General Dental Council

Education Quality Assurance Inspection Report

Education Provider/Awarding Body	Programme/Award
University of Highlands and Islands	BSc Oral Health Sciences

Outcome of Inspection	Recommended that the BSc Oral Health Sciences programme continues to be approved for the graduating cohort to register as a dental hygiene and dental therapist.

Inspection summary

Remit and purpose of inspection:	Inspection referencing the *Standards for Education* to determine approval of the award for the purpose of registration with the GDC as a dental hygienist and dental therapist. **Risk based: focused on 10 requirements. (1, 2, 3, 5, 7, 9, 14, 17, 18 & 21)**
Learning Outcomes:	Preparing for Practice Dental Hygienist and Dental Therapist
Programme inspection dates:	8 & 9 December 2021
Inspection team:	Amanda Wells (Chair and non-registrant member) Pamela Machell (DCP member) James Ashworth-Holland (Dentist member) Scott Wollaston - GDC Staff member (Education and Quality Assurance Officer)

The BSc Oral Health Sciences programme ('the programme') run by the University of the Highlands and Islands ('UHI'), is delivered at three locations in Scotland – Inverness, Dumfries and Stornoway.

Following a review of the programme in the GDC's general monitoring process in the 2019/20 academic year, a follow-up inspection was deemed necessary due to a lack of evidence provided to the GDC in the monitoring process. However, the COVID-19 pandemic caused this inspection to be delayed until December 2021. The GDC continued to quality assure the programme throughout the pandemic, to ensure those students affected were gaining sufficient experience to graduate as safe beginners. Whilst any changes due to COVID-19 may be touched upon in this report, both processes remain separate and this report will focus on the programme as a whole, and not specifically on what impact the pandemic may have had on the programme.

In contrast to the lack of evidence noted above, the inspection team ('the panel') noted a vast improvement in the evidence provided during the pre-inspection process, and this effort was noted and appreciated. The panel asked to see some further documents on site, and the organisation and depth of this evidence was again appreciated.

A new programme director ('the programme lead') has recently taken over, having been a tutor on this course for many years previously. Students and staff alike are happy to

approach the programme lead with any concerns or queries they may have, and it appeared there is a good working relationship with them all round.

The GDC wishes to thank the staff, students, and external stakeholders involved with the BSc Oral Health Sciences programme at UHI for their co-operation and assistance with the inspection.

Background and overview of qualification

Annual intake	14 students
Programme duration	100 weeks over 3 years
Format of programme	Year 1: Biomedical science, Behavioural science periodontology theory and clinical practice (phantom head and clinic) and Oral Biology. Year 2: Restorative dentistry, theory and clinical practice on phantom head, Radiography, Dental Public Health, clinics. Year 3: Literature review, Advanced clinical dentistry theory (adult/elderly and child) clinics (in-house and placements) and Preparation for practice.
Number of providers delivering the programme	1

Outcome of relevant Requirements[1]

Standard One	
1	Met
2	Met
3	Partly 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	Partly Met
18	Met
19	Met
20	Met
21	Partly Met

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[1] All Requirements within the *Standards for Education* are applicable for all programmes unless otherwise stated. Specific requirements will be examined through inspection activity and will be identified via risk analysis processes or due to current thematic reviews.

Standard 1 – Protecting patients
Providers must be aware of their duty to protect the public. Providers must ensure that patient safety is paramount and care of patients is of an appropriate standard. Any risk to the safety of patients and their care by students must be minimised.

Requirement 1: Students must provide patient care only when they have demonstrated adequate knowledge and skills. For clinical procedures, the student should be assessed as competent in the relevant skills at the levels required in the pre-clinical environments prior to treating patients. *(Requirement Met)*

All students on the programme complete Observed Clinical Procedures (OCPs). In Year 1, students complete OCPs for ultrasonic scaler utilisation and periodontal instrumentation. Year 2 students complete OCPs throughout pre-clinical restorative training. OCPs can be more informal and students will approach staff saying they are ready to complete.

Observed Structured Clinical Examinations (OSCEs) are also run at fixed points throughout the programme. Prior to treating patients on clinic, Year 1 students complete an OSCE in clinical record keeping, oral hygiene instruction and smoking cessation. Finally, they complete a periodontal professional mechanical plaque removal OSCE on phantom heads. This is a gateway exam, so they need to pass this before progression to treating patients on clinic. Year 2 students complete a phantom head restorative OSCE, prior to commencing restorative care on patients. Students have two attempts to pass an OSCE.

