

ULSTER UNIVERSITY

REPORT OF A MEETING OF THE EVALUATION PANEL: MASTER'S POSTGRADUATE DEGREES IN DENTAL DISCIPLINES

30 May 2019

PANEL:

Professor P Hanna, Associate Dean (Global Engagement), Ulster University (Chair)

Professor G Armstrong, Director of Business Engagement, Business Institute, Ulster University Business School

Dr R Austin MBE, The Broadway Dental Practice, Catford, London

Dr N Mills, Dental Surgeon, (formerly) Clinical Director of the MSc Implant Dentistry, University of Warwick

Dr R Yar, Director, The Square (Advanced Dental Care), Hale Barns, Altrincham and Programme Director, MSc in Restorative Dentistry, University of Chester.

CO-CHAIRS OF THE COURSE PLANNING COMMITTEE: Mr I Jack and Professor K Burnett, School of Pharmacy and Pharmaceutical Sciences, Ulster University

HEAD OF SCHOOL: Professor P McCarron, School of Pharmacy and Pharmaceutical Sciences, Ulster University

IN ATTENDANCE: Mr B McArthur, Academic Policy and Standards Officer, Ulster University

## 1 INTRODUCTION

The joint Panel met to consider approval of the following new proposals brought forward by the School of Pharmacy and Pharmaceutical Sciences.

1. MSc Advanced Clinical and Diagnostic Oral Sciences\* (FT) (BM)
2. MSc Advanced Clinical Periodontics (FT) (BM)
3. MSc Advanced Clinical Restorative and Aesthetic Dentistry (FT)
4. MSc Endodontics (FT) (BM)

5. MSc Oral Implantology (FT) (BM)
6. MSc Oral Surgery (FT) (BM)
7. MSc Orthodontics (FT) (BM)
  
8. MSc Clinical Endodontics (PT) (BM/DL)
9. MSc Digital Dentistry\* (PT) (BM/DL)
10. MSc Facial Aesthetics\* (PT) (BM/DL)
11. MSc Clinical Oral Implantology (PT) (BM/DL)
12. MSc Clinical Oral Surgery (PT) (BM/DL)
13. MSc Clinical Orthodontics (PT) (BM)
14. MSc Clinical Periodontics (PT) (BM/DL)
15. MSc Clinical Restorative Dentistry (PT) (BM/DL)

16. MSc Advanced General Dental Practice\* (FT/PT) (BM/DL)
17. MSc Clinical and Diagnostic Oral Sciences\* (FT/PT) (BM)

(\*New programmes)

Postgraduate Certificate and Postgraduate Diploma exit awards would be available in each programme.

Apart from five new proposals (as indicated above), for the last four years, the provision had been offered by the BPP University Dental Institute, Birmingham (now 'College of Dentistry').

Although none of the programmes were currently professionally accredited, the intention was to pursue accreditation from the European Federation of Periodontology for the MSc Advanced Clinical Periodontics. Other programmes for which professional accreditation would be sought were:

- MSc in Advanced Clinical Restorative and Aesthetic Dentistry (FT)
- MSc in Endodontics (FT)
- MSc in Oral Surgery (FT)

All 17 programmes would be delivered on-campus and each would include a significant component of work-based learning in the form of clinical practice. Except

for MSc Orthodontics, all part-time programmes would also be available via distance learning.

The presentation of those programmes of similar content as separate programmes reflects that only the full-time versions include the clinical practice component *within* the programme, were consequently of greater credit value, and therefore had different programme level learning outcomes. Part-time students would complete the clinical practice component either within their own practices and/or during three, 1-week, on-campus placements which would take place each year at the end of each semester.

For the majority of the programmes, applications would be only accepted from practitioners registered with the General Dental Council (GDC) or equivalent professional body within their own country.

Regarding the MSc Clinical and Diagnostic Oral Sciences (FT/PT) and the MSc Digital Dentistry (PT), in addition to applicants who are practitioners registered with the GDC or equivalent, applications will be accepted from those with a recognised qualification as a dental therapist, dental hygienist, dental technologist or qualified dental nurse.

In regard to the MSc Facial Aesthetics (PT), in addition to applicants who are practitioners registered with the GDC or equivalent, applications will be accepted to those who have a primary medical qualification such as an MBBS, or equivalent.

