General Dental Council

protecting patients,
regulating the dental team

Education Quality Assurance Inspection Report

Education Provider/Awarding Body	Programme/Award	Inspection Date(s)
University of Liverpool	Bachelor of Dental Surgery (BDS)	27-28 March 2019

Outcome of Inspection	Recommended that the BDS continues to be sufficient for the graduating cohort to register as dentists

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

Inspection summary

Remit and purpose of inspection:	**Inspection referencing the *Standards for Education* to determine approval of the award for the purpose of registration with the GDC as a dentist**
Requirements for risk-based focus:	**4, 9, 11, 13, 15, 17 and 19**
Learning Outcomes:	***Preparing for Practice – dentistry***
Programme inspection dates:	**27 to 28 March including post-inspection meeting**
Inspection team:	**Susan Morison** (Chair and Non-registrant Member) **Andrew Buddle** (Dentist Member) **Andrew Harris** (Dentist Member) **Ilona Johnson** (Dentist Member) **Kathryn Counsell-Hubbard** (GDC Staff Member) **Scott Wollaston** (GDC Staff Member)

The BDS programme delivered by the University of Liverpool (hereafter referred to as the "provider") is an evolving course that continually seeks to evaluate and improve. The programme will be undergoing significant change from September 2019 when a new curriculum is introduced. The Centennial curriculum will improve and formalise some parts of the programme. The panel accepted that significant changes will be implemented but were also mindful that, based on the current curriculum upon which the inspection focused, there are some areas for improvement.

One area identified for improvement was the students' awareness of raising concerns. During meetings with groups of students, the panel found that more work needs to be done to ensure the continual awareness of, and confidence in using, the defined raising concerns pathways. Another potential area of concern was future funding, in particular with the provider's ambition to relocate and build a new dental hospital and school. An element of the future funding strategy rests with being able to influence the spending of monies paid to the local Trust from Dental SIFT. These plans are at an early stage and the panel trusts that the provider will update the GDC should funding become a definite issue in the future.

Counteracting the weaker elements of the programme was the highly effective use of IT, an engaged student body, a wide range of clinical experience on offer and a highly experienced programme management team. The panel was confident that the provider has the relevant resources to address any areas requiring improvement.

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

Background and overview of qualification

Annual intake	72 students
Programme duration	192 weeks over 60 months/ 5 years
Format of programme	Year 1: Core knowledge/basic science, clinic shadowing, early operative skills, comms skills 2: Core knowledge/basic science, clinical skills preparation (adult and child)/ early patient management, radiology, BLS 3: Direct patient treatment – including restorative & oral surgery (adult and child), radiology, BLS, Orthodontics 4-5: Law and ethics, direct patient treatment (adult and child), inhalational sedation, secondary care clinic attendance (Oral medicine, dental A&E, Special care, IV sedation), medical emergencies, outreach, placements
Number of providers delivering the programme	University of Liverpool School of Dentistry is the education provider for the BDS programme

Outcome of relevant Requirements[1]

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

[1] 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)***

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)***

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)***

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 Partly Met)***

The staff to student ratios across a range of clinics were discussed with the panel. Consistent information was received from staff and students. The staff-student ratio for non-specialist clinics within the adult dental health stream was found to be low at one supervisor for every eight students. This low ratio was a concern but the panel found that as a cover member of staff is always timetabled to assist the primary clinical supervisor if necessary, this mitigated the risk to a degree.

The panel found that staff-student ratios and requests for additional cover were not supported by or formalised in policy. The decisions regarding the use of a cover supervisor or when students may request other students to come onto clinic and provide nursing support for them were not standardised. The supervising clinician could make this decision as they felt appropriate rather than following a defined decision-making pathway. There was no evidence that staff-student ratios are subject to any form of review to ensure they are consistent and in keeping with standards across a range of similar programmes at other schools.

Nursing support was highlighted by the panel as an area of critical concern. Information received from students was highlighted in meeting minutes in the quality management framework identified inadequate staffing ratios in this area also. Students reported that nursing staff either were not available or were resistant to assisting students. This created situations where some students had to essentially practice single-handed dentistry which is not included explicitly as a taught component within the curriculum. We saw an example of such an instance when the panel toured the clinical area.

