General Dental Council

Education Quality Assurance Inspection Report

Education Provider/Awarding Body	Programme/Award
Bangor University	Diploma of Higher Education Hygiene

Outcome of Inspection	Recommended that the Diploma of Higher Education Hygiene 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):	**27/ 28 February 2024**
Examination inspection date(s):	**22 August 2024 (Unseen Cases)** **28 August 2024 (Internal Exam Board)** **11 September 2024 (External Exam Board)**
Inspection team:	**Jenny McKibben (Chair and non-registrant member)** **Alison Brown (DCP member)** **Gill Jones (Dentist member)** **Scott Wollaston - GDC Staff member (Quality Assurance Manager)** **Faisal Hussain - GDC Staff member (Education and Quality Assurance Officer)**
Report Produced by:	**Scott Wollaston - GDC Staff member (Quality Assurance Manager)** **Faisal Hussain - GDC Staff member (Education and Quality Assurance Officer)**

The Diploma of Higher Education (DipHE) in Dental Hygiene at Bangor University is the first dental programme at the university and sits within the School of Health Sciences. The school used to be the School of Medical and Health Sciences, but medicine was recently separated. The programme is commissioned by Health Education and Improvement Wales (HEIW). In the first year of the programme, students are learning in community dental settings and then go on to treat patients in the North Wales Dental Academy (NWDA) in their second year.

This is the first inspection of this new programme, and the purpose was to inspect against all 21 requirements to approve the programme for this and future cohorts for registration with the GDC. Overall, the panel were impressed with the programme staff's dedication to this course. Speaking with the staff and students, everyone was happy with the opportunities now provided to them in North Wales and were all proud to be a part of the course.

The GDC wishes to thank the staff, students, and external stakeholders involved with the DipHE Dental Hygiene at Bangor University for their co-operation and assistance with the inspection.

Background and overview of qualification

Annual intake	12 Students
Programme duration	90 weeks over 2 years (45 weeks per year)
Format of programme	**Year 1** 1: Foundation of practice, encompassing clinical governance, law, ethics, behaviour and insight, teamwork and developing communication skills necessary to prepare students for clinical practice. 2: Clinical skills development in a simulated environment. 3: Clinical knowledge development, including dental radiography and placement provision in secondary care placements across North Wales (direct patient treatment). 4: Anatomy, human disease, and pharmacology **Year 2** 1: Dental public health and evidence-based dentistry. 2: Further development of clinical knowledge and skills, including oral medicine and primary care placement provision with direct patient treatment. 3: Patient management and further professional development of the student.
Number of providers delivering the programme	1 provider with additional placement providers (who hold Service Level Agreements with the University).

Outcome of relevant Requirements[1]

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

Students in the first year of the course undertake community placements around North Wales. This is following a gateway assessment in January. The students must complete mandatory NHS training before going onto placements. This helps to ensure they are competent in the relevant skills to complete their placement and provide patient care to an appropriate and safe standard.

The students complete two days of simulated clinical skills training a week from the start of the first semester in September, until the gateway assessment in January. As a HEIW commissioned programme, the programme has use of their clinical simulation facilities in Ysbyty Glan Clwyd. This does place some pressure on both students and staff as most are local to Bangor, and training sessions are completed a considerable distance away.

Programme staff told the panel that they were hoping to convert a suitable space in their basement to a clinical simulation facility, but this was still pending university approval. The panel would strongly encourage this development and considered this local facility for the students would benefit them greatly. There are travel bursaries and grants provided by the Welsh Government, all students residing in Wales are in receipt of the NHS Wales Student Bursary Scheme for healthcare students, the students residing outside of Wales are the only students who do not have access to this, and they are advised to contact the NHS Business Services Authority regarding the NHS Learning Support Fund.

As the first dental programme to use the Bangor University student monitoring system, programme staff stated it had been challenging initially. Students login to MyBangor to upload evidence that they have the adequate knowledge and skills to provide patient care and receive feedback for this.

Following feedback from students, the gateway assessment has been pushed back to February to allow them to refresh their clinical skills after the first semester break.

The panel were satisfied that students are suitably assessed as competent pre-clinically 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 Met)***

The panel visited the NWDA to see where second year students treat patients. The Bangor University logo is used throughout the facility, as well as notices throughout the practice and the panel also saw the different uniforms that students wear to identify themselves. Programme staff confirmed that students verbally obtain consent prior to treatment. The panel were also provided with a copy of the consent form that patients complete and sign to agree to

treatment by a student. For any Welsh speaking patients, consent forms are provided in Welsh and students whose first language is Welsh can swap to treat these patients, if they wish to.

