

**INSPECTION OF THE DIPLOMA
IN DENTAL HYGIENE**

QUEEN'S UNIVERSITY BELFAST

13 & 14 DECEMBER 2006 & 19 JUNE 2007

**REPORT OF THE
INSPECTORS**

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OVERVIEW

The small size of the School of Dental Hygiene fosters a strong sense of community and good working relationships between staff and students (paragraph 37). The high standard of students and the quality of recent graduates of the Diploma in dental hygiene are apparent. Teaching from academic and clinical specialists within the Dental School and other institutions, and community dental experience in a variety of settings, enhances the students' education (paragraphs 25, 42). Teaching of dental radiography is a particular strength (paragraph 30).

The School is in the process of modifying the dental hygiene curriculum, as recommended by Queen's University, to ensure that the programme components are modularised. As this process takes place, the School must also ensure that the programme conforms to the specification defined in the GDC guidance document *Developing the Dental Team* (paragraph 32).

Opportunities for co-teaching of Diploma and BDS students are limited currently and should be considered during the curriculum restructuring phase (paragraph 34). Staff appraisal and personal development planning for the tutors are lacking at present and must be prioritised (paragraph 44).

FOREWORD

Purpose

1. As part of its duty to protect patients and promote high standards, the General Dental Council (GDC) monitors the education of dental students and dental care professionals (DCPs) at institutions where qualifications are approved by the GDC. The aim is to ensure that these institutions provide high-quality learning opportunities and experiences and that students who obtain a dental or dental care professional qualification are safe to practise.

GDC process

2. The purpose of the inspection visit to the Belfast School of Dental Hygiene was to assess whether the Diploma in Dental Hygiene conforms to the GDC's requirements for the training of dental hygienists and whether, on qualification, students with the Diploma would be suitable for registration with the GDC as dental hygienists.
3. This report sets out the findings of a two-day inspection visit to the School of Dental Hygiene, using the assessment principles and guidelines set out in *Developing the Dental Team – Curricula Frameworks for Registrable Qualifications for Professionals Complementary to Dentistry* as a benchmark. The report is based on the findings of the inspection visit and on a consideration of supporting documents prepared by the School.
4. The School will be given the opportunity to correct any factual errors and then submit its observations. This report will be considered by the Education

Committee of the GDC. The report, together with the School's observations, will be published on the GDC website.

Introduction

5. The inspection of the Diploma in Dental Hygiene programme at Belfast School of Dental Hygiene took place on 13-14 December 2006. We were welcomed by Professor G J Linden, Director of the School of Dental Hygiene. During our inspection we met with current and former Diploma students, academic and clinical staff and Trust personnel, had a tour of the Dental School building and Medical Library, and visited outreach centres in Belfast and Lisburn. We would like to thank all involved for their help, courtesy and co-operation during the inspection.
6. The Diploma programme was last inspected by the GDC in 2000. The BDS programme and final examination were inspected in October 2004 and June 2005 respectively, and a GDC inspection of the continuing professional development (CPD) provision for dentists in Northern Ireland took place in February 2006.

Context

7. The School of Dental Hygiene has a collaborative arrangement with Queen's University Belfast (QUB). The School conducts annual 'pathway reviews' of the curriculum and in October 2006 the QUB Validation Sub-committee undertook a five-year review of the standards and quality of the collaborative provision.
8. Funding is provided by the Department of Health, Social Services and Public Safety (DHSSPS) of Northern Ireland, and School costs are recharged to DHSSPS on a quarterly basis. DHSSPS makes a contribution to QUB to recognise the collaborative arrangement; accordingly, dental hygiene students have full access to QUB's student support, library and IT resources. The students we met considered themselves to be full members of the University.

Student recruitment and selection

9. Advertisements are placed in the local press and prospective students apply directly to the School. Current eligibility requirements are: five GCSEs or GCE O-levels at grade C or above (including at least one science subject plus English) and either the NEBDN certificate in dental nursing or two GCE A-levels at grade E or above. Five places are offered annually.
10. A DHSSPS bursary is normally available to successful applicants and is paid in termly instalments; students are ineligible for additional student loans. We understand that all current Diploma students are in receipt of the bursary.
11. All students in the two current cohorts had between one and seven years' dental nursing experience prior to enrolment, and several had previously applied unsuccessfully to enter the programme.

12. The physical parameters of the Dental School building and an absence of additional earmarked DHSSPS funding prohibit any immediate expansion of student numbers beyond the current intake level of five students per year.

