

# General Dental Council

## Education Quality Assurance Inspection Report

Education Provider/Awarding Body	Programme/Award
Newcastle University	BSc (Hons) in Dental Therapy

Outcome of Inspection	Recommended that the Dental Therapy programme continues to be approved (DCP) for the graduating cohort to register as Dental Therapist
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**\*Full details of the inspection process can be found in Annex 1\***

## Inspection summary

<b>Remit and purpose of inspection:</b>	Inspection referencing the Standards for Education to determine sufficiency of the award for the purpose of registration with the GDC as a dental therapist  Risk based: focused on requirements 11, 13, 14, 15, 16
<b>Learning Outcomes:</b>	Preparing for Practice – Dental Therapy
<b>Programme inspection date</b>	25 March 2025
<b>Inspection team:</b>	Jim Hurden - Chair & non-registrant member Sarah Balian - DCP member Richard Cure - Dentist member Faisal Hussain - GDC Staff member (Education Quality Assurance Officer) Angela Watkins - GDC Staff member (Education Quality Assurance Manager) <i>GDC council member Ilona Blue observed the inspection.</i>
<b>Report Produced by:</b>	Angela Watkins – GDC Quality Assurance Manager

Originally receiving provisional approval in 2015, the BSc (Hons) Oral & Dental Health Sciences (Dental Hygiene and Therapy) programme underwent a full inspection in 2018 against the 21 required standards. This is a three-year programme being delivered by Newcastle University. In 2024, the university made an administrative change, renaming the programme to BSc (Hons) in Dental Therapy which is approved by the GDC.

A panel of education associates conducted a one-day risk-based inspection of the programme, focusing on Requirements 11, 13, 14, 15, and 16. The panel agreed that all five requirements are met. The school provided comprehensive documentary evidence prior to the inspection, detailing the policies and processes followed by the university in delivering the programme.

During the inspection, the panel met with staff, students and external examiners to better understand the programme's operation. The panel also toured the clinical facilities, met with students, and observed a demonstration of the student monitoring system, which proved beneficial for their assessment.

The panel commended the provider on the use of iDentity, which has been significantly improved and is found to be student driven. It is acknowledged the system is well mapped to the learning outcomes and supported student self-development.

The student progress appraisal (SPA) process is recognised as an excellent tool for managing student progression. The external examiners also complimented the use of this process.

The accessible student support and the high level of staff support is also noted as key strengths. Students expressed enthusiasm and professionalism, and the open-door policy is highly valued by all participants.

The panel noted the provider's proactive approach to the new Safe Practitioner Framework which was referenced throughout the inspection.

The panel extends its appreciation to the staff and students of the BSc Therapy programme for their cooperation and assistance throughout the inspection.

## Background and overview of qualification

Annual intake	20 students
Programme duration	116 weeks over 3 years
Format of programme	<p>Year 1 Induction &amp; Orientation, study skills, multiple knowledge-based taught subjects with a focus on pre-clinical e.g. anatomy, physiology, behavioural sciences, interpersonal skills, nutrition (courses), clinical shadowing, Key Clinical Skills (KCS) course alongside BDS students in clinical simulation unit</p> <p>Year 2 Intensive clinical introductory course, clinical attendance across longitudinal clinical attachments, continued academic teaching across multiple academic/clinical subject (inc. Human Diseases)</p> <p>Year 3 Ongoing clinical attendance across longitudinal clinical attachments (including primary dental exodontia), Outreach and Radiology, continued academic/clinical taught courses</p>
Number of providers delivering the programme	1

## Outcome of relevant Requirements<sup>1</sup>

Standard Two	
11	Met
Standard Three	
13	Met
14	Met
15	Met
16	Met

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<sup>1</sup> 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 did not form part of the inspection)

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 did not form part of the inspection)

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 did not form part of the inspection)

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 did not form part of the inspection)

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 did not form part of the inspection)

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 did not form part of 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 did not form part of the inspection)

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 did not form part of the inspection)

### **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 did not form part of the inspection)

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 did not form part of the inspection)

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

The panel is assured that the provider has a good and rigorous process in place for internal quality assurance of the programme. The panel reviewed an *Example of Academic Course Review* which demonstrates the cyclical review of the programme. The actions identified as part of these reviews are monitored at the Board of Studies.

