

Appendix 1: Review of Education 2016-8

Executive Summary

Under *Shifting the Balance* we increased the emphasis and set out the agenda for upstream regulation, including education and quality assurance going forward. Since 2018 we have moved towards a risk and thematic quality assurance based approach, so that we can be more alert to the needs of the individual education providers and responsive to the wider themes that emerge from our internal and external intelligence. Our *2020-22 Corporate Strategy* details the actions we are committed to carry out over the coming three years.

We are clear that it is our role and responsibility, as set out in our statutory powers, in relation to education and quality assurance that the GDC:

- Set the learning outcomes and standards for education which are the basis for all undergraduate curricula leading to a registerable award and where appropriate at other levels of education and training
- Carry out the quality assurance of education providers, including the scrutiny of submissions for new programmes, to ensure that those education providers are fulfilling their quality assurance roles.

By doing so, the education and QA function plays its part within the GDC of protecting, promoting and maintaining the health, safety and well-being of patients and the public.

We are highlighting the roles and responsibilities of education providers to ensure that they can evidence that individuals who join our registers are fit and safe to practice at the point of registration. This means turning ordinary members of the public into caring, competent and compassionate professionals who put patients at the centre of all they do.

Under the new **risk-based process** we will be evidence led. Revisions to the monitoring processes are enabling us to identify specific areas of concern with individual providers and carry out enhanced monitoring and determine the level of inspections activity required. They enable us to carry out focussed, targeted inspections and to deploy our resources more effectively when concerns are raised. We will rigorously follow up provider actions to ensure they are being addressed robustly. In the event that a provider fails to address our recommendations or that concerns are raised at any point during the quality assurance process, we will take robust action to ensure patient protection is maintained. Where appropriate, this can include the removal of approval, which means that students will not be able to apply for registration. We do not take such decisions lightly, but it is essential for the protection of patients and the public that education providers comply with our standards and only those who are safe beginners are able to graduate and register with the GDC. Where relevant we are also keen to identify and share areas that are working well.

We are also working very closely with teams throughout the organisation, particularly the intelligence and research function, which is helping us to identify and prioritise areas for greater scrutiny through the **thematic review process**. This year we are

looking at the Preparedness to Practice of UK graduates and in 2020 we will commence work on the admissions of those into the dental professions. We review all new programme submissions and only those that are deemed likely to meet the Standards for Education will gain provisional approval, pending a full programme inspection of the first graduating cohort of students.

Review of Education

This is our fourth Review of Education, reporting our education quality assurance (QA) activity for the academic years 2016–18 and highlighting the direction for education policy going forward. We give an overview of the activity and highlight key challenges for education providers as well as some areas of notable practice

From the five (out of six) DCP groups that were inspected over this period, the hygiene and therapy courses met more requirements within our standards than the other groups. We are looking to work closely with DCP education providers to better understand what challenges they face and to support them as appropriate.

From the inspection activity between 2016-8 across the 23 programme providers inspected, requirements under Standard 1, relating to protecting patients, were met more readily than Standards 2, relating to quality evaluation and review of the programme, and then Standard 3, relating to student assessment. Requirement 17, relating to the use of feedback to inform the assessment process, was the greatest challenge and we are specifically going to investigate why education providers consistently struggle to meet this. Our new risk-based QA approach, in particular the revised monitoring form and our more robust scrutiny and follow up, will aim to address the shortcomings identified at these inspections.

The 2014-2016 Review of Education highlighted a number of improvement actions to be addressed across all education providers. This review shares analysis of how providers have performed against these recommendations. Where poor compliance has been identified, this will be followed up through the revised monitoring process or during a risk-based inspection in the coming academic year.

The next steps

In *Shifting the Balance* we indicated our intention to engage with a range of stakeholders involved with the delivery of dental education. That engagement has supported a number of initiatives, including:

- Student engagement: Workshops have been taking place with first and final year BDS students to share information about the role of the GDC and the importance of professionalism in the healthcare environment.
- Education provider events: Workshops with education providers from a range of registration categories have taken place to improve mutual understanding of processes, developments and areas of concern. We want to work with education providers to improve their understanding of our, and their roles and develop guidance and support for them, and where appropriate and relevant, share what is working well. More widely this has also led to the GDC's establishment of a tripartite education and training group in 2019.

