

**INSPECTION REPORT**

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| **Education provider/ Awarding Body:** | **University of Leeds** |
| **Programme/Award:** | **Graduate Diploma in Dental Hygiene and Dental Therapy**  **Diploma in Dental Hygiene** |
| **Remit and purpose:** | **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/or Dental Therapist.** |
| **Learning Outcomes:** | **Preparing for Practice** |
| **Programme inspection dates:** | **28-29 March 2017** |
| **Examination inspection dates:** | **Hygiene Exam – 20-21 June 2017**  **Exam Board – 21 June 2017**  **Therapy Exam – 14-15 November 2017**  **Exam Board – 30 November 2017** |
| **Inspection panel:** | **Kim Tolley (Chair and Lay Member)**  **Joanne Brindley (DCP Member)**  **Mike Mulcahy (Dentist Member)** |
| **GDC Staff:** | **Rick Bryan**  **Laura English**  **Rachael Mendel (Therapy Exam only)** |
| **Outcome:** | **Recommended that the Diploma/Graduate Diploma is sufficient for continued registration as Dental Hygienists and/or Dental Therapists.** |

**Inspection summary**

The Graduate Diploma in Dental Hygiene and Dental Therapy provided by the University of Leeds is a 27-month programme delivered at the School of Dentistry and co-located Leeds Dental Institute, allowing for convenient access for students and staff to both academic and clinical environments.

The programme benefits from having an enthusiastic and dedicated team who ensure that the student experience is at the forefront of their work. During the inspection process, it was clear to see that there was a good rapport between students and teaching staff; something that was further detailed in the panel’s meeting with each cohort. The meetings with each cohort also confirmed the fantastic reputation of the Dental School, not just restricted to the Hygiene and Therapy programme, which the panel were happy to see.

The panel were also impressed by the facilities that were present within the University and their subsequent availability to students within the Dental School. The recent refurbishment of the School of Dentistry and the Leeds Dental Institute will allow for future cohorts to make the most of their student journey, which will benefit the profession as a result.

The main areas for concern identified by the panel were around the students’ clinical exposure prior to graduation and some issues surrounding the utilization of student feedback throughout the programme. This report highlights these concerns in detail and invites the School to review in order to facilitate longer term improvements to the programme going forward.

During the inspection, the panel found the programme leads to be open and engaged throughout. The panel remain confident of the receptiveness of the School in order to facilitate change and embrace the opportunities to improve the programme for future cohorts.

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

**Background and overview of Qualification**

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| Annual intake | 25 students |
| Programme duration | 27 months |
| Format of programme | The programme is taught and assessed in a modular format, with all modules being compulsory.  **Year 1:** Delivery of teaching (including integrated teaching with undergraduate Dental Surgery students) and assessment relating to the following subject areas: biomedical science and oral biology, healthcare care provision and dental public health, pharmacology and pain management, dental radiography, communication skills, professionalism and team working. Simulated clinical skills in relation to non-surgical management of periodontal conditions and adult operative dentistry. Introduction to direct patient care within the role of Dental Hygienist.  **Year 2:** Delivery of teaching (including integrated teaching with undergraduate Dental Surgery students) and assessment relating to the following subject areas: pathology, microbiology and infection control, periodontal diseases, restorative dentistry, evidence based dentistry, research skills and scientific writing, professionalism and ethics and the expectations of a GDC registrant. Simulated clinical skills in relation to paediatric operative dentistry. Continued direct patient care within the role of a Dental Hygienist and introduction to direct patient care within the role of the Dental Therapist (adults and children). Successful completion of all year 1 and year 2 modules is a requirement for the award of the Diploma in Dental Hygiene.  **Year 3:** Delivery of teaching and assessment relating to the following subject areas: applied restorative dentistry, dental materials, paediatric dentistry and orthodontics. Continued direct patient care within the role of a Dental Hygienist and Dental Therapist (adults and children). Successful completion of all year 1, 2 and 3 modules is a requirement for the award of the Graduate Diploma in Dental Hygiene and Dental Therapy. |
| Number of providers delivering the programme | 1 |

