B.Sc. (Hons) Dental Hygiene

HIGHER EDUCATIONAL INSTITUTE (LICENCE N. 2018023)

The purpose of this Handbook is to provide you with information about your programme of study and to direct you to other general information about studying for a Malta ICOM qualification.

The handbook describes your course in two sections - the first provides you with information regarding the academic structure and programme specifications, and the second is concerned with the regulations and procedures.

This handbook must be read in conjunction with the Malta ICOM Quality Handbook and separate policies and procedures, which you are found in reserved web site https://icomedicine.com/policy-e-procedure/ along with the module guides for the programme.

SECTION 1 BACHELOR'S DEGREE

We are pleased to welcome you to the Malta ICOM Bachelor Science (Hons.) Dental Hygiene programme accredited by the Malta Further and Higher Education Authority (MFHEA) in Malta.

Malta ICOM has been delivering an educational programme in health profession for many years. As the profession and the general health system within the Italy have changed, the Malta ICOM programme has developed and grown into the exiting and comprehensive course which you are about undertaken.

We hope that you enjoy the course, and you will be joining a rewarding profession which offers you many opportunities to help in wide variety of ways.

Alfonso Mandara

Malta ICOM Principal

1. INTRODUCTION TO THE INSTITUTION

MIE is an internationally recognised Institute of Higher Education in Malta, MFHEA Higher education provider licence 2018023.

MIE involves two Teaching Centres, Gzira and Santa Venus in Malta. The Centre's systems and procedures for quality enhancement aim to operate in a positive, self-critical and supportive environment to promote high academic standards.

Academic Structure consists of committees, responsible for:

- educational provision and procedures,

- learning and teaching activities,

- quality standards of service

1.1. LIST OF CONTACTS

MIE Position	Request on appointment	Name	Email
MIE Principal *Legal Representative*	Non didactic issue	**Alfonso Mandara**	**segreteriacinisello@icomedicine.com**
Vice Principal	Academic issue	**Jorge Esteves**	**jorge.esteves@icomedicine.com**
Head of Recruitment and Student Admission	Orientation, Formation and Pastoral needs	**Annalisa Fanni**	**annalisa.fanni@icomedicine.com**
Dean of Faculty	Pastoral needs, Disability and Equity, Academic Integrity	**Chiara Ferrari**	**chiara.ferrari@icomedicine.com**
Associate Dean of Faculty	Pastoral needs, Disability and Equity, Academic Integrity	**Nathalie Chahine**	**nathalie.chahine@icom-kine.fr**
Head of Clinical Education	Pastoral needs, Disability and Equity	**Gabriele Gatti**	**gabriele.gatti@docenti.icomedicine.com**

DEPARTMENT POSITION	REQUEST	NAME	EMAIL
Head of Department	Academic and Didactic needs (such as Pastoral needs, Learning Agreement, Extenuating Circumstance, etc)	**G. Formicola**	**giuseppe.formicola@icomedicine.com**
Programme Leaders	Academic staff relationship, Program Study needs (such as Assessment guidelines, Assessment support, etc), Pastoral needs		
Clinical Education Coordinator	Clinical Education staff relationship, Clinical Placement needs, Pastoral needs	**M. Castaldi**	**matteo.castaldi@igd.icomedicine.com**
Secretary	First contact for all requests and appointments with MIE Positions	**G. Scalia**	**segreteria@igd.icomedicine.com**

1.2 STUDENT REPRESENTATIVES

Students play an active role in Malta ICOM academic structure through the participation of their representatives[1].

Student representatives must be elected within the first month of each academic year. They have the task of:

- representing students in the Academic Board and Board of Study, and during the scheduled meeting with management,
- considering students requests and complains and expressing them to the attention of in charge staff,
- referring to students the Malta ICOM strategies and procedures to support learning activities.

The student representatives should receive requests and complains in written format supported by the majority of students' signatures. Their requests should be sent to the appropriate channels in the academic structure:

- refer to Course Leader regarding learning support, timetables, exam agenda;
- refer to Module leader regarding academic support, program coordination, tutoring;
- refer to Clinic Coordinator regarding clinical training and support.

2. PROGRAMME SPECIFICATION

The BSc (Hons) Dental Hygiene course is designed to educate and train Dental Hygienist, and through this education, the graduates may apply to register with the CPCM as Dental Hygienists.

The programme is studied over three years full-time with 2 semesters in each year. It offers a spiralled modular curriculum using a variety of evidence-based teaching and assessment methods. Students will spend a large part of their time in clinical practice. In Year 2 and 3 student attend specialist placements to gain sufficient exposure to professional practice.

2.1 AIM

This programme offers an award of Bachelor of Science in dental Hygiene with Honours - BSc (Hons) Dental Hygiene with additional awards to be used as 'fall-back' qualifications. The program is aligned with the Council for Professions Complementary to Medicine's (CPCM) Dental Hygiene Benchmark Document , Code of Practice (Dental Hygiene) and the CPCM Codes of Professional and Ethical Conduct[2]. As the programme is aimed at European students the programme also aligns to the

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[1] 36. Staff student Consultative Committee terms of reference.

[2] https://deputyprimeminister.gov.mt/en/regcounc/cpcm/Documents/Dental%20Hygiene%20Benchmark.pdf
https://deputyprimeminister.gov.mt/en/regcounc/cpcm/Documents/Codes%20of%20Professional%20and%20Ethical%20Conduct%20-%20July%202016.pdf
https://deputyprimeminister.gov.mt/en/regcounc/cpcm/Documents/copdentalhygiene.pdf
https://edhf.krachtigmedia.nl/administration_uploaded/57/1/2020-11_Common_Education_Curriculum_Dental_Hygienist_-_JDE.pdf

finding in the European Dental Hygienists Federation's (EDH) A Common European curriculum for dental hygiene.

The programme aims are as follows:

- To provide a challenging and stimulating study environment where opportunities exist for students to develop academic, clinical, professional, research, communication, and leadership skills required for an evidenced based patient centred clinical treatment.

- To develop the knowledge, clinical and transferable skills required for a career as a reflective, proficient, confident, autonomous, and safe Dental Hygienist.
- To provide opportunities for interdisciplinary team working to develop an appreciation of other health and care professions.
- To produce an individual who can demonstrate that they have met the outcomes required for registration as a Dental Hygienist with the CPCM and have the necessary skills to progress in their career in employment or within postgraduate education in a variety of leadership roles.
- To develop the skills necessary for life-long independent learning, and the acquisition of knowledge to engender an awareness of the needs for these skills.

2.2 LEARNING OUTCOMES

The teaching and learning to deliver modules consist of teaching, independent study, clinical practice and tutorials varied appropriately to meet the requirements of specific modules.

All modules are compulsory. There are no optional pathways or alternative modules. Modules have been designed to deliver the programme aims and adhere to The Council for the Professions Complementary to Medicine Benchmarking Document for Dental Hygiene as defined by Article 27 of the Health Care Professions Act, Chapter 464 of the Laws of Malta and in terms of Article 28 Health Care Professions Act, Chapter 464 of the Laws of Malta and Subsidiary Legislation 454.16 Professions Complimentary to Medicine (Licence to Practice) Regulations. Code of Practice - Dental Hygiene produced by the Council for the Professions Complementary to Medicine March 2019

Learning Outcome for knowledge. The learner will be able to:
- Identify the appropriate treatment options required for the clinical condition or situation.
- Describe the theories of oral and general health and disease.
- Explain and apply the CPCM Code of Ethics in practice.
- Demonstrate the importance of public health and oral health education.
- Safeguard patients' legal and ethical rights in a clinical and community-based setting, using legal and ethically acceptable policies.
- Ensure health and safety precautions of patients under their care in clinical settings using clinically acceptable policies.
- Report basic clinical data of patients in treatment records by using clinically acceptable indices.
- Evaluate current scientific literature to support evidence-based dental hygiene practice.

- Identify strategies for lifelong learning in healthcare (i.e., professional associations, continuing education, exploring career and educational advancements).
- Perform and educate patients on basic and advanced oral prophylaxis techniques in clinical and/or community-based settings.

Learning Outcomes for Skill. The learner will be able to:
- Perform safe, effective, and ethical entry-level dental hygiene services.
- Identify anatomical abnormalities of bone, soft tissue, and teeth.
- Identify systemic conditions.
- Explain radiology techniques/errors.
- Identify problems, investigate, and use appropriate methods of reasoning, and develop creative and practical solutions to personal, professional and community issues regarding the delivery of oral health care.
- Ensure health and safety precautions of patients under their care in clinical settings using clinically acceptable policies.
- Conduct clinical auditing of patient care, and improve the quality of care of patients, using clinically acceptable policies.
- Demonstrate critical thinking skills by evaluating current research literature using evidence-based methodology.
- Apply critical thinking, knowledge of teamwork, diversity, and intercultural appreciation to interpersonal interactions.
- Communicate effectively with patients, peers, the public, and other healthcare professionals using verbal, nonverbal, and written language with clarity, coherence, and purpose.