- Thematic review on Preparedness for Practice: this involves a wide range of evidence gathering, which will lead to a conference with key stakeholders at the end of 2019 and due to report in early 2020.
- Development on specialty education and training: the development of the Specialty Working Group in 2017; the commencement of the QA of specialty training in early 2019; the consultation on specialist listing due to report at the end of 2019; the commencement of two working groups looking into the mediated entry process and the revision of specialty curricula in 2019.
- As part of its programme of work to promote the importance of professionalism in behaviour and decision-making, the GDC will seek views from education providers, students and new registrants, alongside other stakeholders, in 2019 and 2020. Their views, as well as those of the public, dental patients and other registrants will be reflected in co-produced 'Principles of Professionalism'. These principles will influence many areas of the GDC's work, including the learning outcomes in Preparing for Practice.

The GDC is committed to working more closely with undergraduate and postgraduate education providers and other relevant stakeholders to further improve education, to ensure that students and registrants receive the best possible training, for the benefit of patients and the public.

Overview of QA activity

| Number of Inspections These enable us to carry out focussed, targeted inspections and to deploy our resources more effectively when concerns are raised. | 2016 - 17 | 2017 - 18 |
|--|------------------|------------------|
| DCP programmes | 14 | 9 |

During the period 2016-2018, a total of 23 education programmes were inspected. Of these, two were new programme inspections, both of which achieved ongoing approval on completion of the process.

Until the 2018 decision to commence risk-based quality assurance, the we carried out inspections on a five-year cycle. As all BDS programmes had been inspected between 2012-5, none were inspected (except re-inspections) in the 2016-8 period.

The DCP categories inspected were:

- Dental nursing (three programmes)
- Dental technology (seven programmes)
- Clinical dental technology (one programme)
- Orthodontic therapy (two programmes)
- Hygiene and therapy (ten programmes).

Meeting the standards

[insert pie chart/or other options showing how standards 1, 2 and 3 have been met overall]

% met standard 1

% met standard 2

% met standard 3

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Meeting the requirements

Dental hygiene and dental therapy programmes have tended to meet more of the requirements of the Standards for Education than programmes offering qualifications for other DCP groups.

One programme, University of Sheffield's diploma in dental hygiene and dental therapy, was judged to have met all 21 requirements. Two other programmes, both dental hygiene and dental therapy, at the University of Plymouth and University of Essex, fully met 20 out of 21 requirements.

For hygiene and therapy, 90 per cent of programmes were either meeting or partially meeting all requirements within the Standards.

For other DCP programmes, only 23 per cent were achieving this. Our new risk-based QA processes which were introduced in 2018/9 aim to ensure that these programmes are highlighted to us and have focused scrutiny of the areas where development is required at an earlier stage. For programmes that are unable to comply with GDC standards and the recommendations we impose, resulting in a risk to patient safety and students being unable to graduate as safe beginners, approval for registration with the GDC will be removed.

One programme, the Pearson awarded diploma in dental technology delivered at Sheffield College, failed to meet any of the 21 requirements set out in the Standards for Education. For this school, all requirements are either 'part met' or 'not met'. Following this inspection immediate action was taken with the provider and awarding body to implement a robust interim process that ensured only students who had demonstrated competence at the level of a safe beginner were permitted to graduate and apply for registration. This programme was subject to a re-inspection during the 2018-2019 academic year. During the re-inspection improvements were noted by the inspection panel, however the programme remains under close scrutiny due to the seriousness of the initial concerns and we be re-inspected in the 2019-2020 academic year.

