

# General Dental Council

## Education Quality Assurance Inspection Report

Education Provider/Awarding Body	Programme/Award	Inspection Date(s)
Delivered at The City of Liverpool College Awarded by Open University	Foundation Degree in Dental Technology	12 - 13 February 2020 20 May 2021 28 May 2021 (Remote)

Outcome of Inspection	Recommended that the Foundation Degree in Dental Technology continues to be approved for graduates to register as a dental technician.
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## Inspection summary

<b>Remit and purpose of inspection:</b>	<p>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 Technician</p> <p>Risk-based Inspection focused on Requirements 1, 2, 3, 4, 5, 6, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20 and 21.</p>
<b>Learning Outcomes:</b>	Preparing for Practice – Dental Technician
<b>Programme inspection dates:</b>	12-13 February 2020
<b>Examination inspection date:</b>	May and June 2021
<b>Examination Board date:</b>	May and June 2021
<b>Inspection team:</b>	<p>Victoria Buller (Chair and Non-registrant Member)</p> <p>Janine Brooks (Dentist Member)</p> <p>Chet Geisel (DCP Member)</p> <p>Amy Mullins-Downes (GDC Staff member)</p> <p>Natalie Watson (GDC staff member)</p> <p>Scott Wollaston (GDC Staff Member)</p>

Since the last inspection in 2016, The City of Liverpool College have taken steps to address the concerns that were raised. They have now detached from the operational oversight and management of Manchester Metropolitan University, and the partnership with Birmingham Metropolitan College, and now deliver the Foundation Degree in Dental Technology on behalf of the Open University, independently.

The students completing the course are work-based and attend the College one day per week as part of their learning. This provides learners with a good opportunity to develop a good level of knowledge, skills, and expertise of the dental technology topics but also to gain invaluable experience in the work-based setting, under the direction of laboratory supervisors. The panel were satisfied to see evidence of a good working relationship between the Higher Education Programme Leader for Dental Technology and the laboratory supervisors. The students themselves reported feeling content in both educational and work-based settings.

This inspection was the first carried out since the approval for the programme was granted and done so in line with the GDC's risk-based approach. The College communicated well and efficiently with the GDC prior to the inspection. The panel were able to review several pieces of evidence and data preceding the inspection itself, this supported the panel to come to a view as to what Requirements would be focused on. In this case, it was agreed that all Requirements with exception of Requirement 7 would be inspected. Following the inspection, the panel was not assured that the College was able to demonstrate rigorous internal and external quality assurance procedures, nor that it had effective systems in place to quality assure the workplaces where students are employed. The City of Liverpool College were only able to demonstrate that they fully met just four Requirements; 1, 2, 15 and 17. The GDC set several actions that The City of Liverpool College would need to achieve by July 2021 to improve upon this. Additionally, a further onsite inspection, a remote meeting with the staff and remote observation of the Exam Board took place in May and June 2021,

to review both the assessment process and the progress against the set actions. This report, therefore, has been amended to reflect the progress that has been made.

The GDC would like to thank The City of Liverpool College for its ongoing co-operation and open communication throughout this inspection process. The College has taken a number of steps to improve their internal quality assurance processes and were able to demonstrate a number of clear improvements.

## Background and overview of qualification

Annual intake	Up to 14 students Fd1 5, FD2 4, FD3 9.
Programme duration	3 Year Part Time
Format of programme	Year 1 Part Time: Dental Anatomy & Physiology Introduction to Dental Technology Year 2: Part Time: Dental Materials Work Based Practice A Applied Dental Laboratory Techniques 1 Year 2: Professionalism & Ethics for Dental Technicians Work Based Practice B Applied Dental Laboratory Techniques 2
Number of providers delivering the programme	One

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

<b>Standard One</b>	
1	Met
2	Met
3	Met
4	Met
5	Partly Met
6	Partly Met
7	Met
8	Partly Met
<b>Standard Two</b>	
9	Not Met
10	Partly Met
11	Not Met
12	Partly Met
<b>Standard Three</b>	
13	Partly Met
14	Met
15	Met
16	Partly Met
17	Met
18	Met
19	Partly Met
20	Partly Met
21	Partly Met

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

### Standard 1 – Protecting patients

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

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

The panel were informed that all learners are supervised by the qualified workplace mentor whilst in the laboratory setting. Patient care, within the setting of dental technology, lies within the manufacturing of dental devices, and does not usually involve direct patient contact. All patient devices are signed off by a registered dental professional before being fitted on a patient as part of the laboratory's own quality assurance process.

Student feedback is given contemporaneously during the process of engineering the devices within the work base laboratory setting. Although there is not a formal assessment process in place, mentors will set targets and oversee work that is set. Students record this in a log book, where objectives are mapped to the GDC Learning Outcomes. Workplace mentors record their commentary, feedback, and record areas for improvement in this log book. The practical work shown to the panel did demonstrate that there was student progression as they develop through the programme.

As students are producing work that is subsequently signed off by a registrant and fitted by a dentist, the College takes this as assurance that students are working to a minimum standard. It is recommended that the College develop a quality assurance framework, that would provide guidance and a consistent standard that must be met.

