

# General Dental Council

## Education Quality Assurance Inspection Report

Education Provider/Awarding Body	Programme/Award
University of Liverpool	BDS and BSc in Dental Therapy

Outcome of Inspection	Recommended that the qualifications, delivered within a combined programme under the Centennial Curriculum, continues to be sufficient and approved for the graduating cohort to register as dentists or dental hygienists and therapists.
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**\*Full details of the inspection process can be found in Annex 1\***

## Inspection summary

<b>Remit and purpose of inspection:</b>	<b>Inspection referencing the <i>Standards for Education</i> to determine approval of the award for the purpose of registration with the GDC as a dental hygienist and therapist</b>
<b>Learning Outcomes:</b>	<b>Preparing for Practice for dental therapy</b>
<b>Programme inspection date(s):</b>	<b>18 and 19 January 2022</b>
<b>Examination inspection date:</b>	<b>14 July 2022</b>
<b>Inspection team:</b>	<b>Benjamin Walsh (Chair and non-registrant member) Andrew Buddle (Dentist member, programme inspection only) Jo-Anne Taylor (Dentist member) Kathryn Counsell-Hubbard (GDC Staff member)</b>

The Centennial curriculum delivered by the University of Liverpool (hereafter referred to as 'the School') is an innovative programme that combines the education of dental therapists with dentists. Students enter the programme in streams for either the BDS or the BSc in Dental Therapy but are otherwise completely combined so that clinical experience, levels of supervision and teaching are absent of delineation.

The complete enmeshment of the two streams was an aspect of the programme that was highly praised by students and is also an element which reduces the hierarchical culture that can be seen at schools where both Dental and Dental therapy students are taught as separate cohorts on different curricula. Patients are allocated to students based on learning need, rather than what programme they are on. Some transference of patients still exists between the Centennial curriculum students and those still on the 'classic' BDS, but those students who will remain on the Centennial curriculum for the final two BDS years will have had the unique opportunity to work as part of a multidisciplinary team early in their career.

Because the students are working to the scope of a Dental therapist for the first 3 years, clinical supervision is often provided by Dental therapy supervisors. Dental therapy Supervisors review and agree patient care plans, which constitutes direct access. This is quite innovative compared to other schools, but the additional consideration exists in finding dental therapist supervisors who are willing to work within direct access arrangements. There is no suggestion that this is an issue for the school, but it is a facet that was explored in some detail and will be an ongoing consideration as and when staffing changes occur.

The critical part of the programme occurs in Year 3 when final year assessments take place for the those on the therapy stream. All students undertake the same assessments but while these are the final steps to achieving their qualification for the therapy students, for the

dental students these act as the gateway to their final two years. This report comments on the programme up to and including Year 3 but also constitutes the rationale for recommending the programme for approval for dental therapists. A further inspection will be undertaken in 2023/24 to examine the sufficiency for BDS students.

Staff across the School demonstrated a highly coordinated approach to the implementation of the new curriculum and a commitment to the values underpinning this transition. The panel were also impressed by the cohesive and well-considered structures in place to support student welfare and inclusion at the School.

In total, the panel were impressed with the programme and the commitment of the staff involved in its delivery and look forward to visiting again in 2023/24.

The GDC wishes to thank the staff, students, and external stakeholders involved with the University of Liverpool for their co-operation and assistance with the inspection.

## Background and overview of qualification

Annual intake	72 BDS and 16 BSc Dental Therapy
Programme duration	114 weeks over 3 years (Bsc) and 195 weeks over 5 years (BDS).
Format of programme	<p>Year:</p> <p>1: knowledge development (inc. clinical sciences), psychosocial skills development, comms skills development, shadowing clinic attendance, simulated clinical experience, medical emergencies training, direct patient treatment (within therapy scope of practice) – prevention and basic periodontal management</p> <p>2: knowledge development (inc. clinical sciences), psychosocial skills development, comms skills development, shadowing clinic attendance, simulated clinical experience, medical emergencies training, radiography, direct patient treatment (within therapy scope of practice) – prevention, full periodontal management, direct restorations, caries management in primary teeth, paediatric extractions, relevant oral medicine.</p> <p>3: knowledge development (inc. clinical sciences),, psychosocial skills development, shadowing clinic attendance, simulated clinical experience, outreach experience, radiography, research project, direct patient treatment – full scope of therapy practice</p> <p>4. knowledge development, psychosocial skills development, shadowing clinic attendance, simulated clinical experience, medical emergencies training, direct patient treatment (dentistry scope of practice) – prevention, full periodontal management, direct restorations, caries management in primary teeth, fixed and removable prosthodontics, endodontics, radiography, orthodontics, paediatric and adult extractions, oral medicine outreach experience.</p> <p>5. knowledge consolidation, psychosocial skills consolidation, shadowing clinic attendance, simulated clinical experience, medical emergencies training, outreach experience, quality improvement project, radiography, direct patient treatment – full scope of dental practice</p>
Number of providers delivering the programme	One