EDUCATIONAL ENVIRONMENT

Accommodation and equipment

13. Diploma students are largely taught within the Dental School and Hospital. The Dental School has changing rooms, locker facilities and a canteen, which are available for use by the Diploma students. Hygiene students said that they made little use of the common room in the building.
14. Study rooms suitable for use by small groups of students may be booked at the Medical Library, and the Diploma students regularly use these rooms.

Operative techniques

15. Scaling and root planing techniques are taught in the clinical techniques laboratory, which contains phantom heads, a CCTV system and a fixed PC with digital overhead projection facilities.

Teaching rooms

16. Lectures and tutorials are held in classroom one of the Dental School. This classroom, which is equipped with a ceiling-mounted data projector and screen and has a selection of dental learning materials, is well-suited for small group teaching. Students may use this room for private study when it is not booked for teaching.

Clinical accommodation

17. Clinical sessions take place mainly in the periodontal clinic, an 11-chair unit with an additional side surgery, in which chairs are dedicated to student hygienist use. Nursing assistance is sometimes available. Adjacent to the clinic is a room equipped with 'little sister' autoclaves for instrument sterilisation, although we understand that some packing and transfer of instruments to a central sterilisation unit on the Royal Group of Hospitals (RGH) site also takes place.

Library and IT facilities

18. The main library resource for the students is the Medical Library, which is nearby on the RGH site. Students have an introductory tour of the library with a senior librarian and learning support continues during the programme, for example in online searching. In addition to a selection of dental journals and computer access, there is a good range of current textbooks available for different loan periods, as well as online access to a variety of electronic journals. All students we spoke to stated that they made good use of the Medical Library facilities. Additional, more limited, library resources are available within the School of Dental Hygiene itself and at the Eastern Health and Social Services Board (HSSB) Headquarters in central Belfast.

19. There are 45 PCs in the Medical Library, and further computing facilities are available on the QUB campus in South Belfast. Each Diploma student has an individual login and full access to university IT facilities.

CLINICAL ENVIRONMENT

20. After clinical sessions the supervising clinician provides immediate feedback on each student's performance, grades the procedures performed and signs off record sheets in the logbook. The design of the logbooks is not conducive to reflective practice by students, and written feedback from clinical supervisors is not always given. Redesign of the logbooks would encourage better use by both students and supervisors, and enhance learning.
21. Patients are referred from consultant diagnostic clinics in the periodontal department and other specialties within the Dental School, and the Assistant Director and senior tutor ensure that a suitable case mix appropriate to the stage of training is available. According to figures given for the current year two cohort, each student typically has 150-190 patient contacts during their course.
22. We experienced a good working atmosphere in the periodontal clinic which we observed during the inspection, with the students interacting well with patients and the supervising tutor. Clinical supervision was relaxed and purposeful.
23. Year two students are timetabled to work alongside fifth year BDS students in the 'total patient care clinic' component of the BDS programme but the nature of the working relationship between the two groups was not explained. The lack of joint patient care represents a missed opportunity for the development of a teamworking approach which should be more fully exploited, as recommended in *Developing the Dental Team*.

Clinical placements

24. In year two, students undertake two week-long placements at community dental service (CDS) clinics in Belfast or in Lisburn. The first placement is in an observational capacity only, students have the opportunity to treat patients during their second placement.
25. We visited, as two separate smaller groups, the Arches Treatment Centre in Belfast and the community dental clinic in Lisburn; at each location we met community dental practitioners and toured the facilities. Both centres are well-designed and equipped, with four dental chairs within a larger community clinic setting. Outreach centre staff were enthusiastic about the students' input and commented on the close working relationship with the School. This outreach placement appears to work successfully. However, we are concerned that the attachments are too brief for students to acquire significant experience of community patient management, treatment of paediatric patients or procedures such as placement of fissure sealants. Thought might be given to extending the duration of the placements to enable students to gain further important experience in these areas.

26. We hope opportunities to expand the number of placement venues may come with the implementation of the Primary Community Care Infrastructure (PCCI) project in Northern Ireland. This project will see the development of up to fifty healthcare centres across Northern Ireland; some centres will have provision for salaried general dental practitioners and outreach training, in addition to the CDS.
27. The Trusts operating the CDS clinics have differing policies with regards to Criminal Records Bureau checks and the duties which students are allowed to undertake; these differences can present challenges when designing the Diploma timetable.
28. As well as the CDS placements, students spend one session per week for four weeks in the Community Paediatric Clinic, focussing on fissure sealant placement and one session at the Royal Victoria Hospital for Sick Children. Students visit local primary schools to design a preventive programme for delivery to a group of children, and provide health education information for expectant mothers at the Royal Jubilee Maternity Hospital.

