General
Dental
Council

Education Quality Assurance Inspection Report

Education Provider/Awarding Body	Programme/Award
Teesside University	Dental Hygiene Bachelor of Science (Hons)

Outcome of Inspection	Recommended that the Dental Hygiene BSc (Hons) is approved for the graduating cohort to register as hygienists.

Full details of the inspection process can be found in Annex 1

Inspection summary

Remit and purpose of inspection:	Inspection referencing the *Standards for Education* to determine approval of the award for the purpose of registration with the GDC as a hygienist.
Learning Outcomes:	**Preparing for Practice hygienist**
Programme inspection date(s):	**24 / 25 April 2024**
Inspection team:	**Katie Carter (Chair and non-registrant member) Joanne Beveridge (DCP member) Richard Jones (Dentist member) Martin McElvanna - GDC Staff member (Education and Quality Assurance Officer) Ben Gambles - GDC Staff member (Education and Quality Assurance Officer)**
Report Produced by:	**Ben Gambles - GDC Staff member (Education and Quality Assurance Officer)**

The BSc (Hons) Dental Hygiene is a new programme at Teesside University which sits within the School of Health and Life Sciences. This is a three-year programme.

Evidence-based practice is introduced in Year 1 and continues throughout the programme. In Year 2, students begin their initial scaling skills and develop further skills in local anaesthetic, periodontal, patient management, clinical skills, and an evidence-based practice module to prepare for their dissertation. In Year 3, students study leadership skills, dental theory, more complex patient groups and clinical skills, and complete a dissertation module.

Throughout the course, students learn through a combination of lectures, seminar groups, training in the phantom head, interprofessional learning modules, clinical experience in the Student Dental Facility, and placement with external dental providers.

This is the first inspection of the new programme with the purpose to review all 21 requirements to approve the programme for current and future cohorts to register with the General Dental Council.

The panel was impressed with the programme staff's hard work and dedication to the course. Speaking with the staff and students, everyone was happy with the opportunities now provided to them and all were proud to be a part of the course.

The GDC wishes to thank the staff, students, and external stakeholders involved with the BSc (Hons) Dental Hygiene at Teesside University for their co-operation and assistance with the inspection.

Background and overview of qualification

Annual intake	45 students
Programme duration	120 weeks over 3 years
Format of programme	Year 1: fundamental knowledge, introduction to clinical skills within a simulated environment, shadowing and peer support, peer scaling. Year 2: Development of previous skills and knowledge, learning in more depth and detail, application of practical skills in the Student Dental Facility Year 3: Refinement of clinical skills, advancing knowledge and practice, preparing for practice.
Number of providers delivering the programme	1

Outcome of relevant Requirements[1]

Standard One	
1	Met
2	Partly Met
3	Met
4	Partly Met
5	Met
6	Met
7	Met
8	Met
Standard Two	
9	Met
10	Met
11	Met
12	Partly Met
Standard Three	
13	Met
14	Partly Met
15	Met
16	Met
17	Met
18	Partly Met
19	Met
20	Met
21	Met

[1] All Requirements within the *Standards for Education* are applicable for all programmes unless otherwise stated. Specific requirements will be examined through inspection activity and will be identified via risk analysis processes or due to current thematic reviews.

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.

Requirement 1: Students must provide patient care only when they have demonstrated adequate knowledge and skills. For clinical procedures, the student should be assessed as competent in the relevant skills at the levels required in the pre-clinical environments prior to treating patients. *(Requirement Met)*

The panel was assured that all students have the required knowledge and skills to carry out clinical procedures before they are given approval to treat patients. Students in the first year of the course undertake gateway assessments including hand scaling, cross infection, and patient safety. Students must pass the gateway assessments to be eligible to progress from a simulated environment to the clinical environment.

Assessment includes the achievement of mandatory clinical governance, legislative, and professional requirements which must all be evidenced via certification within component one of the module assessment strategy. Basic Life Support Training is assessed within a simulated environment and is delivered by a member of the paramedic team.