The following tables provide evidence that the modules designed map to minimum course content set out be CPCM Benchmark. The module learning outcomes have also been mapped to the Maltese Quality Framework (MQF).

CPCM BENCHMARK STATEMENT	MODULES							
Main subjects that should be covered in education curriculum	Y1		y2			Y3		
• Preventive Dentistry and Dental Public Health			2.7	2.8		3.4	3.5	3.7
• Evidence Based Dentistry	1.8		2.9	2.5		3.4	3.6	
• Dental Hygiene Theory	1.5	1.7	2.1-5	2.9	3.1-3	3.5	3.6	
• Anatomy and Physiology of the Oral Cavity	1.4	1.1						
• Microbiology and Immunology	1.5	1.6						
• Foundations of Biochemistry	1.1	1.6	2.5	2.1		3.4	3.5	3.7
• Foundations of Physiology for Dental Hygienists	1.5	1.7						

• Leadership and Communications Skills	1.2	1.7	2.6	2.9	2.1	3.4	3.5	3.7
• Head and Neck Anatomy	1.1	1.4						
• Health and Safety, Infection Control and Medical Emergencies in the Dental Practice	1.6	1.7	2.7	2.9		3.4	3.7	
• Smoking Cessation						3.5	3.7	
• Clinical Medical Sciences	1.6		2.3	2.4	2.5			
• Dental Specialties			2.1	2.2	2.1	3.1	3.2	3.5
• Pathology	1.1	1.6						
• Special Care Dentistry and Gerontology			2.5	2.6		3.2		
• Research Methods in Dentistry		1.8	2.11			3.6		
• Psychiatry, Psychology and Sociology for Dental Hygienists	1.5		2.6	2.9		3.5		
• Clinical Periodontology			2.2			3.2		
• Jurisprudence and Ethics for Dental Hygienists			2.9			3.4	3.5	3.8
• Biostatistics and Health Informatics	1.3		2.11			3.4	3.6	
• Clinical Governance and Audit						3.4		

	MODULES															
	Y1				Y2								Y3			
A dental hygienist can undertake the following if trained, competent and indemnified																
• Provide oral hygiene care to patients and liaise with dentists over the treatment of caries, periodontal disease, and tooth wear;					2.10										3.3	3.7
• Obtain a detailed dental history from patients and evaluate their medical history;					2.10								3.1	3.2	3.3	3.7
• Carry out a clinical examination within the competence of a dental hygienist;				2.3	2.10								3.1	3.2	3.3	3.7
• Complete periodontal examination and charting and use indices to screen and monitor periodontal disease;				2.2	2.10										3.3	3.7
• Diagnose and treatment plan within the competence of a dental hygienist;					2.10								3.1	3.2	3.3	3.7
• Take and interpret radiographs used in general dental practice and which are prescribed by the dental surgeon. Only those dental hygienists who have pursued training in this area in an accredited and recognised institution are authorised to perform this procedure;				2.7											3.3	3.7

Competency												
• Plan and provide the delivery of care for patients within the competence of a dental hygienist;		2.1	2.2	2.3		2.5	2.8	2.10	3.1	3.2	3.3	3.7
• Undertake supragingival and subgingival scaling and root surface debridement using manual and powered instruments;			2.10						3.1		3.3	3.7
• Use appropriate anti-microbial therapy to manage plaque related diseases;		2.1	2.4							3.2	3.3	3.7
• Apply topical applications of medicaments, solutions, varnishes, gels, and fissure sealants;		2.4	2.10									3.7
• Develop a home care plan for individual patients to maintain oral health;		2.5	2.10									3.7
• Give patients advice on smoking cessation;									3.5			3.7
• Administer local anaesthetic using dento-alveolar infiltration techniques. Only those dental hygienists who have pursued training in the administration of local anaesthesia in an accredited and recognised institution are authorized to perform this procedure;		2.4										3.7
• Treat patients under conscious sedation or under general anaesthesia provided a dentist is present;		2.10										3.7
• Care of implants and treatment of peri-implant tissues;			2.10								3.3	3.7
• Carry out oral cancer screening;		2.3										3.7
• Tooth whitening under the prescription of a dentist;		2.1										3.7
• Participate in oral health education and promotion; and		2.6								3.2	3.5	
• Participate in Dental Public Health Programmes.		2.6									3.5	
should also												
• Comply with current infection control standards and if in doubt, an infection control officer should be consulted;	1.7	2.4	2.7				2.9	2.10				3.7
• Have respect for patients, and colleagues without prejudice, diversity of background and opportunity, language, and culture;	1.7	2.6					2.9	2.10				3.7
• Ensure his/her professional responsibilities and standard of practice are not influenced by considerations of age, sexual orientation, religion, sex, race, nationality, party politics, social or economic status or nature of a patient's health status;		2.9					2.9					3.7

	1.1	1.4	1.5	1.6	1.7	1.8	2.1	2.2	2.3	2.4	2.5	2.6	2.7	2.9	2.10	2.11	3.2	3.3	3.4	3.5	3.6	3.7
• Maintain the recognition of patients' rights, particularly with regard to confidentiality and informed consent according to the Health Care Professions Act, 2003 (Cap. 464) and Data Protection Act;														2.9					3.4			3.7
• Never disclose any information of a personal or confidential nature obtained in the course of practice;					1.7									2.9					3.4			3.7
• Be aware of moral and ethical responsibilities involved in the promotion of care to individual patients and to groups;					1,7							2.6		2.9								3.7
• Recognise the need for effective self-management of duties and be able to practice accordingly, without exposing oneself or that of colleagues to health risks according to the Health and Safety Act 424 Cap XXVII of 2000;														2.9	2.10							3.7
• Be responsible to and held accountable for the quality of work delivered;															2.10						3.6	3.7
• Be prepared to request additional training support when he/she perceives the need;					1.7																3.6	3.7
• Consult, co-operate, and collaborate constructively with professional colleagues regarding professional duties;							2.1	2.2	2.3						2.10					3.5		3.7
• Seek to maintain and enhance his/her professional competence by updating and improving personal knowledge of and proficiency in the field; and							2.1														3.6	3.7
• Have an understanding of audit and clinical governance.							2.1															
Minimum learning outcomes	1.1	1.4		1.6	1.7																	
• Describe the theories of oral and general health and disease.							2.1	2.2	2.3	2.4	2.5	2.6	2.7									
• Demonstrate the importance of public health and oral health education.			1.5	1.6	1.7							2.6	2.7							3.5		
• Safeguard patients' legal and ethical rights in a clinical and community-based setting, using legal and ethically acceptable policies.																			3.4	3.5		3.7
• Ensure health and safety precautions of patients under their care in clinical settings using clinically acceptable policies.														2.9	2.10				3.4	3.5		3.7
• Demonstrate critical thinking skills by evaluating current research literature using evidence-based methodology.						1.8	2.1						2.7			2.11			3.4		3.6	
• Perform and educate patients on basic and advanced oral										2.4			2.7		2.10		3.2	3.3		3.5		3.7

prophylaxis techniques in clinical and/or community-based settings.																
• Report basic clinical data of patients in treatment records by using clinically acceptable indices.	1.3				2.2	2.7	2.11						3.4	3.5	3.7	
• Conduct clinical auditing of patient care, and improve the quality of care of patients, using clinically acceptable policies.	1.3		1.7			2.7	2.11						3.4	3.5	3.7	
• Analyse basic clinical data and interpret and explain clinical records during practical sessions and examinations.	1.3				2.2	2.7	2.11						3.4		3.7	

2.3 PROGRAMME STRUCTURE

Full Time Pathway - Duration: 3 years.

This programme is full-time and leads to the award of Bachelor of Science (Honours) Dental Hygiene. Entry is normally at Level 4 with other points of entry subject to Recognition of Prior Learning (RPL) for example, those holding degrees in subjects allied to medicine. Enrolment normally takes place at Level 4 in September.

The teaching is delivered Malta. Classroom teaching is facilitated in Malta in residential teaching blocks and practical laboratories, and online for basic medical sciences. The clinical internship is facilitated at the Dental Clinical Centers affiliated with Malta ICOM Educational Ltd. Of 1500 clinical training hours, a minimum of 100 will be delivered in Italy at the Malta ICOM Clinic Centres.

2.4 CLINICAL COMPONENT OF THE PROGRAMME

Students must attend at least 1500 hours in Training Clinics over the three years of the course. They will undertake observations and treatments according to their level of training[3].

