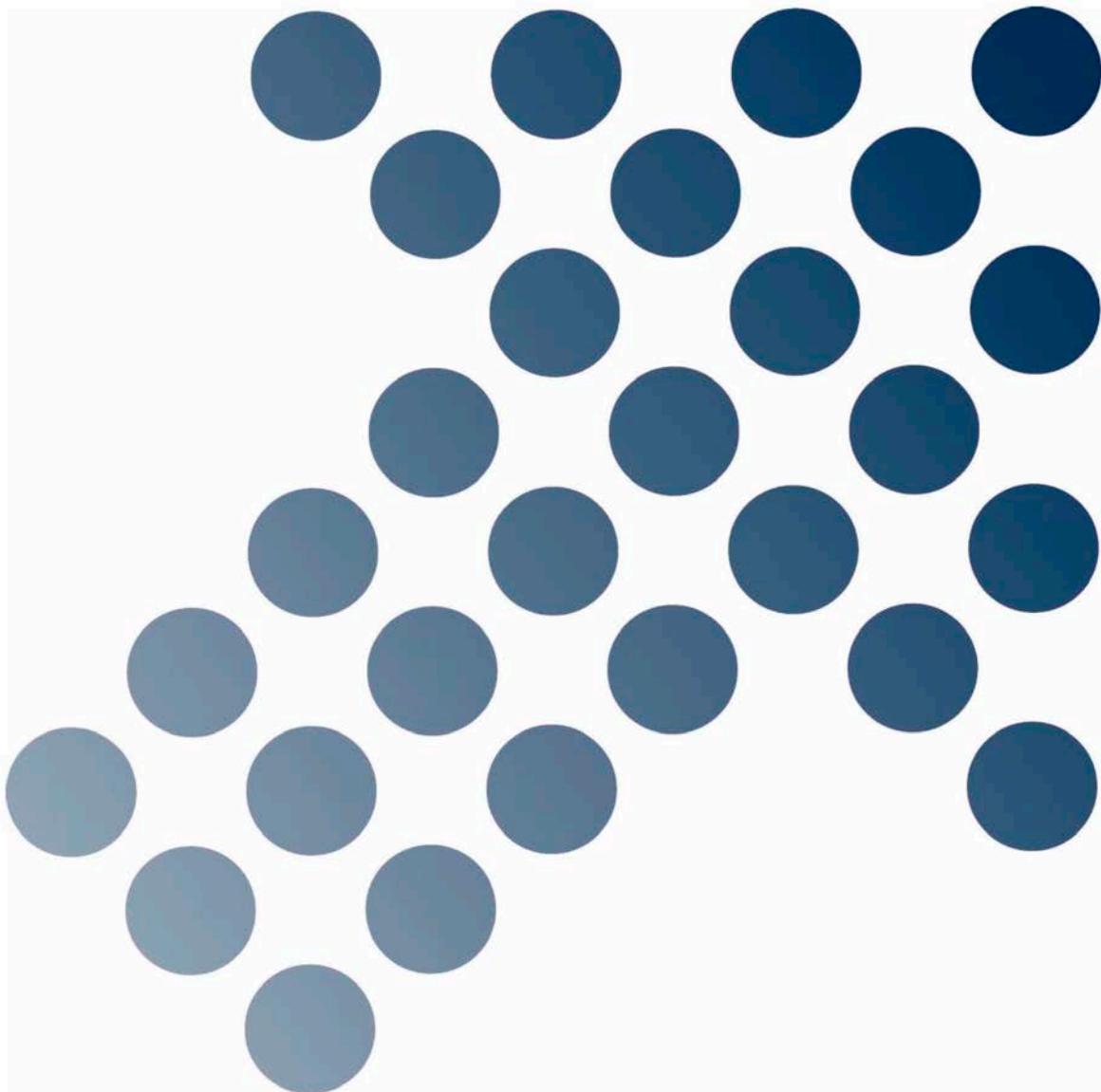


**General
Dental
Council**

**Review of Education
2016-2018**



Review of Education 2016-2018

Introduction

This is our fourth Review of Education, reporting our education quality assurance (EQA) activity for the academic years 2016-2018 and highlighting the direction for education policy going forward. An overview of the inspection activities undertaken is provided below. Key challenges for education providers as well as selected areas of notable practice are highlighted throughout.

