

## INSPECTION REPORT

<b>Education provider/ Awarding Body:</b>	<b>Newcastle University</b>
<b>Programme/Award:</b>	<b>Bachelor of Science; Oral &amp; Dental Health Sciences</b>
<b>Remit and purpose:</b>	<b>Full inspection referencing the <i>Standards for Education</i> to determine approval of the award for the purpose of registration with the GDC as a Dental Hygienist and Dental Therapist.</b>
<b>Learning Outcomes:</b>	<b><i>Preparing for Practice</i></b>
<b>Programme inspection dates:</b>	<b>7 &amp; 8 March 2018</b>
<b>Examination inspection dates:</b>	<b>11 &amp; 12 June 2018</b>
<b>Inspection panel:</b>	<b>Kim Tolley (Chair and Lay Member) Bal Chana (DCP Member) Stuart Boomer (Dentist Member)</b>
<b>GDC Staff:</b>	<b>Rick Bryan Krutika Patel (exam inspection only)</b>
<b>Outcome:</b>	<b>Recommended that the Oral and Dental Health Sciences BSc be approved for registration of dental therapists and dental hygienists to the GDC Register.</b>

**Full details of the inspection process can be found in the annex**

## **Inspection summary**

This is the first inspection of the BSc Oral and Dental Health Sciences delivered and awarded by Newcastle University. The programme was given provisional approval to begin in 2015, by the General Dental Council (GDC). The purpose of this inspection was for the panel to assess whether this qualification could be approved for the purposes of registration as a dental therapist and dental hygienist.

The programme benefits from being led by a strong, cohesive team, who work hard to ensure each student on the programme will graduate a safe beginner. Another positive relates to the students being taught with the BDS cohort, which increased understanding of dental team working.

The inspectors observed the final assessments and considered the unseen case a good clinical case to be used to assess students' knowledge. The line of questioning that was put to students, was also very thorough and enabled students to demonstrate their competence.

Where the programme is compromised, relates to the documentation and recording of clinical activity. Being a competence-based programme, the panel was of the view that there should be a formalised process in place to monitor and record all clinical activity, to help assess student development. Student reflection on the online platform iDentity, was another area that could be developed, as some of the entries viewed by the panel were not detailed enough to be helpful to improve clinical practice. Certain clinical procedures seemed to be completed early in the programme and not revisited, which the panel viewed to be a risk of students being deskilled.

## **Background and overview of Qualification**

Annual intake	<p>Stage 1 – (17 – 18) – 12  Stage 2 – (17 - 18) – 8  Stage 3 – (17 – 18) – 6</p>
Programme duration	115 weeks over 3 years
Format of programme	<p><b>Stage 1</b>  Students undertake five 3 hours sessions shadowing senior students on a treatment clinic within Newcastle Dental Hospital (NDH) and a NHS Staff Hygienist providing treatment in the hospital.</p> <p>These shadowing sessions form part of the students Interpersonal Skills training and their reflections on the observed behaviours contribute to a formative assessment.</p> <p>Students undertake an intensive simulated skills training programme between weeks 29 and 42 of Stage1. This is followed by a summative assessment of clinical skills which acts as gateway for progression to clinical practice.</p> <p><b>Stage 2</b>  Students are allocated to Periodontology Clinic within NDH on three mornings (9.45 to 12.45) each week. They undertake the management of adult patients who require non-surgical management of periodontal disease and caries management and restoration alongside oral health assessment and the implementation of preventive strategies.</p> <p>One morning each week is allocated on the Child Dental Health (NDH) (10.30 – 13.00) undertaking a range of treatments including prevention, behavioural management, caries management and restoration on paediatric patients. During term 3 there is also the opportunity to attend Paediatric Dentistry Consultant Clinics.</p> <p>Towards the end of stage 2 students shadow one afternoon on the sedation clinic (3.25 hours) in preparation for the primary exodontia course in Stage 3.</p> <p><b>Stage 3</b>  NDH Clinics  Students are allocated to the Inter-professional Clinic (IPC) alongside stage 4</p>

