

**UNIVERSITY OF GLASGOW**

**Education Committee - Wednesday 12 May 2004**

**Review of Departmental Programmes of Teaching, Learning and Assessment**

**Review of Dental School  
held on Friday 6 February 2004**

**Mrs A K Spurway, Secretary to the Review Panel**

**Review Panel**

Professor Peter Holmes (Convener)	Vice Principal (Research) and Territorial Vice Principal (Biomedical and Life Sciences).
Mr D Muir Martin	Senior Lecturer in Restorative Dentistry and Director of Dental Education, University of Leeds Dental Institute
Dr Jacqueline Atkinson	Senate Assessor on Court and Member of Cognate Division
Dr Sarah Mann	Teaching and Learning Service
Mrs Alison K Spurway	Secretary to the Review Panel

**A. Introduction**

- A.1 The Glasgow Dental School was last reviewed internally in session 1992 -93. In 1996 it was awarded an overall "**Highly Satisfactory**" in the SHEFC Teaching Assessment Exercise with "Satisfactory" for the Teaching and Learning Environment and a **3a** rating in the 2001 Research Assessment Exercise.
- A.2 The Department had provided a self-evaluation report (SER) and supporting documentation in accordance with the University's requirements for the Review of Departmental Programmes of Teaching, Learning and Assessment.
- A.3 The Review Panel met with the Dean of the Dental School, Professor David Wray and the Associate Dean for Dental Education, Dr Vince Bissell respectively and subsequently with key staff. In addition the Panel met with members of the Curriculum Development Group responsible for the development of the revised BDS curriculum which, if approved by Senate, would be introduced in October 2004. A confidential report was received from one member of staff. The Panel met with 5 Postgraduate Taught students and 8 Undergraduate students from all years of the BDS programme including two students who had undertaken intercalated degrees.
- A.4 The Panel considered the following range of provision offered by the Glasgow Dental School:

Undergraduate degree programme

Bachelor of Dental Surgery (five year programme)

Undergraduate level vocational training programme

Diploma in Dental Technology (Orthodontics) (one year programme)

Postgraduate Taught Degree Programmes

MSc(Med Sci) in Fixed and Removable Prosthodontics (two year programme)

MSc(Med Sci) in Dental Primary Care (two year programme)

MSc(Med Sci) in Oral and Maxillofacial Surgery (two year programme)

MSc(Med Sci) in Orthodontics (two year programme)


**B. Summary Report**

- B.1 The Glasgow Dental School had established a sound reputation for training capable and competent dental practitioners at the primary care level. It had been responsive to the requirements of the profession to revise the traditional curriculum in line with the guidance set out by the General Dental Council in its publication "The First Five Years" and the subsequent edition of that published in 2003. The revised BDS programme, subject to approval by Senate, would be introduced year on year from September 2004. The existing curriculum, which it was anticipated would continue until session 2009-10 and the 2004 curriculum, each had clearly defined Intended Learning Outcomes which related to the QAA subject benchmark statement. The 2004 programme would integrate clinical practice with the underpinning biomedical science and would encourage more independent learning, with a greater element of self-evaluation and more opportunity for reflection than the existing curriculum. In response to the direction of the Scottish Executive, the 2004 BDS programme would provide a significant element of training in Community Dental Clinics. There was an excellent and comprehensive BDS student handbook and extensive course information for the existing curriculum. In addition to the undergraduate programme, the Dental School provided higher training to qualified dental practitioners in the form of Continuing Professional Development, preparation for membership examinations, and four taught Masters programmes. There was a limited contribution to training of Professionals Complementary to Dentistry with an aspiration to increase this. Staff carried heavy teaching loads and would experience additional pressures during the transition to the 2004 BDS curriculum. In contrast to the undergraduate programmes, the taught postgraduate programmes had poorly defined aims and objectives and the course information was limited.
- B.2 The Review Panel was pleased to note that the Dental School participated in a variety of widening access initiatives in association with the GOALS<sup>1</sup> project. Recruitment to the BDS programme was highly competitive and efforts had been made to reduce the number of unqualified applicants. In contrast recruitment to the Masters courses was problematic and costly in terms of administrative time. The Diploma in Dental Technology had failed to attract any applicants in the session under review.
- B.3 In the process of developing the 2004 BDS curriculum, the Dental School had employed a variety of innovative teaching and learning techniques. There had been extensive consultation with the Teaching and Learning Service in the process. The opportunity to develop e-learning had been constrained by severe restrictions on staff time and a lack of IT support. Teaching on one of the Masters courses was heavily

