

## Education Quality Assurance Inspection Report

Education Provider/Awarding Body	Programme/Award	Inspection Date(s)
Delivered at Birmingham Metropolitan College Awarded by University of Worcester	Foundation Degree in Dental Technology	10-11 January 2019 13 May 2019 (examination) 14 June 2019 (examination board)

Outcome of Inspection	Recommended that the Foundation Degree in Dental Technology is approved for graduates to register as Dental Technicians
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**\*Full details of the inspection process can be found in the annex\***

## **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 Technician</b>
<b>Learning Outcomes:</b>	<b><i>Preparing for Practice – Dental Technician</i></b>
<b>Programme inspection date(s):</b>	<b>10-11 January 2019</b>
<b>Examination inspection date(s):</b>	<b>13 May 2019 14 June 2019</b>
<b>Inspection team:</b>	<b>Kim Tolley (Chair and Non-registrant Member) Sarah Rauf (DCP Member) Gill Jones (Dentist Member) James Marshall (GDC Staff member)</b>

The Foundation Degree (FdSc) programme delivered at Birmingham Metropolitan College and awarded by the University of Worcester provides students with an opportunity to develop a good level of knowledge, skills and experience in a range of dental technology topics and settings. The inspectors commended the programme leads for the opportunities given to students to work in a variety of placement settings. The support provided by the Work Placement Officer ensured there was flexibility in the system to ensure students were able to gain experience in a variety of dental laboratories throughout the programme.

The inspectors supported the inclusion of the 'Preparing to Work' module, which enabled students to obtain a better understanding of the skills required to work in a laboratory setting after graduation.

The panel noted that there have been changes to staffing during 2019 due to a College restructure, resulting in a change of programme leadership. The GDC will require regular updates on staffing levels through the Monitoring process to ensure this does not have a negative impact on the student experience.

The panel wishes to thank staff and students for their participation during the inspection.

## Background and overview of qualification

Annual intake	15-20 students
Programme duration	Two years full-time, three years part-time
Format of programme	Year one Full time: Oral Anatomy and Physiology and Basic Appliance Design Basic Dental Technology Techniques Introductory Dental Biomaterials Science Employment practice (work based) Year Two Full Time: Dental Technology Techniques for Fixed Prosthodontics Preparing for Practice Dental Technology Techniques for Removable Prosthodontics Employment Practice (work based)
Number of providers delivering the programme	One

The GDC wishes to thank the staff, students, and external stakeholders involved with the Foundation Degree in Dental Technology programme for their co-operation and assistance with the inspection.

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

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

The inspectors were informed that when carrying out technical procedures, students are assessed as competent in the relevant skills at the levels required prior to producing technical devices for patients as part of their student practical work. The panel agreed that this approach ensures a baseline level of competency that prepares the students for future employment as dental technicians. The Foundation Degree (FdSc) in Dental Technology focuses on delivering teaching of technical skills and competencies in dental technology and the production of dental appliances in the dental laboratory. Students develop the knowledge, understanding and skills within the College simulated laboratory environment and during their work placements. This knowledge is then assessed both via the student logbooks and at College through coursework and examinations.

The inspectors noted that within dental technology, patient care is in relation to manufacturing of dental appliances in the dental laboratory. Any patient devices are subsequently signed off by a registered dental technician prior to being provided to a patient via a dentist. Therefore, students do not provide clinical care for patients and there is no direct patient contact.

**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 inspectors noted that patients are not directly treated by students. Any appliances that are fully or partly produced by students are signed off as fit for purpose by a registered technician before leaving the laboratory and the decision to fit the appliance will be made by a registered dentist. The inspectors were assured, during interviews with students and laboratory owners, that this process was being adhered to.

**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 inspectors were provided with evidence of placement visits carried out by BMet staff members, which take place four times a year. The College, placement supervisor and student are required to sign a tripartite learning agreement, which the inspectors saw evidence of.

The inspectors were pleased to note a Work Placement Officer is employed by BMet, who's responsibility it is to ensure all placements have complete a health and safety checklist, carry out equality and diversity training and have the relevant policy and procedures in place to ensure students are working in a safe and appropriate environment.

