INSPECTION OF THE BDS PROGRAMME OF BELFAST SCHOOL OF DENTISTRY

QUEEN’S UNIVERSITY BELFAST

5 AND 6 MAY 2011

REPORT OF THE INSPECTORS

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OVERVIEW

We are grateful to the University for allowing us to inspect the School of Dentistry at relatively short notice. This inspection was arranged after concerns were raised with the General Dental Council (GDC) regarding the suitability of training provision at Belfast School of Dentistry. It was the view of the GDC Education Committee, upon consideration of the issues raised, that they were of considerable concern with respect to the central responsibility of the GDC for safety of the public.

There have been major changes in structures and lines of management within Queen’s University and this has had a negative effect on the autonomy of the School of Dentistry. Time for adjustment is needed and the lines of communication between senior management and those responsible for dental education have not yet proved fully effective. Staff at the School of Dentistry do not feel that they are fully in touch with evolving policies.

Consequently, and despite the clear dedication and commitment of staff, it was apparent to us that morale is very low. There is very poor communication between the various parties involved in the delivery of the programme and an overall lack of joined-up thinking. This needs to be addressed as the current nature of the relationship between the bodies is damaging the education of the students. We had specific concerns regarding the clinical experience of the current Year Four students, particularly in the area of Restorative Dentistry. We gained a strong sense that there needs to be a greater focus on delivering a more blended learning experience and we support moves towards modernisation. There are single-handed consultants in Oral Surgery and Paediatric Dentistry and we feel this is unacceptable – not least in terms of governance. The shortage of strategic leadership for Restorative Dentistry is undermining the programme. There is also a need for Specialist teachers in Endodontics and Prosthodontics.

Staffing issues within the school are causing difficulties and this is exacerbated by the lack of an interim plan and, ultimately, a longer term, strategic plan. In recent times, there have been a number of reviews of the programme (both internal and external). It is our view that further reviews would be undesirable. What is now required is clarity on how decisions will be made and a firm action plan in order to ensure that the programme remains sufficient for registration with the GDC.

However, what became clear very quickly during the inspection was the level of dedication and commitment demonstrated by staff within the school. It was obvious that the staff care about their programme and their students. Similarly, the students we met were enthusiastic and we were impressed with their achievements despite the clear problems affecting delivery of the course. It was evident that students gain a high level of support during their time at the school including excellent staff-student ratios. We were pleased to hear that there are firm plans to carry out extensive refurbishments over the coming years and this will include the clinical skills laboratory which students and staff unanimously agreed need an urgent upgrade. It was apparent from our discussions with staff and students that joint teaching alongside medical students in the first two years of the course has not been effective so we were pleased to learn that, from September 2011, this will no longer be the case. We support the hard work going in to the development of changes to the curriculum and new approaches to assessment.
Introduction & background

1. As part of its duty to protect patients and promote high standards, the GDC monitors the education of student dentists and dental care professionals (DCPs) at institutions whose qualifications are approved by the GDC. The aim is to ensure that these institutions provide high-quality learning opportunities and experiences and that students who obtain a dental qualification are safe to practise.

2. This inspection was arranged after concerns were raised with the GDC regarding the suitability of training provision at Belfast School of Dentistry. An inspection was arranged at short notice with the co-operation of the School and University to investigate the perceived problems.

3. This report sets out the findings of a two-day inspection using the assessment principles and guidelines set out in *The First Five Years – Third Edition (Interim) 2008* (TFFY) as a benchmark. The report highlights many areas of good practice, but also draws attention to areas where improvement and development is needed. The report is based on the findings of the inspection and on a consideration of supporting documents prepared by the school. We appreciate that the inspection was arranged at short notice, however, it was disappointing that the supporting documentation was not made available to us until the afternoon prior to the start of the inspection. This was a considerable reduction in the time normally given to scrutiny of pre-inspections materials.

