

<b>Education Provider / Awarding Body :</b>	<b>Glasgow Caledonian University</b>
<b>Programme / Award / Qualification:</b>	<b>BSc Oral Health Science</b>
<b>Remit and purpose:</b>	<b>Full inspection referencing 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</b>
<b>Learning Outcomes:</b>	<b><i>Developing the Dental Team</i></b>
<b>Programme inspection dates:</b>	<b>25 &amp; 26 March 2013</b>
<b>Examination inspection dates:</b>	<b>2 &amp; 3 May 2013 (Exam Board meeting 22 May)</b>
<b>Inspection Panel:</b>	<b>Audrey Cowie (Lay member and Chair) Baldeesh Chana (DCP) David Young (Dentist)</b>
<b>GDC Staff:</b>	<b>Luke Melia (Lead) James Marshall</b>
<b>Previous inspection:</b>	<b>First inspection</b>
<b>Outcome:</b>	<b>Recommended that the Glasgow Caledonian University BSc Oral Health Science programme is approved for the registration of dental hygienists and dental therapists to the GDC register.</b>

## Inspection Summary

The delivery of the BSc Oral Health Science at Glasgow Caledonian University (GCU) was found to be well accomplished with a graduating cohort of skilled practitioners fit to practise at the level of safe beginner. The small cohort of around 12 students per year has fostered a nurturing training environment that worked well in practice but could be better supported with underpinning policies and formalised procedures for centrally recording student clinical experience.

The inspectors were impressed with the provision of an extensive pre-clinical skills strategy with the restorative teaching element integrated with the BDS Year 2 at Glasgow Dental School. The students clearly benefited from the early interaction with their BDS peers. Staff and students alike showed an excellent awareness of dental team working to provide the best possible care for patients.

The central management and particularly the central recording of student clinical performance required improving. The inspectors noted the difficulties the School has experienced with a lack of administrative support to input data and felt the overall monitoring of student clinical experience was not comprehensive enough. Some assessment decisions relied on the tutors close relationship with students, made possible by the comparatively small cohort.

The inspection panel was encouraged by the strong emphasis on proactively quality assuring the integrity of the qualification and its delivery. The School also benefited from the central strategic support from NHS Education for Scotland (NES), NHS Scotland's education and training body that has a national remit relating to education for the NHS workforce. NES provides a forum for quality assurance across all four dental hygiene and dental therapy courses in Scotland.

The close working relationship with strategic partners in the NHS was also evident in the outreach placements. All outreach placements were located in clinical buildings with a standard mechanism for Health Boards to approach NES with proposals. A memorandum of understanding was then submitted regarding the provisions to be provided by newly planned outreach centres, which allowed facilities to be tailored to student training needs.

## Purpose of Inspection

1. As part of its duty to protect patients and promote high standards within the professions it regulates, the General Dental Council (GDC) quality assures the education and training of student dentists and dental care professionals (DCPs) at institutions whose qualifications enable the holder to apply for registration with the GDC and new qualifications where it is intended that the qualification will lead to registration.
2. The aim of this quality assurance activity is to ensure that these institutions produce a new registrant who has demonstrated, on graduation, that he or she has met the outcomes required for registration with the GDC. This is to ensure that students who obtain a qualification leading to registration are fit to practise at the level of a safe beginner.
3. The inspection focuses on four Standards, with a total of 29 underlying Requirements. These are contained in the document *Standards for Education*.
4. The purpose of this inspection was to make a recommendation to the 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. For these actions the inspectors may stipulate a specific timescale by which the action must be completed or when an update on progress must be provided. In their observations on the content of the report, the provider should confirm the anticipated date by which these actions will be completed. Where an action would improve how a Requirement is met, the term 'should' is used and for these actions there will be no due date stipulated. Providers will be asked to report on the progress in addressing the required actions through the annual monitoring process. Serious concerns about a lack of progress may result in further inspections or other quality assurance activity.
6. The provider of the qualification has the opportunity to provide factual corrections on the draft report. Following the production of the final report the provider is asked to submit observations on, or objections to, the report and the actions listed. Where the inspection panel have recommended that the programme 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 Inspection**

