

INSPECTION REPORT

Education Provider / Awarding Body:	University of Portsmouth
Programme / Award / Qualification:	BSc (Hons) Dental Hygiene and Dental Therapy
Remit and Purpose:	Full inspection referencing the <i>Standards for Education</i> to determine the continuing sufficiency of the award for the purpose of registration with the GDC as a dental hygienist and/or dental therapist
Learning Outcomes:	Preparing for Practice
Programme Inspection Dates:	4 and 5 March 2015
Examination Inspection Dates:	18 – 20 May 2015 Examination Board Meeting: 1 July 2015
Inspection Panel:	Cindy Mackie (Chair and Lay Member) Isobel Madden (Dentist Member) Christine Cotton (DCP Member)
GDC Staff:	Krutika Patel
Outcome:	Recommended that the University of Portsmouth BSc (Hons) Dental Hygiene and Dental Therapy programme remains approved for registration as a dental hygienist and dental therapist

Inspection summary

Following an inspection of the BSc (Hons) in Dental Hygiene and Dental Therapy awarded by the University of Portsmouth, the panel was impressed by the strong programme leadership, coupled with good staff teamwork and co-operation and succession planning, which the panel felt created both a positive learning environment and provided plenty of learning opportunities for the students.

The panel identified a number of strengths which included the regular Tuesday morning meetings that were held in the University of Portsmouth Dental Academy (UPDA) during term time. In clinics, the dental hygiene therapy students are grouped with dental students from Kings College London, and student dental nurses who are undertaking the dental nursing qualification at the University. These Tuesday meetings help to reinforce team working and allow the students to understand the contribution that each dental profession makes to patient care. The use of Fitness to Practise case studies during meetings as discussion and learning tools, was seen by the panel to be particularly beneficial. From speaking with students during the programme inspection, it was clear they valued debating and discussing issues with their colleagues, and found it helpful to analyse and assess various topics from different points of view.

The panel also noted that students in the first year of this programme were able to work with other student healthcare professionals within the Faculty of Science, with the aim of completing the NHS Statutory and Mandatory training programme. Topics covered during this programme include conflict resolution, equality and diversity, fire safety, infection control, manual handling, resuscitation and safeguarding.

In addition, the facilities at UPDA were excellent and a relatively unchanging programme staff ensured that students received consistent academic and pastoral support, and always knew from whom to seek assistance and advice from. Furthermore students in the second and final year of the programme felt they benefitted from having exposure to different types of patients across gender, age, ethnicity and disability including those in drug rehabilitation.

For staff, the School holds a number of CPD events throughout the academic year. Mentors in the outplacements are provided with specific training days to prepare them for supervising students in their practices. During the inspection process, the panel was given evidence showing a mentor raising an issue about the conduct of a student, and this reassured the panel that patient safety was maintained when students are carrying out clinical practice outside the confines of the UPDA.

The inspectors were also pleased to see evidence of the programme developing, with multiple mini interviews (MMIs) being introduced for the forthcoming academic year, which enables programme staff to witness how potential students would behave in a clinical situation. The MMIs will further address NHS values and skills also. Another innovation was a 'Dental Bus' that travelled round the area with dental students, trying to encourage people who would not normally consider any form of dental care, to visit the UPDA and students visiting community organisations as part of their Special Study Unit.

Areas that were noted as requiring further development by the panel was the teaching given to students in relation to equality and diversity. Some students were not confident in their knowledge relating to Equality legislation and also indicated an interest in developing their

knowledge before placement, for example on aspects such as disability impacting on older persons. They felt this would enhance their patient engagement.

In respect of the programme staff, the panel acknowledged that the tutors on the programme had the necessary academic experience. As there may in the future, be an identifiable period where some newly recruited staff may be undertaking the necessary teaching qualification, the inspection panel believe it is necessary to ensure programme delivery is varied without a major reliance on a didactic method of delivery. The inspection panel would encourage mentoring of those staff members in this regard.

The School had clear policies and protocols in place to deal with most eventualities, and on the whole most of these appeared to be being followed as demonstrated by the documentation presented during the inspection. However, from reviewing this information, the panel did come across a critical incident form not being completed fully and felt perhaps the School may benefit from auditing such documents at set intervals throughout the year, to ensure documents are being completed properly and staff are complying with the processes in place.

Student logbooks were available for scrutiny too, and it was noticed that there were marked differences between some of the students' reflective entries, which could be improved by further teaching and feedback at timely intervals. Reflection is considered an important professional tool and would benefit from more oversight at this point.

The panel wishes to thank staff, students and external stakeholders involved with the BSc (Hons) in Dental Hygiene and Dental Therapy, for their co-operation and assistance with the inspection.

Inspection process and purpose of Inspection

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 and new qualifications where it is intended that the qualification will lead to registration.
2. The aim of this quality assurance activity is to ensure that these institutions produce a new registrant who has demonstrated, on graduation, that he or she has met the outcomes required for registration with the GDC. This is to ensure that students who obtain a qualification leading to registration are fit to practise at the level of a safe beginner.
3. The inspection focuses on four Standards, with a total of 29 underlying Requirements. These are contained in the document *Standards for Education*.
4. The purpose of this inspection was to make a recommendation to the GDC determine whether the programme should be approved as a route for registration as a dental hygienist and/or dental therapist. The GDC's powers are derived under the Dentists Act 1984 (as amended) under The General Dental Council (Professions Complementary to Dentistry) (Qualifications and Supervision of Dental Work) [DCP] Rules Order of Council 2006.

5. Inspection reports may 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 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, the report and observations would be presented to the Council of the GDC for consideration.

The Inspection

7. The report sets out the findings of an inspection of the University of Portsmouth BSc (Hons) Dental Hygiene and Dental Therapy. The GDC *Standards for Education* (version 1.0 November 2012) was used as a framework for the inspection.
8. The inspection comprised three visits. The first, referred to as the programme inspection, was carried out 4 and 5 March 2015. This involved a series of meetings with programme staff involved in the management, delivery and assessment of the programme, and all the current students. The second part of the inspection took place on 18, 19 and 20 May 2015, and involved an observation of elements of the final examinations. The final part of the inspection took place on 1 July, where the panel observed the exam board meeting
9. The report contains the findings of the inspection panel with consideration to both supporting documentation prepared by the programme leads, as well as meetings with staff and key stakeholders, to evidence how the individual Requirements under the Standards for Education have been met.

Overview of Qualification

10. The three-year full time BSc (Hons) in Dental Hygiene and Dental Therapy has been running since 2004, with an annual intake of students numbering twenty four. To be eligible to undertake the course, potential students must have 300 points from 3 A levels or equivalent, including 100 points in a pure science subject.
11. In each year of the programme, students are required to study five core units, covering subject areas including: Foundations of Clinical Practice; Introduction to Human Sciences; Dental Radiography and Dental Imaging; Professional Development and Team Work; Clinical Practice in the Wider Community; Management and Leadership for DCP Practice; and Oral Surgery and Oral Medicine.