The panel consider this requirement to be met.

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)***

During the inspection, programme staff told the panel that they conduct clinical audits before students start their placements. There are three possible outcomes; review again in two years as the placement is sufficient, review at a set date sooner than the two-year standard due to some issues identified, or not approve the placement.

All staff and students undertake general training including in equality and diversity. All signs and documentation are in both English and Welsh. The NWDA facility also contains a specialist bariatric chair for patients who have additional needs.

The panel did note the absence of an EDI lead for the school and were concerned that this could impact the school's ability to feed into and be informed by the wider university's strategy. The school should appoint a responsible lead for EDI who is responsible for doing this.

The panel consider 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 Met)***

As mentioned above, the school conduct clinical audits on each placement the year one students go to. This includes checking for registration and training of the clinical supervisors. School staff supervise the year two students in the NWDA. There are two staff allocated to supervise at NWDA, with two other staff members available, if needed. There are also GDC registered dentists on site at NWDA.

Due to the remote nature of the school, its outreach placements are distant from the school. This involves a fair amount of travel for the students and staff. Although it is a small programme team, the staff have shown good resilience to this, but the panel would recommend the university look at providing appropriate support for colleagues working in outreach. One staff member was due to leave shortly after the time of the programme inspection and the panel were told the university had been fairly slow at recruitment. When the panel returned for the exam inspection six months later, this staff member had not yet been replaced. One of the staff members is completing additional hours to ensure the course is still able to run, and the university have assured the school that they are going to advertise for a three day a week post.

We were pleased to see the hard work and dedication from the small team and deemed the staff to student ratio to be sufficient. However, the university does need to ensure it is sustainable, as this could place strain on the staff if clinical hours were increased. The panel consider this requirement to be met.

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)***

All staff who teach and supervise on the programme undertake mandatory online training, including equality and diversity. They are all also GDC registrants. All staff also undertake DBS checks before beginning employment at the school and as registrants they keep up with their required CPD hours. This is reviewed by the programme lead monthly. The panel consider 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 school has a raising concerns policy in place, this is applicable to both students and staff. During the students' first week, they are introduced to the policy and how to utilise it. Speaking with the students, they all were aware of how to raise a concern, either via their personal tutor or the staff student liaison meetings. The student representative also attends meetings with HEIW, and the students advised they can also raise any concerns there.

The provider told the panel that raising concerns is taught across several modules, and students and staff have access to all policies on their intranet home page. The provider gave an example of a concern being raised; the students had identified issues with the interprofessional learning (IPL) module. As it is a shared module it was approached on a wider scale, through the module feedback and directly with tutors. The students told the panel that the IPL module is not as relevant to dental as it is the other student groups (radiographers, midwives and nurses) and that the group work does not count toward the other students' grades, but it does for the hygienists, so less effort was applied by the other groups which impacted them. The programme staff were aware of this and have indicated they would prefer the IPL to be with the medical students, but this is a university decision. The panel would encourage the university to review this aspect of the course. The panel consider 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 Partly Met)***

When attending each outreach placement, year one students use different reporting systems. This means that there is no central log to record and report patient safety incidents. When the panel spoke with one of the dentists at NWDA, we were told that any patient safety incidents would be reported on their own system and if it involved a student, they would make the programme lead or supervisors aware. The panel were not assured that the university had a full appreciation of the risk of year one students treating patients and the rigorous patient protection requirements of the regulator.

During the inspection, the panel were made aware that the university initially overlooked inviting the programme lead to the university wide student fitness to practise meetings. We understand that this has now been rectified.

The panel noted the audit cycles for radiography and clinical incidents would benefit from a consistent approach and careful reporting with recommendations shared with all stakeholders.

We were told by university staff that they maintain an incident log and that they were not aware of any incidents, but they would regularly check. The panel were not fully assured that due to the variety of reporting systems that these would all be centrally reported and logged. The university must improve the integration of systems within the school and its outreach clinical placements. Therefore, the panel consider this requirement to be partly 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 school have a suitable student fitness to practise policy in place. They told the panel that this is taught with leadership and management in a module within the second year. They also stated that any new topic is linked back to the GDC's Standards for the Dental Team and Scope of Practice.

The school also has a two-stage lapses in professionalism process in place. If a concern is upheld after this process has been followed, then it would be reported to the GDC.