Practice Education is a key academic learning process of this course. It facilitates transitional learning and ensures that all students can practice dental hygiene safely and competently. It will give students the opportunity to learn and demonstrate competency in the generic skills and attributes of dental hygiene professionals as well as some core clinical skills across the core areas taught in Year 1. As part of the clinical mandatory training students will have to gain knowledge and understanding of basics health care, particularly related to the provision of first aid. The introduction of the theoretical aspects of clinical skills, patient management and oral health promotion will occur before undertaking practical clinical experience and assessment in the phantom head skills lab, which includes the treatment of periodontal disease.

In Year 2, the clinical component will provide students with a wide variety of skills to allow them to undertake, and observe therapeutic procedures of oral hygiene, and plan the management of patients within their ability. Teaching is delivered in a variety of clinical settings, with students

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[3] 142. Clinical Education Policy

delivering direct patient care and observing qualified dental registrants. The clinical module focuses on deepening the understanding of periodontal diseases and their management. As part of this module, students see progressively more complex cases with an accompanying pattern of informal/formative clinical assessment and feedback designed to help the student evaluate his or her progress towards competent practice.

The aim of the year 3 is to provide the students with the knowledge, skills, and experience to practice as a safe beginner within the permitted range of practical procedures of a Dental Hygienist as defined by CPCM Code of practice 03.2019 and the CPCM Benchmark statement. This module will allow the students to develop through reflective practice their clinical skills and apply the knowledge obtained from teaching of previous years to become autonomous dental hygienist.

2.5 PROFESSIONAL AND STATUTORY REGULATORY BODIES

Students will be presented for accreditation upon graduation to The Council for The Professions Complementary to Medicine (CPCM) in Malta[4]. Accreditation is on a case-by-case basis. The course has been designed to map to the requirements set out by the CPCM for eligibility to register.

2.6 MODULE AND CREDITS

The program is structured over three years of course. Each academic year consists of 30 weeks divided into 3 periods. The student achieves 60 ECTS at the completion of each academic year, for a total of 180 ECTS upon graduation. All students are informed about the program and regulations, including information for registration to the CPCM. Guidelines and information about the modules are presented in the Module Guides available online. The tables below illustrate the details characterizing the individual teaching modules for each year, in terms of number of hours of lessons, expected timing for assessments, number of credits, hours of individual study expected.

Figure . Module hours and credits Full Time Pathway

Year 1

Modules	Code	Level	Hours	Credits
Biological Sciences for Dental Hygiene	IDH 1.1	5	225	9
English	IDH 1.2	5	100	4
Physics and Medical Statistics	IDH 1.3	5	125	5
Anatomy and Istology	IDH 1.4	5	150	6
Dental Sciences 1	IDH 1.5	5	175	7
Microbiology and General Pathology of Dental Hygiene	IDH 1.6	5	125	5
Clinical Practice 1	IDH 1.7	5	500	20
Evidence Based Practice 1	IDH 1.8	5	100	4
Total hours and credits			1500	60

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[4] 93. CPCM Requirement list for registration.

Year 2

Modules	Code	Level	Hours	Credits
Dental Sciences 2	IDH 2.1	5	100	4
Dental Sciences 3	IDH 2.2	5	100	4
Dental Sciences 4	IDH 2.3	5	100	4
Medical Sciences for Dental Hygiene	IDH 2.4	5	200	8
Clinical Science for Dental Hygienist	IDH 2.5	5	150	6
Humanities for Dental Hygienist	IDH 2.6	5	100	4
Diagnostic imaging	IDH 2.7	5	100	4
Nutrition and dental hygiene	IDH 2.8	5	50	2
Professional Practice 1	IDH 2.9	5	50	2
Clinical Practice 2	IDH 2.10	5	500	20
Evidence based Practice 2	IDH 2.11	5	50	2
Total hours and credits			1500	60

Year 3

Modules	Code	Level	Hours	Credits
3.1 Dental Sciences 5	IDH 3.1	6	175	7
3.2 Dental Sciences 6	IDH 3.2	6	175	7
3.3 Dental Sciences 7	IDH 3.3	6	175	7
3.4 Professional Practice 2	IDH 3.4	6	125	5
3.5 Preventative and community based practice	IDH 3.5	6	150	6
3.6 Dissertation	IDH 3.6	6	200	8
3.7 Clinical Practice 3	IDH 3.7	6	500	20
Total hours and credits			1500	60

2.7 TEACHING METHODS

The curriculum uses a blended approach to teaching and learning, employing a diverse variety of methods and resources[5]. The teaching and learning philosophy on the programme is devised to encourage students to become increasingly self-critical and aware of their competence profile. This is significant in the development of independent learning skills. Besides, the approach emphasises the assimilation, organisation, application, and synthesis of knowledge, skills, and understanding to achieve a novice practitioner's clinical competence. An emphasis is placed on the integration of skills. Students are encouraged to review theoretical models and philosophies from a critical evidence-based stance.

The Dental Hygiene programme uses a wide range of classroom- and clinic-based learning and teaching methods, including lectures, practical sessions, tutorials, seminars and presentations, workshop sessions, discussions and debates, master classes, clinical education, problem-based learning and e-learning. Classroom-based learning is delivered in Malta in residential teaching blocks.

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[5] 92. Learning Resources Policy

Students will be exposed to a range of laboratories, tutorials, formal lectures, and problem-based learning sessions during their residential teaching blocks in Malta. Their developing competencies will be reinforced and integrated into an extensive clinical education experience. Apart from clinic-based learning with real-life and simulated-patient encounters, this clinical education experience includes purposely written tutorials designed to integrate further and consolidate students' developing competences. Students will gain further support for integrating newly acquired and developing competencies through close personal tutorial support; on-site seminars and online activities designed to explore, and problem solve the concepts presented in lectures and interact with tutors and peers, and practical sessions to promote the development of clinical skills and the application of the underpinning theory and interpretation of their value to the student as a clinician. The curriculum's integration will be facilitated by both the problem-based approach and the support provided by a managed and planned clinical education. Students would integrate their increasing theoretical and practical capabilities. Laboratory and problem-based case scenarios work as the core link between the various lectures, tutorials and practical skills sessions that deal with a particular clinical topic.

Self-managed and directed learning, supervised by tutors, provides students with opportunities for greater autonomy and self-management, skills needed for students to demonstrate that they are prepared for their future professional life. For example, during self-study, students will read journal articles and books, work on individual and group projects, undertake research, whilst preparing for assessment.

At Level 5, in Year 1, students will acquire a foundation for the future learning. They will be introduced to the basic themes of dentistry: basic science, clinical practice, and professionalism. Modules will concentrate on health and health promotion, oral anatomy, microbiology, periodontal diseases, and related science. Students start developing clinical skills on both the phantom heads and the dental haptic simulators in the clinical skills classrooms. Haptics technologies in dental simulation allow students to experience touch in a computer environment by interacting with 3-dimensional virtual reality dental models through associated touch tools.

At Level 5 in Year 2 students building on scientific knowledge and how to apply this to clinical practice. They will further develop their practical skills in the clinical skills classroom in relation to restorative dentistry in adults and special needs patients. Students understanding of issues relating to the ethical and professional practise of dentistry will be developed. Students will begin to apply research and critical appraisal skills applying aspects of evidence-based practice to their own clinical practice. There will be increased clinical experience with a focus on treatments associated with practice as a dental hygienist.

At Levels 5/6 in Year 3 student will consolidate learning and competences. There will be special attention to Paediatric, and community based clinical care. Module 3.2 Dental Sciences 6- Paediatric Dentistry is dedicated to paediatric dental hygiene covering topics like child development, behaviour management, preventive care for children, and treatment of paediatric patients. Module 3.5 Preventative and community based practice will focus on oral health promotion, disease prevention, and outreach programs.

2.8 METHODS OF ASSESSMENT

The assessment methods relate to specific learning outcomes at module level as set out within the approved qualification[6]. Assessment criteria specific to each assessment will be developed. The time taken for students to prepare has been taken into consideration for all the different types of assessment, there is much differing opinion to the amount of preparation time taken by students.

Short Essay (1000-2000) words, depending on the nature of the task). Focused on a specific text or limited topic, with an emphasis on specific knowledge and understanding. 20 hours research and writing

Long Essay (2000-3000 words). Dealing with a range of texts and/ or multiple aspects of a complex topic, with an emphasis not only on knowledge and understanding but also on analysis, critical thought, development of original ideas etc. 20-30 hours research and writing.

Unseen /closed book Exam. May be anything between 30 minutes and 2 hours in length; length to be determined by the nature of what is to be assessed, which also determines the nature of the questions set. The amount of time required for revision will be determined by the amount of material which will need to be covered, so that one might envisage 5-20 hours revision being required.

