

INSPECTION REPORT

Education Provider / Awarding Body:	University of Manchester
Programme / Award / Qualification:	BSc Oral Health Science
Remit and Purpose:	Full inspection referencing the <i>Standards for Education</i> to determine the continuing sufficiency of the award for the purpose of registration with the GDC as a dental hygienist therapist
Learning Outcomes:	<i>Preparing for Practice (Dental Hygiene and Therapy)</i>
Programme Inspection Dates:	22nd and 23rd April 2015
Examination Inspection Dates:	1st and 2nd June 2015 – Examinations and Examination Board Meeting
Inspection Panel:	Michael Yates (Chair and Lay Member) Diane Hunter (DCP Member) Elizabeth Watts (Dentist Member)
GDC Staff:	James Marshall (Lead) Ross Scales
Outcome:	Recommended that the University of Manchester BSc Oral Health Science programme is sufficient for continued registration as a dental hygienist therapist

Inspection summary

The inspection panel was pleased with the demonstrable progress the School has made with many aspects of the BSc in Oral Health Science in recent years. The panel was grateful for the clear and appropriate documentation and evidence that was provided in advance of the inspection, with any requests for additional information throughout the inspection process acted upon in a timely fashion.

The panel noted several areas of good practice during the inspection. The panel agreed that the well run outreach element of the programme gave the students an excellent opportunity to gain additional practical clinical experience. The panel also agreed that the use of the LIFTUPP clinical recording system allowed the School to maintain a vital overview of the students' clinical performance across all sites where the students were working.

The panel heard positive feedback from students with regard to the programme in terms of support, supervision and actions taken by the school in response to issues that they raised. The panel found that the School could make better use of the LIFTUPP system in order to capture student reflection more efficiently and effectively throughout the programme.

The panel acknowledged that at the time of the inspection there were difficulties in ensuring sufficient paediatric patients for students to gain experience with the extraction of primary teeth and that this issue was not limited to the University of Manchester. However, the panel was reassured that the School had identified this as a risk and arranged additional clinics for students at the end of the programme to ensure they had reached the level of a safe beginner.

The inspectors had no major concerns that required immediate action with the programme and agreed it was well organised and ensured thorough assessment of students across the learning outcomes contained within the GDC publication '*Preparing for Practice*'.

The inspectors could clearly see development of students as they moved through the programme stages and were satisfied that upon graduation the students were fit to practise as safe beginners.

The panel wishes to thank the staff, students, and external stakeholders involved with the BSc in Oral Health Science programme for their co-operation and assistance with the inspection.

Inspection process and purpose of Inspection

1. As part of its duty to protect patients and promote high standards within the professions it regulates, the General Dental Council (GDC) quality assures the education and training of student dentists and dental care professionals (DCPs) at institutions whose qualifications enable the holder to apply for registration with the GDC and new qualifications where it is intended that the qualification will lead to registration.
2. The aim of this quality assurance activity is to ensure that these institutions produce a new registrant who has demonstrated, on graduation, that he or she has met the outcomes required for registration with the GDC. This is to ensure that students who obtain a qualification leading to registration are fit to practise at the level of a safe beginner.

3. The 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 Council of the GDC regarding the 'sufficiency' of the programme for registration as a dental hygienist and therapist in the UK. The GDC's powers are derived under Part II, Section 9 of the Dentists Act 1984 (as amended) to determine sufficiency of the programme.
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 is sufficient for registration, the Council of the GDC have delegated responsibility to the GDC Registrar to consider the recommendations of the panel. Should an inspection panel not be able to recommend sufficiency, the report and observations would be presented to the Council of the GDC for consideration.

The Inspection

7. This report sets out the findings of an inspection of the BSc in Oral Health Science awarded by the University of Manchester. 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 two visits. The first, referred to as the programme inspection, was carried out on 22 and 23 April 2015. This involved a series of meetings with programme staff involved in the management, delivery and assessment of the programme and a selection of the students. The second visit took place on the 1 and 2 June 2015 during which the panel attended the student case presentation examinations and the examination board meeting.
9. The report contains the findings of the inspection panel across the two 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.