12. In the second and third year of the programme, students spend up to two days per week in the University of Portsmouth Dental Academy (UPDA), working alongside dental undergraduates whom are undertaking the BDS programme at Kings College London.
13. In their final year, students working in pairs, spend two full days at each of the seven practice locations the University has links with. All practice locations are community dental service providers, and this means that students have exposure to a more diverse range of patients than attend the UPDA, such as patients with learning disabilities, physical disabilities and dental phobia. At these practices, students are supervised by a registered dental hygienist therapist at all times, who acts as a mentor and provides feedback to the student on their performance. Before working in practice, students are assessed by the programme tutors to ensure they have the necessary skill, knowledge and competence to treat patients at these outplacements.
14. Students in their third year also spend half a day at Poswillow, which is a general anaesthetic (GA) clinic which specialises in tooth extractions for children. At Poswillow, students carry out extractions of primary teeth under the supervision of the clinician who is also a tutor at the UPDA.
15. Students are taught through a combination of lectures, seminars and practical laboratory work, and all supporting material is available on the University's e-learning platform 'Moodle'. In terms of assessment, students are expected to complete coursework throughout the programme and there are final summative assessments at the end of each year, to determine whether the student is able to progress through the programme.

Evaluation of Qualification against the *Standards for Education*

16. The provider was requested to undertake a self-evaluation of the programme against the individual Requirements under the *Standards for Education*. This involved stating whether each Requirement is met, partly met or not met and to provide evidence in support of their evaluation. The inspection panel examined this evidence, requested further documentary evidence and gathered further evidence from discussions with staff and students.
17. The inspection panel used the following descriptors to reach a decision on the extent to which the University of Portsmouth meets each Requirement:

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.

Standard 1 – Protecting patients

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

Requirements	Met	Partly met	Not met
1. Students will provide patient care only when they have demonstrated adequate knowledge and skills. For clinical procedures, the student should be assessed as competent in the relevant skills at the levels required in the pre-clinical environments prior to treating patients	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Patients must be made aware that they are being treated by students and give consent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Students will only provide patient care in an environment which is safe and appropriate. The provider must comply with relevant legislation and requirements regarding patient care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. When providing patient care and services, students are to be supervised appropriately according to the activity and the student's stage of development.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Supervisors must be appropriately qualified and trained. Clinical supervisors must have appropriate general or specialist registration with a regulatory body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Students and those involved in the delivery of education and training must be encouraged to raise concerns if they identify any risks to patient safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Should a patient safety issue arise, appropriate action must be taken by the provider	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Providers must have a student fitness to practise policy and apply as required. The content and significance of the student fitness to practise procedures must be conveyed to students and aligned to GDC student fitness to practise guidance. Staff involved in the delivery of the programme should be familiar with the GDC Student Fitness to Practise Guidance.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GDC comments			
<p>Requirement 1: Students will 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 (<i>Requirement Met</i>)</p> <p>The programme leads informed the panel that students are issued with a 'Passport to Practice', which demonstrates they have the adequate knowledge and skills and are capable to treat patients. This Passport is issued to all first year students once they have completed a period of pre-clinical training which is compulsory, following a threshold examination which must be passed. Students must also have occupational health clearance before any patient contact. Furthermore, students are required to complete a 'Decontamination logbook' to</p>			

confirm their understanding and knowledge in this area. Second and third year students are provided with refresher sessions, including time on phantom heads on their return from holidays, prior to treating patients again.

In addition, to be assured that students are competent to provide treatment to patients, the School holds 'Personal Tutorial System Individual Reviews' for every student in the December/January for each of the three years, during each of the three academic years. The aim of this particular review is to monitor and discuss the student's academic and clinical progress, as well as their engagement across all the units. Students that are identified as struggling and the additional support that they require, are discussed during the monthly Student Support Committee (SSCOM) meetings.

The panel was presented with a number of documents during the programme inspection to demonstrate how the School makes certain students can begin to carry out supervised clinical work on patients. This included module handbooks, which set out the method of teaching delivery; aims; learning outcomes; syllabus; assessment strategy and a reading list.

The panel also reviewed a number of the students' clinical portfolios, which included reflection pages for the students to comment on the strengths and weaknesses of their behaviour/performance, and meant that programme tutors could recognise students in difficulty and arrange additional support in the required areas, thus again making sure that students were prepared for patient contact.

The panel noted that the School had a comprehensive list of clinical policies governing patient care and interaction, which all students are required to read and confirm their understanding, by signing a declaration. The School keeps a record of which students have read which policies. The panel was concerned that students may sign declarations without actually reading the policies, but was reassured when the programme leads stated that all policies were held on Moodle, which can also monitor how long students spend reading each policy. Students also confirmed this approach during discussions. Understanding of some of the policies is assessed during the course of the programme.

Requirement 2: Patients must be made aware that they are being treated by students and give consent (*Requirement Met*)

The University of Portsmouth Dental Academy (UPDA) have produced patient specific guidance entitled 'A guide to patient consent', which covers the issue of 'informed consent'. In addition, patients are required to sign a consent form prior to treatment commencing, which includes information about being treated by students.

To ensure all patients understand who will be treating them, the UPDA can arrange interpreters for those patients who are deaf/hard of hearing or those patients who are unable to understand English. Information on these services is available in the reception area of the Dental Academy in a number of different languages, including Urdu and Polish. The inspection panel noted the reception team was well resourced and demonstrated a welcoming approach to patients in attendance.

On a tour of the clinical facilities which took place during the programme inspection, the panel noted that all staff and students were wearing colour coded uniforms, relating to their role in

the dental team. All staff and students also wore name badges, denoting their name and role in the dental team.

Requirement 3: Students will only provide patient care in an environment which is safe and appropriate. The provider must comply with relevant legislation and requirements regarding patient care (*Requirement Met*)

The UPDA has undergone and passed a Care Quality Commission (CQC) inspection, meaning that the actual premises and equipment were clean, suitable, used properly and secured when appropriate.

The panel was provided with evidence in the form of a number of policies, which have been implemented to ensure patient safety including Occupational Health, First Aid, Infection Control and Decontamination. Most of the policies governing safety in the clinical environment are reviewed at least every six months, or sometimes sooner if there are legislative changes that need to be implemented urgently.

All staff members working at UPDA are required to provide evidence of indemnity and undergo the relevant vetting and barring checks. In addition, all staff training records are reviewed quarterly to ensure staff are up to date with training relating to fire safety and CPR.

In terms of the seven outreach placements, all have a contract in place with the UPDA. The University's Faculty Placement Office is responsible for quality assuring the placements to ensure that each one remains fit for purpose. The audit process includes looking at the nature of service delivery; people resources; the environment and the types of and numbers of patients expected.

The panel was also provided with a copy of the 'Placement Handbook for Staff' which is due to be implemented from September 2015, which sets out in detail the health and safety, and student monitoring process that the mentors are expected to adhere to. Furthermore the new handbook provides guidance on incident reporting on how to report student misconduct.