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| **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.   ✓  ✓   1. 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. 2. 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.   ✓   1. 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.   ✓   1. 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.   ✓   1. 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 parities 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.   ✓   1. 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.   1. 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 Standards for the Dental Team are embedded within student training. | | | | | | | | | |
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| **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 Partly Met)***  Students are required to complete pre-clinical skills modules which concentrate on the basics such as hand washing and cross infection control before treating patients. The students must pass a gateway assessment to demonstrate competency in these skills before moving on to patient contact which the students stated wasn’t shared with them prior to the assessment taking place. The panel also found that the OSCE’s that the students were required to pass didn’t include any assessment around subgingival debridement which was slightly concerning. The panel were informed that a staff ratio of 1:3, or 1:4 depending on timetabled groups of between 6 and 8, was in place at this stage which they found to be acceptable and allowing of an environment in which support and observation could be maintained at a good standard.  The panel were only provided with a small number of workbooks, and evidence of the levels required of students to pass pre-clinical skills were unable to be provided. Further to this, some workbooks were not graded, and reflective exercises were not completed.  The panel agreed that with the facilities, staff experience and tools available to the School, this requirement could be met with some small-scale changes. However, based on the evidence provided, the panel could not be assured that this requirement has been met in full. The provider should ensure that workbooks are marked and up to date at all times in order to be assured that students are of the required standard before treating patients. The panel also agreed that the provider must look to include subgingival debridement in the OSCE assessments in order to ensure the breadth of experience expected of a dental hygienist and therapist.  **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)***  The panel were provided with information and working examples of the systems and processes that are currently in place to ensure that sufficient consent is discussed and obtained prior to the commencement of any treatment. The students will gain verbal and written consent and have access to translators, should they be needed. Verbal consent gained is also noted in the School’s SALUD system. The students are also required to wear uniforms which distinguish them from qualified colleagues.  **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)***  Students are exposed to excellent facilities when providing patient care and are only providing care within specific teaching units which are managed by a combination of the University of Leeds and the Leeds Teaching Hospitals NHS Trust (LTHT). These units are staffed by appropriately trained University academic and NHS staff. Students at clinical sites receive face to face inductions that cover local policies and procedures and both students and staff are required to adhere to local health and safety policies within each clinical setting. These are highlighted at induction and further training is available where necessary. The panel were also assured that training in Equality and Diversity is delivered to both staff and students across these locations with a good understanding exemplified to the panel during discussions.  The panel were provided with evidence of a recent Care Quality Commission (CQC) inspection report of the LTHT which was rated as ‘good’.  **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 panel was sufficiently assured that students are supervised efficiently and that ratios in place allow students to feel supported. Staff ratios are timetabled at 1:8 throughout clinical activity which equates to 1:4 as the students are working pairs. The extensive staff list involved in the programme ensures that these ratios can be maintained throughout the year. Undergraduate clinical teaching staff, Dental Core Trainees (DCT), Speciality Registrars (StR) and Consultants in Restorative Dentistry are also available within Leeds Dental Institute (LDI) for additional support and guidance if required. The panel were also pleased to see a qualified Dental Nurse as part of the staff so that the students can gain further experience which can be applied as part of their daily life once qualified.  **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)***  Staff are provided with mandatory training exercises and e-learning courses to cover areas such as E&D, Whistleblowing, Raising Concerns and Safeguarding. These and other aspects of development are reported through the annual Staff Review and Development Scheme (SRDS). Formal mentoring for newly appointed staff is provided during their probationary period and strong working relationships are evident throughout the School.  The panel were also pleased to hear that students valued the experience held amongst staff and how this was applied to their teaching as well as understanding who has the expertise in different areas. This view was encapsulated by a low staff turnover which the panel agreed is a credit to the School and its staff.  **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 were assured that students are informed of and referred to the GDC Learning Outcomes and the importance of raising concerns from the start of the course. Professionalism is embedded throughout the course and students have a great understanding of the processes surrounding raising concerns and their obligations to do so as a dental professional. Students are also required to complete the School Code of Professional Conduct and Fitness to Practise annually as well as receiving a copy of the GDC Student fitness to Practise guidance in their first year. Students were also aware of slightly differing Trust procedures as part of their induction process. Further to this, the panel were provided with examples of this process being used in practice which demonstrated that this requirement was 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)***  The School uses the DATIX incident reporting system in which all incident or near misses must be logged within 24 hours of the incident in all clinical settings. These are then reviewed by a senior team member, actioned accordingly and discussed in detail at the Joint School of Dentistry and LDI Health and Safety Committee. Where necessary, clinical incidents will be reported to the appropriate regulatory body. Safety issues can be raised by patients verbally, in writing or via the Patient Advice Liaison Service (PALS) and are subject to the same review process as the incident reporting process discussed earlier. The panel were provided with examples of this during the inspection.  **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)***  The School has a Code of Professional Conduct and Fitness to Practise which all students are required to read and provide confirmation that they understand and will abide by it. Expectations of students are also set out within the student handbook and GDC documentation such as *Student professionalism and Fitness to Practise*, *Standards for Education*, *Preparing for Practice* and *Standards for the Dental Team* are embedded within the curriculum. The panel were assured that an appropriate level of understand was present whilst meeting with students.  The panel were not provided with any evidence of this process in practice due to the lack of Student Fitness to Practise incidents, however, they were assured that the correct procedures are in place to deal with this efficiently, should the need arise. | | | | | | | | | |