Feedback from the phantom head is uploaded and recorded in students' e-portfolios. The examining team meet to look at the progress of each individual student prior to summative assessments. If a student fails, they receive four extra weeks of further skills training in the simulated environment before being reassessed. Programme staff told the panel that students generally are much more competent and confident after those four weeks, but if they were to fail again, they would be required to leave the programme.

The panel was satisfied that students are suitably assessed as competent before treating patients and therefore consider this requirement to be met.

Requirement 2: Providers must have systems in place to inform patients that they may be treated by students and the possible implications of this. Patient agreement to treatment by a student must be obtained and recorded prior to treatment commencing. *(Requirement Partly Met)*

The panel visited the Student Dental Facility (SDF) where second and third year students treat patients. The Teesside University logo is used throughout the facility and the panel also saw the Teesside University Uniforms that the students wear to identify themselves in the simulated environment phantom head Skills Laboratory and the Student Dental Facility. The panel was told that students were not permitted to enter a clinical environment without their Teesside University uniform. The University SDF waiting area has posters reminding the patients that they will be treated by a Student Dental Hygienist under the supervision of a GDC registrant. SDF patients are referred from external dental practices throughout the North East.

In the pre-inspection evidence, the panel saw the SDF referral form and initial appointment letter which clearly show information about the University of Teesside and reiterate that the patient will be seen by a student practitioner supervised by a Clinical Supervisor. The panel has seen the consent form. This includes an option for the referring GDC registered dentist to request an interpreter when necessary.

On external placement, the panel heard that verbal consent was gained by the receptionist. The panel was told that therapy students always need written consent, but hygienists only require verbal consent.

The panel considers that this requirement is partly met and suggest that more rigorous processes for obtaining and evidencing consent are put in place when students are on external placements.

Requirement 3: Students must only provide patient care in an environment which is safe and appropriate. The provider must comply with relevant legislation and requirements regarding patient care, including equality and diversity, wherever treatment takes place. ***(Requirement Met)***

The panel saw the workplace health and safety policies and procedures which are reviewed and updated on an annual basis. All students are required to complete an orientation to work area form, acknowledging that they understand the University and SDF policies and procedures. When the panel spoke to students, they were aware of the policies and where to find them on the online Blackboard system.

The panel was assured that equality and diversity is an integral part of Teesside's programme. All staff complete Teesside University's Equality, Diversity, and Inclusion training and external supervisors must do the school EDI training even if they have their own local courses. The panel was shown where EDI training is embedded within modules for students, beginning with induction.

The panel considers this requirement to be met.

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

In the SDF, students are supervised at a ratio of 3:1 by GDC registrants. The University has experienced challenges over retention and recruitment of supervisors, but the school is planning to address this by providing a clear pathway for career progression. These staffing issues have meant some students felt they were not getting adequate patient contact time. The university must actively monitor the staffing levels within the SDF and the impact of its new policy on staff retention.

When working in the SDF, the supervisors are aware of students' levels of competence and their experience in the phantom head. Supervisors have a morning huddle with the academic team to highlight any potential issues and keep two-way communication flowing. The panel is assured that supervision in the SDF is appropriate.

When students go out on placement, there are two models. In the "Adopt a Hygienist" model, a student shadows a registered Dental Hygienist, each taking it in turns to act as a dental nurse for the other. The panel felt that this model ensures close and sustained supervision. In the other model, "Adopt a Surgery", supervision is provided by a member of the dental practice but the panel was concerned about the level of supervision, especially if that member of staff was seeing their own patients in a different room. The panel considers that this requirement is partly met and recommends that the university reviews the 'Adopt a Surgery' model to ensure safe levels of student supervision.

Requirement 5: Supervisors must be appropriately qualified and trained. This should include training in equality and diversity legislation relevant for the role. Clinical supervisors must have appropriate general or specialist registration with a UK regulatory body. ***(Requirement Met)***

The programme academic team and clinical supervisors are appropriately qualified and registered with the GDC. The panel reviewed the CVs and qualifications of staff.

