

INSPECTION REPORT

Education Provider / Awarding Body:	Queen's University, Belfast Centre for Dentistry
Programme / Award / Qualification:	Bachelor in Dental Surgery (BDS)
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 dentist
Learning Outcomes:	<i>The First Five Years (Dentist)</i>
Programme Inspection Dates:	15 & 16 April 2014
Examination Inspection Dates:	29 May 2014 4 June 2014
Inspection Panel:	Michael Yates (Chair and Lay Member) Peter Heasman (Dentist Member) Daryll Jagger (Dentist Member) Raj Majithia (Dentist Member)
GDC Staff:	Peter Butler (Lead) Ross Scales
Outcome:	Recommended that the Belfast BDS Programme remains sufficient for registration as a dentist

Inspection summary

This inspection followed a series of targeted inspections to the Belfast BDS programme by the GDC. The previous report had recommended that a full GDC inspection of the programme against the GDC's Standards for Education should be undertaken to look at the programme as a whole as well as the areas of difficulty the Centre for Dentistry (hereon referred to as the Centre) had been experiencing in recent years. The inspectors found that there had been a great deal of improvement at the Centre and this was very pleasing to note. Some aspects of the programme they found to be particularly positive were the levels of support students receive as they make the transition from the simulated clinical environment to working with real patients. The panel felt that students are well prepared for working with patients and are assessed appropriately before doing so. The panel was glad to hear from students that they feel levels of supervision on clinics have improved over time. They also felt that students receive excellent levels of feedback on their performance from staff delivering the programme. Students are also encouraged to use reflection on their performance and experience as a tool for improvement throughout the programme. The inspectors were also impressed with the Clinical Reasoning Examination they attended which forms part of Finals. This new format examination ran for the first time in 2014 and was very well organised and put together.

The panel noted that some of the key areas previously highlighted by the GDC as needing improvement remain so. The Centre needs to keep on top of the staffing situation which has been a threat to the success of the Centre in recent years. Work continues to address the shortfall and this must continue to ensure the Centre is not at risk, particularly as some members of staff are due to retire and student numbers are increasing.

The Centre also needs to continue working on responding to the need for change at a faster pace. It has demonstrated that it has the capability to make rapid change but, frustratingly, change has been slow although the panel recognises that improvements are being made.

The inspectors also felt that students need to be better informed regarding the standards they are expected to achieve and the standard setting procedures applied to assessments they undertake.

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 Council of the GDC regarding the 'sufficiency' of the programme for registration as a dentist in the UK. The GDC's powers are derived under Part II, Section 9 of the Dentists Act 1984 (as amended) to determine sufficiency of the programme.
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. This report sets out the findings of an inspection of the Bachelor of Dental Surgery awarded by Queen's University, Belfast (QUB). The GDC publication *Standards for Education* (version 1.0 November 2012) was used as a framework for the inspection. This inspection forms part of a series BDS inspections being undertaken by the GDC 2012-2014.
8. The inspection comprised three visits. The first, referred to as the programme inspection, was carried out on 15 and 16 April 2014. This involved a series of meetings with programme staff involved in the management, delivery and assessment of the programme and a selection of BDS students. The second part of the inspection took place on 29 May 2014 and involved an observation of the Final examination. Finally, on 4 June 2014, some members of the panel attended the Examination Board meeting via teleconference.
9. The report contains the findings of the inspection panel across the three inspections and with consideration to supporting documentation prepared by the Centre to evidence, how the individual Requirements under the *Standards for Education* have been met.

Overview of Qualification

10. The BDS programme offered by QUB has an annual intake of 60 students 15 of which are recruited internationally. The programme is modularised and each module in each year of study must be passed in order for students to progress to the next year of study.

Evaluation of Qualification against the *Standards for Education*

11. As stated above, the *Standards for Education* were used as a framework for this inspection. Consideration was given to the fact that these Standards were approved in late 2012 and that it may take time for providers to make amendments to programmes to fully meet all of the Requirements under the Standards and to gather the evidence to demonstrate that each Requirement is being met. The inspection panel was fully aware of this and the findings of this report should be read with this in mind.
12. 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.
13. The inspection panel used the following descriptors to reach a decision on the extent to which the QUB BDS 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

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 (*Requirement Met*)

Clear information was provided in advance of the inspection regarding students' clinical readiness. All clinical assessments must be passed before students are allowed to undertake the relevant procedures on patients. The clinical assessments are attached to the applicable course module at the most appropriate stage of the programme to coincide with students' level of ability. For example, as part of Year 1 Clinical and Professional Skills, students must

complete a record of basic clinical skills to include hand-washing, history-taking and understanding of protective equipment. Later, in Year 3, students must complete practical competencies in crown preparation and endodontic techniques. Students met by the panel of inspectors reported that they felt the programme prepares them well for working clinically with patients and they feel well supported in making the important transition from the simulated environment to the clinical environment.

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

A substantial share of patients seen by students at the Centre are those who have been referred to the hospital for treatment or who have accessed the 'walk-in' clinic. There is also a volunteer scheme where potential patients are screened for suitability.

