General
Dental
Council

Education Quality Assurance Inspection Report

Education Provider/Awarding Body	Programme/Award
University of Sheffield	Higher Education Diploma in Dental Hygiene and Dental Therapy

Outcome of Inspection	Recommended that the qualification continues to be approved for the graduating cohort to register as dental hygienists and dental therapists.

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 ongoing approval of the award for the purpose of registration with the GDC as a dental hygienist and therapist** **Time-elapsed inspection: focused on Requirements 1, 4, 7, 9, 13 and 15.**
Learning Outcomes:	**Preparing for Practice (dental hygiene and dental therapy).**
Programme inspection date:	**12 March 2026**
Examination inspection date:	**N/A**
Inspection team:	**Jenny McKibben (Chair and non-registrant member)** **Alison Brown (DCP member)** **Rita Bagga (Dentist member)** **Vania Hussan (observer, GDC Clinical Fellow)** **Kathryn Counsell-Hubbard (GDC Quality Assurance Manager)**
Report Produced by:	**Kathryn Counsell-Hubbard**

The inspection of the Higher Education Diploma in Dental Hygiene and Dental Therapy (hereafter referred to as the "diploma" or "the programme") is awarded and delivered by the University of Sheffield (hereafter referred to as "the provider" or "the School").

The programme was inspected as part of the "time elapsed" risk-based inspection process due to the length of time that had elapsed since the programme was last inspected in 2017. No specific risks had been identified through the General Dental Council's (GDC) regular monitoring exercises and so a standardised list of six Requirements for "time elapsed" inspections from the Standards for Education were considered in this inspection.

The programme is delivered by an innovative team who have experienced significant challenges over the past few years including a freeze on staff recruitment, financial pressures and a restructure of the Professional Services team which has required additional staff training. Despite these, the team demonstrated a strong ability to identify problems and find ways to resolve them, while still looking ahead to see how the programme can be improved. For example, the School of Clinical Dentistry is working with the Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) to see how the main clinical area can be improved without the need for an entire refurbishment to ensure the student clinical experience while also planning ahead to refresh the haptics suite.

The programme was granted an extension to implementing the new learning outcomes and behaviours defined in the new GDC curriculum, *The Safe Practitioner: A framework of behaviours and outcomes for dental professional education*, and are on track to deliver this fully. The new curriculum set down the need for sustainability which has been a University objective since 2017 and this has been introduced into the programme already despite the extension.

The panel were impressed by multiple areas of good practice and by several schemes currently being piloted to improve both the diploma and Bachelor of Dental Surgery (BDS) programmes. Despite multiple challenges the provider delivers a high quality, well-resourced programme that is spoken about with enthusiasm and respect by staff, students and external stakeholders alike. All Requirements considered as part of this inspection were found to be met.

The GDC wishes to thank all stakeholders involved with the Higher Education Diploma in Dental Hygiene and Dental Therapy for their co-operation and assistance with the inspection.

Background and overview of qualification

Annual intake	24 students
Programme duration	27 months
Format of programme	Year 1 Basic Oral Health Sciences and Clinical Practice (BOHS&CP) Before sitting any part of the First Examination a student must have attended the relevant themes of that part. The First Examination themes are: The Human Body in Health and Disease Law, Ethics and Professionalism Pre-Clinical Skills I Health Promotion and Education I Oral Disease I Pre-Clinical Skills II Pre-Clinical Skills III There are four parts to the BOHS&CP Examinations and a student must pass all components within each part. A student who fails to pass any part of the BOHS&CP Examinations will be required to resit the relevant components. Permission for one final attempt as part of a repeat year would require the approval of the Dental School Progress Committee. A student who is given approval for one final attempt as part of a repeat year must retake all the BOHS&CP Examinations. Year 2 The 2nd and 3rd Year is divided into the following themes: Study Skills and Personal Development Clinical Practice Health Promotion and Education II Dental Radiology Health Promotion and Education III Outreach Oral Disease II Principles of Practice Dental Radiology and Outreach are assessed during the 2nd year. Students will be examined in Intermediate Oral Health Sciences and Clinical Practice (IOHS&CP) Parts I, II and III and a student must pass all components within each part. A student who fails to pass any part of the IOHS&CP Examinations will be required to resit the relevant components. In addition, the students undertake an Oral Health Promotion Project, and this is examined under Advanced Oral Health Science and Clinical Practice (AOHS&CP) Part I. A student who fails any part of the AOHS&CP Examinations will be required to resit the relevant components. Year 3 The following themes will be examined as part of AOHS&CP in the 3rd year:

