

RE-INSPECTION REPORT

Education Provider / Awarding Body:	Teesside University
Programme / Award / Qualification:	BSc (Hons) Dental Hygiene and Dental Therapy
Remit and purpose:	Re-inspection referencing specific requirements of the <i>Standards for Education</i> to determine approval of the award for the purpose of registration with the GDC as dental hygienists and dental therapists
Learning Outcomes:	<i>Developing the Dental Team (Dental Hygiene and Dental Therapy)</i>
Examination inspection dates:	19 & 20 May 2014
Inspection panel:	Julie Stone (Chair and Lay Member) Sarah Murray (DCP Member) Stuart Boomer (Dentist Member)
GDC Staff:	Ross Scales
Previous inspection:	2012/13 academic year
Outcome:	Recommended that the programme is approved for students to be eligible to apply for registration with the GDC as dental hygienists and dental therapists.

Inspection Summary

The BSc (Hons) Dental Hygiene and Dental Therapy is a three-year programme delivered at Teesside University. The programme was inspected in the 2012/13 academic year against the GDC Standards for Education. The inspectors found during the inspection in 2013 that there were many excellent aspects of the programme and that the majority of requirements under the Standards for Education were met. However, there were also some concerns and areas for development identified. These findings are detailed in the 2013 inspection report, which is published on the GDC website. This re-inspection focused on the eight requirements which were found to be only partly met in 2013.

The two central concerns for the inspectors in 2013 related to the students' clinical experience and the assessments that were observed. At the re-inspection, the inspectors found that there were many positive developments, including improvements to assessments and plans to introduce additional clinical placements at local dental practices. These developments allowed for a level of optimism for the future of this programme. However, it was noted that some of these developments were not fully in the control of the School and a level of risk remained in securing a sufficient level of clinical experience for all students. In addition, there continues to be a need for the programme to introduce standard setting into the summative assessments.

The panel wishes to thank the staff, students, and external stakeholders involved with the BSc programme for their co-operation and assistance with the re-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 re-inspection focused on the eight Requirements in the document *Standards for Education* that were deemed to be partly met in the 2013 inspection report.
4. The purpose of this re-inspection was to make a recommendation to the GDC to determine whether the programme should be approved as a route for registration as a dental hygienist and dental therapist. The GDC's powers are derived under the Dentists Act 1984 (as amended) under The General Dental Council (Professions Complementary to Dentistry) (Qualifications and Supervision of Dental Work) [DCP] Rules Order of Council 2006.
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. Where an action would improve how a Requirement is met, the term 'should' is used. Providers may be asked to report on the progress in addressing the actions through the annual monitoring process or other mechanisms. Serious concerns about a lack of progress in addressing actions 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 be approved 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 approval, the report and observations would be presented to the Council of the GDC for consideration.

The Re-inspection

7. This report sets out the findings of a re-inspection of the BSc (Hons) Dental Hygiene and Dental Therapy programme. The GDC publication *Standards for Education* (version 1.0 November 2012) was used as a framework for the inspection.
8. The re-inspection took place between 19 and 20 May 2014 and looked at the final summative assessments of the third (final) year cohort.
9. The report contains the findings of the inspection panel 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. An overview of the BSc Dental Hygiene and Dental Therapy qualification is available in the 2013 inspection report. Significant changes to the programme since the previous inspection were an increase in the number of external clinical placements in 2013/14 and the closure of the dental surgery within the School building. These are discussed in the main body of this report.

Evaluation of Qualification against the *Standards for Education*

11. The *Standards for Education* were used as a framework for this re-inspection. The provider undertook a self-evaluation of the programme against the individual Requirements under the *Standards for Education* before the 2013 inspection. 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.
12. The inspection panel used the following descriptors to reach a decision on the extent to which the BSc Dental Hygiene and Dental Therapy of Teesside 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.

Narrative of developments since previous report

In advance of the re-inspection, the School informed the GDC that the Teesside University Dental Clinic was to close at the end of March 2014. This clinic had previously been a major source of referrals of patients to the hygiene and therapy programme. The patients referred through this route predominantly required periodontic treatment. Although the on-site dental clinic had closed, the student dental faculty within the School remained operational.

