

## INSPECTION REPORT

<b>Education provider/ Awarding Body:</b>	<b>UCLH NHS Trust Eastman Dental Hospital/Faculty of General Dental Practitioners Royal College of Surgeons of England</b>
<b>Programme/Award:</b>	<b>Diploma in Dental Therapy &amp; Diploma in Dental Hygiene</b>
<b>Remit and purpose:</b>	<b>Full inspection referencing the Standards for Education to determine approval of the award for the purpose of registration with the GDC as a dental hygienist and dental therapist</b>
<b>Learning Outcomes:</b>	<b>Preparing for Practice (dental hygiene and dental therapy)</b>
<b>Programme inspection dates:</b>	<b>26-27 April 2017</b>
<b>Examination inspection dates:</b>	<b>20-21 June 2017 – Hygiene and Therapy Exam 12-13 December 2017 – Therapy Exam</b>
<b>Inspection panel:</b>	<b>Katie Carter (Chair and Lay Member) Fiona Sandom (DCP Member) Ann Shearer (Dentist Member)</b>
<b>GDC Staff:</b>	<b>Rachael Mendel Krutika Patel James Marshall (Examinations Only)</b>
<b>Outcome:</b>	<b>Recommended that the diploma in Dental Hygiene and Diploma in Dental Therapy continue to be approved approved for registration of dental therapists and dental hygienists to the GDC Register.</b>

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

## **Inspection summary**

The Diploma in Dental Hygiene and the Diploma in Dental Therapy are funded by Health Education Thames Valley and Health Education North West London at Eastman Dental Hospital (hereafter referred to as the school) with final examinations being provided by the Faculty of General Dental Practitioners Royal College of Surgeons of England (hereafter referred to as 'FGDP' and 'RCSEng'). The qualifications are awarded by RCSEng following successful completion of its examinations at the end of full-time study.

The content and delivery of the programme is well-organised and clearly-structured by a dedicated course team. The course team work closely with one another and share information, including that relating to student and clinical incidents, quickly and easily, in both formal and informal settings. However, the panel noted a lack of planned development within the programme and felt that it was functioning in a reactive manner without a clear vision or managerial oversight from the senior team. There was also a lack of administrative support for the programme team which has impacted on the ability of the programme's staff to run the programme efficiently.

It was clear that the programme was facing numerous challenges. The physical move to new facilities, known as Phase 5, has identified possible challenges such as the separation of the clinical and education environments as well as causing general uncertainty amongst the programme team. At the time of the inspection, another risk to both programmes is that RCSEng has confirmed that it will stop awarding the hygiene and therapy qualification by 2020. The school were in the process of finding an alternative awarding body that would be in place by the time the RCSEng withdrew, but no plans had been finalise. Since the inspection, the FGDP confirmed that they will continue to run the exams indefinitely. The third concern is how the programme will be funded in the future. At present the course is free to students but funding for both courses may be removed for future cohorts.

The panel saw a number of positive attributes of the programme and noted that all those directly involved in the programmes are passionate about training the students. It was evident from speaking to the students that they are well supported by the staff throughout the programme.

## Background and overview of Qualification

Annual intake	Hygiene – 12 students Therapy - 10 students
Programme duration	Hygiene – 86 weeks over 2 years Therapy - 106 weeks over 2.5 years
Format of programme	<p><b>Hygiene:</b></p> <p><b>Year 1</b></p> <p>Introductory Course Biomedical Science Oral Biology Oral Disease + Preventive Care Human Disease Clinical Skills: Periodontology Introduction to Clinical Practice Clinical Practice 1 Professional conduct Oral health Promotion Pharmacology + Pain management Direct Patient Treatment</p> <p><b>Year 2</b></p> <p>Oral Disease 2 Radiography Special Care Dentistry Evidence based Dentistry Orthodontics Preparation for Employment Law &amp; Ethics Direct patient treatment</p> <p><b>Therapy</b></p> <p><b>Year 1</b></p> <p>Introductory Course Biomedical Science Oral Biology Oral Disease + Preventive Care Human Disease</p>