During the 2016-2018 review period, we inspected dental training programmes across five out of the six professions involving the dental care professional (DCP) groups. Of these, the dental hygiene and dental therapy programmes met more requirements within our Standards for Education than the other groups. Further details can be found in Table 1 below. Based on the inspection activity between 2016-2018 involving 23 programme providers, more requirements under Standard 1 (protecting patients) were met than Standards 2 (quality evaluation and review) and Standard 3 (student assessment). Requirement 17 (within Standard 3), relating to the use of feedback to inform assessment, appeared to pose the greatest challenge for providers and we propose to analyse why education providers consistently struggle to meet this. Our new risk-based approach and improved monitoring procedures should help us to identify and address any areas of risk.

During the 2016-2018 period, we provisionally approved the commencement of seven new programmes following submission. All were DCP programmes, as follows:

- dental technology: three programmes
- clinical dental technology: two programmes
- dental hygiene and dental therapy: two programmes.

A decision regarding full approval of these programmes will not be made until the first cohort has completed their studies and examinations, or assessments and the programme inspected by the GDC.

The 2014-2016 Review of Education highlighted several recommended actions to be addressed across all education providers. This review shares analysis of how providers have performed against these recommendations. Where poor compliance has been identified, this will be followed up through the revised monitoring process or during a risk-based inspection in the coming academic year.

The next steps

In [Shifting the balance](#), we indicated our intention to engage with a range of stakeholders involved with the delivery of dental education. This has resulted in several initiatives, including:

- **Student engagement:** workshops have been taking place with first and final year Bachelor of Dental Surgery (BDS) students to share information about the role of the General Dental Council (GDC) and the importance of professionalism in the healthcare environment.
- **Education provider events:** workshops with education providers from a range of registration categories have taken place to improve mutual understanding of processes, developments, and areas of concern. We want to work with education providers to

improve their understanding of our role in dental education, their role as education providers and to develop guidance and support for them, as well as share good practice where appropriate.

- **Education tripartite meetings:** we plan to hold tripartite education workshops in 2019 which will include education providers and representatives from undergraduate and postgraduate training providers, regional deaneries, and health authorities. The objective is to gather intelligence regarding the preparedness to practice of dental undergraduates which was a theme we identified in 2018. This work is ongoing, and we will publish a report in due course with our findings and next steps.
- **Development on specialty education and training:** this work includes the development of the Specialty Working Group in 2017; the commencement of the quality assurance (QA) of specialty training in early 2019; the consultation on specialist listing due to report at the end of 2019; and the commencement of two working groups looking into the mediated entry process and the revision of specialty curricula in 2019.

As part of our programme of work to promote the importance of professionalism in behaviour and decision-making, we will seek views from education providers, students and new registrants, alongside other stakeholders. Their views, as well as those of the public, dental patients and other registrants will be reflected in co-produced 'Principles of Professionalism'. These principles will influence many areas of our work, including the learning outcomes in [Preparing for Practice](#).

We are committed to continuing to work closely with undergraduate and postgraduate education providers and other relevant stakeholders to further improve education to ensure that students and registrants receive the best possible training for the benefit of patients and the public.

Table 1: Overview of EQA inspection activity 2016-2018

No. of Inspections	2016-2017	2017-2018
DGP programmes	14	9

During the period 2016-2018, a total of 23 DGP education programmes were inspected. Of these, three were new programme inspections, of which two received approval. The other related to the first inspection of the Bachelor's Degree in Dental and Oral Sciences delivered and awarded by BPP University. The inspection identified numerous issues of critical concern which resulted in the provider withdrawing the programme after one year. The GDC worked with the provider and found places for the majority of students on approved UK programmes.

The DGP categories inspected were:

- dental nursing: three programmes
- dental technology: seven programmes
- clinical dental technology: one programme
- orthodontic therapy: two programmes
- dental hygiene and dental therapy: 10 programmes.

Meeting the Requirements

There are 21 requirements in GDC's Standards for Education, and they apply to all UK dental training programmes leading to registration with the GDC as a dentist or DCP.

The Standards cover three areas the GDC expects providers to meet for training programmes to be accepted for registration. These areas are:

- Patient protection.
- Quality evaluation and review.
- Student assessment.

Dental hygiene and dental therapy programmes have tended to meet more of the Requirements in the Standards for Education than programmes offering qualifications for other DCP groups.

