General Dental Council | protecting patients, regulating the dental team

INSPECTION REPORT

Education Provider / Awarding Body:	**Newcastle University**
Programme / Award / Qualification:	**Bachelor in Dental Surgery (BDS)**
Remit and Purpose:	**Full inspection referencing the *Standards for Education* to determine the continuing sufficiency of the award for the purpose of registration with the GDC as a dentist**
Learning Outcomes:	***Preparing for Practice (Dentist)***
Programme Inspection Dates:	**22 & 23 April 2013**
Examination Inspection Dates:	**3, 4 & 5 June 2013**
Inspection Panel:	**Michael McCulley (Chair and Lay Member) Carolann Beck (Dentist Member) Steven Farmer (Dentist Member) Michael Fenlon (Dentist Member)**
GDC Staff:	**Ross Scales (Lead) James Marshall**
Outcome:	**Recommended that the Newcastle University BDS Programme remains sufficient for registration as a dentist**

Inspection summary

The inspection panel was impressed with the clarity and comprehensiveness of the documentation received in advance of the inspection and found that the evidence demonstrating each Requirement was easy to find.

The panel noted that the commitment and attitude of programme staff was exceptional and it was clear that members of staff work together in a constructive way and recognise their role to identify issues and areas for improvement. There is a very open ethos within School. An external examiner commented to the panel that there is not the same hierarchy present as there is in many other schools and the inspectors agreed with this.

The inspectors had no major concerns with any aspect of the programme, though there are some areas where it was felt that improvements could be made. In many of these cases, the School was aware that improvement was required and plans were already in place to address these.

The quality management structure is well designed and the corresponding GDC Requirements are clearly met by the programme. In addition, the inspectors found that the assessment of students is appropriate, with assessors drawn from a variety of backgrounds and an easy to use and descriptive grading system. The inspectors noted the plans to develop the dynamic learning map and the e-portfolio and agreed that these systems will be of great benefit to the programme. The inspectors agreed that the School's efforts to establish a link between the programme and Foundation Training were good practice. However, some further work should be undertaken to ensure that the recording of patient treatment and grades awarded is accurately recorded by all students and staff at all times. In addition, further development of the collection and use of patient feedback is required.

The panel was assured that any risks to patients who are treated by students are minimised. Students were taught not to treat patients as commodities and to deliver the appropriate care for all patients. There were some improvements to be made relating to obtaining clear documentary consent for treatment by students for all patients. The School would also benefit from undertaking further work on highlighting the importance of raising concerns where there is evidence or risks of patient harm, both during the programme and within practice.

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

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

Inspection process and purpose of Inspection

1. As part of its duty to protect patients and promote high standards within the professions it regulates, the General Dental Council (GDC) quality assures the education and training of student dentists and dental care professionals (DCPs) at institutions whose qualifications enable the holder to apply for registration with the GDC and new qualifications where it is intended that the qualification will lead to registration.

2. The aim of this quality assurance activity is to ensure that these institutions produce a new registrant who has demonstrated, on graduation, that he or she has met the outcomes required for registration with the GDC. This is to ensure that students who obtain a qualification leading to registration are fit to practise at the level of a safe beginner.

3. The inspection focuses on four Standards, with a total of 29 underlying Requirements. These are contained in the document *Standards for Education.*

4. The purpose of this inspection was to make a recommendation to the Council of the GDC regarding the 'sufficiency' of the programme for registration as a dentist in the UK. The GDC's powers are derived under Part II, Section 9 of the Dentists Act 1984 (as amended) to determine sufficiency of the programme.

5. Inspection reports may highlight areas of strength and draw attention to areas requiring improvement and development, including actions that are required to be undertaken by the provider. Where an action is needed for a Requirement to be met, the term 'must' is used to describe the obligation on the provider to undertake this action. For these actions the inspectors may stipulate a specific timescale by which the action must be completed or when an update on progress must be provided. In their observations on the content of the report, the provider should confirm the anticipated date by which these actions will be completed. Where an action would improve how a Requirement is met, the term 'should' is used and for these actions there will be no due date stipulated. Providers will be asked to report on the progress in addressing the required actions through the annual monitoring process. Serious concerns about a lack of progress may result in further inspections or other quality assurance activity.

6. The provider of the qualification has the opportunity to provide factual corrections on the draft report. Following the production of the final report the provider is asked to submit observations on, or objections to, the report and the actions listed. Where the inspection panel have recommended that the programme is sufficient for registration, the Council of the GDC have delegated responsibility to the GDC Registrar to consider the recommendations of the panel. Should an inspection panel not be able to recommend sufficiency, the report and observations would be presented to the Council of the GDC for consideration.

The Inspection

7. This report sets out the findings of an inspection of the Bachelor of Dental Surgery awarded by Newcastle University. The GDC publication *Standards for Education* (version 1.0 November 2012) was used as a framework for the inspection. This inspection forms part of a series BDS inspections being undertaken by the GDC 2012-2014.

8. The inspection was comprised of two visits. The first, referred to as the programme inspection, was carried out on 22 and 23 April. This involved a series of meetings with programme staff involved in the management, delivery and assessment of the programme and a selection of BDS students. The second visit took place between 3 and 5 June and is referred to as the examination/student sign-off inspection.

9. The report contains the findings of the inspection panel across the two visits and with consideration to supporting documentation prepared by the School to evidence how the individual Requirements under the *Standards for Education* have been met.

Overview of Qualification

10. The BDS programme sits within the School of Dental Sciences of Newcastle University. The programme has an annual intake of 79 students. The duration of the programme is 188 weeks over five years of study and training. Newcastle University also offer a Higher Education Diploma in Dental Hygiene and Dental Therapy.

11. The students spend Year 1 and Year 2 developing their knowledge of basic sciences and begin work in the simulated clinical environment in Year 2. From Year 1 students attend clinics to observe or shadow students from later years. Direct patient treatment commences in Year 3 and in Years 4 and 5 students attend school clinics, outreach and placements. The School refers to years within the programme as 'stages' – Stage 1 is Year 1 and so on.

12. The programme had been designed to meet the learning outcomes in GDC's previous curriculum document, *The First Five Years*. However, the School considered that, upon graduation, their students would also meet the learning outcomes contained in *Preparing for Practice*, which was published in late 2011. An exercise was undertaken by the School to review the assessments undertaken by the final year (Stage 5) cohort throughout the programme in order to establish the coverage of these outcomes. Following this 'reverse blueprinting' exercise, the School elected to be inspected against the new learning outcomes. The results of this exercise were made available to the inspection panel.