4. The inspection took place on 5 and 6 May 2011. During the inspection, we met staff involved with the management and delivery of the BDS programme. We also met with senior staff from the University and NHS Trust as well as with the Chief Dental Officer (CDO) for Northern Ireland. We met with a selection of students from Year Two to Year Five.

5. The report will be considered by the Education Committee of the GDC. The school will be given the opportunity to correct any factual errors and then submit observations on the content of the report.

Programme content & delivery

6. We gained a sense that the programme is very traditional in its delivery. There appeared to be an undue emphasis on lectures. This theoretical knowledge needs to be backed up and reinforced with clinical experience. With the exception of the final year of students we noted a dramatic decline, for a variety of reasons, in clinical exposure for the following areas: restorative dentistry, oral surgery, oral medicine and emergency dental care. This will need swift action and attention for Year Four students as they move towards their final year of study.

7. Some students had completed competency tests in the clinical skills laboratory at the end of their third year and yet had had no clinical experience of that competency during their fourth year. We were told that some students may well be very close to completing some cases and this has yet to be reflected in the treatment data we were able to examine. We will need to see updated treatment data, detailing clinical experience in all disciplines, as part of the School’s response to this report, and as the cohort proceed towards qualification. Three-monthly data would be ideal – i.e. in September, December and March.
8. There is a clear need to improve the student experience of dental team working. DCPs are also being trained at Belfast but we were disappointed to gain little, if any, sense of interaction between dental and DCP students.

9. Planned changes to the curriculum will free up some clinical time and this will mean that students will be able to benefit from earlier clinical contact with patients. A flexible approach from staff will be required to make these plans achievable.

10. Patient supply has caused issues for students in terms of gaining access to the right types of patients. This has proved to be a particular problem for the current final year students, although the hard work of all involved has meant Year Five students have gained the requisite level of experience. We were happy to hear that action has already been taken to address this issue with a series of clinics established in order to recruit appropriate patients. It is anticipated that further recruitment drives will take place over the coming summer months. Staff feel this will allow them to “hit the ground running” at the start of the next academic year in September 2011.

**Governance & infrastructure**

11. During our meetings with the various parties involved in the programme it became apparent that there was a direct conflict of views. We would like to see a move towards these parties working together rather than against each other. Improvements to methods of communication need to be put in place. The situation is a complex one and there is need for control to be taken so matters can be resolved. Frustrations have arisen over differences in what needs to be prioritised. We felt a degree of frustration ourselves in being unable to gain clarity regarding root causes of issues affecting delivery of the programme.

12. We were told that many of the problems facing the school stem back to the restructuring exercise in 2008 which led to the formation of the school of medicine, dentistry and biomedical sciences. After this restructuring took place, an International Advisory Board (IAB) review was commissioned by the Vice Chancellor and the Dean of Medicine, Dentistry & Biomedical Sciences to look at the success of the restructuring programme and the ‘internationalisation’ of the school. As a result of the IAB report, a Dental Review Group (DRG) was established to look more closely at the School of Dentistry. Frustrations have arisen due to a feeling of over analysis coupled with a reticence to take action. It is our view that action now urgently needs to be taken to improve the situation.

13. One of the major concerns for us was the lack of an interim plan to deal with problems in the short term. It was our feeling that there was an over-reliance on the need to employ additional staff. We are concerned that this process will take some time to complete and steps could be taken while the recruitment of additional staff is dealt with. Staff seem to feel that without this additional staffing in place, there may be difficulties in bringing the current fourth year students up to the standard of the final year students. It is our view that with some careful planning and creative thinking, practical solutions could be developed immediately which would assist in alleviating some of the perceived problems. For example, consideration might be given to using Outreach and/or community dental services as a means of providing additional patient contact. We were

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1 The DRG consisted of internal and external academics and was held in December 2010.
pleased to hear that there are plans to utilise Wednesday afternoons and increase the number of sessions to three per day. The use of clinical facilities will need to be handled more flexibly and the number of staff allocated to each clinical session reviewed.