## Outcome of relevant Requirements<sup>1</sup>

<b>Standard One</b>	
1	Met
2	Met
3	Met
4	Met
5	Met
6	Met
7	Met
8	Met
<b>Standard Two</b>	
9	Met
10	Met
11	Met
12	Met
<b>Standard Three</b>	
13	Met
14	Met
15	Met
16	Met
17	Met
18	Met
19	Met
20	Met
21	Met

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<sup>1</sup> All Requirements within the *Standards for Education* are applicable for all programmes unless otherwise stated. Specific requirements will be examined through inspection activity and will be identified via risk analysis processes or due to current thematic reviews.

### 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.

**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)**

Learning is completed incrementally, from theoretical teaching to simulated practice in phantom head and then observation in the clinical area before participation in provision of care to patients after the gateway. The early clinical exposure in the first year of the programme is a key part of this learning and highly regarded by the students. Gateways are composed of milestones to which key skills are mapped and underpinned by summative assessments of skills accrued to date. The clinical forms required for observation of specific procedures on patients are only released on the central recording system, LiftUpp, once the student has passed the requisite assessment. This provides a safeguard to ensure that students do not undertake procedures on patients until the necessary milestones have been met.

Furthermore, the School utilises a Clinical Safety Panel which consider the summative achievements and longitudinal performance of students before they enter the clinical area to work with patients.

**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)**

Students from the programme are identified by the scrubs worn and signage is present to advise patients that students will perform treatment. Appropriate forms are in use.

The panel questioned the information given to patients and whether the use of the term “dental student” was misleading, as the term may be misunderstood by patients who could perceive this to mean that all students are training to be dentists. This was not found to be a problem currently, however the School is urged to keep the situation under review to consider whether more delineation in terminology is required in future to keep patients appropriately informed.

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

The School utilises NHS Health Board facilities and hold meetings whereby both parties can share information and discuss issues. The standard incident recording system Datix is in use. The panel were able to attend the year 3 – CLC3 – final summative OSCEs to see the clinical areas, as well as touring the facilities during the programme inspection. No concerns were highlighted as a result of observing the clinical areas.

Teaching on equality, diversity and inclusion is included within the milestone assessments (discussed more under Requirement 13) and therefore are fully integrated into the programme. OSCE stations included assessment of issues relating to equality and diversity and discrimination.

An ongoing issue exists with the recruitment and retention of staff dental nurses within the dental hospital allied with the School. This is sufficiently recorded in risk data. The allocation of experienced staff dental nurses to students is managed at the start of clinical sessions, this is important to ensure patient safety is appropriately prioritised. The reduced amount of qualified, registered dental nurses poses an issue in terms of experienced peer support to students, and students also may have reduced levels of informal feedback from an experienced peer which is useful for formative learning. However, students work clinically in pairs, so some peer support is provided, and the issue of dental nurse staff levels continues to be worked on by the School and their NHS partners.

**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)**

The staff-student supervision ratio was found to be commensurate with other schools. Consultants are always assigned to clinics on rota to provide extra support if required. A huddle system is used in the clinic to effectively 'book-end' patient interactions and affords an opportunity to check students understanding of planned procedure & appraise their confidence levels before and to provide and discuss feedback afterwards. When a patient does not attend, the students can bring a portable phantom head into the clinical area which allows them to practice skills while still being supervised and, importantly, provides an opportunity for assessment and feedback to be provided on a simulated procedure.

The students with which the panel met were content with the supervision arrangements and did not feel that they had an excessive wait to be seen by their supervisor.