Seminar Presentation/Poster presentation. Depending on the length of the presentation and on the nature and complexity of the topic which students will be expected to cover, this may be considered analogous to either a short or a long essay. 20 to 40 hours preparation

Seminar Presentation/Poster presentation/OSPE/ISPE/CCA/FCCA. Depending on the length of the presentation/OSPE and on the nature and complexity of the topic which students will be expected to cover, this may be considered analogous to either a short or a long essay. 20 to 40 hours preparation

Case study and case report can be in the form of presentations or long essays these provide opportunities to develop communication skills in both an individual and group work situation.

Objective Structured Clinical analytical exercises use 'paper patient' simulation exercises allowing students to apply techniques, protocols, and critical clinical skills.

Objective Structured Clinical examination (OSCE) consists of multiple stations where each candidate is asked to perform a defined task such as taking a focused history or performing a focused clinical examination of a particular system. A standardised marking scheme specific for each case is used. It measures outcomes and allows very specific feedback.

Integrated Structured Clinical Examinations (ISCEs), allow students to have real patient-based assessments

Assessment of clinical practice proficiency forms part of students' summative assessment. Clinical competence and practice assessments test students' ability to draw on, synthesise and apply knowledge and skills for safe and effective patient management. Methods of assessment always require students to demonstrate their skills with a range of new and continuing patients. To ensure

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[6] 37. Assessment policy

practitioner standards external examiners are present at some of the practical assessments in clinical settings.

Figure 6. Indicative Module Assessment Maps

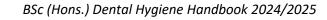|					
BSc Dental Hygiene Assessment mapping					
Nr	**Module**	**Year**	**Credits**	**Level**	**assessment original**
1.1	Biological Sciences for Dental Hygienist	1	9	5	written papers + project presentation
1.2	Academic & Professional Applied English	1	4	5	short & long answer written + viva
1.3	Physics and Statistics	1	5	5	online workbook+ word and excel short project
1.4	Human anatomy and histology	1	6	5	written paper+ lab report
1.5	Dental Sciences 1 - Cariology 1	1	7	5	written paper +presentation
1.6	Microbiology and General Pathology for Dental Hygienist	1	5	5	Closed exam + Seen invigilated timed essay or similar (1000 words)
1.7	Clinical Practice 1	1	20	5	portfolio+ Presentation
1.8	Evidence based Practice 1	1	4	5	long evidence based essay
Progression to Year 2 requires all modules to be passed with a minimum of 50%		60			
2.1	Dental Sciences 2 - Cariology 2	2	4	5	closed exam
2.2	Dental Sciences 3 - Periodontology 1	2	4	5	closed exam
2.3	Dental Sciences 4 - Oral Medicine	2	4	5	closed exam
2.4	Medical Sciences for Dental Hygienist	2	8	5	2*closed exam + essay
2.5	Clinical Science for Dental Hygienist	2	6	5	2* closed exam +1 OSPE
2.6	Humanities for Dental Hygienist	2	4	5	written exam + presentation
2.7	Diagnostic imaging	2	4	5	1*written paper Practical exam 20 min
2.8	Nutrition and dental hygiene	2	2	5	Nutritional Education pamphlet
2.9	Professional Practice 1	2	2	5	open book exam
2.1	Clinical Practice 2	2	20	5	portfolio+ OSPE

2.11	Evidence based Practice 2	2	2	5	1500 w essay+ stats test
Progression to Year 3 requires all modules to be passed with a minimum of 50%		60			
3,1	3.1 Dental Sciences 5 – Orthodontics	3	7	6	3000w case study +OSPE
3.2	3.1 Dental Sciences 6- Paediatric Dentistry	3	7	6	2* OSPE + 30 min presentation
3.3	3.3 Dental Sciences 7 - Periodontology 2	3	7	6	OSPE+ Open book exam
3.4	3.4 Professional Practice 2	3	5	6	45 minute group presentation + Closed book exam
3.5	3.5 Preventative and community based practice	3	6	6	Open book 2 hour exam Poster presentation
3.6	3.6 Dissertation	3	8	6	6000-8000w dissertation + presentation
3.7	3.7 Clinical Practice 3	3	20	6	Clinical portfolio Poster presentation Clinical Competency Assessment Final Clinical Competency Assessment
Progression to Year 3 requires all modules to be passed with a minimum of 50%		60			
		180			
Key	Semester 1				
	Semester 2				

2.9 ASSESSMENT OF CLINICAL PRACTICE

Clinical proficiency is assessed throughout the programme[7]. To progress students are required to have achieved each one of the clinical learning outcomes in modules. Failure to achieve the required practice outcomes to the level specified, within the relevant academic year, may result in an incomplete clinical portfolio document which may delay submission of related assignments. The

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[7] 74.Clinical competence assessment marking criteria BSc

Formative Clinical Assessment is a continuous process with assessment by the students' clinical dental educator every six weeks.

The Clinical Portfolio forms a structured record of every clinical interaction experienced by students within a supervised clinical setting. The portfolio includes accounts of skill acquisition and development and the reflective practice components necessary to demonstrate primary care practitionership. The student will be required to submit a complete portfolio of evidence each year which clearly demonstrates the student's clinical competence and ability to reflect upon and apply theory to clinical practice.

The clinical portfolio should include some or all (depending on academic year):

- A development action plan
- Placement diary
- Reflective accounts of practice
- Case study reports
- Code of practice 03.2019/ Dental Hygiene CPCM Benchmark mapping grid

Evidence of:

- taking a case history
- examination
- clinical reasoning
- making a diagnosis
- treatment plan agreed with patient
- treatment
- any referral

Any information provided about a specific patient case must be anonymised.
Other material
- Formative Clinical Assessment (FCA) with a 200-300-word reflection commenting on the clinical feedback actions to improve.

The clinical dental educator will supervise the clinical portfolio in conjunction with the personal tutor to ensure that the portfolio provides a clear insight into the development of the student's skills and knowledge acquisition. The portfolio will be submitted at the end of each year for assessment and feedback by the clinical mentor and personal tutor.

Final Clinical Competency Assessment (FCCA) is an assessment of the students will be undertaken in their own clinical environment, in terms of their management of a new and a follow-up patient. Patients taking part in the assessment of student clinical competency will be recruited especially.

The exam will be based upon the following components:

- Case History / Review
- Preliminary Diagnosis with differentials (New Patient Only)
- Dental hygiene Assessment
- Final Diagnosis (New Patient Only) / Diagnosis Review (Follow-up Patient only)
- Creation / Review of Treatment Plan
- Administration of an appropriate Dental hygiene Treatment
- Patient education, advice, and guidance
- Dental hygiene principles, knowledge, patient management, interpersonal and communication skills, and professionalism will also be included in the assessment.

Throughout the examination the student will be questioned by the examiners to explore their clinical decision-making process.

SECTION 2 QUALITY PROCEDURE

3. ENROLLMENT AND INDUCTION

3.1 ENROLLMENT – RESPONSIBILITY OF STUDENT

In order to complete student registration process, new students are responsible for the following:

a) Completing all student registration forms and questionnaires and returning these to Malta ICOM staff as directed during the Student Registration Induction Session.
b) Providing the Malta ICOM with relevant and appropriate official documentation (e.g. qualification certificates, Disclosure & Barring Service application documentation, passport, etc.) as and when required to complete student registration requirements[8].
c) Arranging the registration fee payment before starting the course, as this includes the student's insurance. University fees can be paid following the payment methods defined in agreement with the Finance Office upon enrolment. Malta ICOM is authorised to exclude anybody for non-payment of fees and may decline the admittance to examinations of anybody for whom fees are in arrears.

3.2 INDUCTION SESSION AND TIMETABLES

Prior to the course start date, new students will receive student induction information from the Admissions Department and will be available online on the Malta ICOM website[9]. Student induction for new students consists of a variety of informative introductory sessions normally scheduled throughout the first week of the new academic year.

A schedule of induction sessions is provided to new students as an Induction Timetable clearly identifying the title, date, time and location of each session. Sessions may include information regarding:

a) The course curriculum, organization, teaching and assessment methods;
b) Student support services;
c) The Student representation;
d) Key contacts at the Malta ICOM.

4. EQUALITY AND DISABILITY

Malta ICOM is committed to valuing diversity and the promotion of equality of opportunity for all its users[10]. It is also committed to working with National Commission for the Promotion of Equality, and all partners to promote community harmony and social cohesion. The College will challenge all forms of inequality, discrimination and harassment, and actively promote opportunities for the protected groups:

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[8] 48.Admission policy
[9] 86. Student registration and induction policy.
[10] 46. Equality and diversity policy
   47. Equality objectives

a) Age
b) Disability
c) Gender reassignment
d) Marriage and civil partnership
e) Pregnancy and maternity
f) Race
g) Religion or belief
h) Sex
i) Sexual orientation

The College will seek positively to remove conditions and barriers which place people at a disadvantage and will actively promote equality for all and celebrate diversity.