The inspectors were provided with a detailed action plan that outlined the planned steps in place to address the closure of the University clinic, alongside the overarching objectives for the programme. These objectives included securing both an increase in referrals from local practices to the student faculty and an increase in external student clinical placements.

The inspectors observed the 'Professional Discussion (viva voce)' assessment that, alongside the completion of clinical competencies, forms the summative assessment for the Year 3 clinical module: Dental Hygienist and Therapist Clinical Development. The inspectors found that this assessment benefitted from many positive changes that had been made since the 2013 inspection.

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Patients must be made aware that they are being treated by students and give consent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. When providing patient care and services, students are to be supervised appropriately according to the activity and the student's stage of development.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Supervisors must be appropriately qualified and trained. Clinical supervisors must have appropriate general or specialist registration with a regulatory body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Should a patient safety issue arise, appropriate action must be taken by the provider	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GDC Comments

All requirements under Standard One were met in 2013, therefore the re-inspection did not directly assess performance against this standard.

An update was received regarding the following advisory action from the 2013 report:

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 remains Met)

2013 Advisory Action: *“The School should review the guidance to students and staff regarding raising concerns that may relate to patient safety with consideration of the findings*

of the Report of the Mid Staffordshire Foundation Trust Public Enquiry (Francis Report).”

The inspectors were provided with a new procedural document for the School of Health and Social Care, which this programme sits within. The document directly addressed the School's approach to whistleblowing and raising concerns. The inspectors found the document to be clear and comprehensive, with good procedures in place for staff and students. The programme leads assured the inspectors that the document would be integrated into student teaching, once it had been approved by the School Academic Standards Committee.

The inspectors agreed that this comprehensive policy was an important development. This was of particular importance because, as described later in this report, the School has increased the number of clinical placements available. These additional placements will include adult and children's care homes. It was confirmed to the panel that each placement is audited to ensure that it is a safe and appropriate environment for students to practise.

Actions for the provider

Req. Number	Actions	Due date (if applicable)
-	None	-

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The provider will have systems in place to quality assure placements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Any problems identified through the operation of the quality management framework must be addressed as soon as possible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Programmes must be subject to rigorous internal and external quality assurance procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Providers must consider and, where appropriate, act upon concerns raised or formal reports on the quality of education and assessment

2013 inspection determinations are shown by a grey tick '✓' where they differ from the 2014 findings

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 remains Met*)

2013 Advisory Action: *“The School should begin work on the transition to the delivery and assessment of the learning outcomes from Preparing for Practice in the immediate future as graduates from 2017 must meet these outcomes.”*

The School confirmed to the inspectors that the 2014 student intake will meet the learning outcomes from *Preparing for Practice* when they graduate in 2017. The inspectors were informed that required changes to the programme were linked with the 2014 programme review.

The inspectors noted that the School continues to have thorough review methods. The inspectors were provided with further evidence to demonstrate this, including the programme leader’s annual review report. The inspectors were satisfied that this requirement continued to be met and agreed that progress in the transition to the learning outcomes should be reported through the GDC’s annual monitoring exercise.

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 revised from Partly Met to Met*)

2013 Action: *“The School must be more proactive in ensuring that students have access to a broad range of patients throughout the programme. The School must provide an update on the provision of clinical placements in 2014.”*

The programme leaders told the inspectors that the closure of the dental clinic within the University would be mitigated by a greater number of external placements and increased referrals from local dental practices. School staff assured the inspectors that they were working hard with local practices to ensure that this happened. The inspectors also received a detailed update and action plan that focused on ensuring students had access to an appropriate amount and range of clinical experience through placements and patient referrals from local practices.

Despite the assurances and the production of the action plan, the inspectors agreed that some risks to the programme remained and therefore the School must monitor student experience carefully and regularly. As can be seen under Requirement 19, below, the inspectors agreed that the GDC must receive an update on students’ clinical experience and the provision of clinical placements and referrals into the student dental facility in the next academic year.

Overall, the inspectors were assured by the approach of staff within the School that any threats to the achievement of the learning outcomes would be reported to the GDC. This requirement is now met.

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

2013 Advisory Action: “A copy of the internal review report should be copied to the GDC.”

The inspectors were provided with a copy of the school annual report for the BSc programme. This form highlighted a number of the changes made to the programme over the previous 12 months and an overview of planned future changes. This requirement continues to be met.