	<p>BDS students on three afternoons (13.45 to 17.00) each week. They undertake the management of adult patients who require non-surgical management of periodontal disease and caries management and restoration alongside oral health assessment and the implementation of preventive strategies. The set-up of the clinics, supports team working and shared patient care.</p> <p>One afternoon per fortnight (13.45 – 17.00) is spent on the Child Dental Health Clinic; undertaking treatments that cover the full scope of practice of a dental therapist on paediatric patients</p> <p>Students undertake a block allocation of 35 hours within the radiology department during which they receive training and experience in taking, processing and mounting radiographs. This experience is subsequently consolidated within other clinical attachments (as above) within stage 3.</p> <p>Students attend 12 Restorative Consultant Clinics throughout the year and observe how the Consultant and their team record a history of the patient's complaints, undertake a clinical examination for the patient concerned and develop a plan of care for that patient.</p> <p>Students attend the Sedation clinic for a minimum of 3 sessions (13.45 – 17.00), during which they undertake primary dental extractions on patients receiving relative analgesia.</p> <p>Finally stage 3 students have the opportunity to work alongside the Head and Neck Oncology Dental Hygienist treating patients who have been diagnosed with head and neck cancer.</p> <p><b>Primary Care Dental Outreach Clinics (Community)</b></p> <p>The clinical teaching within the Primary Dental Care Outreach Course (PDCO) takes place in a primary care setting and is designed to complement the clinical experience gained within the secondary</p>
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	<p>care setting of the Dental Hospital. PDCO clinical activity gives students the opportunity to provide dental care for a wide age-range of patients within 'community' based clinics. Allocation to PDCO in Stage 3 is one afternoon per fortnight alternating with the students' allocation to the Paediatric Dentistry clinic (NDH).</p> <p>The PDCO clinics are located in different areas of the City:</p> <ul style="list-style-type: none"><li>• Arthur's Hill in the west end of the city.</li><li>• Kenton in the north west of the city.</li><li>• Molineux in the east of the city.</li><li>• Walker in the east of the city.</li></ul>
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The panel wishes to thank the staff, students, and external stakeholders involved with the BSc Oral and Dental Health Sciences programme for their co-operation and assistance with the inspection.

**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.

Requirements	Met	Partly met	Not met
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 will 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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 Standards for the Dental Team are embedded within student training.

**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)**

To prepare students for clinical practice, during Stage 1 of the programme, the students are delivered topics in relation to the foundations of knowledge for safe practice. These topics include the study of head and neck anatomy, physiology, oral diseases, dental materials science, evidence-based practice, professionalism, interpersonal skills, nutrition and diet, and behavioural sciences.

Throughout the programme, there are regular reviews of student progress and being a competence-based programme, students complete a variety of assessment throughout their training. The panel was informed that students are unable to progress to Stage 2 and onto clinical attachments without demonstrating satisfactory knowledge and understanding in the summative assessment. Those students who are required to repeat assessments, are able to do so following an agreed period of training. Failure to pass this second attempt will result in the student having to exit the programme.

Training in clinical protocols such as cross-infection control, record keeping and information governance is provided and students must also complete Trust mandatory training. It is also mandatory that all student complete the local anaesthetic training sessions to a satisfactory standard, before being allowed to treat patients.

In addition, there are opportunities for the students on this programme to work alongside the BDS undergraduates, which reinforces the importance of dental team working.

**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 School webpages clearly state that patients attending clinics at the Dental Hospital, will be under the care of students. Patients who are allocated to student care from diagnostic clinics, are made aware their treatments will be carried out by a student before being referred.

Signage is displayed in patient waiting areas explaining the training function of the hospital, and patients are directed to discuss any concerns regarding their treatment with a member of staff. Evidence of this was seen by the panel during a tour of the clinical facilities.

The panel noted that there was a difference in the amount of information provided to patients on the paediatric and adult patient consent to treatment by student forms. For consistency, the panel was of the view that the patient information on both these forms should be the same.

**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)**

Monthly environmental audits are undertaken using the Clinical Assurance Toolkit. In addition, a quarterly audit of health and safety standards is conducted with each clinical department. The panel was provided with examples of how these processes have identified areas that require attention.

The School uses the DATIX incident reporting system to capture data in relation to staff, students and patient incidents. This data then informs any training needs/reviews of protocols that need to happen to prevent a reoccurrence in the future.