Requirement 4: When providing patient care and services, students are to be supervised appropriately according to the activity and the student's stage of development (*Requirement Met*)

At UPDA, students are supervised by GDC registered dentists and DCP tutors, during clinical sessions on a ratio of 6:1. The panel observed that the layout of UPDA, means that tutors are able to move freely between treatment bays to observe all students, and therefore it would be noticed immediately if a student got into difficulty. All students are allocated a registered dental nurse who will seek assistance from dentist or DCP tutors, if they feel the student requires additional support.

At their outreach placements, students attend in pairs and are supervised by a registered dentist or dental hygienist therapist, who will provide feedback on their performance. This process was confirmed by two mentors who met with the panel during the programme inspection.

Requirement 5: Supervisors must be appropriately qualified and trained. Clinical supervisors must have appropriate general or specialist registration with a regulatory body (*Requirement Met*)

The inspectors were provided with a UPDA organogram, which was checked against the GDC register showing all teaching staff on the programme are GDC registered.

Mentors at the outreach placements do not have specific teaching qualifications but as a pre-requisite to being selected as a mentor, they must have been practising for at least a year as a dental hygienist therapist. To support the mentors, the University organises a number of training events, where all the relevant policies are supplied and explained, to enable the students to be treated and managed in the same manner they would be at UPDA.

During the meeting with the mentors, the inspectors were informed that the mentors felt completely supported by the programme staff, were able to contact the programme leads at any time with any issues regarding the student and felt the information supplied during the training events was all relevant and very helpful in enabling them to fulfil their role as mentor. The inspectors noted a new placement advisor is now in place also, and progressing further liaison with those involved.

Requirement 6: Students and those involved in the delivery of education and training must be encouraged to raise concerns if they identify any risks to patient safety
(Requirement Met)

The topic of raising concerns is covered under the 'Professional Personal Development Unit' and 'Advanced Behavioural Science Unit'. Following completion of these units, students will be able to 'identify their own responsibilities and processes to raise concerns about their own and others health, behaviour, and professional performance', and 'assess the care and management strategies necessary to support the provision of dental care to a diverse population'.

Among the aims of the SSCOM, as set out in the staff guidance (August 2012), is to communicate specific student concerns and provide evidence for potential fitness to practise cases. This committee meets monthly and anyone involved with students is able to raise a concern by completing a 'Student Support Request Form', which is in-turn discussed by SSCOM and a course of action agreed.

For students, the University have guidance entitled 'Student Support – Raising Concerns', which is separated into clinical; critical incident; academic learning; professional behaviour; and health and disability. This guidance also sets out examples of what constitutes lapses in professional code of practice, and what a student must do following such a lapse or incident.

Again, all the relevant policies are available on Moodle and students are expected to have read these policies and be aware of their responsibility to raise a concern if patient safety is at risk. The weekly Tuesday morning meetings held between tutors and all dental and dental care professional students, are also an opportunity to discuss issues such as raising concerns and patient safety. In particular, students found the case studies used to demonstrate how the policies operate in practical terms very helpful in increasing their understanding.

In respect of the outplacements, guidance is provided during the training days and mentors are able to contact the programme leads if there are any issues. From the two mentors the panel spoke to, it was clear that students were supervised closely and any concerns they had about student performance would be reported back to the School, with a possible outcome being the

student having to leave the placement, undertaking potential remedial study and clinical practice, before being allowed to practice again in outplacements.

Although the mentors meet with the students prior to the placements beginning, they felt it would be helpful to have a checklist/student profile, to ascertain the competency level and knowledge base of the student, so that patients and support could be allocated accordingly.

Requirement 7: Should a patient safety issue arise, appropriate action must be taken by the provider (*Requirement Met*)

As stated under Requirement 6, concerns are raised directly and discussed at the monthly SSCOM. However, the programme leads informed the panel that any serious issue would be dealt with immediately and would not be put on hold until the next SSCOM.

In addition, the School provided the panel with their Incident Database (from 2005 onwards) which included the type and description of incident; date occurred; who was involved; the impact of the incident and the subsequent action taken. Where there was a patient safety risk, the panel was able to see students were given additional training; processes were amended or the equipment was changed, to ensure that particular incident did not occur again.

The School also holds risk registers covering academic; building; health and safety; business; clinical and guest/visitor categories. These registers also list what actions have been taken to mitigate the risk in question; timescales of when these actions should be completed and risk priority.

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 (FtP) Guidance (*Requirement Met*)

The University has in place a 'Code of Student Behaviour', which outlines acceptable behaviour for students. The University ensures this policy is being followed, via the Academic Registry, which is responsible for recording all incidents. The Academic Registrar or their representative, is present at every major misconduct panel to ensure that this policy is being followed.

The panel was provided with the 'Fitness to Practise' procedures, which set out what University staff should do if they have concerns about a student's clinical performance. Examples of action that could be taken include monitoring the student or providing remedial training, and if there are serious concerns, suspending the student from clinical activity.

Students practising at UPDA are required to read the 'Code of Professional Conduct and Fitness to Practise – University of Portsmouth Students'. When reading this document, students are advised to also read the GDC 'Standards for the Dental Team' and 'Student Fitness to Practise' guidance. The University guidance covers conduct relating to professional behaviour; behaviour towards others; appearance; learning; barriers to learning or professional practise; duty of care; duty to report; and confidentiality. Students must read this document every year of their programme and sign a declaration confirming they have read, understood and agree to abide by the code of professional conduct and fitness to practise.

Actions		
Req. Number	Actions for the provider	Due date (if applicable)
6	The programme leads where possible, should try to provide the outplacement mentors with a checklist/information about the student's competency level and knowledge, so that patients and support in outplacement can be allocated and arranged accordingly.	On-going - for the programme leads to develop.

Standard 2 – Quality evaluation and review of the programme
The provider must have in place effective policy and procedures for the monitoring and review of the programme

Requirements	Met	Partly met	Not met
9. The provider will have a framework in place that details how it manages the quality of the programme which includes making appropriate changes to ensure the curriculum continues to map across to the latest GDC outcomes and adapts to changing legislation and external guidance. There must be a clear statement about where responsibility lies for this function	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The provider will have systems in place to quality assure placements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Any problems identified through the operation of the quality management framework must be addressed as soon as possible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Should quality evaluation of the programme identify any serious threats to the students achieving learning outcomes through the programme, the GDC must be notified at the earliest possible opportunity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Programmes must be subject to rigorous internal and external quality assurance procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. External examiners must be utilised and must be familiar with the learning outcomes and their context. Providers should follow QAA guidelines on external examining where applicable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Providers must consider and, where appropriate, act upon concerns raised or formal reports on the quality of education and assessment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GDC comments

Requirement 9: The provider will have a framework in place that details how it manages the quality of the programme which includes making appropriate changes to ensure the curriculum continues to map across to the latest GDC outcomes and adapts to changing legislation and external guidance. There must be a clear statement about where responsibility lies for this function (*Requirement Met*)

In respect of this qualification, the UPDA Director works with the programme leads to ensure that academic standards and quality is monitored and maintained. The panel saw a copy of the Programming Monitoring and Review Policy, along with the Programme Review and Operational Handbook (v1, 2013). This handbook sets out which processes should be implemented and maintained to ensure academic standards are maintained. These include: external examiner appointment and reporting; annual monitoring of academic standards and quality; and periodic review. Mechanisms that should be implemented to aid these processes, are listed as including various reports regarding feedback from a variety of sources such as

external examiners and students; committees; and audit procedures. The handbook makes clear that responsibility for the quality of the programme primarily lies with the relevant head/s of department.