The College HE Work-Based Learning Policy sets out the role and expectations of the mentors and workplace supervisors. In the previous inspection, the panel did not see evidence of how this arrangement is monitored for quality and consistency. Since then, there have been steps taken to establish consistency of quality across all work places and mentors, and there is a signed Mentor Agreement. Training for mentors is provided in the first half term of the programme and have access to training suite years in two and three. This training covers area such as Health and Safety and Equality and Diversity.

**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 panel noted that patients are not directly treated by students. Any appliances that are fully or partly produced by students are signed off as fit for purpose by a registered technician before leaving the laboratory. The decision to fit the appliance will be made by a registered dentist.

Part of the programme involves a case study, whereby students come into contact with a patient in an observational capacity, and the patient is explicitly informed, and consent gained. This is evidenced within the student study log books. It was the view of the panel that this was good practise and gave students good insight into patient care.

There is a mechanism for informing prescribing dentists that the work in the laboratory is completed by students. Patients are required to sign a consent form that was derived from British Dental Association guidance. This is designed to ensure that patients are made aware that students are making the appliances that are prescribed.

**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)**

The panel were provided with evidence of work place visits carried out by the Programme Lead at the start of the academic year. The College's revised Mentor Agreement includes an 'ethical compact' – a signed declaration that mentors will meet all their ethical requirements. Additionally, mentors are required to demonstrate that they meet all legislative requirements, including Health and Safety and Equality and Diversity

Supervision ratios for students appeared to be appropriate, with one workplace mentor overseeing two students. In College, this is one tutor to five students. The panel were concerned that as the teaching staff team remained small, there would be little contingency should a supervisor or tutor be absent. A generic College Health and Safety Policy would address this and support this requirement further.

The College was able to demonstrate improvements that would ensure that all workplaces have a complete and up to date health and safety checklist and that Equality and Diversity training is now being undertaken by all staff.

**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)**

Within the work environment, the panel were shown that supervision is taking place by a dedicated registrant supervisor. This has now been extended to include year one students, who previously reported that they were not visited by the college in the work place until partway through their first year. The panel were assured that this has now been addressed and there was evidence that the portfolio logbook that includes formative feedback is provided, so that learners understand what is expected of them.

There are two laboratory rooms at the college with a maximum capacity of fifteen, however in reality, as learners attend from a large geographical area, they have an average number of eight students in at any one time.

During interviews with students, the panel confirmed that there was a process in place for raising concerns regarding student supervision in the work-place. The second and third-year students appeared confident that they would know who to go to if they did have a concern and that they were comfortable in doing so and they were appropriately supervised.

**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 Partly Met)**

The panel were satisfied that all mentors who are involved with the supervision of students in their respective workplaces are registered with the GDC as dental technicians. In addition to this, all The City of Liverpool College staff members involved in assessing student competency are GDC registered.

The College were able to demonstrate that workplace supervisors receive two hours training directly with the Higher Education Programme Leader for Dental Technology but there was no evidence of scrutiny for staff undergoing Equality and Diversity legislation training in the workplaces themselves.

The College have taken steps to ensure that an online Equality and Diversity training package is in place and the College was able to demonstrate an effective audit trail. However, the training was developed and is delivered and overseen by the Higher Education Programme Leader for Dental Technology who also completed the same training themselves, but it was not clear who provides oversight and quality assurance above this.

It is recommended that the College gain additional oversight of the Equality and Diversity training, in order to be able to fully meet this requirement.

**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 Partly Met)**

The panel were able to come to a view that there had been improvements in this area and were able to see within the modules that raising concerns, professionalism and duty of candour had been better embedded within the programme. However, the module that covers professionalism was only introduced in year three. This should be introduced and revisited during years one and two.

The College were able to demonstrate that these areas are also updated annually to remain current. There is increased discussion within teaching time and consultation of the Ethical Dilemmas section on the GDC website. However, there appeared to be more self-directed learning in this area and there were concerns that self-directed learning can be more challenging in terms of monitor student progression. In order to improve upon this, the College should be supplementing this with tutor input and review.

The College still relies on generalised policies that covered raising concerns, Fitness to Practise and complaints, that are not specific to the Dental Technology Foundation Degree Course, but applicable to all courses within the College. The panel were presented with a policy HE Whistleblowing Procedures for Students on Placement in a further submission of evidence in April 2021. The policy covers the contravention of relevant professional codes of practice or other concerns, whether or not they are directly related to the educational process and whether or not they involve a colleagues or employer.

The panel were informed that students are taught how to raise concerns, and that there were specific lessons that cover this area and duty of candour although it was unclear where this was taught within the programme and how knowledge was assessed. Students are also given the GDC guidance on how to raise concerns. Any concerns that are raised will usually be raised with the Higher Education Programme Leader for Dental Technology. Any concerns that would be raised would be recorded on the central recording system, ProMonitor.

When speaking to the students themselves, the students stated that they were aware of the duty of Candour and that they would raise concerns should the need arise.

To ensure that this Requirement is fully met, the panel maintain that the College should develop a programme specific student Fitness to Practise policy and reduce the amount of self-directed learning to improve identifiable student progression in this area.