13. The focus of programme development at Newcastle is for the programme to improve incrementally. The approach of continuous improvement means that there has not been a major revision of the BDS in recent years, though several changes have taken place.

Evaluation of Qualification against the *Standards for Education*

14. As stated above, the *Standards for Education* were used as a framework for this inspection. Consideration was given to the fact that these Standards were approved in late 2012 and that it may take time for providers to make amendments to programmes to fully meet all of the Requirements under the Standards and to gather the evidence to demonstrate that each Requirement is being met. The inspection panel were fully aware of this and the findings of this report should be read with this in mind.

15. The provider was requested to undertake a self-evaluation of the programme against the individual Requirements under the *Standards for Education*. This involved stating whether each Requirement is met, partly met or not met and to provide evidence in support of their evaluation. The inspection panel examined this evidence, requested further documentary evidence and gathered further evidence from discussions with staff and students.

16. The inspection panel used the following descriptors to reach a decision on the extent to which the BDS of Newcastle University meets each Requirement:

A Requirement is **met** if:

"There is sufficient appropriate evidence derived from the inspection process. This evidence provides the inspectors with broad confidence that the provider demonstrates the Requirement. Information gathered through meetings with staff and students is supportive

of documentary evidence and the evidence is robust, consistent and not contradictory. There may be minor deficiencies in the evidence supplied but these are likely to be inconsequential."

A Requirement is **partly met** if:

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

A Requirement is **not met** if:

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

Standard 1 – Protecting patients **Providers must be aware of their duty to protect the public. Providers must ensure that patient safety is paramount and care of patients is of an appropriate standard. Any risk to the safety of patients and their care by students must be minimised**			
Requirements	**Met**	**Partly met**	**Not met**
1. Students will provide patient care only when they have demonstrated adequate knowledge and skills. For clinical procedures, the student should be assessed as competent in the relevant skills at the levels required in the pre-clinical environments prior to treating patients	✓		
2. Patients must be made aware that they are being treated by students and give consent	✓		
3. Students will only provide patient care in an environment which is safe and appropriate. The provider must comply with relevant legislation and requirements regarding patient care	✓		
4. When providing patient care and services, students are to be supervised appropriately according to the activity and the student's stage of development.	✓		
5. Supervisors must be appropriately qualified and trained. Clinical supervisors must have appropriate general or specialist registration with a regulatory body	✓		
6. Students and those involved in the delivery of education and training must be encouraged to raise concerns if they identify any risks to patient safety	✓		
7. Should a patient safety issue arise, appropriate action must be taken by the provider	✓		
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.	✓		

GDC comments

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

The inspectors found the documentary evidence provided in support of this Requirement, as for other Requirements, to be well laid out and comprehensive. The documentation clearly evidenced that in Years 1 and 2, the focus of the programme is on teaching students in areas that will provide the foundation for practice in later years. In addition to basic dental sciences, part of the training in the early years is to attend clinics, where they shadow students in the clinical years of the programme.

The inspectors were assured that students do not commence clinical patient care until they pass gateway exams in the simulated clinical environment. There is an Introduction to Clinical Dentistry course that covers essential areas and is assessed summatively in Stage 1, the end of Stage 2 Semester 1 and at the end of Stage 2 Semester 2. There is also continuous assessment throughout each year. These assessments take into consideration professionalism, attitude and any significant events that may have occurred. The majority of students gain exemption from the final practical gateway assessment in Stage 2 Semester 2 based on previous performance in eight practical assessments. The School believe that the assessment is a robust gatekeeper to those who have not demonstrated the required level of practical competence, attitude or professionalism and the inspectors found it reassuring that this assessment is externally examined. At the beginning of Year 3, prior to commencing patient treatment, students have a short refresher course to prepare them to begin on clinic.

The inspectors noted that the simulated learning environment has the same protocols as patient clinics. The inspectors also noted that students are able to practice endodontic procedures on extracted teeth, as opposed to plastic teeth, before they undertake endodontic procedures on patients and felt that this provides assurance for the patient.

A number of students the inspectors met stated that they were eager to commence clinical work earlier in the programme, but acknowledged that they were better prepared to treat patients having gained the underlying knowledge that underpins clinical practice in the first two years of the programme. On reflection, the students told the inspectors that they felt their clinical experience was gained at appropriate stages within the programme. Students also commented that the shadowing of students in later years and the work done in the simulated clinical environment had prepared them well for the transition and they felt safe to treat patients when they began on clinic.

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

There are three routes for patients to enter the waiting list for student treatment. These are through the dental hospital website, referral from a general dental practitioner (GDP) or by attending an emergency clinic. How patients are made aware that they will be treated by a student depends on this route. It was noted that there were a variety of methods and forms that patients, or those responsible for patients, will use to provide consent.

For those coming through the website route, there is information on the webpages that treatment will be undertaken by students which clearly states that treatment will be provided for free, but that the cost to the patient is their time and commitment. For other routes, the inspectors were told that patients should be informed that they are being referred and that their treatment may be carried out by students.

Previously, consent from adult patients has only been given verbally and this was recorded in the patient records by the student. The inspectors were assured that verbal consent is given by all patients and that it is recorded.

The School recognised that, previously, it could have been made clearer to patients that they are consenting to treatment undertaken by students. From April 2013, all adult patients are required to provide documented consent. The inspectors found that the form developed for this purpose explained the implications of student treatment clearly and comprehensively.

In outreach placements, consent is recorded in the patient records system (R4). Patients are also required to confirm that they understand that treatment will be provided by a dental undergraduate student by signing a treatment plan that indicates this. However, it was noted

that this did not indicate any possible differences between treatment by a student or by a registrant other than the cost implications.

The paediatric treatment plan for prevention requires the parent or guardian to sign the form that indicates the treatment to be undertaken, though it was noted that this form does not clearly indicate that treatment will be undertaken by a student. The inspectors felt that the communication that treatment is to be undertaken by a student and the subsequent recording of this should be reviewed and a more explicit method of ensuring that informed consent has been given be developed.