| **Actions** | | | | | | | | | |
| **No** | **Actions for the Provider** | | | | **Due date** | | | | |
| 1 | The provider must ensure that all workbooks are marked and up to date at all times in order to be assured that students are of the required standard before treating patients. | | | | Update required in response to this report and via Annual Monitoring | | | | |
| 1 | The provider must look to include subgingival debridement in the OSCE assessments in order to ensure the breadth of experience expected of a Dental Hygienist and Therapist. | | | | Update required in response to this report and via Annual Monitoring | | | | |
| **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** | |
| 1. 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.   ✓  ✓   1. 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. 2. 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.     ✓   1. 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.   ✓ | | | | | | | | | |
| **GDC comments** | | | | | | | | | |
| **Requirement 9: The provider must have a framework in place that details how it manages the quality of the programme which includes making appropriate changes to ensure the curriculum continues to map across to the latest GDC outcomes and adapts to changing legislation and external guidance. There must be a clear statement about where responsibility lies for this function. *(Requirement Met)***  The panel agreed that the School have a clear QA framework in place with a clear structure and clear communication channels. The panel met with the Faculty Pro Dean for Student Education who was extremely engaged with the programme and held a real interest and influence on the course. The panel were also provided with several Committee Terms of Reference, and the minutes relating to these Committees, which assured the panel further of this QA in practice.  The School follows processes of evaluation and review in order to ensure that curriculum changes are undertaken in accordance with University policy, changing legislation and external guidance. These processes also ensure that the programme continues to be appropriately structured and that good practice is shared across the faculty. The panel were also provided with evidence of mapping to GDC Learning Outcomes throughout standard module review documentation.  **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)***  The panel were provided with evidence of both Escalation processes and Whistleblowing policies and were satisfied with the depth and detail provided within these. It was clear through discussion with students that this process and the necessary steps required in such situations is understood fully by all involved. The teaching staff adopt a proactive approach, ensuring that minor problems are dealt with at a local level.  The panel were also provided with external examiner reports which the panel agreed were detailed and to a high standard. Actions from these reports, as well as an action log, were provided however the panel did raise some questions around the effectiveness of these logs in practice.  **Requirement 11: Programmes must be subject to rigorous internal and external quality assurance procedures. External quality assurance should include the use of external examiners, who should be familiar with the GDC learning outcomes and their context and QAA guidelines should be followed where applicable. Patient and/or customer feedback must be collected and used to inform programme development. *(Requirement Partly Met)***  The panel were sufficiently assured of the current internal quality assurance procedures as evidence provided showed that moderation takes place with a percentage of examinations checked and all borderline and fail grades subject to further scrutiny. The panel were also provided with external quality assurance examples via External Examiner reports, which the panel agreed were to a high standard. The panel were also provided with evidence of the most recent QAA inspection report, in which the University met the UK expectations and were commended for the enhancement of student learning opportunities.  However, the panel were not as assured by the examples of student workbooks provided. The panel were of the view that the entries in the workbooks had been signed off at one single point, rather than at regular intervals throughout the year, as intended. Therefore, the panel were concerned that this could hinder student progress; problems may go unnoticed and, therefore, remediation requirements not identified and agreed in a timely fashion.  The panel were provided with examples of patient feedback that had been collected. However, through discussions during the inspection, the panel were made aware that this feedback is not utilised to inform programme development. The panel agreed that this is a missed opportunity to provide real insight into programme development and that this is an area the School should look to address in future.  **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)***  The panel were advised that LTHT staff manage the outreach clinics with all clinical supervising staff employed by the University of Leeds, and so they operate under the same quality assurance framework as the School. The panel agreed that this is a positive arrangement as outreach locations are managed according to University regulations and any changes can be communicated and managed quickly and efficiently, should the need arise. As previously mentioned under Requirement 11, both patient and student feedback is collected, however, the panel encourages the School to ensure that this does not become a ‘tick-box’ exercise. Such feedback can be crucial and should be processed with actions raised accordingly. | | | | | | | | | |
| **Actions** | | | | | | | | | |
| **No** | | **Actions for the Provider** | | **Due date** | | | | | |
| 11 | | The provider must ensure that workbooks are signed off as the student progresses and not in blocks. This is to ensure that issues are identified in good time for remediation to be completed. | | Update required in 2019 Annual Monitoring | | | | | |
| 11 | | The provider must ensure that patient feedback is utilised efficiently and to inform programme development. | | Update required in 2019 Annual Monitoring | | | | | |