The Equality Duty has three general aims:

I. To eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Acts;
II. To advance equality of opportunity between people who share a protected characteristic and those who do not; and
III. To foster good relations between people who share a protected characteristic and those who do not.

4.1. LEARNING SUPPORT

The Equal Opportunities (Persons with Disability) Act 2000, and the Italian Guideline of DM 5669 12/07/2011 Law n. 170/2010 granted the learning support to student affected by Specific Learning Disorders[11].

Malta ICOM apply the guidelines listed below:

- Preventive interventions
- Welcoming, tutoring, monitoring
- Hand out measures:
    - Oral examination where more advisable
    - Quantitative reduction of written examination or increase execution time to 30%
    - orthographic or grammar errors should not be taken into consideration in the judgment of examination
- Compensatory measures:
    - Lessons video recordings
    - Digital format books and materials
    - Software supports
- Specific Service:
    - Personal tutoring
    - Planning and scheduling counselling

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[11] 91. Learning Support Policy

▪ On line availability of didactic materials

4.1.1 SLD Certification

The spontaneous declaration of SLD by the student can be done at any time during the course.

The student must be provide SLD Certification to access to learning support. According to law n. 170/2010, certification provides:

- Nosologic code and description of disturb
- Information concerning individual learning support requirements
- Description of strength and weakness in particular areas of learning

SLD certification should be given to the Admissions Team or the Head of Department. According to individual needs, the Head of Department will offer the student a Learning Agreement with a strategy of Learning Support.

4.2 PERSONAL TUTORING

A Personal Tutor is a member of academic staff who provides academic guidance, support for student personal development and pastoral care with regard to student welfare[12].
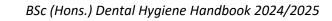
College responsibilities are:

- to provide clear information to students and staff regarding the provision for personal tutoring in the College;
- to ensure personal tutoring arrangements meet all of the College's minimum requirements for personal tutoring;
- to ensure that all students are allocated a named personal tutor at the commencement of their programme;
- to ensure that replacement Personal Tutors are allocated to students in instances of extended staff absence;
- to ensure that an appropriate system is introduced to effectively monitor personal tutoring arrangements within the College;
- to ensure that clear information is provided to students on how to request a change of Personal Tutor.

Concerning personal tutor, specific student's requests can be done to the Head of Department, Program Leader or Module Leaders.

Student responsibilities are:

- to attend Personal Tutor meetings and to inform their tutor, in advance, of any instances of unavoidable absence;
- to actively participate in meetings with Personal Tutors;
- to inform Personal Tutors of any personal circumstances that might be affecting attendance and academic progress;

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[12] 153. Personal tutoring policy

- to submit any requests for extenuating circumstances to the Head of Department;
- to declare any needs for specific support from the College and to actively seek such support;
- to take a proactive approach to identifying and accessing opportunities provided to enhance their employability;
  to actively respond to feedback and guidance provided and opportunities to enhance personal development;
- to inform Personal Tutors of their inclusion as a named referee in respect of any applications for employment or other purposes. In all cases, students must provide the Personal Tutor with relevant information regarding the purpose of the reference.

Colleges monitor Personal Tutoring through reviewing the outcomes of College student experience surveys and through the College's monitoring and evaluation systems. A record should be kept confirming that all tutees have attended the Personal Tutor session and that all of the required information has been provided by the tutor. Any students who do not attend a Personal Tutor meeting without having informed the College of unavoidable absence should be subject to the College's attendance monitoring procedures.

5. ATTENDANCE

All modules on the BSc (Hons) Dental Hygiene are core and thus attendance at all sessions is compulsory. Nonattendance may result in a delay in the commencement of your clinical experience or enrolment into the next academic year. Your attendance at these sessions shall be monitored and recorded.

Attendance through the programme is essential in order to achieve the learning outcomes and CPCM requirements. In addition, the design of the programme often requires the sharing of ideas and experiences in small group work and seminar presentations. Consequently, there is a collective responsibility to support each other by attending these sessions.

90% attendance is compulsory for both lectures and clinic. Lack of attendance will jeopardise entry to the examinations. Any lack to attendance must be supported with the required documentation (see mitigating circumstances).

6. ASSESSMENT[13]

The eligibility to sit assessment is based on 90% attendance.
At the beginnings of academic year, the Head of Department will publish the assignment timetables. Each assignment must be completed by student on the scheduled dates. The dates can be modified by Head of Department only for extraordinary reasons, such as:

- Unforeseen closure of College
- Absence of exam commission

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[13] 37. Assessment policy

6.1 NON-ACCUMULATIVE (THRESHOLD) PASS MARK

The pass mark for all elements of the programme is 50%.

This programme uses a Non-Accumulative (Threshold) Pass Mark system. In a non-accumulative system, each assessment or exam must be passed individually, and failing any single component means the student does not pass the overall module, regardless of their performance on other components. This method is used widely in professional programmes where specific competencies and subject mastery must be assured, such as medicine, nursing, and other health-related fields.

The pass mark for each assessment is >50%. In order to successfully complete a module each individual assessment must be pass with >50% (e.g. 28% in assessment A + 73% in assessment B would be a module fail despite the overall mark of 50.5%).

6.1.1 Procedure in the event of illness

- If a student fails to sit or submit all or part of an assessment due to medically certified illness or other valid cause, they may be permitted to sit/resubmit the failed assessment(s) as if for the first time by a date to be determined in accordance with the Extenuating Circumstances policy. This is only permitted if application has been made in accordance with the Extenuating Circumstances policy.
- If a student fails to sit or submit all or part of an assessment without medically certified illness or other valid cause, that will be considered a failure for that assessment.

6.2 FAILING AN ASSESSMENT

Exam is also considered a fail for plagiarism and misconduct (see section 8):

- Delayed delivery of essays or projects
- Plagiarism of literature
- Plagiarism during examination
- Misconduct with exam commission

6.2.1 Submission assessments

Several exams are submitted through Turnitin service.

- Turnitin classes will be open from December until the delivery date in the Exam Agenda (corresponding to the closing date of the Turnitin exam session).

- Extra submission time is not available through Turnitin.

- Extenuating Circumstance must be emailed to the Help Turnitin Service if upload of assessment is late but within 5 days of five days of assessment submission date.

- In case of Presentation style assessments, students will not be admitted to the oral exam, if they have not uploaded their presentation in the requested format by the date and time stated in the assessment brief.

6.3 RESIT PROCESS

The assessment results are ratified by the Exam Board, and it declares which student have passed the academic year.

Each assignment is granted 2 resubmission/resit, which will be capped at maximum of 40% of the mark.

The resubmission/resit exams will be organised in sessions, whose dates are communicated through a specific agenda by Exam Board.

The resit exams are charged to the student at a cost of 30 euros each.

The student can only progress to the next academic year if the all the assessments of a given module are passed with a mark >50% and the hours of allocated placement are be signed off in the student's clinical portfolio.

6.4 ASSESSMENT CRITERIA

The assessment criteria are in agreement with the tables below

Figure 9. Level 5 Marking criteria

Classification %	Knowledge, Understanding & Application	Structure & Organisation	Presentation & Attribution of Sources	Evaluation
≥80	An excellent answer showing a well developed ability to apply knowledge and concepts to the question or topic at hand. Provides a comprehensive discussion of the core issues, with evidence of synthesis and analysis. Knowledge, understanding and skills are quite advanced for this level. Appropriate and well integrated personal reflection where relevant.	Excellent development of discussion with clear structure.	Excellent literary style. There should be very little, if any, presentation errors on the script. An extensive range of sources are critically appraised and referenced accurately.	An excellent and very well constructed answer which takes into account current discussion/debate. Evidence of creativity and independent thought.
79-70	A very good response that demonstrates application of knowledge and concepts to the question or topic at hand. Provides a balanced discussion/application of the main issues, with evidence of evaluation. Shows knowledge and understanding of the topic with a few minor errors present. Appropriate personal reflection where relevant.	Discussion shows clear development, within standard essay structure.	Accurately supported by a good range of sources. There are few errors or omissions on the script. Generally, referencing follows the correct format and is applied consistently.	Displays a very good level of skill in providing an answer which takes into account current discussion/debate. Some evidence of creativity and independent thought.
69-60	An answer that shows a satisfactory explanation of the main issues. with some shortcomings but no fundamental errors. Adopts a thoughtful approach to the topic, with some evidence of evaluation.	Discussion is generally well-organised and clearly structured.	Additional reading and referencing could develop the arguments further.	Displays a good level of skill in providing an answer which takes into account current discussion/debate.
59-55	An answer that shows a basic understanding of the question or topic at hand. Discussion addresses the main points but could be better developed. Some evidence of personal reflection shown where appropriate.	Has some structure to discussion, but significant areas for improvement.	Shows evidence of reading only a very limited number of sources. Shows some skills in applying the correct referencing style.	Displays some limited skill in discussion but incorporates some unnecessary description.
54-50	An answer showing a limited grasp of some of the issues but displays evidence of having addressed the main learning outcomes. Module pass/fail issues are met. Not all learning outcomes may have been addressed. Some evidence of personal reflection but may be used inappropriately.	Has some structure to discussion, but significant areas for improvement. May contain significant omissions or irrelevant material.	Presentation is of a sufficient level to be able to follow arguments. Shows evidence of reading at the minimum level, and a basic grasp of the correct referencing style.	Tends to describe rather than discuss.
49-47	Set question has not been answered, either in part or whole. There may be concerns about the understanding of practice and its application. Shows a limited discussion of the main issues. Has not addressed learning outcomes sufficiently. Module pass/fail issues are not met. Some attempt at relevant reflection.	Disorganised structure and presentation. May contain substantial omissions or irrelevant material.	There may be an insufficient level of academic referencing and citations in the assignment to support claims and arguments. Poor literary style and presentation with a significant number of errors. The writing rarely goes beyond simply paraphrasing. There may be evidence of plagiarism. Please refer to University policy on Unfair Practice.	An attempt to answer the question but largely descriptive in nature. Argument, evidence, and theoretical material is partly misrepresented or misunderstood.

