

General Dental Council

Education Quality Assurance Inspection Report

Education Provider/Awarding Body	Programme/Award
University of Aberdeen	Diploma of Higher Education in Dental Technology

Outcome of Inspection	Recommended that the Diploma of Higher Education in Dental Technology continues to be approved for the graduating cohort to register as dental technicians.
-----------------------	---

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

Inspection summary

Remit and purpose of inspection:	Inspection referencing the <i>Standards for Education</i> to determine approval of the award for the purpose of registration with the GDC as a dental technician Risk based: focused on 3, 5, 7, 11, 12, 13, 14, 15, 16, 17, 18, 21.
Learning Outcomes:	Preparing for Practice (dental technician).
Programme inspection date:	4 May 2023
Inspection team:	Gillian Mawdsley (Chair and non-registrant member) Darren Ware (DCP member) Barbara Chadwick (Dentist member) James Marshall (GDC Quality Assurance Manager)
Report Produced by:	James Marshall (GDC Quality Assurance Manager)

The GDC undertook a risk-based inspection to review the delivery of the Diploma of Higher Education in Dental Technology awarded by the University of Aberdeen, focusing on Requirements 3, 5, 7, 11, 12, 13, 14, 15, 16, 17, 18 & 21. During the inspection, the panel interviewed staff, students and workplace supervisors, who play a crucial role in the employment and supervision of dental technician students in the workplace.

The panel was pleased to note continued improvements with the e-portfolio system. As the key reporting system for monitoring student progression in the workplace, the e-portfolio system is vital for providing assurance of the experience being gained by students outside of the dental institute. The updated e-portfolio system is now more user friendly and with increased functionality.

The panel also noted a range of enhancements to improve the assessment strategy, including the implementation of a 'fit for purpose' marking criteria for practical work and a transition from multiple choice questions to short answer question papers.

The panel agreed that further stakeholder engagement should be taking place. As the programme is heavily reliant on a good working relationship between the Institute, students and workplace supervisors, it is imperative that each stakeholder has the opportunity to provide effective and contemporaneous feedback to allow for monitoring and ongoing evaluation.

The GDC wishes to thank the staff, students, and external stakeholders involved with the Diploma of Higher Education in Dental Technology for their co-operation and assistance with the inspection.

Background and overview of qualification

Annual intake	Maximum of 15 students per intake
Programme duration	34 weeks over 10 months/years
Format of programme	e.g.: Year: 1: Primary Dental Laboratory Skills, Professional Practice, Oral Anatomy and Partial Dentures 2: Dental Alloy Techniques, Complete Dentures, Design Principles and Procedures and Dental Public Health, Leadership and Management 3: Fixed Prosthodontics (single unit and bridges) and Orthodontics
Number of providers delivering the programme	University of Aberdeen (1)

Outcome of relevant Requirements¹

Standard One	
3	Partly Met
5	Partly Met
7	Met
Standard Two	
11	Partly Met
12	Met
Standard Three	
13	Met
14	Met
15	Partly Met
16	Met
17	Partly Met
18	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 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 Partly Met)

The panel was pleased to note the new admissions process in place for the cohort of students starting in the 2023/2024 academic year. The panel was informed that all dental laboratories will now receive a visit from a member of the programme team before an offer of a place is made to a student. A follow up review of the workplace will be completed ahead of the start of the student's third year of the programme. The students confirmed that third year workplace visits are now taking place.

In addition to this, from the 2023/2024 academic year, all offers for entry onto the programme will be formally conditional, with final entry dependent on a number of completed actions requiring engagement from employers and workplace supervisors. These include:

1. Completion of a Workplace Check. The updated checklist now includes time for the programme staff to formally meet with workplace supervisors, discuss the role and answer questions.
2. Submission of Honorary Contract applications from workplace supervisors and completion of key training, for example EDI Training.
3. Signing of Tripartite Educational Agreement.

The panel was reassured to note that any dental laboratory which is to be used by a student to achieve portfolio technical experience requirements which their primary employer cannot facilitate, will receive an inspection from the programme team. The panel was informed that these additional laboratories will be subject to the same inspections and checks as primary places of employment.