The inspectors were pleased to learn that obtaining informed consent is treated very seriously within the Centre. Patients are able to access treatment by students via a number of routes and there are clear policies and procedures in place to manage this. All correspondence to patients includes a statement which refers to the provision of treatment by students.

Students are taught, via the Clinical Skills and Professionalism modules, the importance of gaining informed consent.

Guidance is provided on an annual basis to supervisors regarding expectations of how consent is acquired and recorded. All patient literature (such as recruitment material, information leaflets and on-clinic posters) is also reviewed annually. Students are easily identified by their light blue tunics and their identity lanyards give their year of study. The inspectors were told that verbal consent is obtained when a student examines a patient and this is recorded. Full, written consent is needed for a student to commence treatment.

The panel was able to see consent forms used to record patient consent as well as patient literature as part of the pre-inspection documentation supplied by the Centre.

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 facilities used by dental students to provide patient care fall under the remit of Belfast Health and Social Care Trust (BHSCT) It has policies in place to effectively monitor and regulate the environments utilised for the BDS programme.

In March 2014, hospital staff identified that a medical instrument set delivered to another part of the Belfast Hospital Trust had not been completely processed through the sterilisation cycle in the Trust's Central Decontamination Unit. This triggered the Trust's Serious Adverse Incident process. A review of the decontamination and sterilisation processes within the central decontamination facility was undertaken. The review identified a number of dental instrument sets that were in the same cycle. The episode did not relate to dental instruments in isolation and the risk to patients was deemed to be negligible by the Public Health Agency and the Trust's microbiologists. Any affected patients were recalled to discuss any management requirements.

Senior staff reported to the panel that an annual audit of critical incidents is undertaken by the Centre to identify any potential learning points so that improvements to patient safety and to the clinical environment can be made. This is carried out by the Senior Management Team (SMT) in conjunction with the Quality Assurance Committee.

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*)

The panel was keen to understand the impact additional international students have had on overall levels of supervision. There has been an intake of 15 overseas students for the past three years. The inspectors were told that, prior to the first intake joining the programme, senior members of the staff team spent time speaking with other UK Dental Schools in order to better understand how they had handled the introduction of international students. The Centre has not, to date, received any negative feedback from students about any impact on access to supervisors.

Clinical supervisors are provided with a full and comprehensive induction programme. Prior to commencement of independent student supervision, new clinical supervisors will shadow an experienced member of the team for approximately two weeks. This enables them to fully understand formative assessment processes and familiarise themselves with the paperwork they will be required to complete.

Students who met with the inspection team explained that the levels of supervision they were receiving were much improved and they felt that there was always a sufficient level of supervision (including senior members of staff) available to supervise clinics. Further, the students told the inspection panel that they felt there was no discernible difference to the levels of support and supervision they received whilst in outreach. Documentary evidence provided by the Centre confirmed this view with students experiencing a staff:student ratio of 1:4 or 1:5.

Staffing issues which have been affecting the Centre in recent times clearly have an impact on levels of supervision. These difficulties are covered in more detail elsewhere in this report as well as in previously published reports. It is essential that the work being done to achieve the proposed staffing targets must continue so that this Requirement remains met.

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

Centre protocols are applied in outreach and arising issues are communicated to the wider team to ensure everyone is aware of any changes which need to be taken on board and put into action.

New staff shadow a senior team member until they feel ready to take full responsibility for dental student supervision and there is a robust induction programme in place which involves participation by the lead member of staff for each discipline. Regular training opportunities are accessible to all staff and these opportunities have increased in recent times. In outreach, new tutors are paired with established and experienced tutors.

There is an annual education away day which staff participate in and this provides continuing professional development for the entire teaching team covering all aspects of educational good practice. All new staff complete the Certificate in Dental Clinical Education which is delivered by the University.

The Centre takes the view that clinical supervisors are not necessarily proficient teachers just because they are registered professionals and, as such, they are keen to ensure new members of staff are not dropped in at the deep end; all staff are provided with an induction at a University, as well as Departmental, level. It is also ensured that clinical supervisory teams are constructed of staff with the appropriate level of skill and experience so that students have

the support they need and, most importantly, so that patients receive high quality and safe care.

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)

Students displayed a fairly clear understanding of the need to raise concerns, where appropriate, and how to go about doing this following the protocol set out by the Centre and the University. The inspectors were also pleased to note that students were, in the main, aware of the Francis Report and its implications for dentistry. This had been covered as part of lectures on Ethics. Through their discussions with students, it was apparent to the panel that students had a good understanding of their professional obligations relating patient protection, obtaining consent and working within their own capabilities.

Lectures about professionalism are given from an early point in the programme and care is taken to ensure that these are aligned with the GDC's *Standards for the Dental Team* documentation.

The Staff Student Consultative Committee (SSCC) was highlighted to the inspectors as a particularly useful channel for students to bring staff attention to any issues or problems needing resolution. Other Committees and Groups will also have student representatives present at meetings for the same purpose.

