General Dental Council

# Education Quality Assurance Inspection Report

| Education Provider/Awarding Body | Programme/Award |
|---|---|
| University of Essex | FdSc Oral Health Science |

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| Outcome of Inspection | Recommended that the FdSc Oral Health Science continues to be approved for the graduating cohort to register as a dental hygienist. |

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

## Inspection summary

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| **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 dental hygienist.** |
| **Learning Outcomes:** | **Preparing for Practice- Dental hygienist** |
| **Programme inspection date:** | **11th-14th March 2024** |
| **Examination Board Inspection date:** | **20th January 2025** |
| **Inspection team:** | **Jane Andrews (Chair and non-registrant member)**<br>**Benjamin Tighe (DCP member)**<br>**Rachel McCoubrey (DCP member)**<br>**Amy Mullins- Downes (GDC Operations and Development Quality Assurance Manager)**<br>**Natalie Watson (GDC Education Quality Assurance Officer)**<br>**Ben Gambles (GDC Education Quality Assurance Officer)** |
| **Report Produced by:** | **Natalie Watson (GDC Education Quality Assurance Officer)**<br>**Ben Gambles (GDC Education Quality Assurance Officer)** |

**Executive summary**

This inspection was undertaken following the General Dental Council (GDC) Education Quality Assurance (EQA) team monitoring process, as a potential level of risk was identified with the programme. The University of Essex (the university) deliver the FdSc and BSc Programmes and this inspection was combined to cover both. There are separate reports for each programme and this report is in relation to the FdSc in Oral Health Science. The FdSc programme was last inspected in 2018 and time since the last inspection was a factor in the decision to inspect.

The FdSc programme has met sixteen requirements and partly met five requirements. The programme has been given actions to address within the specified timeframes outlined within the report.

Requirements 14,17 and 19 were not scrutinised during the inspection visit as assurance was provided in the pre inspection documentation.

Prior to the inspection, the University of Essex provided a range of evidence that was reviewed by the panel. Additional evidence was also reviewed during the inspection. The panel had an opportunity to meet with programme staff, as well as students, external examiners and outreach staff.

The GDC wishes to thank the staff, students, and external stakeholders involved with the University of Essex FdSc programme for their co-operation and assistance with the inspection.

## Background and overview of qualification

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| Annual intake | 64 students |
| Programme duration | 88 weeks over 24 months |
| Format of programme | Year<br>1: basic knowledge, clinic attendance, shadowing and direct patient treatment on basic proficiencies<br>2: advanced knowledge and competency development, direct patient treatment, clinic attendance |
| Number of providers delivering the programme | 1 |

## Outcome of relevant Requirements[1]

| Standard One | |
|---|---|
| 1 | Partly Met |
| 2 | Met |
| 3 | Partly Met |
| 4 | Partly Met |
| 5 | Met |
| 6 | Met |
| 7 | Met |
| 8 | Met |
| **Standard Two** | |
| 9 | Met |
| 10 | Met |
| 11 | Partly Met |
| 12 | Met |
| **Standard Three** | |
| 13 | Met |
| 14 | 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 Partly Met)***

The university programme staff informed the panel that students are assessed as competent in the relevant skills level in the pre-clinical simulated environment. It was confirmed that gateway assessments are completed on individual competencies, through direct observation, prior to undertaking clinical procedures with patients.

Prior to completing a gateway assessment, students must complete a self-assessment form. Gradings for this form are noted as "Learner, Competent or Proficient". It was not clear how staff or students consistently differentiated between these gradings or if they had clear guidelines with regards to how a student can meet each of these.

During the inspection, the panel explored the process for students who fail one or more gateway assessments. It was identified that such students can progress to placements but cannot undertake any competencies that were not passed at the gateway. If a student fails all gateway assessment competencies, they can access the placement only in an observational capacity. This therefore highlighted that students are introduced to the placements with a mixed ability.

Clinical Educators (CEs) support students in the placement practices and have access to the clinical skills data for students. CEs confirmed during the inspection that there is good communication from the university and that they are aware of where the students are in terms of clinical skills.

The panel was concerned at the absence of a clear and consistent audit trail for the joint management by the university and CEs of those students who had only passed some gateway assessment competencies before undertaking practice placement. It is recommended that there is a clear audit trail which confirms that CEs are aware of any incomplete competencies failed at the gateway assessment when the student commences their placement, as well as the audit trail for communication to the CE when such failed competencies are subsequently achieved.