Overview of Qualification

10. The BSc in Oral Health Science programme sits within the University of Manchester School of Dentistry. The programme has an annual current and projected intake of 12

students. The duration of the programme is three years full time. The University of Manchester School of Dentistry also offers a BDS programme.

11. During the first year of the programme students are introduced to basic sciences, oral healthcare procedures and procedures in periodontology. In the second year students attend lectures on oral diseases and undertake clinical procedures in periodontology, restorative and preventative dentistry. In year three students are required to undertake practical procedures relating to the integrated care of patients. In addition to this, throughout the programme students are required to attend outreach clinics at the Manchester Dental Hospital, Longsight clinic and Moss Side clinic.
12. The programme had been designed to meet the learning outcomes in GDC curriculum document, *Preparing for Practice*, which was published in late 2011.

Evaluation of Qualification against the *Standards for Education*

13. As stated above, the *Standards for Education* were used as a framework for this inspection.
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 inspection panel used the following descriptors to reach a decision on the extent to which the BSc in Oral Health Science of the University of Manchester 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 patients	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Patients must be made aware that they are being treated by students and give consent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Students will only provide patient care in an environment which is safe and appropriate. The provider must comply with relevant legislation and requirements regarding patient care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. When providing patient care and services, students are to be supervised appropriately according to the activity and the student's stage of development.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Supervisors must be appropriately qualified and trained. Clinical supervisors must have appropriate general or specialist registration with a regulatory body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Students and those involved in the delivery of education and training must be encouraged to raise concerns if they identify any risks to patient safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Should a patient safety issue arise, appropriate action must be taken by the provider	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Providers must have a student fitness to practise policy and apply as required. The content and significance of the student fitness to practise procedures must be conveyed to students and aligned to GDC student fitness to practise guidance. Staff involved in the delivery of the programme should be familiar with the GDC Student Fitness to Practise Guidance.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GDC comments			
<p>Requirement 1: Students will provide patient care only when they have demonstrated adequate knowledge and skills. For clinical procedures, the student should be assessed as competent in the relevant skills at the levels required in the pre-clinical environments prior to treating patients (<i>Requirement Met</i>)</p> <p>All students must undertake a range of pre-clinical assessments and competencies, which are recorded in the students log book and signed off by a supervising member of staff. Documentation was provided that explained what pre-clinical experience a student would undertake prior to treating any patients. The panel was satisfied that this experience allowed students to gain and to be able to demonstrate the knowledge and skill required to treat patients.</p>			

Prior to starting work in the clinical environment, students are required to carry out medical emergency training and undertake the Outreach Student Induction. Students also receive introductory training in the equipment used in the outreach sites at the start of the programme and again when they commence their outreach placements.

The culmination of a student's pre-clinical training is a gateway assessment, where they must demonstrate an adequate level of experience and knowledge has been achieved. The panel initially had concerns regarding the lack of clarity as to when this final assessment takes place and also that first-year students did not appear to have a clear understanding of when the gateway assessment was scheduled to take place and what is involved. The School clarified the timeline of the gateway assessment during the examination inspection, however the panel recommends that this information should be clearly identifiable and available for future cohorts.

The panel was pleased to see the School has a robust system of managing students who do not reach the required level of pre-clinical experience. The panel was informed that students are able to re-sit the failed element of the assessment, however if there are persistent issues following the resit the student would be referred to the Health and Conduct Committee (HCC), which is able to consider both professionalism issues and student progression..

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

The School utilises a number of methods to ensure patients are aware that they are being treated by students. All undergraduate students are required to wear blue coloured tunics when they are on clinic, both at the University of Manchester Dental Hospital and in the outreach clinics. This enables patients to differentiate undergraduate students from consultants, who wear black tunics, clinical tutors who wear grey tunics and postgraduate students who wear purple tunics. Posters are displayed for patients showing which coloured tunic is worn by the different staff and student groups. In addition to this, all students are required to wear a name badge, which states their name and 'The School of Dentistry'.

