

Education provider:	Sheffield University
Programme/Award:	Diploma in Dental Hygiene and Diploma in Dental Therapy
Remit and purpose:	Full inspection referencing the <i>Standards for Education</i> to determine approval of the award for the purpose of registration with the GDC as a Dental Hygienist and Dental Therapist
Learning Outcomes:	<i>Preparing for Practice (Dental Hygiene and Dental Therapy)</i>
Programme inspection dates:	14-15 February 2017
Examination inspection dates:	1, 14-15 June 2017
Inspection panel:	Carolann Beck (Registrant dentist member) Hayley Lawrence (Registrant dcp member) Julie Stone (Lay member & Chair)
GDC Staff:	Laura English
Previous inspection:	2008
Outcome:	Recommended that the Diploma continues to be approved for the graduating cohort to register as Dental Hygienist and Dental Therapist

Full details of the inspection process can be found in annex 1

Inspection summary

The Sheffield University Diploma in Dental Hygiene and Dental Therapy (DH&DT) is delivered to a high standard by a committed team of staff who benefit from the support of, and close working relations with staff involved in the delivery of the University BDS programme. The School ensures that there is a coherent approach to the teaching and assessment of undergraduate dental and dental hygiene and dental therapy students and this results in excellent opportunities for team working and integrated learning and mentoring.

The School of Clinical Dentistry has strong internal governance and quality assurance systems in place. These underpin the proactive approach taken by staff to the continuous improvement and development of the Diploma and result in a well-structured course which maps comprehensively to the GDC '*Preparing for Practice*' learning outcomes.

Students benefit from being able to train in multiple hospital clinics and a variety of Outreach primary care settings. They are exposed to a wide range of patient types and procedures, which prepares them exceptionally well for practice as a newly qualified registrant. Teaching and assessment across the various locations is consistent and at all stages of their training, students benefit from regular feedback and support from teaching and clinical staff, tutors and fellow dental and dental hygiene and dental therapy students. Students are assessed via a range of assessments and the customised central recording system allows for easy monitoring of clinical progress.

The diverse make-up of the cohorts studying for the Diploma enriches the experience of the students and demonstrates a commitment to widening access to the programme and the profession. Changes in the funding arrangements for the course are imminent in line with the NHS Bursary Reform and it is hoped that funding will be available to support students and ensure this excellent programme of study is able to continue.

Background and overview of Qualification

Annual intake	24
Programme duration	27 months
Format of programme	<p>The First Examination</p> <p>DEN105 Basic Oral Health Sciences and Clinical Practice</p> <p>Before sitting any part of the First Examination a student must have attended the relevant themes of that part. The First Examination themes are:</p> <p>The Human Body in Health and Disease Law, Ethics and Professionalism Pre-Clinical Skills I Health Promotion and Education I Oral Disease I Pre-Clinical Skills II Pre-Clinical Skills III</p> <p>There are four parts to the First Examination and a student must pass all parts. A student who fails to pass any part of the First Examination will be required to resit the relevant parts. In the absence of special circumstances if a candidate were to fail a second time the examination board would recommend that he/she withdraw from the course. A further chance to resit the examination for a third attempt would need to be approved by the Dental School Progress Committee.</p> <p>Before completion of the programme a student must attend a course and pass a class examination in Dental Radiology. A student who fails will be required to repeat the examination after a revision course. In the absence of special circumstances if a student were to fail a second time the examination board would recommend that the student withdraw from the course. A further chance to resit the examination for a third attempt would need to be approved by the Dental School Progress Committee.</p> <p>The Final Examination</p> <p>DEN106 Advanced Oral Health Sciences and Clinical Practice</p> <p>Before sitting any part of the Final Examination a student must have attended the relevant themes of that part. The Final Examination themes are:</p> <p>Study Skills and Personal Development Clinical Practice Health Promotion and Education II Dental Radiology Health Promotion and Education III Outreach Oral Disease II</p>

	<p>Principles of Practice</p> <p>Before sitting the final parts of the Final Examination a student must have satisfied all the Finals sign up requirements. A student who fails to meet all Finals sign up requirements will not be permitted to sit the Final Examination and will be deemed to have failed that examination.</p> <p>There are three parts to the Final Examination and a student must pass all parts. A student who fails to pass any part of the Final Examination will be required to resit the relevant parts. In the absence of special circumstances if a student were to fail a second time the examination board would recommend that the student withdraw from the course.</p> <p>A student who has failed or was not assessed in the Final Examination at the first attempt will be required before entering the re-examination to undertake a further period of study approved by the Dental School Progress Committee.</p> <p>Successful completion of the First Examination and Final Examination will satisfy the requirements for the Diploma in Dental Hygiene and Dental Therapy and will entitle the holder to apply for registration as a Dental Hygienist and Dental Therapist with the General Dental Council.</p> <p>On the recommendation of the Examiners the Diploma in Dental Hygiene and Dental Therapy may be awarded with Distinction. In considering recommendations for the award of Distinction Examiners will take into account students' performance in the Final Examination.</p>
Number of providers delivering the programme	One

The panel would like to thank the staff, students, and external stakeholders involved with the Diploma in Dental Hygiene and Dental Therapy programme and examination for their co-operation and assistance with the inspection.