One programme, the University of Sheffield's Diploma in Dental Hygiene and Dental Therapy, met all 21 Requirements. Two other programmes, both dental hygiene and dental therapy at the University of Plymouth and University of Essex, met 20 out of 21 Requirements.

For dental hygiene and dental therapy, 90% of programmes either met or partly met all Requirements within the Standards.

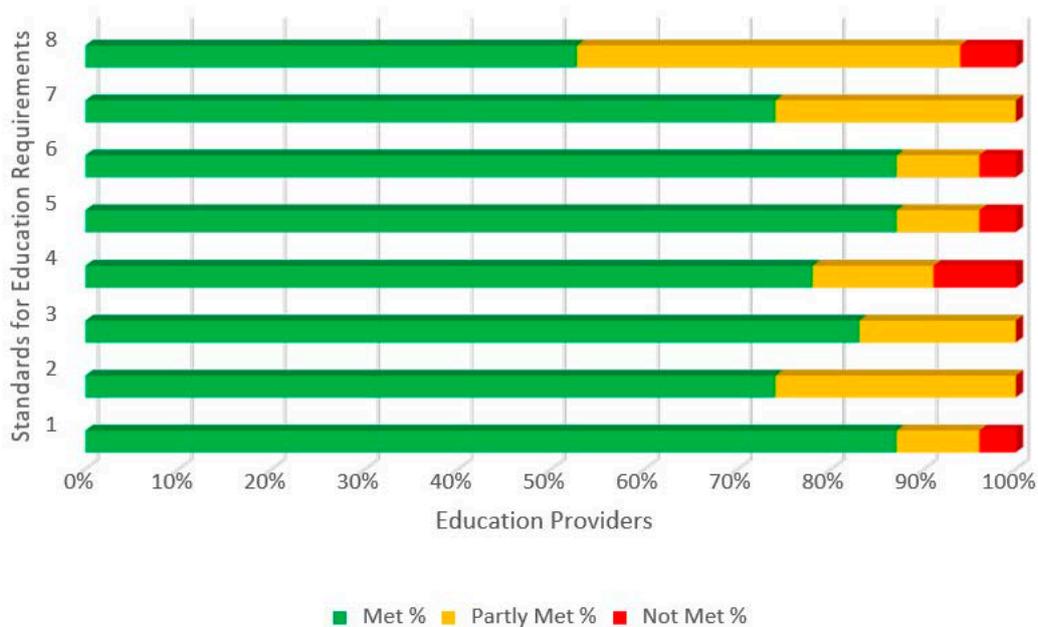
For other DCP programmes, only 23% achieved this. Our new risk-based EQA processes which were introduced in 2018/9 have enabled us to ensure that these programmes receive focused scrutiny in the areas where development is required at an earlier stage.

For one programme, the Pearson-awarded Diploma in Dental Technology delivered at Sheffield College, all the Requirements in the Standards for Education were either 'partly met' or 'not met'. Following our inspection, immediate action was taken with the provider and awarding body to implement a robust interim process that ensured only students who had demonstrated competence at the level of a safe beginner were permitted to graduate and apply for registration. This programme will be subject to a re-inspection during the 2018/19 academic year.

Standard 1: Protecting Patients (Requirements 1-8)

Standard 1 states that 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 as a 'safe beginner' upon graduation. Any risk to the safety of patients and their care by students must be minimised.

Table 2: Standard 1 – Protecting Patients



All but two providers had either met or partly met the Requirements in Standard 1. Of the two providers who did not meet one or more of the Requirements, one, Edinburgh Dental Institute, provided evidence of having addressed the issue through the annual monitoring process in the following year. The other, Sheffield College, will be subject to a re-inspection of the programme in the following academic year.

Looking firstly at Requirement 1, 20 out of the 23 providers met this Requirement which ensures students can only provide patient care when they have demonstrated adequate knowledge and skills. Two providers who had partly met this Requirement submitted further evidence of improvement. One provider, Sheffield College, did not meet this Requirement and will be subject to a programme re-inspection.

An analysis of the data regarding Requirement 2 showed that six of the 23 providers inspected partly met this Requirement. Of these six, five were dental technology programmes. We acknowledge the challenges dental technology providers face when obtaining adequate patient consent due to the method of education delivery, however, they must consider innovative ways to address this.