**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)**

Within the work placement environment, the inspectors noted that students receive a high level of supervision, with a dedicated registrant supervisor. The panel agreed that students are supervised appropriately according to the activity and the student's stage of development. Mentors, employers and students are informed of supervision requirements through the handbooks and guidance that they are provided with. The Work Placement Officer visits are used to check students are being supervised appropriately. During interviews with students, the inspectors confirmed that there was a process in place for raising concerns regarding student supervision during the work placements. The inspectors noted an example of a student having issues in the placement environment and were satisfied that the College quickly rectified the situation and provided the student with a new placement opportunity.

The inspectors noted that there have been a number of recent significant changes to staffing and programme leadership due to a College restructure. Both BMet and the University of Worcester must ensure that staffing levels are reviewed regularly to ensure the delivery of education within the College and supervision of students on work placements is not affected. The GDC will require regular updates on staffing levels and this will be closely scrutinised during the Monitoring process.

**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)**

Due to the work placement checks that are carried out by the Work Placement Officer, the inspectors were satisfied that all mentors who are involved with the supervision of students during their work placements are registered with GDC as dental technicians. In addition to this, all BMet staff members involved in assessing student competency are GDC registered.

The panel saw evidence that all BMet staff members are required to complete mandatory equality, diversity and inclusion training. In addition to this, the Work Placement Officer checks that the placements have an up to date equality and diversity policy during the approval process to ensure they are a suitable learning environment. As part of the placement approval process, placement providers are provided with the BMet equality and diversity policy as guidance, in the event that a provider does not have its own formal E&D policy.

**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 inspectors were informed that during the induction process, students are informed about the GDC document 'Principles of Raising Concerns'. This is reinforced within the Student Placement Handbook, which is given to students. The topic of raising concerns is also covered

and assessed within the Professionalism module during the programme. Within the course handbook, students are directed to the 'Fitness to Practise' section of the GDC website.

The inspectors were satisfied that mentors and supervisors are given guidance about raising concerns within the Employer Mentor Handbook.

**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 inspectors noted that while students do not have direct contact with patients, any concerns from the workplace would be reported to the Work Placement Officer or programme lead and appropriate action taken. The panel was informed that if a patient safety issue did arise concerning a student, there is a process in place where the student would be withdrawn from the technical environment until a full investigation has taken place. The student would then be considered as potentially not fit for practice and investigated in line with the College's student fitness to practise procedures.

**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 inspectors were informed that BMet have a student Fitness for Practice policy, which is available to students through the My Met portal. Students are informed of this policy during their induction. The GDC Student Fitness to Practise Guidance is available to students through the course handbook. The current BMet student Fitness for Practice policy isn't dental specific, and the inspectors agreed that BMet and the University of Worcester should consider reviewing this approach and implementing a policy that specifically addresses the requirements of regulated healthcare professions.

The inspectors noted that staff are GDC registrants and are required to comply with Fitness to Practise Guidance related to 'standards for the Dental Team' and 'Student fitness to Practise'. GDC's Standards for the Dental Team are embedded within student training within the modules 'Employment Practice A' and 'Preparing for Practice and Future Employment'.

## 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)**

The inspectors were provided with evidence of the governance framework, which oversees quality management of the programme. This framework includes self-assessment through the Annual Monitoring Report, University of Worcester Link Tutor activities and reporting, module evaluation, course management committees, student focus group meetings and the External Examiner annual reports. The panel was informed that BMet and University of Worcester hold regular partnership meetings throughout the year and quality assurance at a provider level is maintained through Partner Periodic Reviews.

The College's Academic Standards Policy outlines the quality cycle which the BMet operates in relation to higher education courses. These programmes are reviewed as part of the College's termly Performance Review Boards and the Termly Review Board (TRB) process, which is reviewed on an annual basis. The TRBs review:

- the currency and validity of the higher education programmes;
- whether higher education courses are in line with subject benchmarks and relevant external professional standards;
- whether the standard of the higher education award and the quality of the student learning experience are being maintained and
- whether areas for enhancement have been identified;
- whether each Directorate has effectively monitored its higher education courses during the previous year and identified areas requiring improvement;
- whether the Directorate's processes have evaluated the effectiveness of previous action and further remedial action has been taken where necessary;
- Good practice which can be identified and disseminated.