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<sup>1</sup> The GOALS project aims to introduce the idea of Higher Education to Primary and Secondary pupils.

reliant on NHS staff and in one case on a retired member of staff. Formal training in research methodology or statistics for the Postgraduate taught students was lacking.

- B.4 Undergraduate students expressed appreciation of the support and advice provided informally by staff throughout the BDS programme. Career advice was available at an appropriate stage, a number of events being held in the final year. The majority of students had secured a dental post prior to the final examinations. The majority of Postgraduate students were critical of the level of support provided by University staff.
- B.5 Reports from External Examiners for the BDS programme testified to the high standards achieved. There had been extensive consultation with External Examiners in the process of developing the 2004 curriculum. Students ed the staff as responsive to their requests expressed through the feedback mechanisms. It was recognised by students that problems with regard to faulty equipment and a shortage of support staff was the responsibility of the Trust rather than the University. There was no evidence of a formal process of feedback available to the Postgraduate students.
- B.6 The Panel concluded that the existing BDS programme was of a very high standard and that the proposed 2004 programme would further enhance the quality of provision in a manner consistent with the wishes of the GDC. Some further improvements could be made to the existing curriculum and these are discussed below. There were problems with the quality of the Masters programmes and a number of recommendations have been made in this regard. The Panel expressed serious concern regarding staff morale with particular regard to workload, promotion and recruitment and strongly recommended immediate attention to these issues.

## 1. Range of Provision

### 1.1 *The existing BDS programme*

The documentation which the Panel received related principally to the existing curriculum which would run until session 2009-10, taking account of students who selected to undertake an intercalated degree and students who for a variety of reasons might be required to repeat a year. The Panel was confident that this curriculum, which had successfully trained capable and competent dental practitioners for many years, would continue to be effective in this respect. It was noted that in the process of developing the new curriculum, some aspects of the existing curriculum had been modified. The Panel **recommends** that developments and practices planned for the 2004 curriculum should be introduced where practicable into the existing curriculum so that current students also benefit from the recommendations of the GDC contained in "The First Five Years".

### 1.2 *The 2004 BDS programme*

The Panel was informed that, subject to approval by Senate, the first year of the new BDS curriculum would commence in September 2004. In the documentation, the Panel received the Intended Learning Outcomes (ILOs) for the new programme which reflected the guidance provided by the GDC. The ILOs had shaped the programme, defining the content, the methods of teaching and the forms of assessment. The Panel **commends** the Dental School for the considerable effort which development of the new curriculum represented at a time of staff reductions.

### 1.3 *The intercalated degree BSc(Dent Sci)*

During the review process, reference was made on a number of occasions to a shortage of clinical academics in Dentistry. This view was substantiated by the failure to attract a single applicant to the Chair of Restorative Dentistry which remained vacant.

Undergraduate students who had undertaken an intercalated degree had valued the experience and one had proceeded to intercalate a PhD in Immunology with a view to a career in research. There appeared to be uncertainty in the minds of the students whom the Panel met from Years 1 and 2 as to whether the opportunity to intercalate would be available during the transition period. The Panel **recommends** that the opportunity to undertake an intercalated degree should be promoted for its educational value and as a means of developing an interest in research.