The panel was provided with evidence of staff training records demonstrating that staff had completed training in key areas of legislation including equality and diversity and patient care requirements. Compliance with these mandatory requirements is monitored and feeds into the Trust or University appraisal processes.

During the programme inspection, staff mentioned that some parts of the clinical environment and IT infrastructure needed updating, and the School was in dialogue with the Trust about making improvements. The panel was informed that funding needed to be authorised, but the Trust understood the urgency and was making this a priority.

Staff also mentioned that during a period of bad weather, the heating failed on one side of the building, resulting in clinics being moved to the other side of the Dental Hospital. The panel was concerned that incidents such as these may affect the training of students and would therefore like an update on when the Trust can release funding for improvements to be made.

**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 panel was informed that ratios during clinical practice are determined by the stage of the programme, the clinical activity and discipline. For example, students undertaking periodontology tasks are supervised on a 1:4 ratio and during the Primary Dentition Exodontia course, students are supervised on a 1:1 ratio.

Students stated that the ratios in clinic are sufficient but during some Thursday afternoon sessions, it can be difficult to complete restorative tasks due to a lack of dental therapy tutors. On occasion, the presence of the BDS students can mean opportunities to carry out certain procedures are further reduced. However, both staff and students who did meet with the panel, were happy overall with the support and supervision provided during the clinical sessions.

The panel also saw evidence of a whiteboard system, which enables all students to specifically book for dental nursing assistance, which contributed to student clinical progression.

**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)**

Evidence of GDC registration for all relevant teaching staff was provided to the panel.



All new staff undergo a period of induction. In addition, full-time clinical academics and all hygiene and therapy tutors undertake either the Certificate in Education or the Newcastle Teaching Award as a minimum requirement.

New Associate Clinical Lecturers undertake shadowing and training relating to their chairside teaching role at induction. This training includes workshops in chairside teaching training which involves didactic teaching, role play, shadowing or being shadowed.

The panel noted the good relationships the School had built with the outreach placements, and both staff and students commented that the staff working at these placements were very well trained and offered a valuable teaching experience.

**Requirement 6: Providers must ensure that students and all those involved in the delivery of education and training are aware of their obligation to raise concerns if they identify any risks to patient safety and the need for candour when things go wrong. Providers should publish policies so that it is clear to all parties how concerns should be raised and how these concerns will be acted upon. Providers must support those who do raise concerns and provide assurance that staff and students will not be penalised for doing so. (Requirement Met)**

The School of Dental Sciences publishes a policy for both students and staff on how to raise concerns. This policy is given to each student during the Stage 1 induction, and students are required to confirm they accept and acknowledge this policy. The topic of raising concerns is covered again during Stages 2 and 3 of the programme, with students required to attend a lecture on the subject at the beginning of Term 2.

The panel was provided with a copy of this policy which demonstrated a clear process in place to enable staff and students to raise concerns. The panel was also provided with an example of concerns that had been raised in the past by students, and the subsequent actions that had resulted.

**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)**

As stated under Requirement 3, patient safety incidents are recorded using DATIX. Each time an incident is logged, an email is automatically sent to key staff within the Dental Directorate. The Directorate has two trained investigators whose role is to determine the required level of investigation that is appropriate for the incident and the outcome is documented within the DATIX system. The system allows incidents to be logged against individual staff and students so that patterns of incidents can be monitored and addressed with further training if necessary. Incidents and outcomes are also fed back during the twice-yearly Dental Hospital Clinical Governance afternoons for which attendance by BSc students in Stages 2 and 3 is mandatory. The clinical governance afternoons are also attended by all clinical staff.

The panel was provided with examples of incidents that had occurred and documentation setting out how the School had responded to prevent a recurrence.

**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 panel was provided with a copy of the School's fitness to practise policy which is aligned to the GDC's Student Fitness to Practise guidance. Each student is given a copy of this policy at the start of the programme, and this topic is discussed during each year of the programme.

During the programme inspection, the panel was provided with evidence of past student fitness to practise cases, and information as to the outcome of each case.

