

## INSPECTION REPORT

<b>Education Provider / Awarding Body:</b>	<b>Cardiff University</b>
<b>Programme / Award / Qualification:</b>	<b>Bachelor of Science (BSc) in Dental Therapy and Hygiene &amp; Higher Education Diploma in Dental Hygiene</b>
<b>Remit and Purpose:</b>	<b>Full inspection referencing the <i>Standards for Education</i> to determine the continuing sufficiency of the award for the purpose of registration with the GDC as a dental hygienist and/or dental therapist</b>
<b>Learning Outcomes:</b>	<b>Preparing for Practice</b>
<b>Programme Inspection Dates:</b>	<b>24 &amp; 25 February 2015</b>
<b>Examination Inspection Dates:</b>	<b>19 June 2015 and 25 June 2015</b>
<b>Inspection Panel:</b>	<b>Gail Mortimer (Chair/Lay Member) (Programme only) Sue Noble (Dentist Member) Joanne Brindley (DCP Member) (Programme only)</b>
<b>GDC Staff:</b>	<b>Peter Butler Krutika Patel (Examination inspection only)</b>
<b>Outcome:</b>	<b>Recommended that both programmes remain sufficient for registration as a dental hygienist and/or dental therapist</b>

## Inspection summary

1. Both the BSc and Diploma programmes on offer meet all of the requirements for Standard One of the Standards for Education meaning that patients are well protected while they are being treated by students. Supervision levels are very good across all clinical locations and the staff team met by the inspection panel demonstrated a clear commitment to and enthusiasm for the programmes they are involved with. Similarly, the student cohorts are dedicated and hard-working. The inspectors felt they displayed a good knowledge of the importance of raising concerns where appropriate, something which is becoming more and more significant in the training of dental professionals. The panel felt that there is good monitoring of clinical incidents and the School are open to learning from difficulties experienced. The 'yellow card' system employed for the assessment of professionalism was something particularly noted by the inspectors and, more especially, its extension to include comments from nursing and administrative support staff.
2. Improvements in several aspects of the programmes could make a significant impact. More effective training for External Examiners would allow them to carry out their function with greater confidence and efficiency. The School needs to continue to investigate methods of improving the quality of feedback it provides to students throughout their course of study. The Salud system of recording clinical activity must be rolled-out to all clinical locations as soon as is practicable in order to allow staff to track student progress with greater ease. Finally, assessment grade descriptors require greater clarification in order to ensure students are graded fairly and consistently as well as making the standard expected of them more transparent.

## Inspection process and purpose of Inspection

3. 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.
4. 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.
5. The inspection focuses on four Standards, with a total of 29 underlying Requirements. These are contained in the document *Standards for Education*.
6. The purpose of this inspection was to make a recommendation to the GDC determine whether the programmes should be approved as a route for registration as a dental hygienist and/or 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.
7. 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.

8. 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

9. This report sets out the findings of an inspection of the Cardiff University BSc in Dental Therapy and Hygiene and the Higher Education Diploma in Dental Hygiene. The GDC publication *Standards for Education* (version 1.0 November 2012) was used as a framework for the inspection.
10. The inspection comprised three visits. The first, referred to as the programme inspection, was carried out on 24 and 25 February 2015. This involved a series of meetings with programme staff involved in the management, delivery and assessment of the programme and all current students. The second and third parts of the inspection took place on 19 and 25 June 2015 and involved an observation of elements of the Final examinations for both qualifications.
11. The report contains the findings of the inspection panel across the three inspections 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

12. The BSc in Dental Therapy and Hygiene and the Higher Education Diploma in Dental Hygiene are both modular programmes and run largely in tandem for the first two years. Significant levels of academic and clinical teaching overlaps across both programmes. Some teaching is also undertaken alongside dental undergraduates taking the BDS programme. Only students on the BSc programme undertake a third year of study. In this final year, students work to consolidate their clinical skills and develop critical appraisal skills in advance of completing a research project.

## Evaluation of Qualification against the *Standards for Education*

13. 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.