7. This report sets out the findings of an inspection of the BSc Oral Health Science awarded by Glasgow Caledonian University. The GDC publication *Standards for Education* (version 1.0 November 2012) was used as a framework for the inspection.
8. The inspection was comprised of three inspection visits. The programme inspection was carried out on 25 and 26 March 2013 and involved meetings with programme staff involved in the management, delivery and assessment of the programme and all students enrolled on the programme. The second visit took place between 2 and 3 May 2013, and an inspection of the examination board took place on 22 May and these are referred to as the examination/student sign-off inspection.
9. The report contains the findings of the inspection panel across the three visits and with consideration to supporting documentation prepared by the School to evidence how the individual requirements under the *Standards for Education* have been met.

### **Brief Overview of Qualification**

10. The BSc in Oral Health Science is delivered by the Glasgow School of Dental Hygiene and Therapy which sits within the School of Health and Life Sciences at Glasgow Caledonian University. There has been an annual intake of 11 to 12 students since 2010 and a projected intake of 14 for 2013. The duration of the programme is three years (115 weeks).

11. The programme has a modular framework and is taught through a blend of lectures, seminars and practical classes. A Learning, Teaching and Assessment Strategy (LTAS) for each module can be found within individual module descriptors. Both formative and summative assessments are employed throughout the programme including:
  - Short answer tests (SAT)
  - Objective Structured Clinical Examinations (OSCEs)
  - Multiple short answer papers
  - Team-working Presentations
  - Evaluation of clinical case presentations
12. The qualification benefits from an excellent relationship with the Glasgow Dental Hospital and School. The Hospital's pre-clinical skills laboratory is shared by the BSc students, with the restorative teaching element integrated with Year 2BDS students. One adult and three paediatric outreach centres are visited by BSc students in Year 2 and Year 3 providing a good level of clinical experience.

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

13. As stated above, the *Standards for Education* were used as a framework for this inspection. Consideration was given to the fact that the *Standards for Education* were approved in late 2012 and that it may take time for providers to make amendments to programmes to fully meet all of the Requirements under the Standards and to gather the evidence to demonstrate that each Requirement is being met. The inspection panel were fully aware of this and the findings of this report should be read with this in mind.
14. 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.
15. The following descriptors have been used to reach a decision on the extent to which the BSc Oral Health Science awarded by Glasgow Caledonian University meets each Requirement:

A Requirement is **met** if:

“There is sufficient appropriate evidence derived from the inspection process. This evidence provides the inspectors with broad confidence that the provider demonstrates the Requirement. Information gathered through meetings with staff and students is supportive of documentary evidence and the evidence is robust, consistent and not contradictory. There may be minor deficiencies in the evidence supplied but these are likely to be inconsequential.”

A Requirement is **partly met** if:

“Evidence derived from the inspection process is either incomplete or lacks detail and, as such, fails to convince the inspection panel that the provider fully demonstrates the Requirement. Information gathered through meetings with staff and students may not fully support the evidence submitted or there may be contradictory information in the evidence provided. There is, however, some evidence of compliance and it is likely that either (a) the

appropriate evidence can be supplied in a short time frame, or, (b) any deficiencies identified can be addressed and evidenced in the annual monitoring process.”

A Requirement is **not met** if:

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

### Standard 1 – Protecting patients

Providers must be aware of their duty to protect the public. Providers must ensure that patient safety is paramount and care of patients is of an appropriate standard. Any risk to the safety of patients and their care by students must be minimised

Requirements	Met	Partly met	Not met
1. Students will provide patient care only when they have demonstrated adequate knowledge and skills. For clinical procedures, the student should be assessed as competent in the relevant skills at the levels required in the pre-clinical environments prior to treating patient	<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(Requirement Met)</b></p> <p>There was an eight week Periodontic pre-clinical skills course in Year 1 with an external examiner involved in the marking for the first clinical exam. The School's continuous assessment strategy, clinical logbooks, reflection portfolios and end of year clinical examinations were considered by the inspection panel and found to provide a good framework for students to demonstrate adequate knowledge and skills before moving on to treat patients.</p>			

The pre-clinical assessments for hygiene included four Objective Structured Clinical Examination (OSCE) stations and the scaling of a quadrant on a dental manikin. Adult and paediatric restorative components for dental therapy assessed students' skills on dental manikins and through a radiology assessment.