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 must provide patient care only when they have demonstrated adequate knowledge and skills. For clinical procedures, the student should be assessed as competent in the relevant skills at the levels required in the pre-clinical environments prior to treating patients.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Providers must have systems in place to inform patients that they may be treated by students and the possible implications of this. Patient agreement to treatment by a student must be obtained and recorded prior to treatment commencing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Students must only provide patient care in an environment which is safe and appropriate. The provider must comply with relevant legislation and requirements regarding patient care, including equality and diversity, wherever treatment takes place.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. When providing patient care and services, providers must ensure that students are supervised appropriately according to the activity and the student's stage of development.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Supervisors must be appropriately qualified and trained. This should include training in equality and diversity legislation relevant for the role. Clinical supervisors must have appropriate general or specialist registration with a UK regulatory body.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Providers must ensure that students and all those involved in the delivery of education and training are aware of their obligation to raise concerns if they identify any risks to patient safety and the need for candour when things go wrong. Providers should publish policies so that it is clear to all parties how concerns will be raised and how these concerns will be acted upon. Providers must support those who do raise concerns and provide assurance that staff and students will not be penalised for doing so.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Systems must be in place to identify and record issues that may affect patient safety. Should a patient safety issue arise, appropriate action must be taken by the provider and where necessary the relevant regulatory body should be notified.	<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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Staff involved in the delivery of the programme should be familiar with the GDC Student Fitness to Practise Guidance. Providers must also ensure that the GDC's Standards for the Dental Team are embedded within student training.

GDC comments

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

The curriculum structure strongly supports the gradual development and assessment of skills and knowledge. Students initially train in a pre-clinical skills laboratory and are only able to commence treating patients once they have been assessed as competent to do so. There are three pre-clinical 'Clinical Skills' modules in the first year and these introduce students to a range of clinical techniques and provide them with the knowledge and skills to practise safely. The initial 'Clinical Skills' module prepares students to undertake non-surgical periodontal treatments, the second module prepares them for restorative treatments on adults and upon completion of the final pre-clinical module, students will commence clinical operative treatments on children. Throughout their pre-clinical training, students cover areas relating to clinical practice such as health and safety, cross-infection control, professionalism, client confidentiality and history taking.

The inspectors were impressed by the content of the pre-clinical modules and the range of assessments used to test competence (OSCEs, continuous pre-clinical assessments, practical and written examinations). The robust 'gateway' assessments at the end of each module must be passed before the student can undertake the treatment type on clinic. It was noted that the summative pre-clinical assessments, including re-sits, are held in the presence of an External Examiner.

The inspectors commend the comprehensive introduction of feedback and reflection pre-clinically. Students from both cohorts showed very good understanding of the value of giving and receiving feedback and self-reflection. They reported that they received excellent feedback from their tutors throughout the course. The inspectors concluded that there is excellent tutor support throughout the course, particularly if targeted, remedial training is required for struggling students.

The inspectors noted the excellent 'Near Peer' initiative, in which 3rd year students supported and encouraged 1st year students during their pre-clinical training, and the subsequent 'buddying up' between 2nd year and 1st year students. This clearly helped the 1st year students transition to clinical practice and the inspectors commend the School on this good practice.

DH&DT students undertake their basic clinical skills training alongside BDS students and the staff: student ratio during the basic skills training in the laboratory was a little on the high side, averaging 1: 11. Whilst the inspectors and the students with whom they spoke, recognise the benefit of shared learning, the School may wish to reflect on the availability of tutors to students at this important stage in the development of their skills.

Requirement 2: Providers must have systems in place to inform patients that they may be treated by students and the possible implications of this. Patient agreement to treatment by a student must be obtained and recorded prior to treatment commencing. (Requirement Met)

Patients are initially assessed by a clinician in hospital clinics and Outreach placements for their suitability to be treated by students according to their stage of learning. It is at this stage that informed, written consent for treatment by a student is obtained.

The inspectors were impressed by the high level of professionalism and good communication skills demonstrated by the students they met with. It was clear they understood the importance of gaining valid consent and the inspectors were assured that students routinely introduced themselves to patients and sought and recorded verbal consent appropriately for each session of treatment. Students are exposed to a diverse patient mix during the course and particularly whilst on their community placement, which provides them with excellent experience of communicating with patients who may not be able to consent to treatment themselves. The inspectors noted that students also gave consent to treating one another.

Students wore uniforms and badges which clearly identified them, and the inspectors were satisfied that there is sufficient information available in the clinical locations used by the programmes to make it clear to patients that student treatment may be offered to them.

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

The inspectors were assured that each of the locations used for students to treat patients were safe, appropriate and thoroughly monitored. Most clinical practice takes place in the Charles Clifford Dental Hospital (CCDH) which is subject to the Sheffield Teaching Hospitals NHS Foundation Trust protocols regarding clinical governance, quality and safety. There are effective governance mechanisms in place and excellent oversight of health and safety matters pertaining to the clinical environment, notably through the Health and Safety Governance Committee. Any learning points arising from issues raised are routinely shared with students and staff. Students also undertake some paediatric treatments at the Sheffield Children's Hospital (SCH) and this is subject to similar Trust policies as the Charles Clifford Dental Hospital.