Meeting the requirements

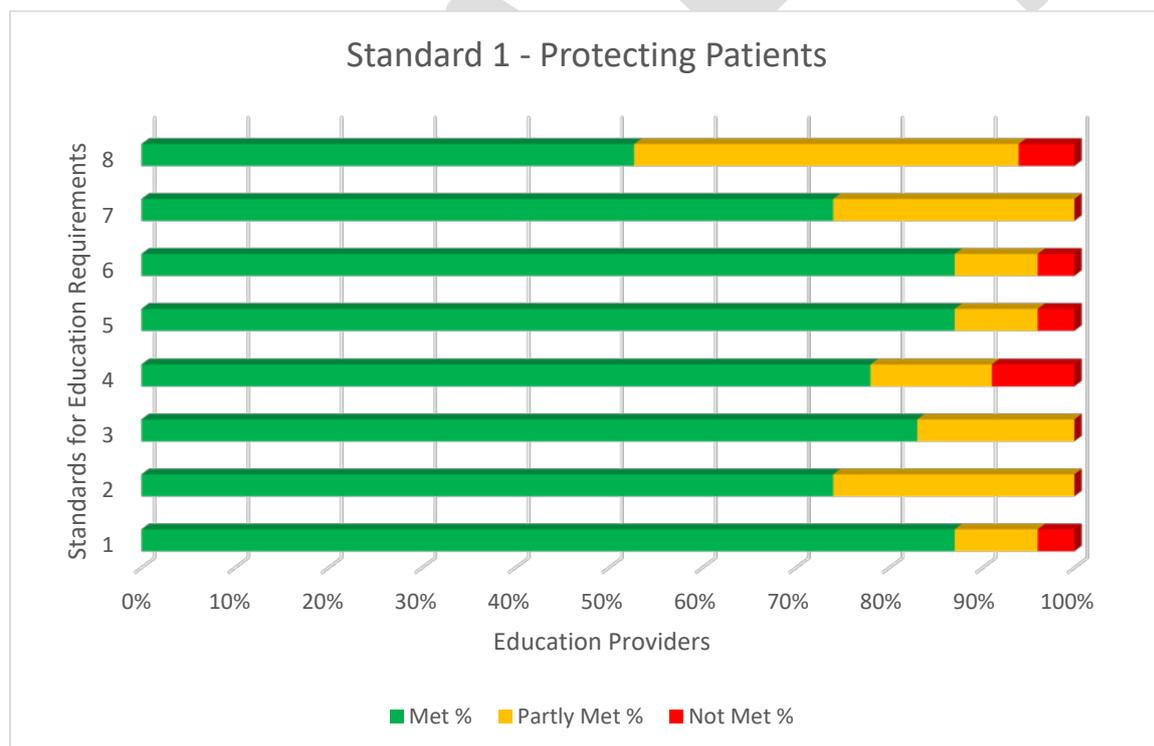
The Standards for Education and the requirements that underpin these apply to all UK programmes leading to registration with the GDC.

The Standards cover three areas the GDC expects providers to meet in order for training programmes to be accepted for registration. These areas are:

- Patient protection
- Quality evaluation and review
- Student assessment

Standard 1: Protecting patients - Requirements 1-8

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 as a safe beginner upon graduation. Any risk to the safety of patients and their care by students must be minimised.



All providers except two had either met or part met the requirements in Standard 1. Of the two providers who did not meet one or more of the requirements, one, Edinburgh Dental Institute, provided evidence of having addressed the issue through the annual monitoring process in the following year, and the other, Sheffield College, was subject to a re-inspection of the programme in the following academic year.

It was identified that 20 out of 23 providers were meeting Requirement 1, which ensures students can only provide patient care when they have demonstrated

adequate knowledge and skills. Two providers who had partly-met this requirement submitted further evidence of improvement. One provider, Sheffield College, did not meet this requirement and was subject to a programme reinspection.

An analysis of the data regarding Requirement 2 showed that six of the 23 providers inspected were partly meeting this requirement. Of these six, five were dental technology programmes. The GDC acknowledges the challenges dental technology providers face when obtaining adequate patient consent due to the method of education delivery, however they must consider innovative ways in order to address this theme.

Within our review of Standard 1 data, we identified good practice at the University of Sheffield, where third year hygiene and therapy students work with and support first year students within the pre-clinical environment.