Signage is placed in patient waiting areas, which explains that treatment is carried out by students and that concerned patients should speak to a member of staff. Staff and students confirmed that when meeting a patient for the first time, a student will introduce themselves as a dental student.

Requirement 3: Students will only provide patient care in an environment which is safe and appropriate. The provider must comply with relevant legislation and requirements regarding patient care *(Requirement Met)*

Patient care is delivered within Newcastle Dental Hospital and within community clinics which are part of the Newcastle upon Tyne Hospitals NHS Foundation Trust. All of these clinics are subject to the Foundation Trust protocols. The Foundation Trust was audited by CQC in May 2012 and all standards were deemed to be met. The inspectors noted that monthly environmental audits are undertaken, in addition to quarterly audits of health and safety standards.

Incidents relating to staff, students and patients are recorded on a central recording and reporting system (DATIX) and were available for the inspectors to view. The inspectors reviewed the procedures and policy for incident handling and were pleased to note the ethos of this document and the encouragement it promoted to report incidents. This is commented on further under Requirements 6 and 7.

Requirement 4: When providing patient care and services, students are to be supervised appropriately according to the activity and the student's stage of development *(Requirement Met)*

The inspectors felt that the supervision ratios provided by the School were appropriate for the students' stage of development and the work they are undertaking. The level of supervision is adjusted according to risk, for example the levels provided were one supervisor for two students for Stage 4 oral surgery, 1:4 for Stage 4 outreach and 1:7 on the Stage 5 adult restorative clinic.

The inspectors noted the procedures in place for planned and unplanned leave of supervisors, which were devised to maintain the supervision ratios. The inspectors felt that these procedures were good practice.

The inspectors established in meetings with staff and students that supervision ratios are maintained. It was also explained to the inspectors that these ratios allowed supervisors to provide the appropriate level of supervision to help ensure patient safety and allowed sufficient time to be spent with students to provide teaching and feedback.

Requirement 5: **Supervisors must be appropriately qualified and trained. Clinical**

supervisors must have appropriate general or specialist registration with a regulatory body *(Requirement Met)*

The inspectors were pleased to receive a helpful and comprehensive database of the teaching staff involved in the programme with details of their registration. All clinical supervisors have appropriate registration with the GDC or other regulatory body.

All clinical teaching staff undertake an induction, the period of which is tailored to their role. The induction includes shadowing, being shadowed, didactic teaching and role play, and all are required to undertake other mandatory training by the Trust. Staff who work in outreach placements are subject to peer review. They are also encouraged to attend the staff education development day. Staff may study for a Higher Education Academy (HEA) accredited certificate and the University trains senior and principal fellows of the HEA.

Dental hygienist therapists may teach and co-supervise students in areas that fall within their scope of practice. The School utilises general dental practitioners (GDPs) on student clinics, who provide link between academia and general practice. The GDPs that were met told the inspectors that they felt very much part of the team, valued and well supported with a specific induction, shadowing and on-going training which had really helped to achieve consistency across the staff. Several members of the GDP team had been involved on the programme for a long time and are now involved in training new staff.

The inspectors found that supervisors held appropriate registration with the GDC and there were clear induction plans and training for clinical staff.

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

Throughout meetings with staff and students the inspectors observed that the ethos within the School is one of openness. This was reflected in comments from students, which assured the inspectors that they would feel supported to raise concerns and understood how they would do this and who the concerns should be raised with.

Staff and students are able to report individual incidents that have affected or may affect patient safety on a DATIX incident reporting system. The inspectors were provided with an example regarding a concern raised by students. However, they noted that this concern did not specifically relate to patient safety.

The School has recently introduced a policy, with an accompanying lecture for students that outlines staff and students' responsibilities and obligations to raise concerns. The inspectors felt that the programme should further build on this and, in future, include more comprehensive induction and training for both staff and students on the importance of protecting patients through raising concerns in their role in delivering patient care, including when they are no longer working or studying at the School. The School should refer to the findings of the Report of the Mid Staffordshire Foundation Trust Public Enquiry (Francis Report) when developing this training.

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

The Foundation Trust has a clear policy regarding reporting accidents and incidents, which incorporates the process to be followed in such an event and points to other relevant policies

that may come into effect. The electronic DATIX reporting system records clinical incidents and 'near misses' reported by staff or students and it automatically informs key staff of incidents. There are two trained investigators who will determine the level of investigation required and record the outcomes of investigation and report their findings to the appropriate committee. Data is collected through this system, which can identify patterns of incidents related to individual students or staff members. The inspectors were able to review copies of the incident log during the inspection.

Summaries of incidents are presented at relevant meetings, including those concerned with health and safety. There are appropriate groups and committees within the School and Trust structure to consider and action any incidents relating to patient safety. The inspectors were able to see a relevant example where learning from clinical audit had been used to inform student and staff training.

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

There is a fitness to practise policy which is aligned to the GDC Student Fitness to Practise guidance. This policy is a joint policy for the medicine and dentistry programmes. The School staff have received training on the student fitness to practise policy and students are given a copy of the policy at the commencement of studies and they receive training at several stages during the programme on fitness to practise, professionalism and their responsibilities.

There have been a number of referrals under the policy to the Faculty Fitness to Practise panel, with a number being referred to occupational health. The recently developed e-portfolio is able to record and monitor negative and positive events, which feed into progression decisions. The inspectors noted that there was a strong focus on attendance as an indicator of a student's fitness to practise. The panel agreed that attendance can be an indicator of professionalism issues, but felt there was over-reliance on this and would encourage the School to consider other indicators of professionalism. This is discussed further under Requirement 16.