Within our review of Standard 1 data, we identified good practice at the University of Sheffield, where third-year dental hygiene and dental therapy students work with and support first year students within the pre-clinical environment:

Example of good practice at the University of Sheffield:

The inspectors noted the excellent 'Near Peer' initiative, in which 3rd year students supported and encouraged 1st year students during their pre-clinical training, and the subsequent 'buddying up' between 2nd year and 1st year students. This clearly helped the 1st year students transition to clinical practice and the inspectors commend the School on this good practice. Dental hygiene and therapy (DH&DT) students also receive feedback from BDS students if they are on clinic together or sharing a patient. Formative peer assessment and feedback of clinical and non-clinical performance also occurs throughout the course.

University of Sheffield response:

This scheme came about for a couple of reasons, one, recent graduates had contacted the programme to ask about becoming a tutor, and two programme staff had read some interesting articles on the use of peer teaching in medical education. Near-Peer teaching involves students who are close in years delivering teaching to other students, in this case, 3rd year DH&DT students teaching 1st year DH&DT students. Sessions were identified where it was possible to accommodate this, these being introduction to clinics sessions such as history taking, oral hygiene instruction, and indices. The 3rd year DH&DT students are invited to apply for the near-peer teaching scheme and with 10 places per year. Prior to the teaching sessions, the Near-Peers attend a series of short seminars covering basic teaching principles such as working with small groups and giving feedback. Near-Peers also devise lesson plans for the teaching sessions which they are responsible for. One member of DH&DT staff is also present at the teaching sessions, this is to oversee and rarely are they involved in any teaching as this is all delivered by the Near-Peers. The staff member also provides feedback to the Near-Peers.

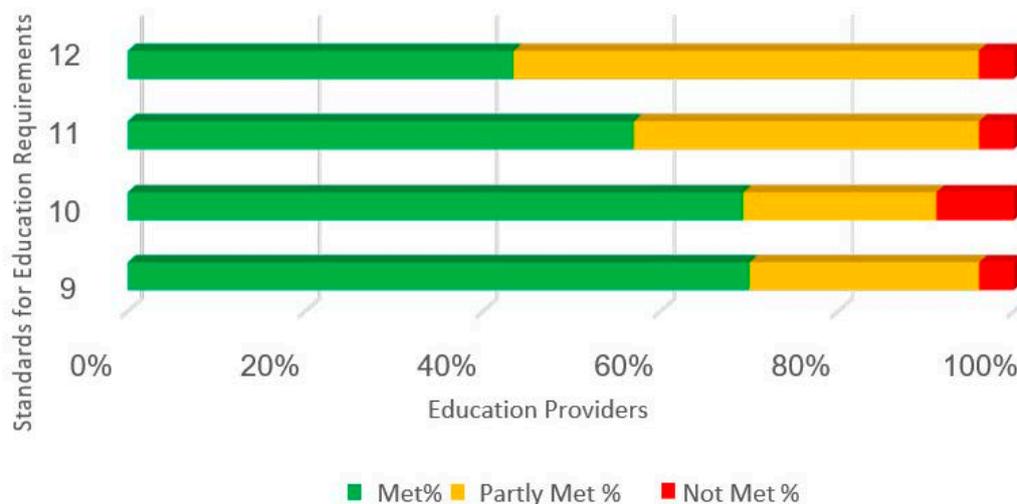
The programme has gathered feedback from tutees and Near-Peers, both groups value the experience. Near-Peers say that it increases their confidence, skills, and knowledge. Tutees report feeling more comfortable asking questions to the Near-Peer rather than a member of staff.

We are pleased to report that graduates who have participated in the scheme have successfully gained employment as clinical tutors.

Standard 2: Quality Evaluation and Review of the Programme (Requirements 9-12)

Standard 2 states that providers must have in place effective policies and procedures for the monitoring and review of the programme.

Table 3: Standard 2 – Quality Evaluation and Review of the Programme



Within Standard 2, all providers except Edinburgh Dental Institute and Sheffield College had either met or part met the requirements. As with Standard 1, Edinburgh Dental Institute provided evidence of having addressed the issues through the annual monitoring process and Sheffield College will be subject to a re-inspection of the programme.