	<p>Clinical Skills: Periodontology + Restorative Dentistry 1</p> <p>Introduction to Clinical Practice</p> <p>Clinical Practice 1</p> <p>Professional conduct</p> <p>Pharmacology + Pain management</p> <p>Direct Patient Treatment</p> <p><b>Year 2</b></p> <p>Oral Disease 2</p> <p>Oral health Promotion</p> <p>Radiography</p> <p>Special Care Dentistry</p> <p>Paediatric Dentistry + Orthodontics</p> <p>Evidence based Dentistry</p> <p>Clinical Skills: Restorative Dentistry 2</p> <p>Direct patient treatment</p> <p><b>Year 3</b></p> <p>Law &amp; Ethics</p> <p>Preparation for Employment</p> <p>Direct patient treatment</p>
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The panel wishes to thank the staff, students, and external stakeholders involved with the Diploma in Dental Therapy and Diploma in Dental Hygiene programme 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.

**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*)**

Students are prepared for patient care through lectures, practical sessions in the clinical skills laboratory, practice clinical sessions, clinical observation sessions, online training, continuous assessment and reflective practice. Throughout pre-clinical training, the students are provided with support via monthly meetings with their mentors where students are encouraged to reflect on their progress.. This ensures any issues are picked up promptly and students can take part in remediation quickly.

The clinical skills record documents the progress of students in developing their instrumentation skills and is reviewed by students and supervising staff regularly. To progress to clinical activity, students are required to pass five assessments on supra-gingival instrumentation handling. Students sign up for these assessments when they feel they have reached the required standard. Assessment criteria mirror the criteria which will be used for clinical assessment during patient treatment.

In addition to the skills assessments above, a gateway assessment must be passed by both hygiene and therapy students before they can progress onto clinic. This assessment includes two written papers, a clinical scenario based assessment (in the clinical environment) and OSCE stations. All elements must be passed for a student to progress. A second gateway assessment for therapy students that includes clinical skills assessments, written assessment and portfolio presentation must also be passed.

**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*)**

All Eastman Dental Hospital patients are referred and triaged by a consultant from the relevant department. When a referral is accepted, and an appointment is made patients receive an information leaflet informing them the Eastman is a teaching hospital and that their care may be provided by students under the supervision of qualified staff. This information is included on the consent form and patients can decline student involvement in their care. Patients are also informed that their treatment may take longer than usual because students will be involved in their care.

Students wear name badges that state they are a student and they are also required to identify themselves as students to each patient they see. The hospital is also trialling use of the information leaflet produced by the GDC. The periodontology department is in the process of producing a specific patient information leaflet relating to the delivery of non-surgical periodontal treatment.

**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)**

During the inspection, the panel were satisfied that the school complied with all relevant legislation and requirements regarding patient care. Eastman Dental Hospital is registered with the Care Quality Commission (CQC) as a provider of dental services.

Students only provide care for patients on UCLH premises and hold honorary Trust contracts that require them to follow all the relevant Trust policies designed for safe and effective patient care. Students have access to all Trust policies through the Trust intranet. They are also required to attend a trust induction which covers mandatory training such as Diversity, Equality and Human Rights, Safeguarding, Complaints, Consent and Duty of Candour.

**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)**

Both the hygiene and therapy programmes have small cohorts and are therefore closely supervised by the staff when on clinic, especially during the first year of training and when students start treating patients. Students are supervised by teaching staff with a staff to student ratio of 1:4, or better, when in a clinical session. The panel noted that the small and dedicated teams on both programmes ensured that there was good communication between staff and that all students were closely monitored and supervised; any issues or concerns could be picked up quickly and dealt with efficiently.

Staff review planned treatment by all students on clinic at the start of each session which allows staff to assess which students may have more difficult patients or require more supervision on that day. If any concerns about a student's progress and development are raised at continuous assessment monitoring meetings, additional supervision can be requested. Students are also encouraged to ask for extra support and supervision if they feel anxious about a procedure.