Staff receive training on their obligations around raising concerns via the Centre's induction procedures. There are regular team meetings where concerns can be raised by staff or where concerns raised to staff via students can be escalated.

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

The Centre told the inspection panel that they are keen to make changes and deal with issues as rapidly as they are able to. One example provided by the Centre related to needle stick injuries. Historically, these types of injury had been occurring on a more frequent basis than might, perhaps, have been expected. A new, syringe disposal system has been implemented and this has led to a dramatic decrease in the number of instances of needle stick injury. Steps have also been taken to educate staff in how to reduce the risk of injuring themselves and/or others.

When an incident occurs, a risk matrix is used in order to grade the level of severity of the incident. Senior Managers review the rating to verify the findings of the reporting clinician. The response to the incident varies according to the level of risk ascribed to it. Any patient safety issues arising are discussed at monthly meetings. See requirements 3 and 6 for further relevant information.

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 Centre FtP policy, which has been aligned to GDC guidance, is accessible to all students via their Sharepoint site. At the commencement of each year of study, students are required to sign up to the Centre for Dentistry Student Agreement which covers expected behaviours and gives guidance on the FtP policy. At this point, they must also declare any criminal or

disciplinary offence. Any required action as a result of the completion of the Agreement will be instigated by the Director of the Centre for Dentistry. Students are made aware of FtP issues and their importance from the outset of the BDS programme through the Clinical and Professional Skills module. After consultation with senior colleagues, the Director of the Centre for Dentistry will decide if it is necessary to make a recommendation to the Dean of the School of Medicine, Dentistry and Biomedical Science that Fitness to Practise proceedings are initiated. Where incidents are agreed not have met the GDC threshold then the Centres' own procedures come into play and this would ordinarily involve a discussion taking place between the student and the Director of the Centre for Dentistry.

The Centre is working on incorporating the findings of the Francis Report into their FtP procedures and the inspectors commend this work to revise procedures in accordance with the findings of the Francis Report. The Centre takes seriously the fact that students need to look to the staff for an understanding of the importance of openness and honesty.

Students receive lectures on professionalism which cover the GDC *Standards for the Dental Team*. There are also workshops which look at Student FtP issues and anonymised summaries of FtP cases and actions are disseminated for information.

Actions

Req. Number	Actions for the provider	Due date (if applicable)
8	The provider should update the GDC on its work to revise its FtP procedures in light of the publication of the Francis Report	Annual Monitoring 2015

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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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*)

The Centre for Dentistry oversees the quality assurance of the BDS programme by following the requirements of the overarching University framework. The Senior Management Team holds responsibility, within the Centre, for decision-making. There are regular meetings to discuss Quality Management issues. Additionally, there are staff forum meetings held each semester.

An annual programme review system is felt, by the Centre, to be of paramount importance in terms of continually assuring that the BDS programme complies with the requirements set out by the GDC and other stakeholders. Relevant staff and students provide feedback and suggestions for each module which, in turn, feeds into the annual programme review. Any

proposed changes to modules are debated by the Staff Student Consultative Committee and final approval for proposed changes must be given by the University Regulations Committee. Staff work hard to ensure that changes are communicated effectively to affected staff and students and course literature is kept updated.

All teaching and supervisory staff are involved in an annual appraisal process which looks at the quality of teaching being provided within the programme. Because outreach provision is linked to programme modules, it is also covered by end-of-module review process.

A small, Restorative outreach pilot scheme has been in operation over the past two years and feedback has largely been positive. The scheme is providing a very useful and different experience for students. Securing ongoing funding for this has proved to be a lengthy process but talks with the Department of Health have reportedly been positive, so far. A business case is being put together and senior staff told the panel that they were optimistic about getting the scheme fully set up in the very near future. Previous reports by the GDC had encouraged the development and expansion of the outreach scheme for the BDS programme at Belfast and the inspectors are pleased to learn that these plans are still being developed; they hope that momentum for this project is maintained or, even better, increased. The GDC should be kept up to date with how plans progress.

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

Outreach placements for the BDS programme are located in a variety of settings providing, therefore, a variety of experience. There are three wellbeing and treatment centres in central Belfast which are first attended early in the programme for observational sessions and again later for experience of paediatric dentistry, two specialist oral surgery clinics, and general anaesthetic sessions at hospitals in the Greater Belfast area and surgical wards at Belfast Trust hospitals.

The Centre reported there has been an enthusiastic embracing of the outreach scheme by which students obtain all their experience of paediatric dentistry. This scheme has been utilised for more than ten years and, as such, it was reported that it had come to feel like an extension of the Centre itself to those involved with the programme.

There are a number of ways in which the Centre assures the quality of the paediatric outreach experience. Two teachers act as both module and outreach leads and they both have clinical sessions at the outreach centres to ensure consistency of approach. Teaching staff meet regularly to discuss a wide range of issues affecting the quality of students' experience in outreach. These topics might include patient recruitment, student attainments and staff development needs. Outreach teachers are also fully integrated into assessment teams which increases the consistency of examining across the board. All outreach teachers are invited to education away days arranged by the wider Centre of Medicine, Dentistry and Biomedical Sciences as well as other staff training days. Feedback from students and from patients is collected and feeds in to the relevant module review.