The inspection panel noted documentary and oral evidence indicating an excellent pre-clinical provision in operative dentistry with aspects of the restorative element integrated with the BDS Year 2 at Glasgow Dental School. This was a commendable example of shared learning at an early stage in the programme. The benefits of experience were clearly understood by the staff and students with an appreciation of the importance of members of the dental team working together to provide the best possible care for patients.

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

The inspection panel saw evidence that grey tunics and ID badges were worn to make patients aware that they were being treated by students. Consent forms were in use in the dental hospital and within the outreach settings that clearly explained treatment was to be provided by a student. The forms were signed by the patient, the student and a supervisor after discussion of a treatment plan.

**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 inspection panel was satisfied that the clinical environment was safe and relevant legislation was met. The programme is subject to NHS Greater Glasgow and Clyde health and safety policies. It was noted that areas of the hospital were being refurbished with interim arrangements to maintain safe and appropriate standards.

There was good links with outreach placements, which were seen to be subject to the health and safety policies of their relevant NHS board.

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

The inspection panel concluded that the small cohorts of twelve students in each year allowed for a good level of supervision. The panel were told that the staff to student ratio was never greater one to five on clinics in the Glasgow Dental Hospital.

The meetings with staff involved with outreach showed an appropriate level of communication between the School and placements to ensure supervision levels do not drop when students are treating patients outside of the hospital environment. Tutors go out to a number of the centres and there was a central point of contact for outreach responsible for liaising and calibrating supervisors within placements.

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

GDC registration was checked by the School and recorded in staff personal records annually. The inspection panel reviewed tutor CVs and considered them to show appropriate qualifications and experience for staff working in the capacity of a supervisor on the programme.

The inspectors were pleased to see that there was a post-graduate teaching diploma that all teaching staff were expected to achieve within two years, and noted other areas of training currently being developed.

**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)**

The inspection panel was provided with examples of the School processes for raising concerns in advance of the inspection. A strong awareness of School mechanisms was then evident in meetings with students and staff, particularly with regards to issues of risk to patient safety. The students had confidence that any such concerns could be raised with a tutor or within an outreach setting. The students were able to report individual incidents that have or may affect patient safety on the DATIX incident reporting system.

The staff were aware of the School and wider university procedures for escalating matters, which were tied to Health Board processes. Tutors showed a sound understanding of the importance of engaging students with their responsibilities as trainees going into a regulated profession.

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

The inspection panel was confident that patient safety issues were escalated and appropriately handled. There was a DATIX Risk Management Information System in place. All members of staff receive training and a nominated staff member reviews all incidents. The inspectors felt there could be further development of a School specific system that monitored risk associated with student practice. The system could be aligned with Health Board procedures, outreach placements, and regularly emphasised to the students across programme delivery.

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

The School provided a student fitness to practise policy that is aligned to GDC guidance. Staff and students showed a good awareness of their respective responsibilities in conveying and understanding the policy.

<b>Actions</b>		
<b>Req. Number</b>	<b>Actions for the provider</b>	<b>Due Date (if applicable)</b>
7	The School should consider adopting a specific system to record patient safety associated with student practice. The system should be aligned with Health Board procedures, outreach placements, and regularly emphasised to the students across programme delivery.	Update to be provided through the 2014 GDC Annual Monitoring exercise

**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 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 framework was provided by the Dental Education Committee and the Glasgow University Dental School/NHS Liaison Committee .Minutes from both committees were considered by the inspection panel and discussed with senior staff who demonstrated a good comprehension of the quality assurance structure and its importance to the integrity of the programme.

The inspection panel reviewed Module Reports, Annual Programme Analysis, and minutes from a BSc Oral Health Science Strategic Board that meets twice a year, and a Programme

Board that meets three times a year. The Strategic Board Meetings have representation from NHS Education for Scotland, Glasgow Caledonian University, NHS Greater Glasgow and Clyde and NHS Lanarkshire.

At a more local level, the inspection panel reviewed documents from the programme board at GCU (Glasgow Caledonian University), which convenes three times a year for curriculum review. This was the forum where potential curriculum changes were considered through the university quality office, a stringent process that included opportunities for proposals to be discussed and reviewed at all levels.