As above, the panel heard that the university initially overlooked inviting the dental team to appropriate meetings including fitness to practise, but we understand that this has now be resolved.

Having spoken to the students, the panel were 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 consider 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 (QAF) for the programme. The framework meets the requirements of the Standards for Education and Preparing for Practice and clearly outlines the rules around data collection. It is clearly stated that the programme lead is responsible for implementing any updates to the framework to reflect any changes in legislation and external guidance.

The provider undertakes an internal annual monitoring process which includes feedback from students, external examiners and employers. The provider works with the quality enhancement unit which is the central university department overseeing quality regulations within the university. The unit reviews each module to ensure it is meeting the standards that are required. Students map their progress based on a comparison to last year's action plan. The unit then look to develop future action plans. Constant reviews are undertaken to ensure quality stays where it is or is enhanced. Any concerns pertaining to quality of the programme is raised at the Board of Studies which is the university's decision-making body for all academic matters. Other tools such as risk registers are used to maintain best practise. Any issues

raised from the various committees within the university around quality are directed to the teaching and learning representative for the school who sits on the university panel. This is then relayed back to the key individuals such as the disability tutor, senior tutor, director of student engagement, who all make sure quality is delivered in the programmes.
The panel consider 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)***

During the inspection, the school told the panel that regular audits are undertaken to ensure quality assurance of the programme. The programme lead is responsible for reporting any serious threats to the GDC regarding students achieving their learning outcomes. Any such risks would be placed on the school risk register. This is reviewed by the strategic team every two weeks. The panel consider 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 Programme has a Quality Assurance and External Examiner Policy which complies with QAA guidelines. This ensures all adequate internal and external quality assurance procedures are satisfied. The panel spoke with the External Examiner at the exam inspection; they advised the panel that they saw all assessments to review and comment before they were undertaken with the students. The school also have an 'Expert by Experience Group' which is part of the stakeholder group whose members include patients. Discussion groups with students provide teaching sessions from a patient perspective and contribute to module/course development as part of the stakeholder group meetings. The panel consider 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. ***(Requirement Met)***

HEIW and Bangor University have an agreement in place which details a quality assurance process, assuring the quality of students experience and outcomes. This is a local level expectations agreement. Regular meetings are held between HEIW and the course provider. Any serious issues are added to the risk register. As mentioned above, a quality assurance framework is in place which collects feedback, and audits are carried out with placement providers. Any concerns raised which are unable to be resolved at programme level will be escalated to the Placement Education Quality Assurance Group, which is a shared committee with the local health board to review placement issues for professional programmes. The panel consider this requirement to be met.

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)***

As part of the pre-inspection evidence, the provider has supplied a blueprint which maps the programme to the current GDC learning outcomes. The students undergo a variety of formative and summative assessments throughout the course. For clinical competencies, formal assessments are completed via Direct Observation of Procedural Skills (DOPS) and Objective Structured Clinical Exams (OSCEs).

Clinical Assessment Panel (CAP) meetings are held to consider the progress of each student towards clinical requirements. CAP results are reported at the exam board meetings and final year students are required to have met their clinical requirements to be "signed up" for their final exams. The provider told the panel during the inspection that if a student was not ready or they failed their final exams, there is an opportunity for them to re-sit in September of the same year.

The panel had some concerns that the students were not receiving sufficient clinical experience. They undertake four clinical sessions a week, seeing an average of two patients per session. The students work in pairs for their clinical sessions and nurse for each other. From speaking with the students, the panel were assured that this cohort were on track and the students themselves feel prepared. The panel consider 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 Met)***

The school operates a recording system called MyBangor to monitor all student experience. During the inspection, the panel were provided with a demonstration of the system and considered it to be an appropriate medium for recording and monitoring clinical experience against all learning outcomes. 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 panel consider this requirement to be met.

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)***

The school says that student clinical activity is constantly monitored and reviewed to ensure students meet all GDC learning outcomes.

During the inspection, it was raised by both staff and students that they are struggling to gain sufficient exposure to implants. The subject is taught, but the students are getting no practical experience as there are limited cases in the area. The panel's understanding is that the students are able to work on implant models via phantom heads, but this is fairly limited. The school must ensure that students are exposed to all treatment types.

The students undertake four clinical sessions a week, seeing an average of two patients during each session. The panel did consider that this was fairly limited clinical experience, especially as they are nursing for each other in the clinical sessions, so are not always getting the

experience working as hygienists. The school must look to increase the clinical sessions the students undertake.