**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)**

**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 Partly Met)**

The panel noted that staff are GDC registrants and are required to comply with Fitness to Practise Guidance related to 'Standards for the Dental Team' and 'Student Fitness to Practise'. It is accepted that as such this would be part of the curricula.

As recorded under Requirement 6, the College relies on a Fitness to Practise policy, which is available to students but is not specific to the programme. Although there has been improvement in embedding this through the course, this is only happening in later years of the course, the panel were still not assured that the depth of teaching provided fully meets this requirement.

The panel were unable to identify a local process for taking student Fitness to Practise issues forwards, neither is there a policy that outlines how a committee should be instructed when issues do occur and who should sit on it. It is recommended that there is better exploration of the kinds of issues they may result in being in front of a committee. Although the college relies on the HE Fitness to Practise Policy to address this it was the panels view that this did not provide absolute clarity.

The students themselves reported feeling confident in this area and that they would approach the College or the work-based supervisors with any concerns that they may have, although no students that were spoken to had cause to do so. Students reported that overall, there has been much improvement in the sector around professionalism, scope of practise and ethics.

In order to improve and fully meet this Requirement, the College should not only evidence how this is taught but also how they assess students understanding of it.

## 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 Not Met)**

The panel remain not assured that the documentary evidence provided, or the explanation given during both visits as part of the inspection, demonstrated that the systems in place ensure the programme maps to the Learning Outcomes.

Although the College state that the Higher Education Quality-Reports Process Policy demonstrates that there is clear system of monitoring the Programmes, this does not amount to a framework that meets this Requirement. There was no evidence of an effective Quality Management Framework being used, or any robust structure in place. It was unclear where the responsibilities lie between the College and the awarding organisation, Open University. Additionally, the Exam did not assure the panel that there was an appropriate level of scrutiny in place.

The internal verifier is still studying to become qualified in internal verification. The blind marking that was recommended during the panel's previous visit, had been adopted, however the College was not able to demonstrate an understanding of how this works in practise, and there remained no separation of the marker and the verifier. The current roles and responsibilities of the internal and external verifier are conflating. This, in part, is as a result of the college having a small staff team. The Open University, as the awarding organisation, must consider how they can support the College to improve this.

It remained unclear where the responsibility lies for course content changes, and what oversight and involvement the Open University has. We could not see evidence of sampling. The panel could not identify who has to have a full overarching understanding of the process. The Open University must take steps to address this.

The Open University must work with the College to develop an effective, robust framework, that clearly details the quality management structure and ensures that any curricula changes remain aligned with the GDC's Learning Outcomes. Additionally, the College must draw up an assessment strategy document that outlines how they ensure that legitimate internal verification is carried out and demonstrate the use of the strategy.

**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 Partly Met)**

The panel were able to view both internal and external reports that include an annual monitoring review.

Despite this, they were not assured that that the ~~Heath~~ Higher Education Quality Processes and Monitoring Report Policy was sufficient to identify and outline an appropriate response to concerns. The College state that the Higher Education Programme Lead produces an annual monitoring report that takes into account the External Examiner Report and the National

Student Survey however, there was no identifiable framework or committee structure that demonstrated how the differing reports affect each other.

The HE Quality Monitoring Processes and Report – Annual and Periodic Policy which sets out the framework and structure for the annual monitoring process but does not outline roles and responsibilities. The panel were unable to identify the School's local structure of committees and responsible persons. The panel were able to view the HE Structure and Communication Lines that outlined responsibilities, but this did not provide a comprehensible view. The Policy was reviewed and approved by the HE Strategy Group in August 2020 and is revised in-year to include updates to the roles of PSRBs following the GDC recommendations in the first part of the inspection. The revisions were approved in March 2021 by the HE Strategy Group and thus implemented with the amendments from that date.

In order to fully meet this requirement, the College must demonstrate clear lines of how the reports are fed into and support a Quality Management Framework.

**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 Not Met)**

The panel were informed that the College uses a policy written in line with the Expectations and Core practices of the UK Quality Code for Higher Education. This includes monitoring and evaluation, forming a fundamental part of the academic cycle and covers aspects of the higher education experience. The College is a founding member of the Conference of Dental Technology Institutions (CODTEI).

The College stated that in evaluating the performance of the programmes, the academic team draws on a range of evidence, including student progression data, external examiners reports, student feedback, and reports from other relevant external bodies. Furthermore, that the Annual Monitoring Reporting (AMR) process covers all taught HE provision delivered at the College, validated by the collaborative partner university.

The HE Student Involvement 19-20 Policy outlines the rights and responsibilities of the City of Liverpool College University Centre; however, this document still does not demonstrate the application and success of those policies.

During the observed Examination Board, the programmes' External Examiner gave a very positive report of the overall programme, however this report did not provide good quality assurance or any identifiable objectivity. Whilst it was a supportive statement for the programme, the panel were not of the view that it was wholly external.

The External examiner stated that he was involved in the standardisation of the question level set. The panel were able to view the External Examiner expectations that are in the HEE External Expertise Policy and see that the External Examiner has reviewed questions and reported positively about these. However, some of the assessment questions appear sourced from a question bank previously designed for a Level 3 Course with no evidence of their being elevated to meet the standards of a Level 5 Foundation Degree. There was no clear evidence of proper scrutiny and subsequent changes.