| 46-20 | An attempt to answer the questions, but without a basic grasp of material or appropriate skills. | Difficult to follow, with no clear structure. May contain mostly irrelevant material. | Poor literary style and presentation with a significant number of errors. Referencing absent or inaccurate. There may be evidence of plagiarism. Please refer to University policy on Unfair Practice. | Largely descriptive. Difficult to comprehend the answer. |
| 20-0 | No answer offered, irrelevant, fundamentally wrong. No reflection where relevant. | Content bears little relevance to the question. | Poor literary style and presentation with a significant number of errors. Referencing absent or inaccurate. There may be evidence of plagiarism. Please refer to University policy on Unfair Practice. | Not easily comprehensible. |

Figure 10. Level 6 Marking criteria

Classification %	Knowledge, Understanding & Application	Structure & Organisation	Presentation & Attribution of Sources	Evaluation
≥80	An excellent response showing a strong ability to apply knowledge and concepts to the question or topic at hand. Shows wide knowledge of the topic with very few errors or omissions. Appropriate integrated personal reflection where relevant.	Excellent development of argument with clear structure.	Excellent literary style. There should be very few, if any, presentation errors on the script. An extensive range of sources are critically appraised and referenced accurately.	The answer displays independent critical thought, persuasive arguments and analysis. Critical appraisal and analysis skills are evident.
79-70	An answer that shows a comfortable grasp of the main issues. The majority of learning outcomes and/or most parts of the question or topic have been addressed with some shortcomings but no fundamental errors. Adopts a thoughtful approach to the topic. Reflection shows good insight into the topic being considered.	Argument shows clear development, within standard essay structure.	Accurately supported by a good range of sources. There are few errors or omissions on the script. Generally, referencing follows the correct format and is applied consistently.	Displays a good level of skill in applying concepts, thinking critically and using evidence.
69-60	An answer that shows a satisfactory grasp of the main issues. The majority of learning outcomes and/or key parts of the question or topic have been addressed well. Personal reflection shows insight into the topic discussed	Material coherently organised overall, but some inconsistencies present.	Shows familiarity with the basic reading, with some minor errors and omissions of essential material. Some errors with presentation and style. For the most part, the correct referencing style is applied consistently.	Faithful reproduction of material without significant critical judgment. Displays some skills in applying concepts and using evidence but tends to describe rather than analyse.
59-55	An answer that shows a basic understanding of most of the issues raised by the topic or question. Some evidence of personal reflection shown where appropriate.	May contain substantial omissions or irrelevant material.	Shows evidence of reading only a very limited number of sources. Shows some skills in applying the correct referencing style.	Mainly descriptive, but shows some evidence of analysis.
54-50	An answer showing a limited grasp of some of the issues but displays some signs of skill in addressing the learning outcomes. Module pass/fail issues are met. Not all learning outcomes may have been addressed. Some evidence of personal reflection but may be used inappropriately.	Has some structure to argument, but significant areas for improvement.	Presentation is of a sufficient level to be able to follow arguments. Shows evidence of reading at the minimum level, and a basic grasp of the correct referencing style.	Predominantly descriptive, but with some limited evidence of analysis.

49-47	Set question has not been answered, either in part or whole. Shows some evidence of grasp of material and/or skills, but not applied appropriately or where relevant. There may be concerns about the understanding of practice and its application. Module pass/fail issues are not met. Some attempt at relevant reflection.	Content bears little relevance to the question. Poorly organised structure and presentation of argument.	There may be an insufficient level of academic references and citations in the assignment to support claims and arguments. Poor literary style and presentation with a significant number of errors. Contains a considerable number of verbatim quotations or unreferenced sources. Referencing style needs considerable improvement. There may be evidence of plagiarism. Please refer to University policy on Unfair Practice.	An attempt to answer the question but little awareness of analysis. Arguments, evidence, and theoretical material is substantially misrepresented or misunderstood. The writing rarely goes beyond simply paraphrasing.
46-20	An attempt to answer the questions, but without a basic grasp of material or appropriate skills.	Difficult to follow, with disorganised structure.	Poor literary style and presentation with a significant number of errors. Referencing absent or inaccurate. Significant number of verbatim quotations or unreferenced sources. There may be evidence of plagiarism. There may be evidence of plagiarism. Please refer to University policy on Unfair Practice.	Difficult to comprehend arguments.
20-0	No answer offered, or irrelevant or , fundamentally wrong. No reflection where relevant.	No clear structure.	Poor literary style and presentation with a significant number of errors. Referencing absent or inaccurate. Serious breach of confidentiality where relevant. There may be evidence of plagiarism. Please refer to University policy on Unfair Practice.	No comprehensible arguments presented.

6.5 RETAINING RECORDS

All student work and associated records are retained until after External Verification/Moderation and Certification. Work is stored securely in the college.

6.6 SPECIAL ASSESSMENT NEEDS

Students with a disability or requiring special arrangements will be given appropriate and sufficient consideration of their individual needs.

6.7 ACADEMIC APPEALS PROCESS

If a learner is dissatisfied with an assessment decision, s/he should discuss this with the relevant member of staff concerned in the first instance. If this does not lead to a satisfactory resolution, then the learner can appeal formally using the academic appeal policy[14].

6.8 MODERATION PROCESS

The Moderation process consists to internal assessment moderation as follows[15];

    a. Internal verification/moderation (IV/IM) will be applied to;

- All assessment tools prior to distribution to students

- A planned sample of assessment decisions

    b. Double marking (sometimes referred to as second marking) will be applied to;

- Assessment decisions planned as appropriate to the subject and assessment method.

Applied procedure are:

1. Each programme will have at least one named lead internal verifier/moderator.

2. Internal verifiers/moderators and double markers will carry out internal verification/moderation and double marking

3. Standard College documentation will be used to record and evidence implementation of internal verification/moderation and double marking.

4. Assessment tools (e.g. assignment briefs, exam papers) will be internally verified/moderated prior to distribution to students.

5. Assessment decisions will be internally verified/moderated or double marked, as appropriate to the subject, assessment method and the requirements of the validating/awarding body, prior to distribution to students.

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[14] 54. Academic Appeal Procedure
[15] 56. Assessment Moderation Policy

6. Assessors, internal verifiers/moderators and double markers will meet to support standardisation of assessment decisions. It is recommended that these meetings occur at least once each semester.

6.9 EXAM BOARD

Internal and external markers meet at appropriate intervals during the academic year to consider and finalise the grades awarded to students at Exam Boards[13], which are formally constituted by the University, and the External Examiners are normally present. Once marks have been ratified by the Exam Boards they will be formally published.

Class Mark

> 0-46% - Failing
>
> 47-49% - Borderline Marks
>
>> Before ratification, the borderline marks are discussed and moderated towards pass or fail.
>
> 50-59% - Passing
>
> 60-69% - Fair
>
> 70-79% - Commendable
>
> >80% - Excellent

Until the Exam Board meets and the marks are agreed, any unratified marks you have received during the year will not be final and could be subject to change. A Summary of the outcome will be reported to Academic Board and to the Management Board.

6.10 ASSESSMENT REPORT

After the ratification of the marks, the student receives the report of the grades and credits obtained in the year of the course. The report also reports the weighted averages related to the modules and the overall average achieved at the completion of all relevant examinations per year.