Only those students registered with the GDC or the General Medical Council (GMC), or other approved professional body, will be able to practice on patients (under supervision).

Distance learning students would not have an opportunity to undertake clinical practice but would be able to complete clinical case requirements in their own practices.

The provision would be available through an out-centre arrangement with the College. Each programme would be delivered across the calendar year utilising all three semesters. There would be three start dates per calendar year at the beginning of each semester. In each programme, within each year of study, modules would be

able to be taken in any sequence. The nine full-time programmes include those with credit values of 180 (2), 360 (3) and 540 (4) credit points. Within programmes of the same credit value, in most cases, course structure and coherence were similar. Modules in the full- and part-time programmes of similar content would be delivered jointly. *Research Methodology* and *Research Dissertation* modules were shared across all programmes. Apart from several optional modules in the part-time MSc Clinical and Diagnostic Oral Sciences, which contained three optional pathways, all modules were compulsory in each programme.

The College currently employed 10 full-time staff and has over 50 associate members. Recognised teacher status would be sought for 30 College teaching staff. The teaching team would be supported by Mr I Jack, School of Pharmacy and Pharmaceutical Sciences, who, in the role of Course Director, would have oversight of delivery and the student experience. Mr Jack would be supported by Professor K Burnett, School Academic Lead for Education, and the Faculty Partnership Manager, Mr Jerome Marley. In the College, Professor Maher Almasri, Dean of the College, would have overall responsibility for delivery of the provision.

The College was governed by a Board of Directors which was responsible for both academic and administrative matters. The Board determines academic priorities and would be responsible for the quality of student experience offered by the College as well as its annual budget and strategic direction. It comprises nine individuals from a range of backgrounds and experience including a student representative. The School of Pharmacy and Pharmaceutical Sciences would still retain overall responsibility for programme delivery, learning, teaching and assessment strategies, standards and quality assurance and academic and pastoral support.

Successful applicants would be registered as Ulster students. Student applications, admission and support would be provided through Ulster's administrative processes. Students on these programmes would have access to Ulster's VLE, Blackboard Learn.

On the day of the event, the Panel were conducted on a tour of the facilities available to support delivery of the provision. The external subject experts considered the available facilities and clinical equipment satisfactory.

The Panel initially met with, from Ulster, the Executive Dean, Professor C Curran, Associate Dean (Education), Professor A McKillop, Head of School, Professor P McCarron, School Academic Lead for Education, Professor K Burnett, Head of the Office for Digital Learning, Mr A Jaffrey, Chair of Course Planning Committee, Mr I Jack, Faculty Partnership Manager, Mr J Marley, Dean of the College of Dentistry, and, from the College, Dean of the College, Professor M Almasri and Head of Academic Quality and Programme Leader, Dr S Jahanzeb.

## 2 DOCUMENTATION

The Panel received the following documentation:

- Agenda and programme of the meeting
- Guidelines for revalidation panels
- QAA characteristics statement for Master's degrees (2015)
- Central University department reports on Library, IT and ADDL resource matters
- Preliminary comments from panel members
- Programme documentation

The following report summarises responses to Panel questions provided by each of the teams that the Panel met with during the evaluation meeting.

## 3 MEETING WITH SENIOR MANAGEMENT TEAM

### Presentation

At the outset of the meeting, Professors Curran and Almasri, gave a presentation outlining the background of the College of Dentistry (previously known as the 'College of Medicine and Dentistry'), origins of the current proposal, development of the proposal, relationship between Ulster and the College, and addressed quality and standards issues and provided a brief overview of the provision.

### Mutual Benefits

Professor Curran stated that she was proud to be associated with a "high quality entity" such as the College to which Ulster would add value. The Faculty's expertise in managing partnerships involving non-cognate provision would prove beneficial and

would diversify its income base. Professor Almasri suggested that dentistry departments within universities in the UK were “very politicised” resulting in some cases in “troubled” environments. He opined that such an environment did not exist at Ulster. The approach of the two institutions were alike involving international and innovative education. Moreover, Ulster provided a “great team hierarchy” up to PVC level, all of which, the College would benefit from.