Actions

Req. Number	Actions for the provider	Due date (if applicable)
2	The School should take further steps to ensure that fully informed written consent is obtained and recorded for all patients who are treated by students on the programme.	n/a
6	The School should strengthen the training and induction for staff and students to emphasise the duty within their respective roles to raise concerns about patient safety.	n/a

Standard 2 – Quality evaluation and review of the programme **The provider must have in place effective policy and procedures for the monitoring and review of the programme**			
Requirements	**Met**	**Partly met**	**Not met**
9. The provider will have a framework in place that details how it manages the quality of the programme which includes making appropriate changes to ensure the curriculum continues to map across to the latest GDC outcomes and adapts to changing legislation and external guidance. There must be a clear statement about where responsibility lies for this function	✓		
10. The provider will have systems in place to quality assure placements	✓		
11. Any problems identified through the operation of the quality management framework must be addressed as soon as possible	✓		
12. Should quality evaluation of the programme identify any serious threats to the students achieving learning outcomes through the programme, the GDC must be notified at the earliest possible opportunity	✓		
13. Programmes must be subject to rigorous internal and external quality assurance procedures	✓		
14. External examiners must be utilised and must be familiar with the learning outcomes and their context. Providers should follow QAA guidelines on external examining where applicable	✓		
15. Providers must consider and, where appropriate, act upon concerns raised or formal reports on the quality of education and assessment	✓		

GDC comments

Requirement 9: The provider will have a framework in place that details how it manages the quality of the programme which includes making appropriate changes to ensure the curriculum continues to map across to the latest GDC outcomes and adapts to changing legislation and external guidance. There must be a clear statement about where responsibility lies for this function *(Requirement Met)*

Responsibility for the programme lies with the Head of School, who delegates responsibility for some areas to the Programme Director. There are various committees which manage the quality management of the programme, placed across the School, Faculty and University. The committee that is primarily responsible for quality management is the Board of Studies. The Board of Studies has an overview of all activities and developments regarding the BDS and agrees which developments will be prioritised. This committee has various sub-committees. The inspectors were able to view minutes of the responsible committees during the inspection.

The Board of Studies was responsible for the management of the project to map the programme assessment against the learning outcomes from *Preparing for Practice*. The

inspectors understood how this had been achieved within the quality management framework and how further work in this area would be taken forward.

One development point identified from this exercise followed the realisation that the monitoring of what had been taught and assessed throughout the programme was not as thorough as it could have been. This has led to the development of a 'dynamic learning map'. The development of this should allow the School to closely monitor assessment and teaching against both the GDC and the School's own learning outcomes. The inspectors were able to view a demonstration of this and noted that it is likely to be very effective when fully integrated into the programme.

Significant use is made of the Staff and Student Liaison Committee (SSLC), which is chaired by students, and several programme changes have originated through this. Students provide annual evaluation of the programme and student evaluation feeds into the programme leader's three-year cyclical review.

The inspectors felt that it is particularly important that good quality management structures are in place, where a programme is focused on continuous improvement. The inspectors found that there were clear and effective systems and documentation in place that ensured that this Requirement was met.

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

Newcastle BDS students attend placements outside the School in Years 4 and 5 for one session per fortnight, where they deliver direct patient care across four outreach locations. The outreach course was introduced in Newcastle in 2004 and it has undergone extensive evaluation since then. Details of the work undertaken to evaluate outreach was provided to the inspectors.

The School refers to the relationship with outreach centres as 'hub and spoke' and they told the inspection panel that they wanted to make outreach staff feel as much a part of the hub as possible. To help achieve this, the School employs an outreach support officer, who has a role to encourage outreach staff to participate in School activities, as well as providing general support to outreach staff and representing them on the SSLC.

Outreach staff have access to School training programmes and events and attend staff development days. New outreach staff shadow teaching sessions within the school, as well as shadowing teaching within their outreach centre. The School operates a system where experienced staff will peer review outreach teaching. Outreach staff also have experience of assessing students during the end of Stage 2 clinical skills assessments. The inspectors felt that there was very good support for outreach tutors and this was confirmed by the outreach staff met during the inspection.

The outreach locations are all subject to CQC inspection which provides one level of quality assurance. Students are asked to evaluate a number of elements of the outreach programme. In addition there is peer review of teaching in outreach. The same grading scheme is used in outreach as the School and steps are in place to ensure that outreach assessment scheme and its application mirrors that in the School.

The inspectors felt that the quality of the outreach placements was assured by the various mechanisms in place, including the feedback methods and the thorough induction and continued support of outreach staff from the School.

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

As detailed under Requirement 9, the inspectors felt that the quality management framework of the School is well-structured and robust. The inspectors were assured through the documentary evidence provided that the framework allowed issues to be appropriately considered and changes to be made to address these. Issues that arise are recorded and action is taken at a local level, where possible, though escalation to higher level committees is possible. The inspectors were provided with examples demonstrating changes made at different levels within the School structure. These examples had initiated action through the operation of the quality management framework and the panel was satisfied with how these issues had been dealt with. The committee framework is structured so that an individual is responsible for tracking and providing updates on live issues to the various committees.

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

The inspectors were assured that the School monitored threats to the programme and they were provided with extracts from various committees to illustrate that relevant discussions had taken place. The inspectors agreed that none of the issues that had arisen were serious enough to warrant referral to the GDC.

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

As outlined under the above Requirements, the inspectors found that there were several internal quality assurance methods and relevant policies and procedures in place. There is involvement at programme, faculty and university levels for internal quality assurance. The Programme Director produces an annual monitoring report to identify programme strengths and weaknesses, following a reflective process, and this is considered by the Board of Studies.

In addition to this, the University provides an Internal Subject Review on a five year cycle. Recent reviews and reports were made available to the inspectors and the findings of these were reflected in the discussions with staff and students. The inspectors were particularly impressed with the attitude across senior staff to addressing all findings and feedback received, rather than explaining why a situation has arisen. An excellent example of this was the drive to act on student dissatisfaction with the feedback they received, identified in the national student survey. Rather than adopting the often held approach that students will always complain about the level of feedback they receive, the School was taking action to improve the feedback given to students.

The institution is subject to quality assurance from the Quality Assurance Agency for Higher Education (QAA). In addition, external examiners are utilised in a scrutiny role for each Stage of the programme.

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

External examiners are appointed to each Stage (year) of the BDS for a four-year term. Upon appointment, external examiners are provided with a generic University handbook that outlines their roles and responsibilities as an external examiner at Newcastle University. Since 2008, the School has required the external examiners for stages 1-4 to focus on the monitoring of standards, rather than examining students. In 2013 the three Stage 5 external examiners did not examine the students for the first time. Their role was to approve papers, sample students' work and moderate and validate the assessments.

The role of external examiners had recently changed, as detailed above, to reflect QAA guidance. The external examiners reported to the inspectors and at the exam board that they felt this was a positive development. The inspectors agreed that those undertaking the external examiner role were appropriately qualified and familiar with the learning outcomes.