14. We note that a Project Group has been established to look at the recommendations of the DRG report and to work with the various stakeholders to drive forward development of the School. We feel it is important to reiterate that this Project Group needs to look at actions which can be taken rather than conducting another review of the situation. The inspectors would like to be kept up-to-date with the progress of this group on a regular basis.

15. There are firm plans to expand the number of students with an international intake of a maximum of 15 students. Such expansions in the number of students must be matched by an expansion in available resources. With concerns already being voiced regarding current sustainability, it was our view that this additional intake will need to be handled carefully so as not to disadvantage home students.

16. We were told that a lack of administrative support within the dental school was an issue. We would like to see improvements in this area to relieve pressure on the administration team who are dedicated and hard working. The support received by the inspectors from this team was generally excellent.

17. We were told that all potential changes to the delivery of the programme must be approved by the Staff/Student Committee and this means that the student body is both kept informed and given a voice in terms of affecting how changes are introduced and managed. However, the students we met were reluctant to be critical and there should be anonymity in the opinions expressed.

18. We were disappointed by the lack of an overarching logbook to record all clinical experience and to provide some significant scope for students to reflect on the work they have undertaken. We agreed this is something which should be developed.

19. We support the drive to modernise the assessment strategy within the school. We felt that there is a heavy burden of assessment within the course with many traditional or outmoded methods of assessment still in use. We will also require updated information on the evaluation of these changes.

**Staff issues**

20. The restructuring of the schools of medicine, dentistry and biomedical sciences and the subsequent phased approach to changes appears to have left staff within the dental school feeling left behind. There are concerns that the dental school has become “collateral damage” whilst the main focus has been on raising the profile of the medical school. We were pleased to gain the sense of a strong and clear level of support from Government for the dental school at a time when sustainability and vulnerability seem to be key concerns for those involved with the school.

21. Morale is extremely low among the staff and we were dismayed by this. It was clear to us that staff are feeling over-stretched and under pressure. It was impressive, then, to see that the commitment of the staff to provide quality education to the students has not diminished. The problems associated with a
general lack of communication have resulted in rumours which undermine the hard work of the dental school staff. We did feel, though, that there was a need for staff to be more flexible and adaptable moving forward; they will need to be more accepting of change in future.

22. Staffing shortages have been a major issue within the School and this was highlighted as a particular problem facing the School by the DRG report. It was clear that the recruitment of lower level staff has been used as a method for bridging the gap in more senior level appointments. The level of experience within teaching teams is, therefore, having a direct impact on student experience. Additionally, a high turnover of clinical teaching fellows (CTFs) has impacted on consistency. It was our view that an increase in the number of CTFs provides no relief for the lack of senior leadership. There is, then, a need to build in some sustainability so that, should there be staffing changes, gaps in experience are not created.

23. Two posts (for a Professor of Oral Medicine and a Professor of Paediatric Dentistry) have recently been advertised. However, it seemed clear that the areas in most critical need of additional staffing were Restorative Dentistry and Oral Surgery and it was unclear why these posts had not been prioritised. It was clear that funding for additional posts is not an issue. Recruitment needs to be more proactive and focus on senior leadership. We felt that difficulties in recruiting begin to arise where a post has joint University and Trust responsibilities and, as such, require joint agreement and approval. Again, an open and engaged relationship between involved parties could mitigate these problems to some degree.

24. We were relatively surprised by the high staff-student ratios evident on most clinics (for example, in some instances, there were two members of staff for every six to eight students). This was despite quite a strength of feeling by staff (not supported by students) regarding long waiting times for students’ work to be checked. We felt that supervision levels here probably surpassed those of most other UK dental schools.