**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)**

All clinical supervisors involved in teaching students are appropriately qualified and registered with the GDC. They are required to complete mandatory trust training with annual updates as required. This training includes equality and diversity training.

Staff who act as examiners for the FGDP attend examiner training days and question writing/standard setting workshops. All new members of staff follow an induction period that includes observations of experienced supervisors.

Teaching staff all participate in teaching reviews which includes a three-yearly peer review of teaching sessions, video reviews of teaching and reflective analysis of teaching. Teaching staff meet on a monthly basis to share good practice, changes in teaching, issues of concern and problems with teaching.

Staff are supported to develop their teaching via Trust, Deanery and other teaching courses with most staff holding qualifications in teaching for lifelong learning. Staff are also supported to obtain a teaching qualification if they do not have one and provided with the necessary study leave to pursue this.

**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)**

The panel saw evidence that the Trust has appropriate policies and procedures in place for students to raise any concerns. These policies are available to all staff and students and provide details of the routes for raising concerns and how these concerns will be acted upon and how those raising the concern will be supported through the process.

These policies are discussed during the students' induction day with additional updates provided during voluntary lunchtime lectures. Presentations of learning from incidents are made in the department and at hospital-wide meetings.

Students are also made aware of the institution's fitness to practise policies and the panel saw evidence of how this policy was put into use when a student fitness to practise case arose.

**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)**

There are a few routes for raising concerns: informal through a personal tutor or line manager; or formal through the online incident reporting software, Datix, the Employee Relations Team, Director of Workforce, NHS whistleblowing helpline or CQC.

Any clinical incidents are reported through the online incident reporting software, Datix. A clear process for how to deal with any incidents is in place, and students are taught how to use the system and are aware of the policies that are in place to ensure all incidents are recorded and dealt with. The panel saw evidence of a thorough review of a clinical incident that took place and were satisfied that it was dealt with appropriately.

Concerns expressed about an individual student are monitored informally during personal tutor meetings. At this stage, the student is offered support to resolve the issue. This may involve remediation, referral to the Staff Psychology and Welfare Services or to Occupational Health. Staff are informed of any additional support that the student may need as appropriate.

Ongoing concerns, or those that are escalated are further discussed at teachers' meetings and an action plan is agreed by the student, personal tutor and clinical lead. If further issues arise or continue, a student fitness to practise investigation will be triggered.

**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)**

A student fitness to practise policy is in place, as noted in Requirement 6. Professionalism is embedded into a number of teaching modules and, during the selection process, applicants



are assessed on their ability to demonstrate appropriate behaviour when asked to review a patient scenario.

The GDC Standards and aspects of professionalism are discussed during the student induction programme and more formal teaching is provided in the final stages of the pre-clinical programme as well as in the last term prior to the final examinations.

The panel were satisfied that policies are in place and students are familiar with the GDC student fitness to practise guidance. When speaking to the students they demonstrated a high level of professionalism and an understanding of what was expected of them as registrants.

**Actions**

<b>No</b>	<b>Actions for the Provider</b>	<b>Due date</b>

**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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>GDC comments</b>			
<p><b>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 Partly Met)</b></p> <p>The programmes sit within the UCLH NHS Trust and are therefore subject to the Trust quality management framework. At the programme level, teacher meetings are held monthly, on different days of the week to facilitate inclusion of part time staff. These meetings provided an opportunity for the team to discuss operational issues, student progression, staff and student feedback, external feedback and curriculum development.</p> <p>During the initial inspection, the panel were informed that staff members had been tasked with a review of the curriculum, blueprinting and mapping the learning outcomes to all internal exams. At the therapy examinations in December 2017, staff stated that this process was now complete, however the panel were not provided with evidence of this and there were</p>			

discrepancies between staff members' accounts of how far along this process was. The panel would like to receive an update on this process and sight of the completed documents.