7. EXTENUATING CIRCUMSTANCES

A student may claim extenuating circumstances[16]if they have been temporarily unable to participate in their course, submit work for assessment, or attend examinations[17]. In this context assessment is taken to mean any work for assessment, for example coursework, assignments, projects and practical assessments. Similarly, students may wish to claim if their performance has been affected in assessments. The following are examples of extenuating circumstances:

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[16]62. Extenuating circumstance
[17] 55. Authorised Extension Policy

- Bereavement in the family e.g. close relative, spouse or partner

- Serious sudden illness, sudden worsening of a chronic illness or accident

- Employer demands (Extended Pathway students only) e.g. short-term increase or change in work pattern

- Other exceptional circumstances which inhibit attendance or submission e.g. military service, civil unrest

Students are responsible for making the extenuating circumstances claim, demonstrating the circumstances are appropriate and providing proof in the form of the necessary evidence to support the claim.

Head of Department is responsible for chairing the Extenuating Circumstances Panel.

Program Leader or Module Leader are responsible for ensuring academic staff are aware of the availability and scope of the extenuating circumstances procedure. Attending the Extenuating Circumstances Panel where appropriate.

Where a student encounters unforeseen circumstances that are consistent with any of the matters and wishes them to be recognised as extenuating circumstances they are required to provide supporting evidence. This is to be set out in writing and be signed by the person providing it.

The nature of the evidence that the College requires includes

- for bereavement, a death certificate or a signed and dated letter from
  - a minister of religion,
  - medical practitioner,
  - police officer,
  - solicitor,
  - magistrate or other officer of the law or a person with equivalent professional standing;
- for illness, a signed and dated letter from a medical practitioner (GP, clinical specialist, or registered professional in psychiatric practice) that states
  - the dates when the illness affected the student and how, without breaching confidence,
  - the circumstances affected or are likely to affect the student's ability to prepare for an assessment, submit or attend for an assessment,
  - the student's ability to recognise and deal with their circumstances.
- for a student awaiting a diagnosis of an illness or condition, a signed and dated letter from a medical practitioner (GP, clinical specialist, or registered professional in psychiatric practice) that states
  - the dates when the student attended for treatment,
  - when tests were undertaken, and
  - when a diagnosis is expected;
- for accident or injury to the student, a copy of an accident report provided by a police officer, Magistrate, or Magistrate's Clerk; or a signed and dated letter from a medical practitioner. In all cases where a letter is provided it must state

- the dates when the accident or injury affected the student;
- the position and qualification(s) of the person providing the letter; and their contact details

- for significant adverse personal or family circumstances being encountered by the student, a signed and dated letter from one or more of the following:
  - a medical practitioner;
  - a social worker (stating their position with respect to the student);
  - a registered psychological therapist;
  - a registered professional in psychiatric practice;
  - an officer of the law;
  - a teacher outside Malta ICOM;
  - a minister of religion.

  The letter they provide must give their position and qualification(s) and their contact details and must provide information on the time when the circumstances occurred and whether they are continuing

- for extended pathway students in full-time employment only, who have experienced an increase in their workload due to circumstances beyond their control, or have been required by their employer or a client to work through periods normally available for study and/or assessment where they are in employment, a signed and dated letter from
  - their employer, or
  - their employer's authorised representative,

  stating that the student has been required by them to undertake work in the interests of the employer and that this was in time that had previously been agreed would be available for the student to study, prepare for assessment, or take an assessment

- where they are self-employed, evidence from their client or the client's authorised representative stating that they have required the student to undertake unforeseen work that was necessary in the interests of the client's business, together with the dates and times when the student had been required to attend the client or undertake the previously unforeseen work.
- for military service, the individual's call-up papers (translated where necessary) together with evidence to show that the service cannot be deferred to affect the student's ability to submit an assessment, attend for an assessment, respond to requests for information from the Malta ICOM or represent themselves and their situation to the Malta ICOM.

According to individual needs, Head of Department offers to the student a Learning Agreement concerning a strategy for the Extenuating Circumstance.

8. MISCONDUCT

Students are ambassadors for Malta ICOM and behave accordingly. This applies anywhere and at any time but is particularly important in the local community around the Malta ICOM sites[18].

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[18] 141. Academic Integrity Policy

It is important that learners are made aware of the seriousness of academic misconduct and the procedures in place for any case of suspected academic misconduct. Academic misconduct is any action or attempted action that may result in creating an unfair academic advantage for oneself or an unfair academic advantage or disadvantage for any other member or members of the college. This includes a wide variety of behaviours such as

Cheating

Cheating is defined as fraud, deceit, or dishonesty in an academic assignment, or using or attempting to use materials, or assisting others in using materials that are prohibited or inappropriate in the context of the academic assignment in question, such as:

- Copying or attempting to copy from others during an exam or on an assignment.
- Communicating answers with another person during an exam.
- Using unauthorized materials, prepared answers, written notes, or concealed information during an exam.
- Allowing others to do an assignment or portion of an assignment for you, including the use of a commercial term-paper service.
- Submission of the same assignment for more than one course without prior approval of all the lecturers involved.
- Collaborating on an exam or assignment with any other person without prior approval from the instructor.

Plagiarism

Plagiarism is defined as use of intellectual material ≥20% produced by another person without acknowledging its source, for example:

- Extensive copying of passages from works of others, essay, presentations or projects without acknowledgment.
- Use of the views, opinions, or insights of another without acknowledgment.
- Paraphrasing of another person's characteristic or original phraseology, metaphor, or other literary device without acknowledgment.
- Theft or Damage of Intellectual Property
- Damaging or stealing another person's assignment, book, paper, notes, experiment, project, electronic hardware or software.
- Improper access to, or electronically interfering with, the property of another person or the College's via computer or other means.
- Obtaining a copy of an exam or assignment prior to its approved release by the instructor.

Disturbances in the Teaching Space

Disturbances can also serve to create an unfair academic advantage for oneself or disadvantage for another member of the academic community. Below are some examples of events that may violate the Code of Student Conduct:

- Interference with the course of instruction to the detriment of other students.
- Disruption of classes or other academic activities in an attempt to stifle academic freedom of speech.
- Failure to comply with the instructions or directives of the lecturer or tutor.

- Unnecessarily activating fire alarms.
- Referencing and Academic Integrity

Understanding Referencing and Avoiding Plagiarism: As students you must emphasise the importance of acknowledging the contributions of other scholars in your academic work. When you use ideas, words, or research from other sources, you must properly credit these contributions to respect the intellectual property rights of the original authors. This practice, known as referencing or citing, is crucial to avoid plagiarism.

Referencing Style: MIE adheres to the Harvard system of referencing. To assist you in mastering this skill.

Submission of Work: When you submit assignments:
- Summative Assessments: Your work might be shared in paper or electronic form with third parties, such as external examiners, to ensure fair and comprehensive assessment.
- Academic Integrity: To maintain the integrity of our qualifications, we may compare your submissions with others' work. This comparison helps confirm that your work is original and truly your own.
- Use of Turnitin®: Submitted work may be stored in Turnitin's® database to aid in academic offense investigations or to detect future plagiarism. For more details about Turnitin®, visit www.turnitin.com

Ethical Compliance[19]: By submitting any piece of work, you affirm that:
- It is your original creation and has not been submitted elsewhere.
- It adheres to the MIE's research ethics guidelines.

Use of AI tools[20]

MIE recognises that generative AI tools, such as ChatGPT, can be valuable for learning. These AI authorship tools can assist students with background reading, answering specific questions, structuring essays, and enhancing written communication. We understand that students and staff are likely to engage with this resource, and we aim to support its effective and transparent use. AI writing software will help healthcare professionals work more efficiently moving forward, and promoting its proper use will benefit all. However, it is crucial to ensure that AI does not replace human interaction and critical thinking, and everyone should be aware of its limitations.

Students are expected to follow these initial guidelines for permitted use of the software:
- Critical thinking and independent learning: ChatGPT and other forms of Generative AI are tools, not a substitute for critical thinking and independent learning.
- Research assistance: Students can use ChatGPT and other forms of Generative AI to get quick answers to research questions or to find additional resources to help with their studies.
- Self-directed learning: Students can use ChatGPT and other forms of Generative AI to revise, clarify, and consolidate concepts or ideas encountered while studying. However, they should also use the usual support channels, such as academic staff, course materials, and peers.

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[19] 123. Intellectual Property policy
[20] 128. Using AI guidance policy

- Judgment and evaluation: Students should be aware that ChatGPT and other forms of Generative AI may not always provide accurate or complete answers and should use their judgment when evaluating the responses, just as they would with any other sources.
- Ethical use: Students must use ChatGPT and other forms of Generative AI ethically and avoid using it to gain credit for ideas that are not their own. If the tool is used to assist in the construction of any written part of submitted coursework, the following statement must be included in the heading of the document: This work has utilised ChatGPT (or name of alternate AI Writing tool if used) to support some writing and sentence structure/to assist in elements of supportive research. (delete as appropriate)

8.1 ACADEMIC INTEGRITY COMMITTEE

This consist of 3 nominated members of the academic staff who are responsible for ensuring consistency in relation to the implementation of plagiarism procedures and practice.