When a student is providing patient treatment on a restorative clinic at the Dental Hospital, the patient must sign the 'Trust Patient Consent Form' in order for treatment to commence. For patient treatment being provided on non-restorative clinics, verbal consent is obtained from the patient, however if further treatment is required, the Trust consent form is completed. Consent forms are also completed in the outreach clinics, using either a bespoke consent form for the clinic or the Trust form.

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 panel was provided with evidence of a number of health and safety documents and policies that are in place for students on the BSc programme, including the School of Dentistry Health and Safety Policy, University – NHS Trust Shared Workplace Policy and Outreach Health and Safety Policy. In addition to this, the panel received copies of all recent meeting minutes from the Dental Health and Safety Board and provided with access to patient care audit reports.

The panel was informed that the School carries out regular quality assurance inspection visits to the outreach placement clinics. The results of these visits are reported back to the Undergraduate Programme Committee via the annual Outreach Visit Report. The panel was provided with a copy of the latest 2014 report.

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 panel was provided with details of the BSc student timetable and the staff to student ratio on the clinics and agreed that students provide patient care with adequate and appropriate supervision. In addition to this, while working on the clinic, all undergraduate students work in pairs, resulting in one being the operator while treating the patient with the other assisting.

The panel was pleased that there is a flexible working arrangement for clinical tutors on the clinic, resulting in a large pool of tutors available who can spend additional time with students if necessary, without there being an increased risk of a patient safety issue arising.

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

All clinical tutors at the School of Dentistry are required to be GDC registrants. Tutors not employed directly by the School are required to provide evidence of their GDC registration by annually submitting a copy of their GDC registration certificate to their employer. A list of all teaching staff at the School of Dentistry, Dental Hospital and the outreach clinics was supplied detailing the qualifications, training and GDC registration information of staff.

The panel received information on three teaching staff training sessions that had taken place during 2014. These training sessions covered a variety of topics, including developing a consistent approach to teaching, learning and assessment, recognising the importance of feedback, assessment, reflection and communication, considering the student experience and understand how LIFTUPP can be used to enhance the experience.

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 panel was provided with evidence of a number of policies that the School has in place to ensure that students and those involved in the delivery of education are aware of their responsibility to raise concerns. These policies include the Whistleblowing Policy, Incident Reporting Policy and the School of Dentistry Policy on Raising Concerns.

The panel was assured in meetings with the students that they were aware of their responsibility to raise concerns where necessary and were able to give examples of this occurring. The students also informed the panel that they were required to undertake e-learning teaching covering whistleblowing and raising concerns.

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

In the event of patient safety issues arising, the School follows the Incident Reporting Validation policy. All serious untoward incidents are also reported via the NHS Incident Report and the panel received the February 2014 version of this. The Schools incident logs, which listed all actions taken by the School were also provided as evidence. The panel was satisfied that, based on the evidence provided, the School would take appropriate action, effectively and efficiently, when a patient safety issue arises.

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 panel was informed that fitness to practise, ethics and professionalism are areas that are extensively covered across the programme. Students receive their first introduction to fitness to practise during their Affirmation Ceremony at the commencement of their studies. This introduction is then bolstered by further lectures on professionalism in addition to e-learning teaching on fitness to practise, ethics and professionalism.

The School follows the fitness to practise Conduct and Discipline Policy, which is available for staff and students on the University of Manchester website. Any incidents must also follow the Faculty Procedure for a Committee on Fitness to Practise. The panel was informed that there have been no fitness to practise cases involving BSc Oral Health Science students, however the panel was provided with examples of the School using the policies and procedures for BDS students, enabling the panel to see the policy working satisfactorily in practice.

Actions

Req. Number	Actions for the provider	Due date (if applicable)
1	The School should ensure that students are provided with clear information on the content and timing of the pre-clinical gateway assessments will take place.	