#### *1.4 The postgraduate taught Masters degree programmes*

The Panel was informed that, as a result of the loss of senior staff and the pressures which the transition from the existing curriculum to the 2004 curriculum would impose on Dental School resources, the MSc(Med Sci) in Fixed and Removable Prosthodontics would be discontinued from the end of session 2003-04. The numbers on the remaining three programmes were small and given the loss of staff, there was a heavy reliance on NHS staff and in the Oral and Maxillofacial programme on a retired member of staff. The Panel was concerned at the degree of dissatisfaction with the quality of provision expressed by the students in Orthodontics and Oral and Maxillofacial Surgery whom the Panel met. Students in Oral and Maxillofacial Surgery who were paying an overseas clinical fee were critical of the fact that no clinical training was provided in the second year which focused exclusively on the preparation of a dissertation. The Panel noted that there appeared to be no formal training in research methodology and access to statistical advice was seriously limited. The Panel **recommends** that an immediate review of the current programmes be carried out and that no further recruitment to the programmes be undertaken until the review is complete.

#### *1.5 Programmes for Professionals Complementary to Dentistry*

The Panel had received documentation relating to the Diploma in Dental Technology (Orthodontics) to which no student had been recruited in the current session. Professor Wray informed the Panel that the Dental School had been invited by the Chief Dental Officer to develop a degree programme for Dental Therapists and Dental Hygienists. It was anticipated that the unit of resource would be lower than that provided for the BDS students. The Panel **recommends** that no additional teaching load should be undertaken by the existing staff in the Dental School.

#### *1.6 Additional responsibilities of clinical academic staff*

The Panel noted that in addition to teaching Undergraduate and Postgraduate students, members of the clinical academic staff were under increasing pressure to meet NHS targets. Senior staff also carried the responsibility of providing specialist clinical training for junior academic colleagues. Consultants throughout the UK were embarking on a job planning process related to the introduction of a new consultant contract. The Panel **recommends** that the University support staff in the Dental School in the development of job plans which would give priority to teaching and research and not primarily service demands.

#### *1.7 Transition period*

It was clear to the Panel from the documentation and from discussions with members of staff that the combination of teaching, clinical and administrative duties precluded many from developing their research interests. During the transition period to the 2004 BDS curriculum, additional pressures would be imposed.

### 1.8 *Recruitment and promotion*

The emphasis on research contained in the University's criteria for promotion placed staff in the Dental School at a disadvantage particularly with regard to promotion from the Lecturer grade and promotion to professorial appointments. There was in addition a national shortage of senior clinical academics. The Panel noted that the two applicants short-listed for the Chair in Orthodontics who had failed to meet the University of Glasgow criteria for consideration for the appointment, succeeded in obtaining professorial appointments in their own institutions. Moreover, the Chair in Restorative Dentistry had attracted no applications at all. This situation was seriously demoralising for staff. The Panel **recommends** that the difficulties of recruiting and promoting staff at the Dental School should be reviewed.

## 2 **Aims and Intended Learning Outcomes**

### 2.1 *2004 BDS curriculum*

The Panel **commends** the care which had been taken in developing the ILOs in the new curriculum. It was assumed that different teaching methods would be employed to suit the aims and ILOs.

### 2.2 *Masters Programmes*

The Panel **recommends** that in the process of review of the Masters' programmes, the aims would be made clear and if the programmes continued, that ILOs would be defined and programme specifications developed.

## 3 **The Curricula**

### 3.1 *Existing BDS curriculum*

The Panel was pleased to note that the students expressed confidence in the existing curriculum and considered that they would be well equipped with the necessary skills for professional practice. They indicated awareness that the curriculum was overloaded and that the programme offered little time for reflection. While students felt well supported by staff, there appeared to be no formal means of discussing issues arising from clinical practice, a situation which had been remedied in the 2004 curriculum by the introduction of a mentoring scheme and portfolios. The Panel **recommends** that the concept of the portfolio with associated mentoring be introduced to the existing curriculum, as appropriate.