Actions for the provider

Req. Number	Actions	Due date (if applicable)
9	The School should provide an update on the progress of the transition to the learning outcomes from Preparing for Practice through the GDC’s annual monitoring process.	Annual Monitoring 2015

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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. The provider should seek to improve student performance by encouraging reflection and by providing feedback ¹ .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Examiners/assessors must have appropriate skills, experience and training to undertake the task of assessment,	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

appropriate general or specialist registration with a regulatory body

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| 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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Assessment must be fair and undertaken against clear criteria. Standard setting must be employed for summative assessments | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 24. Where appropriate, patient/peer/customer feedback should contribute to the assessment process | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Where possible, multiple samples of performance must be taken to ensure the validity and reliability of the assessment conclusion | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2013 inspection determinations are shown by a grey tick '✓' where they differ from the 2014 findings

GDC comments

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 revised from Partly Met to Met*)

2013 Actions: "i. Student clinical experience must be recorded centrally and monitored to ensure that students gain the required clinical experience in all areas";

"ii. The School should investigate whether there are additional methods of identifying weaker students and consider implementing a range of actions to assist with their development."

The inspectors were informed that, following the 2013 GDC inspection, a central electronic system had been developed for the recording and monitoring of student clinical experience and performance. Summary information extracted from this system was available for scrutiny at the re-inspection. The inspectors noted that the students were responsible for inputting the information into this system and agreed that there was a need for the information to be audited carefully for accuracy. The inspectors also noted that only one member of staff routinely monitored the data input and felt that it would be useful for this information to be available to other members of School staff.

The inspectors agreed that the recording and monitoring system should continue to be developed to ensure that this valuable tool is used to its full potential. It was agreed that it was important that the system could be used effectively across the increasing number of locations where students will work clinically.

Staff informed the inspectors that in addition to the central recording system, regular formative portfolio reviews culminating in a summative review had been put in place to help ensure that student clinical experience and performance were at the level expected throughout the programme. The inspectors agreed that these reviews would be a positive development, particularly if utilised to ensure that students have appropriate clinical experience and are performing at the appropriate level, for the different stages of the

programme. The development of checklists or guidance for staff completing these reviews should be considered by the School.

For future cohorts, the inspectors wished to emphasise to the School and the University that low levels of clinical experience in specific areas should be identified and addressed at an earlier stage of the programme than they had previously been. This should help to avoid the need to arrange patients at the last minute to ensure that students had enough experience to demonstrate that the GDC learning outcomes could be met.

The inspectors felt that the development of the central recording system was a very positive step, particularly in combination with the supporting systems that had also been put in place. This requirement was therefore now determined to be met.

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 revised from Partly Met to Met*)

2013 Action: *“The School must spend some of the time devoted to the programme review to ensure that all assessments are valid and robust and in line with modern practice.”*

The inspectors noted a significant improvement to the assessment observed at the re-inspection visit, compared to that observed in 2013. In 2013, the students read out their (previously submitted) case presentation and were asked a number of questions in a short period of time at the end of the presentation. The School had clearly reflected on the effectiveness of the assessment and for the 2014 sitting, students were asked a number of pre-determined questions based around specific clinical cases that had previously been submitted by the student.

Although the assessment had improved, the inspectors still felt that the complexity of the mark scheme hampered the assessment. This may be due to the number of categories assessed and/or the apparent need to strictly adhere to the University mark scheme. If at all possible the School is encouraged to try and find an easier and simpler scheme. This is further discussed under Requirement 23 and 25.

The inspectors found the case studies to be variable in terms of their complexity and the evidence of longitudinal care, particularly in regard to paediatric patients. The inspectors felt that this may be a reflection of the number of patients that students had seen and that much of the paediatric restorative experience was gained at a later stage of the programme than would be ideal.

The inspectors agreed that the School should continue developing their assessments to ensure that they keep in line with current practice. However, the inspectors considered that the changes made to the final assessments since 2013 mean that this requirement is now met.

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 remains Partly Met*)

2013 Action: *“The School must endeavour to increase the amount of time that students spend at external clinical placements.”*

In March 2013, the University dental clinic was closed, which made the above action from the 2013 report even more crucial to the success of the programme.