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 panel was informed that there are a number of committees in place that form the structure of a quality management framework. The primary committee that oversees programme quality at the School is the Undergraduate Programme Committee (UPC), which is chaired by the Director of Undergraduate Education and has representatives from both the BDS and BSc programmes. In addition to this, the UPC also has student representation from the Manchester Dental Student Society along with input from the Director of Evidence Based Dentistry, the Lead for Student Experience, the chair of the eLearning Group and the Chair of the Assessment and Examination Group. As part of its role, the UPC is responsible for ensuring the programme is adequately mapped to the GDCs Learning Outcomes and the panel was

provided evidence of this. The panel was also provided with minutes of the monthly UPC meetings.

The panel was pleased to be informed that the School has recently introduced a BSc Programme Committee to look specifically at issues relating to the BSc programme. The panel was aware that this programme committee is still in its infancy and agrees that the School should continue with this good work to ensure local issues are managed efficiently and effectively before being raised with the UPC.

In addition to the Undergraduate and BSc Programme Committees, the programme is also under the supervision of the Faculty Undergraduate Teaching and Learning Committee (UTLC). The Director of Education represents the School at these meetings and the panel was provided with a recent set of minutes.

Another committee that forms part of the framework is the Outreach Teachers Group, which the panel agreed was an excellent vehicle to obtain feedback from the outreach centres on a regular basis and to report back on any issues that had arisen. The panel was provided with minutes from the meetings of this group.

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

Students are required to carry out placements at a number of outreach facilities, including the Manchester Dental Hospital, Moss Side Outreach clinic and Longsight Outreach clinic. The panel was pleased to see that all placement providers are required to sign the BSc Provider Agreement document, which includes key contact details, student and placement provider responsibilities, a health and safety checklist and learning objectives for the placement. A copy of the agreement was made available for the panel to review.

The School has recently introduced the policy 'Quality Assurance Outreach Clinical Placements' to formalise the quality assurance process and the latest 'Outreach Visit Report' was provided to the panel. The panel was satisfied with the positive steps the School has taken to ensure placements are appropriately quality assured.

In addition to the policy noted above, feedback on the placements is regularly sought from students and patients. Students are able to feedback via a range of mechanisms, including the Student Staff Liaison Committee (SSLC), by providing feedback directly to the BSc Year Leads, who feed into the BSc OHS Programme Committee, via the University administered 'Unit Evaluation Questionnaire' and by completing the National Student Survey (NSS) questionnaire.

The outreach clinics regularly seek feedback from patients and the panel was provided with a recent copy of the 'Patient Satisfaction Survey'. The School was trialling a new patient feedback form at the time of the inspection, which can be read electronically, with the aim of increasing the ease of data collection.

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

The panel was satisfied that the quality management framework, as noted above in Requirement 9, is sufficient to ensure any problems identified are addressed as soon as possible.

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 panel was reassured that the School has sufficient mechanisms in place to notify the GDC, should serious threats to the students achieving the learning outcomes through the programme. This would be done by the Dental Senior Management Team or through the GDC Annual Monitoring process for less serious threats.

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

The panel was informed that the last University Periodic Review of the School's undergraduate programmes took place in 2009. This review was undertaken by both internal and external panel members. The panel was provided with a copy of the report and the actions taken by the School following the review. The next Periodic Review was scheduled to take place at the end of 2015.

The School utilises the External Examiners to provide feedback on the programme. In addition to this, the National Student Survey and the SSLC both provide a useful tool for the School to utilise.

Any issues identified from either internal or external quality assurance procedures are raised initially at the BSc Programme Committee and subsequently reported to the Undergraduate Programme Committee.

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*)

The School currently has two External Examiners in post who now carry out purely a quality assurance role. Up until 2014, the External Examiners were also responsible for examining during the programme, including during the final case presentation examination.

The panel was provided with a copy of the External Examiner role profile, which acts as the agreement between the University of Manchester and the External Examiner. The University also has its own specific External Examiner Agreement. The panel agreed that the External Examiners currently utilised on the programme were appropriate for their role.

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 panel felt that the School takes a positive approach to acting upon concerns raised or formal reports on the programme. The panel noted that a number of the actions from the recent GDC inspection report of the BDS programme at the University of Manchester have fed into the management of the BSc OHS programme and have had a positive effect.