14. The inspection panel used the following descriptors to reach a decision on the extent to which the BSc and Diploma meet 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	<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"/>
<b>GDC comments</b>			
<p><b>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 (<i>Requirement Met</i>)</b></p> <p>The Diploma and BSc courses share identical modules in the early stages of the programmes. In Year One, prior to commencing work on patients, students will undertake clinical observations of senior students with the aim of understanding how they behave and act around patients. This gives them an early insight into the need for professionalism which is important given that students gain early clinical contact with patients as part of these programmes. The students also learn basic periodontal instrumentation skills in the simulated learning environment.</p>			

There are a number of competency assessments which must be completed. In theory, a student could have as many attempts as they needed in order to pass each competency test. However, there would come a point when a module lead or tutor would need to intervene to provide remediation where required. For example, students learn basic scaling techniques from an early point in their phantom head training. This leads to a competency gateway test at the end of term one. Students' work is marked independently by two separate supervisors who then come together to agree an overall grade. Should a student fail, they would normally be offered one-to-one remediation sessions although this is handled on a case by case basis depending on the individual needs of the student concerned. Their second attempt would also be examined by a member of staff from within the School but not connected to the programme. Gateway competencies are designed to ensure patient safety. Once they have successfully passed the gateway scaling assessment, students may undertake simple hygiene care on patients. All competency assessments are linked to specific modules which helps to ensure students progress appropriately.

Students are also required to undertake written assessments on cross-infection control and on equality and diversity issues which also form a part of their initial gateway to clinical practice. As they progress through the programme, students undertake further competency assessments to allow them to undertake more complex tasks. These include root surface debridement, impression taking and restorative techniques.

The new Student Information Management System (SIMS) allows students to monitor their progress during the programme and the inspectors felt this was particularly useful for keeping track of achieving clinical competencies and gateway progression.

Salud, the electronic system which captures their clinical experience, is used in phantom head training sessions so that students are familiar with the system before they start using it fully. This includes the use of scenarios to ensure the right information is gathered and recorded.

Medical emergency and CPR training is given as part of the foundation course as well as throughout the programme. During Year Two, for example, a visiting Paramedic provides training alongside BDS students. A patient simulation dummy is also used to present students with a stressful emergency situation to manage.

The inspectors felt satisfied that students are given a thorough introduction to working with patients and are only allowed to commence working with patients once they have been assessed as fit to do so.

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

Patients may be referred for treatment by students on the BSc or Diploma programmes from Consultant clinics or, if self-referred, after a process of screening of their dental requirements. All paediatric patients are initially screened via Consultant clinics. All patients are therefore made aware they are being treated by students. There are clear notices across clinical locations and screening appointments are used to reinforce this information. All completed consent forms are scanned in and stored on the Salud system.

All outreach locations use the same paperwork in order to obtain written consent from patients being seen by students. Students wear colour-coded scrub tops and badges which clearly identify them as students.

During their course of study, students will often carry out procedures on their peers. They are required to give consent prior to any such procedures being undertaken. This provides them with a good educational experience and an additional layer of understanding regarding the importance of obtaining informed consent.

**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)**

The Dental Clinical Board is responsible for ensuring that the learning and clinical environments used by BSc and Diploma students comply with required regulations and standards. Where necessary, action plans are put in place and monitored via health and safety meetings attended by the Dental Clinical Board and the School of Dentistry. All Outreach locations undergo inspections to ensure they are hazard-free and safe to work in.

Staff handbooks and inductions cover infection control procedures. There are displays on all clinics relating to infection control and hand washing techniques. Regular audits take place to ensure procedures are followed. Infection control is covered for students alongside BDS students and there is a written gateway assessment on infection control. Students also receive a dedicated Health and Safety Handbook which covers the issues and responsibilities they need to be aware of and they are provided with training regarding cross-infection control at various points during the programmes. They also attend a decontamination course which culminates in a written and practical test.

All policies relating to health and safety are available on intranet sites accessible by both staff and students. These documents can, therefore, be easily amended according to new legislation or changes in accepted procedures. Staff receive regular training in health and safety and attendance at these training sessions is monitored by the health and safety group.

**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)**

Supervision levels tend to be maintained at a ratio of one supervisor for every six students which is in line with what inspection panels might expect to find at other Schools offering similar programmes. However, for new students, the School aims to have a ratio of one supervisor for every four students. A staff student ratio of one supervisor for every six students is maintained in outreach teaching locations.

Dental nursing support is provided from a pool which is used to supply all DCP, BDS and postgraduate programmes offered at Cardiff University. A senior nurse allocates nurses according to need.

Students met by the inspectors unanimously felt that they valued the diverse range of staff they come into contact with as part of their training programmes and that staff all approach grading in a similar way.

The panel were satisfied that all clinical and non-clinical activities are appropriately supported and supervised providing a safe environment within which students can learn and progress.

**Requirement 5: Supervisors must be appropriately qualified and trained. Clinical supervisors must have appropriate general or specialist registration with a regulatory body (Requirement Met)**

All NHS staff have honorary Cardiff University contracts and all clinical staff are required to complete a Staff Profile which will include a copy of their GDC registration certificate.