### Demand

The evaluation document indicated as a minimum intake in any of the programmes, 5 students. Professor Almasri stated that, given there would be substantial interdisciplinary working and shared modules across the programmes, that a minimum figure of 5 students in a programme, indeed less, would still be financially viable. Regarding maximum intake, a total of 70 to 100 students would be able to be accommodated (across the whole provision), comprising, per cohort, 20 to 25 part-time students, 10 full-time students, the remainder, distance learning students. Professor Almasri confirmed that recruitment to the provision would begin immediately if the programmes received conditional approval (noting that the Tier 4 license applied only to international students).

Regarding an exit strategy in the event of termination of the partnership, the contract between the parties made clear that a ‘teach out’ would be guaranteed. Given the absence of expertise in this area within the Faculty, this would be managed through assistance with other universities within the UK which provide similar provision. However, while such a risk does exist, a problem of this nature was not anticipated. Professor Curran pointed out that the due diligence process in advance of the evaluation had taken account of the risk.

### Blackboard Learn Virtual Learning Environment

An earlier report by the Office for Digital Learning (ODL) had indicated that, given the scale and scope of the work involved, the transfer of academic content of the programmes to Ulster’s Blackboard Learn (BBL) VLE before the September start date would be challenging. Mr Jaffrey reported that since the date of his report (9/5/19), there had been a great deal of positive engagement between Ulster and the College. He stated that a staged work scheme had been agreed - in principle - for the summer, a single point of contact identified within the ODL team who will perform some project management functions, and Ulster staff would be attending the College for “workshop

sessions” with College staff. Mr Jaffrey expressed confidence that the necessary work would be completed prior to September.

Professor McKillop stated that Faculty staff had substantial experience of delivering online learning through BBL and would therefore be able to support the ODL and College teams. She also pointed out that most of the proposed programmes were already being delivered by the College and the academic material was therefore immediately available for transfer onto BBL.

### Credit value of programmes

In addition to the normal sized 180-credit point Master’s degrees, the proposal included programmes of 360 and 540 credit points. Professor Almasri pointed out that each part-time degree comprised the normal 180 credits. The full-time degrees with larger credit values would comprise 180 credits of academic study with the remaining credits in clinical practice. In order to be recognised in Europe and achieve professional accreditation, European bodies and organisations required larger programmes with more contact and clinical practice hours. The achievement of professional body accreditation from European organisations and federations was important. The intention was to achieve accreditation from the European Federation of Periodontology for the MSc Advanced Clinical Periodontics. Because of this, many UK universities were now adapting their programmes to meet European requirements.

Professor Almasri also pointed out that the higher credit value programmes were required in order to be fair to international students who, in the past, had struggled to obtain registration in their own countries having completed only 180-credit point programmes. Consequently, international students wanted more than the standard 180-credit point academic programme.

### Staff Resources

Of the 17 programmes, six were part-time versions of six full-time programmes. Several modules, for example, the Research Methods modules, were shared across programmes and would therefore be delivered jointly. In a classroom, where the theory element of a programme would be delivered, there would be a maximum of 30 students. In the clinical practice sessions, there would be a maximum of 10 students. In the latter, the staff/student ratio would average 1: 6. Typically in part-time, blended learning programmes, students would spend overall, 3 to 4 weeks in the

College and the remainder of the time in their own practices. Research work would be carried out in their own practices. Teaching days, depending on the activity, would be shorter or longer, but overall, students would have 37½ hours contact hours per week.

Part-time tutors would achieve 'ownership' of a module and programme through employment on a regular basis and would therefore have continuity of participation. In addition, twice yearly 2-day conference sessions in the College attended by all teaching staff would be held when all issues concerning programme/module delivery such as consistency of approach would be discussed. By these means, part-time tutors would feel part of the core teaching team.

### Library and IT Resources

In response to Panel queries regarding library and IT resources, the Team stated the following.

#### Library

- A member of the College staff was currently undergoing training to perform in the role of College librarian.
- Outstanding printing and scanning equipment would be in place by the end of June.
- Responsibility for recurring library costs was detailed in the contract between the two institutions. The University would be responsible for costs associated with the maintenance of library databases, e-journals and the library website. The College would be responsible for all hard copy texts and e-books.