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)*

During the inspection, the panel were advised that students are taught about consent in their induction, during a session on the GDC Standards. At every appointment on clinic, students are taught to gain verbal consent from the patient as well as arrange for the patient to sign an initial consent form prior to treatment. The panel have seen copies of consent forms during the inspection.

The students are also easily identified in clinics as they have different coloured scrubs to the other staff.

Requirement 3: Students must only provide patient care in an environment which is safe and appropriate. The provider must comply with relevant legislation and requirements regarding patient care, including equality and diversity, wherever treatment takes place. *(Requirement Partly Met)*

Students provide patient care in clinics on site and during offsite placements. The panel were advised that prior to the COVID-19 pandemic, site visits took place for each placement centre. However, after speaking to the placement supervisors they advised they do not recall any formal inspections from the University or programme staff previously. The programme lead advised us that as soon as local restrictions ease; they will conduct a visit to each centre. Centres are also subject to external scrutiny, and must undergo an inspection by the local Health Board every three years, with one centre due to have an inspection soon.

The panel have seen "Virtual Tripartite Learning Agreements" with the University, students and placement providers. This document acknowledges the responsibilities of everyone, noting that it is the placement providers' responsibility to ensure they comply with health and safety

and equality legislation. The copies the panel were provided with were signed by placement supervisors, acknowledging their responsibilities, however they were not signed by students or a University representative.

During the inspection, the panel also saw copies of an extensive range of equality, diversity and inclusion policies for all three Health Boards.

The Panel would encourage the Programme Lead to conduct placement visits as soon as they are reasonably able to, to ensure that each centre is complying with their requirements.

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)*

Requirement 5: Supervisors must be appropriately qualified and trained. This should include training in equality and diversity legislation relevant for the role. Clinical supervisors must have appropriate general or specialist registration with a UK regulatory body. *(Requirement Met)*

The panel have seen a list of tutors and clinical supervisors and their qualifications. During the inspection, they also had a tour of the school's "learnPro" system, which logs all staff and student mandatory training, including equality and diversity. The panel have been provided with a list of completed training records from this system, for the programme lead and clinical supervisors.

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)*

The panel were advised that the DATIX system is used for logging and reporting all safety issues. During the inspection the panel saw an overview of the DATIX logging process, and three examples of logged incidents, including outcomes.

Patient safety issues are discussed amongst all tutors in weekly review meetings, and escalated appropriately where necessary.

Upon speaking with the programme tutors, it was noted that the DATIX system is not user friendly, they often have trouble with it and the progress is not saved as you input. The panel would suggest a review of the DATIX process, to see if the IT infrastructure can be improved.

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 provider launched a new internal QA process within the last year. All module leaders write their exams and this then goes to a peer review panel. This has allowed staff to have an insight into what was being produced for the whole cohort. All assessments are also reviewed by the external examiners to ensure that they are set at the right standard for the students, and that there is no overlap.

The clinical tutors also conduct peer reviews of each other's sessions. The newer members of staff commented that this has proved useful for them. The tutors then have a meeting at the end of every academic year to review what worked well and develop the modules.

Quality monitoring forms part of a yearly University-wide process which incorporates a full report, KPIs, feedback and response. An impending curriculum review is planned for 2022.

During the inspection, the panel noted that the Human Disease module was moved from the second year to the first. Both cohorts were taught together and upon speaking to the first year students, they told the panel that they did not feel confident to ask any questions in front of the second year students. The first year students also had not had any introduction to medical terminology at this point. The provider had reflected on this and has now moved the module to semester two in the first year, to ensure that the Biomedical Science module was completed first. The panel were pleased to note that the impact was reviewed and considered and the module was pushed back. This ensures that learning takes place in a more effective way, with the knowledge embedded in the earlier unit providing a foundation for the unit developing this knowledge to a greater extent.