The School has in place an 'External Examiner Formal Response Process' to manage all external examiner reports and comments. The panel was satisfied that the School takes feedback from the external examiners seriously, for example, the recent changes to the role of the External Examiner and the content of the case presentation examination were all made in response to external examiner comments.

Actions

Req. Number	Actions for the provider	Due date (if applicable)
9	The School should continue to develop the role of the BSc Programme Committee.	

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Students will have exposure to an appropriate breadth of patients/procedures and will undertake each activity relating to patient care on sufficient occasions to enable them to develop the skills and the level of competency to achieve the relevant GDC learning outcomes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. The provider should seek to improve student performance by encouraging reflection and by providing feedback ¹ .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Examiners/assessors must have appropriate skills, experience and training to undertake the task of assessment, appropriate general or specialist registration with a regulatory body	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Where appropriate, patient/peer/customer feedback should contribute to the assessment process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
25. Where possible, multiple samples of performance must be taken to ensure the validity and reliability of the assessment conclusion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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



GDC comments

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

The panel was satisfied that, based on the evidence provided both in advance of and during the inspection, students have been able to demonstrate attainment across the full range of learning outcomes. The panel was provided with a mapping table detailing how each GDC learning outcome is assessed throughout the programme and were impressed to see the LIFTUPP clinical data recording system had the functionality to map clinical procedures undertaken against the School's and GDC's learning outcomes.

The panel was pleased to note the School is utilising the clinical alert functionality on LIFTUPP. This allows the School to record, through the assessment of clinical procedures on LIFTUPP, any incident that may pose a risk to patient safety. The School will then take the necessary action to remediate the student.

With the exception of gaining experience with primary tooth extractions from paediatric patients as noted in Requirement 19, below, the panel was reassured by the clear student progression data for the last three years of the programme, in addition to the sign-up meeting minutes. The panel was satisfied that students would have attained the required level of competency prior to progressing to the next level of the programme, or being entered for the final examination.

The School has recently introduced an Assessment and Examinations Group. The panel felt this group would give a greater element of quality assurance to the assessment process.

Requirement 17: The provider will have in place management systems to plan, monitor and record the assessment of students throughout the programme against each of the learning outcomes (*Requirement Partly Met*)

The panel was pleased to see the School now utilising the LIFTUPP and CEDAR recording systems for all cohorts of the programme. Prior to the implementation of LIFTUPP, all formative clinical assessment data was recorded using a paper-based logbook, however from the start of the academic year 2013/14, the School has solely been using the electronic system for recording this data, negating the potential risk of paper logbooks being damaged or mislaid and allowing better data analysis.

The panel was informed that LIFTUPP is now being used in all of the outreach placement settings, ensuring the standardised recording of students' clinical achievement is maintained across all clinical settings throughout the programme.

While the panel agreed that School had made good progress to ensure the multiple choice questions (MCQs) had been mapped to the GDC Learning Outcomes with a bank of questions available on LIFTUPP, the inspectors were concerned that blueprinting had not been carried out for the other assessment methods. The School must ensure that all assessments are adequately mapped to the GDC Learning Outcomes and for this reason the requirement is partly met.

Requirement 18: Assessment must involve a range of methods appropriate to the learning outcomes and these should be in line with current practice and routinely monitored, quality assured and developed (*Requirement Met*)

The School uses a range of assessment methods across the learning outcomes, which are routinely reviewed and quality assured to ensure they remain appropriate and effective.

As part of the ongoing review process into the assessment methods used, the panel was informed that the School is considering reviewing its use of the Critically Appraised Topic assessment, to be replaced with a more suitable and appropriate alternative assessment. Additionally, the panel was told that the School is reviewing its use of case presentations during the Year 3 final examination. The panel is supportive of the School's consideration to start using unseen case presentations as a possible alternative assessment method in the future.

During the programme and examination inspections, the panel was encouraged to see the School is now actively seeking, and is supportive of, a greater involvement from the Year Leads with regards to assessment setting. The panel agrees that the School should continue to encourage the Year Leads to have an active involvement in the programme and assessment development.

