

# General Dental Council

## Education Quality Assurance Targeted Inspection 2021 Report

Education Provider/Awarding Body	Programme/Award
Education Provider: Greater Manchester School for Dental Care Professionals Awarding Body: Royal College of Surgeons of England	Diploma in Dental Hygiene and Diploma in Dental Therapy

Outcome of Inspection
The Diploma in Dental Hygiene and Diploma in Dental Therapy programme does not assure us that students are safe beginners. Greater Manchester School for Dental Care Professionals has agreed to extend the programme and delay qualification. This will be managed by Manchester University NHS Trust as the School is closing on 31 March 2021.

**\*Full details of the inspection process can be found in Annex 1\***

## Inspection summary

<b>Remit and purpose of inspection:</b>	<p><b>A 2021 Targeted Inspection focusing on Requirements 13 and 15 in the <i>Standards for Education</i> to determine approval of the award for the purpose of GDC registration as dental hygienist and dental therapist.</b></p> <p><b>The Inspection is to seek assurance that all GDC Learning Outcomes have been achieved and that all students have satisfied the criteria of safe beginner, paying particular attention to an appropriate level of clinical experience.</b></p>
<b>Learning Outcomes:</b>	<b>Preparing for Practice (dental hygienist and dental therapist)</b>
<b>Programme inspection date:</b>	<b>24 March 2021</b>
<b>Inspection team:</b>	<p><b>Gail Mortimer (Chair and non-registrant Member)</b>  <b>Angela Magee (Dentist Member)</b>  <b>Joanne Brindley (DCP Member)</b>  <b>Angela Watkins (Quality Assurance Manager)</b>  <b>Martin McElvanna (Education Quality Assurance Officer)</b>  <b>Kathryn Counsell-Hubbard (Quality Assurance Manager)</b></p>

The purpose of this inspection was to determine whether the current graduating cohort of students will meet the required standards expected of a safe beginner for registration with the GDC. The impetus for this targeted inspection was the COVID-19 pandemic and the effect it has had on the ability of education programmes to provide the requisite level of experience to their students both in terms of clinical and non-clinical skills.

The Diploma in Dental Hygiene and Diploma in Dental Therapy programme (“the Diploma”) at the Greater Manchester School for Dental Care Professionals (“the School”) was inspected because the evidence gathered prior to the inspection did not assure the GDC that the current final year students would meet the safe beginner standard. The inspection discussed the evidence already provided, gather new information and come to a conclusion on next steps.

Following the inspection, we determined that Requirements 13 and 15 were partly met. We concluded that the programme did not assure us that the graduating cohort of students would be safe beginners and the reasons for this are provided in greater detail below.

The main areas of concern were:

1. We were not assured that all GDC learning outcomes would be met by the point of graduation;
2. There was a lack of detailed documentary evidence to support the sign-up process; 2

3. We were not assured that students had received sufficient clinical experience across a full range of clinical procedures;
4. We were not assured that students had received sufficient access to clinical experience across a range and breadth of patients to assure us of a safe level of clinical competence.

One other area of concern was the absence of a suitable COVID-19 Risk Assessment Plan. Whilst some indication of updated Standard Operating Procedures had been given and there was reference in the January 2021 GDC questionnaire to potentially deferring students and providing further clinical activity, there was no evidence of an adequate risk assessment having been carried out.

The School will close at the end of March 2021. Manchester University NHS Foundation Trust have agreed to extend the programme by six months, further to the associates' recommendation to enable the necessary experience to be achieved.

The GDC wishes to thank the staff involved with the Diploma for their co-operation and assistance with the inspection.

**On the letter from the registrar, it says that the school was transferring to MFT. The school has been part of MFT since 2013 it just the premises are changing now to complete the last cohort.**

## Background and overview of qualification

Annual intake	12 students
Programme duration	106 weeks over 27 months
Format of programme	<p>Modular programme:</p> <p>Year 1:            Pre-Clinical Dental Hygiene Plaque Related Disease            Pre-Clinical Foundation            Clinical Dental Hygiene and Therapy 1</p> <p>Year 2:            Pre-Clinical Dental Therapy            Dental Public Health and Behavioural Science            Paediatric Dentistry            Management of Plaque Related Disease            Clinical Dental Hygiene and Therapy 2            Independent Project            Comprehensive Oral Care            Preparation for the Workplace            Dental Radiography</p> <p>Year 3: Clinical year</p>
Number of providers delivering the programme	One

## Outcome of Requirements

Standard Three	
13	Partly Met
15	Partly Met

### Requirement 13:

To award the qualification, providers must be assured that students have demonstrated attainment across the full range of learning outcomes, and that they are fit to practise at the level of a safe beginner. Evidence must be provided that demonstrates this assurance, which should be supported by a coherent approach to the principles of assessment referred to in these standards. *(Requirement Partly Met)*

### Requirement 15:

Students must have exposure to an appropriate breadth of patients/procedures and should undertake each activity relating to patient care on sufficient occasions to enable them to develop the skills and the level of competency to achieve the relevant GDC learning outcomes. *(Requirement Partly Met)*

### **Assessment of non-clinical skills**

#### **1. Assurance that students have attained the necessary level of Leadership, Communication and Professionalism Skills (Requirement 13).**

At the inspection, the School explained that students on the programme were already GDC registrants therefore they had a good understanding and knowledge of professionalism, leadership, communication and patient management. However, we considered this demonstrated an over-reliance on students' previous professional experience.

Ahead of the inspection, we had sight of a sample of student portfolios which we considered contained limited data relating to professionalism and communication skills and no evidence of patient management and leadership.