There are 4 External Examiners who provide scrutiny at each stage of the programme. During the inspection, the panel spoke to most External Examiners who confirmed that they submitted reports with actions which are considered and outcomes clearly communicated. The panel reviewed *BSc St1 Part 1 External Examiner Report* which demonstrated the Board of Studies' response to an External Examiners Report.

The provider currently uses a mixture of Structure Short Answers (SSA's) and Single Best Answers (SBA's) in their summative stage examinations. The provider also uses AI to aid in setting this question base, anecdotally the provider is seeing good evidence that this is working well and will continue to monitor.

Multi Source Feedback is good and there is a clear pathway to reporting and considering feedback as part of the programme development.

The panel is assured that this Requirement is 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 did not form part of the inspection)

**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 they a 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 assured that there is a good and robust system in place to assess students' progress and attainment. The panel reviewed *BSc assessment structure flowchart* which demonstrated a clear approach to assessments.

Students informed the panel that they receive good support and feedback.

The students acknowledged that they work with BDS students but felt that it would be useful to have structured dialogue with the BDS students. The provider should consider peer conversations between the Therapy and BDS students to enhance the student experience.

Progress towards meeting the requirements for each Stage of the programme is reviewed by the relevant Exam lead and scrutinised by the full exam board. The panel reviewed *BSc Stage 3 Board of Examiners MINUTES 30.5.24*.

The panel is assured that this Requirement is 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 panel received a demonstration of the student system iDentity, there is a clear 4-point scale used to grade students' progress which is clearly communicated to all users. The panel noted the effective use of the system across all teams and students.

The provider centrally records academic achievements, and the panel reviewed *Stage 3 BSc Comprehensive Student Progress Appraisal Results 2023-24* which assured them that the provider has a clear understanding of the students' learning.

The *Student Progress Appraisal Process with Flowcharts* is a comprehensive and good document which clearly defines the student's appraisal process and supports the identification of additional needs.

The panel is assured that this Requirement is 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)**

The panel observed clinical placements and noted that Therapy students work alongside BDS students giving a good working knowledge of the wider dental team.



The students noted that communication of cancelled teaching sessions and the availability of exam rooms is sometimes delayed. The provider acknowledged the issue, and the panel noted that the students were referring to an isolated incident regarding exam rooms. The provider must ensure that students are notified as soon as possible when there is a change to the timetable. The provider noted that they had introduced a work around for the exam rooms and the panel is assured they have a solution in place to address this in future.

The panel observed good triage of students' clinical needs and a detailed example of how patients are filtered to support these needs was noted, this information is accessible through iDentity.

The provider has a clear *Patient Recruitment Policy* which the panel noted is good.

The panel is assured that this Requirement is met.

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

The panel reviewed *Examples of Assessment Types BSc1-3* and is assured that there is a good quality assurance framework in place to ensure these remain fit for purpose.

A balanced approach to the use of AI is noted and the panel are assured that a pragmatic approach is being taken.

The panel is assured that the use of external examiner reports is good and that the external examiners are confident in addressing issues. The external examiners gave examples of how their reports have been fully scrutinised and have supported the planning of future developments.

Students told the panel that they feel that assessments and expectations are clear and found Canvas a useful and supportive tool to function as a reminder.

The panel is assured that this Requirement is 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 did not form part of the inspection)**

**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 did not form part of the inspection)**

**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 did not form part of the inspection)**

**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 did not form part of the inspection)**

**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 did not form part of the inspection)**

## Summary of Action

Requirement number	Action	Observations & response from Provider	Due date

## Observations from the provider on content of report

We thank the panel for their comprehensive inspection and helpful comments detailed in this report, noting that all requirements are considered met.

## Recommendations to the GDC

Education associates' recommendation	The BSc (Hons) in Dental Therapy continues to be approved for holders to apply for registration as a Dental Therapist with the General Dental Council.
Date of next regular monitoring exercise	2026-27

# 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 edition<sup>1</sup> 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.