The panel were unable to see any evidence of rigorous internal or external quality assurance procedures that were in place.

There was also no evidence of how feedback informs the programme development, and students appeared to have limited opportunities to share ideas.

The College must develop a thorough internal and external quality process, that is embedded within the programme. Additionally, they must demonstrate how feedback informs and influences programme development and improvement.

**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 Partly Met)**

Students are employed on a full-time basis within individual laboratories that span a significant geographical area. Once students have gained their employment, they can enrol onto the programme and work towards gaining their Degree in Dental Technology, therefore students are not gaining their practical work experience on 'placement', but within their employed role.

The College have taken steps to quality assure the work environments of the various laboratories where the students were employed, and to introduce a quality standard designed by the College. Each laboratory is overseen by a GDC registered dental technician and therefore is required to meet the GDC Standards in order to remain compliant.

Mentor Trainers now have training within the first term; however, the panel could not see evidence of a robust assessment strategy, and the College relies of the MHRA and HSE Regulations. It is accepted that there is a fine balance between quality assuring work places and the duplication of other regulatory bodies work, however evidence that laboratories remain compliant with these regulators would give further assurance, rather than a reliance on the fact that laboratories should be compliant in order to be legally operational.

During the panel's first visit, they had the opportunity to speak to three workplace supervisors. They stated that the College did undertake an initial check to ensure that the laboratories are compliant in certain areas including health and safety, Dental Appliance Manufacturers Audit Scheme (DAMAS) and that they have the relevant insurance and indemnities. The panel have now seen evidence of the records of these checks and that these checks take place in the first half term of the academic year.

It is recognised that the collection of patient feedback is limited as learners and dental technicians have restricted direct patient contact. The Patient Case Study and reverse mentoring that takes place allows for feedback from both patients and students. The Patient Case Study allows learners to observe the device being fitted by a dentist and it was recognised that this was a good way to collate feedback directly and allow learners to see the end result of the devices that they manufacture.

In order to fully meet this requirement, the College should continue to improve the quality assurance of the workplaces the students are employed at. They should also ensure these workplaces meet the required standards to deliver effective patient care and be able to demonstrate that laboratories are compliant with these regulators is checked rather than a reliance on the fact that laboratories should be compliant in order to be legally operational.

### 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 Partly Met)**

It was reported that the program has been devised to meet each GDC Learning Outcome with each unit taught relating to a specific outcome, once this has been achieved by learners, then it is confirmed within the External Examiners Report.

Despite this, the College does not have a specific assessment strategy for Dental Technology, instead they utilise the awarding body guidelines. The College utilises compensation within the marking scheme. The panel were informed that historically there had been concerns that a learners' overall marks may allow for a pass, but that they may still be concerns around their ability as a safe beginner. To mitigate this, learners would be required to undergo a safe beginner test. The panel noted one example of practical work that had been failed, then compensated, however the College advised that the learner would be required to re-sit and pass the practical exam to gain an overall pass.

The panel were given a demonstration of the ProMonitor recording system that was able to demonstrate how each module tracks across the learning outcomes. This is an improvement and gave good assurance that this area of improvement was being well addressed.

However, there remained concerns with the assessment strategy and guidance being used to implement blind marking. The panel were not assured that the blind marking system that has been introduced is effective. The Higher Education Programme Lead provides the first set of marks, and then this is reviewed by the second marker, who is in a role junior to the Higher Education Programme Lead and can see the first set of marks. This is in line with double marking as opposed to blind marking. It is also not anonymised, risking the second marker being influenced by the first set of marks.

The small team at the College will result in this being a vulnerable area, so it is recommended that additional suitably qualified staff are sought to undertake the verification process.

**Requirement 14: The provider must have in place management systems to plan, monitor and centrally record the assessment of students, including the monitoring of clinical and/or technical experience, throughout the programme against each of the learning outcomes. (Requirement Met)**

The College utilises ProMonitor to record and monitor student assessment. The system centrally records in-college learning and progression. The tutors can record predicted grades, records of attendance, individual learning plans, personal tutor meeting notes and discussions as well as progress and areas for development. Meetings that do take place between the workplace mentor and the student are not recorded within ProMonitor directly. There is functionality to add and record notes, but termly meetings are recorded elsewhere. ProSolutions is used for timetabling and attendance. There is an expectation of 85% attendance by learners.

The College uses ProMonitor to track attendance, meetings, learning plans, tutorials, risk indicators and areas for development. ProSolution is used to record assessment, predicted

grades and fully maps to each learner the GDC Individual Learning Outcomes achieved by each learner. Students additionally use paper-based portfolios in the format of the Workplace Logbook. Workplace supervisors are required to record student progression within these, and this commentary is then reviewed by the tutor.

The College has made improvements in this area and were able to demonstrate how this demonstrates attainment that would link student progression throughout the programme to the learning outcomes.

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

The panel agreed that students have exposure to a broad range of patient cases and technical procedures. Several of the laboratories do specialise in one or two particular areas, and students based within those will have more exposure to those single disciplines than other areas. This is somewhat mitigated against by the College providing a range of work both on site and in the form coursework.