CURRICULUM

29. During pre-clinical training, students are introduced to the clinic, shown how the units operate, and given training in first aid and CPR. Students are taught within the clinical setting how to record indices and give oral hygiene instruction. Cross-infection control is taught in years one and two. Anatomy lectures are delivered throughout year one. During year two, in addition to the periodontal clinics, students receive radiology training, observe consultant clinics in periodontology, conservative dentistry, oral medicine and special needs, and undertake clinical placements.
30. The teaching and hands-on experience of dental radiography are notable strengths of the Diploma. Students have access to excellent X-ray imaging facilities and will record 80–100 images on patients during their training. Upon successful completion of the dental radiography module, students are awarded the British Society of Dental and Maxillofacial Radiology certificate. The year two radiation protection course is co-taught with year three BDS students, and dental hygiene students receive tutorials to cover basic concepts in physics associated with it.
31. Recent graduates from the Diploma programme commented upon having limited opportunities to use their radiography training upon qualification. We suggest that radiography trainers on the Diploma programme should explore this issue with past and present dental hygiene students, and with general dental practitioners as the opportunity arises, so that ways can be found to promote the use of these skills in the general dental practice setting.
32. The Diploma curriculum has not evolved in response to the publication of *Developing the Dental Team* in 2004. This was apparent from documentation received prior to the inspection, which cross-referenced to the 1997 GDC *Curriculum for Dental Hygienists* document, and was reinforced by comments made by staff involved with delivery of the programme. The five-year review's

recommendation that '...the programme structure and module contents be realigned to ensure that the overall programme can be identified in credit terms...' provides an additional driver for change.

33. The School faces a significant twofold challenge in restructuring the curriculum. The constraints imposed by QUB on the modularisation process were not fully described to us. However it was mentioned by teaching staff that modularity might undermine the linearity of the curriculum. To facilitate the restructuring process the School will be guided by a Lecturer in Education in the Dental School. We understand that restructuring will begin in early 2007 and is expected to be complete by summer 2007. We urge that there should be no slippage in this restructuring, so that a modified curriculum is in place for the September 2007 intake. The updated curriculum and its mapping against *Developing the Dental Team* should be submitted to the GDC for approval by the Education Committee.
34. The co-education of BDS and dental hygiene students is at present limited and opportunities for further integration of their teaching should be considered when the new curriculum is being designed. Two relevant projects have been identified; a research project to explore barriers and prejudices between healthcare professionals, the second idea to enable final year dental hygiene students to share practice with year one BDS students. These are highly commendable initiatives which, if effected, should assist the development of joint teaching approaches.

Assessment

35. Students are assessed via written examinations, practical assessments and clinical work. Details of the final examination will appear in a separate inspection report. Clinical, practical and written assessments and examinations are generally marked using an intention grading system, summation matrices are used to determine overall grades:

Grade 5 – distinction
Grade 4 – good pass
Grade 3 – pass
Grade 2 – borderline fail/may be compensated
Grade 1 – fail

36. Some staff from the Dental School and other institutions who deliver parts of the curriculum use differing assessment techniques, and some are not involved in formally assessing the students. A map detailing all assessments, the type of each one and its contribution, if any, to the Diploma, may help staff and students to understand the process. Overall, a greater level of clarity in student assessment across the curriculum is required.

Student support

37. The small cohort sizes foster good working relationships between staff and students and a strong sense of community within the School. The students who we met were motivated, delighted to have been accepted onto the programme

and satisfied with their experience during the Diploma. Students commented that they received good academic and pastoral support from School staff, particularly the senior tutor, and could seek help or advice from staff at any time.

38. In addition to informal feedback, each student meets individually with the senior tutor on a regular basis to discuss their progress. Students complete annual written evaluations of the course, which are considered at staff meetings and at the annual pathway review, and graduates from the Diploma may also provide written assessments. The staff-student consultative committee meets twice per academic year.

STAFFING

Management support

39. Senior university personnel were supportive of the School and of the role of dental hygienists in Northern Ireland. Links between staff of the School of Dental Hygiene and the Dental School were felt to be well-developed, with formal committee structures in place to aid communication. It was acknowledged that increasing intake levels to the Diploma would be difficult due to space constraints and recent increases in BDS intakes.

