stations.

**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)**

As part of the inspection of the BDS programme, the panel had the opportunity to interview two External Examiners, who were both complimentary about the content of the course and its oversight by the school leadership team. The External Examiners confirmed that any feedback they provide is thoroughly considered. They noted that should the school not implement their suggested changes, they are provided with clear rationale for this.

The panel was provided with evidence of the oversight that External Examiners have within the programme, including observing assessments, reviewing examination papers and providing written reports at the end of each academic year. External Examiners meet with the school every September to discuss assessments and as a result, a standard operating procedure has been created.

The school receives input regarding assessments regularly from external examiners and they proactively review and amend assessments using the feedback provided. The panel was assured that a robust process was in place to ensure External Examiners were used effectively and appropriately.

**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)**

As LiftUpp is the key system used for the ongoing assessment of students in a clinical setting, the panel was pleased to note that LiftUpp developmental indicators are clear and easily accessible to staff and students via iPads and the web interface, ensuring all involved with the use of this system are aware of how it functions.

The panel was informed that all OSCE assessments are standard set by a combination of Angoff and borderline regression. In addition to this all written assessments are standard set using a combination of Angoff and Hofstee.

The panel was reassured that formative assessments mirror summative assessments and utilise the same quality assurance measures. The panel noted that this allows students to become familiar with the format and standard of questions and OSCE stations used in a formative setting in advance of attempting their summative assessments. The panel spoke with students during the inspection, who confirmed that they felt well informed of the assessment process and were aware of the standard expected of them.

## Summary of Action

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

## Observations from the provider on content of report

The School would like to thank the GDC Inspection Team for their fairness, professionalism and insight during the inspection process, which is reflected in the content of this report.

## Recommendations to the GDC

<b>Education associates' recommendation</b>	The Bachelor of Dental Surgery continues to be sufficient for holders to apply for registration as a dentist with the General Dental Council.
<b>Date of next regular monitoring exercise</b>	2025/2026

# 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.