The panel also met with outreach tutors from the primary care placements who gave reassuring accounts as to the type of supervision provided. However, the provider does not produce or provide any guidance on how outreach tutors should supervise students or at what stages they should check elements of the student's work. The panel understands that such guidance will be forthcoming but it is not currently in place.

To fully meet the Requirement, the provider must formalise their staff-student supervision ratios so that there is a documented process with minimum ratios and how to mitigate against unforeseen absences. The provision of adequate nursing support must continue to be an issue on the BDS management team's agenda and they should continue to work with NHS partners to ensure nursing coverage. If this is not possible, clinical practice must be altered so that students are not in a position where they have to practice single-handed dentistry. A supervision guidance document for the outreach tutors must be produced and shared as soon as possible to ensure consistency of experience for students.

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)*

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)*

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)*

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)*

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 Partly Met)*

The programme is well run with a strong management infrastructure. An effective quality management framework is in place consisting of a committee structure and excellent IT resources in the form of the Longitudinal Integrative Foundation Training Undergraduate to Postgraduate Pathway database (LiftUpp). The panel was impressed with the mapping on LiftUpp which allows staff to view information on the curriculum and learning outcomes with little effort. The panel had sight of the committee structure and several examples of changes to enhance the quality of the programme were shared and discussed.

The panel did identify one weakness in the quality management framework. Some students showed an apparent lack of understanding of some aspects of professionalism and raising concerns. Although they were able to identify and describe some of the issues that may indicate and necessitate raising a concern, they appeared unaware of how to formally raise a concern. The panel was content that these topics are covered in the curriculum and that relevant policies exist, but the lack of consistency in student understanding and comprehension of these issues is a concern that had not been identified by the provider.

LiftUpp is due to be rolled out to the primary care outreach placements. The panel encourages this change but were concerned by other elements of the outreach management processes.

Students attend other placements outside of the Dental Hospital aside from the primary care placements. The BDS management team do not consider these placements to form part of their outreach offering as three out of the four placements are experiential only. In the fourth placement, which falls under the remit of the paediatric teaching lead, students participate in routine extractions for paediatric patients under general anaesthetic**.** Logbooks are used across all placements but it is only the paediatric placement which requires completed skills to be logged.

The panel understood the provider's rationale regarding their placements, and the fact that the provider has agreements with some of the placement providers, but considered that placements where students gain knowledge or skills should be subject to quality management scrutiny given the variability in students' experience and time spent at the placement. Proper attention must however be given to all clinical settings to ensure the student experience is positive.

To fully meet the requirement, effective quality assurance of all placements must be implemented and the ongoing knowledge of students regarding professionalism and raising concerns examined. Action must be taken to ensure that students are aware of all relevant policies throughout their studies and understand how these issues relate to their own practice.

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)***

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 panel was tasked additionally with reviewing the internal feedback element of this Requirement in terms of student feedback.

The panel concluded that the programme is very strong in this area based primarily on the Student Reported Experience Measure (SREMs) system within LiftUpp. SREMs has been developed specifically with staff and students use in mind. The data within SREMs can easily be exported and formatted into a report for use in review processes.

Such review processes as well as utilisation of students within the quality management structure were also found to be robust. Students are involved in multiple committees including the Staff Student Liaison Committee with ample opportunity to feed back on issues facing the

programme. Examples of student-led changes were given and students expressed their satisfaction with the systems in place.

The Requirement was found to be met. In addition, the panel was impressed with the involvement of students and outreach tutors in the creation of the new curriculum due for implementation in September 2019. We commend the provider for this and for their dedication to continuous improvement.

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)*

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 panel was tasked with reviewing the sign-up procedures for final examinations in year five. The Clinical Assessment Panel (CAP) considers student attainment and performance in the round and uses this information to make progression decisions. Students must reach the prescribed standard, defined in the course handbook, in five areas including professionalism, patient feedback and clinical development. Students must reach the standards expected for all five areas before a student can be entered into finals.