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| **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** |
| 1. 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.   ✓   1. 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.   ✓   1. 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.   ✓   1. 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.   ✓   1. Assessment must utilise feedback collected from a variety of sources, which should include other members of the dental team, peers, patients and/or customers.   ✓   1. The provider must support students to improve their performance by providing regular feedback and by encouraging students to reflect on their practice.   ✓  ✓   1. 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. 2. 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.   ✓  ✓   1. 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. | | | | | |
| **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. *(Requirement Partly Met)***  The panel were provided with a blueprinting document which outlined where competencies are assessed, and they were also provided with a range of assessment strategies linked to the examinations. The panel were unable to determine how, and if, communication skills were assessed within the programme.  The panel also noted that staff based at outreach centres completed different forms for the collection of clinical data which raised concerns amongst the panel around the consistency of assessment at placements and the variation of student experience gained.  Upon inspection of the Therapy examinations, the panel noted a large variation in clinical exposure amongst the students. This raised concerns amongst the panel whether students would be graduating at the level of a safe beginner.  After discussions with the School, an action plan was put into place to ensure that the relevant students could demonstrate attainment of the full range of learning outcomes. However, the extremely short timescales meant that students did not have enough time to ensure that specific patients and/or treatment types could be identified and allocated and so this experience was gained using models on the worktop. After lengthy discussion, the panel agreed that in this instance, this was an adequate approach due to the standard of experience gained in other similar areas. However, the panel would strongly advise the School to address this situation immediately, and as a matter of urgency, in order to ensure that this does not happen with the next cohort of students.  After the issues relating to clinical exposure were identified at the Therapy examinations, the panel could not be assured that this requirement had been fully met.  **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 were shown evidence of assessment activity being recorded across multiple platforms, but it seemed this could only be accessed by certain staff members. The panel saw this as an opportunity for improvement. The panel concluded that the School did have a management system in place to plan, monitor and record assessments with SALUD, and the other recording platforms. They saw, however, a clear opportunity to merge these systems into one central platform. A more robust system for monitoring all student experience rather than multiple platforms, which need to be collated, would save the staff many hours in labour as well provide a clearer picture when analysing the performance of a cohort. Also, this would have undoubtedly helped to prevent the clinical exposure issue that was uncovered during the Therapy inspection by highlighting shortfalls in experience at a much earlier date. A centralised platform would also reduce the potential for data entry errors.  **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)***  As previously mentioned under Requirement 13, the panel had major concerns around students’ clinical exposure, specifically relating to numbers of extractions, whilst inspecting the Therapy examinations and so could not be assured that this requirement had been fully met. The limited clinical experience for a number of students caused concern amongst the panel and required immediate remedial training to occur prior to graduating.  Despite their concerns, the panel agreed that the School possessed fantastic facilities and a good staffing compliment and, so, making the changes necessary in order to develop the programme and students’ experience should be easily achievable. The panel also commended the work of the waiting list co-ordinators and were particularly impressed by the *MOOG Simodont* systems and the opportunities that these systems provide for students.  **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)***  A range of assessments are utilised by the programme to test student knowledge and competence using a variety of methods appropriate for the level of study. During the earlier stages of the programme where subject matter knowledge is more focused, appropriate methods include Short Answer Questions (SAQs) and Extended Matching Questions (EMQs). As the course progresses, and students are expected to demonstrate more applied knowledge, this is assessed using longer essay and scenario-based papers as well as OSCEs and Case Presentations to assess clinical skills and knowledge within different modules.  Quality assurance of assessments is overseen by the School’s Associate Director of Student Education (Assessment) and is part of the Annual School Review by the University of Leeds. The Annual School Review includes a review of the School’s assessment processes. Every six years the School undergoes a Student Academic Experience Review, also covering assessments. The review panel includes University staff and an External Dental Academic.  