**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 university provided assurance that patients are appropriately informed that they will be treated by students. The panel was advised in the pre-inspection documentation that any referring dentist informs the patient that they would like to refer them for treatment by a student and asks if there is consent. The patient is required to read and sign a student consent proforma which indicates the possible implications of treatment by a student. This is then saved to the patient's record. Patients are reminded when returning for treatment that they are being treated by a student.

Signage indicating that patients may be treated by students is displayed in each placement reception area. CEs also check students' notes to ensure consent is recorded and the university placement lead conducts spot checks of this during visits.

Students are required to indicate that they are a student by wearing a tunic and badge with a University of Essex logo. Students are required to introduce themselves to patients and verbally gain consent prior to treatment.

The panel was assured that there are multiple opportunities to decline student care.

**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)***

Students on the FdSc programme at the university provide treatment to patients in a clinical practice placement. Programme staff advised that they carefully recruit, register, induct and support placements through a thorough inspection process.

The programme lead or university placement lead assess the suitability during an initial inspection visit. The inspection includes reviewing if elements of the university placement agreement are met by the placement practice. Placements are then inspected and audited once per term by members of the academic team.

CEs are taken through an induction presentation which outlines the level of supervision required and an introduction to the types of assessment that they will undertake in placement. Prior to the CE starting supervision, a further training session is conducted by the programme lead which includes more detail of the work-based learning requirements of the programme.

Prior to placements, students are appropriately prepared which includes training and teaching to cover a range of areas which will be followed in practices, this includes equality and diversity.

Staff to student ratios were confirmed during the inspection visit and the panel was content that these were appropriate.

The panel was concerned with the disparity in placement supervision. Some CEs had their own, sometimes back-to-back, patient appointments whilst supporting students leading to delays in support being available, whereas other CEs were more available. The placement agreement stipulates that CEs should be available to support students and it is recommended that a consistent approach is followed across placement sites to ensure consistent availability of student supervision.

**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.** ***(Partly Met)***

Although there were no concerns in relation to staff to student ratios, there was a concern around the disparity amongst placements in terms of how available CEs are for student supervision during clinical sessions. This has been outlined above under Requirement 3.

The panel was assured that patients would be checked in and out and there are opportunities for clinical work to be checked throughout, however there should be a standardised approach across all placements to ensure all students experience consistent supervision on placements.

The panel recommends the university review the placement agreement document and be more explicit in terms of the student support required from CEs.

**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 panel was assured by pre-inspection documentation that supervisors are appropriately qualified and trained to oversee teaching within a clinical setting. During the inspection, the panel explored the training that CEs undertake in relation to EDI and was assured that this is undertaken, recorded and updated annually.

The panel was satisfied that CEs are provided with induction and training by programme staff and reassured that university programme administrative staff check GDC registration of staff and CEs. The panel believed that the induction process given to staff prepared them effectively for supporting students.

CEs are monitored through student feedback and observational monitoring. They are expected to attend relevant training sessions and the school works closely with placements to ensure that supervising staff have the relevant knowledge pertinent to their role in overseeing the students when treating patients. The panel was happy that this requirement has been 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 University of Essex programme staff informed the panel that students and those involved in the delivery of the programme are made aware of their obligations through the raising concerns procedures.

Students are made aware of these procedures during inductions, teaching, and assessment and have access to policies on the Moodle online platform.

CEs are trained in raising concerns and understanding is confirmed through practice inspections. CEs also have access to documentation via Moodle.

Programme staff review and monitor concerns at the divisional meeting, of which minutes were provided to the panel. The panel was assured that this allows for concerns to be identified, discussed, and actioned.

Students and CEs were aware of the raising concerns process when speaking with them during the inspection.

**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)***

Evidence of procedures relating to patient safety issues was provided within the pre-inspection documentation. All documentation is accessible by staff and students on Moodle.

The Health and Safety Incident Report form is used in conjunction with the process and the programme lead maintains a patient safety incident log. This is regularly discussed during divisional meetings and minutes were provided to the panel.

Students and CEs confirmed during the inspection that they are aware of the process and where to access documentation.

Although there have been no patient safety incidents, the panel are assured that the processes in place would ensure that issues can be appropriately identified and actioned in a timely manner.