Teaching staff

40. The Director, who heads the restorative dentistry department in the Dental School, has a nominal attachment of up to one session per week in the School of Dental Hygiene. The Assistant Director (1.0 fte) and senior tutor (0.7 fte) provide management and administration within the School and are supported by three tutors (1.1 fte), a dental nurse (0.5 fte) and a secretary (0.5 fte). The tutors are employed by the Trust and formally recognised as teachers by the university. The tutors work well together as a team and voiced strong support for the senior tutor.
41. There have until recently been additional burdens placed on staff as the senior tutor post was vacant for approximately one year and there have been considerable staff absences on health grounds, a situation which appears worryingly unresolved at the time of the inspection. A dental therapist on a three-month secondment from CDS and a staff dental hygienist (0.2 fte) in the periodontal department are expected to be in post in the near future, which might address some of these problems.
42. A significant proportion of the curriculum is delivered by specialists from the Dental School and other institutions, which enhances the students' educational experience. Their contribution to the design and development of the Diploma curriculum is, however, limited. Closer formal links between these teachers and the School of Dental Hygiene, particularly during the curriculum restructuring, would be beneficial.

Staff development

43. Most of the tutors have completed the Further and Adult Education Teaching Certificate. Attendance at courses, workshops and local and national association meetings is encouraged, however staffing constraints (paragraph 41) appear to curtail participation in events outside Northern Ireland.
44. We are concerned that annual staff appraisals and personal development planning for the tutors are not taking place. This is highly detrimental to the morale and work of those concerned and should be addressed as a matter of urgency.

Final examination: Diploma in Dental Hygiene

45. An inspection of the final examination took place on 19 June 2007.
46. The Diploma in Dental Hygiene is offered by the Belfast School of Dental Hygiene under a collaborative agreement with Queen's University of Belfast.
47. The current assessment strategy in the Belfast School of Dental Hygiene is based on regular formative and summative assessments of student progress. The course is divided into modules and within each module there are formative assessments. The end of each module is marked by a summative assessment. Normally, a student cannot proceed to a new module without satisfactorily completing the preceding module.
48. During the first year there are two summative assessments. There is an assessment at the end of the first semester which examines the pre-clinical module. This pre-clinical examination must be passed before a student can progress to the clinical component of the course, which generally begins in January of the first year. The students have a primary examination in June at the end of their first year which must be passed to allow progression to the second year. An external examiner is in attendance at the primary examination. In addition to the summative examinations there are a number of formative assessments during the first year. Each episode of clinical activity is assessed and graded by the supervisor responsible for the student on the relevant clinical session. These formative assessments allow the students to gauge their progress as they acquire increased knowledge and skills during the course.
49. There are a number of summative assessments in the second year. There is an assessment at the end of the first semester (Christmas), which includes both a written examination and a clinical assessment. Subsequently the students complete a radiography course and have an examination in this subject. Each student submits a report on their Community Dental Service attachment as part of an assessment which is usually in March of the second year. A completed dissertation is presented in May of the second year and this is marked internally prior to despatch to the external examiner who is involved in the final examination. This dissertation must be passed to the satisfaction of the internal examiners before the student can be admitted to the final examination. The final examination takes place in June of the second year and includes a written examination, the presentation of a completed clinical case and consideration of the overall progress made by the student throughout the course as evidenced by a continuous assessment grade. An external examiner is involved in the final

examination to ensure that the students have reached an appropriate standard prior to the award of a Diploma in Dental Hygiene.

Overall structure

50. The Final Examination has three components namely a written examination, the presentation of a completed clinical case and an assessment of continuous progress, as described in paragraphs 47 to 49 above. Each component contributes equally to the outcome of the examination.

Written examination

51. The written examination consists of 2 papers in each of which the candidates have to answer 6 out of 8 questions. The questions are of the short answer type with two hours available for each paper. Model answers are prepared by the internal examiners for all questions.
52. The inspectors noted that at least one topic in the written examination had featured last year and in the previous year. This could result in students believing that a particular topic will feature every year and might restrict their preparation accordingly. There should be sufficient variation in the generation of examination topics to ensure that students know that they are “at risk” of any topic in the curriculum featuring in the written examination papers and that there are no “certain” topics which occur every year.
53. Each student is given a randomly generated examination number from Queen’s University and it is only this number which is used to identify the examination scripts. The completed scripts are marked independently by two internal examiners who each assign a provisional grade to the questions. The internal examiners meet to agree a final provisional grade for each question and an overall provisional grade for the papers. The completed scripts with the provisional grades and model answers are forwarded to the external examiner. The final grade for the papers is agreed at the final examination when the external examiner and internal examiner meet to discuss the papers. It is only after the final grade is agreed that the codes are broken to identify the name of the student who completed each written paper. The inspectors were satisfied that the written examination was suitably marked using an appropriate double-blind marking system.