Example of good practice at the University of Sheffield:

The inspectors noted the excellent 'Near Peer' initiative, in which 3rd year students supported and encouraged 1st year students during their pre-clinical training, and the subsequent 'buddying up' between 2nd year and 1st year students. This clearly helped the 1st year students transition to clinical practice and the inspectors commend the School on this good practice. Dental hygiene and therapy (DH&DT) students also receive feedback from BDS students if they are on clinic together or sharing a patient. Formative peer assessment and feedback of clinical and non-clinical performance also occurs throughout the course.

University of Sheffield response:

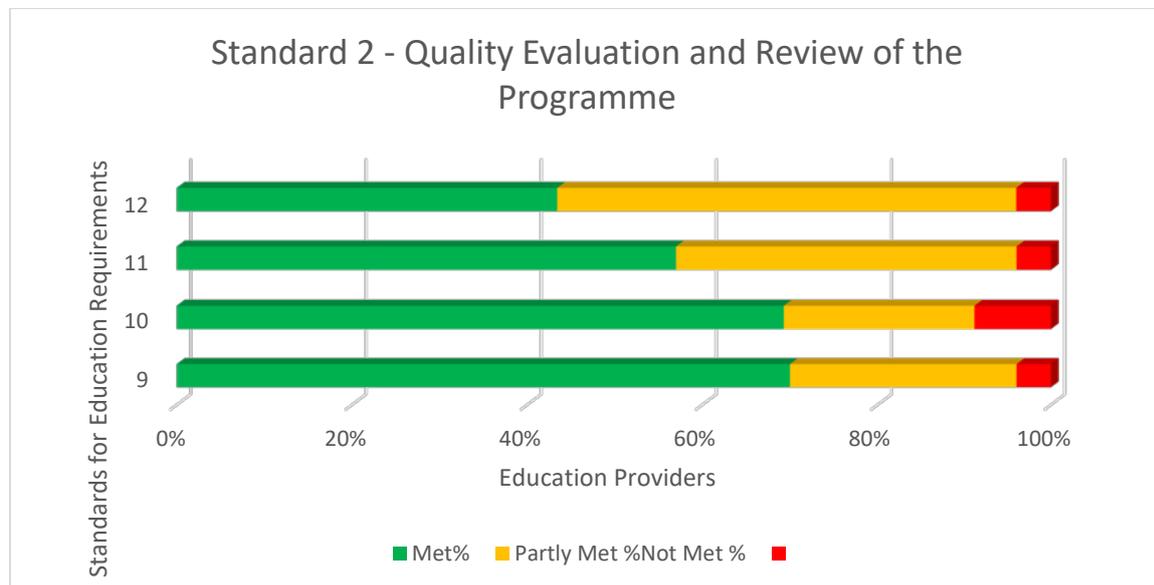
This scheme came about for a couple of reasons, one, recent graduates had contacted the programme to ask about becoming a tutor, and two programme staff had read some interesting articles on the use of peer teaching in medical education. Near-Peer teaching involves students who are close in years delivering teaching to other students, in this case, 3rd-year DH&DT students teaching first-year DH&DT students. Sessions were identified where it was possible to accommodate this, these being introduction to clinics sessions such as history taking, oral hygiene instruction, and indices. The 3rd year DH&DT students are invited to apply for the near-peer teaching scheme and with 10 places per year. Prior to the teaching sessions, the near-peers attend a series of short seminars covering basic teaching principles such as working with small groups and giving feedback. Near-peers also devise lesson plans for the teaching sessions which they are responsible for. One member of DH&DT staff are also present at the teaching sessions, this is to oversee and rarely are they involved in any teaching as this is all delivered by the near-peers. The staff member also provides feedback to the near-peers.

The programme has gathered feedback from tutees and near-peers, both groups value the experience. Near-peers say that it increases their confidence, skills, and knowledge. Tutees report feeling more comfortable asking questions to the near-peer rather than a member of staff.

We are pleased to report that graduates who have participated in the scheme have successfully gained employment as clinical tutors.

Standard 2: Quality Evaluation and review of the programme Requirements 9-12

Providers must have in place effective policies and procedures for the quality management of their programmes.



Within Standard 2, all providers except Edinburgh Dental Institute and Sheffield College had either met or part met the requirements. As with Standard 1, Edinburgh Dental Institute provided evidence of having addressed the issues through the annual monitoring process and Sheffield College was subject to a re-inspection of the programme.