Analysis of the data identified 9 of the 23 providers had either not met or partly met Requirement 11, indicating that programmes must be subject to rigorous internal and external quality management procedures. Most providers falling within this category managed franchised programmes with an ‘arm’s length’ awarding body. This is of concern to us and we plan to work more closely with awarding bodies and to host a workshop event to:

- highlight the roles and responsibilities of the regulator
- highlight the roles and responsibilities of the awarding body discuss revised guidance we have developed for education providers and awarding bodies
- discuss areas of concern and, where relevant, share areas of good practice so that they can learn from the experience of one another.

Within our review of Standard 2 data, we identified good practice at the University of Central Lancashire where they demonstrated a proactive approach to the use of external advisers in the orthodontic therapy and clinical dental technology inspections.

Example of good practice from the University of Central Lancashire:

The panel was informed that while external examiners are not formally required for the programme, as the exit qualification is awarded by the Royal College of Surgeons of Edinburgh (RCS (Ed)), the School has retained the use of external examiners (known as external advisers for this programme) in an advisory role during the delivery of the programme, which the inspectors considered good practice. The inspectors saw evidence of external adviser reports along with correspondence between the School and the external advisers.

University of Central Lancashire response:

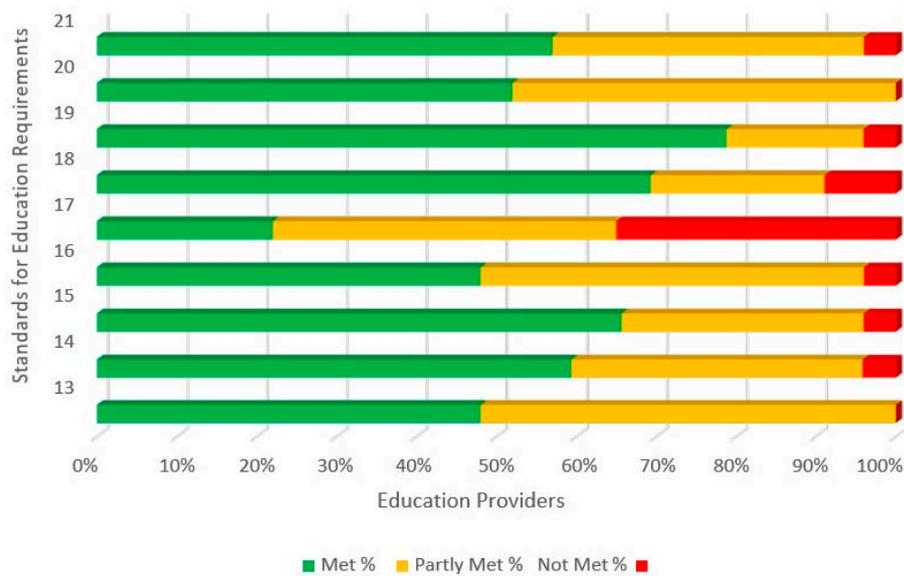
The orthodontic Therapy programme at UCLan prepares students to sit the RCS (Ed) exam. As the exit qualification is not awarded by the UCLan, there is no formal requirement by the university to have external examiners in place. However, one of the roles of an external examiner is to ensure that any assessment processes are rigorous and fair and measured against the intended outcomes of the programme. They also provide assurance that assessments are conducted in line with the awarding body's policies and regulations. In view of this, the School of Dentistry made the decision to appoint an external examiner to the Orthodontic Therapy programme to provide the same external assurance that the assessment strategy was robust and adequately developed the student's underlying knowledge of dental sciences and the application of this knowledge into the clinical environment prior to them being able to progress to the RCS exam. The external examiner attends examinations and assessment boards and provides a report to the course team. The feedback from this is both beneficial to the school and the students. Continuing to have the same quality assurance process in place as any university awarding bearing qualification also allows the school the opportunity to provide assurance to the university that the programme is compliant with their academic quality assurance processes.

Requirement 12, ensuring effective quality assurance systems for placements, also posed challenges for providers, with 13 of the 23 inspected either not meeting or partly meeting this Requirement. During the initial programme inspection, Sheffield College was unable to provide assurance to the inspection panel that this Requirement would be met, however, during subsequent communication and inspection activity, improvements in their placement quality assurance systems were identified.

Standard 3: Student Assessment (Requirements 13-21)

Standard 3 states that 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.

Table 4: Standard 3 – Student Assessment



Analysis of Requirement 13, where programmes must provide assurance 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', showed that there were no instances of a provider not fully meeting this Requirement. However, 13 of the 23 providers were only able to partly meet this Requirement.