**Actions**

<b>No</b>	<b>Actions for the Provider</b>	<b>Due date</b>
2	The School should ensure that both paediatric and adult patient forms provide the same information to patients, for consistency.	Annual monitoring 2020
3	The School should provide an update on when funding will be released by the Trust to enable improvements to be made to the clinical environment	Annual monitoring 2020

**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.**

Requirements	Met	Partly met	Not met
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**GDC comments**

**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 programme has a number of committees which form part of the quality management framework governing this programme. The University Learning, Teaching and Student Experience Committee is then responsible for developing the quality assurance policies and processes in order to maintain the quality of all the programmes of study. The Faculty Learning, Teaching and Student Experience Committee is then responsible for ensuring these University policies are implemented and being followed. For this programme, the Head of School is responsible for maintaining the standards of the educational framework, with the quality management overseen by the various School, Faculty and University educational committees.

At the centre of this framework, is the Board of Studies (BoS). The BoS is responsible for the quality assurance of all the undergraduate programmes within the School. The Board also

oversees course reviews, which seek to identify if any proposed changes may affect the delivery and achievement of any of the relevant learning outcomes.

All taught programmes also undertake a Learning and Teaching Review. This periodic review takes place every 6 years and is led by internal and external peers and a student representative. The purpose of the review is to provide evidence on the robustness of the standards and the quality of the learning experience. An action plan is subsequently drawn up to address the areas requiring development.

It was clear to the panel that all the programme staff are aware of the different boards and committees that would need to be approached in relation to the quality assurance of this programme.

**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. (Requirement Met)**

As set out under Requirement 9, there are a number of committees and boards that play a role in ensuring the programme remains fit for purpose.

Part of the quality assurance process in place involves an Annual Review exercise, which is a year-round process carried out by the BoS. This exercise is used to reflect on the operation of the programme over the previous academic year and to develop an action plan for the following year. It also provides assurance to the University that the BoS are fulfilling their role in the management of their programme.

In addition, the quality assurance process is supported by a number of 'Task and Finish' groups. These groups are made up of staff members, who meet regularly to raise issues that are affecting their respective programmes and discuss what would resolve them.

The panel was provided with examples of changes that have been implemented as a result of the Annual Review.

**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)**

The programme is covered by one External Examiner for each stage of the degree programme; their role it is to quality assure all assessments throughout the Stage for which they are responsible. External examiners also observe how the case presentations and other clinical summative assessments are conducted.

The panel was provided with previous External Examiner reports and it contained clear recommendations that are picked up and addressed for future cohorts.

The School is currently undertaking an educational project to develop and validate a patient questionnaire. The purpose of this questionnaire is to collect and analyse patient feedback which can be used to better inform programme development.

**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 was provided with evidence, which set out the processes relating to the quality assurance of placements. These processes include the School running inductions for outreach staff and inviting outreach staff to the School, so they are able to observe how the tutors support students.

The panel was also provided with examples of student feedback and how this had resulted in changes in the teaching of the programme. In addition, the School have a 'Just One Thing' feedback initiative for patients, which gives patients the opportunity to rate the students on their communication skills and the likelihood that they would recommend the student to a friend or family member, as well as suggesting one thing the student could do to improve the patient experience. These feedback cards are handed to the patient by the student at the end of the treatment. This information is then used to aid student progression and development whilst studying on the programme.

The panel was informed that some patients in the outreach clinics wish to see specific students and are then willing to follow that student to different outreach locations, as they are so pleased with the quality of the treatment that that student is providing.

**Actions**

<b>No</b>	<b>Actions for the Provider</b>	<b>Due date</b>
11	The School must update the GDC on the progress of the patient feedback project.	Annual monitoring 2020
11	The School must take steps to utilise the patient feedback it currently collects and use this information to feed into programme development where applicable.	Annual monitoring 2020

**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.

Requirements	Met	Partly met	Not met
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15. Students must have exposure to an appropriate breadth of patients and 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 learning outcomes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. The provider must support students to improve their performance by providing regular feedback and by encouraging students to reflect on their practice.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Assessment must be fair and undertaken against clear criteria. The standard expected of students in each area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

#### **GDC comments**

**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 Partly Met)**

The provider uses a 4-point grading scheme for all examinations throughout the programme, with an 'S (Satisfactory)' grade aligned to the standard of a safe beginner. The panel were presented with a comprehensive blueprinting document which mapped the assessments against the GDC learning outcomes. The panel were impressed with the quality of this document and the evident importance of this document amongst the staff.