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

The panel recognised the investment the School has recently made in implementing the LIFTUPP system and felt this was a positive step in ensuring all data on a student's clinical performance is captured in one central location. Clinical data from all the outreach centres is also recorded on LIFTUPP, reducing the risk of data loss between the outreach clinics and the School, as noted in Requirement 17.

While the panel appreciated that improvements have been made to ensure all students achieve an appropriate exposure to patients and procedures, they remain concerned that a number of students were still completing their paediatric clinical experience after the final examinations had taken place. The panel acknowledged the nationwide challenges in achieving an appropriate exposure to paediatric patients and accepts that the School ensured all students were given extra opportunities in clinics, outside the timetabled allocation, to ensure they received enough experience. In future, the School must ensure all students are given the opportunity to gain sufficient experience with paediatric patients throughout the programme, in order to mitigate the need to provide extra clinical sessions at the very end of the course. As there is a risk that suitable patients might not be found for these 'last-minute' sessions and, therefore a risk of students not achieving the relevant learning outcomes at the end of the programme, this requirement is partly met.

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

The panel was informed that with the use of the LIFTUPP system, students should be able to receive more specific and appropriate feedback in a timely fashion. The inspectors agreed that using the system is an improvement on previous paper-based recording systems, enabling students to receive immediate feedback on their delivery of clinical care and were pleased to note that, in general, the students have had a positive experience of using LIFTUPP for receiving feedback, despite some initial teething problems during the implementation of the system.

The panel agreed that while LIFTUPP is being utilised well for feedback, better use could be made of the system for student reflection. This system is capable of capturing student reflection and the panel felt that the School should explore the use of LIFTUPP in recording both feedback and student reflection in a single, central location.

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 Part Met*)

The panel was provided with evidence that all members of staff who carried out an assessor or examiner role were appropriately registered with a regulatory body. A number of internal staff members were tasked with examining the final year students, however, the inspectors noted that a number of these were staff members from the BDS programme. While this is not in itself an issue, the panel felt that the School should make better use of knowledge and experience of the Year Leads and tutors internal to the School when conducting the case presentation examinations.

The School had carried out a standardisation exercise in advance of the final examinations the inspectors welcomed this approach. The panel noted that whilst the examiners were provided with exam marking sheets, which were of a good standard, they were not used uniformly by the examiners. The panel agreed that in advance of the next case presentation examinations, the School must ensure further training and calibration is provided to ensure all examiners are using the marking sheets provided in the same way. For these reasons this requirement is partly met.

Requirement 22: Providers must ask external examiners to report on the extent to which assessment processes are rigorous, set at the correct standard, ensure equity of treatment for students and have been fairly conducted (*Requirement Met*)

The panel was provided with evidence of the annual reports written by the external examiners and were pleased to note that suggestions and recommendations for improvements to be made were acted on by the School. For example, in 2014 the external examiners commented on the effectiveness of the format and delivery of the final year case presentation examination. The School subsequently took action to develop a revised final case presentation examination for 2015, where the paediatric element of the examination was removed and students were required to present one restorative and one periodontal case.

The panel was satisfied that the external examiners were provided with the examination papers in advance of the assessment and given an opportunity to provide feedback on the content.

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

The panel was pleased to see an active involvement from the external examiners with regards to the planning and preparation for examinations. The panel was provided with evidence, corroborated during meetings with the external examiners that they are provided with examples of assessments that the students are due to take. The external examiners are actively encouraged to provide feedback to ensure the assessments are fair and appropriate for the level of the student.

The panel was satisfied with the assessment criteria that the School uses. During the final case presentation examinations, the examiners were provided with clear criteria to be used during the examination.

The panel noted that standard setting has been used by the School for several years utilising the modified Angoff method and felt assured that future reviews of the assessment process, including standard setting, would be appropriately managed by the Assessment and Examination Group.

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

The panel acknowledged the progress the School is making in gaining patient feedback, and was provided with evidence via the 2015 Patient Experience Report, patient satisfaction survey and use of the School patient feedback form.