#### IT

- Plans were in hand to increase all IT equipment and required software to meet the anticipated increase in the student population. Where, in the future, student numbers grow, IT resources would be increased proportionally.
- The College's contract with its software suppliers (paid by subscription) would ensure continuous updating of necessary software.
- All IT equipment and software would be in place by 10 July.

### Quality and Standards

The proposal would involve delivery of multiple programmes covering a wide range of subjects in three modes (full-time, part-time and part-time distance learning) with three entry points per calendar year. A clear management structure would oversee the delivery and administration of the provision through several committees including staff/student liaison committee, course committee, the College's and Ulster's Faculty Learning and Teaching Committee, each of which would include staff from the two institutions, and a Faculty Advisory Board, which would oversee all matters arising.

Professor Curran stated that the Faculty fully appreciated the task in hand. She was confident however that with effort and dedication, everything would be ready for the September start date. Geographically, the two institutions were relatively close which made managing the relationship much easier. The role of the Faculty Partnership manager, Mr J Marley, and the close relationship between Professors Curran and Almasri, would ensure that both institutions moved forward together. Professors McKillop and McCarron, Mr Jack and Mr Marley each supported this view, pointing out that many of the management systems were already embedded and emphasising the excellent working relationship that already existed between the two institutions and the experience within the Faculty in managing this type of arrangement. Regarding distance learning provision, Mr Jaffrey pointed out that Ulster was now entering its 20<sup>th</sup> year of delivering online learning. Moreover, the Faculty Partnership Manager, Mr Jerome, was himself course director of a fully online programme. In summary, a great deal of operational experience and support was available within the Faculty to ensure success in establishing and developing the provision and that the partnership already worked well and was proving successful.

### Assessment

The Panel suggested that since the assessment strategy was heavily weighted in written work, a skill that not all students would be strong in, that a review might be considered to increase the variety of assessments. The Team stated that the evaluation document may not fully reflect the diversity of assessment already there such as practical assessments. In addition, at level 7, students needed to be competent in written work. Furthermore, they would be able to submit written work for feedback prior to final submission.

## Miscellaneous

- Moderation – moderation arrangements would follow Ulster’s policy. Staff would receive appropriate training to ensure consistency in approach.
- Tier 4 Licence – meetings were ongoing in this respect. It was anticipated that extension of the Ulster licence to include the College would be in place by September. (There would be some flexibility around the start date should it be needed.)

## 4 MEETING WITH THE COURSE TEAM

### Employer / Research / Scholarship input to programme development:

Both employer, research and scholarship input had been an important part of programme development. This ensured that programme content would be as current and relevant as possible from the outset. This had been the primary requisite of programme design. However, programme content, where appropriate, would be updated during the 5-year approval period. This would arise through employer contacts (and some students would themselves be employers), staff research and scholarship activities such as attendance at scientific conferences and presentations.

### Staff input to programme development

The MSc Digital Dentistry was cited as a good (and recent) example of the extent of tutor input to programme development. The MSc Digital Dentistry was a new programme of a type not available elsewhere in the UK. It had been developed over the last two years using, inter alia, feedback from students. The teaching team had years of experience, were all members of the GDC, and had employed a knowledge base not widely available elsewhere. With the aim of teaching dentistry from a different perspective, the team had designed new modules to teach the scientific basis and clinical applications of digital dentistry and to expand students’ existing knowledge and skills to enhance the use of digital techniques in their practice.

### Programme Titles

The Team explained that use of the term ‘Clinical’ in the titles of the part-time programmes was an indication that the clinical practice component of the programme would take place in students’ own workplace where they would be working as ‘clinicians’. The term was omitted from the full-time programme titles because

experience had indicated that often prospective students mistakenly interpreted the word 'clinical' in a programme title as denoting practice involving patients. However, since full-time student cohorts would mostly comprise international students who would not be GDC registered, they would be unable to work on patients during clinical practice. Full-time students who were not GDC registered would work only on models.

### Student Retention

A minimum student intake to a programme of 5 students (or fewer) would not have a detrimental impact on the student experience even where there were 'early leavers'. Retention would be maximised in each programme through early integration of research and reflective writing generating greater interest from students, the 'hands on' nature of the provision and the compact layout of the facilities would encourage bonding and a cohort identity. In addition, because of interdisciplinary working across programmes, small student numbers would have little or no impact on individual student experience. Moreover, small numbers would result in greater individual contact between staff and students which would enhance student experience. Most students, particularly part-time mature students, were normally highly motivated to complete the full Master's programme.