The students themselves commented very positively that the program has been crucial for providing progression and experience in a number of areas outside of the ones they get within their respective laboratories, that they may not otherwise have developed. It is recognised that the combination of college and on-the-job learning maximises the opportunity for learners to gain an appropriate breath of experience across many areas.

Students stated that communication was open and encouraged by the College and that any concerns could be raised and were quickly addressed, feedback was in the moment, and this supported their learning and confidence. Some students mentioned that they would like to continue to broaden their experience, and the College is encouraged to continue to work with learners around this.

**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 were satisfied that the practical assessments that are undertaken are broadly fit for purpose. There were concerns as there did not appear to be a robust system for marking and counter-marking the written work. This area requires continued improvement in order to fully meet the requirement and would be further supported by a robust and applicable assessment strategy.

There remains a reliance on the Higher Education Programme Leader, who undertakes the first round of marking, before student work is sent for second-marking and moderation. As previously stated, the panel noted that blind marking has been introduced, however this needs further improvement.

Following the second visit, the panel were unclear what role the Open University has and how they review the level of assessment or are assured that assessments are being taught at an appropriate level. The Open University has validated this programme as a Level 5 but the panel were not assured that all of the questions set as part of the assessment would meet that Level 5 standard.

The Open University should take critical action as the awarding organisation to address this.

**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 were pleased to see evidence of students receiving feedback from other members of the dental team and patients themselves the form of the case study work that is undertaken. The panel agreed that this is an excellent way for students to gather a diverse range of feedback into their work and that supports that patient safety and care remains at the forefront of their work, despite the limited patient contact.

The panel noted that that both staff and students report being able to have open and honest conversation that keeps feedback in the moment and encourages learning and reflection. This was also reported by the workplace supervisors, who appeared motivated and enthusiastic.

Additionally, the External Examiner provides feedback on the quality of the assessment decisions, and this is well documented and integrated.

**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)**

At the first visit, the panel observed that the College provides regular feedback, and the panel could see that students are encouraged to self-reflect on their practice; however, this was on a very informal and conversational basis. The College have since taken steps to improve this, and feedback is now recorded on the ProMonitor system and can be seen and used to inform student progression.

The Portfolio Logbook that is in use is designed to capture self-written reflection with the tutor following this up with formal written feedback tutors then give a band grade for the item along with some formal written feedback for both formative and summative coursework.

The College has improved its teaching that underpins the knowledge skills and importance of reflection. In order to fully meet this requirement, the panel were satisfied that the use of ProMonitor demonstrates that feedback is given consistently and ensures that informal verbal feedback can still be captured and used to monitor student progression.

The student portfolio remains a paper based document; it would support better remote learning if this were digitalised.

**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 Partly Met)**

The College was informed that all team members hold appropriate qualifications and professional body registration as required for the areas being taught. Additionally, that all team members are experienced educators and hold the appropriate teaching qualification. Whilst evidence was provided prior to the inspection being carried out, the support technician that assisted with the internal assessment and countermarking, is yet to complete the required qualification.

The panel were provided with evidence that the Health Education Programme Leader for Dental Technology had completed training in Equality and Diversity, and there has been

improvement in this training being completed by the whole staffing team, and that this had been embedded as standard annual training.

However, the panel were unable to identify any specific training in assessment for the any of the staff. As assessment is undertaken by all staff involved in the teaching aspect of the programme and assessment makes up a significant proportion of the work that they do, to fully meet this requirement, the College must ensure and be able to evidence that all staff undertaking assessment work have undertaken the relevant training and holds the required qualification.

**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 Partly Met*)**

The External Examiner report format is set by The Open University and asks the External Examiner to report upon the several areas that includes the range of material and information used, standards, the quality of work produced and how this is linked to teaching, the curriculum and learning resources. The panel were advised that the focus of the report is on quality, and each report results in an action plan being developed. The actions that are raised are overseen by the Higher Education Programme Leader for Dental Technology. The HE External Examiner Policy indicates that these reports are reviewed by the College Quality Assurance Team, with ultimate sign off by the Deputy Vice Principal.

The panel saw that the Annual Monitoring Report 2018 identified actions from the External Examiner Report and that these have been discussed, although was unable to identify a formal record of these actions and the outcomes.

Whilst the panel were able to see evidence of a process being used, it was a concern that the lower standard in some of the exam questions was not being identified. The Open University should take steps to address this to avoid risk to the programme.

**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 College reports that summative assessments are written and are reviewed using an internal verification system where by another GDC registrant reviews the planned assessment before it is used. Planned assessments are also sent to the External Examiner for review. The College outlines the process for the assessment criteria within their portfolios. As outlined under Requirement 20, it was a concern that the lower standard in some of the exam questions was not being identified. The Open University should take steps to address this to avoid risk to the programme.

The College utilises a numerical marking criteria only. The appeals process for this is communicated to students at induction and this information is contained with the student handbook.

The HE Policy on Assessment includes a robust assessment setting procedure that outlines what happens before an assessment, however the panel were not assured by any evidence that this was being undertaken.

The panel were able to see the systems that the College uses work but were unable to demonstrate the use of a standard setting process for summative assessment. As identified in the previous report, a standard setting process must be developed and put in place to be fully compliant with this requirement.