The panel was pleased to hear that the School is continuing to develop this area of work and recognises the importance of using the LIFTUPP system effectively. This system has the functionality to allow patient and dental nurse feedback to be recorded against each treatment. The panel agreed that the School must continue to develop this area, by ensuring that patient and peer feedback is able to contribute effectively and appropriately towards the assessment process. Until further developments have taken place, this requirement is partly met.

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

The panel was satisfied that students were assessed on multiple occasions to help ensure the validity and reliability of the result. The panel was provided with access to the clinical experience records on LIFTUPP, module assessment results, and overall student attainment data. The panel was also given the opportunity to attend the final case presentation examinations.

While the panel was satisfied with the evidence provided, the inspectors agreed that the School should ensure that all student clinical data is recorded on LIFTUPP as soon as possible, to ensure there is a contemporaneous record of student performance.

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*)

The panel was informed that students are provided with information on the assessments they will be required to carry out during the induction week at the start of the programme and at subsequent briefing sessions at the beginning of each academic year. The panel was pleased to see the presentation given to students at the beginning of each year is available for reference on the eLearning Blackboard website for the remainder of the year.

Students are provided with a copy of the programme handbook, which is also available on Blackboard. The handbook contains details of the programme content and assessments due throughout the course. While the panel was satisfied that students had access to information detailing the assessments and expected standard required, it was noted during meetings with the students that it would be beneficial for them to have more regular briefings on what is required throughout the year. The School should ensure that students are made aware of the standard expected in assessments throughout the programme.

Actions

Req. Number	Actions for the provider	Due date (if applicable)
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17	The School must ensure that all assessments are mapped to the GDC Learning Outcomes.	Update to be provided through the GDC Annual Monitoring exercise
18	The School should continue to encourage the Year Leads to have an active involvement in the programme and assessment development, in particular during the final examination.	
19	The School must ensure all students are given the opportunity to gain experience with paediatric patients throughout the programme, in order to eliminate the risks associated with providing extra clinical sessions at the very end of the course.	Update to be provided through the GDC Annual Monitoring exercise
20	The School should explore the use of LIFTUPP in recording both feedback and student reflection in a single, central location.	
21	The School must provide further training and calibration to examiners to ensure all examiners are using the marking sheets provided to the same standard.	Update to be provided through the GDC Annual Monitoring exercise
24	The School must ensure that patient and peer feedback is able to contribute effectively and appropriately towards the assessment process.	Update to be provided through the GDC Annual Monitoring exercise
25	The School should ensure that all student clinical data is recorded on LIFTUPP as soon as possible, to ensure there is a contemporaneous record of student performance.	
26	The School should ensure that students are made aware of the standard expected in assessments throughout the programme.	

Standard 4 – Equality and diversity

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

Requirements	Met	Partly met	Not met
27. Providers must adhere to current legislation and best practice guidance relating to equality and diversity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Staff will receive training on equality and diversity, development and appraisal mechanisms will include this	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Providers will convey to students the importance of compliance with equality and diversity law and principles of the four UK nations both during training and after they begin practice	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GDC comments			
<p>Requirement 27: Providers must adhere to current legislation and best practice guidance relating to equality and diversity (<i>Requirement Met</i>)</p> <p>The panel were provided with a copy of the University of Manchester Equality and Diversity policy, which is readily available to staff and students on the university website. The university has a dedicated Equality and Diversity Team, who are responsible for the development and implementation of the Equality and Diversity Strategy and Plan.</p> <p>In the event of a student declaring any disability on their application to join the programme, this would be managed by the University Disability Support Officer in collaboration with the Admissions Lead for the programme. The panel was informed that the School actively makes adjustments for students with disabilities and saw evidence of this during the assessment process. The panel was shown evidence of students being provided with adjustments and support during the programme whilst on the clinic.</p> <p>During the programme all students on the BSc programme are required to complete the online e-learning module 'Equality, Diversity and Human Rights', which is provided by the NHS and is the same teaching unit that members of staff in the Dental Hospital must complete as part of their mandatory training.</p> <p>Requirement 28: Staff will receive training on equality and diversity, development and appraisal mechanisms will include this (<i>Requirement Met</i>)</p> <p>The panel was informed that all NHS members of staff and those with honorary NHS contracts are required to complete a mandatory online equality and diversity training package, which is monitored as part of the Trust's annual appraisal system.</p> <p>All academic and academic support staff are also expected to complete the University's equality and diversity module, via the Staff Development and Training Unit. The panel was provided with a report of staff members who have undertaken this training to date. The panel was encouraged to hear that this training will be incorporated as a requirement for future Performance and Development Reviews for staff members who are involved with teaching or have any contact with undergraduate students.</p>			