### Programme Level Learning Outcomes

The Panel highlight one example (of a number) in the evaluation document where in the programme level learning outcome map for a Master's programme, only one module addressed a particular Master's level outcome. This suggested that in such a case, this represented a module level, rather than a programme level, outcome. The Team acknowledged that this was a view that could be correctly taken and undertook to review all such incidences where they occurred.

### Clinical Practice

Clinical practice would involve hands on sessions in the College's state-of-the-art simulation laboratory designed to develop specialist knowledge and skills. Phantom head units would be employed using the realistic training aids for all dental disciplines. Advanced HD cameras would be used on each head unit allowing students' work to be recorded and tutors to view 'live' from a master station. This would allow students to achieve the required level of competency before moving on to patients. This approach had proved very successful in the past and had received positive student feedback.

When students progressed to work on patients, they would be monitored on a one-to-one basis by a 'mentor'. Before working on a patient, a student would have practiced every surgery at least twice on a phantom head unit. With the available technology, a whole case plan would be able to be planned beforehand. The Team emphasised that patient safety was paramount and described in detail how the approach to practical training ensured a student's competency before moving to work on a patient. While there would be a required number of minimum exercises, for example, in carrying out implants, the approach involved quality over quantity and would involve close one-to-one supervision. Patients would come from private practices. For example, there were 2000 such practices in the West Midlands area alone.

### Assessment

In response to a Panel query regarding a competent student who was poor in written work, the Team stated that entry requirements would include evidence competency in written and spoken English. On joining the programme, support would be available for development and improvement of academic writing.

During development of the provision, Ulster's curriculum design principles and principles of assessment and feedback had been taken into account. At the outset, College staff had been briefed on these areas by Ulster colleagues.

In developing a programme assessment strategy, the course team had been mindful of over-assessment and multi-assessment of the same learning outcomes. Consistency of assessment across modules of the same size had also been taken into account.

### Marking / Moderation

The approach to internal moderation would be in line with the Ulster policy supported by the external examiners, the College's 'critical friend', Dr Ziad Al-Ani, the Course Director, Mr I Black, and the Faculty Partnership Manager, Mr J Marley. Dr Al-Ani, a renowned academic in the field of dentistry education and dental specialisms and currently employed in the University of Glasgow Dental School, would provide the subject expertise. Adequate Boards of Examiners and resit opportunities to cope with three student intakes per year would be arranged. It was acknowledged that rigid adherence to timelines would be crucial. Where necessary, a failed student, unable to progress immediately, would be able to transfer into the following cohort.

### Module Sizes

The provision included module sizes of 10- and 15-credit points, contrary to the Ulster norm of a minimum of 20-credit points. There were several reasons for this. First, use of smaller sized modules enabled better coverage of a lot of different areas as was the case, for example, in research methods, where the subject was presented in the part-time programmes, in two 10-credit point modules, one in each of the first two years, as opposed to a single 20-credit point module.

Second, it allowed certain subjects to be covered earlier in the programme to provide a foundation for the study in a similar area later in the programme. Again, using the research methods example, this allowed for its introduction earlier in the programme, a primary aim of the Team.

Third, it was in the nature of clinical based programmes to have certain areas addressed in smaller modules to enable students to better grasp the fundamentals of a discipline which could otherwise be lost within larger modules.

The difference in the size of the Research Methods modules in the full- (20-credit point) and part-time (10-credit point) modules was because it was important to present a more broad-based module offering more time and opportunity for critical analysis to full-time students. Regarding the offering of two 10-credit point modules in the part-time provision, the Team had been at pains to ensure that the content and assessments did not combine to exceed that of a single 20-credit point module.

### Miscellaneous

**Block Teaching:** Block teaching related more to the part-time programmes employing a blended learning model. In this case, students would attend on-campus for three 1-week block teaching sessions per year.

**Classification:** Programmes with a credit value of more than 200 credits would be based on the results of *all* modules in the programme, in contravention of the University regulation limiting the basis of classification in programmes of over 200 credits to the final 120 credits studied. The Team was informed that University approval would be required to vary the classification regulation.