When staff commence employment at Teesside, they undergo induction with the Human Resources Department. New staff are given a personal mentor who support the individual's development and training.

All teaching staff are required to achieve a Postgraduate Certificate in Learning and Teaching in Higher Education (or the equivalent). All staff undertake mandatory continuous professional development, including equality and diversity training, which is monitored through the university's central monitoring system.

The panel considers this requirement to be met.

Requirement 6: Providers must ensure that students and all those involved in the delivery of education and training are aware of their obligation to raise concerns if they identify any risks to patient safety and the need for candour when things go wrong. Providers should publish policies so that it is clear to all parties how concerns should be raised and how these concerns will be acted upon. Providers must support those who do raise concerns and provide assurance that staff and students will not be penalised for doing so. ***(Requirement Met)***

The GDC standards are present in students' training from the first week of the course. In the second week, all students and staff undertake safeguarding training which is then renewed annually. The panel saw university policies for whistleblowing, safeguarding, and raising concerns. The students learn about professionalism, scope of practice, legislation, and ethics. The panel was assured that raising concerns was taught in various modules.

The panel was told that any incident, accident, or 'near miss', is reported following the SDF's clinical incident reporting procedure. The CQC manager would be informed, a meeting would take place between students and staff, and an action plan agreed for supervisor and student to reflect on the incident. This reflection is recorded in the student's portfolio. Clinical incidences are monitored and regulated through a Clinical Governance Committee. Incidents are then fed back to inform teaching and learning. The panel was assured that the SDF was a safe and appropriate environment for patients, students, and staff.

When students are out on placement, each practice has its own reporting system, but these are collated within the university. The panel saw the University's process for placements to report concerns which showed cohesion with the process within the SDF.

Students were confident that there were student representatives and numerous members of staff they could speak to if they had a concern about the course, a member of staff, or anything else. This information was also clearly signposted on Blackboard and the students felt confident they could find any information they needed. The fitness to practise policy is clearly signposted in the SDF and on Blackboard.

The panel considers this requirement to be met.

Requirement 7: Systems must be in place to identify and record issues that may affect patient safety. Should a patient safety issue arise, appropriate action must be taken by the provider and where necessary the relevant regulatory body should be notified. *(Requirement Met)*

Any incident, accident, or near-miss involving a patient in the SDF is recorded in accordance with Teesside's Clinical Incident Reporting Procedure.

All incidents then go to Clinical Governance who look at trends and feed back into teaching and learning. There is also a Health and Safety Committee; some members of staff sit across the two to share good practice.

Morning huddles with academic, SDF, and administration staff allow clear and consistent communication; any member of the team can raise a concern around Fitness to Practise. The panel considers this requirement to be met.

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. Providers must also ensure that the GDC's Standard for the Dental Team are embedded within student training. *(Requirement Met)*

The panel saw Teesside's Fitness to Practise regulations which were deemed thorough and cohesive.

Fitness to Practise procedures and student responsibilities are introduced during induction week and are revisited throughout the course. The GDC's Standards for the Dental Team are introduced in induction week and are embedded throughout the curriculum. This is reflected in the indicative content and assessment strategy for a variety of modules. The panel believes that professionalism standards and FTP are embedded within the programme.

Having spoken to the students, the panel was assured that they were all aware of the student fitness to practise procedures and the importance of the Standards for the Dental Team and scope of practice. The panel considers this requirement to be met.