Student issues

25. We met with a selection of students from Year Two to Year Five. We were impressed with their commitment and enthusiasm and felt that the current Year Five students have a good breadth and depth of clinical experience. We gained the impression that a great deal of work had been undertaken to ensure the current final year students had received sufficient clinical experience. The inspectors feel that the Year 4 students have potentially fallen behind as a result. There was a general feeling among some student groups that their clinical experience should be further along than it currently is. They feel that there is a lack of patients and, specifically, the right types of patient to give them the experience they require. We were told that they had experienced some cancellation of clinics which had exacerbated the difficulties they were experiencing. Action will need to be taken to ensure that the school does not find itself in the same position in a year’s time. We feel a further inspection, in 2012, will be necessary in order to follow-up on requirements and recommendations made in this report.

26. Many students felt that gaining experience in Paediatric Dentistry could be “hit and miss”. A reason given for this was that there was a large number of DNAs to
content with as many parents could not commit their child to a series of repeat visits.

27. All groups of students we met with said they felt well supported by staff and we felt that the students had, in the main, been shielded from the problems being experienced within the School.

28. The Clinical Skills for Dental Students module is popular with students. One element of this includes a dental attachment which lasts for seven sessions. This helps students “feel like a dentist” and gives them a better idea of what general dental practice will be like.

29. Some aspects of the programme were picked out as particular highlights for most students; these were the well-organised and well-coordinated Oral Surgery sessions as well as the Total Patient Care module which they felt brings the various aspects of dentistry together effectively.

30. It became apparent to us that some year four students have yet to undertake any endodontic cases and that staff feel anxious about their level of experience. Recruitment clinics have been held and further sessions are planned to generate patients with broader needs and this will help to alleviate difficulties going forward. We were told that students who have a deficiency in their clinical experience will be targeted for additional experience.

31. Students we spoke to from the Years One to Three felt that the focus on medicine had been too great. They expressed a desire for increased levels of clinical skills training. They told us that joint lectures with medical students left them feeling ‘tacked on’. We are pleased that from 1 October 2011 the education of Dental and Medical students will be separate.

32. One very clear message we gained from our discussions with students was that the clinical skills laboratory urgently requires repair. We were told many of the phantom heads break down on a regular basis and there can often be a thirty minute period at the start of a clinical session devoted to dealing with such issues. Funding has been confirmed to cover a re-fit of the clinical skills labs and it is the hope of the panel that this refurbishment will bring the facilities up to the same level as some of the more modern facilities available elsewhere in the UK.

Conclusion

33. Ultimately, and despite the problems and difficulties raised in this and other reports, the current final year students have achieved a level of experience suitable to allow them access to the GDC register. It is our view that the BDS programme at Belfast should continue to be deemed sufficient pending a re-inspection in early 2012. The aim of the re-inspection should be to monitor the required improvements set out in this report and to examine how current issues are being addressed.
Requirements

To the School

- Methods for providing additional clinical experience in restorative dentistry, oral surgery, oral medicine and emergency dental care need to be found and this might include the use of Wednesday afternoons and three-session days. (6).

- Updated treatment data for Year Four students, detailing clinical experience across all disciplines, should be supplied with the response to this report and at three-monthly intervals – i.e. in September, December and March (7).

- Improvements to experience of dental team working need to be made (8).

- Improvements need to be made regarding methods of communication and prioritisation (11).

- Interim plans to establish practical solutions to the various difficulties facing the school need to be developed (13, 22, 23 and 25).

- Provide the GDC with updates regarding the actions being taken by the Project Group (14).

- Student logbooks should be redeveloped and include additional scope for student reflection (18).

- Information on the evaluation of the modernisation of the assessment strategy within the school should be provided as it becomes available (19).

- Staff will need to adopt a more flexible approach to change (21).

To the University

- Improvements need to be made regarding methods of communication and prioritisation (11).

- Interim plans to establish practical solutions to the various difficulties facing the school need to be developed (13, 22, 23 and 25).

- Provide the GDC with updates regarding the actions being taken by the Project Group (14).

- Support should be provided in raising the morale of staff within the dental school. (21).