## Summary of Action

Req. number	Action	Observations & response from Provider	Due date
5	It is recommended that the College gain additional oversight of the Equality and Diversity Training, in order to be able to fully meet this requirement.	<p>Equality and Diversity training is mandatory for all staff at the College. This is overseen by the College's HR department for assurance that training is current and meets current legislative requirements. The mandatory training was previously delivered through 'Smartlog' and this year is moving to 101 eLearning modules provided by Emerald and hosted on the College's own e-learning platform. This content is regularly reviewed by the training provider to ensure currency and links to relevant legislation. The modules are automatically linked to all staff, who are required undertake annual refresher training. The College's e-learning platform enables clear reporting of completion and HR monitor this to ensure compliance.</p> <p>The course team will also complete the Equality and Diversity Certificate (Level 2) in addition to the mandatory College training that all staff undertake annually.</p>	<p>April 2022.</p> <p>May 2022</p>
6	The College must develop a localised and programme specific student Fitness to Practise policy and reduce the amount of self-directed learning to improve identifiable student progression in this area.	<p>The College has already developed a new <i>HE Whistleblowing Procedures for Students on Placement</i> and <i>HE Fitness to Practise Policy</i> which were both included in the re-submission of evidence in April 2021 and discussed at the panel meeting in May 2021. These addressed the actions and recommendations from the first report.</p> <p>The revised <i>HE Fitness to Practise</i> policy includes the role and structure of committees and the kinds of issues that may result in being in front of a committee. However, the College can develop a separate version</p>	<p>April 2022</p> <p>April 2022</p>

		<p>of the policy for students on the Foundation Degree in Dental Technology specifically in response the report's recommendations.</p> <p>The Foundation Degree is due for revalidation with the Open University during the 21/22 academic year, for teaching from September 2023. As part of the revalidation the College will introduce a 'Professionalism' module in years 1 and 3 to ensure clear student development in this important area. GDC updates, guidance and professional requirements, such as the duty of candour, SFtP and whistleblowing will also continue to be included as student meeting agenda items.</p>	<p>Revalidation: February 2022</p> <p>First teaching: September 2022</p>
8	The College should not only further evidence how this is taught but also how they assess students understanding of fitness to practise.	<p>The College has developed and provided for review new policies as explained above.</p> <p>Student Fitness to practice will be taught in the first week during the induction process and the students already sign a legal agreement to confirm that they fully understand Student Fitness to Practice requirements, will abide by the expectations of the policy and are aware of consequences of noncompliance. To ensure that understanding of this is assessed, students will be asked to complete an informal in-class test and will be required to repeat this if it identifies any gaps in knowledge or understanding.</p> <p>The Foundation Degree is due for revalidation with the Open University during the 21/22 academic year, for teaching from September 2023. The College will look to introduce a 'Professionalism' unit in years 1 and 3 to ensure that Student Fitness to Practise will be a learning outcome in year 1.</p>	<p>April 2022.</p> <p>Revalidation: February 2022</p> <p>First teaching: September 2022</p>

		<p>Student Fitness to Practice will continue to be included as an agenda item at termly student meetings to reinforce and assess students' understanding.</p>	
9	<p>The Open University must work with the College to develop an effective, robust framework, that clearly details the quality management structure and ensures that any curricula changes remain aligned with the GDC's Learning Outcomes. Additionally, the College must draw up an assessment strategy document that outlines how they ensure that legitimate internal verification is carried out and demonstrate the use of the strategy.</p>	<p>The Open University and the City of Liverpool College are working closely together to ensure that the quality management structure is monitored for its effectiveness. This includes the Open University's oversight of the institutional and programme monitoring. There are three submission points during the academic year and the College is provided with feedback from a Senior Quality and Partnerships Manager at the Open University to ensure continual enhancement and improvement.</p> <p>Any changes made to the Foundation Degree must be formally agreed in consultation with the Open University before being implemented. The form the approval process differs according to the scale of the proposed changes but will include scrutiny of the programmes continued alignment with the GDC's learning outcomes where necessary. The Foundation Degree is due for revalidation with the Open University in 21/22 and the GDC can be invited to contribute to this process.</p> <p>An assessment strategy is in place for 2021-22 that clearly details the process and expectations for internal verification. A mapping document detailing where each GDC PfP learning outcome relates to each unit is in place.</p> <p>The Colleges IT portal Prosolution records the assessments linked to each GDC LO to each student's progress.</p>	<p>Ongoing.</p> <p>April 2022.</p>

