

**Item 6
Education Committee
23 April 2009**

**REPORT OF THE GDC INSPECTORS ON THE
NEWCASTLE UNIVERSITY DIPLOMA IN DENTAL
HYGIENE & DENTAL THERAPY FINAL
EXAMINATIONS**

2 AND 3 DECEMBER 2008

REPORT OF THE INSPECTORS

PROF I C MACKIE

MISS S M MURRAY

ACCOMPANIED BY:

MR P BUTLER

Overview

A well organised and efficiently run examination with a clear commitment from all involved to fair treatment of candidates. It was clear that a great deal of hard work had been put in to the standard setting exercise which should be commended. Developments which would strengthen this examination include the introduction of child cases to the case presentation element of the examination. Guidance documentation would benefit from being updated and reorganised. Particular consideration needs to be given to whether patients should be required to attend the examinations and whether 2 external examiners should be used for future sittings.

Introduction

1. This report describes the General Dental Council (GDC) inspection of the final examination for the Newcastle University Diploma in Dental Hygiene and Dental Therapy. The report is based on the findings of the inspection and on supporting documentation provided before and during the inspection. The University will be given the opportunity to correct any factual errors in the report and to submit observations on its content.
2. The programme was inspected on 3 & 4 December 2007. A separate report covers the findings of this inspection.
3. A decision on the long-term 'sufficiency' of the programme for registration with the GDC will take place when the reports of the programme inspection, the final examination inspection and the respective sets of observations are considered by the GDC Education Committee. The reports and the observations will subsequently be published on the GDC website.

Overall assessment structure

4. There are 4 elements to the final examination for the Diploma. These are the written papers which include short answers, extended matching items, statement/reason questions, and picture identification questions; the 2 case presentations and the in-course assessment which comprises a project and summative assessments during terms 4 and 5. Each section has equal weighting.
5. To achieve an overall Pass with Merit, candidates must gain a merit in 3 of the 4 components of the final examination. To achieve an overall Pass with Distinction, candidates need to obtain a merit in all 4 components.
6. A poor performance in the clinical elements of the final examination cannot be compensated for by a strong performance in the written papers or in-course assessment.
7. Students are required to complete 22 competencies throughout the duration of the course. However, these do not contribute to the final examination or to any 'sign-up' or progress procedure. Any areas of deficiency are reportedly picked up on at an early stage but, in future, firmer 'sign-up' systems might be introduced.

8. The inspectors were impressed with the standard setting procedures which had taken place prior to the examination. It was clear that much hard work had gone into this process and there had been involvement from the external examiner as well as from tutors involved with delivery of the course. Further standard setting work would continue for additional assessment elements of the programme.

Written and in-course assessment

9. Students complete a research project on a topic of their choosing. Each research topic chosen is discussed with and validated by the students' personal tutors. The inspectors had the opportunity to examine the projects and found they covered a wide variety of subject areas. Projects are marked anonymously with student information removed from cover pages.
10. There are two written papers and the inspectors had the opportunity to look at the completed scripts during the inspection. The questions were found to be of an appropriate standard and depth. When the inspectors scrutinised the short answer questions they noted some minor inconsistencies in marking. Some markers had used half marks and this was not consistent with the model answers. A further inconsistency was noted, where for example, a candidate had been asked to list 5 typical signs but the candidate had given 6. There was evidence that the markers had chosen the best out of the 6 rather than just considering the first 5 and ignoring the sixth.

Case presentation/viva

11. Currently, there are 2 case presentations which deal with one periodontal case and one restorative case. For the restorative case, study models are used which the inspectors felt was an example of good practice since it broadened discussion to other areas such as occlusion. Child cases are not included in the examination. There are plans to introduce a third case presentation in future sittings which would cover paediatric cases. Consideration could be given to having just two cases - a paediatric case and another case referring to both restorative and periodontal treatment. This would give rise to further evidence of integrating the roles of hygienist and therapist.
12. The written case presentations had not been seen by the external examiner in advance. The inspectors felt it might be useful to do this in future to provide an opportunity to formulate and focus on areas of questioning.
13. Where patients failed to attend, the relevant candidates were informed that they would be neither advantaged nor disadvantaged. This helped to put the candidate at ease.
14. The inspectors felt there was a lack of guidance for students to select patients for this element of their assessment and this had resulted in differences in the standard of patient selection. The inspectors were told that, for the periodontal case, students were required to select a patient presenting with moderate to advanced periodontal disease. For the restorative case, the patient must have undergone a mixture of restorations employing different dental materials. The