To the GDC

- A re-inspection of the programme should take place in early 2012 to ensure that progress is being made and requirements are being addressed (25 and 33).

[NUMBERS IN BRACKETS REFER TO INDIVIDUAL PARAGRAPHS WITHIN THE REPORT]
General Observations

The School wishes to thank the GDC Inspection Team for their consideration of the issues raised during their visit and for the way in which they have responded. The School has been through a period of considerable change and this has clearly left us with some issues to address, particularly in establishing good communication and in boosting staff morale in Dentistry. We are grateful to the Inspectors for their favourable comments on the level of dedication shown by staff in Dentistry and on the enthusiasm and achievements of our students. The School recognises the level of commitment shown by all those involved in the management and delivery of the curriculum over a difficult period of time.

The incoming academic year sees the introduction of a new curriculum for first year dentistry with teaching delivered separately from Medicine. We look forward to this much anticipated development which we hope will lead to improvements in the clinical relevance of the course and to the experience of our students.

We agree with the Inspectors’ view that the period of review is now over and that it is time to move forward with the implementation of changes. It is expected that this will be managed through the Dental Project Group. The School has an excellent opportunity now to work with all the relevant stakeholders to develop a comprehensive plan for the future which will strengthen and modernise the Dental School. The GDC Report will form an important component of these discussions. The University is committed to the future success of the Dental School and this is reflected in the recent investments in staff and infrastructure.

Observations on Specific Requirements

School/Centre for Dental Education

A  Methods for providing additional clinical experience in restorative dentistry, oral surgery, oral medicine and emergency dental care need to be found and this might include the use of Wednesday afternoons and three-session days. (6).

Restorative Dentistry

Additional clinical experience for students in Restorative Dentistry will be provided by increasing operator time in clinic for each student. The new timetable ensures students will be allocated to more clinical sessions, including Wednesday afternoons. The length of each clinical session will

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2 Following the formation of the School of Medicine, Dentistry and Biomedical Sciences the title of the Dental School at Queen’s University was changed to the “Centre for Dental Education”.
increase significantly. Additional nursing staff have been recruited to increase the student experience of working alongside a dental nurse, as well as increasing clinical experience and student attainment.

Clinical attainments for each student will be closely monitored, including a formal monthly appraisal. Students requiring additional experience in specific areas will be identified and allocated suitable patients.

**Oral Surgery, Oral Medicine, Oral Pathology (OSOMOP)**

It is recognised that the shortfall in staffing levels has contributed to the reduction in clinical experience of students within Oral Surgery and Oral Medicine.

Belfast Health and Social Care Trust has made a senior locum appointment in Oral Medicine and another locum consultant in Oral Medicine will be joining us from the 5 September 2011. More students can now be assigned to clinical areas and this will be supported by regular monitoring of attainments.

A Senior Clinical Academic post in Oral Medicine has been advertised and a new Specialised Clinical Teaching Fellow will join the Oral Surgery teaching team in September. The emergency dental care training facility will be expanded (increased number of clinical sessions) to increase clinical experience in this area.

Wednesday afternoons were already being used for teaching prior to the recent inspection but will now be expanded.

**B** Updated treatment data for Year Four students, detailing clinical experience across all disciplines, should be supplied with the response to this report and at three-monthly intervals – i.e. in September, December and March (7).

Clinical attainments for June 2011 are attached.

**C** Improvements to experience of dental team working need to be made (8).

From September 2011, final year dental students will work alongside dental hygiene students in total patient care clinics in the Practice of Dentistry module and in orthodontic teaching clinics. This will provide an opportunity for dental students and dental hygienists to develop communication and team working skills in an environment similar to what they will encounter in dental practice.

In the long-term we plan to build on the introductory dental team sessions which already exist in the first year dental attachment and Introduction to Clinical Dentistry module and to integrate team working opportunities in to relevant third to fifth year modules. An internal review will be undertaken to determine the most effective way of achieving this.
D Improvements need to be made regarding methods of communication and prioritisation (11).