The University's Quality Assurance Committee signs off on the policies and processes within the handbook, once they have been deemed to be practical. The University's Quality Management Division (QMD) monitors the practical application of these processes and policies and also ensures the relevant mechanisms are in place, to allow for quality assurance of the various programmes that are offered.

The programme is also monitored by the Faculty of Science via the Annual Departmental Standards and Quality Review Process (ADSQER) which is in place to ensure the consistency of the awards, awarded by the University. Moreover, ADSQER is the forum to raise and discuss any potential changes that need to be made to programmes. The panel was informed that if urgent changes needed to be implemented, it was not necessary to wait for the next ADSQER meeting, and that changes could be made in the intervening period.

Another part of the quality management framework which helps to identify potential changes and assists in maintaining the quality of the programme, are the SSCOM meetings. Separate meetings are held for each of three academic years. Minutes of these meetings show agenda items including communication; programme structure; learning and teaching methods; assessment scheduling; issues on particular units; and practicalities such as IT and library facilities.

Again, any urgent issues can be raised with programme staff at any point throughout the year, students and staff do not need to wait for the next SSCOM to raise any concerns. An example of this concerns the difficulties students in years two and three had finding patients with specific dental needs at the UPDA. Patient recruitment is not an issue at the UPDA, but student access to patients is constrained by the time and supervision there is available for new patients to be examined, provided with a treatment plan and then recalled when necessary. Thus, a special meeting was convened between programme staff and students as to how this issue could be resolved.

Following discussions, new policy was adopted to ensure students were having access to a variety of patients. These measures included:

- Amending the discharge policy to ensure that patients who could not be treated any further were formally discharged allowing capacity for new patients to be seen.
- Creating a new patient leaflet which mapped against the guidelines recommended by the National Institute for Health and Care Excellence (NICE). The leaflet informed patients that it was not always necessary to have six monthly check-ups with a dentist, if oral health in general was stable. Again, this would create capacity for new patients to be seen.
- New patients being seen for a maximum of two years, or until they are dentally fit, before being discharged.
- The holding of weekly meetings to check student patient requirements, and cross referencing these with patient waiting lists.

- In addition, the reception staff at the UPDA now hold a short notice list, and will contact patients if there are any last minute cancellations. Staff are also working to decrease the time between patients being seen and then being booked in for treatment.

Both staff and students feel these measures are having a positive impact, and reported an increase in the number of patients available for students.

Mapping of the curriculum against the GDC learning outcomes, is the responsibility of the programme leads. Evidence to support this was being done was found in the individual unit handbooks which clearly list which learning outcomes will be achieved, and how these outcomes will be taught and assessed. The Programme Specification document also lists which units cover which specific learning outcomes. In addition, the inspectors were provided with a copy of the Periodic Review Plan (2012), which included actions relating to the monitoring of the new curriculum, including the scope and balance of formative and summative assessments following the publication of Preparing for Practice. This monitoring concluded in 2013 and clearly demonstrated the programme was mapped against these new learning outcomes.

**Requirement 10: The provider will have systems in place to quality assure placements
(Requirement Met)**

In the final year of the programme, students spend two full days at each of the seven practice locations the University has links with. All practices are community dental service providers, enabling the students to have exposure to a diverse base of patients including those with learning and physical disabilities, and dental phobia. Students are not assessed whilst in outplacement. They practice under the supervision of a GDC registered dental hygienist therapist, who mentors them and provides feedback and guidance.

The quality assurance and evaluation of outplacements is the responsibility of the UPDA Outreach Group and Faculty Placement Office. All placements undergo a bi-annual audit by one of the programme staff. From seeing examples of audits, the panel felt they were extremely thorough, covering all the necessary areas to ensure patient safety and a valuable learning environment for the student including:

- ensuring the mentor has the appropriate registration with a regulatory body
- nature of service delivery;
- physical resources – e.g. library area, library access;
- people resources – e.g. skill mix of practice staff, supervision arrangements;
- location – accessibility geographically as well as adaptations for those with physical disabilities;
- CQC inspection – evidence of when this took place and any outcomes;
- Delivery of care – what processes will be/are in place for patients to provide consent to be treated by students.

To formalise the arrangement between the University and the mentor, all mentors are required to read, agree and sign the UPDA Outreach Placement Agreement. By signing this agreement, mentors agree to provide the UPDA with their full address and contact details; give advance warning of any changes to clinical practice areas that will affect the outplacement; and details of all the policies implemented in the practice that may affect/apply to the student. In turn, the

UPDA agrees to provide: learning outcomes for placement settings; details of students attending; details of UPDA staff; and University policies that may impact on the outplacement.

As well as being able to contact the Faculty Placement Office or the programme leads for advice, mentors are able to refer to the University's Code of Practice for Work-based and Placement Learning (Oct 2010). The aim of this document is to ensure that students receive the necessary experience when in outplacement, as well as providing procedural guidance for the mentors, setting out their roles and responsibilities; and what training and support they can expect to receive. From September 2015 onwards, all mentors will be provided with a Placement Handbook for Staff, that consolidates the information provided to them on the training day and includes further detailed procedural guidance relating to health and safety; the monitoring of the student; reporting of incidents; and how to deal with misconduct issues.

Requirement 11: Any problems identified through the operation of the quality management framework must be addressed as soon as possible (*Requirement Met*)

As discussed under Requirement 9, the programme utilises a number of committees and UPDA processes, to maintain quality and ensure any problems that arise that could affect students from achieving the stated learning outcomes, are addressed expediently.

Evidence provided to the panel to demonstrate this included action points following ADSQER meetings. These set out how the programme was dealing with a possible shortfall in funding for library resources, and how the issue of encouraging student engagement with a particular unit that was not popular among the cohort, was being developed.

Another example showing the importance the programme places on ensuring students attain the necessary learning outcomes, was found in the Periodic Review Action Plan. Amongst the actions, was one which referred to the extent to which units demonstrate the achievement of the programme learning outcomes, as evidenced by each course's programme specific learning outcomes map. This action was being reviewed annually and this again assured the panel, that the quality management framework was fit for purpose.

In 2013, the programme was subject to a NHS Strategic Review. An action point resulting from this stated that the NHS constitution should be more explicit to students across the curriculum, and minutes from the Board of Studies meetings show this being addressed, with the curriculum being modified to incorporate further teaching relating to this area.