Requirement 29: Providers will convey to students the importance of compliance with equality and diversity law and principles of the four UK nations both during training and after they begin practice (*Requirement Met*)

As stated in Requirement 27, all students are required to undertake the 'Equality, Diversity and Human Rights' NHS online e-learning module. In addition to this, the panel was provided with evidence that the GDC Learning Outcomes relating to equality and diversity have been mapped to the University of Manchester's own Intended Learning Outcomes, namely ILO 3.40, which states:

Demonstrate the ability to have a caring and safe approach to adult and child patients both in communicating and in delivering treatment procedures, recognising issues relating to equality and diversity and to show a positive attitude towards diversity through the management of patients from different ethnic and social backgrounds and with impairments.

The School informed the panel that the use of LIFTUPP will enable broad patient demographics to be recorded in a safe and secure manner.

In addition to the NHS equality and diversity e-learning package, students also undertake the taught unit 'Equality, Diversity and Human Rights' as part of the BSc programme.

Actions

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

Summary of Actions

Req.	Actions for the provider	Observations Response from the Provider	Due date (if applicable)
		<i>Provider to record observations in response to actions here</i>	
1	The School should ensure that students are provided with clear information on the content and timing of the pre-clinical gateway assessments will take place.	<i>This information will be emphasised along with the consequences of failure.</i>	
9	The School should continue to develop the role of the BSc Programme Committee.	<i>The Committee now meets termly and reports to the School Undergraduate Programme Committee. It's remit relates to student progression, curriculum development and all operational and strategic aspects of the Programme.</i>	
17	The School must ensure that all assessments are mapped to the GDC Learning Outcomes.	<i>This has been completed.</i>	Update to be provided through the GDC Annual Monitoring exercise
18	The School should continue to encourage the Year Leads to have an active involvement in the	<i>Actioned.</i>	

	programme and assessment development, in particular during the final examination.		
19	The School must ensure all students are given the opportunity to gain experience with paediatric patients throughout the programme, in order to eliminate the risks associated with providing extra clinical sessions at the very end of the course.	Outreach paediatric experience now embedded, along with an appointment in the near future of appointment of a Senior Lecturer/Honorary Consultant in Paediatric Dentistry.	Update to be provided through the GDC Annual Monitoring exercise
20	The School should explore the use of LIFTUPP in recording both feedback and student reflection in a single, central location.	This is not currently possible as our 2 systems, LIFTUPP and CEDAR cannot 'talk' to each other, however; we are content with our recording of feedback and reflection in CEDAR and we are looking at alternatives to LIFTUPP as a clinical assessment tool.	
21	The School must provide further training and calibration to examiners to ensure all examiners are using the marking sheets provided to the same standard.	Completed and will have been actioned by the next diet.	Update to be provided through the GDC Annual Monitoring exercise
24	The School must ensure that patient and peer feedback is able to contribute effectively and appropriately towards the assessment process.	Working with our partner Trusts to facilitate this.	Update to be provided through the GDC Annual Monitoring exercise
25	The School should ensure that all student clinical data is recorded on LIFTUPP as soon as possible, to ensure there is a contemporaneous record of student performance.	Actioned.	

26	The School should ensure that students are made aware of the standard expected in assessments throughout the programme.	An online resource for students similar to that produced for the BDS students will be in place for the next diet.	
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Observations from the provider on content of report

The School of Dentistry is pleased that the actions from the report will help to further improve the programme.

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.