The School assured the inspectors that they had managed to source a much greater number

of clinical placements within the local area. The inspectors met the new Director of Placements at the inspection. Staff at the School explained that this individual had provided significant help to secure additional placements as she had strong links in the local healthcare community and, importantly, had been able to assist in sourcing funding streams.

The inspectors were told that the number of patients referred to the student clinic from general dental practices had also increased significantly, with 35 practices referring patients to the School at the time of the inspection. It was stated by staff that there was now greater interest and ownership of the programme within the local dental community and it was indicated that the School was now receiving over four times as many adult and paediatric restorative referrals to the student facility than in previous years. The inspectors hoped that this increase in referrals would continue and enable students to gain a greater amount and range of experience. In addition, the students in the 2014 graduating cohort spent a total of four weeks within community dental services in Newcastle, which was an increase from the single week in place for the previous cohort. Staff informed the inspectors that these developments would mitigate the impact of the closure of the University dental clinic.

The inspectors were pleased to note that the students had gained more experience of taking radiographs of their own patients in practice since the last inspection. The Staff informed the panel that this increase was primarily due to the increase in placements.

The inspectors noted that there are no clinical targets, but an overall decision is made by staff based on the (now centrally recorded) clinical performance and experience of students. The inspectors reviewed the summary data relating to individual students' clinical experience. Although the staff had determined that students had undertaken an acceptable amount of clinical practice, the inspectors considered that experience in areas such as paediatric restorative procedures was very limited and were concerned that the majority of experience in certain areas was concentrated at the end of the programme.

The inspectors understood that there were a number of issues that the School faced in ensuring sufficient clinical placements to provide students with enough clinical experience and mitigate the closure of the School clinic. The inspectors also found that there was significant variance in the amount of clinical experience within the cohort, for some procedures. Whilst some of this may be due to recording issues, it was agreed that this required attention. For these reasons there remained a significant risk to the programme.

As stated under Requirement 18, it was noted that evidence of longitudinal care for patients was missing from a number of the students' presentations. The School is encouraged to maintain their efforts to ensure that all students are able to see a range of patients across all clinical stages.

The inspectors agreed that although the School has good plans in place and the action from the 2013 report has been addressed, this is still an area of high risk for the programme. Until the full effects of the closure of the University clinic are experienced and the School's attempts to attract referrals from local practices and additional placements are known, the inspectors agreed that the GDC should receive regular updates on this issue. This requirement therefore remains partly met.

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 revised from Partly Met to Met*)

2013 Action: "Staff who are responsible for examining students in summative assessments must receive formal training on examining and assessing."

The inspectors were pleased to note the good work undertaken by the School to address the above action from the 2013 report, including School staff observing assessments at other UK hygiene and therapy programmes. The School confirmed that all staff had received formal

training on examining and assessment and the inspectors were satisfied that this requirement is now met.

A future planned development which will impact on this requirement, and also on Requirement 5, is the increasing number of placements that will be used on the programme. At the time of inspection, the programme staff continued to supervise and assess students at each placement. The inspectors were informed that the School hoped to use some of the dentists working at the placements to undertake supervisory and assessment roles in future and confirmed that appropriate steps would be put in place to train supervisors before this would take effect.

The inspectors felt that this would be a significant change and to ensure that this requirement continues to be met the GDC should receive details of the training that placement supervisors have received, prior to this development taking place.

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 remains Met*)

2013 Advisory Action: *“A copy of the 2013 external examiner report should be shared with the GDC.”*

The School provided the inspectors with a copy of the relevant external examiner report.

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

and;

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

2013 Action: *“The School must continue with the development of the assessments, including the final case presentations, to ensure that they are a robust and fair test of students’ abilities”*

The inspectors agreed that the changes to the final assessment were positive and produced a fairer test for students than the assessments observed in 2013. The inspectors noted that in all cases the examiners marked independently and came together to agree a final mark. There were some discrepancies between individual examiners’ marks which commonly occur in assessments of this type, however, in some cases the inspectors felt that larger differences may in part be due to the complexity of the mark scheme. The inspectors would advise the School to consider whether each element of the case presentations could be marked on a much simpler scale, which could then be converted to the University mark scheme to produce a final score that could be converted to a percentage. It was noted that the external examiner also acknowledged the difficulties with the use of the University mark scheme in her 2012/13 report.

