

**Inspection Report Addendum: Progress Monitoring February 2024**

Programme provider:	King's College London
Programme:	Dental Therapy & Hygiene BSc
Education Quality Assurance (EQA) Lead:	Martin McElvanna
Education Associates (EAs):	Not applicable
Date of review:	7 May 2024

**Summary**

Following the new programme inspection of the Dental Therapy & Hygiene BSc programme (“DTH”) in 2023, King’s College London (“King’s”) was given six Actions relating to seven Requirements to address within a specified timeframe. Progress Monitoring has been undertaken by the EQA team to review what improvements have been made and to ensure that the Actions outlined in the report have been appropriately addressed.

In April 2024, King’s College London provided an update and supporting evidence regarding progress against the six Actions identified in the inspection report from 2023. The information was reviewed by the Education Quality Assurance team and it was determined that Education Associates were not required. Six Actions have been addressed relating to seven Requirements which are now considered to be Met.

Action Number	Requirement	Progress	Requirement status
1) The College should provide confirmation that the staff concerned have completed the mandatory training that was due by the July 2023 appraisal.	5;19	King’s explained that staff monitoring has continued following the July 2203 Appraisals.  Mandatory training is monitored through King’s Leap Platform where RAG reports are run for each termly DTH Local Risk and Governance meeting. We has sight of the agenda and minutes for these.	Met

		<p>King's also explained that they use a Staff Registration and Training record which is monitored every August and includes updates of GDC registration and indemnity. The training record showed that all staff training is up to date or due with dates mostly confirmed.</p> <p>We reviewed the submitted Staff Registration and Training record, DTH Leap RAG Report and Risk and Governance Meeting agendas and minutes.</p> <p>We consider that Requirements 5 and 19 are now Met.</p>	
2) King's should provide more detailed records of the teaching qualifications and HEA status of the academic and clinical staff.	5;19	<p>King's explained that the Staff Registration and Training record is reviewed every August to ensure all DTH staff members remain on the GDC register with appropriate indemnity cover. This record also includes the status of each staff members' Higher Education training and FHEA status. The status of FHEA is reviewed during yearly appraisals and where appropriate staff are recommended for the King's Learning and Teaching Programme where they can obtain FHEA status.</p> <p>We reviewed the submitted Staff Registration and Training record, DTH Leap RAG Report and Risk and Governance Meeting agendas and minutes.</p> <p>We consider that Requirements 5 and 19 are now Met.</p>	Met
3) The College should provide an update on strengthening the patient feedback process to meaningfully inform programme development.	11	<p>King's have been investigating ways to strengthen the feedback process so that feedback can meaningfully inform programme development. The information team (iTEL) is currently in the process of redeveloping the STOCAP forms which are completed after every patient encounter. This will enable patient feedback forms to form part of students' continuous formative assessment.</p>	Met

		<p>The final proposal will shortly be reviewed at the 'Quality Assurance &amp; Quality Enhancement' (QAQE) Committee for approval following trialling by the iTEL team. The feedback will also be reported at the QAQE Committee which will highlight any feedback that requires changes be made to the DTH programme.</p> <p>Patient feedback will continue to be monitored as part of personal tutor meetings and at termly progress meetings. The feedback will continue to be shared and discussed at DTH Clinical Governance Committee meetings.</p> <p>King's indicated that they are still in the early planning phase of the patient forum development and will continue to update this project recognising that this may feed into the new GDC Safe Practitioner Framework.</p> <p>We consider that Requirement 11 is now Met.</p>	
<p>4) The College should ensure that more detailed evidence of reporting and monitoring across the learning outcomes is presented during future inspections and monitoring. Decision-making should be more transparent during the sign-up and sign-off board meetings to clearly demonstrate not only the acquisition of, but also the maintenance of students' skill, competence and experience throughout the programme.</p>	<p>13-15</p>	<p>King's explained that the DTH Clinical Competence monitoring spreadsheet now includes more detail such as the type of material, local anaesthetic and radiographs. This data is presented at termly Progress Meetings and is used to inform the decisions made at 'sign up' and 'sign off'.</p> <p>Following the DTH Year 3 termly Progress Meeting, all students receive a Progress Action Plan which outlines areas for development and additional experience that is required, before they can be signed up to finals exams and signed off.</p> <p>Several processes assist in the continuous monitoring of student progression. Those criteria that are 'not met' are identified at chairside remediation, personal tutor meetings, reflective practice reviews, meetings with Module Leads and Progress Committee meetings.</p>	<p>Met</p>

		<p>Regarding professionalism, any criteria that is 'not met' is flagged to the relevant personal tutor and a meeting is arranged. This is followed up at termly Progress Meetings.</p> <p>We had sight of the clinical competence monitoring spreadsheet, a Progress Action Plan and some DTH3 Progress Committee Meeting Agendas and Minutes.</p> <p>We consider that Requirements 13, 14 and 15 are now Met.</p>	
5) The College should consider how to ensure that the range of clinical experience across the cohort is more equitable.	15	<p>King's explained that patient allocation lead and clinical module leads frequently access the clinical competence monitoring spreadsheet throughout the term. This ensures that discrepancies with types of patients being allocated to students is equitable across the cohort.</p> <p>During Term 3 of year 3, a review of patients is conducted and if required, patients can be re-allocated to other students who have outstanding clinical and competency requirements.</p> <p>At any point students can also flag shortfalls in their experience. Students continue to be rotated out into the community dental service, GA extraction clinics and other specialities within the hospital.</p> <p>We consider that that Requirement 15 is now Met.</p>	Met
6) The College should provide an update on the development of MCQ, for example, the expansion of bank questions	16	<p>King's provided several updates regarding the development of MCQ.</p> <p>They continue to aim to increase the number of questions in each module question bank by 25% each year, so that each bank has at least three times as many items than are needed for each year.</p> <p>The development of MCQ is a standing agenda item at termly</p>	Met

		<p>Assessment Committee meetings. We saw Assessment Committee Minutes from January and March 2024 illustrating this.</p> <p>For the May 2024 sitting, 140 new items have been written for a 120 question item paper. In addition 26 new items have been written for the May 2025 sitting and are currently being quality assured by the Faculty's 'Assessment Working Group'. We saw a template MCQ Submission form for the AWG.</p> <p>Question items are reviewed for relevance and difficulty and to ensure the questions are contemporaneous. This may result in the removal of some bank question items. Additionally, post-examination analysis is carried out to help identify problematic items. These items are then reviewed by the DTH panel to ensure the answer keys are correct and to improve question item quality.</p> <p>King's explained that the MCQ will be mapped against the new GDC 'Safe Practitioner' framework.</p> <p>We consider that Requirement 16 is now Met.</p>	
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