The inspectors were informed that academic standards are also considered as a standard agenda item in the Higher Education Academic and Quality Standards Board (HEAQSB). The HEAQSB prepares and approves key higher education documents and reports for submission to senior management. The HEAQSB also advises on student experience, learning, teaching and assessment.

Any changes to the programme are made via the University of Worcester Amendments to Courses and Modules processes, of which the inspectors were provided a copy of. The Course Management Committee, which students and staff members attend, ensures that the curriculum continues to map across to the latest GDC outcomes and is adapted as necessary to changing legislation and external guidance.

**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 inspectors were satisfied that issues are addressed in a timely fashion when they are brought to the attention of the programme team. The panel noted that a majority of issues can be dealt with at a local level. However, should the need arise, issues are initially escalated to the Department Director or other senior colleagues.

The inspectors noted there was a student complaint procedure which is available to all via the BMet website. The inspectors were informed that students would initially follow the BMet complaints policy while notifying the University of Worcester of any complaints that have arisen.

**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 inspectors were informed that External Examiners involved with the programme are required to be GDC registrants, which is checked as part of their appointment process. The External Examiner is required to comment on all aspects of the programme and produces an annual report on their findings. External Examiners at BMet also moderate exam papers, meet with students, moderate assessments and feed into the examination boards. Any comments in the External Examiner report, which is produced following the June examination board meeting, are reviewed by the programme team and a formal written response is produced. The completed External Examiners report is available for students to review via the MyMet portal. Any External Examiner comments and responses to them form part of the programme's Quality Improvement Plan and Annual Monitoring Report.

Students use their logbooks to record any feedback from laboratory customers on the appliance they have made. There is also an opportunity within the logbooks for the relevant dentist to provide feedback. While this feedback is beneficial to the students' development, there is currently limited opportunity for this feedback to be used in programme development. The inspectors agreed that BMet should consider additional ways in which customer feedback can be used to inform programme development.

The inspectors were pleased to note there is a biannual Employer Liaison Meeting during which developments within dental education and the dental technology industry are discussed.

**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 inspectors noted that students on the FdSc programme do not treat patients directly. However, they were satisfied that there is an effective system in place to quality assure placements where students are manufacturing dental devices. This quality assurance system includes health and safety checks, regular monitoring by the Work Placement Officer, risk assessments and risk management action plans. Thorough checks are also carried out by the BMet team during the placement approval process to ensure they are appropriate and safe educational environments.

Students provide regular feedback through the work placement visits, where comments, discussions and actions are recorded in the Work Placement Officers visit record. Further to

this, within the work placement modules, three hours per week is allocated to reviewing logbooks with students, where any placement issues are discussed, and good practice is reflected upon. Students are supported in developing case studies and selection of case studies. The inspectors were also informed that students also have the opportunity to attend a tutorial once a week, during which placement feedback and any issues or concerns are discussed as a group.

Students are also required to evaluate their placement learning by completing an end of work placement feedback form, which the inspectors were provided evidence of. It is the responsibility of the programme lead to collate this feedback and include any actions within the Annual Monitoring Report.

### 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*)**

As part of the inspection process, the panel reviewed the College's blueprinting documentation, which demonstrated that the FdSc programme had been appropriately mapped to the GDC Learning Outcomes. The inspectors were able to identify where all learning outcomes were taught and assessed.

The inspectors were pleased to note the inclusion of a 'Preparing for Work' module for students to complete as part of the programme. The panel agreed that this was an area of good practice, which enabled the students to develop skills not only to become dental technicians at the level of a safe beginner, but also to prepare them for working in a laboratory environment.

The inspection team were provided with a copy of the programme assessment strategy. The inspectors were assured that assessment methodology used enabled students to be assessed fairly across modules. The panel was pleased to note within the final practical modules, 'Dental Technology Techniques for Fixed Prosthodontics' and Dental Technology Techniques for Removable Prosthodontics' that students are required to produce all elements of a dental device to a level safe for patient use and that there is no compensation between items of assessment within each of these modules.