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

To evidence this Requirement, the School provided the inspectors with a number of internal reports on the programme and the School responses to these. These included the 2010 internal subject review: The inspectors noted that membership of this review included a senior academic from another BDS programme. The inspectors saw how recommendations from these reports had been actioned across the programme and were satisfied that this Requirement was met. As described under Requirements 9 and 11 above, the inspectors were assured by the School and University quality management framework.

Actions

Req. Number	Actions for the provider	Due date (if applicable)
-	None	n/a

Standard 3– Student assessment **Assessment must be reliable and valid. The choice of assessment method must be appropriate to demonstrate achievement of the GDC learning outcomes. Assessors must be fit to perform the assessment task**			
Requirements	**Met**	**Partly met**	**Not met**
16. To award the qualification, providers must be assured that students have demonstrated attainment across the full range of learning outcomes, at a level sufficient to indicate they are safe to begin practice. This assurance should be underpinned by a coherent approach to aggregation and triangulation, as well as the principles of assessment referred to in these standards.	✓		
17. The provider will have in place management systems to plan, monitor and record the assessment of students throughout the programme against each of the learning outcomes	✓		
18. Assessment must involve a range of methods appropriate to the learning outcomes and these should be in line with current practice and routinely monitored, quality assured and developed	✓		
19. Students will have exposure to an appropriate breadth of patients/procedures and will undertake each activity relating to patient care on sufficient occasions to enable them to develop the skills and the level of competency to achieve the relevant GDC learning outcomes	✓		
20. The provider should seek to improve student performance by encouraging reflection and by providing feedback[1].	✓		
21. Examiners/assessors must have appropriate skills, experience and training to undertake the task of assessment, appropriate general or specialist registration with a regulatory body	✓		
22. Providers must ask external examiners to report on the extent to which assessment processes are rigorous, set at the correct standard, ensure equity of treatment for students and have been fairly conducted	✓		
23. Assessment must be fair and undertaken against clear criteria. Standard setting must be employed for summative assessments	✓		
24. Where appropriate, patient/peer/customer feedback should contribute to the assessment process		✓	
25. Where possible, multiple samples of performance must be taken to ensure the validity and reliability of the assessment conclusion	✓		

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

26. The standard expected of students in each area to be assessed must be clear and students and staff involved in assessment must be aware of this standard	✓		

GDC comments

Requirement 16: To award the qualification, providers must be assured that students have demonstrated attainment across the full range of learning outcomes, at a level sufficient to indicate they are safe to begin practice. This assurance should be underpinned by a coherent approach to aggregation and triangulation, as well as the principles of assessment referred to in these standards *(Requirement Met)*

As detailed in the introduction, students in the final year (Stage 5) cohort at the time of the inspection began their studies on a programme designed to meet the learning outcomes from *The First Five Years*. The inspectors were told that the School staff believed that the programme delivered students who would also meet the new learning outcomes from *Preparing for Practice*, though the staff could not be certain whether each outcome had been assessed. To determine this, an exercise to map across all formative and summative assessments undertaken by the Stage 5 cohort was instigated. Where there were gaps in assessment identified, future assessments were amended to ensure that all outcomes had been assessed. The mapping document was made available to the inspection panel and the inspectors found this very helpful to determine assessment coverage of the learning outcomes from *Preparing for Practice*. The School acknowledged that some learning outcomes had only been assessed on a limited number of occasions. The inspection panel noted this and agreed that further work must be done to fully integrate the new learning outcomes throughout the programme and ensure that all outcomes are appropriately assessed on multiple occasions. The inspectors require that the School should provide updates to the GDC on the progress of this exercise through the annual monitoring process.

As introduced under Requirement 9, the School has developed a 'dynamic learning map' to record all assessments against the learning outcomes from *Preparing for Practice* and the School's own learning outcomes. The inspectors were given a demonstration of this electronic system, which will be fully integrated for the 2017 graduating cohort. It was confirmed that the mapping exercise will be repeated for the next three cohorts until the dynamic learning map is fully integrated.

The descriptive four-point grading scheme employed on the programme was simple in design and sensibly applied. The grades given were Merit, Satisfactory, Borderline and Unsatisfactory; however, a Borderline grade could not be awarded for the formal in-course assessments of clinical competency that feed into the Finals assessment. There was evidence of the full range of marks being used. This scheme gave the inspectors confidence that the students had been graded with reference to an acceptable standard of work.

Throughout clinical elements of the programme, the students were required to complete 23 clinical competency assessments covering core skills and procedures. The panel felt that the clinical competencies tested an appropriate range of clinical and professional skills. The inspectors were pleased that these practical assessments contributed to the final Stage 5 examination and saw how they fed into the assessment matrix. Before taking a competency assessment, the student agrees with staff that they have reached the appropriate stage of development. The standard of all the competency assessments is set at the level of a practitioner that is a safe beginner and students are assessed by two members of staff.

Professional behaviour is assessed on multiple occasions throughout the programme, including during formative clinical assessments. Both positive and negative events are recorded. The inspectors found that there was a heavy reliance on attendance and the absence of significant negative incidents as indicators of professionalism. It was felt that other assessment of professionalism should be considered and developed in conjunction with the e-portfolio. Where appropriate the School should consider utilising positive and negative and proactive and reactive assessment methods.

All summative assessments for Year 5 students were made available to the inspectors. Particular attention was paid to the final assessments, which look at a broad range of areas, including clinical skills and knowledge and understanding of basic dental science. During the inspection of the final examination, the inspectors noted that there was frequent reference to the implications of grading a student at a Borderline or Unsatisfactory level, which was regarded as good practice. The inspectors were able to understand how it was determined that students pass or fail the final year assessments and how compensation may be applied. The panel was pleased that only limited compensation was permitted and that it was not permitted between unrelated subjects and assessments. Throughout the final assessments, the inspectors were reassured by a continued focus from examiners on whether a student was fit to practise as a safe beginner.

At the meeting with the final year students the students told the inspectors that they felt they had the right thought processes to enable them to safely progress into practice – and foundation training. They said that they were confident about what they could do and the limits of their abilities and when to ask for help or refer to a more experienced colleague.

The inspectors also noted that the BDS students were provided with multiple opportunities to work closely with hygienist therapist students and felt that this would be a great benefit to help them prepare for practice.