### 3.2 *2004 BDS curriculum - teaching profile*

The Panel noted that there would be a reduction in the number of contact hours provided by staff in the Faculty of Biomedical and Life Sciences with a shift towards teaching by staff with a dental qualification. The teaching of Human Disease would be provided by medical practitioners working in District General Hospitals and Community Dental Clinics rather than by clinical academics in teaching hospitals. The Panel **recommends** that the potential impact of this transfer of FTEs from other Departments be scrutinised by the Planning Office in consultation with the Dean of the Faculty of Biomedical and Life Sciences and the Executive Dean of the Faculty of Medicine.

### 3.3 *2004 BDS curriculum - outreach placements*

The Panel was informed that in response to encouragement from the Chief Dental Officer, the Dental School Executive had decided that students in the final year of the



2004 curriculum would spend up to 50% of their time in clinical placements outside the Dental School. In part the purpose of this initiative was to encourage dental graduates to work in remote and rural communities. It was agreed that staff in Community Dental Clinics would require clinical cover to release them in order to undertake professional development in teaching and assessment. The Panel **recommends** that negotiations commence with SHEFC to ensure that additional funding would be available to support this proposal.

## **4 Assessment**

### *4.1 University Code of Assessment*

The Panel noted in the reports of External Examiners that the University Code of Assessment was considered to be not entirely appropriate for a non-Honours programme with a heavy emphasis on measuring competence in a range of practical skills. The grading scheme produced a concentration of grades in the middle range with fewer students achieving top grades. This experience had been noted in other degree programmes and was currently under consideration by the Assessment Working Group. The Panel **recommends** that the Assessment Working Group be consulted on the proposals for assessment in the 2004 BDS curriculum.

### *4.2 2004 BDS programme*

Students informed the Panel that in their view, the existing curriculum contained rather too much summative and rather too little formative assessment. The Panel **recommends** that care is taken to reduce the quantity of assessment in the 2004 curriculum and that formative assessment is provided as a means of supporting learning.

## **5 Learning and Teaching**

### *5.1 Existing BDS programme*

The Panel was informed that tutorials were focused on set topics and that the opportunity to ask questions or seek clarification on other areas was limited. The Panel **recommends** that some time during tutorials be set aside for dealing with questions of a more general nature.

### *5.2 2004 BDS programme*

The Panel **recommends** that there is extensive consultation with the Medical School and with the Teaching and Learning Service on the following issues:

- 5.2.1 The training of NHS staff in the Dental Hospital and in the outreach clinics on the aims and ILO's of the new curriculum.
- 5.2.2 The production of a bank of questions and model answers appropriate for an integrated programme. Consideration should be given to working in collaboration with other Dental Schools on this project
- 5.2.3 The training of Internal and External Examiners in assessing an integrated curriculum.

### *5.3 Quality of Learning and Teaching on the Masters programmes*

- 5.3.1 One student on the Orthodontics programme expressed concern at the quality of provision. Only three out of twenty tutorials had been provided by an academic as opposed to a member of the NHS staff, reading lists were out of

date. He considered that the programme was below the required minimum standard.

- 5.3.2 Students on the MSc(Med Sci) in Oral and Maxillofacial Surgery expressed dissatisfaction with the lack of clinical training in the second year which was devoted exclusively to study related to the dissertation. The quality of clinical training provided by the District General Hospitals (DGH) in the first year varied and as students attended a DGH for four days out of five in the first year, the impact of poor provision was serious. The programme compared unfavourably with equivalent programmes at other Universities.
- 5.3.3 The only student who appeared satisfied with his programme of study was one of the remaining two students on the MSc(Med Sci) in Fixed and Removable Prosthodontics, a programme which would be withdrawn from the end of the session. These students were receiving close supervision.
- 5.3.4 No representative from the programme in Dental Primary Care was available to meet the Panel because the programme was undertaken by local dental practitioners who were working in their practices on the day of the visit. The Panel was informed that the future funding of the programme was being reduced and currently no more students were being recruited.
- 5.3.5 The Panel was informed that there was no generic training in research methodology. Students were advised to seek statistical advice in relation to their dissertation projects but the one Dental School statistician appeared overloaded and student experienced difficulties in obtaining access to this individual.