**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 inspectors were informed that information regarding the nature of assessments and date of assessment is provided to students in the module outline within the student handbook. A practical work portfolio is also available to students, which details the formative and summative assessment criteria.

Student assessment results are recorded by the module tutor on the University of Worcester Student Online Learning Environment (SOLE) and confirmed by the Board of Examiners. Students' records of achievement are held by the University of Worcester Student Record Department and students' transcripts are also issued by the Student Records department. Submission of coursework is recorded centrally and once marked the results are uploaded to SOLE.

While the inspectors agreed there was a formal system for recording assessments taking place and uploading this information onto SOLE, they were concerned that there was a lack of robustness in the recording system used to monitor student progression and performance with formative practical work that is completed throughout the programme. The panel agreed that without a robust system in place, struggling students may not be identified and could suffer from not being offered appropriate support and remediation. Going forwards, BMet and the University of Worcester must consider additional ways to record the completion of formative

practical work, to ensure progression is monitored and support provided to students when needed.

**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*)**

The inspectors agreed that the students have exposure to a broad range of patient cases and technical procedures when they undertake their work placements, due to the wide range of placements that are provided. During this aspect of the programme, students are required to maintain a logbook. While the panel are in support of using the logbooks, as noted in Requirement 14, they were of the opinion that student performance within the work placement setting should be formally recorded and monitored by the programme team, to ensure students are undertaking an appropriate breadth of procedures and to identify those who are struggling to achieve this.

The panel commend the programme team for ensuring there is a wide range of work placements available for students. The inspectors noted examples where students identified they were struggling to get sufficient experience in a particular work placement. The Work Placement Officer was able to facilitate the transfer to another placement to ensure the student was able to enhance their experience.

During the inspection, the panel identified that the teaching of fixed orthodontic work had been removed from the programme. While the course still meets the GDC Learning Outcome 1.14.3 '*Design, manufacture, assess and provide biomechanically sound orthodontic appliances*', the inspectors agreed this omission could limit the experience available to students. Going forwards, BMet and the University of Worcester should consider whether the topic of fixed orthodontic devices could be introduced to the programme specification.

**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*)**

The inspectors were satisfied that the broad range of assessments and methodology used within the programme are appropriate. The inspectors noted that the assessments cover a range of tasks and activities and students are made aware of the assessment strategy for each module within the Course Handbook.

The panel noted that the External Examiner is asked to review the assessments used and to confirm that they are appropriate. The inspectors saw evidence from the 2017/2018 External Examiner report where comments and suggestions on the assessment process had been implemented for the 2018/2019 academic year.

**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 inspectors were pleased to see some evidence of students receiving feedback from other members of the dental team while working in their placements, however there wasn't a uniform approach to this. The panel agreed that this could be an excellent way for students to gather a diverse range of feedback into their work and suggest that BMet and the University of Worcester should formalise how feedback can be sought from a range of members of the

dental team. The panel also agreed that BMet should investigate ways in which the College can link with dental schools in order enable students to work with other members of the dental team and gain feedback from a variety of sources.

The inspectors noted that within the College setting students are engaging with the peer assessment process. The panel strongly encourages the programme team to continue with this approach.

The panel noted that when students are provided feedback from coursework and assessments the grade was not always identified, which could limit a students' understanding of their performance. BMet and the University of Worcester must review their assessment and feedback processes to ensure paperwork is appropriately completed in order to provide students with a clear understanding of their performance and any areas for further development.

**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)**

During the course of the inspection, the panel spoke with students who commented on the good range of opportunities to reflect on their work and performance. The students praised the staff team, who were on hand to provide advice, feedback and support.

The inspectors were also pleased to note the readiness of the programme team to listen to concerns raised regarding reflection. The students commented that they felt initially there was limited opportunity for reflection, this was mirrored within the External Examiners 2017 report, which noted that the module BIOM 1402 Basic Dental Technology Techniques showed little recorded evidence of feedback or self-reflection. As a result of this, further opportunities for feedback were incorporated into assessment paperwork particularly regarding practical tasks. This, together with clear assessment criteria, allows students to move forward with subsequent assessments and develop as dental professionals.