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.**
Requirement 9: The provider must 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)*** There is a comprehensive quality assurance framework for the programme. All courses at Teesside University must comply with the University Quality Threshold Standards. The panel also saw the Quality Handbook which covers Continuous Monitoring and Enhancement. The general framework covers all elements of the course's life cycle, from initial approval to assessment and the appointment of EEs, and incorporates the quality of learning, the students' perspectives, and assessment outcomes. The Continuous Monitoring and Enhancement process is annual, and includes recruitment figures and demography, and areas for improvement and enhancement. Teesside has a Student Learning and Experience Committee who have ultimate responsibility for quality framework and the quality of provision provided by the school. The University's Continuous Monitoring and Enhancement processes ensure that courses are continuously evaluated to ensure compliance and enhancement. The Learning Outcomes are reviewed every year by the module team to ensure the curriculum continues to map across to the latest GDC outcomes. It is a requirement of the University that courses are reviewed annually to ensure the maintenance and enhancement of academic standards and the quality of the student experience. The panel considers this requirement to be met. **Requirement 10: Any concerns identified through the Quality Management framework, including internal and external reports relating to quality, must be addressed as soon as possible and the GDC notified of serious threats to students achieving the learning outcomes. The provider will have systems in place to quality assure placements.** ***(Requirement Met)*** Student clinical experience is monitored through a dedicated database where students input their simulated or clinical procedures and grades to allow academic members of staff to evaluate their performance and experience. Competencies are used to demonstrate clinical procedures, knowledge, and understanding of their professionalism and adherence to GDC standards. Students undertake self-evaluation on at least three occasions during each academic year – both clinical and academic. Students also engage with 360-degree feedback which provides essential evidence to achieve competency benchmarks in their e-portfolio. Should a student profile raise issues, an initial meeting with the Clinic Manager, Course Lead, or Module Lead will be held. Depending on the nature of the concern, either a 4-week action plan will be developed or the student will return to the simulated work environment for a specified time scale followed by a review. Student evaluations can be completed within each module and students evaluate their course at the end of the programme through the National Student Survey. Module leaders analyse the

students' feedback and reflects on their comments. The panel considers this requirement to be met.

Requirement 11: Programmes must be subject to rigorous internal and external quality assurance procedures. External quality assurance should include the use of external examiners, who should be familiar with the GDC learning outcomes and their context and QAA guidelines should be followed where applicable. Patient and/or customer feedback must be collected and used to inform programme development. *(Requirement Met)*

The panel was told about the University's use of external quality assurance and spoke to the External Examiner (EE). EEs are provided with university documentation which details the requirements and expectations of the role. The EE reviews assessments before they are shared with students and offers feedback. The EE can access materials through blackboard, including feedback, coursework, and internal moderation. Teesside provide a template for the EE and they are expected to attend all module, progression, and award boards. Their annual report is discussed at programme boards and the students are given opportunity to see their report.

In the SDF, patient feedback is collected on comment cards as well as an online option offered through email. This becomes part of the students' 360-degree feedback. Teesside communicate at least once a semester with placements. The panel considers this requirement to be met.

Requirement 12: The provider must have effective systems in place to quality assure placements where students deliver treatment to ensure that patient care and student assessment across all locations meets these Standards. The quality assurance systems should include the regular collection of student and patient feedback relating to placements. *(Partly Met)*

The majority of clinical experience for this course is acquired in the Student Dental Facility. The panel viewed the procedures and policies around patient care and student assessment and heard how these are applied in in the SDF.

Additional experience is gained through external placements. While most of these are in the local area, there are placements further afield, for example in Northern Ireland. Teesside communicate at least once a semester with placements. External placements are audited before the student attends, although this can take place remotely. Placement information is reviewed on an annual basis. Once audited, a placement agreement is put in place to ensure that the placement provider and placement team are fully aware of their responsibilities in supporting the student whilst on placement. The University provides placements with guidance on work-based learning. Clinical supervisors must attend a mandatory training workshop to support their role and the standardisation in the assessment process.

As noted in Requirement 4, the panel has concerns about supervision levels in the "Adopt a Surgery" scheme.

The panel also noted that students could upload feedback without verification from their external placement supervisor. The panel observes that this could potentially lead to feedback being lost or distorted. The school should consider an audit process for feedback given by external placement supervisors

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.