The School management understood a major change could include a newly designed module or assessment method and advised the inspection panel that the GDC would be consulted in advance of any major change proposal going forward for GCU consideration.

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

The inspection panel found that tutors within the School were actively involved in supervising outreach placements. There was an Outreach Liaison Officer, who was responsible for the overall coordination of the placements. Student feedback was actively sought and reviewed at a biannual outreach meeting where issues can be raised, including assessment calibration. There was also evidence of peer review and assessment training for outreach staff.

The Outreach Liaison Officer explained that they have been paying particular attention to the paediatric component of the placements. With the success of *Childsmile*, an NHS Scotland campaign for tackling children's oral health improvement, suitable paediatric cases have not been as widely available. However, the students attend three paediatric outreach placements and provide a paediatric case presentation in the Year 3 clinical examinations to ensure clinical coverage within this area.

The outreach provision benefits from the excellent strategic management provided by NHS Education Scotland (NES). The inspection panel was advised that most placements are located in new clinical buildings with a standard mechanism for Health Boards to approach NHS Education for Scotland with new proposals. A memorandum of understanding is then submitted regarding the provisions to be provided by the outreach centre. A clear single service responsibility has to be demonstrated before a placement is approved for construction, which leads to highly specific details of the experience students can expect to have, and what facilities will be required to support them.

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

The inspection panel was confident that any problems identified through the operation of the quality management framework outlined in the narrative for Requirement 9, would be addressed appropriately and at the earliest opportunity.

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

The inspection panel was satisfied by the committee and review framework, outlined in Requirement 9, together with senior staff's appreciation of the importance of identifying areas

of risk as early as possible. The inspectors were confident that any serious threats to the students achieving learning outcomes would be identified with the GDC notified at the appropriate juncture.

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

The programme has demonstrated rigorous internal and external quality assurance procedures within their meeting of Requirements 9, 10, 11 and 12. The inspection panel was encouraged to find such a strong emphasis on pro-actively quality assuring the integrity of the qualification and its delivery, and felt this was a real strength within the current management team. The School also greatly benefited from the central strategic support from NES that provides a forum for quality assurance and consistency across all four Hygiene Therapy courses in Scotland.

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

External examiners were utilised and familiar with learning outcomes and their context. External examiners marked some aspects of the written papers and actively assessed the clinical examinations (periodontics, and adult and paediatric restorative cases). This was against QAA guidance; however the inspectors felt that the Year 3 external examiner was able to ensure consistency within their assessor role because the cohort was small enough for them to assess all candidates. QAA guidance does state that external examiners “are not normally responsible for, or involved in, the assessment of individual students,” but the inspectors felt that the practice was appropriate within context of cohort size and the manner that the examinations were run in. The Year 3 external examiner also functioned as a reviewer of the overall examination processes.

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

The inspection panel was confident that the School will act on concerns raised or formal reports on the quality of the education and assessment in the programme. There was an academic link with GCU / Programme Boards meeting each trimester to discuss feedback. Module reports were completed by module leads detailing grades that were then used for comparison with previous years. An annual programme analysis was completed at the end of the academic year and showed new initiatives were being developed in response to feedback.

**Actions**

Req. Number	Actions for the provider	Due Date (if applicable)
	None.	

**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 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 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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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"/>

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

25. Where possible, multiple samples of performance must be taken to ensure the validity and reliability of the assessment conclusion

  

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

  

#### GDC comments

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

The inspectors agreed that the evidence provided in advance of the inspection demonstrated that the learning outcomes for dental hygiene and dental therapy from *Developing the Dental Team* were mapped appropriately against the programme assessments. Further consideration of the School assessment strategy satisfied the inspection panel that students have demonstrated attainment across the full range of learning outcomes.

The inspection panel reviewed the pre-inspection mapping provided in advance of the inspection within Annex Two. This document requested that the School outline when and how the relevant learning outcomes from *Developing the Dental Team* were to be assessed across the programme. The initial mapping, though basic, was triangulated with supporting evidence from oral discussions and further paperwork considered over the course of the inspection.