The inspectors agreed that on the occasion where a student has performed at a borderline level the examiners should specifically discuss whether, based on the performance during the assessment, they are satisfied that the student is a safe beginner when agreeing the final mark. The inspectors agreed that it would also be good practice to have this discussion when making the decision to ‘sign up’ a student to the final assessments.

The inspectors were told that a number of the students were eligible for additional time during the viva assessments, which some took advantage of and others chose not to. The School may wish to consider how the rules for this could be made clearer, including how and when

they ask a student whether they wish to utilise the additional time available to them and how this decision is recorded.

As observed in 2013, standard setting was not applied to the summative assessments utilised in the programme. This was because the assessment methods used were not suitable for the application of standard setting. Consequently, Requirement 23 could not be considered as being met at the re-inspection, despite the improvements to the assessment. Additionally, Requirement 25 could only be considered to remain as partly met as the inspectors received no additional evidence that work had been undertaken that could demonstrate the validity and reliability of the assessments used. The School must investigate the integration of standard set summative assessments into the programme, with the intention of standard setting being used in elements of the final summative assessments for future cohorts.

The inspectors agreed that the School had developed the observed assessment and that it was a much fairer and more robust test of students' abilities. However, for the reasons stated above, these requirements remain partly met and further development of the assessments is required before both can be met fully.

Actions for the provider

Req. Number	Action	Due date (if applicable)
17	The central record of clinical experience should be routinely audited for accuracy	n/a
17	Student experience should be monitored at all stages of the programme to ensure that student clinical experience is achieved throughout the duration of the programme	n/a
19	An update regarding student clinical experience and the provision of clinical placements and referrals to the student dental faculty must be provided at the end of May 2015	Update to be provided in May 2015
21	The School should provide details of the training given to new placement supervisors prior to the use of non-School staff to supervise students	n/a
23	The School must introduce standard setting in elements of the final assessments for future cohorts	Update to be provided in annual monitoring 2015
23	The School should consider further simplification of the mark scheme for the final clinical assessment	n/a
25	As the use of standard setting is introduced and the assessment methodologies improve, further work must be undertaken to compare student performance across assessments which are mapped against the GDC learning outcomes	Update to be provided in annual monitoring 2015

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Staff will receive training on equality and diversity, development and appraisal mechanisms will include this	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2013 inspection determinations are shown by a grey tick '✓' where they differ from the 2014 findings			
GDC comments			
<p>Requirement 28: Staff will receive training on equality and diversity, development and appraisal mechanisms will include this (<i>Requirement revised from Partly Met to Met</i>)</p> <p>2013 Action: “The School must further integrate equality and diversity into staff appraisal and development.”</p> <p>The School confirmed with the inspectors that the dental team staff had all attended a subject specific session with the University equality and diversity advisor. It was also reported that annual workshops incorporated in the dental team away day allowed equality and diversity principles to be applied to the dental field. The inspectors now consider this requirement to be met.</p> <p>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 (<i>Requirement remains Met</i>)</p> <p>2013 Advisory Action: “The School should undertake further work to ensure that students have greater awareness of equality and diversity law and principles across all of the four nations of the UK.”</p> <p>The School assured the inspectors in their observations on the 2013 report that this area would be strengthened as part of the programme review and re-approval process. This requirement remains met.</p>			
Actions for the provider			
Req. Number	Actions	Due date (if applicable)	
-	None	-	

Summary of Actions

Req. Number	Actions for the provider	Observations Response from the Provider	Due date (if applicable)
9	The School should provide an update on the progress of the transition to the learning outcomes from Preparing for Practice through the GDC's annual monitoring process.	The 2014 student intake, graduating in 2017, will undertake the revised curriculum incorporating the learning outcomes from <i>Preparing for Practice</i> .	n/a
17	The central record of clinical experience should be routinely audited for accuracy	<p>The auditing of the data has been strengthened by the following mechanisms:</p> <p>Each week students electronically submit their clinical log detailing the dental treatments they have undertaken along with the grade they received. The data is checked by the programme administrator for accuracy against the student's appointment book and their portfolio. Once checked for accuracy the programme administrator uploads the data onto a central electronic database to which all lecturers have access. The data is also checked on a weekly basis by the subject leader and the programme administrator to ensure referred patients are allocated to the appropriate student at the appropriate point in their clinical experience.</p> <p>In addition, during termly tutorials the data held on the central electronic system is checked for accuracy by the student's personal tutor against the written clinical supervisor feedback forms and any written reflection undertaken by the student relating to their clinical grades. This paperwork is held within the student's</p>	n/a