**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 university has a Student fitness to Practise (SftP) policy. Students have awareness of the SftP policy through a variety of channels which includes access to documentation on Moodle, the Student Directory website, and through the programme's curriculum. The policies are introduced to each student cohort and discussed in their first teaching session.

Staff involved in programme delivery are aware of the GDC and university SftP procedures and regular staff development activities reinforce key principles. CEs revisit SFtP procedures at practice inspections and there is a clear procedure to follow if required.

**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)***

The university has a Continuous Quality Enhancement Framework which provides an overview of the school's quality and management. Divisional meetings are conducted once per term, which provides an opportunity for direct quality management and action planning within the programme. The Director of Education is the ultimate authority over quality, however the school level framework sits within this.

The divisional meetings maintain oversight of both the FdSc and BSc programmes. These meeting minutes are escalated to the university process for annually reviewing all courses and educational performance. Divisional meetings incorporate feedback from a range of stakeholders.

Regular meetings are conducted by the programme staff and module leads complete a report at the end of each module which is considered at the divisional meetings. The panel was assured that the provider has appropriate quality processes in place to recruit and monitor practice placements which support students on the programme.

External Examiners (EEs) are utilised in the programme and regularly have opportunities to comment on the quality of the programme. The panel was assured by the mapping of the curriculum to GDC learning outcomes provided in the pre-inspection documentation that the provider had a clear process for managing student outcomes to ensure that all are completed and that a safe beginner level is achieved.

**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)***

The panel was assured that the Quality Management Framework used by the university will identify and action concerns in a timely manner.

Internal moderation incorporates a marking policy that provides quality assurance processes around marking and moderation. The programme utilises blind and double marking to be completed within twenty days. Evidence of the moderation reports were provided to the panel which confirmed that concerns are identified and addressed.

The panel was provided with examples of EE reports. It was clear that the quality of the programme was commented upon and that actions resulting from EE feedback were addressed by the programme staff. An annual EE report is produced for the Exam Board and is used to inform changes. Reports are produced to demonstrate how the programme responds to the EE report.

The panel spoke with EEs and noted that the EEs have seen action taken as a result of their feedback.

The panel was assured that there are appropriate systems in place to quality assure placements, as mentioned under previous requirements.

Student monitoring systems utilised by the university allow for any concerns, in relation to students failing to meet the learning outcomes, to be identified.

**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)***

During the inspection, programme staff discussed the internal moderation process with the panel. As mentioned under requirement 10, It was confirmed that there is a marking policy that includes blind and double marking. The programmes are also subject to internal annual reviews as well as a periodic review which takes place every 5 years.

There is an EE appointed to the programme and the panel was presented with various pieces of evidence which provided assurance that they are appropriately recruited, appointed and inducted into the role.

The panel spoke with the EEs and it was confirmed that there is adequate opportunity to comment on the quality of the programme and that improvements are made as a result of recommendations made.

There are various opportunities for feedback to be collected from a range of sources however the panel were not assured that patient feedback is used to inform programme development. It is recommended that the university develop opportunity for patients to be able to feed into the development of the programme.

**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)***

The panel were assured that the university has processes in place to quality assure placements. Placements are initially recruited by a placement lead or link lecturer. The suitability of placements is confirmed by university programme staff and appropriate induction and follow-up training is conducted for CEs. Placements are visited once per term and a visit checklist is completed. CEs confirmed during the inspection that they feel there is a good relationship with the programme staff. The provider uses a placement visit tracker to ensure that all visits are carried out and a report is produced. Practices are also required to sign a placement agreement, and this is reviewed annually.

Students provide feedback about their CEs and clinical placements on the Moodle platform at the halfway point and the end of the programme. During the inspection, students confirmed that they felt supported by CEs in their clinical practice placements. Students complete a Record of Clinical Experience which is regularly monitored by the programme lead to ensure that appropriate clinical activity is being achieved. If students are struggling to get the required clinical experience in a particular competency, the programme lead would enter a dialogue with the placement to formulate an action plan.

The panel was informed that patient feedback is requested and collected by the student in placement using a standardised feedback form. This is then discussed by the CE and visiting staff member and patient feedback contributes to student practice assessments.

**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 is satisfied that the programme fully aligns with GDC learning outcomes and were provided evidence of individual module guides and curriculum blueprinting. Students must pass all assessments in order to progress and have the opportunity for a second attempt where necessary.

The panel initially had concerns about the sufficiency of the coverage of the interpretation and prescription of radiographs for some students, but were assured through further investigation and dialogue with the university that this was adequately addressed through the registration processes in place and course content.