The panel consider this requirement to be partly 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 Partly Met)*

The provider undertakes both formative and summative assessments throughout the course. After the OSCEs are completed, they are evaluated by the programme team. The school utilises a virtual learning environment, called Blackboard, which provides them with a discrimination index and difficulty score.

The panel observed the final assessments on 28 August 2024. The students completed two unseen cases each. The examiners were separated into two rooms, with two examiners in each, and each student saw both sets of examiners. Questioning between both rooms was consistent, however the panel did note that examiners in one room prompted the students more.

The students were asked ten questions for each unseen case. The examiners then scored the students based on their answers. Each question sheet had an array of expected answers that the examiners were looking for the student to include in their answer, with two levels of expected answers 'just passing' and 'better answer'. It was unclear how each response was then converted into the marking sheet criteria, which ranked the students in a range of scores, up to 100. Each answer was given a score on the marking sheet, which was then divided by 10 to get their average score for each case. The panel considered that the marking was subjective and not data based on scores. The school would benefit from reviewing the scoring and benchmarking process to reduce the overall subjectivity. The panel concluded that more detailed calibration in advance of the assessments was needed. Overall, however, the panel were assured by the appropriateness of the questions.

The panel considered that the university must increase their input to review and support the assessment arrangements. This would help to ensure consistency and quality assurance including through the use of psychometrics and standard setting. As it is a small team running the course, resourcing pressures have the potential to impact on the robustness of the exam procedures. The panel consider this requirement to be partly 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 school told the panel that when patients are escorted out after being treated by a student, they are told there is a questionnaire for them to provide feedback on the student if they wish to. Overall patient feedback on the students is positive. The other members of the dental team at the NWDA feed back to the programme staff and to the students directly.

There is also a patient group utilised called "Expert by Experience" where patients provide feedback on their experiences. The group is not specific patients of the students but general patients providing an overview of their experiences. Peer feedback is collected through Staff Student Liaison meetings, which are attended by two student representatives, through module evaluations and 360-degree feedback. As noted under Requirement 6, the students fed back to the school that the IPL module was not appropriate for dental professionals, the programme staff used their free time to sit in on the IPL sessions to review the relevance and the students

fed back that they considered the sessions were made more relevant to dentistry after this. The panel consider this requirement to be met.

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 a small programme, the staff are able to offer close support, and provide ongoing verbal feedback to the students and this is recorded in their portfolios. The student monitoring system, MyBangor, also allows the tutors to provide written feedback to students once they have submitted work.

Reflection is something that is heavily emphasised in this programme. Students complete their work log and are encouraged to reflect. As they progress throughout the course, the students then go back and reflect on their previous work. The panel were pleased to see this good practice. We consider this requirement to be 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)***

As noted earlier in the report, all staff are GDC registered. The tutors are the same staff members who exam and assess. There are two staff members who have recently joined the team, and the school told the panel how they shadowed other staff members during their inductions. All staff also undertake mandatory NHS training. The school also stated that all external examiners and supervisors are required to undertake the supervisor training programme provided by the All Wales Faculty for Dental Care Professionals. All internal examiners and assessors are required to have or be working towards D2 which is aligned to the UK Professional Standards Framework (UKPSF) and accredited with the Higher Education Academy (HEA). The panel consider this requirement to be 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 school have an external examiner (EE) who will provide reports on assessments. There is external examiner guidance in place, but the panel considered it was not clear who has ultimate responsibility for ensuring any actions set by the EE are completed.

The panel met the EE at the final exams and had the chance to speak with them. They told the panel that they were sent all assessments for review and comment throughout the programme in a timely manner. However, they did note that they had not seen the final assessment scoring and data until the evening before the exams and that there was not enough time to comment. From reviewing the EE reports, it appears this was an isolated incident; however, the panel would encourage the school to put steps in place to ensure the EE has sufficient time to review the assessments to allow their input into the process.

The EE also attended the online exam board meeting on 11 September and gave their feedback. They thanked the staff and students and considered that the course was well organised, and the students were well supported. Following the final exams, they then go on to complete a formal report, to be sent to the programme lead. The panel consider 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 Partly Met)*

A Student Assessment Guide, which explains in detail for the students how they will be assessed and why, was included in the pre-inspection evidence sent by the school. Within this guide, there is a section on standard setting, which clearly explains to the students how their exams will be standard set. The criterion for all assessments is also held on Blackboard for each module.