In the School of Medicine, Dentistry and Biomedical Sciences, there are a number of Committees, including the School Board, School Management Board and Education Executive on which the Leadership of the Centre for Dental Education is represented.

The School will work with the Centre for Dental Education to ensure that meetings are productive and focus and prioritise on relevant issue for Dentistry.

In the short term in order to aid prioritisation, ensure ongoing support and improved communications there will be regular meetings between the leadership of the School and that of the Centre for Dental Education.

E Interim plans to establish practical solutions to the various difficulties facing the school need to be developed (13, 22, 23 and 25).

Restorative Dentistry: In addition to the plans reported at ‘A’ above.

A senior clinical academic post in Restorative Dentistry has been advertised. An additional three WTE Clinical Teaching Fellow posts in Restorative Dentistry are in the process of being recruited for the new academic year to optimise teaching experience and clinical attainments for students.

Patient recruitment clinics have been increased over the summer to ensure patients with a wide range of restorative treatment needs are recruited for undergraduate teaching clinics.

Students will work in a newly refurbished and extended restorative teaching clinic with access to additional dental chairs.

Oral Surgery, Oral Medicine, Oral Pathology (OSOMOP): The plans for Oral Surgery, Oral Medicine and Oral Pathology are reported above at ‘A’.

Gantt Charts have been provided to illustrate the expected timeline for implementation of these plans.

F Provide the GDC with updates regarding the actions being taken by the Project Group (14).

The first report is attached and further reports will be provided after each meeting of the Project Group.

G Student logbooks should be redeveloped and include additional scope for student reflection (18).

All clinical logbooks have been re-designed to include a section for student reflection. In addition, clinical activity will be signed-off and monitored on a monthly or two-monthly basis as appropriate. As far as possible, logbooks
will be standardised across the clinical disciplines and monitoring will form part of the feedback process and discussed at the formal bi-annual feedback meetings. The feedback meetings also provide staff with the opportunity to have an overview of students’ attainments across the clinical disciplines.

**H** Information on the evaluation of the modernisation of the assessment strategy within the school should be provided as it becomes available (19).

The GDC inspection team came during a period of transition and as acknowledged in the GDC Inspectors’ Report, steps have already been taken to modernise the assessment strategy within the Centre for Dental Education. The new Year 1 and 2 modules have been designed with this in mind and a number of key steps to modernise have already taken place. (Appendix 1).

The annual module and programme review process, which includes feedback from students, teachers, external examiners and other relevant stakeholders, will provide the opportunity for evidence-based curriculum and assessment review.

In addition we plan to undertake an internal review of all our assessments and curriculum delivery methods taking account of the continuum of clinical competence and the appropriate timing and balance of these assessments.

**I** Staff will need to adopt a more flexible approach to change (21).

We recognise the need for flexibility from everyone in addressing the issues identified in the GDC Report. It is expected that the efforts made to enhance morale and communication will assist in this process.

**University**

**J** Improvements need to be made regarding methods of communication and prioritisation (11).

The primary method of communication between the School of Medicine, Dentistry and Biomedical Sciences and the University is through the Project Implementation Group which is chaired by the Registrar and attended by Heads of the University’s Directorates as well as the Dean of the School of Medicine, Dentistry and Biomedical Sciences and other senior staff from the School. This Group meets at least once every six weeks. These meetings will prioritise action points and issues about dentistry arising from the GDC visit.

The School also complies with the University’s quality assurance procedures and will be undertaking annual module and programme review. All major issues relating to the delivery of the course, including the GDC Report, will be considered and action points identified through this process. A report on these findings will be considered by the University’s Education Committee.