Due to the dual nature of the programme some of the supervisors are dental therapists. This is appropriate to the skills being practised by the Centennial curriculum students due to the stipulation that they work up to the scope of a dental therapist only, even if the CLC3 students progress onto the two BDS-specific years of the programme. However, it should be noted that a therapy supervisor must be willing to work under direct access, as they are required to plan and authorise the care proposed by the students. This is not an issue and certainly within the scope of the governing GDC guidance, but the panel felt that the School must continue to be explicit as to the arrangement under which dental therapy supervisors will be expected to work should further recruitment happen in the future.

**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)**

New supervisors to the programme shadow experienced members of staff to learn about the programme and to calibrate in preparation for the assessment of students. Shadowing is followed by a peer-to-peer discussion. The central recording system, LiftUpp, is in place across all clinical areas, including outreach, which means that all supervisors are using the same tool to provide feedback and award developmental indices to students. Mandatory training is provided on the use of LiftUpp.

Calibration takes place to allow for standardisation between the dental hospital and the outreach sites. Prior to COVID this calibration took place at an annual meeting held in-person. Since COVID the School have managed to replicate this session online.

All clinical members of staff are appropriately qualified and registered. Staff away days and CPD events are provided by the School, including training on equality and diversity.

**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)**

Teaching on raising concerns and the need for candour is included within the Personal Development and Wellbeing module of the programme. In practice, students know where they can find information on how to escalate a concern centrally and the Academic Advisor (AA) meetings also provide a forum for concerns to be shared. Supervisors can flag issues using the clinical alerts functionality on LiftUpp. Raising concerns is supported by guidance and policy documents.

For placements, local measures are in use and the guidance for these are included within pre-placement briefing sessions. An example of a concern being addressed on placement was provided to the panel, who were assured that appropriate measures are in place.

**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)**

A full health and safety structure is in place supported by Datix and also LiftUpp, via the clinical alerts. The School have used these mechanisms to identify issues, including a recent example of a high number of fissure sealants. This issue was identified, investigated, discussed with staff and students, and a new process then implemented. The School also keep their own risk records of which the panel had sight.

Work is ongoing to integrate Datix with LiftUpp but in the meantime both are reviewed on a weekly basis.

Students undertake an audit as part of the curriculum. This is an additional mechanism through which issues can be escalated and resolved. The panel were able to talk to representatives from the outreach sites who have strong links to the School and reported that they would disclose an issue to the dedicated outreach co-ordinator in the first instance.

**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)**



Evidence was provided of a specific local procedure for dealing with student fitness to practice concerns. This is included within the curriculum and students reported to the panel that they knew how to access the information. One student was able to disclose that they had been through the process, and this was resolved at the programme level.

Students reflected on how rigorous their induction onto the programme had been and recognised the importance of maintaining standards as students on a course leading to professional registration.

Professionalism is a key component of every patient contact and is also assessed if students are working with phantom heads. This data is logged on LiftUpp which can be viewed by clinical supervisors, AAs and the programme team, allowing for possible professionalism issues, which could lead to a larger fitness to practice concern, to be identified quickly.

## **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.**

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

Three main groups govern the quality of the programme, consisting of the Undergraduate Programmes Management Group (UPMG), the Board of Studies and the Curriculum Board. Each have management for a different facet of the programme but can feed into each other and are informed by other groups, such as the Staff Student Liaison Committee (SSLC). The Curriculum Board is usually where changes are proposed and agreed prior to being escalated to the Board of Studies, chaired by the Dean of the School of Dentistry. Changes can also be identified through the UPMG. Additional scrutiny exists for the programme in the form of a Curriculum Steering Group due to this being a new programme.

Small changes and revisions can be made to the programme responsively as it runs, but yearly reviews are also in place to look at the programme as a whole. Feedback from SSLC, the National Student Survey and the external examiner (EE) reports all feed up through the committee structure. Clear terms of reference were seen for all groups and staff present in meetings with the panel appeared to understand the structure.

**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 Met)**

Examples of changes being implemented to improve the quality of the programme were provided. The School previously identified that additional work was required to monitor the outreach placements and co-ordinate these. A member of staff is now the placement co-ordinator, and this has been a successful change.

Other mechanisms to support quality management include the risk log, Datix, clinical alerts from LiftUpp and feedback. Students are asked to complete evaluations of each component of

the programme and the feedback is considered by the component lead before being escalated through the committee structure.

The panel found the role of the student voice to be well embedded and considered that the School's receptivity to student feedback is a strength of the programme.