The panel were presented with clinical exposure aspirational goals that students are encouraged to achieve. These had been set by the staff and they were useful figures. The panel was presented with clear evidence of two students who had meetings to discuss the levels of their clinical activity, as this was below what was expected of them. Subsequently action plans were developed for these students but did not appear to be linked to the aspirational targets that had been set. The panel was assured by the staff that these aspirational targets compliment the competency-based nature of the programme. These aspirational targets could be used more consistently to inform the Student Progression Appraisal (SPA) meetings.

The panel were shown student data held on the 'iDentity' system with regards to clinical experience and numbers of procedures undertaken. Whilst the panel agreed that the system itself was impressive in relation to its capabilities, they did raise questions around the current layout and its ability to showcase the finer details around a student's experience. For example, restorative procedures could be broken down further to show greater detail of each student's competence.

**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 Partly Met)**

The panel was in agreement that the systems required to facilitate this are already in place in the form of 'iDentity'. However, they agreed that this was not being fully utilised in its current state. For example, some restorations are entered under an old format (plastic restorations) which results in finer details becoming lost under a broader heading. Whilst analysing this data at the examination inspection, these figures were only made apparent after a verbal explanation from the provider. Grades are attached to treatment episodes and so when multiple procedures are performed, it is difficult to ascertain at what level of competence each of the individual procedures were completed.

Students are provided with feedback after every clinical encounter, whether or not it is part of an In-Course Competency Assessment (INCCA). Students who fail an INCCA will receive written feedback on the reasons for their failure along with for all domains of the INCCA. Although the feedback provided within the INCCA is consistent, the other feedback provided is

not standardised and the panel was of the view that if all student feedback was consistently documented, it would ultimately contribute to student development.

The panel were provided with information surrounding the Student Progression Appraisal (SPA) meetings, in which student progression and portfolios are reviewed and students with low output are facilitated to gain further clinical experience, extra sessions and a tutor reviewed action plan. The panel was happy that these meetings took place. However, they agreed that if a competency-based approach is to be taken in conjunction with the aspirational targets then these SPA meetings should be more frequent and more integral to the programme.

**Requirement 15: Students must have exposure to an appropriate breadth of patients/procedures and should undertake each activity relating to patient care on sufficient occasions to enable them to develop the skills and the level of competency to achieve the relevant GDC learning outcomes. (Requirement Partly Met)**

The panel were aware of the points previously raised under requirement 13 and how these subsequently transfer on to requirement 15. The panel were in agreement that the breadth of patients available to students is very good, for example block and infiltration analgesia, sedation, adult, paediatrics and special care patients in outreach. This gives the University a fantastic opportunity to ensure that the students are getting a good breadth of experience. This was translated in the breadth of experience that was evident in the student portfolios in iDentity. However, as mentioned in Requirement 13, it is important that the School builds on this opportunity and ensures that each student can reach the minimum aspirational number for exposure that were set by the School.

The panel was provided with evidence to demonstrate that comprehensive blueprinting had been undertaken. However, the panel identified that some learning outcomes are covered only once at an early stage of the programme and are not revisited again, for example, 14.3 – Pulp Therapy – Stage 1 term 3; and 14.4 – Preformed Crowns – Stage 1 term 3. By the time the student graduates, two years will have passed which presents a real risk of deskilling for the students and this may be an area that the provider wishes to review in order to provide some safeguarding exercises.

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

The panel agreed that the provider currently utilises a good mix of question formats and styles. The panel did discuss whether the Single Best Answer (SBA) method that is currently in use is the best option to use for some assessments. It would be beneficial for the provider to undertake a review using the data received from the first cohort before coming to a conclusion on this.

Whilst meeting the students during the programme inspection, the panel were made aware that the students would have liked to have had some more formative assessments in Stage 1 of the course. The students stated that as they started their clinical skills earlier than some other courses, there were quite long periods of time between assessment of these skills and that it could be easy to experience deskilling as a result. Although the panel was assured that this had not happened within the cohort, both the panel and the students were keen for this to not pose a risk to future cohorts.