Requirement 13: To award the qualification, providers must be assured that students have demonstrated attainment across the full range of learning outcomes, and that they are fit to practise at the level of a safe beginner. Evidence must be provided that demonstrates this assurance, which should be supported by a coherent approach to the principles of assessment referred to in these standards. ***(Requirement Met)***

The panel was shown the Learning Outcomes mapping table, which describes where each learning outcome is assessed during the course. Across the course, students are assessed by a variety of methods which enables the programme team to triangulate a student's attainment. Significant emphasis is placed on the e-portfolios which record clinical experience and attainment across the programme. All assessed work is sampled by means of internal moderation or by the External Examiner. The e-portfolio ensures that the student has demonstrated their competence and completed an appropriate number of clinical treatment procedures.

The panel reviewed a range of student oral exams and were reassured that those students whose performance presented a risk to patient safety received a 'fail' grade. Having attended exam boards and observed the 'sign-off' process, the panel considers the process to be thorough and effective. The staff team have a detailed knowledge of all their students. The panel considers this requirement to be met.

Requirement 14: The provider must have in place management systems to plan, monitor and centrally record the assessment of students, including the monitoring of clinical and/or technical experience, throughout the programme against each of the learning outcomes. ***(Requirement Partly Met)***

The panel had a thorough overview of the programme's management and monitoring systems. From speaking with both staff and students during the inspection, the panel considered that there was a good level of interaction between the students and tutors.

The assessment process seems dynamic and holistic. If students do not reach competency in clinical practice, external placement opportunities have been used to enable the attainment of additional clinical activity. While some students expressed concerns about achieving their competencies, especially given the impact of staffing challenges in the SDF, staff were confident that all students would be given the necessary opportunities and clinical time.

The panel has concerns that the two separate systems for recording student progress – Blackboard and Mahara – do not connect, making it hard for data to be uploaded and reviewed systematically. Students and staff reported information being lost and the process seems unwieldy. This problem would be compounded if the university expands its dental programmes. The panel considers this requirement to be partly met and the school must review its process for collating formative assessment data to ensure that it is accurate and cohesive.

Requirement 15: Students must have exposure to an appropriate breadth of patients/procedures and should undertake each activity relating to patient care on sufficient occasions to enable them to develop the skills and the level of competency to achieve the relevant GDC learning outcomes. ***(Requirement Met)***

The majority of clinical experience for this course is acquired in the Student Dental Facility. The SDF has been accepting patients referred from dental practices since 2010. The main referrals are patients requiring extensive periodontal treatment and preventive treatment. The patients are allocated to students who can provide treatment at the appropriate level of competency. The SDF has a large waiting list of patients requiring treatment. Therefore, this placement ensures the students are provided with sufficient opportunities and experience to meet the standards of competence as specified by the GDC.

Further experience within the dental hygienist's scope of practice includes a radiography placement and oral health promotion visits across a range of community settings. The panel is satisfied that students have a breadth and depth of clinical experience on patients at the end of the 3-year course prior to being awarded the qualification and so considers this requirement to be met.

Requirement 16: Providers must demonstrate that assessments are fit for purpose and deliver results which are valid and reliable. The methods of assessment used must be appropriate to the learning outcomes, in line with current and best practice and be routinely monitored, quality assured and developed. (*Requirement Met)*

Formative and summative assessments take place throughout the course. The panel was provided with evidence that assessments are mapped in detail across the learning outcomes and an overall programme blueprint was in place.

The assessment of students is routinely monitored and quality assured through the External Examining process. Regular quality systems and re-approval events ensure that assessments are standardised in line with university level descriptors. The panel is satisfied that this requirement has been met.

Requirement 17: Assessment must utilise feedback collected from a variety of sources, which should include other members of the dental team, peers, patients and/or customers. ***(Requirement Met)***

The panel was provided with evidence of the university’s 360-degree feedback approach. Students receive feedback from peers, patients, supervisors, academic staff, and also have the opportunity for self-reflection. This is used to synthesise an overall review of each patient interaction which allows students to see a complete picture. The collection of this 360-degree feedback is essential evidence in the students’ e-portfolios. The panel is satisfied that the university staff proactively manage any concerns identified and consider this requirement to be met.