The inspection panel was satisfied that there was an effective and discerning framework for assessments with each learning outcome suitably embedded within the qualification. However, it was felt there was scope to improve the clarity of the blueprinting of the learning outcomes to each module, assessment and level of attainment required. This would allow more of a distinction to be made between the dental hygiene components and the dental therapy ones, which the inspection panel felt was not quite balanced enough, and was weighted towards the hygiene skills.

Reviews of module results, Assessment Board minutes, grade descriptors and an audit of student logbooks further illustrated a discerning assessment model. Students had two attempts to pass end of year clinical examinations. If a candidate was unsuccessful on a second attempt, they were not permitted to progress to the following year. Coverage of clinical competency assessments and formative logbooks were considered for examination sign-up.

There was evidence that when a student did not meet the appropriate clinical competence for progression, they were not signed-up to take final examinations. These candidates were offered further training and support to bring their skills up to standard. The inspection panel was informed that the tutor team try and act early when there are signs that a student was struggling. Tutors also regularly discussed correlation of student experience and attempt to spread clinical opportunities evenly through each cohort. Student progress was reviewed on a weekly basis by tutors in term time.

Continuous assessment on clinics was appropriate and the students appeared confident in their clinical skills. The logging of grades awarded for clinical procedures was effective and showed development, which allowed tutors to monitor a student's progress. However, this would be greatly improved with better recording and central monitoring of student clinical experience.

The outreach provision was excellent and assisted in the attainment of the full range of clinical learning outcomes. Placements benefit from tutors taking an active involvement in supervision and the supportive funding links with NHS Education for Scotland (NES).

**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's management systems required further development, particularly the central recording of student clinical experience and attainment. The inspection panel was satisfied that current practices were workable, but the systems relied on tutors' informal knowledge of a small cohort, and the Integrated Student Information System (ISIS) was not sufficiently tailored to the specific monitoring needs of a clinical programme.

For this Requirement to be met, a recording system is required that will be aligned with student clinical logbooks and have functions to allow detailed monitoring of individual student development. A formal system of recording competencies would enable the School to track the students' progression more efficiently and transparently, and improve the student sign-up protocol at final examinations.

The inspectors heard plans to implement the newly developed system of LIFTUPP (Longitudinal Integrative Foundation Training Undergraduate to Postgraduate Pathway) within the next 18 months. LIFTUPP is a central recording IT programme that has established workplace-based assessment strategies which run on iPads. The inspectors agreed that the software has great potential and will, in time, provide an exceptional ability to centrally record clinical experience and student assessment. However, the system will be a recent development (both in its conception and its adoption by the School), and robust plans will be needed to manage the implementation and transitional period from older systems.

**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 Partly Met)**

The School showed a range of assessment methods within their mapping of the Learning Outcomes. Assessments and assessment strategy were considered robust and comparable with other institutions. The inspection panel attended the case presentations and felt the questions were appropriate and set at the correct level allowing the students to demonstrate a depth of knowledge and understanding.

Written papers were double marked and appropriately scrutinised by the external examiner. The inspection panel felt that the questions were somewhat procedural in their structure and could be improved by adding an element that allowed the student to apply their knowledge as well as demonstrating it. In the event of two internal examiners failing to agree a mark, the external examiner was asked to mediate. The inspectors felt that though this is not cited as common practice within QAA guidance, it was felt that the arrangement was once again appropriate within context of cohort size and the manner that the examinations were run in.

The inspection panel attended the post assessment meeting held by the tutor team after the final examinations. The inspectors considered the procedures and feedback to be well-handled and validated by the attendance of the external examiner. There was clear discussion about how well the assessments had been run and thoughts for future improvements. It was indicated that the information captured at this meeting would be fed back into the wider management framework outlined in Requirement 9.

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

The recording of continuous clinical assessment was undertaken in student logbooks but had not been transferred to a centralised system due to a lack of administrative staff to input the data. Several logbooks also appeared to be in operation, which often made the totality of student clinical experience difficult to judge.

Following the inspectors' visit in March, the overall student clinical experience was calculated by the School although not always accurately. The discrepancies identified by the inspectors were seen to be the recording of a lower level of experience than what was found to have been achieved by the students in their portfolios. The inspection panel appreciated the difficulty in backdating this sort of information as some elements of procedures may legitimately be counted for more than one skill and easily missed.