The Panel **recommends** that the Dental School provide generic research training and statistical advice for students currently in the second year of the Masters programmes and in session 2004-05 for students currently in the first year of the programmes. The Faculty Graduate School should review its provision of generic skills training in the interests of Postgraduate students throughout the Faculty.

## **6 Learning Resources**

### *6.1 Relationship with NHS*

The Dean of the Dental School informed the Review Panel that the relationship with the NHS, which had been difficult in the past, had recently improved. The Chief Executive of the North Glasgow NHS Trust and the Chief Executive of NHS Education Scotland (NES) signed a Dental Services agreement annually. The Principal of the University had observer status and signed the agreement in this capacity. At the end of 2003, a Joint Strategy Group was set up by Greater Glasgow NHS and the University to keep a watching brief on the relationship between the two bodies and to ensure that neither took unilateral action which would be detrimental to the other party. This was of particular importance with regard to the allocation of the teaching component of the Dental Hospital budget, the management of academic posts with a clinical service component and the maintenance of essential clinical equipment such as the sterilisation unit. Recent problems with sterilisation equipment had led to clinics being cancelled to the grave disadvantage of students in the final years of the BDS programme. The Panel **recommends** that issues raised in this report be referred to the Joint Strategy Group for consideration.

### *6.2 Relationship with the Faculty of Medicine*

The attention of the Panel was drawn to the fact that the Dental School had recently lost its status as an independent resource unit. It was now one of eight Divisions in the

Faculty, with financial management at Faculty rather than Divisional level. The Dental School shared the constraints of a deficit Faculty with the other Divisions. As a consequence there had been delays in decisions regarding the release of vacancies or renewal of contracts and a lack of clarity with regard to the resources which might be available to the Dental School. This situation had somewhat eased following the appointment of Professor Stephen Smith as Executive Dean in January 2004. It was noted that SHEFC was considering increasing the unit of resource for Year 2 as had happened in England in recognition of the integrated nature of the curriculum and the earlier access to clinical teaching. The Panel **recommends** that the Executive Dean and the Faculty Management Committee consider ways in which the interests of the Dental School could be protected and the Dental School could benefit from the higher unit of resource.

### *6.3 Access to the Learning resources in the Wolfson Medical School Building*

The Panel visited the Dental School Library and commended this facility which contained a wide range of Dental Journals. Students however, were disadvantaged by the fact that building closed at 5.00pm and while it was possible to remain in the Library until 9.00pm, no student who was outside the building after 5.00, could regain access to the Library or the Computer work-stations. The students drew the attention of the Panel to the fact that a number of textbooks which both they and MBChB students used had been withdrawn from the main University Library and relocated in the Wolfson Medical School building to which BDS students had no access. The Panel **recommends** that arrangements be made to provide access for BDS students to the Learning Landscape in the Wolfson Medical School building.

### *6.4 Computer facilities*

The Panel noted that the number of Computer work-stations was below the accepted norm on the Main Campus and was informed that the five work stations in the Library were particularly slow. The Panel **recommends** that the level of provision of work-stations is improved.

### *6.5 General fabric of the building*

The Panel noted that the general fabric in much of the building especially in the large Lecture Theatre was poor.

### *6.6 The cost of the 2004 BDS Curriculum*

The Panel was informed that it was anticipated that the new curriculum would be provided at a similar cost to the existing curriculum. It was not possible to reduce the required resources to any significant extent. Reduced clinical teaching in the Dental School in the final year when students would be on outreach placements would be counterbalanced by the introduction of clinical teaching at earlier stages in the programme. The Panel **recommends** that the Faculty Resource Officers develop a business plan detailing clearly the cost of the new curriculum

## **7 Student Progression and Support**

### *7.1 Student progression*

It was noted by the Panel that the completion rates were excellent for the existing curriculum. The majority of withdrawals or failures occurred in the first two years of the course and it was drawn to the attention of the Panel that many of these were transfers to other programmes including the MBChB. It was anticipated that the earlier introduction to clinical work and the integrated nature of the 2004 curriculum would



lead to a reduction in the number of students failing to continue the programme after year 2. The Panel **commends** the Dental School for excellent completion rates.