Requirement 10: Any concerns identified through the Quality Management framework, including internal and external reports relating to quality, must be addressed as soon as possible and the GDC notified of serious threats to students achieving the learning outcomes. The provider will have systems in place to quality assure placements. *(Requirement Met)*

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)*

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)*

During the inspection, the panel were given a demonstration of the schools recording system, which logged assessments of all students and provided the feedback and data directly to the student through the system. This system allows the programme lead to be able to export clinical numbers into a data spreadsheet for easy review. The clinical data was provided to the panel during the inspection. This data was reviewed on a weekly basis by staff, and could be accessed by staff and students to manage progress.

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)*

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 Partly Met)*

It is clear that this programme benefits from an open feedback process between all parties. The panel have seen copies of student feedback forms completed by placement supervisors. Final year students complete a peer assessment where they carry out observations on their peers on two separate occasions. They complete the clinic marking criteria and provide constructive feedforward.

Although the panel saw copies of patient feedback forms from 2017, and a 2019/20 report on patient feedback in clinics, they were advised that patients had previously completed paper feedback forms, but this process stopped due to the COVID-19 pandemic.

During the inspection, the panel were not advised of any plans to reinstate this process, nor were any other methods of collecting patient feedback forthcoming. The provider should resume collecting patient feedback and utilise this during assessments for students.

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)*

Following each patient interaction, the students are asked to reflect on the session. Their tutor also provides written feedback after each session, and they then discuss this together.

The school have adopted a 'Graduate Attributes' process and the students are required to maintain a Graduate Attributes Portfolio ('GAP'). Throughout the course, students complete a reflective account at the end of each module identifying how they have developed their graduate attributes. The information within the GAP is also used during Personal Academic Tutor meetings to identify any areas a student may be struggling with. This is an assessment, though not graded as the provider recognised that reflection is a personal process and difficult therefore to deem incorrect. However, if a student does not demonstrate the ability to reflect effectively, the assessment will not be signed off as complete and the student unable to progress until marked as competent. The panel were impressed with this process and considered it encouraged the students to continuously reflect.

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 Partly Met)*

The provider operates a standard setting process whereby a comprehensive meeting with all tutors is held and they collectively agree grade boundaries, including what would be expected of a borderline student. This process is also reviewed by the external examiners and feedback sought. As well as standard setting, examinations are subject to double-blind cross-marking, with recourse to review of video recordings and examiners undergo yearly calibration training

A full outline of the modules and assessments is provided to students in their handbook and the students told the panel they are given rubrics, which contain plenty of information on what is expected of them for assessments.

Exams are now all online in the form of unseen cases. The exams are a timed process and a tight timeframe is given to students to complete the exams. This process was agreed following input from the Head of Assessment within the University. The provider does not use any software to avoid plagiarism or collusion. The University use Turnitin, which can scan a students' submitted written work for plagiarism. The provider has said that whilst they do not utilise this software for now, this is being discussed in the upcoming curriculum review.

Considering the exams are now online, the provider should utilise plagiarism software to prevent any risk of plagiarism or collusion, and therefore ensure the validity of summative assessments.

Summary of Action

Requirement number	Action	Observations & response from Provider	Due date
17	The school should reimplement obtaining patient feedback and utilise this for student assessments.		August 2022
21	The school should utilise plagiarism software for students to submit written work.		August 2022

Observations from the provider on content of report

First of all I would like to thank the panel for their kind comments and also for the advice and actions provided in order for the School to meet the currently outstanding requirements.

With regards to the outstanding requirements the following actions have been put in place and will be completed by the due date of August 2022:

Requirement 3 – there are plans in place for visits to take place to all placement venues over the coming months to ensure parity in marking and review of the risk assessment process

Requirement 17 – there are plans in place for the resurrection of patient feedback. Due to continuing COVID guidelines in place in Health Board clinics there is development of an electronic version underway to ensure the clinics remain paperless. The storage and analysis mechanism for the feedback is hoped to be similar to the electronic grading system. This would mean all data would automatically load to a database for easy storage and access for analysis of the results

Requirement 21 – Following the feedback and review of some assessment systems, steps have been taken to liaise with the University and implement plagiarism software use for all assessments. This process will be in place for the beginning of the next academic year (September 2022). Staff training on the software will take place before this date

Recommendations to the GDC

Education associates' recommendation	The BSc Oral Health Sciences programme continues to be approved for holders to apply for registration as a dental hygiene and dental therapist with the General Dental Council.

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.