- inspectors felt that guidance and selection criteria should be formalised and include more detail.
15. The inspectors were pleased with the overall conduct of the examination and were pleased to note that the examining pair were standardising their questions allowing for easy comparison between candidates. Timings for each case presentation seemed fair for all candidates and the environment was quiet and free from outside distractions.
 16. The inspectors were not sure of the value of asking patients to attend for the case presentation. One patient had come from Norfolk for the examination and spent a very short amount of time in the chair. Grading against quality of treatment clearly benefits from patient attendance but the School may wish to consider whether clinical photo's can be relied upon alone.

The examining team

17. The examining team was made up of the Course Director and the external examiner.
18. The inspectors had the opportunity to speak with the external examiner who reported that he had been provided with all the necessary paperwork, including completed examination scripts and handbooks, well in advance. He had been involved in the standard setting exercise and had had the opportunity to comment on examination questions. Feedback on duplication and possible ambiguity of questions had been taken on board.
19. The external examiner felt that the examination is well run with a good amount of support staff on hand to assist during proceedings. The external examiner was particularly impressed with the rigour and robustness of the standard setting which had been undertaken. The inspectors supported this statement.
20. The Examinations Committee report for October 2008 commented that, in future, the inclusion of a third case presentation in the examination coupled with an increase in student numbers, might lead to the need for 2 examining teams. One of the teams would comprise an internal and external examiner while the other would include two internal examiners. The current external examiner felt that this may be difficult to achieve and could result in the effectiveness of the external examiner's input being reduced. The inspectors agreed with this and feel that consideration might be given to using 2 external examiners in future sittings.

Board of Examiners meeting

21. The exam board meeting was attended by the Course Director, Principal Tutor, External Examiner, Chair of Examinations' Committee, School Manager and an administrative secretary.

22. At the meeting, the pass mark was confirmed as being 60%. A merit would be awarded for grades of 80% and above. Borderline cases would fall between 55% and 59%.
23. The grades achieved by each student were confirmed and recorded. Of the 8 students, 6 gained a Pass, 1 gained a Pass with Merit and 1 student achieved a Pass with Distinction. The inspectors were informed that the results would be posted up for students before the end of the day. The pass list would be presented by candidate name rather than number.
24. The external examiner gave feedback on the examination process and expressed his overall satisfaction with the running of the examination. He reported that the set-up of the examination was excellent and that the environment used allowed students the best opportunity to give a good performance.

Requirements

To the school

- The final examination must include the candidates presenting a child case which they have managed and treated (11).

Recommendations

To the school

- The introduction of a firmer system for the 'sign-up' of candidates for final examinations should be considered (7).
- It could be considered whether the restorative and periodontal case presentation could be covered by one suitable patient. This would then cover both Hygiene and Therapy in one case (11).
- Written case presentations could be sent to the external examiner in advance (12).
- More detailed guidance on selecting suitable patients should be provided (14).
- Consideration should be given as to whether patients should be required to attend in person (16).
- With the possible introduction of 2 examining teams, the need for a second external examiner should be considered (20).

(Numbers in brackets refer to individual paragraphs within the main body of the report).

Mr Peter Butler
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Dear Peter

Re: Inspection Report on Newcastle Diploma in Dental Hygiene and Dental Therapy Final Examinations

Thank you for your letter dated 23rd January 2009 and enclosing the above report following the inspection on the 2nd and 3rd December 2009. Further to my previous e-mail I can confirm formally that the Report was an accurate representation of the inspection and the examination process for the Diploma in Dental Hygiene and Dental Therapy. I would also like to thank the Inspectors for their constructive comments regarding the examination and, in particular, with respect to the standard setting process to which we have devoted considerable time and effort and which we believe is extremely robust.