However, existing students and workplace supervisors expressed some dissatisfaction with the current model of review and engagement, noting a significant number of what were deemed to be unnecessary changes to processes during their involvement with the Institute. The programme team confirmed that there has been a review of how workplace supervisors are engaged with the programme and going forward, both expectations of the role and communication with all stakeholders should be clarified and take place more efficiently consistently, and effectively.

The panel was satisfied that progress continues to be made, however, the Institute must continue to monitor, review and evaluate the effectiveness and levels of workplace supervisor engagement with the revised admissions process.

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 Partly Met)

The panel was informed that during the 2022/2023 academic year, a new set of communications, handbooks and workplace supervisor requirements were put in place. The Institute noted that whilst this new process was an improvement on previous years, further

development was required. All workplace supervisors were required to have an honorary contract in place, resulting in further training and guidance being required to ensure all supervisors were aware of the requirements for the role.

As noted in Requirement 3, from the 2023/2024 academic year, all offers for entry onto the programme will be dependent on a number of completed actions requiring engagement from employers and workplace supervisors, including the completion of the workplace check and completion of mandatory training.

The Education Associates recognised this move towards an improved process, however they did identify a level of disengagement from the current workplace supervisors due to the increased expectations on them. The Institute must ensure workplace supervisors, both existing and prospective, fully engage with all university requirements.

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)

The panel was informed that during the 2022/2023 academic year, workplace supervisors have been invited to regular meetings with the programme team alongside their students. These meetings have been held following the Technical Progress Committee (TPC) and feedback or concerns can be discussed during these sessions. The programme team provided an example of a student who had been struggling to demonstrate sufficient technical experience prior to the TPC meeting. These issues were discussed with the workplace supervisor, who supported and facilitated the student to gain additional experience.

In addition to this, all workplace supervisors are invited to attend an end of year meeting, during which non-student specific concerns and issues can be raised. The Institute confirmed that all workplace supervisors for the current third year students have attended a feedback session with the programme lead.

The panel was pleased to note that the 2023/24 programme handbook is currently being developed, which provides additional clarity on how workplace supervisors are able to raise concerns directly with the programme team. Furthermore, a new Non-Academic Student Record system is being embedded into both the BDS and dental technology programmes and will be used for collating low level student concerns and issues. The panel noted the system is currently being trailed with internal staff members and supports the Institute plans to roll this out to workplace supervisors in the next academic year.

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 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 Partly Met)

Within the pre-inspection evidence, the panel was informed that students were able to provide feedback on the programme through several mechanisms. These include:

- Open Forum - informal staff / student meetings that allow issues to be raised and actioned without the need to wait for more formal meetings. Open Forum action trackers are stored on the MyAberdeen VLE, which is accessible by all students.
- Staff Student Liaison Committee (SSLC) – both dental technology and BDS students, along with senior Institute staff, are invited to attend the SSLC. The minutes of these meetings are shared with entire cohorts and saved onto the MyAberdeen system.
- Course Evaluation Forms (SCEFs).

While the panel was pleased to see systems in place, they were concerned that a number of students were unaware of the options available for providing feedback on the programme. Both students and workplace supervisors commented that when feedback was provided, there was a lack of clarity if or how their suggestions would be actioned.

The panel was also disappointed to note that dental technology cohorts do not have an opportunity to mix and share their experiences. The panel acknowledged the logistical challenges involved due to the nature of the programme delivery, however they agreed this was a missed opportunity as a number of shared themes were discussed with the Education Associates during the inspection.

Going forwards, the Institute must consider innovative ways to ensure both student and workplace supervisor feedback is effectively captured, actioned and outcomes communicated to all stakeholders.

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. (Requirement Met)

As reported in Requirement 3, the panel was pleased to note the revised and improved process for initial and ongoing monitoring of dental laboratory workplaces. The panel was provided with a copy of the recently revised workplace supervisor and programme handbooks and informed that a further review will take place in advance of the 2023/2024 student cohort starting.