### 7.2 *Advisory system*

The Panel was informed that students were invited to select an Adviser from a list and that the same Adviser was not retained throughout the programme of study. The Panel **recommends** that each BDS student is provided with a named Adviser at the commencement of the programme, who would normally remain the student's Adviser throughout the period of study and with whom the student would meet on an individual basis at least once in Years 1 and 2 with additional meetings at the request of the student.

### 7.3 *Issues of Fitness to Practise*

The Associate Dean for Dental Education expressed concern that the formal University procedure for considering referrals on matters of fitness to practise was not yet in place. The Dental School had developed a protocol for withdrawing a student from clinical work where it was considered that the student posed a risk to patient safety. Most problems of misconduct or health were currently resolved by a Clinical Monitoring Group. The Panel **recommends** that the University procedure for considering issues of fitness to practise be formalised as a matter of urgency.

## 8 **Maintenance and Enhancement of Quality and Standards**

### 8.1 *Annual Course Monitoring Reports*

Annual Course Monitoring Reports were included as part of the supporting documentation for the review. The Panel considered that the reports gave a careful and detailed analysis of provision, the issues raised and the strategies developed for dealing with them. There was a consistent centrally applied approach within the Dental School. It was not clear from the documentation provided, the extent to which the School corresponded with External Examiners on issues raised or informed them of responsive changes. There was however, evidence that the views of External Examiners had been considered in the planning of the 2004 curriculum.

### 8.2 *External Review by the Professional body*

The Panel was informed that the interim report of the GDC visitation, which had taken place in October 2003, was generally satisfactory. The report was awaited and it was anticipated that a number of actions would be required. The final stage of the visitation would take place in June 2004 to coincide with the final examinations.

### 8.3 *Development of new Curriculum*

The Panel **commends** the Dental School for the development of a new BDS curriculum at a time of considerable staff reductions and expressed the hope that it would be successful in its implementation. The Panel **recommends** that there is widespread consultation with members of the Medical School with experience of putting in place a new curriculum.

## C. **Summary of Recommendations**

The recommendations interspersed in the preceding report are summarised below. The recommendations have been cross-referenced to the paragraphs in the text of the report to which they refer and are presented in order of priority.

### **Recommendation 1**

The Panel **recommends** the following actions in support of staff at the Dental School:

- C1.1 The difficulties of recruiting and promoting staff at the Dental School should be reviewed. (*Paragraph 1.8*)
- C1.2 The staff should be advised regarding the development of job plans to give priority to teaching and to research and to ensure that clinical duties are of direct relevance to these activities as opposed to being driven by the priorities of the NHS. (*Paragraph 1.6*)
- C1.3 The issues raised in this report should be referred to the Joint Strategy Group and to the Management Committee of the Faculty of Medicine for consideration of the ways in which the interests of the Dental School could be protected and the Dental School could benefit from the higher unit of resource for teaching. (*Paragraphs 6.1 and 6.2*)
- C1.4 No additional teaching load should be undertaken by the existing staff in the Dental School. (*Paragraph 1.5*)

**Action: Dean of the Dental School  
Executive Dean of the Faculty of Medicine  
HR Manager for the Faculty of Medicine  
Director of the GU/GGNHS Partnership Office**

### **Recommendation 2**

The Panel **recommends** the following actions with regard to the financial implications of the introduction of the 2004 BDS curriculum:

- C2.1 The Faculty Resource Officers should develop a business plan detailing clearly the cost of the new curriculum. (*Paragraph 6.6*)
- C2.2 The Planning Office, in consultation with the Dean of the Faculty of Biomedical and Life Sciences and the Executive Dean of the Faculty of Medicine, should scrutinise the potential impact of the transfer of FTEs resulting from the introduction of the 2004 BDS curriculum. (*Paragraph 3.2*)
- C2.3 Negotiations should commence with SHEFC to ensure that additional funding would be available to support the proposed outreach programme. (*Paragraph 3.3*)