There are concerns about the coherency in the management of the programme and the sharing of information among the senior team. It was evident that there was insufficient administrative support for the programme staff that could help facilitate coherency within the team. However, the senior management team are aware of this and informed the inspectors that further administrative support had been requested.

**Requirement 10: Any concerns identified through the Quality Management framework, including internal and external reports relating to quality, must be addressed as soon as possible and the GDC notified of serious threats to students achieving the learning outcomes. The provider will have systems in place to quality assure placements. (Requirement Partly Met)**

Any concerns identified through the quality assurance framework are discussed with the course management team and the course delivery team. The Education Group deals with overarching risks to the programme, such as; programme funding risks, Awarding Body risks, clinical risks and the move to the new site.

The course team are alert to the risks to course provision from the major changes taking place with the course and externally, namely the relocation of the course to new premises and the withdrawal of the FGDP exams. The panel were concerned that no solutions to these concerns had been formalised and that the senior management team were struggling to identify solutions.

The panel saw evidence of the quality management framework and were satisfied that mechanisms were in place to deal with concerns raised. They also saw evidence that when a major concern was identified, the school handled this appropriately and informed the GDC. For example when the risk arose of the FGDP withdrawing their award at short notice.

The panel urge the programme leads to continue to notify the GDC of any changes to the programme that may occur due to funding or the move to the new premises and inform the GDC when a solution to the Awarding Body withdrawing their exams has been identified.

**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)**

Both programmes are subject to external quality measures that are put in place by the FGDP. The programmes are also subject to external quality assurance processes from the commissioners who fund the programme, Health Education Thames Valley and Health Education North West London. The reports received from these bodies are fed back into teachers meetings. It was not always clear, however, how the concerns raised in these reports were dealt with.

As FGDP is an external awarding body, the external examiners are involved with dental education at other institutions, are GDC registered and therefore familiar with GDC learning outcomes. The panel saw evidence that the reports by the external examiners are used to inform and develop the programme; and that internal examiners have an opportunity to feedback into the FGDP processes that are then used to inform and develop the conduct of examinations.

Feedback is collected from patients but this is done on an *ad-hoc* basis, rather than formally and is not being used for programme development. However, the panel did note that the programme is piloting a new system and are encouraged by the school's desire to develop better systems for feedback. An update on the implementation process and how any feedback that has been gathered is being utilised for programme development should be provided via the response to this report as well as GDC annual monitoring process.

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

The clinics that the students used are all on UCLH Trust premises and therefore fall under the governance structures, policies and procedures of the Trust. All sites are set up in a similar way to ensure students are receiving a similar educational experience across all clinics. The panel had sight of the inspection report conducted by CQC.

As the programme is part of a dental hospital and all patients are referred, the students are often seeing patients with complicated treatment plans who are expensive to treat at a dental practice. As a result, the students had limited exposure to routine adult restorative procedures. However, from the clinical data that the panel reviewed, the students were seeing a suitable number of paediatric patients.

Currently patient feedback isn't being collected but a new feedback form has been developed and students were involved in the question setting. The panel noted that this is positive and the school is looking to develop more ways to gather feedback. An update on the patient feedback survey should be provided via the response to this report as well as in the annual monitoring return.

#### **Actions**

<b>No</b>	<b>Actions for the Provider</b>	<b>Due date</b>
9	The School must provide an update on the development of review of curriculum (blueprinting and mapping documents)	Update to be provided as part of response to report and via annual monitoring
9	The School must provide an update regarding obtaining further administrative support for the programme	Update to be provided as part of response to report and via annual monitoring
11 & 12	The School must provide an update on the development/implementation of the new patient feedback system	Update to be provided as part of response to report and via annual monitoring

**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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18. The provider must support students to improve their performance by providing regular feedback and by encouraging students to reflect on their practice.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Assessment must be fair and undertaken against clear criteria. The standard expected of students in each area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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.

#### **GDC comments**

**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. (Partly Met)**

A thorough assessment strategy is in place to reflect the curriculum content and to demonstrate achievement of the learning outcomes. Multiple methods of assessment are used to provide evidence of progression in development as a clinician.