**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 Met)**

The COVID-19 pandemic has impacted on the School's ability to collect patient feedback over a period of time. Students have tried hard to meet the requirements imposed for progression, but the School has allowed some leniency. The use of the patient feedback is covered under Standard 3. The EE reports provide externality, and examples of these were seen. External examiners commented on how positively the school had received their feedback and noted the school's responsiveness where any possible improvements were suggested. Additionally, the programme is subject to periodic review by the University.

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

LiftUpp is used in all clinical sites including outreach, meaning that the programme leads can scrutinise all data to the same degree. Students reported that although their clinical experiences varied to some extent in the different outreach locations, they felt they were appropriately supported and assessed in a standardised way. Formal feedback is obtained from both students and patients and considered at key progression points of the programme. The School has a dedicated member of staff to oversee outreach placements who looks at the experience obtained from each site. Placements are a standing item on the UPMG agenda which is attended by the placement lead. The panel saw evidence of the quality assurance systems in place for placements, including protocols for induction and review.

### **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.**

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

The programme is based around curriculum milestones, which are mapped to the learning outcomes within Preparing for Practice. These milestones are in place for each year of study

but build in complexity as the student progresses. This means that skills are not learned once in isolation but are revisited and improved upon. Testing of these milestones is included within the final summative assessments and is clearly blueprinted.

The use of the milestones and the extensive mapping of these across assessments and learning outcomes is a strong component of the programme as are the multiple ways in which student's performance data is obtained, analysed and utilised. LiftUpp allows for clinical interactions and feedback to be recorded in detail, which allows for comprehensive and regular review by the programme team. The students must also meet with their AA every term and are required to reflect upon their clinical, academic and professional development and to identify their individual learning needs. Students also set their own goals and receive guidance from the AA to help achieve them. Examples of student's self-reflection frameworks were provided to illustrate this activity.

A Clinical Progress Panel (CPP) is in place to make progression decisions about the students and to consider the level of clinical experience attained in relation to the standard of a safe beginner. A comprehensive breakdown of the available data is examined by the CPP, comprising not only LiftUpp but also measuring compliance with other facets of the programme, such as the formal feedback mechanisms (examined in greater detail under Requirements 14 and 17), attendance records, and medical emergency training. This review of students 'in the round' allows for decisions to be made based on a student's entire performance and is not solely reliant on the 'cold' data of numbers extracted from the central recording system.

It was evident that the School have considered every facet of the programme; the School uses multiple discussion points and ways of gathering data which allows for contextualised evidence-based decisions to be made.

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

As mentioned previously, LiftUpp is utilised across the programme to record simulated and patient interactions in detail, including details such as the area of the mouth worked on and the level of complexity of the task. LiftUpp has been recognised by the School as a single point of failure on their risk analysis documentation. However, the School will be working towards replacing the examination part of LiftUpp with a system that more adequately meets their needs, and reduces part of the risk in the Schools' analysis.

The LiftUpp data is reviewed at least termly but in the past few months this has increased to monthly for the BSc students due to them nearing their exit point. Regular monitoring enabled tailored action plans to be put in place to support student progression. While extremely important, the LiftUpp data is supported by other sources, such as the AA meetings records, the Patient Recorded Experience Measures (PREMs) and the Student Recorded Experience Measures (SREMs). These multiple sources of data allow for a student to be assessed based on all aspects of their experience.

The panel saw evidence of mapping between the learning outcomes and the assessments, meaning that the School can review a student's data at any time, including their progress through the Clinical Safety Panels, to accurately monitor their competence. These multiple mechanisms give assurance that the student journey is well documented and monitored.

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

The panel were able to view some of the student experience data examined at the Clinical Progress Panel followed by its' ratification at the Board of Examiners meeting. Retrospective, anonymised analysis of data was undertaken. The range and complexity of procedures undertaken was evaluated alongside student's consistency of competence. Both groups confirmed that students had attained sufficient competency to graduate the programme.