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

Each of the individual modules which make up the BDS programme is reviewed on an annual basis by the Module Lead together with the respective teaching team and using feedback from a variety of relevant sources. The programme as a whole is also reviewed annually taking into account the individual module reviews. The process for reviewing the modules and the programme is detailed to students. Any proposed changes must be approved via the Centre committee structure and this includes the SSCC meaning that students are involved and

engaged in the decision-making process. One example of a change the inspectors were informed of was to the 4th year course in conservative dentistry where early morning pre-clinical lectures have been introduced. The end-of-module review will assess the success of this change. When rapid changes are required, the Courses and Regulation Group Committee can be used. The changes are then agreed through the normal Committee process retrospectively. The panel felt this facility needed to be utilised more often in order to make changes at a speedier pace.

The Centre for Dentistry Senior Management Team is responsible for constantly monitoring the BDS programme. Where any serious risk is identified, this will be escalated to higher levels within the University. See Requirement 9 and 12 for further information regarding the Centre's response to problems and issues.

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 Partly Met*)

During a difficult period for the Centre, the programme has been monitored by the School of Medicine, Dentistry and Biomedical Science and the central Queen's University risk registers. It was evident to the inspectors that efforts are being made to ensure that there is a clear strategy in place to deliver a quality programme which aligns with the wider School of Medicine, Dentistry and Biomedical Science, University and external healthcare community. The strategy still requires further development to ensure it is meaningful and fully encapsulates input from all key stakeholders.

The Centre has faced a challenging time regarding staffing levels and the panel was pleased that there is an awareness of the need to be nimble in responding to change and to meeting future needs. A key concern of the inspection team was the handling of staffing issues within the Centre. Previous targeted inspections by the GDC had found that progress to recruit additional staff had been very slow. These previous reports are published on the GDC website and cover inspections undertaken in 2011, 2012 and 2013. There are now 13 of the planned 16 Clinical Academic staff in post. At the time of the inspection, a further two offers had been made to potential candidates and approval for a further two posts was being negotiated. Staffing levels remain an issue for the School of Medicine, Dentistry and Biomedical Science risk register but senior staff at the Centre told the inspection team that they feel more confident regarding the situation than in previous years. Despite this budding positivity, the panel remains concerned that, should there be a slowing of momentum relating to meeting the staffing targets set previously, this could have a serious and detrimental effect on the programme. The Centre recognises that it is difficult to recruit staff to Belfast. However, the panel feels this cannot be used as an excuse for failing to meet the staffing targets which were previously shared with the GDC to provide assurance of the plans in place to address this very real risk. The inspectors were pleased to hear that the Centre realise that careful planning to ensure sustainability is a key priority and the panel strongly supports this. In the near future, some staff will be due to retire and the panel were told that this has been factored in to the staffing strategy.

The staffing levels remain a concern for the programme and the GDC must be kept up-to-date on the recruitment process and the progress being made in this area. As such, this Requirement is partly met.

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

There are clear internal committee structures in place to ensure the quality of the programme. The Centre is due to take part in the University's Educational Enhancement Process in late

2014. This is the method used by the University to ensure standards are being maintained. It is the hope of the inspectors that issues raised in this and in previously published GDC reports will continue to be addressed via this mechanism. An audit by the Quality Assurance Agency (QAA) will also take place in 2015.

The Centre has been the subject of a robust review by the Regulation and Quality Improvement Authority (RQIA) which is the Northern Ireland healthcare systems regulator and fulfils a broadly similar function to that of the Care Quality Commission (CQC) in England. RQIA inspections have covered outreach facilities as well as the main Centre accommodation. Action taken in response to the RQIA reports is agreed via the Quality Assurance Committee. The Centre is required to provide the RQIA with regular reports on how recommendations made to the Centre are being followed up. The response to RQIA reports remains as a standing item on QA Committee meeting agendas until the reports have been closed off. The Centre told the inspection panel that they felt the RQIA reports had been fair and included helpful recommendations. The panel agreed that the Centre is clearly open to receiving feedback whether positive or critical in nature and is striving to improve the programme by responding to such feedback. Previous GDC reports have highlighted the need for more rapid change and the Centre needs to continue to work on bringing about change at a greater pace.

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*)

External Examiners are appointed for each module and they are provided, at the time of appointment, with handbooks and guidance documentation produced by the University as well as more programme specific guidance from the Centre for Dentistry. All procedures for External Examiners follow the guidelines set out by the QAA.

Due to University regulations which state that there must be a gap of three days between the completion of final assessments and the final examination board meeting to allow for the submission of extenuating circumstances by students, it was often not possible for External Examiners to attend the meeting in person. Although they are able to submit written comments or attend via a teleconference, the panel felt it was a missed opportunity to gain further involvement from the External Examiners. Therefore, the panel believe it would be worthwhile investigating ways of encouraging External Examiners to attend in person.