Requirement 12: Should quality evaluation of the programme identify any serious threats to the students achieving learning outcomes through the programme, the GDC must be notified at the earliest possible opportunity (*Requirement Met*)

The UPDA maintain a number of risk registers relating to academic risks; building and health and safety risks; business risks; clinical risks; and guests/visitor risks. All registers are reviewed regularly, with individual risks having specific review timeframes. The programme leads informed the panel that to date no risk has been identified as being serious enough to prevent student from achieving the learning outcomes. The panel concurred with this viewpoint, following its own assessment of the registers.

Requirement 13: Programmes must be subject to rigorous internal and external quality assurance procedures (*Requirement Met*)

As well as quality assurance being discussed at ADSQER and SSCOM, all dental programmes delivered by the University, are subject to an annual Standards Quality Evaluation Review, which is compiled by the Head of Department. The report discusses all aspects of quality assurance under the following headings: Standards (considers data provided by the external examiners); student profile (including recruitment statistics); student progress and achievement; student feedback; external examiner feedback; graduate employability; resources; working with others; and education strategy.

Under these headings, where applicable, there are action points and an update on action points from previous years. From reading the 2013/2014 report, the panel noted that only 6% of students across the Faculty had withdrawn from one of the programmes, and 25% of dental hygiene therapy students in the 2013/2014 cohort had achieved a 1st class honours degree. It was also stated that student satisfaction for this programme had dropped from 100% to 92%. However, the inspectors did not feel this was concerning, as the programme already had action plans in place to look into areas such as assessment processes of particular units, which were troubling the students.

External quality assurance of the programme is provided by the three external examiners. The panel was pleased to hear that the external examiners were very positive about the programme. The panel was also able to see that concerns raised in their reports were addressed, leading to changes to the assessment process for future cohorts.

Requirement 14: External examiners must be utilised and must be familiar with the learning outcomes and their context. Providers should follow QAA guidelines on external examining where applicable (*Requirement Met*)

The University has External Examiner Regulations and Procedures (September 2014), which clearly set out the role of the external examiner and explain how they are recruited and utilised at the institution, as well as information on the QAA guidelines and how they are applied at the University. External examiners have a formal contract with the University and are employed for a maximum of four years. For this programme, three external examiners have been appointed. During the final examinations, two of these three were examining, and the third external examiner was observing all the exams taking place to ensure fairness and consistency for the students by monitoring the grades being awarded for the case presentations. This approach appeared to be very beneficial, the inspection panel viewed a live assessment matter which was observed by the third oversight examiner, and this proved to be effective.

The external examiners confirmed they attended an induction day covering their role and responsibilities in relation to this programme, as well as being given training and access to Moodle, which contains information about each of the units including assessment methods and learning outcomes and other policies and procedures that would be relevant to their role. The external examiners also praised the support they received from the programme leads, and stated that they were kept informed of changes and developments via emails from the University's Academic Registry.

Requirement 15: Providers must consider and, where appropriate, act upon concerns raised or formal reports on the quality of education and assessment (*Requirement Met*)

The School states that concerns regarding the quality of education and framework are dealt with via the Academic Standard and Quality Group. As already discussed under the other

Requirements under this Standard, the panel was provided with a number of agendas, minutes and subsequent action plans from the supporting committees/groups which feed into this Group, clearly showing how all relevant issues would be logged, discussed, addressed and reviewed.

Actions

Req. Number	Actions for the provider	Due date (if applicable)
	None in relation to Standard 2	

Standard 3– Student assessment

Assessment must be reliable and valid. The choice of assessment method must be appropriate to demonstrate achievement of the GDC learning outcomes. Assessors must be fit to perform the assessment task

Requirements	Met	Partly met	Not met
16. To award the qualification, providers must be assured that students have demonstrated attainment across the full range of learning outcomes, at a level sufficient to indicate they are safe to begin practice. This assurance should be underpinned by a coherent approach to aggregation and triangulation, as well as the principles of assessment referred to in these standards.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. The provider will have in place management systems to plan, monitor and record the assessment of students throughout the programme against each of the learning outcomes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Assessment must involve a range of methods appropriate to the learning outcomes and these should be in line with current practice and routinely monitored, quality assured and developed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Students will have exposure to an appropriate breadth of patients/procedures and will 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. The provider should seek to improve student performance by encouraging reflection and by providing feedback ¹ .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Examiners/assessors must have appropriate skills, experience and training to undertake the task of assessment, appropriate general or specialist registration with a regulatory body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Assessment must be fair and undertaken against clear criteria. Standard setting must be employed for summative assessments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24. Where appropriate, patient/peer/customer feedback should contribute to the assessment process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Where possible, multiple samples of performance must be taken to ensure the validity and reliability of the assessment conclusion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ Reflective practice should not be part of the assessment process in a way that risks effective student use

26. 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



GDC comments

Requirement 16: To award the qualification, providers must be assured that students have demonstrated attainment across the full range of learning outcomes, at a level sufficient to indicate they are safe to begin practice. This assurance should be underpinned by a coherent approach to aggregation and triangulation, as well as the principles of assessment referred to in these standards (*Requirement Met*)

The programme is subject to the regulations set out in the University's Examination and Assessment Regulations (Sept 2014). This document covers the regulations in respect of coursework, examinations, marking and feedback, the function of the Board of Examiners and how to go about appealing a decision on marks. The panel felt the regulations encouraged a robust approach to assessment within the programme.

To progress through the programme, students must pass the summative assessments held at the end of the academic year. Results are considered by the University's Board of Examiners, who also decide which students should be awarded the BSc (hons) and who should be given the opportunity to re-sit any failed assessments.

As part of the inspection process, providers are asked to provide a mapping document explaining where each of the GDC learning outcomes is taught and assessed on the programme. This document assured the panel that upon completion of the programme, students would have indeed demonstrated attainment across the full range of learning outcomes and could be classed as 'safe beginners'.

Learning outcomes are also set out in each of the unit descriptors, which also contain information about the topics covered within that unit, aims for learning, and the assessment strategy and schedule. In terms of question setting, the panel was informed that assessment meetings take place involving staff to test the validity and robustness of potential questions. The programme leads are imminently beginning to look at standard setting, with a three-year bank worth of questions now available to analyse and determine what questions have performed well or poorly and require refinement. Currently the pass mark for academic coursework is 40% and for assessments which relate to clinical practice, it is 50%.

Another method used to be assured of student competence, skill and knowledge is the keeping of a clinical portfolio, detailing their progress in respect of their clinical work. The grading range starts at 1=dependent and progresses through to 5=independent. It is anticipated that students begin at 1 and as they near the end of the programme, all procedures are graded at 5. The portfolio also includes the opportunity for the student to reflect on their performance, and this has the additional benefit of signposting to the course tutors which students are in difficulty and require extra teaching and support. Portfolios are checked three times a year and students are expected to attain pre-determined threshold grades for each of the three years to be allowed to progress to the next stage.