The panel saw evidence of how each of the learning outcomes are assessed. The panel were told that blueprinting of assessments against learning outcomes was nearing completion but were not able to ascertain how far advanced this process actually was. The Panel would like an update on this as part of the school's observations via the report and subsequently, during the GDC annual monitoring exercise.

The panel saw evidence that students were gaining experience in the full range of learning outcomes, but it was noted that the students were getting insufficient experience of appropriate adult restorative cases. This had also been a concern during the inspection of this programme in 2009. The programme leads acknowledged that adult restorative cases are in short supply but provided the panel with a detailed plan about how they were addressing this.

An update from the school relating to adult restorative number was requested in October 2017. It was noted that limited progress had been made and that further experience in adult restorative cases was needed before students were at a safe beginner level. For the current final year cohorts, further experience was gained in the simulated laboratory before the students graduated. As this is an issue for all future cohorts, it will continue to be monitored to ensure that further cohorts are demonstrating attainment across the full range of learning outcomes.

The panel are aware of the difficulties faced in obtaining a sufficient number of adult restorative patients, however, the programme must find sustainable solutions to this problem to ensure that future cohorts achieve an appropriate range and breadth of experience in all areas.

Concerns were also raised by the programme team relating to the supply of paediatric patients. There were no concerns relating to the range and breadth of experience for the graduating cohort, but this issue will be monitored to ensure future cohorts are treating an adequate range of patients.

**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 Partly Met)**

The panel noted that records of practical and clinical assessments are held for each student in their assessment folder and results of all gateway assessments and other assessments are held in students' assessment folders, by their personal tutor and on a central data base.

A paper-based record management system is in place that appeared to the panel to lack coherency. When the panel asked for a summary of these records/numbers the school did not have them to hand. However, an update on these figures was provided at the examination inspection. It was noted that although students' clinical data is recorded the management of records needs improvement and collation onto a central database on a more regular basis. This will ensure that student progress can be monitored more formally and effectively, ensuring any concerns with a student are picked up in an efficient and timely manner.

**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 Partly Met)**

Because of the way in which patients are referred in to the teaching hospital, the number of standard adult restorative patients being seen by the therapy students was low. The commissioners' reports as well as the external examiners report had both raised this as a concern. The school was aware of these shortfalls and provided the panel with an action plan of how they hoped to increase the number of adult restorative patients.

As noted in requirement 13, the panel had concerns about the lack of adult restorative experience. For the current final year cohorts, further experience was gained in the simulated laboratory before the students graduated. As this is an issue for all future cohorts, it will continue to be monitored to ensure that further cohorts are demonstrating attainment across the full range of learning outcomes.

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

Assessments are designed and reviewed by the teaching team. Input from students and nursing staff is used at both the design and implementation stages. Feedback from assessor teams after the OSCE and written papers is collated and fed back to refine the assessment design.

Changes to the assessments have been made due to departmental responses to feedback from clinical incidents and a recent serious incident investigation. Feedback from assessments and performance data from assessments is discussed at teachers' meetings.

The panel did not see evidence of completed blueprinting of all assessments and heard contradictory reports of the state of readiness of a blueprinting. Completed blueprinting documentation should be included in the response to this report and via the next annual monitoring return.

**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 Partly Met)**

Students receive feedback from tutors, both verbal and written, as part of the clinical skills continuous assessment and as part of the clinical skills competency assessments. Verbal and

written feedback is also provided by tutors during clinical sessions. Students also receive feedback from other students and dental nurses on clinic; this is reflected in the mark a student receives during a clinical session.

Students felt that there was variation in the grading between different tutors. Tutors are not given formal calibration training. Calibration training would help to ensure more consistent gradings.

Patient feedback is encouraged, but this is usually informal. However, a new patient feedback system for individual students is currently being trialled. The panel would like to receive an update on how the trial is progressing.