	Study Skills and Personal Development Clinical Practice Health Promotion and Education II Health Promotion and Education III Oral Disease II Principles of Practice There are four parts to the AOHS&CP and a student must pass all components within each part. A student who fails to pass any part of AOHS&CP will be required to resit the relevant parts. In the absence of special circumstances, if a student were to fail a second time, the examination board would recommend that the student withdraw from the course. A student who has failed or was not assessed in the AOHS&CP Part II, III and IV Examinations at the first attempt will be required before entering the re-examination, to undertake a further period of study approved by the Dental School Progress Committee. Successful completion of the BOHS&CP, IOHS&CP and AOHS&CP Examinations will satisfy the requirements for the Diploma in Dental Hygiene and Dental Therapy and will entitle the holder to apply for registration as a Dental Hygienist and Dental Therapist with the General Dental Council. On the recommendation of the Examiners, the Diploma in Dental Hygiene and Dental Therapy may be awarded with Distinction. In considering recommendations for the award of Distinction, Examiners will take into account students' performance in the IOHS&CP and AOHS&CP Examinations.
Number of providers delivering the programme	1

Outcome of relevant Requirements[1]

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

Standard 1 – Protecting patients

[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.

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 undergo a comprehensive programme of clinical study in Year One of the programme that includes all the basic skills required to manage patients. Targets are used in the simulated setting and students must meet those as well as passing formative and summative assessments, an objective structured clinical examination (OSCE), and a mid-point review of their professionalism.

Gateway assessments incorporate a range of assessments including written papers and clinical skills work. Clinical skills are divided into three main themes and the difficulty of the skills learned and practiced increase as students become competent. All gateway assessments in all themes must be passed before a student may treat patients.

Pre-clinical attendance is monitored closely by a dedicated mobile application that can triangulate the location of where a student has checked in against their timetable to ensure the students are where they are meant to be. Attendance is considered to be a key part of professionalism, and any themes detected by the Student Experience Team, who oversee the data, is shared with the programme team. This use of attendance data and its link to professionalism was found to be an area of strength of the programme.

The Requirement is found 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)***

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)***

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)***

The supervision ratios noted in the pre-inspection evidence were confirmed by staff and students. The standard ratio sits at 1:8 but the programme team reported that these are increased either to 2:8 wherever possible or are increased further depending on the specialism in practice. For example, oncology operates under a 1:2 ratio whereas the paediatric ratio is 1:4. A registered supervisor is allocated to every clinical session to provide emergency cover if required.

The programme team experienced high turnover of clinical supervisors three years ago. Working with the University, the offer to prospective clinical tutors was improved and the issue has been resolved. Upon recruitment, new supervisors undergo a comprehensive induction including calibration and training on the marking scheme. Formal staff training sessions take

place up to four times per year and is supported by informal calibration that takes place on clinic.

The main clinical area at the Charles Clifford Dental Hospital (CCDH) is supported by fully trained dental nurses who can feed into the marking of student procedures as well as providing an important patient safety function. Students also have the opportunity to work with qualified dental technicians as well as there being some sharing of supervisors between the hygiene and therapy and BDS programmes. This range of supervisory knowledge, as well as dental team working, was found to be a positive attribute by the panel, and students reported high levels of satisfaction with the clinical supervisors.

The Requirement is found 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)***

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)***

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)***

CCDH utilises Datix which is a well-known clinical incident system. Clinical staff are trained to use the system and the provider has a dedicated Health & Safety Officer who oversees reports received from Datix. Issues are reviewed daily and discussed at regular governance and health and safety meetings. The provider has an incident management policy in place which also looks to address health inequalities as well as clinical incidents.

The provider has completed a ‘deep dive’ into the Datix data to identify the most common areas of incident. Root cause analysis has been undertaken and targeted resources created, such as videos, to address these and hence try to prevent future repetition. Any relevant issues are shared with students, and examples of communications from the programme team to students were seen.

In addition, the programme is currently trialling a ‘learning from incidents’ lecture which includes frank discussion on the incidents recorded. Should the lecture pilot be successful then it will be rolled out to the BDS programme as well. The pilot was one of several areas where the panel identified careful and thorough attention to a specific problem with targeted action to resolve this. The programme has many competing priorities and a full complement of students, so such proactivity was found to be exemplary.

Outside of CCDH, different reporting systems are used. The Outreach lead has fostered a strong relationship with Outreach supervisors and receives reports from their individual systems regularly. The panel were reassured by the evident strong relationship between Outreach and the programme team, and would suggest that feeding Outreach data into the

health and safety committee would further strengthen the role of outreach within the overall governance of the programme.

The Requirement is found to be met.

Requirement 8: Providers must have a student fitness to practise policy and apply as required. The content and significance of the student fitness to practise procedures must be conveyed to students and aligned to GDC Student Fitness to Practise Guidance. Staff involved in the delivery of the programme should be familiar with the GDC Student Fitness to Practise Guidance. Providers must also ensure that the GDC's Standard for the Dental Team are embedded within student training. ***(Requirement Met)***

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 School of Clinical Dentistry sits within the Faculty of Health at the University of Sheffield, and quality frameworks exist at both a School and a Faculty level. Direct management of the programme's framework lies with the Director of Education who can then feed up to the Dean of School. The Dean of School feeds up to the Faculty structure.