The panel saw evidence of module descriptors and specifications, as well as a clear and concise blueprinting document which provided assurance to the panel that this requirement had been met. The panel also saw good examples of the external examiners report which also comment on the validity and reliability of the assessments, ensuring that they are fit-for-purpose.  **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)***    The panel were provided with limited evidence of feedback being utilised in assessments and were in agreement that this is an area for improvement.  The panel were shown evidence of tutor feedback in SALUD. However, this feedback did not appear to be utilised by students. The panel saw this as a missed opportunity to ensure that students are learning from feedback available to them. Patient feedback did not seem to contribute to the student grades; the panel agreed this was another missed opportunity. However, reasoning behind this included patients’ not completing their full course of treatment, time restraints and types of patient (such as paediatric patients) restricting quick collection of feedback. When asked about feedback opportunities missed at the end of treatment, students confirmed that they were aware that they could seek this feedback, which the panel were pleased to learn. It was unclear, however, why more importance is not put on this opportunity by the School. The panel did, however, notice that patient feedback was utilised in the reflection element of the Case Presentation assessment.  **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 Not Met)***  From the outset, the School were open about the challenges they face and the areas they felt could be improved before the inspection took place. One of these areas was providing feedback for their students and, as noted in Requirement 17, the panel agreed with this conclusion.  Upon scrutiny of the inspection documentation provided by the School, it became evident that there was a lack of a reflective log for students and that reflection sections within the workbooks were consistently blank or used for general notes, rather than specific feedback and reflection.  The panel were surprised to discover that feedback seemed not to be embedded as part of the programme and lacked a consistent approach or any specific policy. Upon discussions with staff, the panel were informed that feedback is mainly provided verbally on clinic. Although the panel trusted that this was the case in practice, they could not be fully assured that this was happening due to the lack of formal documentation available.  When speaking with students, the panel were advised that the feedback option in SALUD could be utilised more. Students confirmed that feedback on clinic tended to be verbal, however, would often carry little meaning, for example, ‘good management’ rather than comments with more specific guidance. The panel did see reflection present in the Case Presentation assessment. However, they agreed that this alone was not enough to compensate for the rest of the students’ experience.  The panel agreed that they could not be assured that the School supports students enough through the use of feedback and encouraging reflection.  **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 found that all clinical staff held registration with the GDC and that permanent staff are all directly involved in assessment, are appropriately qualified and have received appropriate training. The panel were provided with staff profiles for all permanent staff that have completed post-qualification training in learning and teaching, including three members of staff that were registered as Specialists with the GDC.  The Assessment Lead ensures that staff are appropriately prepared for taking part in assessments. Support in writing questions and preparing for assessments is provided by senior staff within the programme and additional support and oversight for assessment panels is provided by the Associate Director of Student Education (Assessment). Training and statistical support for the delivery of standard setting within the programme is provided by the Faculty Statistician alongside the assessment team. Senior management and the Assessment Lead select examiners for individual module assessments based on their teaching contribution and examination experience as appropriate to the learning outcomes.  The panel were also assured that the training process for examiners was robust and fit-for-purpose. Prior to all clinical assessments, examiners attend briefing sessions and presentations. New examiners will undertake a period of observation, and act as scribes, prior to acting as an examiner. Clear, explicit marking criteria and a standard moderation process are used to ensure consistency and fairness. Two examiners for clinical case presentations, agree the awarded mark for the assessment, with new examiners always being paired with a more experienced examiner. The panel also discussed the importance of ensuring calibration across the teaching staff in order to ensure that marking schemes are adhered to and distinctions between grades are clear.  All Dental Hygiene/Therapy staff are required to complete The University of Leeds Equality and Diversity e-learning course. All newly appointed staff, prior to supervising and assessing students in the clinical setting, undergo a period of observation or shadowing of a more experienced colleague, to ensure consistency across the programme.  