10	The College must demonstrate clear lines of how the reports are fed into and support a quality management framework.	The College has developed implemented a new Quality Monitoring Process and a Structure and Lines of Communication document in response to the first report. These are currently under-review following a local re-structure of senior management. The recommendations of the GDC to include additional detail in relation to roles and responsibilities will be actioned in response to this.	April 2022.
11	The College must develop a thorough internal and external quality process, that is embedded within the programme. Additionally, they must demonstrate how feedback informs and influences programme development and improvement.	<p>A new External Examiner has been appointed and will review planned assessments to ensure proper scrutiny and that they are set at the correct level 4 and 5 for a Foundation Degree.</p> <p>The Dental Team have not taught the BTEC Program at level 3 since 2003. Since then the College have developed a Foundation Degree as a consortium with DeMonfort University and as a franchised course in partnership with Manchester Metropolitan University. Any questions used in assessment are based upon those used with Manchester Metropolitan University. There is not a bank of level 3 questions as this is not the assessment methodology used by BTEC Courses.</p> <p>The College has an HE Student Involvement Policy which outlines how student feedback develops and improves the programme. Students will be actively involved in the process of the revalidation of the Foundation Degree during the 21/22 academic year to ensure that their feedback has a demonstrable impact.</p>	<p>April 2022.</p> <p>Revalidation: February 2022</p>
12	The College should continue to improve the quality assurance of the workplaces the students are employed at, and that these workplaces meet the required standards to deliver effective patient care and be able to demonstrate that laboratories are	Workplaces are quality assured using the recommended form designed for Clinics by the HSEI which will record the MHRA registration number and record additional information such as DAMAS registration and professional body registration (DLA,	April 2022.

	compliant with these regulators is checked and this is evidenced and avoid a reliance on the fact that laboratories should be compliant in order to be legally operational.	<p>DTA, OTA etc). The form checks to confirm that that there is evidence of a Safety Statement to ensure compliance with the Health &amp; Safety at Work Act 1974, Risk Assessments have been completed (must include for members of the public), Emergency Plans (to include medical emergencies), details of Instruction, Information, Training and Supervision, Occupational Health and the Monitoring of Health &amp; Safety performance.</p> <p>The process of quality assurance of workplaces is undertaken by the Programme Leader who has specialist knowledge of the industry requirements. The College's Health and Safety Advisor will support with the oversight of checks to ensure they are current and compliant and that the College hold the relevant documentation.</p>	
13	The College and the Open University should seek additional suitably qualified staff to support the verification process.	The College has developed contingency plans for the small staff team and can draw on bank staff to minimise risk in this area. Contingencies relating to staffing are recorded in the College's risk register and Student Protection Plan. The College will consider drawing on staff with expertise in other related areas to support with the internal verification process.	April 2022.
16 and 20	The Open University should take critical action as the awarding organisation to address and assure the GDC that the standard setting of all the examination questions do meet the standard of a Level 5.	<p>This action will be addressed to ensure that the examination questions for the cohort of students in 21/22 academic year are of a suitable standard.</p> <p>A new External Examiner has been appointed and will review planned assessments to ensure proper scrutiny and that they are set at the correct level 4 and 5 for a Foundation Degree.</p>	<p>April 2022.</p> <p>Ongoing</p>

		The College meet regularly with the Open University to review their validated programmes. The standard setting of the examination process will be included in the actions for the College to address in institutional and programme monitoring that is overseen by the Open University. This includes review by a Senior Quality and Partnerships Manager at the Open University.	
19	The College must ensure and be able to evidence that all staff undertaking assessment work have undertaken the relevant training and hold the required qualification.	<p>All staff undertaking assessment are either qualified or presently undertaking teaching qualifications at level 5 or above. These are full professional qualifications for teaching in the sector and are a requirement for teaching staff at the College.</p> <p>All HE staff participate in annual assessment training and in-year CPD in areas relating to teaching, learning and assessment. This is logged through the College's e-CPD portal as evidence towards this standard.</p> <p>The programme leader has a level 7 qualification in Education and undergoes annual GDC assessment training associated with their role with as a 'DCP Registration Assessor' with the GDC since 2015.</p>	<p>One staff member due to complete CertEd in July 2022.</p> <p>April 2022.</p>
21	The College and Open University should devise a standard setting process for summative assessment.	<p>The College and Open University will work together to ensure that the summative assessment setting process is appropriate for the Foundation Degree. This will be monitored throughout the forthcoming academic year.</p> <p>Furthermore, the course is presently under review for revalidation. It is planned to move towards a more assignment-based assessment strategy to use a Level</p>	<p>Ongoing.</p> <p>Revalidation: February 2022</p>

		4/5 Generic marking criteria with contextualised assessment specific guidance (set for each score/ grade that links to assessment brief).	First teaching: September 2022
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## Observations from the provider on content of report

- Requirement 3: The second paragraph raises concerns about a small staffing team and possible absence. It then recommends a Health and Safety policy to address this. We think this means a Health and Safety policy to address the risk that staff absence could pose to the safe and appropriate environment, rather than staffing in general which we can look to address through other contingencies (e.g. with HR).
- Requirement 6 & Requirement 8: We provided the panel with the new *HE Fitness to Practise Policy* in the resubmission of evidence in April 2021. Requirement 8 in the report states there is no policy that outlines committee membership or specific issues that might be raised, however, these are included in the new policy that was submitted to the panel. We can still look to develop a GDC specific policy and undertake actions around assessing this as outlined in the report.
- Requirement 6: This section refers to self-directed learning, which we think may be a misunderstanding of our 'flipped learning' approach. Flipped learning enables students to acquire knowledge before the class and leaves time within the class to practice, discuss or apply concepts, which encourages deeper learning and engagement with a topic. The Scheme of Work for the programme indicates where each topic is covered by a lecture or seminar (that includes discussion and active student engagement) and links to additional flipped learning activities. We have still included responses to improve identifiable student progress in this area, in particular, through the re-validation of the programme.
- Requirement 6: The report states that the module that covers professionalism is only introduced in year three. However, Professionalism and the Role of the GDC and associated policy requirements are taught and assessed in year one as part of the module: DT1402 Introduction to Dental Technology. This is evidenced in the Module Specification and Scheme of Work. The College ensures that GDC updates, guidance and professional requirements such as the Duty of Candour are also included as Agenda items in student meetings.