Outreach placements are governed by their local Trust protocols or, in the case of the General Dental Practices, by their own policies and procedures. The School undertakes an annual check on the suitability of the placement as a location for training students, which includes an assessment of student, patient and staff feedback. Staff from the placements attend visits of other providers with a member of staff from the School and this provides a very useful opportunity for the cross-fertilisation of ideas and approaches. It was noted as good practice that the placements receive feedback from the School after their visits. The inspectors observed that the findings of the annual visits are reviewed by the Teaching Committee and they were confident that any actions identified would be acted upon promptly and in full.

Each of the clinical locations used on the course are subject to CQC inspections, which provides a further level of assurance as to their appropriateness for clinical practice and as a suitable learning environment.

The inspectors were confident that Equality and Diversity legislation is complied with across each of the clinical locations. The School actively promotes Equality and Diversity principles in its training for students and all staff involved on the course. In addition to online training, talks from external speakers are organised and students have excellent exposure, across the range of Outreach placements, to a wide breadth of patient types. They gain experience of working with an interpreter and of treating patients from varying social and economic backgrounds. The inspectors commend the well-established and very well-integrated model of training on

this course, which incorporates a range of clinics and placements that are ideal for students to train in.

Requirement 4: When providing patient care and services, providers must ensure that students are supervised appropriately according to the activity and the student's stage of development. (Requirement Met)

Levels of supervision vary according to the clinical location and the stage of the students' learning. When students undertake patient treatments in the CCDH restorative clinic the staff: student ratio is 1:8, the ratio on the paediatric clinic is 1:6 and when rotating through other hospital clinics, the students benefit from a supervision ratio of 1: 2 or 1: 3. Students work in pairs, with one nursing for the other. In their first year, the School seeks to pair students who have a dental nurse background with those who have come straight from A levels on clinic to enable both to benefit from each other's different skill sets and experience. In Outreach, students work alongside a qualified dental nurse and the ratio of supervising dental staff to student is either 1:3 or 1:4.

The inspectors were pleased to note the positive approach to team-working - dentists, dental therapists and dental nurses are involved in the oversight of, and provision of feedback to students. 3rd year DH&DT students and BDS students are sometimes based on the restorative clinic at the same time as 1st and 2nd year DH&DT students and on these occasions, they are encouraged to provide feedback on their observations of patient treatment and interaction.

As mentioned in Requirement 1, a further layer of support is provided via the 'Near Peer' initiative, which involves 3rd year DH&DT students supporting 1st year students pre-clinically, and via the 'buddy' system which facilitates support from 'buddies' in other year groups. Additionally, each student is allocated to a School 'Dental Family' which consists of BDS and DH&DT students from different years. This excellent support network facilitates the exchange of ideas and provides an opportunity for students to ask questions and seek guidance from one another and is commended as good practice.

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

Clinical academic staff are all GDC registrants and their status is checked annually by the School through the Staff Review and Development Scheme or via the NHS annual appraisal process.

The inspectors were satisfied that there was a thorough programme of induction and training for new staff. Regular staff training events and the internal staff development program enable staff to be updated on new developments and facilitate continual professional development. The inspectors noted that Outreach clinical staff attend an annual training day, and helpfully this is provided on two consecutive days to enable all individuals to take part without adversely impacting on service provision. It was clear that there was enthusiasm for training and a very collaborative approach, with sessions sometimes organised by, and held at Outreach clinics, with University based staff being invited to attend.

The mandatory training days comprise a mixture of compulsory items and areas which have been requested and the inspectors were impressed by the wide range of topics covered. There was evidence of excellent initiatives to support equality and diversity training.

Requirement 6: Providers must ensure that students and all those involved in the delivery of education and training are aware of their obligation to raise concerns if they identify any risks to patient safety and the need for candour when things go wrong. Providers should publish policies so that it is clear to all parties how concerns should be raised and how these concerns will be acted upon. Providers must support those who do raise concerns and provide assurance that staff and students will not be penalised for doing so. (Requirement Met)

Clear and appropriate policies and procedures for raising concerns at CCDH and a sample of Outreach placements were made available to the inspectors. It was clear that both staff and students with whom the inspectors met were familiar with the documents. Crucially, the students knew when and how to raise concerns and their understanding of 'duty of candour' was impressive. It was clear that students would feel fully supported in the event of them needing to raise a concern.

Staff are kept informed of policies and procedures via mandatory training, unit meetings and Clinical Service Committees. Students are introduced to raising concerns, whistle-blowing and safeguarding issues in their first year of study as part of a dedicated module and this is revisited throughout the course with several possible assessment points. Students are also provided with a lecture in their first year on the NHS Constitution which reinforces the values and behaviours expected within the organisation and highlights the importance of ensuring patient safety.

Requirement 7: Systems must be in place to identify and record issues that may affect patient safety. Should a patient safety issue arise, appropriate action must be taken by the provider and where necessary the relevant regulatory body should be notified. (Requirement Met)

CCDH complies with the Trust Incident Management policy and utilises the online DATIX system to record patient safety incidents. Staff and students that the inspectors spoke with were all familiar with this. The inspectors commend the School for encouraging staff and student to record incidents however minor as this engenders a culture of openness. Staff and dental nurses on clinic support students to record any incident reports and students all felt comfortable to discuss any issues arising with tutors.

The inspectors were assured from the evidence provided during the inspection that patient safety incidents are dealt with in a robust and transparent manner, utilising the relevant School and Trust governance mechanisms. All incidents are documented in a regular Governance report and discussed at School executive meetings and hospital management team meetings. Information relating to any incident and follow up action is discussed at staff meetings and the inspectors concluded there were systems in place to enable lessons to be learnt both at course and School level.