Case presentations

54. Students present a completed clinical case which they have treated. The examination takes place in the dental hospital clinic and lasts for a minimum of 25 minutes. During this period the student outlines the management of the case highlighting relevant factors in the history and examination of the case and describing the treatment provided and the prognosis for the patient. The internal and external examiners examine the patient. The examiners may ask questions in relation to any aspects of the treatment provided.
55. The inspectors noticed that, at times, students waiting to present their cases remained in the clinic in close proximity to the presenting student. We felt that

this should be avoided in the future as it could place additional pressure on the presenting student.

Examination Board meeting

56. All internal and external examiners attended the Examination Board meeting. All six students admitted to the Final Examination in 2007 passed.

External examiners' comments

57. The external examiners expressed their satisfaction at the format and arrangements for the final examination and felt it to be a fair test of the students' abilities. The inspectors concurred with this view.

Overview of final examination

58. We feel that the Final Examination provides a rigorous assessment of candidates' knowledge and skills. The marking matrices are clear and fair and the level and volume of assessment (including continuous assessment) are appropriate. We understand that changes to be introduced into the curriculum from next year will not significantly alter the format of the Final examination process.

RECOMMENDATIONS

The key areas for action identified by the inspectors are summarised below. Additional comments are contained within the body of the report itself. Figures in brackets refer to paragraphs in the main body of the report.

1. To the GDC

- The GDC Education Committee should review the updated Diploma curriculum to be assured that it complies with *Developing the Dental Team* (33)

2. To the School of Dental Hygiene

- Clinical logbooks should be redesigned to enable reflective practice by students and addition of comments from staff (20)
- Development of the outreach experience, to allow increased clinical contact with patients, should be considered (25)
- The *Developing the Dental Team* document must become the cornerstone of the remodelled Diploma curriculum (32)
- The restructured curriculum and its mapping against *Developing the Dental Team* should be submitted to the GDC (33)

- Steps should be taken to ensure that there is greater clarity in student assessment across the curriculum (36);
- Issues surrounding staff shortages and recruitment must be addressed (41);
- All teachers outside of the School of Dental Hygiene who are involved in delivering the programme should be made familiar with *Developing the Dental Team*, and liaison with School staff on curriculum requirements is essential (42);
- Staff appraisal and personal development planning for the tutors must be prioritised (44);
- The written examination papers should contain a wide range of topics to test students overall knowledge (52)
- Students waiting to be called for their clinical case presentations should be accommodated away from the open clinic until their patient arrives (55)

3. To the NHS Agencies

- Consideration should be given to seeking the School's input as the PCCI project rolls out, in order to facilitate future outreach placement facilities and opportunities (26);
- Trusts need to work more closely with the School to ensure that students' CDS placement experience is not compromised (27).

Annex One - Inspection programme

(We met other staff and students during the inspection tours).

Wednesday 13 December 2006

- 09:00 **Inspectors meeting**
- 09:30 **Meeting with senior staff from School of Dental Hygiene**
Prof G J Linden (Director)
Mr J E Briggs (Assistant Director)
Miss M L McGrath (senior tutor hygienist)
- 10:30 **Coffee**
- 10:45 **Meeting with lecturers**
Dr C R Irwin (reader/consultant, periodontology)
Dr W J Coulter (senior lecturer/consultant, oral microbiology)
Dr C A Burnett (clinical lecturer, prosthetics)
Mr T J Clifford (senior lecturer/consultant, prosthetics)
Prof P J Lamey (professor/consultant, oral medicine)
Mr S A Killough (specialist registrar, restorative dentistry)
- 11:30 **Meeting with Hospital administrator**
Miss G Traub (Sub-Divisional Directorate Manager)
- 12:00 **Meeting with DHSSPS representatives**
Mr D E O'Carolan (Acting Chief Dental Officer for Northern Ireland)
Mrs D Taylor (Head of education and training unit)
- 12:30 **Lunch**
- 13:45 **Tour of Medical Library and Dental School building**
- 15:00 **Inspectors discussion**
- 15:30 **Meeting with lecturers**
Dr C O'Reilly (lecturer, anatomy)
Miss P Speedy (senior health promotion officer, Eastern HSSB)
Mrs C Boyd (senior radiographer, radiology department)
Mr J Biggart (senior physicist, Forster Green Hospital)
- 16:15 **Meeting with University representatives**
Prof R Hay (Head of School of Medicine and Dentistry)
Prof D J Burden (Head of Dentistry and Clinical Director, School of Dentistry)