Decisions made by CAP are supported by a robust Academic Advisory system. Students may meet with their Academic Advisors as often as they require support but are required to meet once a term. At these sessions, students may develop their personal development plans and forecast what kind of patients they need to see in order to meet their clinical competencies. The programme as a whole is supported by excellent IT which is tailored to meet staff and students' needs.

The panel is confident that this Requirement is met. The panel would support developments discussed by the programme leads in expanding the use of LiftUpp to include outreach placements. This would not only provide consistency across clinical sites but also allow for the Patient Recorded Experience Measure (PREMs) to be utilised by outreach placements resulting in more immediate student feedback.

In relation to the concern raised under Requirement 9 regarding students' knowledge of policies and procedures relating to professionalism, particularly raising concerns, the panel also advises that the provider ensures students are fully aware when to raise a concern, all relevant policies and procedures and how to access these.

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)*

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)*

Student experience was explored in detail and the panel was satisfied with the information provided. Examples of issues arising with students gaining the requisite experience were provided along with details as to how these issues have been mitigated. Experience in performing extractions was one example and how a potential lack of experience has been counteracted was explained. Extraction experience can be gained both within the Liverpool Dental Hospital student clinics and while on placement with general dental practitioners.

The School also employs a dedicated patient co-ordinator which was felt to be a strong element in meeting this Requirement. There is a strong interface between the co-ordinator and students which allows for gaps in student experience to be communicated and dealt with quickly. Added to this is the excellent use of IT and the Academic Advisor system. Reports may be easily obtained from LiftUpp and analysed in Academic Advisor meetings to assist students in identifying what experience they need.

Based on the specific elements highlighted and the student experience numbers reviewed at the inspection, the panel was content that this Requirement is met.

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)*

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)*

The focus of this Requirement for the panel was to review the collection and use of patient feedback. This is completed via the PREMs system on LiftUpp. PREMs was introduced following a successful pilot and is now a component of the Academic Advisor meetings. PREMs data is also reviewed by the programme's management group. The use of the PREMs system is new for the 2018/19 academic year but was highly praised by staff and students.

In addition, nursing staff can also give feedback about students. The panel considered this to be important as it provides feedback as well as promoting team working. The programme leads hope to strengthen this by inviting more feedback from across the dental team once BDS and BSc Dental Therapy students begin to interact more frequently under the new curriculum.

The panel found this Requirement to be met.

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)*

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 provider utilises a programme of annual training events and regular meetings within the various teaching streams to keep staff and supervisor training up to date. Annual training events allow for calibration as do the regular meetings for the School-based staff.

The panel was satisfied that the Requirement is met but would urge the provider to ensure that robust training and calibration of outreach tutors is implemented to support the LiftUpp rollout across all sites. LiftUpp fulfils a key role in supporting monitoring and recording mechanisms, so consistent use of this is vital.

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)*

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)*

Summary of Action

Req. number	Action	Observations & response from Provider	Due date
4	The provider must formalise their supervision ratios so that there is a documented process as to what the ratio must be and how to mitigate against an unforeseen absence.	We have begun work on a Clinical Supervision Handbook that will apply to all clinical areas, including outreach. The policy on supervision ratios and procedures in the event of staff shortages will be set out in that document. Since the document will simply codify procedures that are already implicit there should be no barrier to its immediate introduction once completed.	
4	The provider must continue to work with NHS partners to ensure adequate nursing coverage. If this is not possible, alternative methods of ensuring adequate support for students on clinic must be introduced.	Levels of nursing support in student clinics will remain under review via discussion with NHS colleagues, and feedback from academic staff and students. However, since the inspection we have formalised Advanced Restorative Clinics that are now embedded in the timetable for senior students. Students work in pairs in these clinics, to ensure there is an appropriate level of assistance when performing more advanced procedures. In addition, third year students will also work in pairs and paired working will be the norm as the new BDS curriculum is rolled out from 2019/20. However, nursing support will continue to be important even in paired working situations and we will take steps to agree and ensure adequate levels of provision. Of course, paired working also impacts favourably on staff: student supervision ratios.	
4	A supervision guidance document must be produced and shared with the outreach tutors as soon as possible.	We have begun work on a Clinical Supervision Handbook that will apply to all clinical areas, including outreach.	
9	The provider must implement effective quality assurance of all placements. Quality assurance of placements must be recorded.	The placements to which this comment applies are those at Alder Hey, Aintree and the Royal Liverpool Hospital. The placement at the Royal Liverpool A&E Department was originally introduced to provide experience of management of medical emergencies.	