Requirement 8: Providers must have a student fitness to practise policy and apply as required. The content and significance of the student fitness to practise procedures must be conveyed to students and aligned to GDC Student Fitness to Practise Guidance. Staff involved in the delivery of the programme should be familiar with the GDC Student Fitness to Practise Guidance. Providers must also ensure that the GDC's Standard for the Dental Team are embedded within student training. (Requirement Met)

There is a School specific supplement to the University Fitness to Practise regulations, which is appropriate for students studying for professional healthcare qualifications. The students with whom the inspectors met had a good understanding of situations when these regulations may be invoked by the School.

Students are introduced to the School's expectations regarding behaviour and professionalism on their first day and the theme of professionalism is covered in a specific module on Law, Ethics and Professionalism in the first year. At the beginning of each year of study students are required to sign a declaration, which requires them to inform the School of any development which may affect their fitness to practise as a student. The curriculum covers the GDC Standards for the Dental Team and the students showed good awareness of their relevance to professional practice.

All staff in the CCDH and Outreach placements are made aware of the Student Fitness to Practise policies and procedures and the inspectors were informed that a recent training session had covered student professionalism, attendance and behaviour.

The Dental School has not needed to use the School Fitness to Practise procedures for DH&DT students for many years, but the inspectors were confident that they would be followed correctly if the need arose.

Actions

No	Actions for the Provider	Due date

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
<p>9. The provider must have a framework in place that details how it manages the quality of the programme which includes making appropriate changes to ensure the curriculum continues to map across to the latest GDC outcomes and adapts to changing legislation and external guidance. There must be a clear statement about where responsibility lies for this function.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>10. Any concerns identified through the Quality Management framework, including internal and external reports relating to quality, must be addressed as soon as possible and the GDC notified of serious threats to students achieving the learning outcomes.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>11. Programmes must be subject to rigorous internal and external quality assurance procedures. External quality assurance should include the use of external examiners, who should be familiar with the GDC learning outcomes and their context and QAA guidelines should be followed where applicable. Patient and/or customer feedback must be collected and used to inform programme development.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>12. The provider must have effective systems in place to quality assure placements where students deliver treatment to ensure that patient care and student assessment across all locations meets these Standards. The quality assurance systems should include the regular collection of student and patient feedback relating to placements.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GDC comments

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

The School Quality Management Framework defines the mechanisms that are used to review and develop the Diploma in Dental Hygiene and Dental Therapy. These enable University/ Trust, Faculty and School / course - level oversight.

It was evident from meeting minutes that the School-wide Theme Leader’s Groups, Teaching Committee meetings, Dental Service Manager Outreach meetings and Academic Unit Review Groups function effectively and provide regular and meaningful review of the Diploma. The School focuses on development across, as well as within courses, and the strengths of this cohesive approach were evident from the integration in teaching and clinical practice of the DH&DT and BDS students. Year/ Programme Working Party, Course Review Group and Staff Student Committee meeting minutes demonstrated a constructive and progressive approach to the quality assurance of locally managed operational issues and curriculum development. The

well-established and integrated working with Outreach staff supports the effective quality assurance of students' clinical training in primary practice.

In respect of Faculty and University – level oversight, the inspectors had sight of the Faculty managed Annual Reflection reports which highlight good practice and areas of concern and they noted that the implementation of enhanced feedback was driven by the University's Learning and Teaching Strategy. A Periodic Review of the School is due next year but the scope and precise timing of when this will take place is yet to be agreed.

The School's Quality Management Framework is overseen by the School Management Team and the School Executive with ultimate responsibility for the quality assurance of School qualifications sitting with the Dean of the School.

The inspectors noted that the current curriculum was introduced in 2014 to reflect the learning outcomes within the GDC document '*Preparing for Practice*' and that no changes are envisaged, at least until the long-term funding arrangements for the course have been clarified.

The inspectors formed the view that there are effective processes in place to review the qualification at various levels with well-defined reporting lines and areas of responsibility that facilitate qualification development and progress.

Requirement 10: Any concerns identified through the Quality Management framework, including internal and external reports relating to quality, must be addressed as soon as possible and the GDC notified of serious threats to students achieving the learning outcomes. (Requirement Met)

There is a close working relationship between the School and the Dental Hospital via the Teaching Committee, the School Management Team and the CCDS Executive Team and the inspectors were assured that any concerns would be managed efficiently and appropriately. The inspectors had sight of evidence, such as the School and Hospital risk registers and School Management Committee meeting minutes to suggest there are systems in place for recording and escalating potential threats to the relevant individual or forum. The School also provided as evidence examples of issues arising at course level which had been thoroughly followed up on.

Requirement 11: Programmes must be subject to rigorous internal and external quality assurance procedures. External quality assurance should include the use of external examiners, who should be familiar with the GDC learning outcomes and their context and QAA guidelines should be followed where applicable. Patient and/or customer feedback must be collected and used to inform programme development. (Requirement Partly Met)

The School has a strong and effective framework for assuring the quality of this qualification. In addition to the meetings which are referenced in Requirement 9, the inspectors commend the School on initiatives that enable the students' perspective to be factored in to course review. Students formally evaluate a range of aspects of the course up to twice a year and the results are considered initially at Year or Programme Working Party meetings. Student representatives attend and participate in these meetings and they are also invited to the Teaching Committee meetings. The 'You Say, We Did' scheme provided a further avenue for students' voices to be heard and acted upon.