Analysis of the data identified 13 of the 23 had either not met or partly met Requirement 11, which requires programmes to be subject to rigorous internal and external quality management procedures. The majority of providers falling within this category managed franchised programmes with an arm's length awarding body. This is of concern to us and we want to work more closely with these awarding bodies to address these concerns. In order to address this issue, the QA team will be hosting a workshop event for all awarding bodies that franchise programmes in autumn 2019 to:

- highlight the roles and responsibilities of the regulator,
- Highlight the roles and responsibilities of the awarding body
- discuss revised guidance we have developed for education providers and awarding bodies
- discuss areas of concern and, where relevant, share areas of good practice so that they can learn from the experience of one another.

Within our review of Standard 2 data, we identified good practice the University of Central Lancashire (UCLan), who was able to demonstrate during their orthodontic therapy and clinical dental technology inspections a proactive approach to the use of external advisors:

Example of good practice from the University of Central Lancashire:

The panel was informed that while External Examiners are not formally required for the programme as the exit qualification is awarded by the Royal College of Surgeons of Edinburgh, the School has retained the use of external examiners (known as external advisors for this programme) in an advisory role during the delivery of the programme, which the inspectors considered good practice. The inspectors saw evidence of external advisor reports along with correspondence between the School and the external advisors.

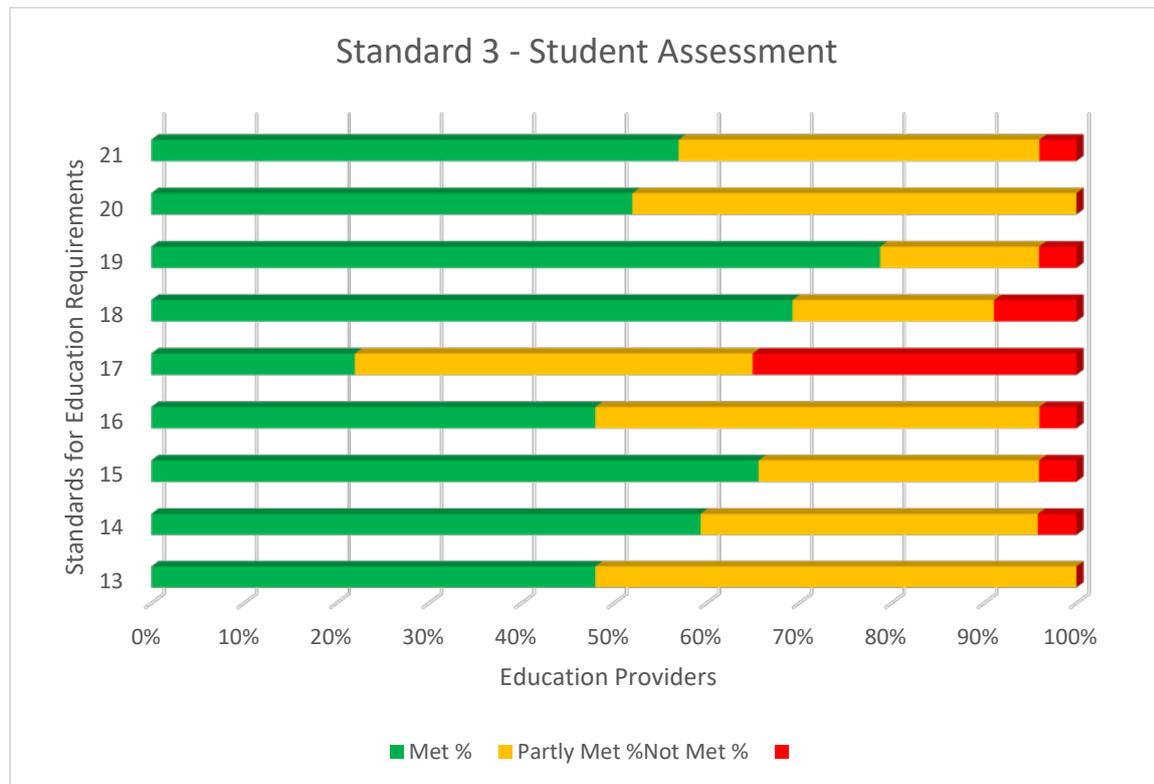
University of Central Lancashire response:

The orthodontic Therapy programme at UCLan prepares students to sit the RCS (Edin) exam. As the exit qualification is not awarded by the UCLan, there is no formal requirement by the university to have external examiners in place. However, one of the roles of an external examiner is to ensure that any assessment processes are rigorous and fair and measured against the intended outcomes of the programme. They also provide assurance that assessments are conducted in line with the awarding body's policies and regulations. In view of this the School of Dentistry made the decision to appoint an external examiner to the Orthodontic Therapy programme to provide the same external assurance that the assessment strategy was robust and adequately developed the student's underlying knowledge of dental sciences and the application of this knowledge into the clinical environment prior to them being able to progress to the RCS exam. The external examiner attends examinations and assessment boards and provides a report to the course team. The feedback from this is both beneficial to the school and the students. Continuing to have the same quality assurance process in place as any university awarding bearing qualification also allows the school the opportunity to provide assurance to the university that the programme is compliant with their academic quality assurance processes.

Additionally, Requirement 12, ensuring effective quality assurance systems for placements, posed further challenges for providers, with 13 of the 23 inspected either not meeting or partly meeting this area. During the initial programme inspection, Sheffield College was unable to provide assurance to the inspection panel that this requirement would be met, however during subsequent communication and inspection activity improvements in their placement quality assurance systems were identified.

Standard 3: Student Assessment - Requirements 13-21

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.



Analysis of Requirement 13, where programmes must provide assurance 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, showed that there were no instances of a provider not meeting this requirement. However, 12 of 23 providers were only able to partly meet this area.

For the programmes meeting this requirement, we found good evidence of using a variety of assessment types and an improved focus on professionalism training. For the providers not fully meeting the requirement there was a variable approach to the blueprinting of assessments against the Learning Outcomes. From the analysis of this data, we have undertaken a number of education provider workshops, which have included training sessions on the appropriate use of blueprinting. Attendees at these events have included providers of hygiene and therapy, dental technology, clinical dental technology and BDS programmes. These education provider events have been well received and we intend to continue targeted and focussed engagement to aid their understanding of our role and their responsibilities, and the guidance that we develop to support them in their roles.

One provider, Sheffield College, failed to meet Requirement 14, which requires effective systems to monitor and record assessment data. A further nine providers partly-met this requirement. Analysis of this requirement identified the need for

providers to more effectively incorporate robust monitoring procedures to review student progression on a regular basis to ensure data is contemporaneous and reflective of the students' experience.

Fifteen providers were able to fully meet Requirement 15 and provide evidence of students gaining exposure to an appropriate breadth of experience. Of the 7 providers who partly met this requirement, the corresponding actions included recommendations to ensure a sustainable supply of patient cases. For the hygiene and therapy programme delivered at the Eastman Dental Hospital, it was identified that the provider must identify and inform the GDC of how the shortfall in adult restorative cases was being addressed. The provider worked with NHS commissioners to develop a new direct referral pathway for patients to the dental hospital.

Within Requirement 15 further areas of good practice were identified at Teesside University. For example, students on the dental nurse programme raised concerns that they were not getting sufficient endodontic experience, which led to additional simulated sessions being made available within the student dental facility.

Example of good practice at Teesside University:

The inspectors saw evidence of students raising concerns that they were not getting enough endodontic experience, which led to the programme leader running a session in the Student Dental Facility (SDF) to enable students to practice and gain experience in a simulated environment. The panel noted that this was an area of good practice and agreed that the School should continue to make use of the SDF, to ensure students are able to gain experience in the full range of learning outcomes.

Teesside University response:

Students are allocated an external General Dental Practice Placement exposing them to a range of 'real life' opportunities to gain clinical competence as a Dental Nurse. Placements are initially audited to ensure the placement services and support available to the student is standardised, however it is difficult to ensure students are exposed to the same opportunities as this is dependent on the treatment needs of the patients. The Programme Leader reviews student progress during each semester to identify any gaps and supports the student in small groups or individually specific to their needs. Resources used to support the students include Phantom Heads and through role play on the Student Dental Facility using Instruments.