The panel were satisfied with the contribution of the external examiner, the training that he received and his registration with a regulatory body. The panel found the external examiner induction to be open and transparent, and compliant with the University’s guidelines.  **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 inspection panel were assured that external examiners are not involved in assessing students directly and are expected to quality assure the assessment processes. The responsibilities and expectations for external examiners are outlined within the University of Leeds guidance as part of their appointment process. All newly appointed external examiners are offered the opportunity to observe the assessment processes prior to taking up the role. The panel agreed that the External Examiner induction was adequate, with a good handover period.  Within the External Examiners report, the examiner is required to confirm that processes are fair, rigorous and appropriate and in line with other institutes. They also have the opportunity to comment on the assessment methods and the appropriateness of these along with the design and structure of the assessment methods, and the arrangements for the marking of modules and the classification of awards. External Examiner reports and responses from the School of Dentistry are then considered and discussed at School and Faculty level.  **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)***  The panel were provided with various examples of past papers, minutes of assessment panels and details of the standard setting process in place for assessments.  The panel were assured that there are clearly defined criteria in place used for marking a range of assessments appropriate to the learning outcomes. Marking schemes are available to staff and students within the Schools Code of Practice on Assessment and the student handbook. The taught student handbook outlines expectations regarding the assessment processes and students are provided with mock questions for summative assessments. The Undergraduate assessment panel agrees all summative assessments and the standardised marking criteria used for written papers, which defines the expected level for a pass grade for each question. After meeting with students, the panel were able to establish that students have a good understanding of the level that is expected of them during assessments, and they were also clear as to who to approach if, at any point, they were unsure.  The Modified Angoff standard setting method is in use and is supported by the faculty statistician. This takes place following the approval of the paper by the Assessment Panel and External Examiners. The summative OSCE assessment, within the Introduction to Clinical Practice Module in year one, also undergoes standard setting following appropriate statistical analysis.  The panel were in agreement that the moderation process is very robust. However, the moderation of the case presentations included some inconsistencies and a softer approach to marking. The panel agreed that this should be reviewed to ensure that there is consistency across the board for all students. | | | | | |
| **Actions** | | | | | |
| **No** | **Actions for the Provider** | | **Due date** | | |
| 13 | The provider must consider using a single data form between outreach centres in order to ensure consistency of assessment in placement and student experience gained. | | Update required in 2019 Annual Monitoring | | |
| 13 | The provider must ensure that student experience is monitored closely throughout the year in order to allow for an appropriate remediation process to take place and to provide access to relevant patients. | | Update required in 2019 Annual Monitoring | | |
| 14 | The provider must consider a more robust system to plan, monitor and centrally record the assessment of students and monitor all student experience; rather than using and collating multiple platforms. | | Update required in 2019 Annual Monitoring | | |
| 15 | The provider must ensure that systems are in place in order to ensure that students are subject to an appropriate breadth of patients/procedures. The provider should ensure that students 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. Should this situation become apparent in the future, the School should ensure that sufficient patients are identified and failing this, the necessary experience is gained in a simulated environment. | | Update required in 2019 Annual Monitoring | | |
| 16 | The provider must ensure that the examiners in the case studies are marking separately and that they also moderate the case studies. | | Update required in 2019 Annual Monitoring | | |
| 16 | The provider must include patient feedback in marking criteria to ensure that students are aware of the importance of collecting patient feedback. | | Update required in 2019 Annual Monitoring | | |
| 17 | The provider must encourage students to collect and seek feedback from various sources, such as patients and tutors, as often as possible to ensure that the learning experience is enhanced. | | Update required in 2019 Annual Monitoring | | |
| 17 | The provider must consider the introduction of a reflective log for students in order to encourage self-assessment and on-going learning across the student journey. | | Update required in 2019 Annual Monitoring | | |
| 18 | The provider must ensure that feedback is embedded in the programme and that this is officially documented and not solely verbal. | | Update required in 2019 Annual Monitoring | | |
| 18 | The provider must ensure that feedback given on clinic is detailed, useful and recorded in SALUD. | | Update required in 2019 Annual Monitoring | | |