Thursday 14 December 2006

- 09:15 **Meeting with dental hygiene tutors**
Miss M L McGrath (senior tutor hygienist)
Mrs M P O'Neill (tutor hygienist)
Mrs P Patrick (tutor hygienist)
Mrs J D Patterson (tutor hygienist)
- 10:00 **Meeting with year one dental hygiene students**
- 10:30 **Meeting with year two dental hygiene students**
- 11:00 **Coffee**
- 11:15 **Visits to Arches Treatment Centre and Lisburn Community
Dental Clinic**
Dr A Sweeney (dental services coordinator, S&E HSSB)
Mrs A McKeown (dental health coordinator, S&E HSSB)
- 13:00 **Lunch**
- 14:00 **Meeting with employers and dental hygienists**
Mr P G Tumelty (GDP)
Mr H Graham (dental practice adviser, Eastern HSSB)
M McWilliams (dental hygienist)
L Lafferty (dental hygienist)
F Taggart (dental hygienist)
- 14:30 **Meeting with Head of Teaching and Lecturer in Education**
Dr C D Johnston (Head of Teaching, School of Dentistry)
Dr S Morison (Lecturer in Education, School of Dentistry)
- 15:00 **Inspectors discussion**
- 16:00 **Final meeting**
Prof G J Linden (Director, School of Dental Hygiene)
- 16:30 **Departure**

INSEPCION OF THE DIPLOMA IN DENTAL HYGIENE

QUEEN'S UNIVERSITY BELFAST

SINGLE UNIFIED RESPONSE

MAY 2007

This document outlines a formal unified response to the GDC report on the inspection of the Diploma in Dental Hygiene which took place on 13 and 14 December 2006. We are pleased that the GDC panel of inspectors recognised the success of the programme to date, and are grateful for their comments in relation to further improving the course.

Recommendations to the School of Dental Hygiene

- Clinical logbooks should be redesigned to enable reflective practice by students and addition of comments from staff

The clinical logbooks used by the dental hygiene students are being redesigned to facilitate reflection by the students. The redesigned logbooks will also allow staff to make comments on the outcomes of treatment over and above the grade awarded for each episode of supervised treatment. It is anticipated that the redesigned logbooks will be introduced at the start of the next academic year in September 2007.

- Development of the outreach experience, to allow increased clinical contact with patients, should be considered

Discussions are ongoing with the Community Dental Service (CDS) in Belfast aimed at increasing the length of hygiene student placements. There is considerable enthusiasm both within the School of Dental Hygiene and in the CDS for an increased attachment of the hygiene students. We are confident that agreement can be reached to allow the next hygiene student intake (September 2007) to have a substantially greater exposure to child patients within the CDS. We are currently aiming to increase the amount of time that students spend in the CDS during their course to 4 weeks. The strong focus will be on increasing student clinical activity rather than observation.

- The *Developing the Dental Team* document must become the cornerstone of the remodelled Diploma curriculum

The curriculum for the Diploma in Dental Hygiene is being reframed. The Northern Ireland Department of Health have supported this work by providing extra resource to allow the School to engage the services of an educationalist on a part time basis. The individual, who has considerable expertise in this area, is currently providing help and support to the School of Dental Hygiene to restructure the course. The School is confident that it will be able to produce a course which incorporates the learning outcomes published by the GDC in 'Developing the Dental Team'. The course is also being designed to fit with requirements of Queen's University in relation to collaborative provision.

- The restructured curriculum and its mapping against *Developing the Dental Team* should be submitted to the GDC

The restructured curriculum, which will map to the curricular guidelines in 'Developing the Dental Team', will be submitted to the GDC on its completion. The aim is to produce the necessary amended programme specifications and module proformas before the end of the current academic year.

- Steps should be taken to ensure that there is greater clarity in student assessment across the curriculum

As a natural consequence of the changes to the programme structure there will be an in depth review of the assessment strategy so that they are closely related. A strong focus is to ensure that all those involved in the delivery of the course will have a clear understanding of the linkages between the assessments and the course. The School will be submitting the revised curriculum to the GDC Education Committee for approval and this will include an outline of the proposed assessment procedures.