**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)**

Following all gateway assessments, students receive feedback on their performance. During observed clinical tasks, OSCEs and clinical competencies, students receive verbal and written feedback. Marksheets are made available for students to review, these highlight areas of good practice and areas for improvement.

Students are also required to complete reflective logs after each gateway assessment. These comments are used as the basis for their progression interviews.

The panel noted that students were supported throughout the programme by their personal tutors and the staff. They saw evidence of an appropriate level of feedback, both formal and informal, which helped to support the students' performance. The students were all positive about the level of support they received from the programme staff and spoke about how their reflective practice helped them address what went well and areas where they need to improve.

**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 panel were provided with evidence of the examiners' and assessors' mandatory training log, including training in equality and diversity and their registration details. All teaching staff hold current GDC registration and are appropriately qualified, however, some felt that they would benefit from further training to undertake the task of assessment more confidently and to ensure that calibration amongst tutors was occurring.

All FGDP examiners are GDC registered and have relevant experience in teaching and assessing dental hygiene and/or dental therapy students. Once appointed, examiners attend a training day run by the FGDP and new examiners shadow an experienced examiner before acting as an examiner themselves.

**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 role of the external examiners is defined by the FGDP. The finals examiner acts as a moderator for the written papers that are double blind marked by two programme examiners. The case presentations are examined by a programme examiner and an FGDP examiner.



All external examiners are required to complete a report after each round of the examinations which is then returned to the FGDP and analysed by the Chair of the examination board. If required, actions are taken up by the FGDP and reported at the examination board meetings. The examiner reports and the analysis are sent to the programme lead and an action plan is drawn up to address any issues as necessary.

The panel saw evidence of new FGDP examiners shadowing other examiners to ensure that they gained experience of the examiner role and were trained appropriately.

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

The FGDP has clear guidelines on marking schemes and criteria. The examiners were provided with a standard set of questions that could be asked during the case presentations and a clear marking scheme with grade descriptors was used to determine marks. A pre-examination meeting took place and ensured that all examiners and external examiners were aware of their roles, that the marking scheme was discussed, and that all examiners were aware of how they would deal with discrepancies in marks between the two examiners. Time was provided between each case presentation for the examiners to discuss their mark allocations and determine a final mark for each student.

The panel did not see any evidence of standard setting taking place for assessments leading up to the FGDP exams, but were told by the programme staff that this was currently being addressed. An update on the progress of the standard setting process should be included response to this report and via future annual monitoring returns and in the next annual monitoring return.

#### **Actions**

<b>No</b>	<b>Actions for the Provider</b>	<b>Due date</b>
13 & 16	The School must provide an update on the update on the progress of the blueprinting documentation	Update to be provided as part of response to report and via annual monitoring
13	The School must provide an update on the current paediatric experience students are obtaining.	Update to be provided as part of response to report and via annual monitoring
13 & 15	The School must provide an update on the how the shortfall in adult restorative experience are being addressed for future cohorts	Update to be provided as part of response to report and via

		annual monitoring
14	The School must provide an update on how students clinical records are updated and reviewed to ensure student progression is monitored regularly.	Update to be provided as part of response to report and via annual monitoring
17	The School must provide an update on the patient feedback system that is being trialled.	Update to be provided as part of response to report and via annual monitoring
21	The School must provide an update on the progress of standard setting for all assignments.	Update to be provided as part of response to report and via annual monitoring