The inspection panel reviewed the amalgamated information and was satisfied that students were gaining an adequate breadth of procedures. The hygiene components were particularly well covered with student experience in dental therapy procedures not as notable. The inspectors felt the School should consider developing an indicative standard for the level of clinical experience a student should have attained for both disciplines, which could include consideration of experience, performance and transferrable skills. This would provide a benchmark that could be utilised in progress and sign-up decisions, and help balance the student activity between hygiene and therapy procedures.

**Requirement 20: The provider should seek to improve student performance by encouraging reflection and by providing feedback<sup>2</sup>(*Requirement Partly Met*)**

Feedback was well embedded in the programme and reflection was mapped into the programme as an assessment method. The inspection panel felt that the level of feedback by the tutors was appropriate.

Students undertook a portfolio of reflection assignments and were encouraged to record daily reflection in their logbooks. Student reflection was occasionally basic though there was evidence that showed students were actively encouraged to reflect critically and take time to consider their practice.

Students were enthusiastic about writing up their logbooks and showed an appreciation for the importance of reflection to their development as a clinical practitioner. It was clear that tutors emphasised to the cohorts the need to write up logbooks at the end of the day and seek to identify areas of practice that required improving.

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<sup>2</sup>Reflective practice should not be part of the assessment process in a way that risks effective student use

The inspection panel agreed that the Virtual Learning Environment (VLE) for accessing programme materials should be improved for BSc students, which would help promote reflection. A better link-up between the School and the GCU computer systems would be hugely beneficial as the BSc students did not currently have a single network to log into where all module and programme information could easily be accessed and reviewed. Different aspects of the programme materials were stored on different systems, some of which were GCU based and some specific to the School of Hygiene and Therapy. The inspectors felt this should be reviewed.

**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 Partly Met)**

The School provided the details of internal and external examiners, which assured the inspection panel that the examiners had the appropriate skills, experience and training to undertake the task of assessment, including a GCU guidance handbook. The inspectors observed that the process benefited from a close working relationship between the internal and external examiners.

For the clinical examinations, external and internal examiners examined by splitting each presentation to lead the questioning for half the allotted time. The marking was undertaken collaboratively at the end of the exam, once the student had left the room. The role of the scribes was well defined and administration of exam conditions maintained throughout.

**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 Partly Met)**

The external examiners were invited to report back and provide feedback on all aspects of the assessment and examination process. External examiners had sight of the written papers in advance of the examinations. The Year 3 external examiner combined this function while also taking an active participation in assessing the case presentations. There was evidence that external examiners reports were considered within the management framework.

The School intended to have three different external examiners for each of the three years of the programme. Due to university regulations, this was not possible this year and the same external examiner performed the function for Year 2 and Year 3. The intention was that three external examiners will operate from the 2013/14 academic year.

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

The inspection panel was satisfied that the assessment model was fair and set against clear criteria, however, the inspectors agreed that standard setting was basic and required improvement. The mechanism for standard setting was an informal process of discussion between the tutors and senior staff, who deferred to the external examiner for borderline decisions. There was no evidence of the use of any formal standard-setting process.

Written modules were marked using the GCU scheme with a 40% pass mark. Clinical modules were marked within a number sequence between 8-4. The inspectors felt that the five marking descriptors were satisfactorily worded and ranged from an 8 where a student showed excellent professionalism and work was performed to the highest standard to a 4, which described the work as poor with incompetence showed in every aspect.

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

Patient feedback was gathered by the School and within outreach, though further development was required for how this data may be appropriately incorporated into the assessment model. The inspectors were mindful of how difficult it is to standardise patient feedback in relation to assessments and appreciated this was an area that a lot of institutions were still working on.

Peer feedback was well embedded into various aspects of the programme including oral health promotion and within the communications skills component that was taught with BDS students in integrated restorative skills. The staff reported that the feedback between the two groups was very good and some healthy competition was often sparked that promoted team working.

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

Multiple samples of student performance were appropriately mapped by the School in their pre-inspection documentation. The inspectors were satisfied of the reliability of the assessment strategy after consideration of its application in practice. Evidence of a discerning process to award the pass and fail marks was seen at the Examination Board meeting and was in accordance with GCU regulations.