Requirement 17: The provider will have in place management systems to plan, monitor and record the assessment of students throughout the programme against each of the learning outcomes *(Requirement Met)*

Every assessment is held centrally and, as detailed under Requirement 16, the mapping of assessment against the learning outcomes from *Preparing for Practice* was a largely retrospective exercise undertaken for the final year students. This exercise will be repeated for the next three cohorts. For future cohorts, graduating from 2017, the mapping of assessment and delivery against learning outcomes will be tracked and held within the dynamic learning map.

Student clinical experience is recorded within the e-portfolio. The inspectors were informed that students are responsible for the recording of the treatment they have undertaken and this is signed-off by a supervisor. The supervisor grades the student within the e-portfolio and this information is recorded centrally.

The inspectors found clinical competencies to be well recorded, and noted that they will be integrated into the e-portfolio for future cohorts. In terms of experience of treating patients and the continuous clinical assessment of this, the inspectors felt that further work should be undertaken to explore how the School keeps track of students who are struggling with obtaining sufficient clinical experience in certain areas (see Requirement 19).

The inspectors agreed that the assessment strategy was sensible and designed to drive learning.

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

The provider utilises a variety of assessment methods, which the inspectors felt were used appropriately across the programme to assess knowledge, applied knowledge, understanding and clinical and other skills. The key committee in place that looks at assessment methodology and development is the Assessment and Exams Committee. The minutes of this committee and its sub-committees were made available to the inspectors and demonstrated the active monitoring and development of programme assessments. The development of assessment methods and practice reflects the School's approach to continuous improvement.

During the final assessments, the inspectors noted that there were some discrepancies in the approaches of different examiner pairs. The inspectors felt that clearer instruction should be given to examiners in how a mark should be agreed in these high stakes summative assessments as some pairs marked independently then agreed a mark, whereas other pairs agreed the mark without marking independently. The inspectors recommend that the former approach is taken and explicit directions are given to examiners. One obstacle to this, noted by the inspectors was that there was only a short period of time for examiners to discuss candidate performance between students, particularly for the restorative case presentation assessment. It is recommended that this period is lengthened to allow for greater discussion, particularly where a student has performed on the cusp of two grade boundaries.

The inspectors felt that some of the questions asked of students in oral assessments were assessing knowledge only and that these may be more suited to written assessment. The inspectors observed that on occasion, when trying to extract an answer from students, some examiners turned a question into a verbal multiple choice question or sought agreement from a student to an assertion that they had made. The School should consider whether there should be a greater focus within oral assessments to assess a student's application of knowledge and understanding its relevance to the patient and the case being discussed. The inspectors felt that it would be beneficial if further guidance was provided to examiners on suitable questioning techniques for summative oral assessments.

Requirement 19: Students will have exposure to an appropriate breadth of patients/procedures and will undertake each activity relating to patient care on sufficient occasions to enable them to develop the skills and the level of competency to achieve the relevant GDC learning outcomes *(Requirement Met)*

Students develop their clinical skills on phantom heads within Stages 2,3 and 4 and can return to the clinical skills laboratory throughout the programme. The clinical skills programme comprises of six courses. The School emphasises the role of this programme in developing students into safe beginners.

The inspectors were informed that the School uses a specialised system to closely monitor availability of patients to ensure students see the right number and variety of patients and case types so that they are able to develop core skills. The e-portfolio records the clinical activity of students and the associated formative assessment of students. The inspectors were told that student profiles within the e-portfolio are reviewed to ensure students have an appropriate case-mix of patients and to identify those who have low clinical outputs in comparison to peers and course expectations. The students confirmed that they meet with clinicians twice per year to look at patient treatment experience.

The inspectors found that, generally, students had comparable levels of experience to other programmes and in some areas very good levels of experience. The inspectors were assured by the level of experience of the students, when combined with the rigour of the clinical competency assessments. As discussed in Requirement 16, these assessments are graded at the level of a safe beginner registrant and students must pass each of them to graduate.

The inspectors agreed with the School that it is important for patients not to be 'traded' between students and that the School's ethos of allowing students and patients to build relationships was good practice. However, at times, there was a marked variance in clinical experience between individual students. The inspectors felt that greater attention should be paid to ensuring that student experience is regularly monitored and where a student has significantly lower experience than others within the cohort, action should be taken to address this. It was noted that a minority of students had much less patient treatment recorded than others across multiple areas. Where a student has only completed, for example, a very limited number of extractions or endodontic procedures compared to others within the cohort, a greater focus should be placed on increasing their experience. If this is not possible, discussions regarding their clinical competence in these areas (including the use of transferrable skills) should be recorded.

The inspectors were told that some of the variation in recorded experience was due to students under-recording their experience. The panel felt that this has an effect on the data analysis and that it could also highlight transferrable record-keeping problems. Efforts must be made to eliminate discrepancies in the recording of student clinical experience.

Within the e-portfolio, students develop a personal development plan (PDP). On completion of the BDS this plan, including data relating to clinical experience and ability, is available to students in foundation training. Providing this helps to inform the deanery and trainer of the student's level of experience and any specific areas in which a student requires support and further development. The inspectors agreed that this interface with foundation training was good practice and should be considered by other dental schools.

The inspectors noted that it would have been beneficial if students were able to spend more time in outreach and both staff and students told the panel that they would welcome this, but there was an understanding from all parties that there were financial constraints that prevented this at the time of the inspection.

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

Work on critical reflection commences in Stage 1 and students receive training on effective reflection. A criterion based matrix is used for student to grade their own performance. Students are encouraged to reflect on their performance in clinic and in the clinical skills laboratory and to grade themselves in the e-portfolio based on this matrix. Tutors discuss the self-evaluation with students and provide them with feedback.

Students complete a more thorough self-assessment twice a year, which feeds into their biannual review and contributes to the PDP. The students told the inspectors that they found the e-portfolio a useful and constructive tool in their critical self-appraisal and there was recognition from students that this is a significant skill for foundation training that will benefit them throughout their career. During the final assessments, the inspectors observed that there was a reflective element to the case presentations and that the students were assessed on this.

The inspectors were told by senior staff that although there are several systems in place to

allow students to reflect and for feedback to be given on their performance, the School is actively trying to improve these aspects of the programme. It had commissioned a study to identify student perceptions of the feedback that they receive and to fully understand all the issues in this area.