For the programmes meeting this Requirement, we found good evidence of using a variety of assessment types and an improved focus on training in professionalism. For the providers not fully meeting this Requirement, there was a variable approach to the blueprinting of assessments against the GDC's Learning Outcomes.

Following the analysis of this data, we have undertaken several education provider workshops, which have included training sessions on the appropriate use of blueprinting. Attendees at these events included providers of dental hygiene and dental therapy, dental technology, clinical dental technology and BDS programmes. These education provider events have been well received and we intend to continue targeted and focused engagement to aid their understanding of our role and their responsibilities.

Requirement 14 requires effective systems to monitor and record assessment data. One provider, Sheffield College, failed to meet this Requirement. A further nine providers partly met this Requirement. Analysis of this Requirement identified the need for providers to more effectively incorporate robust monitoring procedures to review student progression on a regular basis to ensure data is contemporaneous and reflective of the students' experience.

15 providers met Requirement 15 and provided evidence of students gaining exposure to an appropriate range of patients and breadth of clinical experience. Of the seven providers who

partly met this Requirement, the subsequent actions included recommendations to ensure a sustainable supply of patients and clinical activity.

For the dental hygiene and dental therapy programme delivered at the Eastman Dental Hospital, we informed the provider that they must identify and tell the GDC how the shortfall in adult restorative cases was being addressed. The provider responded, explaining that they worked with NHS commissioners to develop a new direct referral pathway for patients to the dental hospital.

Within Requirement 15, further areas of good practice were identified at Teesside University. For example, students on the dental nurse programme raised concerns that they were not getting sufficient endodontic experience, which led to additional simulated sessions being made available within the student dental facility:

Example of good practice at Teesside University:

The inspectors saw evidence of students raising concerns that they were not getting enough endodontic experience, which led to the programme leader running a session in the Student Dental Facility (SDF) to enable students to practice and gain experience in a simulated environment. The panel noted that this was an area of good practice and agreed that the School should continue to make use of the SDF, to ensure students are able to gain experience in the full range of learning outcomes.

Teesside University response:

Students are allocated an external General Dental Practice Placement exposing them to a range of 'real life' opportunities to gain clinical competence as a Dental Nurse. Placements are initially audited to ensure the placement services and support available to the student is standardised, however it is difficult to ensure students are exposed to the same opportunities as this is dependent on the treatment needs of the patients. The Programme Leader reviews student progress during each semester to identify any gaps and supports the student in small groups or individually specific to their needs. Resources used to support the students include Phantom Heads and through role play on the Student Dental Facility using Instruments.

Requirement 17, regarding the use of feedback being collected from a variety of sources to inform student assessment, was particularly challenging for providers with only five meeting the Requirement.

Six out of seven dental technology providers failed to meet this Requirement, while five out of 10 dental hygiene and dental therapy programmes partly met it. A significant challenge for providers has been the effective collection and use of patient feedback within the assessment process. This was often due to the need for maintaining patient confidentiality and the variability of NHS Trust systems adequately recording patient feedback.

We intend to look in more depth into this Requirement given that several education providers struggled to meet it. Continued dialogue with the education providers will help us get a better understanding of the challenges they face.

Post-inspection action plans

Where a programme has been deemed to require improvement due to Requirements being either partly met or not met, corresponding actions are issued to the provider as part of the inspection report.

Over the three-year period, we recorded 198 separate actions. There were two providers who were each instructed with a total of 18 actions following their inspection. Depending on the severity of the actions, providers may be subject to a re-inspection or be required to detail how they have addressed the concerns as part of the annual monitoring exercise.

Our new monitoring processes which began in 2018 and will continue into 2019/20, which will allow us to scrutinise education providers more closely, particularly in relation to how they are meeting each of the Requirements within our Standards for Education. This enables us to determine risk-based inspections with a focus on areas of most concern.

The monitoring process is evolving, and we will seek feedback from education providers to inform developments.

Focus on improvements

The Annual Review of Education 2014-2016 identified several improvement recommendations for education providers as detailed in the Table of Recommendations below.

We analysed how these were being addressed through the annual monitoring process. We also received feedback from providers on how they were addressing these recommendations. Around half were being actively implemented or addressed. We consider this response to be inadequate and a further reason for us to revise our approach to EQA to ensure that we are directing our resources to areas of greatest need and concern.