## Summary of Actions

Req. number	Action	Observations  Response from Provider	Due date
9	The School must provide an update on the development of review of curriculum (blueprinting and mapping documents)	<p>An outline of the blue printing and mapped documents are now being completed.</p> <p>UCLH Trust is currently in discussion with Universities to create a partnership in light of the changes to the way in which the programmes will be funded. Whilst some changes have been made to the curriculum, additional work has not been undertaken as the curriculum will need to be remapped to the University QA requirements and accreditation standards.</p> <p>After discussion with 3 universities a final decision with regards to provider proposals will be made mid-October.</p>	December 2018
9	The School must provide an update regarding obtaining further administrative support for the programme	<p>We appointed a Dental Education Manager in July 2018 to work with the programme lead to review support requirements to ensure programme delivery and quality are maintained.</p> <p>A business case justification for the recruitment of a 2<sup>nd</sup> Administrator on a permanent basis to provide continued support for this programme is under discussion.</p>	December/January2018
11 &12	The School must provide an update on the development/implementation of the new patient feedback system	A bespoke adult patient feedback form has been developed by staff for use in the school. The form has been tested with feedback from students. The form is currently in its final stages of sign off before implementation in the department.	September 2018

		<p>An additional feedback form for use by child patients and their parents is in development.</p> <p>The adult form will be introduced for students from Autumn 2018 and given to patients randomly and the responses will be collated and analysed. The findings will form part of the discussion between the tutor and the trainee during their 1:1 meeting, and will also encourage self-reflection.</p> <p>This information will be collated and reviewed and shared with tutors in a timely manner to enable an opportunity to discuss learnings in 1 to 1 meetings, provide the student with self-reflection experience and add to portfolio records.</p> <p>In addition, UCLH Trust monitors patient experience and feedback via the Friends and Family Test (comment cards) and Meridian system (an online survey). This information is shared across all departments and is anonymous.</p>	
13 & 16	The School must provide an update on the update on the progress of the blueprinting documentation	Detailed above –refer to item 9.	
13	The School must provide an update on the current paediatric experience students are obtaining.	<p>The recruitment of paediatric patients has been a challenge since the introduction of a new referral pathway by the commissioners in April 2018.</p> <p>Dental staff from the education centre and department of paediatric dentistry are working together on clinic to assess patients for the hygienists and dental therapists. There have been further discussions with the commissioners and the Senior Management Team. This has led to an increase in patient referrals.</p>	In progress

		The new patient clinic is supervised by a specialist in paediatric dentistry working alongside GDPs and therapy tutors	
13 & 15	The School must provide an update on the how the shortfall in adult restorative experience are being addressed for future cohorts	<p>A new referral pathway for direct referral of adult patients for restorative care into the department has been agreed with the commissioners.</p> <p>The new consultant led patient clinics will be set up for the dental therapy students to assess patients. This clinic will commence in late Autumn 2018.</p> <p>The commissioners have assured us that this route will help obtain the required number of patients. The referral pathway will be audited to ensure that the number of patients being referred is adequate for the training experience of the students.</p>	November/ December 2018
14	The School must provide an update on how student's clinical records are updated and reviewed to ensure student progression is monitored regularly.	<p>The records of clinical experience for each student are collated and held centrally, currently in paper format. Further review takes place during the student 1:1 meeting with their tutor, the aim of which is to assess and monitor student progression.</p> <p>A revised system of collaboration of student clinical experience has been developed (with student input). This is being implemented with additional administrator support.</p> <p>The partnership with a University will also bring changes and a modification to the way in which student clinical progression data is collected.</p>	
17	The School must provide an update on the patient feedback system that is being trialled.	Detailed above –refer to item 11 & 12.	

21	The School must provide an update on the progress of standard setting for all assignments.	<p>The standard setting has been completed under the guidance of the Faculty of General Dental Practitioners (FDGP).</p> <p>All written papers for the Final Examinations (FDGP) have been standard set with the staff team contributing to question writing and standard setting of questions at the annual examiners training day.</p> <p>The staff team have received training in standard setting at the FDGP and during staff development days within the department.</p> <p>All gateway assessments for both programmes now use standard set questions. For the intermediate examination at the (end of year 1) all questions were standard set for the examinations in 2017 and 2018 (staff work shop April 2017).</p> <p>For the mock examinations, September 2017 onwards. All questions have been standard set (staff workshop August 2017).</p> <p>For the Progression to Clinical Practice assessment the questions were standard set for January 2018. Review of all written assessments is an ongoing process.</p>	
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**Observations from the provider on content of report**