**Summary of Actions**

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| **Req. number** | **Action** | **Observations**  **Response from Provider** | **Due date** |
| * 1. 1 | The provider must ensure that all workbooks are marked and up to date at all times in order to be assured that students are of the required standard before treating patients. | The workbooks in relation to restorative and paediatric clinical skills are not graded, the compulsory exercises must all be reviewed and confirmed as completed prior to being signed off by a member of staff. Prior to the students treating patients they have to complete specific simulated clinical skills to a satisfactory standard. We will ensure that this action will be completed for the remaining students on the Graduate Diploma programme. | Update required in 2019 Annual Monitoring |
| * 1. 1 | The provider must look to include subgingival debridement in the OSCE assessments in order to ensure the breadth of experience expected of a Dental Hygienist and Therapist. | The OSCE in Year 1 assesses a number of simulated clinical competencies including debridement exercises prior to students starting treating patients. Inclusion of a subgingival debridement station could have been incorporated but there is no opportunity to do so, as the programme is being taught out. However, this will be assessed through continued clinical assessment to provide assurance of competency in subgingival debridement for these students. | Update required in 2019 Annual Monitoring |
| 11 | The provider must ensure that workbooks are signed off as the student progresses and not in blocks. This is to ensure that issues are identified in good time for remediation to be completed. | Workbooks are currently signed off as the students’ progress through them. However, as students often complete multiple exercises during one session within the clinical skills lab. The same member of staff may supervise multiple sessions, so it could appear that these were not getting signed off in a contemporaneous manner. The programme will ensure that all exercises are both signed and dated for the remaining students to provide greater transparency and reviewed in order that remediation measures may be put into place, as required. | Update required in 2019 Annual Monitoring |
| * 1. 11 | The provider must ensure that patient feedback is utilised efficiently and to inform programme development. | The School is in the process of developing and implementing an approach as to how we collect patient feedback and use this meaningfully in programme development.  A new module review form, approved at School level in July 2018, incorporates patient feedback on clinical modules, which in turn will inform programme development. | Update required in 2019 Annual Monitoring |
| 13 | The provider must consider using a single data form between outreach centres in order to ensure consistency of assessment in placement and student experience gained. | The programme team has already made changes to the paperwork within the outreach settings to align these with the clinical assessment process within the Leeds Dental Institute.   The School is presently in the process of exploring options for the electronic recording of student activity across all sites. | Update required in 2019 Annual Monitoring |
| 13 | The provider must ensure that student experience is monitored closely throughout the year in order to allow for an appropriate remediation process to take place and to provide access to relevant patients. | The programme team have reviewed the internal monitoring and reporting processes to confirm that students, on completion of the course, are at the level of a safe beginner. The students on the Graduate Diploma are now being considered at the School’s Clinical Progress Committee. This committee meets regularly throughout the academic year, providing an opportunity to identify any remediation that may be required. It also provides a level of scrutiny by colleagues who are themselves not directly involved in the delivery of the Graduate Diploma programme.  The School continues to actively monitor patient waiting lists and to recruit patients for all programmes of study. In addition, the programme team has further developed its existing referral pathway for dental therapy patients from local dental practices. | Update required in 2019 Annual Monitoring |
| 14 | The provider must consider a more robust system to plan, monitor and centrally record the assessment of students and monitor all student experience; rather than using and collating multiple platforms. | The School is presently in the process of exploring options for the electronic recording of student activity across all sites. | Update required in 2019 Annual Monitoring |