Any member of staff who wishes to undertake a teaching qualification is given the opportunity and encouragement to do so.

Staff training in health and safety issues is monitored by the health and safety committee who receive attendance information regarding mandatory training sessions.

Outreach staff tend to also teach within the School itself and have teaching responsibility as part of their contract so, in this way, they already have a certain level of understanding. Additional training covers the content of staff handbooks and exploration of grade descriptors. There is a rolling programme of training for all staff which includes those based in outreach. SLAs between the School and outreach centres includes a requirement that staff involved with training and supervising students must be released to attend training events. Outreach staff are also provided with their own training sessions within their own locations in addition to what is offered at the School.

Most staff training is moving towards online training programmes and these can be easily monitored for completion. Staff told the inspection team that they received plenty of training regarding the 'yellow card' system and the grading scheme. They felt that the fact these schemes are used across the board is helpful as they become so familiar with their use. There are standardisation days where scenarios are used to ensure that everyone is using the same grading criteria and the same approach to assessment.

**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)***

Students and staff are made aware of their responsibility to raise concerns. For students, this starts from an early point in the programme via lectures and professionalism seminars. Students also discuss Fitness to Practise issues at the start of each year of study and the need to raise concerns is reinforced at this time.

For staff, these types of issue are raised during training days and through documentation made available to them. A suite of policies and procedures, which the inspectors were able to see, cover the processes for raising concerns.

When the inspectors met with students on each of the programmes they felt they had a good understanding of the need to raise concerns, particularly in relation to patient care.

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

The School told the inspectors that students are not intimidated about raising patient safety concerns if they feel they need to and this was evidenced by the problems encountered at the Port Talbot Outreach centre. When problems relating to inadequate supervision were identified, students took immediate action to report this to the module lead. The School report they have learned useful lessons from this incident insofar as there is no room for complacency. They understand that just because a system has been running well for many years, this may not always be the case. The inspectors felt that staff had been particularly frank when describing this incident and they felt assured that should similar issues arise, they would be handled with the same level of professionalism and care.

Should a student-patient care issue arise, the programme lead would be responsible for making the appropriate response and for formulating any necessary remediation.

Clinical incidents and/or injuries are recorded and monitored monthly through the Clinical Board. These records are also subject to the scrutiny of audit groups. Data is gathered from the main school as well as outreach and community dental service locations. Annual training is given on how to prevent such incidents and injuries. Patient safety information relating to the clinical environments can also be captured via the Datix software system.

**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 (FtP) Guidance (*Requirement Met*)**

Students at Cardiff will be subject to Fitness to Practise procedures and processes at both University and local levels. The School's FtP procedures additionally cover requirements of healthcare professionals. The processes are covered in detail during induction.

The School runs a 'yellow card' system which is principally used to assess professionalism. Nursing and administrative staff are able to issue a yellow card if they spot unprofessional behaviour and the panel felt this was an example of good practice. If a student is issued with three yellow cards in one academic year, this would lead to Fitness to Practise procedures being instigated. However, if the incident was serious enough, then one incident could be enough to do this. The yellow card system can also be used to highlight excellent performance in relation to professionalism. The inspectors felt this system worked well as it was clear and easy to implement.

**Actions**

<b>Req. Number</b>	<b>Actions for the provider</b>	<b>Due date (if applicable)</b>
N/A	N/A	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	<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 type="checkbox"/>	<input checked="" 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 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"/>
15. Providers must consider and, where appropriate, act upon concerns raised or formal reports on the quality of education and assessment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 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*)**

The University of Cardiff has an Academic Quality System and this involves an Annual Review and Enhancement (ARE) scheme together with Periodic Review of programmes every five years. The ARE provides a means for the School to analyse and reflect on the delivery of the programme and to create action plans designed to enhance the quality of the students' experience.

There is a clear Committee structure. The Learning, Teaching and Quality Committee (LTQC) has overall responsibility for matters relating to teaching, assessment, quality enhancement and quality assurance within the School of Dentistry and this applies to the Diploma and BSc

programmes. The Head of School is a member of this Committee. The Board of Studies (BoS), a sub-committee of the LTQC, had its terms and membership updated when the BSc programme commenced so that relevant issues could feed into the Committee process. Since then, a new BoS has been established which covers the Diploma and BSc programmes separately from the BDS programme.

In the current academic year, re-developed end-of-module surveys have been introduced which students complete anonymously at the conclusion of each module. The results are analysed by the relevant Module Lead and feedback is presented to students as well as results and actions being monitored via the BoS.