The module evaluation process also requires the students to evaluate their experiences of assessment and feedback. Students are provided with the opportunity for self- reflection, which is linked to their case studies. The inspectors were informed that this has been developed and expanded in response to the External Examiner's feedback. The panel noted that there are currently assessments within two modules that use reflection as the assessment strategy.

The panel noted that there is an academic tutor in post who meets with students to support both pastoral and academic requirements. This session is formally timetabled, and students are informed about this during their induction. For full transparency, student academic tutorials are recorded on the SOLE recording 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 Partly Met)**

The panel was informed that all staff who are involved with the teaching of practical elements within the programme are GDC registered. In addition to this, all staff are required to hold teaching and assessing qualifications.

The inspectors noted that the staff team have NHS and commercial industry experience backgrounds and a member of the team has an English teaching qualification. All staff members are required to complete equality and diversity training.

The inspectors were keen to note that during times of staff changes accompanied by heightened work pressure, BMet senior leadership must continue to ensure staff members are provided with the opportunity to undertake professional development. This is key to ensuring the teaching team remains abreast of developments within the rapidly changing dental technology sector.

**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 inspectors were informed that the appointment and responsibilities of External Examiners are detailed in the University of Worcester policy on External Examiners. The panel was provided with a copy of this and were satisfied that this appropriated documents the requirements of the role. External Examiners are provided with draft copies of assessments for their review and the module team incorporates their feedback and comments into the final version of the assessment.

In advance of an examination boards, the External Examiner is provided with both examination scripts and coursework. Their comments are presented verbally at the appropriate examination board and are provided in writing in their annual report. Any issues raised by the External Examiner are responded to by the course team and are considered as part of the Annual Monitoring process.

**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 inspectors noted that a range of assessments is used throughout the programme, which are detailed in individual module specifications and available to students. In addition to this, students are provided with the assessment criteria along with an example assessment for the module.

All assessment regulations are set out in the University of Worcester Assessment Policy, with BMet staff internally verifying assessments and recording comments before sending to the External Examiner for comment. In the event that modifications are required, changes are made before presentation to the students. The inspectors were informed that assessment decisions are moderated and standardised before being presented to the External Examiner. Going forwards, BMet and the University of Worcester should consider implementing a formalised approach to standard setting assessments, to ensure a fair and consistent approach is being taken.

## Summary of Action

Req. number	Action	Observations & response from Provider	Due date
4	BMet and the University of Worcester must ensure that staffing levels are reviewed regularly to ensure the delivery of education within the College and supervision of students on work placements is not affected. The GDC will require regular updates on staffing levels and this will be closely scrutinised during the Monitoring process.		Monitoring 2020
8	BMet and the University of Worcester should consider reviewing this approach and implementing a policy that specifically addresses the requirements of regulated healthcare professions.		Monitoring 2020
11	BMet should consider additional ways in which customer feedback can be used to inform programme development.		Monitoring 2020
14	BMet and the University of Worcester must consider additional ways to record the completion of formative practical work, to ensure progression is monitored and support provided to students when needed.		Monitoring 2020
15	BMet and the University of Worcester should consider whether the topic of fixed orthodontic devices could be introduced to the programme specification.		Monitoring 2020
17	BMet and the University of Worcester should formalise how feedback can be sought from a range of members of the dental team.		Monitoring 2020

17	BMet should investigate ways in which the College can link with dental schools in order enable students to work with other members of the dental team and gain feedback from a variety of sources.		Monitoring 2020
17	BMet and the University of Worcester must review their assessment and feedback processes to ensure paperwork is appropriately completed in order to provide students with a clear understanding of their performance and any areas for further development.		Monitoring 2020
19	BMet senior leadership must continue to ensure staff members are provided with the opportunity to undertake professional development. This is key to ensuring the teaching team remains abreast of developments within the rapidly changing dental technology sector.		Monitoring 2020
21	BMet and the University of Worcester should consider implementing a formalised approach to standard setting assessments, to ensure a fair and consistent approach is being taken.		Monitoring 2020

### Observations from the provider on content of report

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### Recommendations to the GDC

<b>Education associates' recommendation</b>	Qualification continues to be approved for holders to apply for registration as a Dental Technician with the General Dental Council
<b>Date of next regular monitoring exercise</b>	Monitoring 2020





# 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 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.