The panel also had the opportunity to attend and view the unseen case examinations and was in agreement that the combination of the unseen case itself and the portfolios presented by the students were very good. The panel did suggest that, as the unseen case was a new format to



the provider, this would provide a good opportunity for the provider to review the process and identify any areas for improvement in order to further enable future cohorts to showcase their depth of knowledge and independent thinking. The panel did highlight that there was potential for the internal examiners to ask leading questions in some areas. However, it was agreed that this was influenced more by the fact that this was the first time of operating this format rather than prompting the students to provide the correct responses.

**Requirement 17: Assessment must utilise feedback collected from a variety of sources, which should include other members of the dental team, peers, patients and/or customers. (Requirement Met)**

The panel was provided with examples of feedback that is collected from a variety of sources and stages throughout the programme. The panel was particularly impressed with the 'Just One Thing' initiative that was led by students. At the end of each clinical session, the patient would be given a small card asking them to write down one thing about the appointment that was good or bad, which is very simple but provides some very important feedback to the students; often on softer skills.

The panel was also made aware that peer dialogue was present throughout the programme, but mainly encouraged during the Key Clinical Skills course.

The provider is also currently developing a larger piece of research around feedback using a newly developed patient feedback questionnaire, which will only further strengthen the utilisation of feedback collected at the School.

**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)**

After meeting with students, a small number of students were happy to show the panel their student portals on iDentity, in order to demonstrate how they kept and updated their portfolios and more specifically, how clinical grading was confirmed by tutors on receipt of the clinical procedures that they uploaded. In addition to the verbal feedback given at the time of the clinical episode, the panel was pleased to see that iDentity was also being used by students and clinical tutors to record additional comments and written feedback however, students did mention that this functionality was not consistently used across the cohort.

The panel was also shown iDentity functionality that allowed students to record reflections away from the clinical episode record. The use of this facility was inconsistent. The panel would suggest the staff at the School need to encourage students to be more pro-active when adding comments to clinical episode records, and with their engagement in the use of the reflection log.

The panel did see instances and examples of reflection being embedded throughout the programme and the examinations and were happy that the facilities were in place for students to reflect effectively, and that these facilities were of a high standard.

**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)**

The panel was provided with detailed information surrounding the staff at the School. This information, alongside meeting with various staff members, encouraged the panel to come to an agreement that those involved in assessment were sufficiently qualified. The panel were

given confirmation that each staff member had completed E&D training provided by Newcastle University. Similar information was also provided with regards to the External Examiner.

The panel attended the examiner briefing prior to the examinations taking place and were assured that terms, policies and guidelines were discussed and agreed, with further approval from the External Examiner. A guidance document was distributed amongst the assessors in order to promote consistency for the students.

**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 reports, albeit for the prior Diploma in Hygiene and Therapy, produced by the previous External Examiner which were compiled to a high standard. The panel were also able to meet with the current External Examiner for Stage 3 of the BSc degree programme and were assured that their induction and handover was of the expected standard. The Stage 3 External Examiner spoke highly of the School and the process which they had been exposed to since starting in post.

The Stage 3 External Examiner confirmed that they were consulted at all stages of the examination process, including standard setting, development of the questions and marking criteria. The Stage 3 External Examiner also confirmed that they were provided with comprehensive guidance surrounding their responsibilities and what is expected of them throughout their term. They had received the previous external examiner reports during their induction.

The panel was provided with evidence of this in practice and were assured that the External Examiner was being utilised efficiently and within the defined roles and responsibilities set out in the guidance.

**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)**

After discussions with staff and students, as well as reviewing the inspection documentation, the panel were confident that the expectations of each assessment were clear, and the criteria required to achieve the necessary outcomes were concise.

The University utilises the EBEL process for standard setting, which was agreed as appropriate during discussions with the External Examiner. Any exam questions that are reused from year to year are reviewed and standard set again to ensure that they are still appropriate for the stage of the student.