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

Responses to previous GDC reports have not been as speedy as they could have been. However, the Centre does seem to be open to constructive criticism and delays in making changes have not always been within control of the Centre itself. The panel feels that the Centre needs to continue to be supported in making the necessary changes it requires to deliver the BDS successfully in the longer term.

External Examiners provide reports on their findings as part of their QA role. Module evaluations completed by staff and students contribute to the maintenance of the quality of education.

Further information on the Centre's response to concerns raised and to formal reports can be found under Requirements 11, 12 and 13.

Actions		
Req. Number	Actions for the provider	Due date (if applicable)
9	The GDC should be kept up-to-date on plans to enhance and extend outreach experience	N/A
12	The Centre for Dentistry's strategy must continue to be developed, taking into account the views of stakeholders	Annual Monitoring 2015
12	The Centre for Dentistry and wider University must ensure that staffing targets are met and maintained. The GDC must be updated on a quarterly basis regarding progress in appointing new staff. These updates must commence with the response to this report and will continue until the GDC feels staffing has reached appropriate levels	Update to be provided in December 2014 and then quarterly
13	The Centre for Dentistry must work at making changes at a more rapid pace and must be supported by the wider University in doing this	Annual Monitoring 2015
14	The Centre should look at ways of encouraging External Examiners to attend Board meetings in person	N/A
15	The School must respond to the need for change more promptly and must be supported in making these changes	Annual Monitoring 2015

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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Where appropriate, patient/peer/customer feedback should contribute to the assessment process	<input type="checkbox"/>	<input checked="" 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 Partly Met*)

The Centre provided a clear mapping of the programme against the GDC Learning Outcomes prior to the inspection. Clear module descriptors and blueprints are also produced and all modules within a given year of study must be passed in order for a student to progress to the next academic year. All modules include a summative assessment as part of the range of assessment types implemented. Many modules also contain a compulsory element which may not count towards final marks but which, nonetheless, must be completed in order to progress. Compensation is not allowed between modules, or between different assessment types within a module.

BDS students get excellent experience of working with dental technology students also studying at Belfast. There are joint lectures in Year One and BDS students attend laboratory sessions in order to gain an understanding of the processes undertaken during the manufacture of dental appliances. In Year Two, dental technicians work alongside dental students on the BDS and students the inspection panel met with said they enjoyed this collaborative approach.

Students work in pairs for some of their clinical time acting as dental nurse for each other. They also work with qualified dental nurses and told the panel that they enjoyed this very useful experience.

At the time of the inspection, there was some uncertainty regarding the continuing viability of the Diploma in Dental Hygiene programme also running at Belfast. Since the inspection took place, it has been confirmed that the Diploma in Dental Hygiene course is being suspended for the foreseeable future. This is likely to compromise significantly the experience of the dental students in working with these members of the dental team. There are contingency plans being prepared which include utilising qualified dental hygienists to work alongside the BDS students. The Centre must provide a further update as part of its response to this report showing how the specific learning outcomes relating to working and communicating with all members of the dental team will be taught.

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 Partly Met*)

Module co-ordinators work to ensure that their modules are aligned to GDC requirements and to review and monitor the assessment of Learning Outcomes within modules.

A Finals Planning Group has been established and this group has been tasked with developing and implementing new and innovative assessment styles.

The Centre is currently piloting use of the Longitudinal Integrative Foundation Training Undergraduate to Postgraduate Pathway (LIFTUPP) learning system developed at the University of Liverpool as a means of recording and monitoring student assessment and

experience. It is currently only being used by 4th year students for the collection of data but not for progression decisions. It is planned that, by the end of 2014, LIFTUPP will be used across the board for all data collection including across Outreach locations. Staff told the inspectors that they felt that, even used at a very basic level, it provides an extremely useful chairside tool. Students who have used the LIFTUPP system stated they have found it easy to use and that they particularly liked being able to see how they are performing in relation to the rest of their year group. Some staff felt that it might be possible to become over-reliant on the system due to the fact that it has so many functions and capabilities. It is recognised by staff that LIFTUPP needs to be a tool that the Centre can use as it wants to rather than the Centre being led by the tool. The system has not been sufficiently embedded into the programme for the Centre to see how it will develop. Close attention is also being paid to how other Centres implement and manage the LIFTUPP system.

Logbooks are still currently being used in conjunction with LIFTUPP. Because the Centre is in a transitional period as it moves to introduce the LIFTUPP system, the panel judges that this Requirement is partly met.

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*)

The inspectors were happy with the range of assessment methods which students are exposed to and they felt that the type of assessment being used was appropriate to what was being assessed. Written exam papers often take the form of Multiple Choice Questions (MCQs) and/or Extended Matching Questions (EMQs) but the inspectors felt that these did not dominate the overall assessment strategy. Formal summative assessments at the end of modules together with compulsory elements within modules help to ensure that a wide range of Learning Outcomes are covered during each module.