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

Approximately 20 percent of students' clinical experience is gained through Outreach and they will experience Outreach in all years of study in both the Diploma and BSc programmes. The majority of Outreach locations utilised by the two DCP programmes have been tried and tested under the BDS programme.

It was reported to the inspection panel that integrating Outreach experience into the overall course has been a particular challenge for the BSc and Diploma programmes. Service Level Agreements (SLAs) have been put in place with each of the Outreach locations to ensure they are delivering what is required and annual reviews of these have commenced in the current academic year. As noted under Requirement 5, SLAs require that staff are released to attend training events.

Students gain their first Outreach experience at the St David's location towards the end of Year One. They are provided with information about what to expect while working in Outreach clinics via their handbooks and they will be accompanied by a clinical tutor on their first visit.

The Programme Lead recently undertook a series of visits to all Outreach placements with the aim of ensuring that all Outreach staff have an understanding of the differing Learning Outcomes applicable to specific training programmes. Regular meetings are scheduled in order to discuss feedback from students relating to their experiences whilst undertaking Outreach placements.

Outreach staff are included in all School staff communications so they are kept up-to-date with day-to-day issues and developments. They attend training and development sessions and hold honorary University contracts. New staff receive an induction which prepares them for delivering the necessary levels of supervision and provides the skills to assess the performance of students.

Feedback provided by students in their end of module evaluations can be linked to Outreach locations so their comments can directly contribute to changes and improvements at specific placements where necessary.

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

School Committee structures mean that evidence cannot currently be supplied to show this Requirement is fully met. Since the submission of documentation to the GDC there has been a change of structure. Previously, there was a single Board of Studies (BoS) for both the DCP and BDS programmes and this meant that, at times, issues relating to the DCP programmes did not receive the attention they required. There is now a separate BoS for the Diploma and BSc programmes and this means that all module leads are able to attend and staff felt more

convinced that any relevant issues are being referred appropriately rather than being managed at a programme level only.

The inspectors were told that there had been some issues around the perception of competition for patients with BDS students who appeared to be taking precedence over DCP students. A dedicated waiting list for Hygiene and Therapy students has been developed and has been running since September 2014 in order to tackle this issue and appears to have largely resolved the problems that had been occurring. Students we met with supported this change and felt there had been a noticeable improvement.

**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*)**

No serious threats to the students achieving the Learning Outcomes had been identified. Concerns are dealt with via the procedures described elsewhere in this report. It was not immediately clear to the inspection panel what processes and procedures would be instigated should the need arise to alert the GDC to a possible threat to the delivery of the programme.

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

Within the institution, the ARE and Periodic Review are the main ways in which Quality Assurance of the programme is maintained. See Requirement 9 for more detail regarding these processes.

Students are able to provide feedback on their educational experiences through a variety of channels including informal discussions with Personal Tutors and Module Leads. More formally, they can utilise Year Representative meetings or staff/student panels.

Module evaluation forms are given to each student anonymously at the conclusion of each module and these are viewed by staff as a crucial method of identifying potential aspects of the course which are posing problems. Feedback received via this method is scrutinised by the respective Module Lead and feeds into BoS discussions relating to Quality Management of the programmes.

Staff, including those based in Outreach, can also provide feedback to Module Leads but can also contact the Programme Lead or Dean, if necessary. They are provided with information in their handbooks about how to go about this.

The Quality Assurance Agency (QAA) for Higher Education monitors and advises institutions on best practice and standards relating to UK higher education. The QAA found, during a visit to Cardiff in 2014, that Cardiff University conforms to the expected standards and there were no School level action points identified as part of this visit.

External Examiners are utilised for both programmes as part of the academic quality system employed by the University and School. More information on the role of External Examiners is provided under Requirements 14 and 22.

**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*)**

Until recently, External Examiners had been involved in assessing students as part of their role. From the current academic year, this is no longer the case and they fulfil an entirely QA function inline with QAA guidelines.

The inspectors were told that new External Examiners will follow a training programme which is set out and defined by the University. However, one of the External Examiners we met with said they did not receive any formal training but they did receive a good deal of informative paperwork. This External Examiner also told the panel that they felt they did not fully understand the new aspects of the role since the changes had been introduced in line with the QAA guidelines. The School should consider improving training for External Examiners especially as one External Examiner told the inspectors that they did not fully understand their role.

External Examiners check all written papers (see Requirement 22 for more information). They also scrutinise samples of marked examination scripts in order to ensure grading has been carried out effectively.

External Examiners are full members of the Examination Boards which make decisions regarding student progress. Their membership is key in providing external insight, advice and guidance. The reports of External Examiners are regarded by the School as being of particular importance and, as such, are paid careful attention.