In suspected cases of plagiarism and/or collusion the Academic Integrity Committee will invite the student(s) to an informal meeting to discuss the identified work. The aim of an informal meeting is to allow the Academic Integrity Officer to fully understand how the student has approached the assessment and to allow the student to reflect on their practices. This meeting should not include notetaking other than to record one of three possible outcomes:

(i) there is no evidence of academic misconduct or
(ii) the process moves onto the formal steps of the academic misconduct procedure or
(iii) the student admits the presence of academic misconduct in the work.

If the committee judges that a formal hearing is justified the student will be provided with:

a) a copy of these procedures;
b) written details of the allegation and a copy of all written evidence provided for the hearing by the academic who had made the allegation. This will include specific reference to the assessment in question and the nature of the suspected misconduct. For example: in a case of suspected plagiarism, the student should be provided with a copy of their work with the sections where plagiarism is suspected indicated and a copy of the Turnitin report detailing the identified sources.

In a case of suspected cheating in an examination the student should be provided with a copy of the examination's office report and copies of any materials removed from the student in the exam venue (if applicable), the date, time and place of the hearing. Malta ICOM will try to arrange the hearing at a time that is suitable for the student. Normally the hearing will take place within two weeks of the date that the student is formally notified in writing that an allegation has been made. Where a student has been permitted a reassessment attempt after having been found guilty of academic misconduct and it is suspected that he or she has committed academic misconduct on the reassessment by the committee, this must be treated as a new offence and all relevant stages of this procedure must be followed.

8.2 ACTIONS BY STUDENT

At this stage, the student may decide to admit that the allegation of academic misconduct is justified by providing a written statement. In this case no formal hearing will take place. The Head of Department will be informed of the academic misconduct and the student's admission and

determine the relevant penalty to be imposed. This will be recommended to the examination board to ratify the decision. A copy of the statement provided by the student will be kept on her/his file.

If the student wishes to proceed to a formal hearing, s/he will be asked to confirm attendance to the Program Leader and to provide the name of any friend. The friend would not normally contribute to the hearing chosen to accompany the student. If the friend is a member of the legal profession the meeting will be postponed allowing the college to get legal representation

If the student fails to attend the hearing without a reason that is deemed acceptable by the Malta ICOM, the hearing will proceed based on the evidence available to the panel. This will include any written submission that the student may have made.

8.3 ACTIONS OF THE HEARING PANEL

The panel established to consider the evidence will comprise a minimum of two members of academic staff who are not directly involved with the student. The Dean of Faculty is designated as Chair of the panel.
While Malta ICOM allows audio recordings of lectures for study purposes, hearings may not be digitally recorded, and the written notes taken by the Malta ICOM will constitute the official record of the hearing. The Chair of the panel will make this clear to the student at the beginning of the meeting.
The panel will normally interview:
  (i) the student, who may present documentation and/or supporting evidence
  (ii) any relevant members of staff (e.g. module leader, or Program Leader who will present the evidence and the academic integrity committee).

The student, their friend (where present) and the staff member(s) presenting the evidence will then be asked to leave the hearing whilst the panel considers its decision.
The panel will decide if:
  a) there is insufficient evidence of academic misconduct. or
  b) it is more likely than not that academic misconduct took place.

Where it is found that there is evidence of academic misconduct, the panel shall then be advised of any prior instances of academic misconduct committed by the student to be able to determine a recommendation for the level of penalty to be imposed.
Adjournment may be required. Once a decision has been determined, the student, their friend (where present) and the staff member(s) presenting the evidence will be invited back into the hearing to be verbally advised of the outcome.

Following the conclusion of the hearing, a summary report will be presented to the Exam Board, setting out the nature of the allegations and the recommendation of the panel concerning the level of penalty to be imposed. The student(s) will be provided with a copy of this report and a copy will be placed on the student's file.
If the outcome of the academic misconduct procedures indicates that a fitness to practice issue additionally arises, the separate Fitness to Practice procedures will be invoked.
However, in these instances, it may not be necessary to carry out the initial investigation stage of the Fitness to Practice procedures.

8.4 ACTIONS OF EXAM BOARD

The student's results together with the report of the formal hearing will be considered by the Exam Board. The Board will be asked to ratify the recommendations of the formal hearing panel for the penalty to be imposed.

8.4.1. Penalties appendix to assessment policy

Penalties have been determined on the basis of the following principles:

- no student should gain any advantage over another as a result of academic misconduct
- for students found guilty of collusion, all students implicated in the case should normally receive the same penalty
- for students found guilty of plagiarism or copying group work, all those involved will normally receive the same penalty.
- mitigating circumstances cannot excuse academic misconduct.

Applied penalties are:

a) the assessment is considered fail with the opportunity to access to Resit exam
b) the assessment is considered fail and will not be permitted further reassessment where an offence of academic misconduct is committed at the final assessment opportunity.

Failure due to academic misconduct cannot be compensated.

9. COMPLAINTS

A student who is, or was recently a registered student, or a group of students wishing to complain should normally do so within 3 months of the event which has given rise to the complaint or, if a series of events has given rise to a complaint, within 3 months of the final event in the series. In exceptional circumstances, complaints received outside of this time frame may be considered providing the explanation for delay is outside the control of the complainant[21].

Complaints should be done as follow.

9.1.1 Stage 1: Early Resolution

i. Initially, a student should seek to deal with his/ her complaint at the level at which the event leading to the complaint occurred.

ii. A student should, if at all possible, address his/ her complaint to the member of staff most directly involved in the event leading to the complaint, in order to give that person, the opportunity to address his/her concerns.

iii. If for any reason the student does not feel that this is possible, s/he should seek advice from the Program Leader in order to identify an appropriate alternative mechanism of early resolution.

iv. Stage 1 complaints will be dealt with in a timely fashion. Those involved in investigating the complaint will establish appropriate timescales based on its nature and complexity. These timescales should be communicated to the student and the student kept informed of any changes. Where possible, the investigation should be completed within 7 working days.

v. At the end of Stage 1, a student will be provided with a written response to his/her complaint, copied to the Dean which will either:

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[21] 49. Complaints procedure
57. Students Complaints and Grievance Procedure

- Detail the proposed resolution, OR
- If no resolution has been proposed, explain why resolution has not been considered to be possible.

9.1.2 Stage 2: Formal Complaint

  i.   If a student is not satisfied with the outcome of Stage 1, s/he may choose to submit a Stage 2 complaint, by completing the Complaints Form. This should be done within 21 working days of the release of the written response to Stage 1. A Stage 2 complaint will normally only be considered following the completion of the early resolution stage.

 ii.   A student wishing to submit a Stage 2 complaint should do so to the Dean of Faculty

iii.   If the Dean was involved in the case at Stage 1, s/he will nominate an appropriate alternative individual to consider the case. If no appropriate individual can be found within Malta ICOM, s/he shall refer it to the Principal, who will then assign the case to an appropriate individual.

 iv.   The receipt of the complaint form will normally be acknowledged within 3 days.

  v.   The Dean or his/her nominee will consider the case appropriately. This will normally involve discussions with the student and/or the subject of the complaint.

 vi.   Complaints will be dealt with in a timely fashion. The Dean will establish appropriate timescales based on the nature and complexity of the complaint. These timescales should be communicated to the student and the student kept informed of any changes. Where possible, complaints should normally take no more than 10 working days to investigate from the acknowledgement being sent.

vii.   The Dean or his/her nominee will inform the complainant, the subject of the complaint and the Director, in writing, of the outcome of the investigation.

10. PROGRESSION

In order to progress from one level to the next students must normally achieve 60 credits at each level. All modules are core modules and students must achieve a pass in order to progress to the next level.

11. AWARDS

Students must achieve 180 credit points with a minimum of 60 credit points at Level 5, a minimum of 60 credit points at Level 5, a minimum of 60 credit points at Level 6.

11.1 Exit Awards for non-completion of programme

Students who exit after successfully completing 60 credits at Level 5 will be awarded a Certificate of Higher Education.

Students who exit after successfully completing 120 credits at Level 5 will be awarded a Diploma of Higher Education.

Students who exit after successfully completing 180 credits at Level 6 will be awarded a BSc Applied Health.

These exit awards will not entitle the student to seek registration with any professional bodies to practice as a dental hygienist. Registration can only be sought on completion of the full 180 credits and the professional assessment after an additional one semester of clinical training.