From 2014, finals included a new Clinical Reasoning Examination (CRE). The inspectors were able to attend this examination as observers. The CRE involves the students seeing the 'same' 'virtual patient' (played by an actor). The intention is to create a more standardised assessment. The CRE acts as a formal assessment of their management of a patient. Students were provided with a lecture covering the procedural elements of the examination so that they were aware of how the examination would run and what was expected of them well in advance. The panel was impressed with this newly introduced format, as were the External Examiners, particularly with respect to the smooth running of a completely new assessment. The inspectors agreed that it would be preferable for the 'virtual patient' seen by the students at the first and last stations of the examination was played by the same actor. However, they appreciate that, logistically, this would be very difficult to achieve.

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*)

Students told the inspectors that they were getting clinical contact with patients at an earlier stage in the programme than previous cohorts and this additional clinical time was beneficial in completing their attainments. Where dental schools provide early clinical contact, GDC inspection teams often find that students highlight this as a key positive to their programme and this would seem to be the case in Belfast.

It took some time for the panel to full understand the clinical attainment data they were provided with. They felt that the system of recording attainments used a somewhat old-fashioned points-based system. Points are only counted towards attainment targets if the work

has been carried out to at least a satisfactory level and, for some treatment types, only if the work is fully completed. Students can gain extra points for exceptional work. Patient treatments are agreed in advance and this means that students cannot manipulate what they do in order to gain additional points. Staff told the inspectors that the local population provides plenty of cases of disease and tooth wear. The panel was informed that the case mix of full and partial dentures is improving. This has been managed by a media campaign to recruit new patients and by closely monitoring the situation.

Student attainment figures are monitored on a monthly basis so that patients can be targeted to the relevant student. Student logbooks are also monitored on a monthly basis. It is easy for staff to note where a student has required a lot of assistance and they can therefore identify where remedial support to improve performance is required. Any students who appear to be low on particular treatment types can also be identified during monthly monitoring sessions. Students the inspectors spoke with explained that they never had problems accessing the types of patient they needed when a shortfall had been identified. Additional clinical opportunities are always created for those who are deemed to be low in certain attainments. In addition to clinical attainments, there are compulsory clinical skills assessments throughout the programme which must be passed. Final Year clinical experience in outreach is set up to expose students to an increasingly wide range of patients with varying treatment needs.

It is anticipated that the LIFTUPP system will be used in future to monitor clinical attainments. See further information under Requirement 17.

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

Reflection forms a major part of the student logbooks and for this reason staff told the inspectors that it is difficult for students to be able to avoid reflecting on their performance. The importance of reflection is made explicit to students from the outset of Year One via the Professional Clinical Skills 1 module. The use of tools such as observational logbooks and problem-based learning exercises also enhances and encourages reflection. Clinical logbooks, which are completed at the end of each session, ask students to consider and record their strengths and weaknesses. Supervisors also add their own comments on these aspects of students' performance. Feedback from supervisors is also entered into the LIFTUPP system.

Students the inspectors met with complimented the staff team for being approachable and supportive, particularly pointing out that feedback is provided to them promptly at the conclusion of clinical sessions. The guidance they received on how to improve their performance was also highlighted by students. Students also told the panel that reflection was such an integral part of the programme that they felt very confident about using reflection as a learning tool. The Centre performs well in the National Student Survey and students comment via the survey that they are satisfied with the feedback they receive during training. Overall, the inspectors were satisfied that students get good levels of informal and formal feedback and ensuring that students understand that reflecting on their own performance is an important aspect of their training.

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*)

New staff are recruited under the University recruitment policy and are required to undertake an appropriate teaching qualification following appointment to their role. Generally, this will be a Postgraduate Certificate in Clinical Education (PGCCE) or similar. The Centre was able to confirm that all clinical staff are GDC registrants and that senior level clinical academic staff also tend to hold specialist registration.

The Centre for Dentistry provides regular training on examining and assessments. Internal examiners for Objective Structured Clinical Examination (OSCE) type examinations will be given training by the appropriate module co-ordinator. Briefings are also held prior to examination sittings to ensure everyone involved, including those being assessed, is confident about the examination procedures. Initially, new examiners will shadow experienced examiners before they commence actively assessing candidates.

External Examiners are appointed with approval for their appointment coming from the University's Education Committee. More information regarding External Examiners can be found under the relevant Requirements in this report.

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*)

External Examiners are requested to use their post-examination report to comment on the rigour and fairness of the examination as well as to note any aspects of good practice they feel should be highlighted to the Centre. They can also raise any areas for improvement or development. Given that External Examiners do not take an active role in assessing students, this means they are well placed to report on the standard and overall fairness of assessments.

The timing of the final examination board meeting, which is set by the University, means it is often difficult for External Examiners to attend. They are encouraged to attend via teleconference where possible and written comments are provided in their absence. The Centre endeavours to ensure that at least one of the external examining team is available to attend in person. In any event, the External Examiners must give their approval of the overall results before the examination board meeting can proceed. The external examining team will look at all Borderline and Fail candidates' performance and then conduct a sample of the marks of the entire cohort. This allows them to QA the consistency of grading across the cohort.

When the panel met with the External Examiners, they reported that the Centre is very forthcoming in providing them with the materials they need to undertake their role effectively. This includes being given timely access to examination papers, marking schemes, attainment figures and logbooks. The External Examiners told the inspectors that they are satisfied with the level of information sharing.