Requirement 17, requiring assessments to utilise feedback collected from a variety of sources, was particularly challenging for providers with only five meeting it. Six out of seven dental technology providers failed to meet this requirement, while five out of 10 hygiene and therapy programmes partly met it. A significant challenge for providers has been the effective collection and use of patient feedback within the assessment process. This is often due to the need for maintaining patient confidentiality and a variety of NHS Trust systems for capturing patient information. We intend to look in more depth into this requirement, as we realise that a number of education providers struggle to fulfil this and dialogue with the education providers will help us get a better understanding of what these issues are before we start working together to improve them.

Post inspection action plans

Where a programme has been deemed to require improvement due to requirements being either partly met or not met, corresponding actions are issued to the provider as part of the inspection report. Over the two-year period, we set 198 separate actions. There were two providers who were each set a total of 18 actions as the result of their inspection. Depending on the severity of the actions, providers may be subject to a re-inspection or be required to detail how they have addressed the concerns as part of the annual monitoring exercise. Under the new risk-based QA processes, we will be able to have closer scrutiny of education providers and how they are fulfilling the requirements within our standards. This includes the development of enhanced monitoring processes as well as risk-based inspections which focus on seeking evidence on areas of most concern. This commenced in the 2018/9 academic year and has been refined for the 2019/20 year. We anticipate these developments will continue to be finessed as the process develops, and we will be encouraging feedback from education providers to inform these developments.

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Focus on improvements

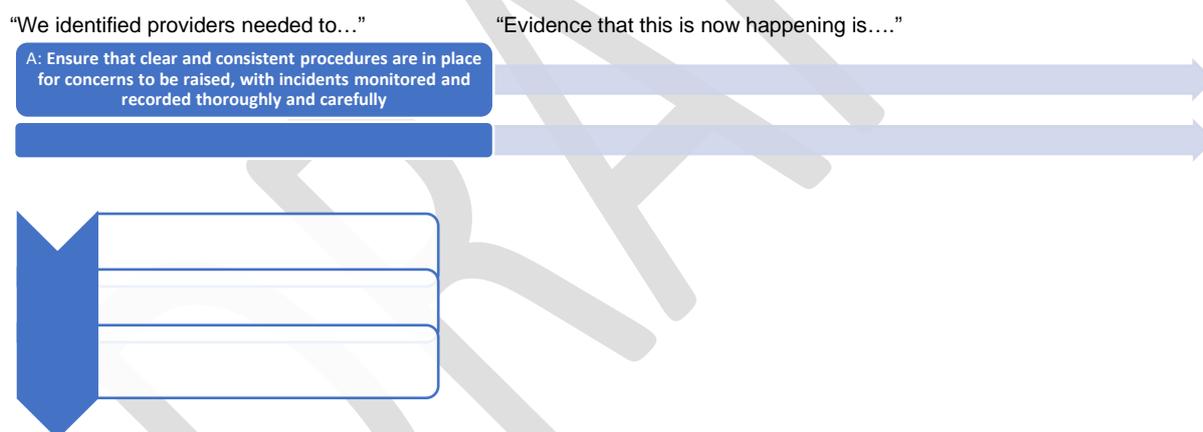
The Annual review report of 2014-16 identified several improvements actions (table of actions A-H) that were required across the education provision. We monitored this through the annual monitoring process.

Feedback has been received from providers identifying how, where relevant, they were meeting the recommendations. Around half of the recommendations were being actively implemented or addressed. This is inadequate and yet another reason for us to revise our approach to QA to ensure that we are directing out resources to areas of greatest need and concern.

Recommendations D, F and H were notable exceptions as these appeared to present the greatest challenges to several providers, although most report various plans, schemes and pilots in place to address them.

Going forward we will be more vigorously monitor how recommended actions have continued to be developed and implemented in our revised QA activity through our risk based process development.