		<p>portfolio.</p> <p>Collated and audited data, which includes treatments and grades, is fundamental evidence to support the achievement of competence in both formative and summative assessments.</p>	
17	<p>Student experience should be monitored at all stages of the programme to ensure that student clinical experience is achieved throughout the duration of the programme</p>	<p>The students' progress using the above mechanisms, which contributes to the monitoring of their clinical experience throughout programme. Each term the students meet with their personal tutor to discuss clinical experience/treatments, grades and placement experiences.</p> <p>Bi-monthly dental staff meetings discuss individual student's profiles and their clinical development. The meetings provide an opportunity to monitor the student's longitudinal experience and variety of treatments they have undertaken. Agreed action plans and strategies are developed to support the students, which include additional placement opportunities. This will ensure student's clinical experience is equitable across the cohort.</p>	n/a
19	<p>An update regarding student clinical experience and the provision of clinical placements and referrals to the student dental faculty must be provided at the end of May 2015</p>	<p>This information will be provided as requested at the end of May 2015.</p>	<p>Update to be provided in May 2015</p>
21	<p>The School should provide details of the training given to new placement supervisors prior to the use of non-School staff to supervise students</p>	<p>Off Site Practice Educator (OSPE) support and</p>	n/a

		<p>monitoring arrangements include:</p> <p>All newly appointed OSPE will receive an induction which includes an introduction to the placement process, student and OSPE essential paperwork, student support arrangements and curriculum overview.</p> <p>The OSPE workshop includes shadowing a clinical lecturer on the student dental facility within the university for at least one full day and a second day in general dental practice. During the two day workshop standardisation of clinical grading and the OSPE role and responsibility to support the student whilst on placement is explored in greater detail.</p> <p>Review and support arrangements for OSPE include support from the subject lead and the student's personal tutor. The Subject Lead will meet the OSPE two weeks after the initial placement meeting and then supervision meetings as required will be put in place following a satisfactory outcome to the initial meeting. Weekly contact is maintained by the OSPE and the subject lead.</p> <p>Documentation relating to the training of OSPE is attached</p>	
23	The School must introduce standard setting in elements of the final assessments for future cohorts	The team are working to introduce standard setting in elements of the final assessments and will investigate	Update to be provided in annual monitoring 2015

		the integration of additional standard set summative assessments into the programme	
23	The School should consider further simplification of the mark scheme for the final clinical assessment	<p>The dental team will continue to enhance and develop the mark scheme for the final clinical assessment to ensure each element can be marked on a simpler and clearer scale. If changes are necessary to the marking criteria they will be implemented in the next academic year as changes cannot be made to the marking scheme mid-way through the academic year.</p> <p>Although the marking criteria remain the same for this academic year, the format of the assessment has been changed to accommodate the complexity of the marking scheme.</p>	n/a
25	As the use of standard setting is introduced and the assessment methodologies improve, further work must be undertaken to compare student performance across assessments which are mapped against the GDC learning outcomes	Standard setting alongside assessment development across the programme is ongoing and will continue to be appropriately mapped to the GDC learning outcomes. As the GDC suggests we will work towards the introduction of a 'fit to sit' meeting to discuss students' performance across all assessments in which student profiles will be considered	Update to be provided in annual monitoring 2015

Observations from the provider on content of report

Provider to record additional observations here

I would like to thank the GDC Inspection Panel for their supportive and considerate approach during the inspection process. The invaluable advice and guidance offered by the inspection panel has contributed to the development and enhancement of the BSc (Hons) Dental Hygiene and Therapy programme

Erica Clough, Subject Leader Dental Care
9th January 2015

Recommendations to the GDC

The inspectors recommend that this qualification is approved for holders to apply for registration as a dental hygienist and dental therapist with the General Dental Council.