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

Module leads will feedback to colleagues the positive and negative aspects of comments they receive from student evaluations as part of end-of-module reviews. Students will also be given information about any specific changes which have been put in place resulting directly from their feedback. Students told the inspection panel that this gave them a tangible sense of contributing to the development of the programmes.

The National Student Survey had provided some disappointing comments to the School regarding feedback. The University has KPIs which the School must meet in relation to feedback so this is an area they are keen to improve on. At the moment data received via the NSS cannot be separated to show comments from Hygiene and Therapy students and those from BDS students. An action plan is being created and focus groups with final year students will feed in to that.

The Chairs of Examination Boards scrutinise reports submitted by External Examiners and these will also be monitored by the BoS to ensure any recommendations included in reports are considered appropriately and, where necessary, actioned and implemented.

**Actions**

<b>Req. Number</b>	<b>Actions for the provider</b>	<b>Due date (if applicable)</b>
<b>11</b>	The School must demonstrate that the new BoS arrangements are ensuring issues are being managed effectively and appropriately	Annual monitoring 2016
<b>14</b>	The School should consider improving and enhancing the training provided to External Examiners	
<b>15</b>	The School should continue to monitor and improve feedback received by students	

**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 type="checkbox"/>	<input checked="" 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 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 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 <sup>1</sup> .	<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, appropriate general or specialist registration with a regulatory body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 type="checkbox"/>	<input checked="" 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"/>

<sup>1</sup> 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 Partly Met*)**

Co-ordinating joint teaching between the BDS programme and BSc/Diploma can be difficult since the BSc and Diploma are modular whereas the BDS is non-modular and 5-years in length. Staff told the inspectors that DCP students are integrated best with BDS students while working at the Mountain Ash Outreach clinic. A Timetabling Officer has been recruited to address the task of scheduling the programmes and this has made a significant difference to the smooth running of the programmes. Efforts were clearly being made to ensure the programmes can run concurrently as closely as possible. The BSc and Diploma programmes run very closely together and are broadly the same programme in Years One and Two.

Assessment blueprints have been developed to ensure that assessments are presented to students in a clear way so that they understand what is expected of them. The blueprint also shows how the School can use the assessment process to triangulate the performance of students as they progress through the programme. It is planned that further detail will be added to the blueprint to link specific examination questions to relevant Learning Outcomes providing another layer of assurance that these are being met. The School should update the GDC on progress relating to the development of the blueprinting exercise as part of the regular annual monitoring process.

**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 Partly Met*)**

The School has introduced the Salud information management system to record and monitor the clinical activity of students. Currently the system has not been rolled out across all clinical locations and so, in some areas, activity is still being recorded manually. For example, Salud does not record radiography experience as students do not undertake radiographs on clinic but instead gain their experience in the dedicated radiography department and this is recorded manually rather than via Salud. This means it is difficult to see an overall picture or snapshot of the cohort's (or an individual student's) achievements. Once the system has been implemented across all clinical locations, it will be much easier for staff to audit the collected data and identify areas where students are lacking. The inspectors were told, however, that there will need to be discussions with the Trust regarding the introduction of Salud at some of the smaller clinics utilised by students. The panel feel these discussions should take place sooner rather than later to ensure Salud is capturing the required data, especially as staff admit that there is an ongoing learning process to ensure Salud works in exactly the way it is required to. As such, the panel were pleased to learn that a Project Lead has been assigned to oversee the introduction and roll-out of Salud.

Students are graded on their academic, professional and clinical performance and this is monitored on a twice-monthly basis in terms of patient safety and staff look for instances of a grade 3 or 4 which denote minor and major concerns respectively. This means any issues can be reacted to rapidly. Data collected via Salud and data collected from logbooks is collated and monitored on a termly basis via Clinical Progress Review Committee meetings to give a picture of each student's progress.

Module Leads work with the Assessment Co-ordinator to monitor and review assessments within the Diploma and BSc programmes. Feedback is provided to the BoS and, subsequently, to the LTQC.

External Examiners input into the development of assessments. The School views the advice and guidance they provide on the revision and development of assessments as being very valuable. One of the External Examiners met by the panel of inspectors told them how impressed they were by the level of close support and monitoring the students gained during their respective programmes.

**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*)**

One of the main aims of the programmes is to develop students from knowing how to do something to being able to demonstrate that they can do it. The assessment structure encourages students to become critical thinkers who can reflect on their work in a way which will be pertinent to independent practice.