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|---|---|
| <p>A: Ensure that clear and consistent procedures are in place for concerns to be raised, with incidents monitored and recorded thoroughly and carefully</p> | <p>Providers have robust systems and procedures in place to meet this recommendation. One provider noted in their Annual Monitoring return that they developed a new procedure after a previous GDC inspection. Two providers have or are currently reviewing their procedures in response to recently raised concerns. Another provider indicated that in the 2018/19 session an outline of how to raise concerns will be presented in the School's Student Support Mechanisms document.</p> |
| <p>B: Ensure careful and thorough recording of feedback from students and external sources</p> | <p>Providers indicate that they have thorough systems in place for the recording of feedback from students and external</p> |

| | |
|---|---|
| | <p>sources. Two providers have now implemented new electronic systems of recording feedback. Two other providers indicate that they are working on a number of pilot schemes and actively addressing the development or integration of recording tools for patients and students. Another provider will be introducing a new model for student representative engagement in 2018/2019.</p> |
| <p>C: Ensure formal, thorough and well-documented processes are in place for the quality assuring of work placements</p> | <p>Providers have processes in place to monitor and quality assure work placements. One provider implemented a new electronic system in 2017 to improve the recording of feedback. One provider cites difficulties in implanting this recommendation but has introduced a full induction package for all new staff irrespective of site, ensuring more cross over of staff. Another provider indicated that a student evaluation was to be undertaken for 2017/2018 following comments from students about a variation in support from different placements.</p> |
| <p>D: Identify methods to resolve shortfalls in student experience with patients of a variety of ages and backgrounds, with a range of treatment needs</p> | <p>This recommendation presented challenges to a number of providers. Two providers indicated specific challenges with sourcing an appropriate number of paediatric patients for students. Others indicated that there are challenges in providing access to complex restorations, emergency cases and dental extractions. Several providers have suggested that the use of LIFTupp has helped address this recommendation with more detailed recording of patient treatment. Two providers indicated that they have or are working on various initiatives to address this recommendation, for example, adjusting patient target lists and developing direct access patient lists to improve the variety of patient access.</p> |
| <p>E: Consider how to demonstrate a full and coherent mapping of assessments against the GDC's learning outcomes</p> | <p>Providers appear to have frameworks in place to demonstrate achievement of this recommendation. However, several providers indicated that work on completing the mapping of teaching an assessment to learning outcomes is ongoing. One provider would welcome the GDC's input into clarification of some learning outcomes and</p> |

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| | is making use of pilot schemes to address this. Another provider is reviewing their mapping against learning outcomes and believe they may be able to simplify and reduce the assessment burden. |
| F: Ensure that methods are in place to obtain feedback from patients and other parties to inform student development and assist with reflection | Around half of the providers reported ongoing developments to address this recommendation. Several indicate that they are investigating data systems to allow better recording of patient feedback. One provider reported that they do not currently have an effective mechanism for collecting patient feedback and another provider cited many challenges in obtaining meaningful and useful data. |
| G: Demonstrate a clear process for determining what students need to know and do - and to what level - to pass assessments, alongside marking systems that reflect this | Providers gave extensive details on how they are meeting this recommendation. Two providers reported that they are addressing this recommendation by developing recording systems and trialling new forms of formative assessment. |
| H: Consider how best to develop training and assessment in complaints handling to instil the resilience, communication skills and attitude required to prepare students for professional practice | Providers have indicated that this is a challenging area that requires further development. However some providers have incorporated initiatives such as introducing role play scenarios for complaints handling and sharing of e-learning podcasts. |

Moving forward into 2019 – 2020

The proposals laid out in Shifting the Balance have been designed to enable us to move to a more supportive model of regulation, based on providing dental professionals with the information and tools they need to understand, own, meet and maintain professional standards. To do this we want to work more closely with partners and the profession to ensure that standards are understood and maintained, from undergraduate training onwards.

Our key goals are to develop and implement:

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- Risk based approach to QA
- Process for the identification of Thematic QA and ensuing implementation
- A regular review process for the learning outcomes
- Promotion of the importance of professionalism
- A sustainable strategy for face to face engagement with students and new registrants
- Continuing themed workshops with providers
- Continuing engagement with stakeholders
- Improvements and developments to specialist lists and specialty education and training.