- Issues surrounding staff shortages and recruitment must be addressed

There are two separate staffing issues which have been affecting the School of Dental Hygiene. One is long-term staff illness affecting two members of staff. These individuals are now being supported with assistance from the Occupational Health Department in the Royal Group of Hospitals. The second issue relates to unfilled tutor sessions resulting from changes in staffing which have occurred over the recent past. The School is currently confirming the availability of the resource to fund 4 tutor hygienist sessions and are confident that these sessions will be advertised in the near future. In the meantime there have been some short-term measures to provide extra cover for clinical supervision in the hygiene school.

- All teachers outside of the School of Dental Hygiene who are involved in delivering the programme should be made familiar with *Developing the Dental Team*, and liaison with School staff on curriculum requirements is essential

It is planned to have small group sessions for the teachers external to the School to inform them about the reframed curriculum and the associated changes in the course and its assessment. The importance of focusing teaching on the learning outcomes in DDT and thus keeping the teaching relevant to dental hygiene will be emphasised. At an individual level each teacher will be informed of the specific learning outcomes which relate to the teaching they provide in the dental hygiene course. A copy of 'Developing the Dental Team' will be distributed to and discussed with each of the teachers who are external to the School.

- Staff appraisal and personal development planning for the tutors must be prioritised

The senior tutor was appraised in February 2007. The School are arranging for the appraisal of the other 3 tutors as a matter of urgency. The round of appraisals will be completed by July 2007. A continuing programme of appraisals is being developed.

Recommendations to the NHS Agencies

- Consideration should be given to seeking the School's input as the PCCI project rolls out, in order to facilitate future outreach placement facilities and opportunities

The Director of the School has raised this issue with the Head of Dentistry who is co-ordinating the discussions regarding outreach placement and PCCI in relation to undergraduate dental education. The issue has also been flagged with the Chief Dental Officer. The School is confident that it will have an input to future discussions and will be able to avail of any new teaching outreach facilities developed as part of PCCI.

- Trusts need to work more closely with the School to ensure that students' CDS placement experience is not compromised

The School will ensure that Trusts are aware of the GDC's view on the importance of student dental hygienists gaining practical clinical experience during their placements in the Community Dental Service. The School is confident that this issue can be addressed as part of the ongoing discussions (outlined above) regarding students spending extra time on placement in the CDS. It may be the case that it will be only some of the Trusts in Northern Ireland which will be able to offer the level of support envisaged by the GDC, however, this should be sufficient for the needs of the course.

Observations received from School on programme report, September 2007

Dear Pravat

GDC Inspection of the Diploma in Dental Hygiene, Queen's University Belfast

A single unified response to the inspectors' report on the General Dental Council inspection of the course for the Diploma in Dental Hygiene was forwarded by the Vice-Chancellor of Queen's University Belfast on 9 May 2007. This letter is the final response of the staff of the Belfast School of Dental Hygiene to the report and should be read in conjunction with the unified response.

Recommendations to the School of Dental Hygiene

- Clinical logbooks should be redesigned to enable reflective practice by students and addition of comments from staff

The clinical logbooks used by the dental hygiene students have been redesigned to facilitate reflection by the students. The redesigned logbooks will also allow staff to make comments on the outcomes of treatment over and above the grade awarded for each episode of supervised treatment. The redesigned logbooks have been introduced this month (September 2007) at the start of the new academic year.

- Development of the outreach experience, to allow increased clinical contact with patients, should be considered

Agreement has been reached to allow the new hygiene student intake (September 2007) to have a substantially greater exposure to child patients within the CDS. This will result in a significant increase the amount of time that students spend in the CDS during their course. The new intake (September 2007) will spend the equivalent of 10 days in the CDS during first year and 20 days during their second year. The strong focus will be on increasing student clinical activity. The attachment to the CDS will also involve significantly increased exposure to special-needs patients. The students who are currently in the second year of the course will also have this CDS attachment.

- The *Developing the Dental Team* document must become the cornerstone of the remodelled Diploma curriculum

The curriculum for the Diploma in Dental Hygiene has been reframed. The Northern Ireland Department of Health supported this work by providing extra resource to allow the School to engage the services of an educationalist on a part time basis. The individual, who has considerable expertise in this area and is currently a GDC inspector, helped the School of Dental Hygiene with the restructuring. The curriculum now incorporates the learning outcomes published by the GDC in 'Developing the Dental Team'. The course has also being designed with a modular structure to fit the requirements of Queen's University in relation to collaborative provision.