The friendly and 'open door' approach within the School also creates opportunities for comments to be raised informally. The inspectors noted the co-operative and solution-focussed approach taken by the staff and students to discussing and acting upon course-related feedback. An example of where student feedback influenced the course was provided - DH&DT students alerted the School to the fact that the patient mix at one Outreach practice wasn't particularly suitable for them and as a result, the practice is now used solely for BDS students.

A Patient Feedback Questionnaire is used to enable patient involvement in course development. The questionnaire asks patients to comment on students' communication skills during treatment sessions and the information obtained from this exercise will help the School to identify whether their approach to teaching and assessing students (on communication skills) requires any change.

External input on the course is obtained principally from three external examiners who are required to quality assure key summative assessments, as per the procedure in the Undergraduate Examination Manual. The external examiners commented very favourably on the provision of materials, training and updates by the staff. They confirmed that the School is receptive and responsive to comments raised, an example of this is the introduction of an unseen paediatric case in to the final case presentations which resulted from a suggestion made in an external examiner report.

Feedback from external examiners is reviewed initially by the Programme Director and then discussed at Theme Leader meetings. Points arising and agreed actions are ratified at the Teaching Committee meetings. A review of recent external examiner reports and meeting minutes by the inspectors assured them that this process is functioning well.

It was apparent to the inspectors that the effective school quality management framework underpins a culture of continuous improvement and inclusive working. The well-structured, delivered and monitored Diploma in Dental Hygiene and Dental Therapy is a testament to this, for which the School is to be highly commended.

Requirement 12: The provider must have effective systems in place to quality assure placements where students deliver treatment to ensure that patient care and student assessment across all locations meets these Standards. The quality assurance systems should include the regular collection of student and patient feedback relating to placements. (Requirement Met)

Students undertake clinical training in two locations outside of the CCDS; the Sheffield Children's Hospital and the Outreach placements in primary care.

There are designated Committees within the School's quality management framework for representatives from the Outreach placements to feed in to the Teaching Committee and School Management Team. The Dental Services Managers Group, which is chaired by the Outreach Theme Leader oversees largely administrative and operational issues and the Outreach Working Party reviews the quality of the learning, assessment and experience across Outreach settings.

Students can feed back on the placements they have attended, both informally and formally via a feedback form and scheduled debrief session with the Outreach theme leader. Any issues arising will be escalated to the Theme Leader and Teaching Committee meetings, as appropriate. Patients receiving treatment from a student in an Outreach placement practice are also asked for feedback on their experience and any course-relevant comments are dealt with in a similar way to student feedback.

The School undertakes its own annual review of the Outreach placements, in accordance with a documented protocol. The School is to be commended on its success in integrating Outreach clinical training in to the programme. The primary care placements provide excellent clinical training opportunities for students, they are very well monitored and of a high educational value.

The clinics attended by students at the Sheffield Children's Hospital are supervised by staff from the Dental School and these sessions are subject to review by the DH&DT courses review group.

Actions

No	Actions for the Provider	Due date

GDC comments**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**

13. To award the qualification, providers must be assured that students have demonstrated attainment across the full range of learning outcomes, and that they are fit to practise at the level of a safe beginner. Evidence must be provided that demonstrates this assurance, which should be supported by a coherent approach to the principles of assessment referred to in these standards.

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

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

16. Providers must demonstrate that assessments are fit for purpose and deliver results which are valid and reliable. The methods of assessment used must be appropriate to the learning outcomes, in line with current and best practice and be routinely monitored, quality assured and developed.

17. Assessment must utilise feedback collected from a variety of sources, which should include other members of the dental team, peers, patients and/or customers.

18. The provider must support students to improve their performance by providing regular feedback and by encouraging students to reflect on their practice.

19. Examiners/assessors must have appropriate skills, experience and training to undertake the task of assessment, including appropriate general or specialist registration with a UK regulatory body. Examiners/assessors should have received training in equality and diversity relevant for their role.

20. Providers must ask external examiners to report on the extent to which assessment processes are rigorous, set at the correct standard, ensure equity of treatment for students and have been fairly conducted. The responsibilities of the external examiners must be clearly documented.



21. Assessment must be fair and undertaken against clear criteria. The standard expected of students in each area to be assessed must be clear and students and staff involved in assessment must be aware of this standard. An appropriate standard setting process must be employed for summative assessments.

Requirement 13: To award the qualification, providers must be assured that students have demonstrated attainment across the full range of learning outcomes, and that they are fit to practise at the level of a safe beginner. Evidence must be provided that demonstrates this assurance, which should be supported by a coherent approach to the principles of assessment referred to in these standards. (*Requirement Met*)

The Diploma in Dental Hygiene and Dental Therapy Assessment Strategy document details the School's commitment to ensuring the provision of high quality learning and development. Current priorities include embedding the evidence-based professionalism assessment framework into the course and adapting to NHS Bursary Reform to ensure ongoing training.