| 15 | The provider must ensure that systems are in place in order to ensure that students are subject to an appropriate breadth of patients/procedures. The provider should ensure that students 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. Should this situation become apparent in the future, the School should ensure that sufficient patients are identified and failing this, the necessary experience is gained in a simulated environment. | Each student on the Graduate Diploma is now being considered at the School’s Clinical Progress Committee. This committee meets regularly throughout the academic year, providing an opportunity to confirm that each student has the necessary breadth of patients / procedures, to achieve the relevant GDC learning outcomes. It also provides a level of scrutiny by colleagues who are themselves not directly involved in the delivery of the Graduate Diploma programme. Following this, individual student action plans will be formulated accordingly which may include simulated clinical activities. | Update required in 2019 Annual Monitoring |
| 16 | The provider must ensure that the examiners in the case studies are marking separately and that they also moderate the case studies. | This is already the current practice within the programme. This will be emphasised as part of the briefing for examiners prior to exams. | Update required in 2019 Annual Monitoring |
| 16 | The provider must include patient feedback in marking criteria to ensure that students are aware of the importance of collecting patient feedback. | The programme team will incorporate reflection on patient feedback during assessment (and therefore its inclusion in the consideration of progressional assessment criteria). | Update required in 2019 Annual Monitoring |
| 17 | The provider must encourage students to collect and seek feedback from various sources, such as patients and tutors, as often as possible to ensure that the learning experience is enhanced. | There is an existing process whereby students are encouraged to seek feedback. The programme team will monitor this to provide support to students in order that the learning experience is enhanced. | Update required in 2019 Annual Monitoring |
| 17 | The provider must consider the introduction of a reflective log for students in order to encourage self-assessment and on-going learning across the student journey. | Within the programme team every effort will be made to facilitate student reflection including discussions with staff on a regular basis to discuss progress. We have introduced a reflective log for our new BSc students and this will be made available to the students on the Graduate Diploma programme. | Update required in 2019 Annual Monitoring |
| 18 | The provider must ensure that feedback is embedded in the programme and that this is officially documented and not solely verbal. | The programme team are aware that this is an area which needs further development and are strengthening existing systems to improve accordingly. SALUD is currently being used as a means to provide written feedback on clinical performance. Written feedback is given for academic assessment, through the online system Turnitin. | Update required in 2019 Annual Monitoring |
| 18 | The provider must ensure that feedback given on clinic is detailed, useful and recorded in SALUD. | The programme team can confirm that this is now current practice and compliance is being monitored. Further training has been provided to staff in relation to strengthening this process. | Update required in 2019 Annual Monitoring |

**Observations from the provider on content of report**

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| The programme team appreciated that the inspection report recognised the enthusiasm, dedication and receptiveness of the staff involved and the good relationship between staff and students.  Although this programme is being taught out, the recommendations made by the inspection team will help to inform future developments in our new BSc programme in Dental Hygiene & Dental Therapy, aligned with our goal of providing the highest quality education for our students whilst ensuring the best patient care. |

**Recommendations to the GDC**

The inspectors recommend that this qualification continues to be approved for holders to apply for registration as a Dental Hygienist and Dental Therapist with the General Dental Council.

The School must provide detailed information regarding how they have met, or are endeavouring to meet, the required actions set down in this report in 2018/2019 academic year.