- Requirement 6: The report states that there were specific lessons on the duty of candour but it was unclear where it was taught within the programme. This seems to be a contradictory point. Duty of candour is taught in module DT1402 session 2, and in module DT3506 sessions 17 and 18 (as indicated in the Scheme of Work). The report confirms that students are aware of the duty of candour (p.9).
- Requirement 11: The statement regarding the External Examiner's report implies that collusion has taken place and calls into question the professional standing and independence of the External Examiner in place at the time of the inspection. We do not support the statement and do not consider it to be supported by evidence supplied during the inspection.

The External Examiner the statement is referring to holds recognised professional roles in the field of dental technology and has been employed by the General Dental Council and active in a range of roles.

There is evidence of independent review of the FD Dental Technology in the documented assessment review that is detailed in External Examiner written reports, annual on-site visits to review student work to confirm 'Safe beginner' level and the Exam Board statements. Independent scrutiny is confirmed by the External Examiner Report for 2020-21 having identified 6 areas requiring actions and the 2019-20 Report having identified 7 areas requiring actions. The EE report for 2018-19 contained 5 action points.

- Requirement 11: The report states '*However, some of the assessment questions appear sourced from a question bank previously designed for a Level 3 Course with no evidence of their being elevated to meet the standards of a Level 5 Foundation Degree*'. There is not a bank of level 3 questions as this is not the assessment methodology used by registerable Level 3 BTEC courses, which use assignments not time constrained examinations. The Dental Team have not taught the Level 3 BTEC programme since 2003. Since then, the College has developed a Foundation Degree as a consortium with DeMonfort University and as a franchised course in partnership with Manchester Metropolitan University. Any questions used in assessment will have been informed by those used in partnership with Manchester Metropolitan University where they were set at Levels 4 and 5.

Evidence can be seen from External Examiner assessment review documents that confirm in detail the suitability of all assessments before they are used. Internal Verification of Assignment Briefs documents have a section for suggested amendments from the External Examiner, as an example the Level 4 DT1401 Dental Anatomy & Physiology Summative Final Exam covering ILO 234, IV Document contains 6 proposed actions from the EE and records how the centre has implemented these in the following section of the document.

- Requirement 16 & Requirement 20: the following statement is made '*The Open University should take critical action as the awarding organisation to address and assure the GDC that the standard setting of all the examination questions do meet the standard of a Level 5.*'

Requirements for Foundation degrees are set at Levels 4 and 5 as such it would not be appropriate for the FD Dental Technology to have all assessments at level 5 only, some assessments will meet Level 4 standard for the relevant stage of the course.

- Requirement 20: In relation to the Annual Monitoring Report 2018, the section states that actions from the External Examiner report have been discussed but the panel was 'unable to identify a formal record of these actions and the outcomes. This is because actions and outcomes will have been recorded in the following year's AMR.

## Recommendations to the GDC

<b>Education associates' recommendation</b>	Qualification is be approved holders to apply for registration as a Dental Technician with the General Dental Council.
<b>Date of reinspection</b>	The inspection process will now be taken with the awarding organisation, Open University and will commence in April 2022.

# Annex 1

## Inspection purpose and process

1. As part of its duty to protect patients and promote high standards within the professions it regulates, the General Dental Council (GDC) quality assures the education and training of student dentists and dental care professionals (DCPs) at institutions whose qualifications enable the holder to apply for registration with the GDC. It also quality assures new qualifications where it is intended that the qualification will lead to registration. The aim of this quality assurance activity is to ensure that institutions produce a new registrant who has demonstrated, on graduation, that they have met the learning outcomes required for registration with the GDC. This ensures that students who obtain a qualification leading to registration are fit to practise at the level of a safe beginner.

2. Inspections are a key element of the GDC's quality assurance activity. They enable a recommendation to be made to the Council of the GDC regarding the 'sufficiency' of the programme for registration as a dentist and 'approval' of the programme for registration as a dental care professional. The GDC's powers are derived under Part II, Section 9 of the Dentists Act 1984 (as amended).

3. The GDC document 'Standards for Education' 2nd edition<sup>1</sup> is the framework used to evaluate qualifications. There are 21 Requirements in three distinct Standards, against which each qualification is assessed.

4. The education provider is requested to undertake a self-evaluation of the programme against the individual Requirements under the Standards for Education. This involves stating whether each Requirement is 'met', 'partly met' or 'not met' and to provide evidence in support of their evaluation. The inspection panel examines this evidence, may request further documentary evidence and gathers further evidence from discussions with staff and students. The panel will reach a decision on each Requirement, using the following descriptors:

A Requirement is met if:

"There is sufficient appropriate evidence derived from the inspection process. This evidence provides the 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."

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.