The report has been duly considered by the Curriculum Committee for the Diploma Programme. Professor John McCabe, Director of Studies and Chair of Board of Studies, attended the curriculum meeting and fully supported the response and will recommend and support it's adoption at the meeting of Board of Studies of the School of Dental Sciences on 20th February.

Following our considerations and discussions, I would now like to submit the formal response to the requirement and recommendations made by the inspection team.

Requirement

- **The final examination must include the candidates presenting a child case which they have managed and treated.**

Response

As I mentioned in my personal meeting with the inspection team on the 3rd December 2008, the Examination Committee had already considered the incorporation of a child case presentation in the examination. We agree entirely with this requirement although it will necessitate a change to our Regulations. The issue has already been discussed at the Curriculum Committee for the Diploma in Dental Hygiene and Therapy and will thereafter be taken to the Dental Sciences' Board of Studies on 20th February 2009. This will also necessitate a submission to the Regulations and Approvals Sub-Group of the Faculty of Medicine's Teaching and Learning Committee in March 2009. When we receive confirmation of this proposed change to the Regulations we will be able to introduce the change for the cohort of students starting their final year of study in 2009. The child case presentation will therefore feature in the examination for the first time in 2010.

Recommendations

- **The introduction of a firmer system for the ‘sign-up’ of candidates for final examinations should be considered.**

Response

A firmer system for the progression and ultimately “sign-up” of candidates for the final examinations will be introduced. That process will include satisfactory completion of both clinical skill courses together with documented evidence of having completed the core skills activities that are undertaken predominantly during the last 3 terms of the course. The review of this documentation will be carried out by the Director of the Programme and one of the principal tutors following discussion with the individual student.

- **It could be considered whether the restorative and periodontal case presentation could be covered by one suitable patient. This would then cover both Hygiene and Therapy in one case.**

Response

Whilst considering the introduction of the child case presentation we were aware that this would increase the clinical components of the examination and we thank the Inspectors for the recommendation that the restorative and periodontal case presentation could be covered by one suitable patient. We propose, therefore, to adopt this recommendation again, with a change of Regulations so that the clinical component of the final examination comprises two clinical case presentations for which the student will need to demonstrate the care provision for an adult and a child patient.

- **Written case presentations could be sent to the external examiner in advance.**

Response

Summaries of the case presentations will be sent to the external examiners at least 2 weeks before the examination.

- **More detailed guidance on selecting suitable patients should be provided.**

Response

More detailed guidance will be provided on selecting suitable patients for the case presentations. We recognise this is particularly important with the introduction of one presentation that will cover both Hygiene and Therapy in one case.

- **Consideration should be given as to whether patients should be required to attend in person.**

Response

We appreciate that it is more challenging to ensure that child patients attend examinations when this inevitably will involve taking time off school. It is therefore our intention to use documented records, photographs, models and radiographs for the child case presentation although we feel it is useful to have the adult patient present, albeit for a small time. The point raised by the

Inspectors in paragraph 16 of their report regarding the patient who had travelled from Norfolk for what proved to be only a very short time was certainly valid but this was an extremely unusual circumstance. We are also aware that the students really appreciate the opportunity to “show off” their successful (and often impressive) management of their cases and that the full impact of the treatment is not always obvious from records alone. We would, for the foreseeable future, like to continue to invite adult patients to attend the examination.

- **With the possible introduction of 2 examining teams, the need for a second external examiner should be considered.**

Response

The introduction of 2 examination teams for the Diploma Final Examination was considered at the point when we were looking to increase the number of students on the course. In view of the current increase in dental student numbers this has not actually transpired and we feel that it would be difficult to justify to the University on academic grounds the need to have a second external examiner for only ten students. In the light of the introduction of the child case presentation, however, we will ensure that the internal and external examiners are complementary with one having a paediatric dentistry background and the other restorative dentistry.

May I finally thank the Council for granting short-term sufficiency for the Diploma Programme at Newcastle and I look forward to receiving further communication from Council following the consideration of the responses by the Education Sub-Committee.

With kind regards

Yours sincerely

Professor P A Heasman
Diploma Programme Director
Dental Hygiene and Dental Therapy