A comprehensive framework is in place with dedicated committees to address specific elements of the programme, including assessments, modules, student experience and a staff-student liaison committee. The programme is also subject to an Annual Reflection exercise which has replaced a periodic review. Programme-level changes are managed with a change of event form which receives input from across the management team.

The School holds a risk register that included an entry for transition to *The Safe Practitioner: A framework of behaviours and outcomes for dental professional education*, for which the provider has an extension until September 2027 to implement. The associated risks of transition were the creation of a new curriculum and the approval of this through University processes. However, the panel were advised that the necessary approvals have been sought and received, meaning that the programme is on course to commence delivery of the new curriculum from September 2027.

The use of patient feedback is well incorporated into the programme with the use of patient educators in both OSCEs. Sheffield Teaching Hospitals NHS Foundation Trust has implemented an electronic system for gathering patient feedback which is shared with clinical leads and students. Feedback from outreach placements is also gathered either during regular communications or at an annual event held by the provider.

The Requirement is found to be met.

Requirement 10: Any concerns identified through the operation of 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. ***(Requirement 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)***

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)***

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 programme is comprehensively mapped both for learning outcomes and assessments. Evidence of blueprinting, policy and strategy documents were provided ahead of the inspection.

Paper logbooks are used to note clinical experience, although a move to an online system will take place alongside the migration to *The Safe Practitioner*. Individual treatments within the paper logbooks are signed off by the supervising clinician and then transcribed by the students onto the electronic portfolio. Audits are conducted to compare the paper logbooks to the digital entries either at the end of a term, and comprise a review of all the logbooks on randomly selected dates. Clerical errors are occasionally identified and are flagged with students. Any discrepancies felt not to be a clerical error will be subject to a professionalism review.

While the paper logbooks will be phased out in the future, these do have the advantage of being extremely portable and do not require Wi-Fi or specialised operating systems. The electronic portfolio, however, does have the functionality for a red/green traffic light system. This allows for professionalism performance to be flagged and for the programme to see immediately how students are performing.

Clinical targets are utilised throughout the programme and clinical competencies must also be passed in order for students to progress through and off the programme. Both elements must be met alongside completion of all summative assessments and satisfactory professionalism for students to complete the programme.

Student experience is monitored throughout but culminates in a two-step process for the final year that takes place in March and June with the electronic portfolio monitored on a weekly basis. The programme team check for areas where students need additional clinical experience throughout the sign-up process and can offer extra sessions if required. All experience gained at CCDH and on Outreach is counted towards overall clinical totals.

Final assessments take place in May and June with resits being offered to unsuccessful candidates in either August or December following a further period of study. Only those assessments in which the student was unsuccessful will be re-examined, and clinical targets will be prescribed to ensure skills are maintained and topped up. Remediation throughout the programme is taken through an individualised approach, defining what a particular student needs and giving the support to address that area.

The panel found a well-defined and comprehensive system to the continual review and attainment of students. The 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)***

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 numbers of clinical procedures and the level to which these must be completed were well defined within the supporting documentation provided. Clinical experience and achievement is monitored through the electronic portfolio. The achievement of clinical targets is required for students to graduate from the programme.

CCDH sources patients both from GDPs or via self-referral when patient recruitment is open. The hospital will screen patients usually through consultant-led clinics and then compile waiting lists for allocation to students. A new electronic patient record system has been implemented which has impacted on the waiting lists as programme staff were unable to see which patients were suitable for student treatment. A patch is currently being worked on to incorporate the waiting lists into the new system, but for now staff are extrapolating data from the old system and adding this into the new system manually. Currently there is no deficit of patients for students.

The provider is hoping to expand the offering at CCDH through reopening an emergency walk-in service as this will further support a continual flow of patients. Students attend two outreach placements over twelve weeks for one day a week. Placements provide a diverse range of patient groups including those requiring special care dentistry, although students reported some difficulty in accessing paediatric patients. The programme team are aware of this difficulty and offer extra sessions as required.

Students report enjoying Outreach but receive less time at placements than their BDS colleagues. The experiences of individual students also varied depending on the placement largely due to some placements not providing direct access. This limits some of the skills that students can practice. This issue should be considered more closely to ensure that students are able to obtain the full clinical experience required in future.

The Requirement is found to be met.

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

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 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)***

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)***

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)***

Summary of Action

Requirement number	Action	Observations & response from Provider	Due date
N/A			

Observations from the provider on content of report

Recommendations to the GDC

Education associates' recommendation	The Higher Education Diploma in Dental Hygiene and Dental Therapy continues to be approved for holders to apply for registration as a dental hygienist and therapist with the General Dental Council.
Date of next regular monitoring exercise	Monitoring 2027/28

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.