Different methods of formative and summative university-based assessments are carried out as part of each module.

CEs undertake work-based assessment of areas of competence based on direct observation, case-based discussion, and clinical logs which capture student/patient interactions.

Having attended exam boards and observed the 'sign-off' process, the panel considered the process to be thorough and effective.

**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)***

**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)***

Student placements in primary care dental practices are assessed for suitability each year so that students see a broad range of patients. This is monitored and analysed by the university's work-based learning tracker. Patient demographics and clinical competencies are tracked and expected attainment levels are indicated using a RAG system. The programme lead uses this to ensure that targets are met across the range of competencies and patient demographics. If placements are unable to provide the necessary experience, as set by the Placement Agreement, the placement would cease and the student would be moved to an alternative placement to meet the minimum activity requirements for adequate skill development.

Students create personalised learning plans each term, considering their own strengths, weaknesses, and specific learning needs. Their termly personal development plans guide their placement experiences and ensure exposure to relevant patients and procedures for skill development. Personal tutors will review the plans and offer guidance and pragmatic links to the personal objectives and the desired long-term learning outcomes.

Placements are closely monitored throughout the year by the programme lead and link lecturer. If a student is missing experience in a particular competency, this should be identified at an early stage and would trigger a discussion between the programme lead and the placement CEs.

**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 provider told the panel that assessments are routinely reviewed by the academic team and external examiners to ensure they are in line with best practice and that assessments are standard set where it is appropriate to do so.

Evidence was provided of mapping to the learning outcomes and it was confirmed that EEs have oversight of this.

The panel advises that the university ensures that there is robust post-exam analysis of questions in terms of performance to inform future assessments.

**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)***

**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)***

Within the pre-inspection documentation there was a level of assurance provided against this requirement, however the panel explored this further whilst conducting a review of evidence provided during the inspection.

Students spoke highly of staff and felt very supported.

The panel was assured that reflection is taught and encouraged which allows students to improve throughout the programme. Students commented on the scheduled reflection time, which ensured this is completed following treatments and they felt that they were taught to reflect well.

It was confirmed that verbal feedback is provided after each procedure undertaken whilst at placement. While there is some documented feedback and reflection, the provider must ensure a detailed audit trail for staff and students to monitor progression, development, and reflection.

**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)***

**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 panel was provided with evidence that the responsibilities of EEs are clearly documented.

The provider has an EE appointed and it was evident that they have adequate opportunities to report on the assessment processes.

EEs confirmed during the inspection that standard setting takes place annually and that they are involved in this process.

**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)***

Within the pre-inspection documentation there was a level of assurance against this requirement within the course handbook, module and marking guides, however the panel explored the standard setting processes further during the inspection.

The panel was advised that there is a university approval process that changes to assessment cannot be made without approval. There was assurance that students have had an opportunity to provide feedback on the assessment process and that changes had been made.

Programme staff advised that the Modified-Angoff method is used for standard setting.