As noted in Requirement 12, the panel has concerns about supervision levels in the “Adopt a Surgery” scheme which could impact upon the accuracy and effectiveness of feedback when students are on external placements. The school should consider an audit process for feedback given by external placement supervisors

Requirement 18: The provider must support students to improve their performance by providing regular feedback and by encouraging students to reflect on their practice. ***(Requirement Partly Met)***

The panel was provided with evidence of several mechanisms that are used to improve student performance through feedback and reflection. Reflective practice is a continuous theme throughout the course and is an essential part of the student's development in the simulated clinical environment. The panel saw how phantom head feedback forms encourage students to reflect on their feedback and generate actions to work towards. Clinical supervisors give feedback through student booklets which is then uploaded at a later date.

The panel had concerns about supervision in the 'Adopt a Surgery' model. The panel was told that feedback on these placements would usually come at the end of the day, as often the supervisor would be busy with their own patients during the day. The panel is concerned that this leaves a large window for feedback to be lost or distorted. The school should ensure that feedback is provided contemporaneously. The panel considers this requirement to be partly met.

Requirement 19: Examiners/assessors must have appropriate skills, experience and training to undertake the task of assessment, including appropriate general or specialist registration with a UK regulatory body. Examiners/ assessors should have received training in equality and diversity relevant for their role. ***(Requirement Met)***

Academic staff undertake a Postgraduate Certificate in Learning and Teaching (or equivalent) and marking workshops are provided by the Learning and Teaching Co-Ordinator. Clinical supervisors and the External Examiner have undertaken online training and the School of Health and Life Science holds an annual external examiner workshop to discuss enhancements and share good practice in learning, teaching and assessment across all programmes.

The panel thought that the marking rubrics were thorough and is satisfied that this requirement is met.

Requirement 20: 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. The responsibilities of the external examiners must be clearly documented. (*Requirement Met)*

The responsibilities of the External Examiner include the monitoring of standards to ensure the programme is comparable with similar programmes provided in other institutions. The University has a robust procedure in place for the appointment of the External Examiners which was shared with the panel.

The University framework for external examiners is mapped against the new QAA Code for External Examiners to ensure all requirements are met. New external examiners are provided with university policies and procedures which detail the requirements and expectations of the role. They are invited to an induction training event, in accordance with the QAA Code of Practice and provided with programme documentation and assessment.

The External Examiner is expected to provide feedback on sample work they are provided with and produces annual reports for individual modules and programmes. The panel spoke to the External Examiner and believes this requirement to be met.

Requirement 21: Assessment must be fair and undertaken against clear criteria. 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. An appropriate standard setting process must be employed for summative assessments. (*Requirement Met)*

Students and staff were clear on the assessment procedures. The panel was shown the marking and moderation processes which ensure standardisation of marking within the University. Modules are assessed against specific module assessment criteria and staff were confident in using these. The panel thought that the marking rubrics were detailed and appropriate.

The panel was satisfied that the assessments were fair and undertaken against clear criteria. The panel is confident that appropriate standard setting takes place to assure the expectations of safe beginners. The panel considers this requirement to be met.