Recommendations D, F and H appeared to present the greatest challenges to providers, although most report various plans, schemes and pilots in place to address them.

We will continue to analyse how recommendations are being addressed by providers in our monitoring processes.

Table 5: Table of Recommendations

A: Ensure that clear and consistent procedures are in place for concerns to be raised, with incidents monitored and recorded thoroughly and carefully	Providers have robust systems and procedures in place to meet this recommendation. One provider noted in their Monitoring return that they developed a new procedure after a previous GDC inspection. Two providers have or are currently reviewing their procedures in response to recently raised concerns. Another provider indicated that in the 2018/19 session an outline of how to raise concerns would be presented in the School's Student Support Mechanisms document.
B: Ensure careful and thorough recording of feedback from students and external sources	Providers indicate that they have thorough systems in place for the recording of feedback from students and external sources. Two providers have now implemented new electronic systems of recording feedback. Two other providers indicated that they are working on a number of pilot schemes and actively addressing the development or integration of recording tools for patients and students. Another provider will be introducing a new model for student representative engagement in 2018/2019.

<p>C: Ensure formal, thorough, and well-documented processes are in place for the quality assuring of work placements</p>	<p>Providers have processes in place to monitor and quality assure work placements. One provider implemented a new electronic system in 2017 to improve the recording of feedback. One provider cites difficulties in implanting this recommendation but has introduced a full induction package for all new staff irrespective of site, ensuring more cross over of staff. Another provider indicated that a student evaluation was to be undertaken for 2017/2018 following comments from students about a variation in support from different placements.</p>
<p>D: Identify methods to resolve shortfalls in student experience with patients of a variety of ages and backgrounds, with a range of treatment needs</p>	<p>This recommendation presented challenges to several providers. Two providers indicated specific challenges with sourcing an appropriate number of paediatric patients for students. Others indicated that there were challenges in providing access to complex restorations, emergency cases and dental extractions. Several providers suggested that the use of LIFTupp has helped address this recommendation with more detailed recording of patient treatment. Two providers indicated that they have or are working on various initiatives to address this recommendation, for example, adjusting patient target lists and developing direct access patient lists to improve the variety of patient access.</p>
<p>E: Consider how to demonstrate a full and coherent mapping of assessments against the GDC's learning outcomes</p>	<p>Providers appear to have frameworks in place to demonstrate achievement of this recommendation. However, several providers indicated that work on completing the mapping of teaching an assessment to learning outcomes was ongoing. One provider would welcome the GDC's input into clarification of some Learning Outcomes and is making use of pilot schemes to address this. Another provider is reviewing their mapping against Learning Outcomes and believe they may be able to simplify and reduce the assessment burden.</p>
<p>F: Ensure that methods are in place to obtain feedback from patients and other parties to inform student development and assist with reflection</p>	<p>Around half of the providers reported ongoing developments to address this recommendation. Several indicated that they were investigating data systems to allow better recording of patient feedback.</p> <p>One provider reported that they did not currently have an effective mechanism for collecting patient feedback and another provider cited challenges in obtaining meaningful and useful data.</p>

<p>G: Demonstrate a clear process for determining what students need to know and do - and to what level - to pass assessments, alongside marking systems that reflect this</p>	<p>Providers gave extensive details on how they were meeting this recommendation. Two providers reported that they were addressing this recommendation by developing recording systems and trialing new forms of formative assessment.</p>
<p>H: Consider how best to develop training and assessment in complaints handling to instil the resilience, communication skills and attitude required to prepare students for professional practice</p>	<p>Providers have indicated that this is a challenging area that requires further development. However, some providers have incorporated initiatives such as introducing role play scenarios for complaints handling and sharing of e-learning podcasts.</p>

Moving forward

The proposals laid out in Shifting the balance have been designed to enable us to move to a more supportive model of regulation, based on providing dental professionals with the information and tools they need to understand, own, meet and maintain professional standards. To do this we want to work more closely with partners and the profession to ensure that standards are understood and maintained, from undergraduate training onwards.

Our key goals are to:

- develop and implement a risk- based approach to EQA of education
- develop and implement a process for the identification of thematic EQA
- a regular review process for the learning outcomes
- promote the importance of professionalism
- develop a sustainable strategy for face to face engagement with students and new registrants
- continue themed workshops with providers
- continue engagement with stakeholders, and
- seek improvements and developments to specialist lists and specialty education and training.

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