The School are moving towards the use of more formative assessment than summative assessment during the programme. The School are mindful of the need to find the right balance between summative assessments which provide a good indication of students' developmental stage and formative assessments which enhance students' learning process. Further to this, the School are utilising more multiple choice and multiple short answer question examinations. As cohort numbers increase, this type of assessment is seen as helping to reduce the burden of marking since they utilise optical mark readers and a broader range of knowledge can be tested. The School are conducting 'look-back' exercises to analyse and identify the stronger and weaker questions.

The Assessment and Feedback Committee has responsibility for the quality assurance of the Diploma and BSc assessments. An assessment risk log is maintained and tabled at the committee meetings so that discussions can take place to ensure difficulties are properly managed.

Students have the opportunity to discuss any issues or concerns regarding assessments at regular staff/student meetings. More formally, they can provide information on their perception of assessments via end-of-module evaluations. This feedback is used by the Module Lead, in conjunction with the Assessment Co-ordinator, to develop and enhance assessments within the programmes.

**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 Partly Met*)**

The majority of adult patients joining the waiting list for BSc and Diploma students are either referred from their GDP or from the hospital emergency department. Once their treatment as part of the BSc or Diploma programme has been completed, patients may be referred back to their GDP for ongoing monitoring or to another student group for further work to be carried out. There are limited opportunities for students to receive patients referred to them by BDS students or to refer their own patients on to BDS students but this does happen occasionally.

Data regarding the clinical experience of students is collected from the Salud system or logbooks depending on the location. The Salud system is being rolled out to outpatient locations within the dental school. The data collected can be used to ensure students are gaining enough exposure to patients and to ensure, therefore, that patient numbers on waiting

lists are maintained at appropriate levels. The current method of analysing data makes this more difficult and, therefore, somewhat less reliable.

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

Students are able to discuss their clinical performance on a daily basis with staff at the chairside after completing patient treatments. Students also record reflections on their clinical experiences using the E-portfolio. Reflective skills are tested via the clinical case report students submit.

All staff, including those based in outreach locations, are given training in how to give effective feedback. Students are also given advice on how to receive feedback and how to make the best use of feedback they are given.

Engaging with feedback and reflection is an important part of the overall programmes and students are provided with a wealth of information and guidance on getting the best out of feedback and the reasons why it is so useful and important. This is further enhanced by termly meetings with Personal Tutors who help to facilitate reflection on students' progress.

Students are normally provided with feedback on their performance in an assessment within a 4-week timeframe. Overall feedback on performance is generally given to the students as a group while failing students are given one-to-one time to talk about their performance and discuss any learning needs they may have as a result. This might then instigate a remediation programme tailored to the needs of the student.

The National Student Survey results had revealed some dissatisfaction among students at Cardiff in relation to the feedback they receive. This feedback includes the BDS programme and it is not possible to tell whether this feedback relates to all programmes or specific ones. The School should continue to work to ensure that students get the most out of feedback they receive.

Where a student is deemed to be under-performing during the course of their programme, they will be provided with remediation in the areas identified and reflection on their performance during this period will be key in reaching the required standard to continue.

**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*)**

Any staff involved with the teaching and/or assessment of students on the Diploma and BSc programmes will hold an honorary contract with the University. Internal Examiners are included in development meetings held with the purpose of setting questions and marking criteria.

All staff use the same grading scheme and staff development days include calibration exercises to ensure that staff are applying the grading scheme equitably. These development days include attendance by staff based in outreach locations. There are briefing sessions prior to examinations which are intended to make the scope of the assessment explicit to those involved. However, the briefing sessions the panel of inspectors attended seem to be solely for the purpose of providing the inspectors with information regarding the assessment schedule rather than ensuring examiners were up to speed on the processes they would be required to undertake. It was unclear whether a separate, earlier briefing had been held for this purpose. Despite this, the inspectors noted that the examiners, when marking individually, were arriving at broadly similar grades. They then engaged in detailed and thorough discussions regarding the performance of each student to arrive at an agreed grade.

**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*)**

The School aims to ensure robust assessment procedures are in place through quality assurance provided via External Examiners. They are tasked with reviewing all written examination papers and invited to submit comments on these before they are agreed and printed. This means they can influence changes where they perceive these are required.

Reports submitted by External Examiners are viewed as being a critical method of ensuring the quality of the assessments undertaken by students. External Examiners are also full members of Examination Boards which make decisions on the progress of students on the Diploma and BSc programmes.

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

Standard setting is not applied across the board at the current time. A psychometrician, shared with the Medical School, is being used to implement standard setting across all assessments within the programme and the inspection panel welcome this development. It is anticipated that all written summative assessments will be standard set during the current academic year.