		Since we now teach this formally within the School, and since it has become difficult to ensure a consistently appropriate experience for attending students, our view is that this placement no longer aligns to the requirements of the curriculum. Consequently this short placement has been withdrawn with immediate effect. The placements at Alder Hey and Aintree are considered to be of continuing value and educational agreements are already in place with these providers. We will ensure that further QA measures are put in place and reported through the Undergraduate Programmes Management Group, including defining and disseminating objectives for the placements, seeking feedback from supervisors and students and periodically visiting the sites.	
9	The provider must introduce measures to ensure that students reach the prescribed standard defined in the handbook concerning professionalism and raising concerns. This must include knowledge of relevant policies and pathways for raising a concern.	Students are already extensively assessed with respect to professionalism in general and the professionalism domain is reviewed for every student at every Clinical Assessment Panel (CAP). Expectations with respect to professionalism are high and a student whose performance in this domain was judged to be below the expected standard would be at risk of not progressing. However, the system of alerts ensures that significant concerns regarding professionalism are brought to light as and when they arise and it is highly likely that students in this situation would have been subject to some intervention before CAP, including Fitness to Practise procedures. The robustness of these procedures would seem to be implicit from the panel's comments relating to requirement 13. The School accepts the panel's findings with respect to the specific issue of students' knowledge of raising concerns policies. We have therefore placed renewed emphasis on this topic in our September "welcome	

		back" and first year induction talks. We will ensure that the issue receives further emphasis within the components that prepare students for clinical work and the assessment thereof.	
13	The provider should ensure that all students have reach the prescribed standard for the five areas described in the course handbook before they are entered into finals.	The School is grateful for the panel's positive comments regarding its sign-up procedures. We will continue to employ robust processes defined by standard operating procedures aligned with published requirements in the Assessment Handbook. The process is quality assured by external examiners, at least one of whom is present at each CAP, and we will continue to develop our processes in response to feedback received. Expanding data input to CAP via extending the use of LiftUpp to outreach is being taken forward in a careful, planned and piloted manner, involving training of outreach tutors, and we are grateful for the panel's encouragement in this regard.	

Observations from the provider on content of report

The School is grateful to the panel for the thoughtful way in which the inspection was conducted and the thoroughness with which the evidence we presented was scrutinised. We are also grateful that the panel recognised the strengths of our BDS programme and for their recommendations to improve it in some areas.

Recommendations to the GDC

Education associates' recommendation	Qualification continues to be sufficient for holders to apply for registration as a dentist with the General Dental Council
Date of reinspection / next regular monitoring exercise	Inspection of new curriculum in 2019/20

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 edition1 is the framework used to evaluate qualifications. There are 21 Requirements in three distinct Standards, against which each qualification is assessed.

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

A Requirement is met if:

"There is sufficient appropriate evidence derived from the inspection process. This evidence provides the inspectors with broad confidence that the provider demonstrates the Requirement. Information gathered through meetings with staff and students is supportive of documentary evidence and the evidence is robust, consistent and not contradictory. There may be minor deficiencies in the evidence supplied but these are likely to be inconsequential."

A Requirement is partly met if:

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

A Requirement is not met if:

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

5. Inspection reports highlight areas of strength and draw attention to areas requiring improvement and development, including actions that are required to be undertaken by the provider. Where an action is needed for a Requirement to be met, the term ‘must’ is used to describe the obligation on the provider to undertake this action. For these actions the inspectors may stipulate a specific timescale by which the action must be completed or when an update on progress must be provided. In their observations on the content of the report, the provider should confirm the anticipated date by which these actions will be completed. Where an action would improve how a Requirement is met, the term ‘should’ is used and for these actions there will be no due date stipulated. Providers will be asked to report on the progress in addressing the required actions through the annual monitoring process. Serious concerns about a lack of progress may result in further inspections or other quality assurance activity.

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

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