Prerequisite Modules: In several programmes, in the years following first year, all the previous year's modules were listed as prerequisite modules for each module in the succeeding year *but with no pass requirement*. The Team were asked to consider whether, in those cases, the previous year's modules were all 'true' prerequisites rather than simply modules which were delivered earlier in the programme structure given (a) there was no pass requirement, and therefore (b) labelling the modules as 'prerequisite' did not affect the normal progression arrangements.

Group Work: Group work in the distance learning programmes would be facilitated through Blackboard Learn Collaborate using synchronous sessions in discussion forums.

Practical Work: Practical work in the distance learning programmes would be assessed on the clinical portfolios prepared by students which would include the record of their case-based management of a clinical case, treatment plan and written reflections around diagnosis, risk assessment and surgical and treatment in the presented case.

Structures / Study Loads: The structure of a few *full-time* programmes presented a *part-time* delivery model in that less than the required minimum of 180 credits per calendar year would be delivered; and in *all* programmes, an unequal, or potential for, an unequal study load between semesters was part of programme design. Since both above contravened university regulations, the Team were asked to review the programme structures and study loads to ensure alignment with regulations.

## 5 CONCLUSIONS

The Panel commended the Course Team on the following.

- Use of simulated scenarios and the inclusion of a visual representation of surgical procedures.
- Quality of teaching resources.
- Use of technology.
- Engagement of a critical friend.
- Impressive MSc Digital Dentistry team – an innovative new programme not available elsewhere in the UK.

The Panel agreed to recommend to the Academic Standards and Quality Enhancement Committee that the provision be approved for a period of five years (intakes 2019/20 to 2023/24 inclusive), subject to the conditions and recommendation of the Panel being addressed, and a satisfactory response and a revised submission being forwarded to the Academic Office by 28 June 2019 for approval by the Chair of the Panel.

### Conditions

1. That all issues identified in the appendix to the report be addressed in the revised document.
2. That the Head of the Office for Digital Learning, Mr A Jaffrey, provides an update report by the end of June 2019 detailing progress achieved in transferring academic content of the provision to Ulster's VLE, Blackboard Learn.
3. That a table showing the module coordinator and all teaching staff that will be involved in the delivery of each module be included in the revised document.
4. That confirmation be provided of the conferment of recognised teaching status on all teaching staff.
5. Regarding library resources, that confirmation be provided that all the following have or will be in place prior to commencement of the provision:
  - outstanding hard copy books and journals, and electronic books (e-books), electronic journals and electronic databases
  - library management software
  - a library presence on the web;
  - photocopying/printing/scanning facilities
6. Regarding *full-time* provision, that programme structures be revised to ensure (a) in the relevant programmes (i.e. the 180-credit MSc Clinical and Diagnostic Oral Sciences and the three 360-credit point programmes), that each programme would be delivered in full-time mode i.e. 180 credits of study per calendar year or 120 credits of study per academic year, and (b), that revised programme structures ensure an equal study load between semesters in each year of study.

7. Regarding *part-time* provision, that programme structures be revised to ensure an equal study load between semesters in each year of study. In those programmes where there are long-thin modules whose even division between semesters would lead to an unequal study load, make explicit that there would be an *unequal* division of the study load in those modules to ensure an equal total study load overall between semesters. This explanation should be included in paragraph 12 of the programme specification of relevant programmes (Paragraph 12, Structure and requirements for the award).
8. That the maximum cohort size be identified for each of the programmes and an associated rationale provided.
9. That confirmation be provided that the University's Tier 4 License can be applied to the College of Dentistry (applies to Tier 4 student intake only).
10. That ASQEC approval be obtained to vary the University regulation governing classification of postgraduate programmes (which stipulates that in programmes of more than 200 credit points, the assessment results from the final 120 credit points shall determine the overall grading).
11. That it be made explicit in the revised document the arrangements for the management of programme delivery in relation to examination boards and resit periods to accommodate three student intakes per year.

### Recommendations

1. That consideration be given to changing the title of module, Gnathology, in line with discussions with the Panel.

### 6 APPRECIATION

The Chair thanked the Panel members and, in particular, the external members, for their valuable contribution to the revalidation process.