Also included within the pre-inspection information, the school advised us that standard setting procedures for all summative assessments is undertaken and that the results would be available during the inspection. At the programme inspection, the school advised the panel that they have the standard setting process in place, but that they are not currently allowed to embed it in the programme as it goes against university regulations. At the internal exam board, the panel were told that for future cohorts, each question will now be standard set and scoring will be weighted.

The school and university must ensure a formal standard setting process is embedded within the programme. The panel consider this requirement is partly met.

Summary of Action

Requirement number	Action	Observations & response from Provider	Due date
7	The university must improve the integration of systems within the school and its outreach clinical placements.	The year 1 students attend placements in secondary care and as such the DATIX incident reporting system is used (as this is an NHS requirement). At a local level, the supervising clinician will report the incident to the programme lead. In year 2, the students attend primary care placements at NWDA who use their own incident reporting system (as DATIX is not available to them as they are not an NHS premises). However, as with the secondary care placements, the reporting clinician would inform the clinical supervisor who would report this back to the programme lead in the same way as the primary care placements. Any incidents raised are discussed as a standing item on the Dental Hygiene team meeting agenda and the school Escalation of Concerns process is followed.	Monitoring 2025/26
15	The school must ensure that students are exposed to all treatment types.	NWDA have employed an implant specialist who is happy to support the students and refer patients for maintenance.	Monitoring 2025/26
15	The school must look to increase the clinical sessions the students undertake.	The number of patients seen will vary depending on the complexity of the procedure and the skill and experience of the students so as the students progress through year 2 the number of patients seen increases. We have increased provision of sessions for students in year 1 by increasing the duration of the placement timetable and we have increased the clinical sessions for year 2 from 4 sessions per week to 5 sessions per week.	Monitoring 2025/26
16	The university must increase their input to review and support the assessment arrangements.	The programme (with support from the school) has now received permission for a variation to the Regulations to apply standard setting across all assessments. In addition, post exam analysis is carried including level of	Monitoring 2025/26

		discrimination and difficulty for each question/assessment. The University will be recruiting a lecturer in psychometric education to work across the School of Medicine with support to the School of Health Sciences. Additionally, in the spirit of collaboration and sharing good practice, the programme lead is also working closely with Peninsula Dental School (University of Plymouth) who utilise psychometrics very well.	
21	The school and university must ensure a formal standard setting process is embedded within the programme.	The standard setting procedure described in the Student Assessment Handbook has now been implemented for all assessments.	Monitoring 2025/26

Observations from the provider on content of report

Thank you for this comprehensive report.

Requirement 1
The provision of facilities at the University was dependent on additional commissioned places which was not forthcoming. An agreement has since been made with Health Education Improvement Wales (the Commissioners) to support a Bangor based training facility (similar to the clinical skills facility currently utilised) which we will have access to from January 2025.

Requirement 2
The panel was advised there was no current EDI lead insitu at the time of inspection. This was due to the previous staff member leaving the university. However, Dr Elizabeth Mason has been supporting this role on an interim basis and the School is currently recruiting an EDI and Sustainability Lead.

Requirement 3
At the time of inspection, the post of school level EDI lead was vacant, although Dr Elizabeth Mason was supporting this role on an interim basis. The School is recruiting a new EDI and Sustainability lead.

Requirement 6
The programme no longer engages with the shared IPL module outlined in Requirement 6 and instead provides a bespoke Foundation of Practice module that introduces the students to learning and working as dental professionals and develops their knowledge and

understanding about regulatory requirements and fitness for practise, insight and personal and professional behaviour to meet public and service users' needs and expectations. We promote safe practice through an appreciation of health & safety legislation, policy and health economics within the context of dentistry.

Additionally, in relation to **Requirement 4**, we are actively recruiting an additional staff member (DH/DTher lecturer) for 3.5 days per week (0.7fte) to replace the staff member who left and cover the additional hours covered by existing staff.

Requirement 20
The report states that the panel met the EE at the final exams and had the chance to speak with them. The EE told the panel that they were sent the unseen case presentation scoring and data the evening before the exams, at their request, and that there was not enough time to comment. Prior to this examination, the EE has always received exam papers and assessments in advance of the exam dates, however, due to the last-minute changes made to this final assessment, it was not possible to get these to her in a more timely manner. This was an isolated incident, as evidence by her previous EE reports confirming she has seen all exams and assessments in an appropriate timeframe.

Recommendations to the GDC

Education associates' recommendation	The Diploma of Higher Education Hygiene is approved for holders to apply for registration as a hygienist with the General Dental Council.
Date of next regular monitoring exercise	2025/6

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.