The panel was informed that all laboratories will now receive a visit from a member of the programme team before an offer is made to a student. In addition to this, a follow up review of the workplace will be completed ahead of the start of the student's third year on the course. Following concerns raised previously about secondary work placements, the Institute confirmed that any laboratory which is to be used by a student to achieve portfolio requirements and which their primary employer cannot facilitate, will receive an inspection from the programme team.

The panel was also pleased to note that the workplace checklists have been reviewed and updated. They continue to include checks to laboratory requirements such as MHRA and Health & Safety compliance, but also now include a discussion space for recording feedback from members of the workplace team.

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 pleased to note that assessments throughout the programme have been updated to incorporate a 'fit for purpose' marking criteria. The panel agreed that it is vital for practical elements of the course to reflect real life dental technology and the inclusion of this criteria enhances the student assessment experience.

The fit for purpose criteria is now used for both formative and summative assessments. During formative assessments, it is used to review and provide constructive feedback to students. The criteria are also used within the summative OSPE assessments. The panel was encouraged to note that the criteria had been developed in collaboration with dental technology experts at the Institute and from external stakeholders.

As part of the annual module review process, the fit for purpose criteria can be updated following feedback from students and Institute staff. While there was a general understanding of the new criteria, some students reported that they were not aware of how it would impact their assessments. Going forwards, the Institute should ensure all students are aware of the fit for purpose marking criteria.

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 Met)

The panel was pleased to note significant improvements with the e-portfolio system, which now appears to be working effectively. The previous issue regarding the timeliness of workplace supervisors uploading their feedback on the system also have been resolved through the introduction of the workplace supervisor app.

On completion of the student application process and once an honorary contract has been issued to a workplace supervisor, they are given access to the e-portfolio app. This application allows for supervisor feedback to be uploaded against completed work. Following this, students are required to submit their own reflection on the uploaded task.

The Education Associates agreed that the Institute should continue to monitor and review the effectiveness of the e-portfolio and workplace supervisor app to ensure they remain fit for purpose. Specifically, the Institute should review the frequency of workplace supervisor feedback to ensure it is sufficient but not overly burdensome. The Institute should also review student and workplace supervisor log in details to ensure relevant stakeholders have the required access.

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 Partly Met)

During the inspection the panel was pleased to note within the revised student admissions process that specific focus is placed on identifying students applying from single discipline dental laboratories. The panel agreed that, for the new cohort of students, the revised workplace check process provides a satisfactory opportunity for students and supervisors to identify any areas of dental technology that the student may require additional support and opportunity to achieve the full range of GDC Learning Outcomes. Workplace supervisors are then required to put in place an action plan for identifying additional work experience locations, with support from the Institute.

In addition to the revised recruitment process, the Institute maintains a contemporaneous contact list of known dental laboratories who are able to support students. Furthermore, if needed the programme team is able to deploy a rapid check of new dental laboratories, should this be required to broaden the students' experience.

However, during meetings with the current students, the panel was concerned that some were unaware of what process would need to be followed should they require additional experience outside of their contractual dental workplace. Of specific concern was a lack of understanding from current students in single discipline laboratories. The Institute must ensure all students and workplace supervisors in single discipline laboratories are aware of their responsibility to identify alternative work experience locations. The Institute must support students and workplace supervisors to achieve this.

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)

The panel was pleased to note the work that has been undertaken during the 2022/23 academic year to increase the number of assessment questions available across the dental technology programme, however they questioned whether currently there was an overreliance on existing BDS questions being utilised. The Institute confirmed that there is an ongoing and continued development of the question bank. The panel agreed that the Institute should continue to enhance the number of questions available, and ensure any questions developed are appropriately drafted for the dental technology programme.

During the inspection, the panel was encouraged to learn that some assessments will be moving from MCQs to SAQs. The Education Associates agreed this was a positive move and supported the planned additional training for students on how to complete this type of assessment. During the ongoing enhancement of the assessment process, the panel agreed that the Institute should continue to ensure valid and effective assessment feedback is provided to students, so they are able to learn from their experiences.