The panel was in attendance to witness components of the final assessment which included three case presentations covering paediatrics, periodontology and restorative dentistry on an

adult patient. Students are assessed by two examiners for each of these presentations, with presentations also being recorded and the mark sheets being retained for quality assurance purposes.

The panel was content with the type and level of question being asked by the assessors, the consistency in marking and the complexity of the final case presentations, and along with the other assessments in the final year (e.g. portfolios, essays, reflective reports), had the view that the assessment process in place is sufficiently vigorous to ensure students would be safe to practice following graduation. The review of presentation cases occurred prior to each candidate beginning the examination, perhaps consideration could be given to a dedicated time prior to each examination session to enable examiners to review the cases without the strict time restriction of the examination schedule.

Requirement 17: The provider will have in place management systems to plan, monitor and record the assessment of students throughout the programme against each of the learning outcomes (*Requirement Met*)

The Programme Specification document for the programme states that in relation to assessments, the University aims to 'develop assessment that is engaging, promotes learning and enables continuous development. This requires the constructive alignment of learning outcomes, learning and teaching methods and the assessment strategy within each unit.' The task of meeting this aim is the responsibility of the unit coordinators and is signed off by the programme leads, who also have input into what assessments should be employed to assess particular learning outcomes, and what marking processes should be employed.

Once agreed, this information is translated into a Unit Assessment Map, which lists all the individual units against a list of assessments the students will be required to complete to pass that unit. The Map also sets out the percentage weighting of each assessment and the threshold pass marks. Correspondingly, Moodle holds an assessment schedule, along with the supporting teaching material.

The clinical work the students are required to complete throughout the programme, is recorded in their own individual clinical portfolios that are checked thoroughly once a term by one of the programme leads. This allows the programme staff to not only monitor students and ensure they are developing their clinical skills, but highlights any areas they are weak and needing additional teaching. Shortfalls in practical work can be made up at in the clinical skills laboratory and by specific patient allocation at the UPDA.

All assessment marks are centrally collated and recorded by the School Manager's office, and marks and grades are ratified by the Unit Assessment Board and Board of Examiners.

Requirement 18: Assessment must involve a range of methods appropriate to the learning outcomes and these should be in line with current practice and routinely monitored, quality assured and developed (*Requirement Met*)

As discussed under Requirement 17, the range of both summative and formative assessments chosen to assess the knowledge and skills of the students, falls primarily to the unit coordinators. The panel was provided with examples of assessments and was able to see the

variety of methods used to test students including on-line tests, coursework, formal exam papers, case presentations and group presentations on an oral health issue.

To ensure assessments continue to remain robust enough to test the students sufficiently, results of exams are reviewed to assess what questions performed poorly/well, with questions being amended to take into account this analysis.

Other quality assurance is gathered from feedback discussed at the SSCOM and ADSQER, and from the minutes of these meetings, the panel was able to see amendments being made, following concerns raised by both students and staff on particular aspects of some of the assessments.

During the course of the exam inspection, the panel witnessed students presenting clinical cases covering paediatrics, restorative dentistry and periodontics. The panel was informed that all students are provided with specific guidance on choosing suitable patients and that this is monitored by the tutors. The programme leads also have a list of which cases the students are working on, and this again is another check in the process to ensure suitability and that the student is achieving the stated learning outcomes.

Requirement 19: Students will have exposure to an appropriate breadth of patients/procedures and will 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 inspectors were impressed with the breadth of patient types the students were exposed to. A majority of clinical practice in the first and second year of the programme takes place in the UPDA, with prior practise and teaching sessions being held in the well-equipped phantom head laboratory. At the UPDA, students work in 'practice teams' consisting of dental students from Kings, student dental nurses and the student hygiene therapists. Practice teams are supervised by the tutors and supported by fully qualified dental nurses. Working in this way, enables all students to understand the role individual dental care professionals play in patient care.

For final year students, they will spend two days a week for three months, at one of seven community dental service practice locations. Supervised by a registered dental hygienist therapist, they will treat a range of patients including those with both mental and physical disabilities, and those suffering from dental phobia.

Again in the final year, students have the opportunity to spend two half days at the Queen Alexander Hospital maxillofacial department, observing consultants working in the trauma fast track oral cancer clinics. In terms of extractions, students are sent to Poswillow Dental Centre, which carries out extractions on children under general anaesthetic. Here students are able to undertake extractions under the supervision of a registered dentist, who is also a tutor at the UPDA. Students also visit care homes, schools and a drug rehabilitation centre to provide treatment and advice.

From reviewing the students' clinical portfolios, the inspection panel was happy with both the type and amount of clinical practice that was undertaken throughout the programme. However, patient type attending the UPDA is limited to certain groups, and the inspectors felt it may be useful for students to perhaps have a longer period of time at outplacement.

Requirement 20: The provider should seek to improve student performance by encouraging reflection and by providing feedback (*Requirement Met*)

The topic of reflection, is embedded throughout the programme. This subject is covered throughout the three years in following units: (year 1) Introduction to Behavioural Science and Pre-Clinical Practice; (year 2) Advanced Behavioural Science and Clinical Practice; and (year 3) Clinical Practice in the Wider Community and Comprehensive Clinical Practice.

To ensure understanding on this topic, students must complete a number of reflective essays which are graded and feedback provided. Students also complete reflective sheets following a period in clinic, and must submit these to tutors within a week of their clinical sessions. These are reviewed regularly and signpost to the teaching team which students require additional assistance and in which areas. These reflection sheets make up part of each student's clinical portfolio. Upon review of the portfolio, the panel noted there were differences in the level of detail in the students' reflection, which the panel felt may be addressed with further teaching and oversight around this area.

Requirement 21: Examiners/assessors must have appropriate skills, experience and training to undertake the task of assessment, appropriate general or specialist registration with a regulatory body (*Requirement Met*)

The panel was provided with a UPDA organogram, including those staff responsible for delivery clinical teaching and training. It is a requirement that these staff are registered with the GDC, showing they have the relevant academic knowledge. The panel was concerned to learn that some staff were recruited without having any prior teaching experience or a teaching qualification. However, the inspectors were informed that the University does facilitate/run a number of learning and teaching programmes, and staff requiring training in this area would attend one of these programmes.

Additionally, Moodle houses a number of on-line workshops that staff can undertake to help them develop their role as tutor. Any changes to the programme are communicated to the teaching team via the Staff Development Days which are held throughout the academic year, and changes are also piloted on clinic before being implemented permanently as part of the programme. In terms of assessment, a number a calibration meetings are held, to ensure grading is fair and consistent among the examiners. This appeared evident during the assessments observed by the inspection panel.

The University also runs the Academic Professional Excellence Framework (APEX) Programme, which is aligned with the University's Education Strategy. The aim of this programme is to provide all University staff with support through workshops, to enable them to develop their teaching roles. Subjects covered include assessment, grading and providing feedback.