**K** Interim plans to establish practical solutions to the various difficulties facing the school need to be developed (13, 22, 23 and 25).
The University has approved both short-term and longer term appointments to address staffing issues. These include three Chairs and 4 Clinical Teaching Fellows (see details provided in the School section above). Through the Dental Project Group, which has representation from all the key stakeholders group, the University is now involved in examining the correct complement of academic clinical staff alongside NHS consultants that would be required to take the Dental Hospital forward.

The University has approved the investment of £1 million on the development of a new Clinical Teaching Laboratory and planning has already started.

Belfast Health and Social Care Trust were awarded £2.9 million by the Department of Health, Social Services and Public Safety to upgrade dental chairs within the Centre for Dental Education. The first phase of this upgrade has commenced and will be completed in advance of the 2011/12 academic year.

L  Provide the GDC with updates regarding the actions being taken by the Project Group (14).

A brief report on the work of the Centre for Dental Education Project Group so far has been provided along with this response. The University undertakes to provide regular updates and continues to support the work of this Group. An expected timeline for provision of these reports has been included with the first summary.

M  Support should be provided in raising the morale of staff within the dental school. (21).

It is anticipated that the additional investment in Dentistry in terms of infrastructure and new staff will significantly improve overall morale. Nonetheless, it will be important that both the School of Medicine, Dentistry and Biomedical Sciences and leadership of the Centre for Dental Education communicate effectively with staff and students in order to ensure that they are fully appraised of the exciting plans and opportunities that the additional investment creates.
Appendix 1

Information on the evaluation of the modernisation of the assessment strategy within the school should be provided as it becomes available (19).

The GDC Inspection came during a period of transition for the dental curriculum and assessment process. The following steps to modernise had already taken place:

- Intention grade assessments replaced by percentage marking and objective, standardised marking criteria introduced
- A policy of no cross compensation between examination elements was extended from years 1 and 2 to include all examinations in years 3 to 5 for the 11/12 intake
- Question choice removed from all written examinations
- Open-ended essay questions replaced by structured, scenario-based problem solving
- Regulations introduced to ensure progress through the course requires satisfactory completion of clinical procedures in a simulated environment before proceeding to patient activity and completing a module. This was already compulsory in Conservation but was also introduced in Paediatric dentistry and Oral Surgery.
- New Year 1 and 2 modules designed to include alignment of learning outcomes and assessment methods.
- New Year 1 and 2 Clinical and Professional Skills modules designed to meet the requirements of the new GDC learning outcomes particularly with regard to the integration of communication and team working skills and professionalism
- Year 3 Clinical Module separated so that each clinical discipline is a module in its own right for 11/12. The timetable was reviewed and revised and front-loaded with clinical teaching in Restorative disciplines in semester 1 with teaching in the dental Specialties beginning in semester 2. Thus significantly increasing clinical time and decreasing lectures for 11/12.
- Finals in individual Restorative disciplines moved forward to the end of fourth year to assess clinical knowledge and basic clinical skills with more advanced and in-depth skills being taken forward and assessed in a more holistic manner in the Practice of Dentistry module.
- OSCE developed for Fourth year finals in Conservation and objective marking scheme developed for competency examination (well received by the External examiner, students and teachers)
- In Restorative Finals assessment via Case reports introduced
- Formative and summative SCOTs introduced in Oral Surgery
• Proposals for a new Practice of Dentistry module made and under review by SMT

• Clinical logbooks reviewed and standardised for 11/12

**Long term plans include:**

• Assessment Group to oversee all developments

• New teaching and assessment methods to be developed in tandem with the new Year 1 cohort

• Evidence-based modifications to increase objectivity and standardisation for current years 3 to 5

• Review of assessment over the three clinical years in each clinical discipline taking account of the continuum of clinical competence and appropriate timing of assessments within this

• Increase external examiner involvement in planning and development to improve QA procedures

• Provide more opportunity for examiner training and calibration

**Procedures for evaluation include:**

• Module and Pathway review

• Student, teacher, external examiner and other relevant stakeholder evaluations on an annual ongoing basis