Actions		
No	Actions for the Provider	Due date
13	The School must consider introducing a minimum figure for clinical experience, in order to further supplement the competency-based approach and the clinical exposure aspirational goals to experience and exposure. They should use these to inform progress meetings with students.	Annual monitoring 2020

13	The School must consider amending the iDentity system in order to provide greater detail when looking at such procedures as restorations.	Annual monitoring 2020
14	The School must consider attaching grades to the clinical attempts shown in iDentity	Annual monitoring 2020
14	The School must ensure INCCA feedback is consistent and provided after each attempt.	Annual monitoring 2020
14	The School must consider increasing the amount of Student Progression Appraisal meetings per year in order to ensure that competence is at the expected and required level.	Annual monitoring 2020
15	The School must introduce some safeguarding exercises to combat the risk of deskilling where significant periods of time have elapsed since assessment, and INCCA's are not present.	Annual monitoring 2020
16	The School must undertake a review of the assessment performance data after the first cohort to ensure that the mix of questions and their application are as effective as expected.	Annual monitoring 2020
16	The School must explore the possibility of introducing more formative assessments in Stage 1, as per the student's request.	Annual monitoring 2020
16	The School must review the unseen case process, as this was the first time facilitating this for the HT programme, and look for improvements where possible.	Annual monitoring 2020
18	The School should encourage students to reflect on iDentity as often as possible.	Annual monitoring 2020

## Summary of Actions

Req. number	Action	Observations Response from Provider	Due date
2	The School should ensure that both paediatric and adult patient forms provide the same information to patients, for consistency.	The School will review both adult and paediatric 'consent to student treatment forms' with a view to aligning the information provided and where appropriate and possible amend them in line with local NHS Trust requirements.	Annual monitoring 2020
3	The School should provide an update on when funding will be released by the Trust to enable improvements to be made to the clinical environment.	It has been confirmed that the Trust has agreed to commence the first phase of clinical refurbishment planning to start in Summer 2019.	Annual monitoring 2020
11	The School must update the GDC on the progress of the patient feedback project.	The patient feedback project is now complete and is now embedded within the School's QA processes as of January 2019.	Annual monitoring 2020
11	The School must take steps to utilise the patient feedback it currently collects and use this information to feed into programme development where applicable.	Patient feedback is now routinely reported to Board of Studies as a standing agenda item where it informs programme development through the embedded QE & QA processes. The first cycle was reported and minuted in January 2019.	Annual monitoring 2020
13	The School must consider introducing a minimum figure for clinical experience, in order to further supplement the competency-based approach to experience and exposure. They should use these to inform progress meetings with students.	There is no robust evidence that supports the belief that clinicians must complete a minimum number of procedures in order to develop competence. As a result the majority of clinical education programmes adopt a competency based assessment strategy. At the recent GDC initiated Tripartite Education Meeting on 4 <sup>th</sup> Feb 2019 between representatives of Dental Schools Council, COPDEND and the GDC the pervading view was that setting minimum figures for clinical experience was completely inappropriate. This	Annual monitoring 2020

		view was fully endorsed by GDC representatives. This action request would therefore seem very much to contradict this viewpoint. The School will await further guidance from the GDC regarding this issue.	
13	The School must consider amending the iDentity system in order to provide greater detail when looking at such procedures as restorations.	The School undertakes a regular review and amendment of procedures recorded within iDentity. As a result we have already implemented changes which will give greater granularity to the recorded clinical experience of our students. The procedure 'plastic restorations' has been removed on this basis.	Annual monitoring 2020
14	The School must consider attaching grades to the clinical attempts shown in iDentity	This has always been the case since before the introduction of iDentity. Currently, every clinical episode undertaken by students (regardless of whether it is associated with a clinical competency assessment or not) receives five categorical grades. These are all recorded on iDentity.	Annual monitoring 2020
14	The School must ensure INCCA feedback is consistent and provided after each attempt.	Your report already states correctly on page 15 that – “the feedback provided within the INCCA is consistent” and is provided after each attempt.  This INCCA feedback is delivered by virtue of the structured standard marking scheme and has always been. Consistency of written feedback is ensured through a standard feedback template which forms part of the assessment documentation. Students also receive additional verbal feedback supporting students in their development. This is necessarily personally tailored and delivered after the clinical encounter. By its very nature this cannot be completely standardised. Going forward the School will continue to make efforts to support	Annual monitoring 2020