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

Students are provided with anonymous codes which allow their summative written assessments to be double-marked anonymously. Scripts which receive a borderline grade are reviewed by External Examiners to ensure a fair and consistent standard of marking has been applied. Depending on the type being used, all summative assessments are standard set using borderline regression, Ebel or Angoff as is deemed appropriate.

Students told the inspectors that they were provided with very clear guidance regarding their clinical attainments in terms of what they are expected to achieve. They are also given clear criteria for their assessments. Study guides and relevant regulations are available to students via the Sharepoint site.

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

At designated times during the academic year patients being treated by dental students

complete an optical feedback sheet which allows feedback to be traceable to each relevant student. The Centre Management Team examines all feedback and any students who do not achieve a satisfactory level of feedback would be called to a meeting to discuss the reasons for the poor feedback received. Patients are further encouraged to give feedback on the day to clinical supervisors.

Simulated patients used in examinations will also provide feedback in the form of global scores. These scores will not change students' marks; however, they can support examiners when completing a serious concern report form should they witness any unprofessional conduct or behaviour. Feedback from the simulated patient can also be used to modify the examination if they are able to draw attention to any aspect of the assessment which module leads feel could be altered to improve student experience. The inspectors felt this was good practice.

Peer assessment forms a part of the logbook requirements for the clinical techniques course. When being taught how to take a patient's medical history, students work in groups with one of the group assessing and providing feedback on how other team members performed.

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

The thorough mapping of the BDS programme against the GDC Learning Outcomes provided in advance of the inspection, and the internal blueprint demonstrated where each outcome was assessed, indicated where multiple samples of performance are collected during the programme. Some core skills are assessed in every year. These are skills such as team working, communication, cross-infection control, professionalism and history-taking. Clinical skills are assessed in the simulated clinical environment and then via logbooks and LIFTUPP.

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 Partly Met*)

Some of the students the panel met with displayed a limited awareness of the Learning Outcomes published in the GDC's document *Preparing for Practice* and also lacked knowledge regarding standard setting and how this might impact on them. Information about standard setting is available in study guides and in the programme specification but the Centre might look at how they can explain the process to students more clearly. In general, though, students understand what is required of them in order to progress through the programme successfully. Each module has a study guide which clearly sets out the assessment profile and each module commences with a lecture outlining the assessments used. Marking criteria for clinical skills assessments are available to students and set out within logbooks. In addition to information supplied through study guides and handbooks, students are briefed about what to expect prior to OSCE and CRE examinations. OSCE format examinations are introduced at an early stage of the programme so that students quickly get used to this type of assessment.

For staff, the various module co-ordinators ensure that those involved in assessing students are briefed. The Deputy Director of the programme plays a key role in ensuring staff are appropriately advised and that guidance is provided where required. The Deputy Director also reviews written papers, OSCE stations and is also involved with new assessment developments. Model answers are provided to examining staff as well as standardised marking schemes with clear descriptors.

Actions		
Req. Number	Actions for the provider	Due date (if applicable)
16	The Centre for Dentistry must provide the GDC with an update on how Learning Outcomes relating to working and communicating with other members of the dental team will be met	Annual Monitoring 2015
17	The Centre must continue work to develop and embed LIFTUPP	Annual Monitoring 2015
24	The Centre for Dentistry needs to investigate additional methods of incorporating feedback in assessments	N/A
26	Students' awareness of Standard Setting procedures and Learning Outcomes needs to be improved	N/A

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GDC comments			
Requirement 27: Providers must adhere to current legislation and best practice guidance relating to equality and diversity (<i>Requirement Met</i>)			
<p>The Centre complies with relevant legislation and has a clear policy regarding Equality and Diversity which is provided to students and is also available via Sharepoint. This policy sets out students' obligations regarding patients. The University also has its own policy which is available to students. The Equal Opportunities Manager for the University provides lectures which cover current legislation. The Centre for Dentistry has a Disability Officer who ensures relevant policies are implemented and managed.</p> <p>In 2013, the Centre of Medicine, Dentistry and Biomedical Sciences received a silver Athena Swan award which recognises commitment to advancing women's careers in the sector.</p> <p>The inspectors were told that there had been no complaints or issues raised relating to Equality and Diversity in the past five years.</p>			
Requirement 28: Staff will receive training on equality and diversity, development and appraisal mechanisms will include this (<i>Requirement Met</i>)			
<p>Queen's University provides a bespoke on-line training programme which is mandatory for all staff to complete. The programme consists of six individual modules covering topics such as harassment, special adjustments required for the disabled and inappropriate behaviour. Additionally, Belfast Health and Social Services staff and those in Community Dental Services must also complete training in equality and diversity.</p>			
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 (<i>Requirement Met</i>)			
<p>From the outset of the programme, within the induction course, and as they progress through the BDS programme, students are instructed on the importance of professional behaviour and are made aware of the need to comply with all GDC <i>Standards</i> which encompass equality and diversity issues and requirements. Lectures are provided by the University's Equal</p>			

Opportunities Manager and these cover any legal requirements specific to Northern Ireland. Students are also taught that requirements may vary depending upon where they will practice after graduating.