The panel consider this Requirement to be **met.**

## Summary of Action

<table>
<tr><th>Requirement number</th><th>Action</th><th>Observations & response from Provider</th><th>Due date</th></tr>
<tr><td>1</td><td>The provider must ensure there are clear marking guidelines which outline the gradings “Learner, Competent and Proficient” for both students and staff.<br><br>The provider must ensure there is an audit trail which confirms CEs are acknowledging the level of experience of students upon introduction to placement and records of when those competencies are then achieved in the practice.</td><td>The marking guidelines are provided in the students’ self-assessment booklet as the gateway assessment documentation for staff and evidenced to clinical educators – currently on the VLE and moving to the electronic Practice Assessment Document (ePAD) from September 2025.
<table>
<tr><th>Level</th><th>Meaning</th></tr>
<tr><td>Pass: Proficient (P)<br><br>No assistance required & proficient performance</td><td>* Demonstrates a complete and comprehensive understanding of knowledge underpinning practice.<br>* Coordinated, proficient and confident in technical skills.<br>* Very good ability to synthesise theory and practice with minimal prompts.<br>* Very well developed dental reasoning skills.</td></tr>
<tr><td>Pass: Competent (C)<br><br>Infrequently assisted & good performance<br><br>Requires and seeks infrequent prompts for thinking or action.</td><td>* Demonstrates a sound understanding of knowledge underpinning practice.<br>* Coordinated and confident in technical skills.<br>* Professional at all times in dental skills lab.<br>* Good effective interpersonal communication skills with staff.<br>* Good ability to synthesise theory and practice with minimal prompts.<br>* Well developed dental reasoning skills.</td></tr>
<tr><td>Pass: Learner (L)<br><br>Assisted & satisfactory performance<br><br>Requires and seeks frequent prompts for thinking or action.</td><td>* Demonstrates a satisfactory understanding of knowledge underpinning practice.<br>* Coordinated and confident in most technical skills.<br>* Professional at all times in dental skills lab.<br>* Appropriate interpersonal communication skills with staff.<br>* Satisfactory ability to synthesise theory and practice requiring prompts at times.<br>* Satisfactory dental reasoning skills.</td></tr>
<tr><td>Fail (F)<br><br>Dependent & unsatisfactory performance</td><td>* Deficient in knowledge underpinning practice.<br>* Requires frequent prompting to elicit knowledge.<br>* Uncoordinated, unconfident and lacks proficiency in basic technical skills.</td></tr>
</table></td><td>September 2025</td></tr>
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| | | <table><tr><td>Requires frequent verbal and physical prompts and direction.</td><td>* Professional conduct and caring not consistently demonstrated.<br>* Frequently demonstrates ineffective interpersonal communication skills.<br>* Inability to synthesise theory and practice even with frequent prompting and support.</td></tr></table><br><br>Clinical educators will be required to confirm that they have reviewed the Gateway outcomes for their students in the induction checklist on the ePAD. To ensure an additional prompt, we will be sending regular emails to Clinical Educators (CEs) to direct them to ePAD checklists, reminding them of their accountability here, and ensuring a robust audit trail to assure the programme team that this has been done. These emails will also include important dates for upcoming gateway assessments, ensuring that CEs are fully aware of when forthcoming proficiencies assessments will be assessed. This proactive approach will prevent students from undertaking tasks that have not yet been assessed or passed. Furthermore, we will include the gateway marking criteria (see table above) in these communications so that CEs can easily reference and reinforce their understanding of the grading standards. This process will ensure that a key component of the student placement induction mandates that CEs discuss each student's current level of experience, essential for fostering an effective learning environment. | |
| 3 and 4 | The provider must review the placement agreement document and ensure consistent availability of supervision | Our placement agreement stipulates that clinical educators must be available for support immediately prior and immediately after each student-patient interaction. The agreement also stipulates that we expect the CE to be available to the student during the course of any student/patient interactions, as required, throughout the patient interaction.<br><br>To ensure that this condition of the Agreement is consistently adhered to, we will monitor this through regular auditing of placements, and termly engagement with students and CEs during placement. We use a checklist for placement visits which | April 2025 |

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| | | requires us to confirm that the conditions of the Placement Agreement are being met consistently, including the frequency and timeliness of supervision. | |
| 11 | The provider must utilise patient feedback to inform programme development | We are currently engaging with service users in the development of a new three-year programme in Dental Hygiene Therapy. From 2024-25, we are engaging directly with the School of Health and Social Care's Service User Reference Group (SURG) to contribute to and review programme developments and ensure and equal voice for patients and service users as with our other stakeholder groups. This activity will be monitored through the School's Educational Governance mechanisms. | April 2025 |
| 18 | The provider must ensure that there is a detailed audit trail of student feedback for staff and students to enable suitable review, progression, and reflection opportunities. | All students, in collaboration with CEs and academic staff, complete a personal development plan (PDP) and reflective tracker throughout the programme and this is discussed at each personal tutor meeting. This provides detailed feedback on student performance and progression, enables students to reflect on and enhance their own performance, and acts as a detailed audit trail of progression, development and reflection. The programme lead also use this to monitor and confirm completion during the final end-of-year placement sign-off (ESR). Students are also provided with detailed written feedback on their assessed work which is used to 'feed forward' into future assessments. | Met |

## Observations from the provider on content of report

**We believe that we provided evidence that requirement 18 was fully met, as we already have an audit trail of student feedback to monitor student progression and reflection opportunities. We have provided a commentary above on this.**

## Recommendations to the GDC

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| **Education associates' recommendation** | Recommended that the FdSc Oral Health Science continues to be approved for the graduating cohort to register as a dental hygienist. |
| **Next regular monitoring exercise** | Action progress monitoring |

# 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.