The external examiners related to this programme are all GDC registered and teachers at other universities. To ensure they have all the information they need to carry out their role effectively, they attend an induction day where they are given the necessary policies and procedures, have access to Moodle, where these documents are stored and provided with updates via the University's Academic Registry. The external examiners can also contact the programme leads should they have any queries.

Prior to the final exams taking place, all the assessors are given an exam briefing setting out how the assessments will happen, which includes prompting, core questions, timing and grading. Again this is a safeguard the programme has in place to make sure of consistency and fairness for the students. The inspection team observed the process following the briefing and it appeared highly effective.

Requirement 22: 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 (*Requirement Met*)

This programme is supported by three external examiners, which the panel felt was appropriate given the size of the cohort. As well as examining duties, the external examiners take responsibility for quality assuring the individual units and the corresponding assessments, to ensure assessments are robust enough to determine the requisite knowledge and skill.

The panel was provided with copies of the external examiner reports which ask about their views on the academic standards of the units; the academic standards of the award; any noteworthy good practice and innovation and any concerns. The inspectors felt these areas enabled the external examiners to thoroughly scrutinise the programme and assessments to ensure fairness and equity for the students taking part. These reports are discussed further in the University Head of Department Annual Report and it was within this report, the panel was able to see how suggestions made by the examiners to improve assessments had been discussed and implemented.

Requirement 23: Assessment must be fair and undertaken against clear criteria. Standard setting must be employed for summative assessments (*Requirement Partly Met*)

At a programme level, assessments are agreed by the programme leads, with a final ratification being made by the Assessment Panel, a subcommittee of the University's Board of Examiners. The programme ensures all students are aware of the number and types of assessment they will be sitting, the grading for the assessment, the pass mark and what criteria will be considered. This is evidenced by the individual unit descriptors which included behavioural statements as well; sections of the programme specification and programme handbook. Pass marks are set at 40% for coursework and 50% for assessments relating to clinical practice. The inspectors were given grade sheets and the corresponding guidance that is provided to assessors, and were content that these sufficiently explained the difference between a good and poorly performing student.

The assessment process is governed by a number of policies covering grading; feedback and student appeals. Along with feedback from staff, students and the external examiners, and discussions at SSCOM, the panel was provided with reassurance that assessments were fair. However, the inspectors were disappointed that the programme had not yet adopted any formal standard setting processes. The programme leads stated this was an area that needed attention and that this was being focussed on, as the programme now had three years' worth of questions, so there was now enough data to analyse marks and determine poorly performing questions.

Requirement 24: Where appropriate, patient/peer/customer feedback should contribute to the assessment process (*Requirement Met*)

There are a number of opportunities to obtain both formal and informal feedback from their peers to aid development. These include during the various group work assignments; as part of their clinical portfolio and when they are working in their practice teams at the UPDA. Some of this feedback is logged in their clinical portfolios and considered by programme leads during the thrice yearly portfolio reviews, to identify areas of learning that a student may need particular support on.

At the UPDA, the panel saw evidence of patient feedback being collected, with patients being asked to comment on the environment and the treatment being provided by the student. However, this does not ask the patient to comment on individual students that have treated them, and this may be something the School wishes to consider for the future as an aid also to student reflection. However, UPDA does have a complaints procedure in place, and the inspectors were confident that if a patient chooses to raise a concern following treatment, this would be followed up as soon as possible with the student.

At the outplacements, feedback collection from patients differs between placement to placement. From the mentors that attended the inspection, it was explained that general feedback is collected routinely but formalised feedback relating to individual students is not. If a patient was particularly happy with the treatment received, they would inform the mentor, who would include this as part of their own feedback they provide to the student. The panel understood that students spend only two days a week at outplacement and for a limited period, which means in most cases they may not oversee an entire treatment from start to finish. However, treating patients at outplacement is a valuable learning experience, given the diversity of those who attend and it would therefore be helpful to try to introduce a formalised process to capture some of this feedback to aid the clinical development of the student.

Requirement 25: Where possible, multiple samples of performance must be taken to ensure the validity and reliability of the assessment conclusion (*Requirement Met*)

As already noted, the programme employs a variety of assessment methods to test competence and knowledge. In considering eligibility for the final examinations, students must pass all the preceding end of unit assessments. The panel was in no of the validity of these assessment conclusions, given assessments are scrutinised for robustness within the programme quality management framework, there are procedures in place concerning the double-marking (where appropriate) of some assessments and the fact that there is a final ratification of marks by the Unit Assessment Board. Students are also continuously assessed on their clinical abilities throughout the programme, and a record of their activity and marks gained at the UPDA are also considered, with opportunities for the student to make up any shortfalls in patient numbers or clinical procedures.

Students regularly meet with their designated personal tutor and together with the clinical portfolio reviews, the programme leads anticipate that students who are in difficulty are identified earlier on in the academic year, to ensure they receive the support required to graduate from the programme.

Requirement 26: 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 (*Requirement Met*)

Accompanying each unit is a Unit Handbook which includes detailed information about which learning outcomes will be assessed, what form these assessments will take, what is expected of the student and the marks required. This is for all students and staff on Moodle. This information can also be found in the Course Handbook.

During teaching, students are provided with further information on assessment methods and grading criteria, with students who met with the panel stating they were very clear on what was expected of them.

Unit coordinators will hold meetings with the tutors informing them of what is required in relation to assessments, and calibration sessions are held prior to examinations to ensure a consistency and fairness of marking. External examiner oversight of individual units is a further safeguard in guaranteeing that the standards expected are clear to both staff and students.

Actions

Req. Number	Actions for the provider	Due date (if applicable)
23	Programme leads to look into developing a programme specific standard setting procedures for assessments.	<i>Update on progress to be provided during the next GDC annual monitoring exercise.</i>
24	The School to investigate the feasibility of formally capturing student specific feedback, from patients treated at outplacements.	<i>Update on progress to be provided during the next GDC annual monitoring exercise.</i>

Standard 4 – Equality and diversity

The provider must comply with equal opportunities and discrimination legislation and practice. They must also advocate this practice to students

Requirements	Met	Partly met	Not met
27. Providers must adhere to current legislation and best practice guidance relating to equality and diversity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Staff will receive training on equality and diversity, development and appraisal mechanisms will include this	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Providers will convey to students the importance of compliance with equality and diversity law and principles of the four UK nations both during training and after they begin practice	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

GDC comments

Requirement 27: Providers must adhere to current legislation and best practice guidance relating to equality and diversity (*Requirement Met*)

The University have specific objectives, as set out in the document 'Equality Objectives 2012 - 2015', which align to the requirements of the Equality Act 2010.

The objectives are set out under seven separate headings which are: communications; data; structure and process; staff; learning and teaching; and community, with a list of activities/behaviours that must be adopted to ensure each of these objectives are met. The University hope that by having these objectives in place, it will ensure a safe, inclusive and fair environment for all staff and students. This is supported by the fact that anyone, including patients who are treated at the UPDA, are able to raise concerns about any issue without fear of reprisal.