The School has experienced difficulties through the COVID-19 pandemic like all other dental training facilities across the country and has taken measures to counter the impact. More recently, the skills required of the BSc students close to completion have been accelerated and their access to clinical experience has taken precedence over their BDS peers. This has been counter-intuitive to the concept of the programme whereby the intention is to remove any delineation between the two student streams up to and including CLC3. However, prioritisation of the BSc students' clinical opportunities has meant that they have had access to more complex and rare procedures, such as extractions of primary teeth, to allow them to be a safe beginner upon graduation. The School must now focus on supporting and upskilling the soon-to-be Year 4 BDS students to get them to the required level to embark upon their last two years of study. Although this presents a significant challenge to the School in terms of working to prevent a 'trickle down' effect which would see earlier years of the programme having to work hard to make up for experience given to more senior students, the panel understood the importance of the measure to accelerate the graduating cohort of BSc students in this instance.

Indeed, the BSc students will complete the programme with clinical experience commensurate with pre-pandemic levels, and the School should be commended for this. The panel did also note that opportunities for extractions of primary teeth to continue to be a challenging area of experience, and the School should monitor this closely to make sure that student experience does not decline in the future.

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

Summative assessments are reviewed each year through multiple exercises including scrutiny and standard setting of individual questions and OSCE stations and discussions with examiners. The School have access to a statistician who can give substantial support in analysing question performance and aggregating marks into data for the CPP and the Board of Examiners. The University requires the School to convert the pass mark to 50% of the overall marks available. The cohort's performance and examiners' judgement of the minimally competent level are factored into this process.

The OSCE observed by the panel was exceptionally well run and consisted of 15 stations (19 stations in total but four were rest stations) including three 'live' stations with an actor. The panel were content with the complexity and range of the examination, although questioned whether an OSCE was the most efficient method of assessment given that the majority of the stations were written tasks which could have been tested by alternative, less staff intensive methods. It was accepted that a strictly timed OSCE imposes temporal pressure upon a candidate who must complete specific tasks within a specified timeframe. The panel would be

interested to note any changes to the assessment method when the BDS inspection is completed in 2023/24.

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

PREMs and SREMs are the formalised methods for feedback to be gathered from different sources, and both feed into the Clinical Progression Panel. The School imposes targets for the numbers of PREMs and SREMs to be completed, although some leniency was allowed for the PREMs feedback due to the difficulties posed by COVID-19. As well as these, dental nurses in the clinical area are able to give feedback to students on LiftUp.

The School run an OSCE approximately four months prior to the final summative OSCE as a formative exercise for the students. This not only allows students to gain familiarity with the assessment methodology, but also to reflect on their performance and be given feedback that they can use both in practice and when they take the summative OSCE. Statistical analysis allows the School to see how much students have improved between the two assessments, and typically students improve by 10-15%.

The actors used in the OSCEs were able to assign a small number of marks to the students, for communication, empathy and professionalism. The School may wish to consider the actors, being members of the public, could provide a greater level of feedback for the students through the process. This would be especially useful for future diets as due to a discrepancy, the actor marks had to be discounted from one of the stations in the current round. As such an opportunity to receive stakeholder feedback was lost.

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

The formative OSCE and the PREMs system both offer excellent opportunities for students to reflect and improve their practice. Reflection is also an element of the AA meetings, at which the AA may access all the student's data and probe into things that have gone less well.

While delayed due to COVID-19, the School plans to implement a student Portfolio of Developmental Evidence to support self-reflection as part of the Personal Development and Wellbeing component.

Pastoral support is offered and details on how to access such support was a feature of the email going out to students following the ratification of marks at the Board of Examiners meeting. This integration of the pastoral with the academic was seen as a positive feature of the programme, and access to such support allows students to reflect on why their performance potentially has not gone as expected and to start to formulate a plan to move forward. Students with which the panel met were positive about the quality of academic and pastoral support on the programme and the role of the Academic Advisory system.

**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)**

A clear mechanism is in place for training new examiners, similar to that utilised for new clinical supervisors. For the OSCE, new examiners observed the assessment and will then examine the formative assessment in the following academic year. Depending on performance, they can then examine the summative OSCEs moving forward. The panel observed detailed and robust calibration discussions between examiners at the OSCEs.

**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 School use several EEs to review elements of the programme and observe the summative assessments. Two EEs were at the OSCEs and also attended the CPP and the Board of Examiners. The EEs are invited to comment at both meetings ahead of their formal report, which they submit once a year.

The panel were able to meet with the EEs who both reported that there is clear communication from the School. When an EE suggests a change, this is always addressed, either through explanation as to why it cannot be implemented or confirmation that the change has or will be made. An EE suggested an annual meeting of all the EEs be implemented to allow for calibration and to meet the students. This has been implemented and was reported to be working well.