Actions

Req. Number	Actions for the provider	Due date (if applicable)
-	-	-

Summary of Actions

Req.	Actions for the provider	Observations Response from the Provider	Due date (if applicable)
8	The provider should update the GDC on its work to revise its FtP procedures in light of the publication of the Francis Report	Queen's University is currently reviewing its Fitness to Practise procedures in light of the recommendations of the Francis Report. Any required changes will be implemented for the beginning of the 2015/2016 academic year.	Annual Monitoring 2015
9	The GDC should be kept up-to-date on plans to enhance and extend outreach experience	Queen's University will keep the GDC informed as we continue to engage with all relevant stakeholders to secure the necessary funding for an expansion of our outreach clinical training facilities.	N/A
12	The Centre for Dentistry's strategy must continue to be developed, taking into account the views of stakeholders	The Senate of Queen's University has recently approved a new vision and strategy for the University which will be implemented over the next academic year. The Centre for Dentistry will revise its strategy document so that it is fully aligned with the new University strategy and this revision will take into account the views of all stakeholders.	Annual Monitoring 2015
12	The Centre for Dentistry and wider University must	Over the past 2 years significant progress has	Update to be

	<p>ensure that staffing targets are met and maintained.</p> <p>The GDC must be updated on a quarterly basis regarding progress in appointing new staff. These updates must commence with the response to this report and will continue until the GDC feels staffing has reached appropriate levels</p>	<p>been made in recruiting senior clinical academic staff. Recently the University has advertised a further tranche of senior posts (n=4) so that agreed staffing targets are met and maintained. The University will ensure that the GDC is kept fully informed of our progress in recruiting new staff.</p>	<p>provided in December 2014 and then quarterly</p>
13	<p>The Centre for Dentistry must work at making changes at a more rapid pace and must be supported by the wider University in doing this</p>	<p>The Centre for Dentistry and Queen's University understand the importance of implementing the changes recommended in the GDC Report(s) in a timely manner. The Centre, School and University senior managers will carefully monitor progress.</p>	<p>Annual Monitoring 2015</p>
14	<p>The Centre should look at ways of encouraging External Examiners to attend Board meetings in person</p>	<p>All of the Centre's Examination Boards, in consultation with external examiners, will explore ways of encouraging the attendance of external examiners at Board meetings. In particular, to consider how to facilitate those examiners who have already attended to observe the examination process and who are then required to return to the University for the Examination Board meeting.</p>	<p>N/A</p>
15	<p>The School must respond to the need for change more promptly and must be supported in making these changes</p>	<p>As indicated at Requirement 13, the School of Medicine, Dentistry and Biomedical Sciences recognises the need to respond in a timely manner and will be supported by the University to ensure that all the recommendations in the GDC Report(s) are fully and promptly implemented.</p>	<p>Annual Monitoring 2015</p>

16	The Centre for Dentistry must provide the GDC with an update on how Learning Outcomes relating to working and communicating with other members of the dental team will be met	<p>In addition to the established team work experience in years 1,2 and 3 with dental technicians, hygienists and nurses, two new initiatives have now been implemented.</p> <p>All students in years 3 to 5 have a placement in General Dental Practice with a dental hygienist. Feedback from the first cohort of students and from practitioners will inform future development. Dental nursing students from Belfast Metropolitan College now attend a placement 2 days per week in the student teaching clinics and student Outreach clinics.</p>	Annual Monitoring 2015
17	The Centre must continue work to develop and embed LIFTUPP	<p>We have previously reported to the GDC that we began a phased introduction of LIFTUPP at the beginning of this academic year (2013/2014). This phased introduction has identified the need for minor adjustments to the recording template and we are currently liaising with the external software development team so that LIFTUPP is in use and fully operational across all our clinical disciplines at the beginning of the 2015/2016 academic year.</p>	Annual Monitoring 2015
24	The Centre for Dentistry needs to investigate additional methods of incorporating feedback in assessments	<p>Patient feedback will be fully integrated into each dental student's regular formative assessments.</p> <p>The collection of patient feedback on the quality of care received from dental students will be further expanded and enhanced. This patient feedback will be collected using a specially</p>	N/A

		designed questionnaire which will be completed by the patient away from the clinical arena and not in the presence of the dental student.	
26	Students' awareness of Standard Setting procedures and Learning Outcomes needs to be improved	Students are already made aware of both issues at induction, in module Study Guides and via the Centre's student Sharepoint site. However, all module co-ordinators will now also provide an introductory overview that clearly explains the standard setting process used for each assessment. This overview will also reinforce how the module learning outcomes fulfil the requirements of Preparing for Practice.	N/A

Observations from the provider on content of report

Queen's University would like to thank the GDC Inspection team for their very helpful and positive Report. The University places a high value on the expert external advice it receives from the General Dental Council and will continue to support the Centre for Dentistry in enhancing the educational experience of our dental students.

Recommendation to the GDC

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