		the clinical teaching team to provide consistency of depth of feedback.	
14	The School must consider increasing the amount of Student Progression Appraisal meetings per year in order to ensure that competence is at the expected and required level.	<p>Case review is undertaken with the students involved as a matter of good professional practice. To do this with clinical teachers, treatments must be suspended. The School has considered the balance between the need to review clinical activity and the subsequent loss of opportunities to develop clinical skills that are implicit with the process of portfolio review. Having done this we believe that the current number and timing of reviews is appropriate for the majority of students.</p> <p>Any students who has had concerns raised will have additional action plans and interim reviews put in place (as acknowledged in the report on page 16). The school will review our processes to ensure these additional reviews continue to take place and are acted upon.</p>	Annual monitoring 2020
15	The School must introduce some safeguarding exercises to combat the risk of deskilling where significant periods of time have elapsed since assessment, and INCCA's are not present.	<p>The School recognise that the time from undertaking a training INSCA exercise to undertaking a case on a patient is unpredictable. The School already has in place a system where students can revisit skills based exercises in a simulated environment, at any time point they feel this would be helpful to them. We encourage our students to continuously reflect on their skills and utilise these opportunities to update themselves as they face clinical encounters they have not encountered recently.</p> <p>Nonetheless we would also argue that there are multiple transferable skills which whilst not explicitly associated with a specific procedure are continuously developing within learners, and</p>	Annual monitoring 2020

		these are formatively assessed after each and every clinical encounter. The School will continue to monitor the students experience through SPA's.	
16	The School must undertake a review of the assessment performance data after the first cohort to ensure that the mix of questions and their application are as effective as expected.	It is an aspiration of the School to extend the current post-hoc analysis of performance in assessment. In summer 2019 performance will be reviewed against that of historical cohorts. Individual question performance is reviewed and any poorly performing questions are removed from the question bank or revised before further use. It must be recognised however that meaningful post-hoc analysis is limited in value in a small student cohort like this programme.	Annual monitoring 2020
16	The School must explore the possibility of introducing more formative assessments in Stage 1, as per the student's request.	We will endeavour to continue to include examples of formative assessment in supporting the development of our students. However, it should be re-iterated that the students currently receive a significant formative assessment at the end of term 1 of stage 1 which supports their development.	Annual monitoring 2020
16	The School must review the unseen case process, as this was the first time facilitating this for the HT programme, and look for efficiency improvements where possible.	We are confused as to why the panel has raised this action in the way that they have. Whilst this is a challenging assessment to deliver, its quality (as recognised by the inspection team) and its ability to examine a wide range of important skills and applied knowledge make it a wholly worthwhile investment. However, the School will continue to review these processes through external examiner feedback and as part of our internal QA systems.	Annual monitoring 2020
18	The School should encourage students to reflect on iDentity as often as possible.	The School continues to encourage and promote effective reflective practice within all our clinical programmes, however we recognise that effective reflection may take different forms for different learning styles and individuals. Whilst iDentity is	Annual monitoring 2020

		<p>offered as a medium for reflection, we would not wish to impose this style as the only forum for reflection in order to allow auditing. Equally, we would not wish to directly review the content of reflection as this is recognised as counterproductive in developing a truly reflective practitioner. It deters full and frank appraisal of events by a learner, therefore, undermining the underlying purpose and strength of reflection in the professional.</p> <p>The ability of the students to reflect is, however, extensively embedded in the programme as commented on by the panel, and is assessed as part of a summative assessment on 5 occasions in the programme.</p>	
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### Observations from the provider on content of report

**We thank the inspectors for their interaction and their professional collegiality in meetings, particularly with the students. We need to continue to contest some of the factual accuracy of the report, and hopefully we have outlined this more clearly on this second occasion by highlighting areas where the report and the actions appear to contradict themselves.**

### Recommendations to the GDC



The inspectors recommend that this qualification continues to be approved for holders to apply for registration as a dental hygienist and dental therapist with the General Dental Council.

The School must provide detailed information regarding how they have met, or are endeavouring to meet, the required actions set down in this report in their annual monitoring for 2019/2020.

## **ANNEX ONE**

### **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*' 2<sup>nd</sup> 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 inspectors 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."

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<sup>1</sup> <http://www.gdc-uk.org/Aboutus/education/Documents/Standards%20for%20Education.pdf>

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 inspectors may 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 annual monitoring process. Serious concerns about a lack of progress may result in further inspections or other quality assurance activity.

6. The QA 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.