The Programme Regulations, Statement on Methods of Assessment and Undergraduate Examination Manual support the Assessment Strategy. They provide a clear description of assessment procedures, including blueprinting, standard setting, marking, setting and review of examination questions and papers and the inspectors were satisfied that these thorough guidance documents are applied effectively.

The curriculum and course assessments are mapped to the relevant learning outcomes in the GDC document *Preparing for Practice*. There are multiple assessment points throughout the programme and a suitable range of assessments with very good coverage of the learning outcomes. The mapping documentation clearly indicated whether a learning outcome was 'at risk' of a stipulated assessment or would 'always' be assessed. The information is managed electronically and any amendments occur after consideration and approval at various levels, with major changes requiring agreement by the Teaching Committee.

Mechanisms to define, measure and assess 'professionalism' will be incorporated into the course from next year. It was clear a great deal of effort has been taken to ensure the assessment of students' professionalism on clinic is meaningful and the inspectors were most impressed by this new element of the course. The introduction of a tailored mentoring programme to support students develop their professionalism skills was also particularly notable.

Student progression is monitored regularly at various intervals and there are three major pre-clinical skills gateway assessment which students are required to pass. Failure to pass the formal DEN105 and DEN106 examinations will prevent progression on the course.

At set points throughout the year, the Dental Schools Progress Committee reviews the entirety of the students' performance. Students are required to reach certain clinical targets and undertake certain clinical competency assessments prior to starting Outreach placements and prior to sign-up for the end of year examinations. The Progress Committee also reviews the students' performance across a range of summative assessments, ensures they have demonstrated satisfactory levels of professionalism and completed their Outreach placement requirements.

The inspectors were satisfied that the procedures in place enable the School to graduate only those students who they are assured have demonstrated fitness to practice as a safe beginner. The mechanisms the School relies on to gain their assurance are robust, thorough and very well managed.

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

Planning, development and quality assurance of the programme takes place at various levels within the School, as described under Requirement 9 and principally at Theme Leaders' meetings.

A bespoke e-portfolio has been designed to record and facilitate the monitoring of student clinical achievement. The inspectors were impressed by the versatility of the system and noted that staff and students found it easy and reliable to use. Students use well-designed clinical feedback books to capture their continuous clinical activity and assessment results and they are required to transfer the data on to the e-portfolio. Regular audits by the programme clinical co-ordinator ensure accurate data entry and provide an opportunity to review the clinical progress across the cohort.

The e-portfolio is reviewed by students and staff during the personal tutor meetings. Students commented on the fact their tutors readily identified if anyone needed extra support or practice and if so, ensured this was provided. Staff meetings routinely review students' progress in respect of their clinical targets and competencies.

All assessment results across the cohort are recorded centrally on an EXCEL spreadsheet and presented at Examination Board meetings throughout the programme. There are two different examination spreadsheets which record the outcome of formative and summative assessments and a separate programme database records professionalism and attendance. Due to the excellent mapping of assessments to the learning outcomes and the robust methods of recording and transferring data, the School can easily review the progress of students' clinical and non-clinical experience and skills.

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

It was clear to the inspectors from their review of the e-portfolio that students gained a high level of exposure across the range of clinical procedures and patient types in the CCDH clinics, the Children's hospital and the Outreach placements. There was clear evidence to indicate that graduating students gained sufficient experience and developed their skills over a number of treatment sessions to reach the level of a safe beginner. The clinical targets require students to undertake a minimum number of treatments that are graded at 'learner' and 'competent' level. Generally students far exceeded these target numbers.

The high levels of experience and skills development opportunities for students throughout the programme is in part due to the effective e-portfolio, which gives a clear overview of students' achievement at any point in time. There are also effective measures in place to monitor the availability of patients in CCDH across the required clinical specialities - for example, a clear Student Patient Situation Report is produced regularly – and this ensures patient flow is optimised. The students rotate across hospital clinics throughout the programme and patient

referrals to and from BDS students is encouraged, which further assists students to gain maximum practice. In addition, the use of the Outreach placements provides excellent exposure to a range of clinical procedures. Students are allocated to at least one general dental practice and one salaried clinic which gives them access to a broad demographic base of patients. It also ensures that all students become familiar with the current 'UDA system', clinical software and finances in addition to gaining considerable experience of primary care clinical treatments.

Requirement 16: Providers must demonstrate that assessments are fit for purpose and deliver results which are valid and reliable. The methods of assessment used must be appropriate to the learning outcomes, in line with current and best practice and be routinely monitored, quality assured and developed. (Requirement Met)

The comprehensive Statement on Methods of Assessment and Undergraduate Examination Manuel underpins the School's approach to assessment in the Diploma. The inspectors were impressed by the quality and range of assessments and number of assessment points within the programme. There was evidence of effective calibration across clinics and between the CCDH and the Outreach placements, good question- and paper-setting processes and the School is also to be commended for the clear blue-printing of every summative assessment against the GDC learning outcomes.

The inspectors had sight of summative assessments comprising Multiple Choice Questions and Structured Short Answer Questions, practical skills, competency assessments and clinical case examinations. Where applicable, the assessments are criterion-referenced and significant post-assessment analysis takes place in accordance with the School procedures. The size of the cohort was appropriately factored into this analysis.

Careful item analysis is undertaken to enhance questions for future papers and there is active dialogue with external examiners to develop the design and quality of assessments. An example of this is that the School acted upon the recommendation of external examiners to include an unseen paediatric case presentation in the final examination - this enables greater standardisation of marking and provides a useful 'Direct Access' scenario. Assessment feedback forms are completed by assessors after assessment sittings and comments are incorporated into the development of questions for future sittings.