**Action: Faculty Resource Officers  
Planning Officer  
Dean of the Faculty of Biomedical and Life Sciences  
Executive Dean of the Faculty of Medicine**

### **Recommendation 3**

The Panel **recommends** the following actions with regard to the Masters programmes:

- C3.1 An immediate review of the current programmes should be carried out and no further recruitment to the programmes should be undertaken until the review is complete. (*Paragraph 1.4*)
- C3.2 The Dental School should provide generic research training and statistical advice for students currently in the second year of the Masters programmes and in session 2004-05 for students currently in the first year of the programmes. The Faculty Graduate School should review its provision of generic skills

training in the interests of Postgraduate students throughout the Faculty. (Paragraph 5.3)

- C3.3 The aims of the Masters programmes should be made clear and if the programmes continue, Intended Learning Outcomes should be defined and the Programme Specifications developed. (Paragraph 2.2)

**Action: Head of the Faculty of Medicine Graduate School  
Dental School Postgraduate Convenor**

#### **Recommendation 4**

- C4.1 The Panel **recommends** that the University procedure for considering issues of fitness to practise be formalised as a matter of urgency. (Paragraph 7.3)

**Action: Vice Principal (Learning & Teaching)  
and Clerk of Senate**

#### **Recommendation 5**

The Panel **recommends** that the following actions prior to the commencement of the 2004 BDS programme:

- C5.1 Widespread consultation with members of the Medical School who have experience of putting in place a new curriculum and with the Teaching and Learning Service (Paragraphs 5.2 and 8.3)
- C5.2 The training of NHS staff in the Dental Hospital and in the outreach clinics on the aims and ILO's of the new curriculum.

**Action: Associate Dean of Dental Education  
Executive Dean of the Faculty of Medicine**

#### **Recommendation 6**

The Panel **recommends** the following actions with regard to assessment of the 2004 curriculum:

- C6.1 Care should be taken to reduce the quantity of assessment in the 2004 curriculum and to ensure that formative assessment is provided as a means of supporting learning. (Paragraph 4.2)
- C6.2 The Assessment Working Group should be consulted on the proposals for assessment in the 2004 BDS curriculum. (Paragraph 4.1)
- C6.3 The production of a bank of questions and model answers appropriate for an integrated programme. Consideration should be given to working in collaboration with other Dentals Schools on this project.
- C6.4 Internal and External Examiners should be trained in assessing an integrated curriculum.

**Action: Associate Dean for Dental Education**

#### **Recommendation 7**

The Panel **recommends** the following actions to support BDS students:

- C7.1 Arrangements should be made to provide access for BDS students to the Learning Landscape in the Wolfson Medical School Building. (Paragraph 6.3)

- C7.2 Each BDS student should be provided with a named Adviser at the commencement of the programme, who would normally remain the student's Adviser throughout the period of study and with whom the student would meet on an individual basis at least once in Years 1 and 2 with additional meetings at the request of the student. (*Paragraph 7.2*)
- C7.3 The level of provision of work-stations in the Dental School should be improved. (*Paragraph 6.4*)
- C7.4 Developments and practices planned for the 2004 curriculum should be introduced where practicable into the existing curriculum so that current students also benefit from the recommendations of the GDC contained in "The First Five Years" (*Paragraph 1.1*)
- C7.5 The concept of the portfolio with associated mentoring should be introduced to the existing curriculum as a means of encouraging self-evaluation. (*Paragraph 3.1*)
- C7.6 The opportunity to undertake an intercalated degree should be promoted for its educational value and as a means of developing an interest in research. (*Paragraph 1.3*)
- C7.7 Some time during tutorials should be set aside for dealing with questions of a more general nature. (*Paragraph 5.1*)

**Action: Associate Dean for Dental Education**

*Prepared by: Janet Anderton, Senate Office*

*Last modified on: Friday 16 April 2004*