Both EEs were content with the running of the exams and the information they had seen, neither raising a concern either formally or to the panel.

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

Ahead of the summative OSCE the panel saw clear briefings given to both staff and students. Students were divided across a morning and an afternoon session and appropriate measures put in place to ensure neither group could communicate with the other ahead of their exam. Information was provided to students both verbally and in writing to make sure they understood what was required of them. Marking criteria for each station was seen and found to be comprehensive. Consistency was seen across both circuits of the OSCE and the calibration conducted between examiners prior to the assessment was found to be exemplary.

Standard setting involves a mix of Angoff and borderline regression to create an appropriate pass mark. Professional judgement is used for marking students but, as mentioned previously, marking criteria is clear and calibration exercises are undertaken. Cohort performance is analysed for each question/station to ensure that the required complexity is achieved and examiner assessment is aligned.

The marks given by examiners of the same station on the two OSCE circuits were statistically analysed to ascertain whether there was consistency. Where marking diverged over 20% the marks were discussed with the examiner to ensure the mark scheme had been applied consistently and marks awarded in a standardised way. This provided an additional layer of assurance that assessment was valid, calibrated and appropriately standard set. The School are to be commended for their scrutiny and data analysis.



## Summary of Action

Requirement number	Action	Observations & response from Provider	Due date

## Observations from the provider on content of report

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## Recommendations to the GDC

<b>Education associates' recommendation</b>	The BSc (Hons) in Dental Therapy is approved for holders to apply for registration as a dental therapist with the General Dental Council.
<b>Date of reinspection / next regular monitoring exercise</b>	BDS to be inspected in 2023/24



# Annex 1

## Inspection purpose and process

1. As part of its duty to protect patients and promote high standards within the professions it regulates, the General Dental Council (GDC) quality assures the education and training of student dentists and dental care professionals (DCPs) at institutions whose qualifications enable the holder to apply for registration with the GDC. It also quality assures new qualifications where it is intended that the qualification will lead to registration. The aim of this quality assurance activity is to ensure that institutions produce a new registrant who has demonstrated, on graduation, that they have met the learning outcomes required for registration with the GDC. This ensures that students who obtain a qualification leading to registration are fit to practise at the level of a safe beginner.

2. Inspections are a key element of the GDC's quality assurance activity. They enable a recommendation to be made to the Council of the GDC regarding the 'sufficiency' of the programme for registration as a dentist and 'approval' of the programme for registration as a dental care professional. The GDC's powers are derived under Part II, Section 9 of the Dentists Act 1984 (as amended).

3. The GDC document 'Standards for Education' 2nd edition<sup>1</sup> is the framework used to evaluate qualifications. There are 21 Requirements in three distinct Standards, against which each qualification is assessed.

4. The education provider is requested to undertake a self-evaluation of the programme against the individual Requirements under the Standards for Education. This involves stating whether each Requirement is 'met', 'partly met' or 'not met' and to provide evidence in support of their evaluation. The inspection panel examines this evidence, may request further documentary evidence and gathers further evidence from discussions with staff and students. The panel will reach a decision on each Requirement, using the following descriptors:

A Requirement is met if:

"There is sufficient appropriate evidence derived from the inspection process. This evidence provides the education associates 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”

5. Inspection reports highlight areas of strength and draw attention to areas requiring improvement and development, including actions that are required to be undertaken by the provider. Where an action is needed for a Requirement to be met, the term ‘must’ is used to describe the obligation on the provider to undertake this action. For these actions the education associates must 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 monitoring process. Serious concerns about a lack of progress may result in further inspections or other quality assurance activity.

6. The Education Quality Assurance team aims to send an initial draft of the inspection report to the provider within two months of the conclusion of the inspection. The provider of the qualification has the opportunity to provide factual corrections on the draft report. Following the production of the final report the provider is asked to submit observations on, or objections to, the report and the actions listed. Where the inspection panel have recommended that the programme is sufficient for registration, the Council of the GDC have delegated responsibility to the GDC Registrar to consider the recommendations of the panel. Should an inspection panel not be able to recommend ‘sufficiency’ or ‘approval’, the report and observations would be presented to the Council of the GDC for consideration.

7. The final version of the report and the provider’s observations are published on the GDC website.