The marking criteria being used for case presentations is in need of some development and staff and External Examiners acknowledged this during our inspection of the final examinations. Although staff seemed to be grading students' performances similarly, there is room for clearer guidance on what constitutes a good performance and what makes an excellent performance. The School might also consider transcribing or recording each case presentation as this may prove to be helpful in giving feedback on performance to any unsuccessful candidate and also in the event of any future appeals regarding grading.

The inspectors noted that candidates were not being identified by their candidate numbers and the School need to be careful to ensure that candidate anonymity is maintained as far as possible.

The inspectors also question the value of having patients in attendance during case presentations. Where patients had not turned up or were not able to attend, the student had not been disadvantaged and the paediatric case presentations are conducted without the presence of the patient. The School should consider whether patients need to attend in future.

Any student being required to repeat a year of study after failing a second assessment attempt is expected to engage fully with the programme despite only being required to pass the element(s) they had previously been unsuccessful in.

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

There are plans for dental nurses to contribute to the grading of students' performance since they are closely involved in any activity undertaken. This would be an innovative approach.

The School acknowledge that patient feedback is a weakness for the programmes. The Trust carry out patient satisfaction surveys but these do not directly contribute to the programmes.

There are plans currently being piloted to introduce a questionnaire which may be completed electronically via tablets and would provide direct, student specific feedback.

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

Students face regular assessments throughout the programme and staff work hard to ensure they are meeting all of the required Learning Outcomes without being unnecessarily over-assessed. In the pre-clinical section of the programmes, students will undertake procedures on multiple occasions on a formative basis prior to completing competency assessments. These procedures will be graded by multiple assessors all of whom have been calibrated in using the grading scheme.

Summative written assessments are moderated by two members of staff to ensure they are fair.

**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)**

Information relating to the grading system, which is the same as used for the BDS programme, is clearly set out in staff and student handbooks. This information is also kept on clinics so it can be easily referred to if required. Gradings are monitored on a fortnightly basis to assess whether any trends are emerging. Staff also attend calibration sessions as part of their development and this helps to ensure the grading scheme is applied consistently.

Staff told the inspectors that they work hard to ensure that they provide students with verbal guidance to explain how they can improve their performance so that they achieve an 'excellent' grade rather than a 'good' grade. This guidance is given on an annual basis as part of the introduction to the year of study as well as at appropriate times during the year in the lead up to summative assessments.

As noted under Requirement 23, there is a need for grade descriptors to be updated and enhanced in order to clarify the distinction between a good and an excellent performance. This improvement will benefit staff by making grading clearer and easier and would benefit students by making clear what is required of them.

**Actions**

<b>Req. Number</b>	<b>Actions for the provider</b>	<b>Due date (if applicable)</b>
<b>16</b>	Work must continue on enhancing the blueprinting of assessments to aid students' progress through the programmes	Annual monitoring 2016
<b>17, 19</b>	The School must continue and complete the roll-out of Salud across all clinical locations	Annual monitoring 2016
<b>20</b>	The School should continue to monitor and improve feedback received by students	
<b>21</b>	The School should evaluate the effectiveness of examiner briefing sessions	

<b>23</b>	The School must continue to introduce standard setting processes for assessments where this is appropriate	Annual monitoring 2016
<b>23</b>	The School must consider whether to transcribe or record case presentations	Annual monitoring 2016
<b>23, 26</b>	The School must consider clarifying grade descriptors in clinical examinations	Annual monitoring 2016
<b>24</b>	The School must investigate methods of incorporating feedback into assessments	Annual monitoring 2016

**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 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"/>

**GDC comments**

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

The Equality and Diversity Committee carries out a particularly important function within the School of ensuring all requirements in relation to such issues are being met and complied with.

All staff and students are required to comply with the NHS Infection Control Policy. If anyone is not able to comply due to religion or belief then all possible steps would be taken to accommodate their requirements and reach a compromise if possible.

No complaints relating to equality and diversity issues have, as yet, been received by the School and staff feel that the work done in conjunction with the E+D Committee means that it would be impossible for such a problem to go unnoticed.

The School has been awarded a bronze Athena Swan award and they are currently devising an action plan in order to achieve a silver award. One aspect of this the School are working on is encouraging more males to apply for the programmes by altering imagery used online and in course literature.

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

The School were able to demonstrate that all staff have completed equality and diversity training. Bespoke sessions on this topic are provided by the School and SLAs with outreach centres state that staff must receive equality and diversity training and evidence of this provided to the School.