The School had recently improved the timeliness of student feedback on summative assessments, which is now provided within 9-11 days of the assessment. The inspectors were told by the students that feedback had noticeably improved and that they felt that the feedback they received was helpful and enabled them to better understand how they are developing. The inspectors sampled some of the written feedback received by students and agreed that it appeared to be reasonable and appropriate. It was understood that further feedback is also given verbally to students.

The inspectors were impressed with the attitude to providing feedback and facilitating student self-reflection across the School. The School is trying to actively understand and address student perception that only limited feedback is received. The inspectors noted some very good work undertaken to fully incorporate self-reflection into the programme.

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

The School provided the inspection panel with details of internal and external examiners. The inspectors noted that all examiners held registration with the GDC. Whilst observing the Stage 5 examinations, the inspectors were assured that those examining students were experienced at examining and had good knowledge of the areas being assessed. The inspectors agreed that these examiners reached fair assessment conclusions, probing students' understanding where appropriate. However, the inspectors felt that there were some inconsistencies in the assessment approach on occasion, as detailed under Requirement 18. These could be addressed with further work on calibration through training sessions, more detailed briefing documentation or even with an enhanced pre-assessment briefing.

Students in Stage 5 take a formative mock assessment that mirrors the elements of the final examinations. The inspectors were told that this assessment is also used for examiner training. The School provided details of an example of ad hoc training that had been arranged for internal examiners.

Senior staff told the inspectors that part-time teachers were used in the assessments as the School valued the pragmatism of those who are a bit further removed from the University. In addition to dentists from a variety of backgrounds, students are assessed by hygienist therapists and dental nurses for certain tasks that fall within the scope of practice of these registrants. For example, dental nurses will assess a student's infection control and adherence to health and safety protocols. They provide formative feedback to students on their performance and have access to students' e-portfolios and are able to report positive and negative significant events. The inspectors agreed that the approach to using examiners/assessors from different registrant categories and from a variety of backgrounds was good practice.

Requirement 22: Providers must ask external examiners to report on the extent to which assessment processes are rigorous, set at the correct standard, ensure equity of treatment for students and have been fairly conducted *(Requirement Met)*

External examiners are employed for each year of the programme and provide the School with

a written report of their findings. The external examiner reports evaluate standards of attainment, learning outcomes, assessment methods, marking criteria and fairness and consistency of the examination process. The 2012 external examiner reports were provided by the School in advance of the inspection.

The inspectors met with the Stage 5 external examiners during the final examination inspection, who confirmed that they were clear about the expectations of the School, they felt listened to and that the issues that they had raised previously had been addressed. The inspectors agreed that this Requirement was met.

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

The inspectors were informed that standard setting has been used in all summative written, objective structured clinical examinations (OSCEs) and on-line assessments since 2008. Where standard setting is not used for summative assessments, such as case studies and the clinical competencies, the assessment is always criterion referenced. The inspectors felt that this is an appropriate approach.

During discussions with students the inspectors were assured that students knew what was expected of them in assessments and that any grading criteria are received in advance of the assessment. Students told the inspectors that they felt that clinical work, including clinical competency assessments, are fairly graded and assessments adhere to the assessment matrix.

The inspectors observed the examination and award board that followed the Stage 5 final examination and were assured that the rules for assessment conclusions were fairly applied and adhered to the School's grading system.

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

Peer feedback is introduced early in the programme and it is formatively assessed. Students are assessed on their ability to appraise other students' work and their ability to give feedback to fellow students. The inspectors agreed that this use of peer feedback is appropriate.

Students must collect feedback from a limited selection of patients within outreach. This exercise forms part of the formative assessment of the students' portfolio review. The School informed the inspectors that they are seeking to strengthen the programme in this area. Consequently, a questionnaire, developed and validated on the medical programme, that seeks patient feedback regarding student interpersonal skills is being piloted within the BDS programme. The inspectors felt that this would be a significant benefit to the programme as, at the time of the inspection the collection and use of patient feedback was quite limited in scope and range and could be enhanced.

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

The inspectors were assured by the blueprint provided for the Stage 5 cohort, which detailed where each learning outcome had been assessed throughout the programme, and agreed that this demonstrated clearly that students had been assessed in each outcome. The inspectors agreed that the dynamic learning map will be a great benefit in future and will allow much

closer analysis of the attainment of the learning outcomes throughout the programme. The e-portfolio allows the School to monitor and record clinical assessments and determine where a student has not demonstrated achievement of particular learning outcomes. The inspectors were assured by the Stage 5 assessments and noted that a range of learning outcomes must be demonstrated at this point for a student to pass the BDS.

Requirement 26: The standard expected of students in each area to be assessed must be clear and students and staff involved in assessment must be aware of this standard *(Requirement Met)*

Assessments, including the continuous clinical assessments are marked against clear criteria. In addition, examiners/assessors are provided with guidance and/or are briefed on the standard for each assessment. As detailed under Requirement 16, the inspectors found the grading scheme clear and logical and agreed that it would be straightforward to apply.

The University dictates that students must be told the learning outcomes, the timing of assessments, when to expect results and when to expect feedback. As observed under Requirements 23, the students confirmed to the inspectors that they were clear about the standard expected of them. The inspectors found that documentation relating to the assessments allows the students to see clearly what they need to do to pass each summative assessment.

During the final examination, it was made explicit to staff during the briefings that they were assessing students as fit to practise as a safe beginner. The assessment guidelines were very clear regarding the implications of borderline and unsatisfactory grades. These guidelines were available to students.

Actions

Req. Number	**Actions for the provider**	**Due date (if applicable)**
16	The School should provide updates on the transition to the learning outcomes from *Preparing for Practice* through the GDC annual monitoring process.	n/a
19	The School should take further steps to ensure that the recording of all patient treatment undertaken by all students is accurate and that any significant variation in student experience is considered by staff and, if necessary, action is taken to address this variation.	n/a
24	The School must continue its efforts to facilitate students receiving feedback from a greater number of patients from across treatment clinics.	Update to be provided through the 2014 GDC Annual Monitoring exercise

Standard 4 – Equality and diversity The provider must comply with equal opportunities and discrimination legislation and practice. They must also advocate this practice to students			
Requirements	**Met**	**Partly met**	**Not met**
27. Providers must adhere to current legislation and best practice guidance relating to equality and diversity	✓		
28. Staff will receive training on equality and diversity, development and appraisal mechanisms will include this	✓		
29. Providers will convey to students the importance of compliance with equality and diversity law and principles of the four UK nations both during training and after they begin practice	✓		

GDC comments

Requirement 27: Providers must adhere to current legislation and best practice guidance relating to equality and diversity *(Requirement Met)*

The inspectors were provided with the University equality and diversity guidance in place. This included policies in areas such as dignity at work and the Code of Practice. Students sign an agreement on professional conduct which incorporates equality and diversity issues and they are provided with a guide to the behaviour expected of them. This guide on behaviour includes reference to the GDC, the University and the Trust requirements. The School believes it complies with the Equality Act 2010 and a series of actions are being implemented to address the requirements under this act.