**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)**

Staff and students indicated they were aware of the expected standard and the assessment methods used by the School. The inspection panel was informed that module guides were given to all students at the beginning of a module and updated through annual module reports. Each assessment relating to a module was clearly defined with examples provided.

**Actions**

Req. No	Actions for the provider	Due date (if applicable)
16, 17, 19	A formal process of centrally recording clinical activities undertaken must be implemented. This should be designed to enable the School to monitor students' progression more efficiently.	Update to be provided through the 2014 GDC Annual Monitoring exercise

18	The questions used in written papers must be developed to ensure that they are less procedural and enable all the students to demonstrate application of their knowledge.	Update to be provided through the 2014 GDC Annual Monitoring exercise
16,19	The School should ensure that there is an even split between the procedures undertaken as part of the hygiene and therapy components of the programme, to give the students a more balanced experience.	Update to be provided through the 2014 GDC Annual Monitoring exercise
20	The School must develop the Virtual Learning Environment (VLE) to offer easier access for students to all course materials	Update to be provided through the 2014 GDC Annual Monitoring exercise
23	The School must develop the method of standard setting that is undertaken as it is currently at a basic level.	Update to be provided through the 2014 GDC Annual Monitoring exercise
24	The School must develop how it incorporates peer and patient feedback into the assessment model.	Update to be provided through the 2014 GDC Annual Monitoring exercise

## Standard 4 – Equality and diversity

The provider must comply with equal opportunities and discrimination legislation and practice. They must also advocate this practice to students

Requirements	Met	Partly met	Not met
27. Providers must adhere to current legislation and best practice guidance relating to equality and diversity	<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 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 type="checkbox"/>	<input checked="" 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 School has taken part in an Equality Impact Assessment (EQIA) through NHS Greater Glasgow and Clyde Health Board. This is the Scottish Government's "framework for delivering a culture change in the NHS where the patient focus was at the heart of service design and delivery."

A revised Equality and Diversity Policy is being developed, together with a new Equality Scheme that will outline the University's approach to mainstreaming equality and diversity, and developing Equality Outcomes in line with Equality Act 2010 requirements.

The University has a governance structure including a governance committee with representatives from the School in attendance. The inspection panel was informed that equality and diversity and patient involvement was a topic that has been discussed at the meeting for last three years. There was an understanding that it was a major aspect of the health care agenda.

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

All School members of staff were NHS employees and as such were subject to mandatory requirements regarding equality and diversity training. There was evidence that the School monitored and supported training but no details for its formal inclusion in staff appraisal mechanisms. This aspect will require further development.

**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 Partly Met)**

Student showed a good level of awareness of the importance of compliance with equality and diversity laws and principles. They received lectures both internally within the School of Hygiene and Therapy, and wider ranging lectures at GCU. However, the inspection panel agreed that more could be done to embed the principles throughout the three year programme and reinforce the importance within each module.

**Actions**

<b>Req. No</b>	<b>Actions for the provider</b>	<b>Due date (if applicable)</b>
28	The School must include an equality and diversity aspect within formal staff appraisal mechanisms.	Update to be provided through the 2014 GDC Annual Monitoring exercise
29	The School must undertake further work to embed the equality and diversity principles within the teaching across the three years of the programme.	Update to be provided through the 2014 GDC Annual Monitoring exercise

## Summary of Actions

No	Action	Observations Response from Provider	Due date
7	The School should consider adopting a specific system to record patient safety associated with student practice. The system should be aligned with Health Board procedures, outreach placements, and regularly emphasised to the students across programme delivery.	<p>All departments within GG&amp;C and Lanarkshire Health Boards must adhere to The Health and Safety Policy. The Director of Human Resources is responsible for ensuring that the Staff Governance Committee of the NHS Board is satisfied that the organisation is meeting its obligations under the Staff Governance Standard to provide an improved and safe working environment for staff and students.</p> <p>We feel that these measures are robust and allow for consistency within boards and the avoidance of duplication.</p> <p>DATIX is the system which aligns with all Health Boards and Outreach Placements, however to enhance this process the School have been in discussions with Glasgow University to extrapolate the information regarding students involved in DATIX incidents. This information can then be forwarded to GCU who have ultimate accountability.</p>	<b>Update to be provided through the 2014 GDC Annual Monitoring exercise</b>
16, 17, 19	A formal process of centrally recording clinical activities undertaken must be implemented. This must enable the School to monitor students'	Further to the appointment of a Programme Administrator, student's clinical activity is now recorded weekly on an Electronic Database. These	<b>Update to be provided through the</b>