Summary of Action

Requirement number	Action	Observations & response from Provider	Due date
2	Codify and collect patient consent from external placement.	Developments are underway to standardise written patient consent for all dental placement areas. Patient consent procedure will additionally be implemented into the Dental Placement Provider workshop. A poster is displayed in the external placement waiting rooms advising patients that there are students working in the surgeries and gives the patient the option of not consenting to treatment by the student prior to the appointment time.	Annual monitoring 25-26
4	Revisit 'adopt a surgery' and risk assess the supervision procedure. To be reviewed within 16 weeks of publication.	The supervisor procedure will be reassessed and a new flow chart of the expected check in process will be developed. The flow chart will be incorporated into the Dental Practice Supervisor Handbook and within the Dental Placement Provider workshop. The supervision procedure will be assessed during Tripartite meets. The first Tripartite meeting will be a 15-minute remote meeting with an Academic member of staff from Teesside University Dental Team, the Dental Practice Supervisor, and the student. A further Tripartite Meeting will be held remotely towards the end of the placement. However, the team operate an 'open door' and should concerns arise regarding a student or supervisor. All this information and the University contact is present in both the Dental Practice Supervisor Handbook and Dental Practice Supervisor workshop.	April 2025
12	The school should consider an audit process for feedback given by external placement supervisors.	The team take on board comments about external supervisor's feedback. A student feedback logbook has been developed which will enable appropriate audits. The new feedback booklets will give external supervisors the opportunity to analyse the	Annual monitoring 25-26

		contemporaneous feedback strategies followed on the Student Dental Facility. We hope this will improve consistency across both internal and external supervisors. The new feedback booklets have feedback positively from both students and supervising staff.	
14	The school must review its process for collating formative assessment data to ensure that all users are fully trained to use the systems effectively.	Training will be given to all new members of staff both Academic and Clinical, in the use of Mahara (clinical portfolio) and ARC (clinical grades and procedures). All staff will receive a refresher session at the start of each Academic Year.	Annual monitoring 25-26
18	The school should ensure that feedback is provided contemporaneously.	This will be picked up during the audit (requirement number 12) and during Tripartites. Should any inconsistencies be identified then an individualised training session will be provided by a member of the Academic Team. More in depth information about student feedback on clinical skill will be added to the Dental Practice Supervisor Handbook and Dental Practice Supervisor workshop.	Annual monitoring 25-26

Observations from the provider on content of report

The content of the report is factually correct and a true reflection of the BSc (Hons) Dental Hygiene at Teesside University. We would like to thank the inspecting team for their constructive comments throughout the process.

Recommendations to the GDC

Education associates’ recommendation	The Dental Hygiene Bachelor of Science (Hons) is approved for holders to apply for registration as a Dental Hygienist with the General Dental Council.
Date of next regular monitoring exercise	Annual monitoring 2025-26

Annex 1

Inspection purpose and process

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. It also quality assures new qualifications where it is intended that the qualification will lead to registration. The aim of this quality assurance activity is to ensure that institutions produce a new registrant who has demonstrated, on graduation, that they have met the learning outcomes required for registration with the GDC. This ensures that students who obtain a qualification leading to registration are fit to practise at the level of a safe beginner.

2. Inspections are a key element of the GDC's quality assurance activity. They enable a recommendation to be made to the Council of the GDC regarding the 'sufficiency' of the programme for registration as a dentist and 'approval' of the programme for registration as a dental care professional. The GDC's powers are derived under Part II, Section 9 of the Dentists Act 1984 (as amended).

3. The GDC document 'Standards for Education' 2nd edition1 is the framework used to evaluate qualifications. There are 21 Requirements in three distinct Standards, against which each qualification is assessed.

4. The education provider is requested to undertake a self-evaluation of the programme against the individual Requirements under the Standards for Education. This involves stating whether each Requirement is 'met', 'partly met' or 'not met' and to provide evidence in support of their evaluation. The inspection panel examines this evidence, may request further documentary evidence and gathers further evidence from discussions with staff and students. The panel will reach a decision on each Requirement, using the following descriptors:

A Requirement is met if:

"There is sufficient appropriate evidence derived from the inspection process. This evidence provides the education associates 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”

5. Inspection reports 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 education associates must 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 monitoring process. Serious concerns about a lack of progress may result in further inspections or other quality assurance activity.

6. The Education Quality Assurance team aims to send an initial draft of the inspection report to the provider within two months of the conclusion of the inspection. 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’ or ‘approval’, the report and observations would be presented to the Council of the GDC for consideration.

7. The final version of the report and the provider’s observations are published on the GDC website.