The inspectors were informed that the School keeps track of grievances related to equality and diversity and that only one had been received at the time of the inspection. The inspectors reviewed the details of this grievance and the processes that had been followed and were satisfied with how it was handled.

Regarding admissions, the School informed the inspectors that in-depth information has been recorded and analysis of data relating to gender ethnicity and disability is undertaken. This information is also analysed in relation to degree classifications. It is planned that any issues that have been identified will be addressed in 2013 by the School Executive.

Requirement 28: Staff will receive training on equality and diversity, development and appraisal mechanisms will include this *(Requirement Met)*

In 2012 compulsory training in equality and diversity was introduced for staff. Staff employed by the Trust (and BDS students) are inducted by Trust and the University staff are inducted by the University. The inspectors were assured that all staff had received equality and diversity training in the three months prior to the programme inspection and were provided with registers showing staff attendance and details of this training.

The School has a requirement, which is checked at appraisal, that all staff must have equality and diversity training at least every three years. There is a field on the appraisal

review form to confirm that the reviewer has checked the date of relevant training.

Requirement 29: Providers will convey to students the importance of compliance with equality and diversity law and principles of the four UK nations both during training and after they begin practice *(Requirement Met)*

The School has a concept of 'treating equally' which is instilled in students from Year 1. The inspectors probed students on the concept of treating equally, as they felt that a literal translation of this may not be compliant with equality and diversity principles. The panel were satisfied from discussions with students that they would not make assumptions about individuals and there was understanding of the factors that may impact on individual choices.

Equality is introduced in Year 1 through the shadowing component of the programme and a session on self-reflection follows introduction of the 'treating equally' concept. Further equality and diversity training is placed at beginning of Year 3 in the clinical introductory course.

Students undergo on-line training to assess their knowledge and application in this area. This assessment mirrors the assessment of all Trust employees and focuses on policies and procedures. This assessment must be passed to progress to the next stage and commence clinical work.

Students sign an agreement which states that they will "comply with the laws of the UK and where relevant, any laws that apply specifically to England, Wales, Scotland or Northern Ireland" and the inspectors noted that there was an awareness in students, particularly those approaching the end of the programme of differences in legislation across the four nations of the UK.

Actions

Req. Number	**Actions for the provider**	**Due date (if applicable)**
-	None	n/a

Summary of Actions

Req.	Actions for the provider	Observations Response from the Provider	Due date (if applicable)
2	The School should take further steps to ensure that fully informed written consent is obtained and recorded for all patients who are treated by students on the programme.	Adult consent form was fully implemented within the Dental Hospital in May 2013. Its use will be audited in January 2014 to assure us of compliance. An amended version of the above form is currently with the Trust for approval for use in Outreach clinics. A revised paediatric consent form has been designed and is currently with Trust for approval. It is anticipated that both of the amended forms will be in use by January 2014 at the latest and again will be audited for compliance in June 2014. These steps will address this action for all student patients.	n/a
6	The School should strengthen the training and induction for staff and students to emphasise the duty within their respective roles to raise concerns about patient safety.	All students are provided with a copy of the schools raising concern policy at Induction at each stage. They are required to read the policy and accept its content. They sign to confirm this. This will be supported by a Raising concern lecture given to each year of students 22nd- 31st January 2014. The content of this has recently been revised to reflect changes in GDC Standards and the findings of the Francis report. The lecture also now contains formative 'quiz' elements.	n/a

		The professional development seminar series in Stage 5 (ARC seminars) as of Oct/Nov 2013 now include a seminar specifically on Raising concern 'beyond' BDS and the correct pathways. The Dental Public Health clinical governance workshops now include additional content in relation to Raising Concern pathways – complete -Oct 2013. All new staff are required to read and accept the 'Raising Concern policy at induction. In addition at the beginning of each Academic year all staff are sent the Raising Concern policy and asked to confirm by e-mail that they have read, understood and accept the policy. The Raising Concern policy is an agenda item on the Schools Education Development Day, which is always held on the 1st Friday in November. The School now has a Professional Standards Committee which meets on a termly basis to receive any 'concerns' that have been raised, and decide an outcome. This committee in turn reports to Board of Studies.	
16	The School should provide updates on the transition to the learning outcomes from *Preparing for Practice* through the GDC annual monitoring process.	Prospective mapping is currently being undertaken for all student cohorts starting from September 2012 onwards). A complete retrospective Blu-print of current stage 5 cohort of students will be available by April 2014.	n/a
19	The School should take further steps to ensure that the recording of all patient treatment undertaken by all students is accurate and that	A review the of ePortfolio procedures list is currently underway with the aim of streamlining procedure recording and providing consistent data with the	n/a

	any significant variation in student experience is considered by staff and, if necessary, action is taken to address this variation.	same nomenclature across different clinical disciplines. This will in turn provide an easier production of reports that can automatically highlight students who are falling below expected outputs. This report can then be independently considered in preparation for student progress appraisal meetings. This report will be considered alongside the teachers evaluation of student progress and provide consistency in terms of what is considered to be cause for concern. For those students for which there is cause for concern a formal review of progress towards achieving remedial action plans will be put in place. These processes will be in place for Stage 5 SPA in Dec 2013.	
24	The School must continue its efforts to facilitate students receiving feedback from a greater number of patients from across treatment clinics.	A pilot project was initiated 18th November 2013 to gather 10 patient questionnaires for each stage 4 student. These will be used immediately on receipt to provide formative feedback during clinical teaching sessions. Subsequently, the outcome of all 10 questionnaires will provide evidence for the Stage 4 SPA meeting in January 2014.	Update to be provided through the 2014 GDC Annual Monitoring exercise

Observations from the provider on content of report

Provider to record additional observations here

Recommendation to the GDC

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