	progression more efficiently.	<p>figures are examined each week by Year Co-ordinators, allowing an easy process of targeting correct clinical experience to the appropriate students.</p> <p>This has greatly enhanced accuracy of recording activity and no longer relies on tutor's informal knowledge of a small cohort.</p> <p>The efficiency of this new system will also greatly improve the student sign-up protocol at final examinations.</p> <p>The long term goal is the implementation of LIFTUPP (Longitudinal Integrative Foundation Training Undergraduate to Postgraduate Pathway)</p>	<b>2014 GDC Annual Monitoring exercise</b>
<b>18</b>	The questions used in written papers must be developed to ensure that they are less procedural and enable all the students to apply their knowledge.	<p>Currently two members of staff are external examiners for the RCS England and RCS Edinburgh, a large part of this role has involved question writing and standard setting for Hygiene and Therapy Exams.</p> <p>At present we are liaising with academic staff in GCU, Glasgow University and both Royal Colleges regarding staff undergoing training.</p>	<b>Update to be provided through the 2014 GDC Annual Monitoring exercise</b>
<b>16, 19</b>	The School should ensure that there is an even split between the procedures undertaken as part of the hygiene and therapy components of the course, to give the students a more balanced experience.	As all Level 1 modules are related to prevention and periodontal disease, students are involved in periodontal clinical treatment only. All competencies and assessment reflect this. Year 2 students progress to Adult restorative	<b>Update to be provided through the 2014 GDC Annual</b>

		clinical skills in Trimester 1 to coincide with BDS teaching. From this period on, there is an even balance of all clinical experience.	<b>Monitoring exercise</b>
<b>20</b>	The School must develop the Virtual Learning Environment (VLE) to offer easier access for students to all course materials	The School now has a Programme Administrator who now inputs all course material onto GCU Virtual Learning Environment known as GCULearn.	<b>Update to be provided through the 2014 GDC Annual Monitoring exercise</b>
<b>23</b>	The School must develop the method of standard setting that is undertaken as it is currently at a basic level.	Presently working with Academic staff within Glasgow University to discuss ways in which a Question Bank can be created to allow use for both BDS and BSc Programmes. We have also had input from Academic staff at GCU. This will ensure a more robust method of standard setting.	<b>Update to be provided through the 2014 GDC Annual Monitoring exercise</b>
<b>24</b>	The School must continue to develop how it intends to incorporate peer and patient feedback into the assessment model.	-Two Tutors currently undertaking training at GCU regarding online feedback to students allowing both assessment grades and feedback to occur in a timely manner.  -Patient Focused Public Involvement Group within NHSGG&C has devised a patient feedback questionnaire which students will now be encouraged to utilise.	<b>Update to be provided through the 2014 GDC Annual Monitoring exercise</b>

28	The School must include an equality and diversity aspect within formal staff appraisal mechanisms.	This is currently carried out and recorded electronically via Knowledge and skills framework and embedded in all staff's personal development plans. This is a core dimension within E-KSF.	<b>Update to be provided through the 2014 GDC Annual Monitoring exercise</b>
29	The School must undertake further work to embed the equality and diversity principles within the teaching across the three years of the programme.	We fully agree that this must be included and we will provide an update on how this is proceeding through the GDC Annual Monitoring Report.	<b>Update to be provided through the 2014 GDC Annual Monitoring exercise</b>

### Observations from the provider on content of report

I hope that this is sufficient information for you in advance of the GDC's Annual Monitoring Exercise. However please advise me if you require further clarification or information.

I would like to take this opportunity to thank the GDC Inspection Panel for their considerate and unobtrusive approach in carrying out this Inspection. This was much appreciated by the students and staff particularly during the final examination.

Angela McGee

Programme Director

BSc Oral Health Science

20<sup>th</sup> December 2013.

## **Recommendation 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.