Coverage of equality and diversity training is an element of the appraisal system which staff must take part in on an annual basis. The inspectors were told that it would be difficult for a member of staff to miss out on equality and diversity training as this is monitored quite strictly and the rigour applied to monitoring ensures compliance with University regulations. The HR department keep records of completed training in Equality and Diversity, including any training undertaken outside of the School itself via the NHS, Royal Colleges or any other organisations.

**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*)**

Teaching of Equality and Diversity issues commences at a very early stage within the programme and, largely, alongside BDS students. There are specific lectures on this topic and these are augmented by strong e-learning resources.

Workshops are often used to introduce themes and concepts which can then be developed throughout the programmes.

Equality and diversity is also covered through the reflective case study undertaken by students. It is also tested implicitly at the chairside as part of the assessment of professionalism.

Online e-learning packages can be monitored to see whether students are accessing the resources. If they are not, this can be flagged with personal tutors or module leads.

**Actions**

<b>Req. Number</b>	<b>Actions for the provider</b>	<b>Due date (if applicable)</b>
N/A	N/A	N/A

## Summary of Actions

Req.	Actions for the provider	Observations Response from the Provider	Due date (if applicable)
11	The School must demonstrate that the new BoS arrangements are ensuring issues are being managed effectively and appropriately	<p><i>The new Board of Studies for the Dental Therapy and Hygiene programmes is now in operation as evidenced via the provision of minutes for all meetings.</i></p> <p><i>The Board remains accountable to the School's Learning, Teaching, and Quality Committee which has oversight for all School programmes.</i></p>	
14	The School should consider improving and enhancing the training provided to External Examiners	<p><i>The School will work closely with colleagues in the University's Registry Department to review the institution policies and procedures for external examiner training.</i></p> <p><i>The School will also seek to strengthen current local training practices for visiting external examiners. Particular attention will be given to the School induction for new external examiners.</i></p>	
15	The School should continue to monitor and improve feedback received by students	<p><i>In 2016/17 the School will be rolling out the University's mandatory electronic module evaluation process across all undergraduate programmes. The feedback received via this process will continue to be complemented by the feedback received via the programmes student staff consultation meetings, held on a monthly basis.</i></p>	

		<i>The Director of the Programme will continue to be responsible for escalating any areas of concern raised via student feedback through the senior academic team and via the School's Learning, Teaching and Quality Committee for action.</i>	
<b>16</b>	Work should continue on enhancing the blueprinting of assessments to aid students' progress through the programmes	<i>The School is pleased to note the appointment of a Professor in Education / Director of Assessment and Feedback, who will commence her role in January 2016.  The ongoing development of the blueprinting of all assessments (across all School programmes) will be coordinated via this new role.</i>	
<b>17, 19</b>	The School needs to continue and complete the roll-out of Salud across all clinical locations	<i>The School is exploring a robust and reliable mechanism for recording student clinical activity in all teaching locations in order to monitor student clinical progress. Reliant on some outreach providers that are out with the Cardiff and Vale University Health Board, the School will ensure that appropriate alternative systems are in operation at these locations that satisfy the robust clinical reporting needs of the programme.</i>	
<b>20</b>	The School should continue to monitor and improve feedback received by students	<i>Replication of action 15, suggested that the actions are combined for future monitoring.</i>	
<b>21</b>	The School should evaluate the effectiveness of examiner briefing sessions	<i>The School's newly appointed Professor in Education / Director of Assessment and Feedback will be responsible for reviewing the effectiveness of external examiner briefing sessions across all School programmes to ensure that a robust and consistent approach is applied to all assessment activity.</i>	

23	The School should continue to introduce standard setting processes for assessments where this is appropriate	<p><i>The School is currently in the process of recruiting a Psychometrician to provide support to the Director of Assessment and Feedback. This post is expected to commence in Spring 2016.</i></p> <p><i>This new post will provide dedicated support to the introduction of standard setting processes for assessment across all School programmes.</i></p>	
23	The School should consider whether to transcribe case presentations	<p><i>The School will consider whether it is possible to transcribe case presentations. This option may not be logistically possible due to limited resources and the need to ensure an equitable service across all UG programmes.</i></p>	
23, 26	The School should consider clarifying grade descriptors	<p><i>This action is complete.</i></p>	
24	The School must investigate methods of incorporating feedback into assessments	<p><i>All Dental Therapy and Hygiene written assessments are marked through GradeMark' system that allows immediate personalised written feedback to be provided to students. There are also pilots underway to consider the extension of Grademark into other assessment areas for example oral examinations.</i></p>	

### Observations from the provider on content of report

--

## **Recommendation to the GDC**

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