It was evident that there has been considerable development of the approach to assessing professionalism within the School. The inspectors were impressed at the excellent marking descriptors for assessing students' professionalism and the process by which students self-assess and tutors independently grade, culminating in a discussion and arrival at an agreed mark. The accompanying mentor support programme which has been designed to assist students in this area is likely to add great value.

Requirement 17: Assessment must utilise feedback collected from a variety of sources, which should include other members of the dental team, peers, patients and/or customers. (Requirement Met)

Patients contribute to the assessment of students in their clinical competency assessments and the School has also started using actors as simulated patients in the final OSCE. The mark and comments provided by the patients contribute to the summative grade awarded to the student for the OSCE station. Patient feedback obtained in the Outreach placements is also reviewed and considered as part of the end of placement assessments, in addition to feedback from receptionists and nurses. Dental nurses in the CCDH clinics routinely feedback to both tutors and students and contribute to the holistic assessment of students' behaviour

and performance. The School has conducted a patient feedback survey concerning students' communication skills, and the results of this will be discussed at a course review. If the results suggest improvements to the course need to be made, the inspectors are confident this will be acted upon.

As noted above, the School uses an innovative and supportive programme entitled 'Near Peer teaching' which enables 1st year students to be mentored by a 3rd year student on the course. The senior students provide feedback and guidance to their junior colleagues and this feature of the course was praised highly by students during the inspection. DH&DT students also receive feedback from BDS students if they are on clinic together or sharing a patient. Formative peer assessment and feedback of clinical and non-clinical performance also occurs throughout the course. The inspectors noted that the students they met with recognised the benefit of having been introduced to the concept of both giving and receiving of feedback in their pre-clinical teaching and they felt very comfortable with this as a tool for continuous improvement.

Requirement 18: The provider must support students to improve their performance by providing regular feedback and by encouraging students to reflect on their practice. (Requirement Met)

The inspectors were impressed by the School's provision of feedback to students and at the level and quality of the student reflection they saw. A well-designed clinical feedback book, which allows students to reflect and self-grade on their clinical and professional performance, is used for all clinical activity. The book is designed so that a tutor will then grade the student across the same areas and provide prompt written feedback. Clear guidance on how to reflect and feedback supports the activity undertaken.

Students commented favourably on the high level of verbal and written feedback they receive from tutors in the CCDH clinics and in their Outreach placements. They receive verbal feedback from nurses, peers and BDS students and it was clear they understood and valued the importance of this to their continual development.

Group feedback is routinely provided after examinations and in the event of a student failing an examination, they will receive detailed individual feedback to assist their remedial training.

The inspectors were struck by the ability of the students to critically self-reflect and the School is to be commended on this. In addition to the continuous reflection on clinical activity, students produce a specific guided reflective report on clinical practice and Outreach and this contributes to the sign-up assessment for final examinations.

Requirement 19: Examiners/assessors must have appropriate skills, experience and training to undertake the task of assessment, including appropriate general or specialist registration with a UK regulatory body. Examiners/ assessors should have received training in equality and diversity relevant for their role. (Requirement Met)

The inspectors were satisfied that all examiners and assessors were adequately experienced and trained to undertake the role of assessment. The GDC registration status of all individuals involved in the provision of the course was confirmed.

The School arranges regular and comprehensive training on assessment and the introduction of the evidence based approach to assessing professionalism has involved additional, specific sessions. There is excellent inclusion of Outreach tutors in the training schedule which includes meaningful training on Equality and Diversity.

Requirement 20: Providers must ask external examiners to report on the extent to which assessment processes are rigorous, set at the correct standard, ensure equity of treatment for students and have been fairly conducted. The responsibilities of the external examiners must be clearly documented. (Requirement Met)

The University External Examiner Code of Practice sets out the expectations and role of the external examiner. It states clearly that their role includes ensuring that assessments are credible, equitable, rigorous, consistent and fair. The external examiners fulfil this role by moderating and approving draft examination papers or assessments, sampling marked papers or projects and reviewing marking criteria, internal moderation processes and the spread of marks. External examiners also attend end of year practical examinations in an observatory capacity.

The inspectors had sight of external examiners inspection reports and met with the current examiners. They were satisfied that the processes in place enable a full and transparent external review of assessments and that the School actively consider and, where appropriate, act upon recommendations in external examiner reports. This has been commented on in Standard 2.

Requirement 21: Assessment must be fair and undertaken against clear criteria. The standard expected of students in each area to be assessed must be clear and students and staff involved in assessment must be aware of this standard. An appropriate standard setting process must be employed for summative assessments. (Requirement Met)

There was evidence of appropriate and calibrated marking in most of the papers and mark sheets seen by the inspectors. They noticed an absence of the use of the 0-30% grade, even if a correct answer was not provided, in a final year SAQ paper, which seemed a little confusing. There was also some variation in the marking of the final year project between academic and clinical markers. However, the inspectors were satisfied that these were the exception and that all other assessments viewed were marked consistently and against clear criteria.

Robust marking schemes for various assessment types are described in literature for both students and staff and students with whom the inspectors met confirmed that they were clear about the standards they were expected to achieve throughout the course.