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 Partly Met)

The panel noted that effective use of the e-portfolio system enables workplace supervisors to provide feedback on student performance. The e-portfolio is then used as a tool to inform student progression and provide an assurance of student competence. As noted above, improvements to the e-portfolio process and workplace supervisor app have resulted in more appropriate, reliable and consistent feedback to be incorporated into the assessment process.

However, the panel was disappointed that, despite the opportunity for students to undertake defined peer review during their monthly study days on site at the Institute, this does not appear to be taking place. The panel acknowledged that students may provide some feedback to each other during lessons, however students were unaware of how and when this takes place, and there were no clearly defined criteria for students to carry out this beneficial task. Going forwards, the Institute must ensure students are provided adequate and structured opportunity to use peer review as part of the assessment process, including the use of greater cross-cohort engagement where possible.

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 Met)

As noted above, a new workplace supervisor application is available to all supervisors to deliver feedback to students in a timely manner. Workplace supervisors are provided with access to this as soon as an honorary contract is in place. This app allows for supervisor feedback to be uploaded against completed work. The app allows the supervisors to access a student's portfolio and highlights the outstanding feedback required. When a workplace supervisor has uploaded their feedback, the student is required to reflect on their performance and record this on the e-portfolio.

The panel was pleased to note during meetings with students and supervisors that there were no reports of delays in providing feedback, allowing timely reflection opportunities for students.

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)

The panel was informed that the Modified Angoff standard setting methodology is used within the School of Medicine, Medical Sciences and Nutrition. The panel acknowledged the challenge the Institute faces with standard setting for a relatively small programme like the diploma in dental technology.

During the inspection, the panel was pleased to note there is the potential for NHS dental technicians to support and inform the OSPE standard setting process. The Education Associates agreed that this will increase the available pool of expertise and fully support this development.

Summary of Action

Requirement number	Action	Observations & response from Provider	Due date
3	The Institute must continue to review the effectiveness and levels of workplace supervisor engagement with the revised admissions process.	<p>Starting from the 2023-24 academic year, offers were made to successful interview candidates on the condition of the following being in place ahead of the start of the academic year:</p> <ul style="list-style-type: none"> - A tri-party agreement signed between the Workplace Supervisors and University of Aberdeen - Honorary University of Aberdeen contract in place for Workplace Supervisor <p>The Institute ensured that these items were all in place for candidates joining for the new academic year. Mandatory Equality, Diversity and Inclusion training is to be completed in a reasonable timeframe upon commencement of the academic year.</p> <p>As part of the review of WPS engagement, the Programme team will continue to inspect workplaces at the beginning of the initial programme year and again at the start of the third year.</p> <p>In addition, the Programme team will hold a minimum of two individual meetings with each Workplace Supervisor per Semester. The meetings serve to support the obligations of the tri-party agreement and honorary contract by:</p> <ul style="list-style-type: none"> - engaging regularly with each WPS; - ensuring each WPS is fully up to date and understands programme processes and expectations; 	Annual monitoring 2024

		<ul style="list-style-type: none"> - ensuring that each WPS is in receipt of links to complete EDI training and providing a timeframe for this; - providing the WPS opportunity to feed back on any aspect of the programme; - ensuring each WPS is engaged with supporting their students with their study, and are aware of the self-study needs of the curriculum; - discuss student engagement and progress within the programme to date, highlighting any concerns on either side. <p>Each WPS will be emailed to arrange a meeting. If two emails go unanswered, the Programme Coordinator will follow up with a telephone call.</p> <p>To be able to review engagement of each WPS, meetings with each WPS follow a schedule of:</p> <ul style="list-style-type: none"> - September: following the first practical class of the new academic year. - November: prior to the Semester One Technical Progress Committee. - February: following the first practical class of the new Semester. - May: prior to the Semester Two Technical Progress Committee. <p>WPS are reminded at these meetings that they can also contact the programme team at any point during the academic year. The programme team will use a standard template for these meetings to achieve consistency. The Programme team will check with central University for a record of completed EDI training by each WPS.</p> <p>A collective online group Open Forum with all WPS' hosted by the Programme Coordinator will be arranged</p>	
--	--	--	--