- The restructured curriculum and its mapping against *Developing the Dental Team* should be submitted to the GDC

The restructured curriculum, which maps to the curricular guidelines in 'Developing the Dental Team', is attached to this letter for submission to the GDC Education Committee.

- Steps should be taken to ensure that there is greater clarity in student assessment across the curriculum

In conjunction with the changes to the programme structure there was an in depth review of the assessment strategy. An outline of the strategy is included with this letter. As part of the in depth review of the assessment strategy there was a review of all forms of feedback including the level of written feedback to the students. We have arranged to provide verbal and written feedback to students in relation to both formative and summative assessments of the modules in the restructured programme. In addition we have introduced structured feedback sessions into the timetable.

- Issues surrounding staff shortages and recruitment must be addressed

As outlined in the previous response (9 May) staff with long-term illness are being supported with assistance from the Occupational Health Department in the Royal Group of Hospitals. We have advertised for a tutor hygienist (6 sessions) and will be interviewing for this post on 6 September. In the meantime short-term measures have been used to provide extra cover for clinical supervision in the Hygiene School.

- All teachers outside of the School of Dental Hygiene who are involved in delivering the programme should be made familiar with *Developing the Dental Team*, and liaison with School staff on curriculum requirements is essential

We will arrange small group sessions for the teachers external to the School to inform them about the reframed curriculum and the associated changes in the course and its assessment (September/October 2007). The importance of focusing teaching on the learning outcomes in DDT and thus keeping the teaching relevant to dental hygiene will be emphasised. Each teacher will be informed of the specific learning outcomes which relate to the teaching they personally provide in the dental hygiene course. Arrangements are in hand to provide a copy of 'Developing the Dental Team' to each of the teachers who are external to the School.

- Staff appraisal and personal development planning for the tutors must be prioritised

The round of appraisals for tutors has been completed. A continuing programme is being developed to provide regular appraisals on an annual basis.

Recommendations to the NHS Agencies

- Consideration should be given to seeking the School's input as the PCCI project rolls out, in order to facilitate future outreach placement facilities and opportunities

The Director of the School has raised this issue with the Head of Dentistry who is co-ordinating the discussions regarding outreach placement and PCCI in relation to undergraduate dental education. The issue has also been flagged with the Chief Dental Officer. The School is confident that it will have an input to future discussions and will be able to avail of any new teaching outreach facilities developed as part of PCCI.

- Trusts need to work more closely with the School to ensure that students' CDS placement experience is not compromised

We believe we have addressed this recommendation as outlined above.

In conclusion we believe we have addressed the recommendations of the GDC inspectors in relation to the Diploma in Dental Hygiene provided by the Belfast School of Dental Hygiene. If clarification of any of the contents of this letter is required please do not hesitate to contact me.

G J Linden, BSc., BDS., Ph.D., FDSRCS., FFDRCSI
Director – School of Dental Hygiene

Observations received from School on final examination report, November 2007

QUEEN'S UNIVERSITY BELFAST

Inspection of the Diploma in Dental Hygiene, Queen's University Belfast

This document outlines a formal unified response to the last part of the GDC report on the inspection of the Diploma in Dental Hygiene, which covers the inspection of the Final examination on 19 June 2007. We are pleased that the GDC inspectors were satisfied with the format and arrangements for the final examination and *'felt it to be a fair test of the students' abilities'*. We are grateful for their observation that the examination *'provides a rigorous assessment of the candidates knowledge and skills'*.

We have reframed the curriculum to meet the requirements of the GDC. The restructured curriculum, which maps to the curricular guidelines in 'Developing the Dental Team' was submitted to the GDC on 7 September 2007. In conjunction with the changes to the programme structure there was an in depth review of the assessment strategy. The changes in the curriculum and the assessment strategy will not significantly alter the format of the Final examination.

Recommendations to the School of Dental Hygiene

- The written examination papers should contain a wide range of topics to test students overall knowledge

This seems to relate to topics being repeatedly present on the final examination paper. The revised curriculum and assessment strategy will make it easier to ensure that an appropriate and wide ranging final examination paper is set each year without the need to repeatedly examine the same topic. We do note that demonstrating a high level of knowledge is important to ensure that any prospective dental hygienist has been properly trained and in this context certain key topics are likely to be examined more frequently than others.

- Students waiting to be called for their clinical case presentations should be accommodated away from the open clinic until their patient arrives

We have taken this recommendation regarding the organisation of the final clinical examination on board. In future such clinical examinations will take place in a side surgery and only the examiners, the patient and the candidate will be present.