The inspectors noted that some changes to the Pre-Clinical Skills II marking descriptors for practical examinations were due to be reviewed by the Teaching Committee.

The inspectors concluded there was a good range of assessments throughout the course and the paper setting, marking and evaluation processes in place were of a high standard. The inspectors had sight of very comprehensive standard setting and post exam analysis of question performance and their review of this area was facilitated by the thorough and clear records maintained by the School.

Actions

No	Actions for the Provider	Due date
21	<ul style="list-style-type: none"> i. The School should consider reviewing the approach to the use of the 0-30% grade in SAQ papers ii. The School should review its approach to ensuring consistency of marking of the final year project. 	Annual Monitoring 2017/2018

Summary of Actions

Req. number	Action	Observations Response from Provider	Due date
21	i. The School should consider reviewing the approach to the use of the 0-30% grade in SAQ papers ii. The School should review its approach to ensuring consistency of marking of the final year project.		Annual Monitoring 2017/2018

Observations from the provider on content of report

The School would like to thank the inspectors for this very positive report and feedback.

Recommendations to the GDC

The inspectors recommend that the Sheffield University Diploma in Dental Hygiene and Dental Therapy continues to be approved for holders to apply for registration as a dental therapist and dental hygienist with the General Dental Council.

The School must provide detailed information regarding how they have met, or are endeavouring to meet, the required actions set down in this report as part of the GDC's 2017/2018 annual monitoring exercise.

ANNEX ONE

Inspection purpose and process

1. As part of its duty to protect patients and promote high standards within the professions it regulates, the General Dental Council (GDC) quality assures the education and training of student dentists and dental care professionals (DCPs) at institutions whose qualifications enable the holder to apply for registration with the GDC. It also quality assures new qualifications where it is intended that the qualification will lead to registration. The aim of this quality assurance activity is to ensure that institutions produce a new registrant who has demonstrated, on graduation, that they have met the learning outcomes required for registration with the GDC. This ensures that students who obtain a qualification leading to registration are fit to practise at the level of a safe beginner.
2. Inspections are a key element of the GDC's quality assurance activity. They enable a recommendation to be made to the Council of the GDC regarding the 'sufficiency' of the programme for registration as a dentist and 'approval' of the programme for registration as a dental care professional. The GDC's powers are derived under Part II, Section 9 of the Dentists Act 1984 (as amended).
3. The GDC document '*Standards for Education*' 2nd edition¹ is the framework used to evaluate qualifications. There are 21 Requirements in three distinct Standards, against which each qualification is assessed.
4. The education provider is requested to undertake a self-evaluation of the programme against the individual Requirements under the *Standards for Education*. This involves stating whether each Requirement is 'met', 'partly met' or 'not met' and to provide evidence in support of their evaluation. The inspection panel examines this evidence, may request further documentary evidence and gathers further evidence from discussions with staff and students. The panel will reach a decision on each Requirement, using the following descriptors:

A Requirement is **met** if:

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

¹ <http://www.gdc-uk.org/Aboutus/education/Documents/Standards%20for%20Education.pdf>

“Evidence derived from the inspection process is either incomplete or lacks detail and, as such, fails to convince the inspection panel that the provider fully demonstrates the Requirement. Information gathered through meetings with staff and students may not fully support the evidence submitted or there may be contradictory information in the evidence provided. There is, however, some evidence of compliance and it is likely that either (a) the appropriate evidence can be supplied in a short time frame, or, (b) any deficiencies identified can be addressed and evidenced in the annual monitoring process.”

A Requirement is **not met** if

“The provider cannot provide evidence to demonstrate a Requirement or the evidence provided is not convincing. The information gathered at the inspection through meetings with staff and students does not support the evidence provided or the evidence is inconsistent and/or incompatible with other findings. The deficiencies identified are such as to give rise to serious concern and will require an immediate action plan from the provider. The consequences of not meeting a Requirement in terms of the overall sufficiency of a programme will depend upon the compliance of the provider across the range of Requirements and the possible implications for public protection”

5. Inspection reports highlight areas of strength and draw attention to areas requiring improvement and development, including actions that are required to be undertaken by the provider. Where an action is needed for a Requirement to be met, the term ‘must’ is used to describe the obligation on the provider to undertake this action. For these actions the inspectors may stipulate a specific timescale by which the action must be completed or when an update on progress must be provided. In their observations on the content of the report, the provider should confirm the anticipated date by which these actions will be completed. Where an action would improve how a Requirement is met, the term ‘should’ is used and for these actions there will be no due date stipulated. Providers will be asked to report on the progress in addressing the required actions through the annual monitoring process. Serious concerns about a lack of progress may result in further inspections or other quality assurance activity.
6. The QA team aims to send an initial draft of the inspection report to the provider within two months of the conclusion of the inspection. The provider of the qualification has the opportunity to provide factual corrections on the draft report. Following the production of the final report the provider is asked to submit observations on, or objections to, the report and the actions listed. Where the inspection panel have recommended that the programme is sufficient for registration, the Council of the GDC have delegated responsibility to the GDC Registrar to consider the recommendations of the panel. Should an inspection panel not be able to recommend ‘sufficiency’ or ‘approval’, the report and observations would be presented to the Council of the GDC for consideration.
7. The final version of the report and the provider’s observations are published on the GDC website.