		twice a year, one in November and one in April. The WPS' will be invited to one further meeting together at the end of the academic year. These meetings aim to gather feedback on the programme and solve general concerns.	
5	The Institute must ensure workplace supervisors, both existing and prospective, fully engage with all university requirements.	<p>Offers to the programme are now entirely conditional subject to the following being in place at the start of the teaching year:</p> <ul style="list-style-type: none"> - A tri-party agreement signed between the Workplace Supervisors and University of Aberdeen - Honorary University Aberdeen contract in place for Workplace Supervisor <p>The University is rigorous in not permitting a student to join the programme if the prospective WPS has not satisfied the requirements above. This information is stipulated within the Application Guidance available on the Institute of Dentistry's website.</p> <p>The programme team hold meetings with each WPS during the academic year where the mandatory Equality, Diversity and Inclusion training is followed up on to check engagement. The Programme team will also check with the central University for confirmation of compliance with the required training.</p> <p>Each WPS is in receipt of an electronic copy of the Workplace Supervisor handbook ahead of the new academic year. A printed copy is also sent to each WPS.</p> <p>We will try and hold a yearly conference day where all students and supervisors will be invited to attend. This conference will aim at engaging all students and their</p>	Annual monitoring 2024

		WPS with the conference whilst also providing CPD to all of them.	
11	The Institute must consider innovative ways to ensure both student and workplace supervisor feedback is effectively captured, actioned and outcomes communicated to all stakeholders.	<p>In regard to practical feedback, the e-portfolio app has been enhanced so that supervisors have their own app to enter feedback. It is not possible for a supervisor to enter feedback using the student e-portfolio app. There have been changes to the way in which images are uploaded to the e-portfolio. These are changes to the way in which the app itself uploads an image. Previously this was a two-stage process whereby the app uploaded the title of the image first, followed by the image itself. There had been instances where the second stage was unsuccessful, leading to students thinking they had uploaded an image when in fact the upload had not been successful. Under the new process, once the student adds an image, the app will upload it in a one stage process and the image will be uploaded straight away.</p> <p>Each WPS is invited to provide feedback during scheduled meetings during the academic year with the Programme team. WPS are also told that they can contact the programme team at any point during the academic year. The Programme team also use the meeting to provide updates to each WPS.</p> <p>The Student Staff Liaison Committee (SSLC) are held four times per academic year. The second and fourth SSLC of the academic year focus on the results of the Semester One and Semester Two Student Course Evaluation (SCEF) Feedback surveys. From the 2023-24 academic year, all dental technology students are invited to join the SSLC meeting, rather than only Class Reps. This is due to the small number of students in</p>	Annual monitoring 2024

		<p>each cohort. The SSLC for the dental technology programme will also be held exclusively for dental technology students to ensure that adequate time is given to discuss feedback for their programme.</p> <p>The results of the SCEF survey are uploaded to each course area of MyAberdeen, as well as the organisational page for the Dental Technology programme. This is accessible to both students and WPS. The SCEF survey results will also be shared via email with students and WPS. An action tracker will be completed during the SSLC meeting and shared with the students on the same page to follow on the outcomes of these meetings.</p>	
13	The Institute should ensure all students are aware of the fit for purpose marking criteria.	<p>The Fit for Purpose marking criteria was discussed with all students on their first day of the academic year.</p> <p>The Fit for Purpose marking criteria will be referred to in the Workplace Supervisor Handbook and added to:</p> <ul style="list-style-type: none"> - MyAberdeen - Assessment and Progression Handbook <p>The Fit for Purpose marking criteria will be raised at the Programme Team meetings with each WPS. Students will also be using the fit for purpose marking criteria to mark each other as part of the peer-assessment that takes place at the practical sessions in Aberdeen, twice a month.</p>	Annual monitoring 2024
14	The Institute should review the frequency of workplace supervisor feedback to ensure it is sufficient but not overly burdensome. The Institute should also review student and workplace supervisor log in details to	The Institute of Dentistry ensures that Honorary contracts are in place for each WPS via the Human Resources contracts team. The Institute of Dentistry are readily able to access user ID details of each Honorary contract holder if these are misplaced by a	Annual monitoring 2024