The inspectors were also informed of a number of current practices being utilised to encourage further equality and diversity. These include developing strategies to encourage students from less privileged backgrounds and a greater number of male applicants. The University also has a Disability Office, which considers what reasonable adjustments need to be made for those who have been identified as having a disability and a UPDA maternity policy for both staff and students. Staff that do take maternity leave are able to attend a number of 'keeping in touch' days, and students who defer due to pregnancy are required to attend a re-introduction to the clinical skills programme.

In respect of encouraging equality and diversity awareness amongst the students, there is teaching on the subject with all students having to sit a summative assessment on the topic. Although the student base is diverse, to encourage a better understanding of different cultures, one of the programme tutors organised a 'Diversity Awareness and Cultural Evening' for the students. Furthermore, both staff and students have access to a comprehensive 2015 Diversity calendar, which includes holy dates for all religions; special events; festivals and bank holidays.

Requirement 28: Staff will receive training on equality and diversity, development and appraisal mechanisms will include this (*Requirement Met*)

Currently staff attend biennial training sessions in relation to equality and diversity which covers the Equality Act. These are face to face workshops run internal to the University lasting one session. The aims of the workshop are to:

- expand awareness of equality and diversity impact when delivering good customer service;
- clarify the staff role in supporting an environment free from bullying and harassment ; and
- signpost staff to internal and external support and resources on equality and diversity issues.

In addition, staff also complete on-line training to supplement this prior to attending the session. Managers with line management responsibility must attend an additional session on diversity in the workplace. Records of staff training are held and monitored using the University's personal development processes.

The University's audit process for all healthcare placements within the Faculty of Science, requires that each venue is asked to confirm that: 'Staff and students have access to written policies and procedures relevant to the organisation, including equality and diversity', and no student would be sent to a placement which did not meet this requirement. However, during discussion with regard to placement, several students expressed an interest in gaining greater knowledge on Disability, particularly with regard to illness impacting on older persons and potential ways of dealing with such. The students identified the fact greater information and focus would have enhanced the patient experience and equipped them also for the future. The panel were therefore of the view that further training and development for staff in this aspect of Diversity would benefit the programme, and translate into the student knowledge base.

Requirement 29: Providers will convey to students the importance of compliance with equality and diversity law and principles of the four UK nations both during training and after they begin practice (*Requirement Partly Met*)

The importance of compliance with equality and diversity law is delivered throughout the entire duration of the programme, in each of years. In year one the topic is covered in the units Introduction to Behavioural Science and Personal and Professional Development. In year two the teaching governing this subject is carried out during Advanced Behavioural Science and in year three, during Management and Leadership for DCP practice. As with the other units, students have handbooks for each of these units, listing the learning outcomes following completion and a list of additional reading materials that may be useful to increase understanding. Students are assessed on their understanding of this topic through presentations and written assignments.

From speaking with the students, it was clear to the panel that the topic had been covered and students understood the Equality Act and the importance of compliance, but the panel was concerned that students in the first and second year of programme were not aware that there were differences in legislation between the four countries and felt perhaps this aspect of

equality and diversity law needed to be highlighted in the introductory units during the first year and included in discussion and learning tools.

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Req. Number	Actions for the provider	Due date (if applicable)
29	Deliver teaching around the differences in equality and diversity legislation between the four countries, in the introductory units during the first year of the programme.	Update to be provided during the next GDC annual monitoring exercise.

Summary of Actions

Req.	Actions for the provider	Observations Response from the Provider	Due date (if applicable)
6	The programme leads where possible, should try to provide the outplacement mentors with a checklist/information about the student's competency level and knowledge, so that patients and support in outplacement can be allocated and arranged accordingly.	<p><i>We recognise that student competency relates to patient safety and to improve mentor's understanding of students abilities we can provide detailed personal profiles of clinical skills development and confidence levels.</i></p> <p><i>UPDA have purchased LiftUpp software which will, in the future, enable student's personal clinical profiles to be downloaded as a portfolio in pdf format and can be sent with the student to the placement provider in the future.</i></p> <p><i>Students already complete a self-assessment of clinical skills and confidence (3 per year) which are stored in student's clinical log books and can be viewed on request.</i></p> <p>Action: <i>provide the outplacement mentors with a checklist/information about the student's competency level and knowledge</i></p>	Process in place by Aug 2016, ready for the new academic year in Sept 2016.
23	Programme leads to look into developing a programme specific, standard setting process.	<i>Although no formal standard setting has been adopted, some units have begun to monitor question performance.</i>	To be implemented over the 16/17 academic year

		<p><i>In order to ensure all staff are familiar with contemporary principles, Standard setting will be included in the staff development programme for the coming academic year.(2015/16)</i></p> <p><i>Staff training/development and standard setting of all examination questions to be completed across the curriculum within 2015-16 to be implemented formally 2016-17.</i></p> <p>Action – <i>external professional to deliver staff development on standard setting</i></p>	<p>within assessments</p>
24	<p>The School to investigate the feasibility of formally capturing student specific feedback, from patients treated at the outplacement clinics.</p>	<p><i>Placement clinics (away from UPDA clinic) represent a fraction of student's clinical experience.</i></p> <p><i>Level 4 do not go on placement activity, level 5 spend half a day observing in placement (external). Level 6 have three half days (external). All other clinical placement activity takes place within the Primary care environment of UPDA (internally).</i></p> <p><i>No assessment is undertaken within external placement locations. Whilst feedback from patients within placement locations has educational benefit it plays no part in the assessment process.</i></p> <p><i>All assessment is undertaken internally within UPDA patient feedback informs this process (360 degree Feedback).</i></p> <p><i>There are requirements within the Clinical Logbooks to involve peers and patients within the review</i></p>	<p>To be implemented for the start of the new academic year - Sept 2016</p>

		<p><i>process (360 feedback) this occurs at set points during the academic year (internally).</i></p> <p><i>Within our primary care setting at UPDA where the majority of clinical activity occurs, Patient feedback is captured using a variety of tools. 360 degree feedback forms, patient comments and complaints book, NHS friends and family test and the patient satisfaction surveys all inform and shape student's performances.</i></p> <p>Action - 360 degree feedback forms will be taken into placement settings (external) in the future and patients invited to comment.</p>	
29	<p>Deliver teaching around the differences in equality and diversity legislation between the four countries, in the introductory units during the first year of the programme.</p>	<p><i>The subject warrants a review of where it is taught and at what level/depth. Academic staff have confirmed E&D in relation to the 4 nations was briefly delivered within one level 4 unit.</i></p> <p>Action - review of the curriculum in relation to E&D, necessary changes can be implemented via the UMA process (over the summer) ready for implementation in Sept 2016.</p>	<p>Action to be complete by Aug 2016.</p>

Observations from the provider on content of report

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Recommendation to the GDC

The inspectors recommend that this qualification is sufficient for holders to apply for registration as a dental hygienist therapist with the General Dental Council