	ensure relevant stakeholders have the required access.	<p>WPS. The Institute of Dentistry can raise a call with the IT service desk to support Workplace Supervisors who are experiencing any difficulties with their University IT account. The programme team can check with each WPS at their individual meetings to ensure they are not experiencing any difficulty with the e-portfolio app.</p> <p>The e-portfolio app has been revised to allow feedback for each stage. In the past it has been difficult to provide feedback against each image if multiple images have been uploaded. It is now possible to clearly add feedback for each image uploaded, documenting clearly feedback for each stage of the course.</p>	
15	The Institute must ensure all students and workplace supervisors in single discipline laboratories are aware of their responsibility to identify alternative work experience locations. The Institute must support students and workplace supervisors to achieve this.	<p>This is raised through a number of means during the programme:</p> <ul style="list-style-type: none"> - by the Programme Coordinator at in-person laboratory visits at the start of the 1st year of the programme, and again at the second laboratory visit undertaken at the start of the 3rd year of the programme. - within the tri-party agreement, signed by the WPS prior to all students joining the programme from 2023-24 onwards. - at teaching classes when raised as required in relation to specific aspects of a course - The students submit a form at the beginning of each term confirming that they will have access to appropriate cases to complete the portfolio for that specific term. When some of these cases will be done outside the main lab, the student must specify the lab and the new WPS on that other lab. Another inspection will take place on that external lab. 	Annual monitoring 2024

		<ul style="list-style-type: none"> - If students struggle to find a suitable place to perform some of the activities on their portfolios, they can raise this with the programme co-ordinators who can suggest some laboratories previously inspected by the programme coordinators. Information on this matter can be found on the student programme handbook. 	
16	The Institute should continue to enhance the number of questions available, and ensure any questions developed are appropriately drafted for the dental technology programme.	<p>The Institute of Dentistry assessment team have built a question bank specifically for the dental technology programme on ExamSoft. All questions are reviewed by an appropriate panel, including the External Examiner.</p> <p>Year Two of the Dental Technology programme will undertake Short Answer Question assessment from Semester 2 2023-24 in place of the previously used Multiple Choice Question assessment. Year Three will use Short Answer Question assessment and two Case Reports.</p>	Annual monitoring 2024
16	The Institute should continue to ensure valid and effective assessment feedback is provided to students, so they are able to learn from their experiences.	<p>The Programme follows assessment feedback processes of the University of Aberdeen for healthcare programmes. In addition, all students undertake a formative assessment every time they undertake a new assessment type: OSPE, Multiple Choice Question and Single Answer Question for guidance and feedback.</p> <p>Following the Exam Board and ratification of results students will receive individual feedback in the forms of:</p> <ul style="list-style-type: none"> - Multiple Choice: a breakdown of categories and number of questions answered correctly within those categories. - Short Answer Questions: detailed written feedback for those answers where students did not get full marks. 	Annual monitoring 2024

		<ul style="list-style-type: none"> - OSPE: written comments provided during the assessment. - Case reports: written comments written during the marking of the reports using the rubric and also detailed written feedback on the course work. - Course work: use of fit for purpose criteria and peer-assessment (feedback from both staff and students). 	
17	The Institute must ensure students are provided adequate and structured opportunity to use peer review as part of the assessment process.	Students provide peer review using the fit for purpose marking criteria for all course work. This is undertaken at the end of each practical class session in Aberdeen. Peer on peer feedback is given, then general comments are discussed as a group.	Annual monitoring 2024

Observations from the provider on content of report

The programme team have sought advice from the GDC over expectations for completion of EDI training by workplace supervisors. The programme team were concerned that due to time constraints it could be difficult for supervisors to complete the training prior to the start of the academic year. The GDC have clarified that the expectation is that workplace supervisors complete the training as soon as practically possible, however this would not need to be ahead of the start of the academic year.

Recommendations to the GDC

Education associates' recommendation	The Diploma of Higher Education in Dental Technology continues to be approved for holders to apply for registration as a Dental Technician with the General Dental Council.
Date of next regular monitoring exercise	2024

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.