In each individual student's sign-up record, whilst there was a tick list of the documentation referred to, the summary comments made under both clinical and non-clinical areas were generalised and often limited to terms such as 'good'. There was no reference to data or any detailed explanation as to how a decision had been reached that a student was a safe beginner. Although there were comment boxes relating to communication, professionalism, academic skills and clinical skills, there was no indication of where management and leadership skills were being assessed. Similarly, comments made were generalised and, as there was no reference to specific data it was difficult to see how the assessments made could be anything other than anecdotal.

We had sight of Progression Meeting Documents for all of the cohort members. Although there were comment boxes relating to communication, professionalism, academic skills and clinical skills, there was no indication of where management and leadership skills were being assessed. Similarly, comments made were generalised and, as there was no reference to specific data it was difficult to see how the assessments made could be anything other than anecdotal.

We were provided with a mapping document of the curriculum to the GDC's learning outcomes. We also saw a completed Annex Two which illustrates the modules and methods of assessment of these three non-clinical domains in the programme. Unfortunately, there was no master document which shows a clear continuum of coverage of the learning outcomes throughout the programme. We did not see any documentation which illustrated where the learning outcomes were being addressed through teaching and training throughout the programme.

#### **2. Assurance that students have worked with a satisfactory range of patients to ensure they have necessary patient management skills (Requirement 13).**



At the inspection, we were advised that upon return to the clinical environment in September 2020, students undertook an intensive two-week refresher training in the Schools' phantom head suite. This was designed to ensure all students felt confident to return to clinic. This time in the simulated environment did not replace any of the students' clinical activity that was otherwise documented.

With regard to students having access to a satisfactory range of patients, please see the commentary below at points 4 and 5.

Given that we did not consider students to have gained sufficient experience with a satisfactory range of patients including managing complex cases, we could not be assured that they had acquired the necessary patient management skills. Furthermore, we did not see any evidence of where the learning outcomes relating to patient management were being taught and grading criteria for assessing students in this area.

### ***Assessment of clinical skills***

#### **3. Assurance of clear delineation between simulated and patient-based procedures (Requirements 13 and 15).**

At the inspection, the panel was provided with limited simulated data. This data was purely of totals of procedures carried out, with no evidence of grading. The post-lockdown simulated activities were not targeted and no baseline or diagnostic tests occurred to support reskilling of the cohort following a significant break in clinical practice, due to the pandemic.

There was no indication as to the conditions which post-lockdown simulated activities occurred. Following the two-week refresher there was no evidence of any additional targeted simulation to compensate for a lack of clinical exposure across an appropriate.

As part of their pre-clinical gateway assessment, the School explained that all skills must be demonstrated to a competent standard in the simulated environment prior to a student being allowed to treat patients. The students are graded as either 'N-novice', 'B-becoming competent' or 'C-competent'. We learnt that there was an exit examination for all procedures. Although the School suggested that all students have gained competency in the simulated environment, we did not see any evidence of the methods of assessing these clinical skills or clear criteria for the traffic light grading system.

#### **4. Assurance that students have gained clinical experience around a full range of clinical procedures (Requirements 13 and 15).**

The School had provided clinical numbers for all students related to a range of clinical procedures. The portfolios we saw gave little indication of the range and type of patient seen. We considered that a clinical logbook or logbook sheets should have been included in each portfolio which shows the scores for each patient encounter in across all areas. We considered that given the low level of clinical experience, there was a need to have a greater understanding of each clinical interaction.

The School confirmed that they do not have clinical targets and are solely competency-driven, using an "accepted level of competence for clinical skills". We did not see any evidence of grading criteria related to clinical competency or differentiation regarding clinical complexity. From the data provided there is not enough evidence to illustrate how many procedures have been carried out to a competent standard. Consequently, we could not be assured that individual students were operating at the level of a safe beginner.

We were provided with a mapping document of the curriculum to the GDC's learning outcomes which we considered to be inadequate and lacking in sufficient detail. After the inspection, we were provided with detailed GDC Annex Two mapping document which more clearly illustrated the



modules and methods of assessment for the clinical outcomes. However, this did not map to individual students' learning against these outcomes. Each module descriptor provided did have a section which identified learning outcomes partly or wholly delivered in the module, but this was not a map of the learning outcomes to each assessment.

Unfortunately, there was no master document which illustrated a clear continuum of coverage of the clinical learning outcomes as students' progress through the programme. We did not see any documentation which illustrated where the learning outcomes were being addressed through teaching and training throughout the programme.

#### **5. Assurance that students have received sufficient access to clinical experience to ensure a safe level of clinical competence (Requirements 13 and 15).**

In the School's GDC Questionnaire from January 2021, it stated that the clinical activity of the students had been reduced by less than 30%. The comparison tables provided showed that the reduction in clinical activity between the current and previous cohort was on average 40.9% and in some areas, as high as 68%.

Having reviewed the documentation submitted ahead of this inspection, the panel considered that the students had inadequate clinical experience. For example, the range and mean of primary caries management was extremely limited, ranging from only two to seven restorations. Radiographs were only taken by two students at ICE, with no experience in extractions. We noted that no students had any experience of pulpotomies. Only two students had the opportunity to place one stainless steel crown.

A further area of particular concern was the students' experience in paediatric dentistry. There was evidence that students had had very little experience in of stainless-steel crowns, primary aesthetic restorations, extractions or permanent restorations on children under 14. In fact, some students appeared to have no experience in these areas.

We also noted that students' experience of treatment under rubber dam was very low, given that most of the restorations that were carried out were classed as aesthetic which ought to have required the use of a rubber dam.

As was the case with non-clinical skills, the student portfolios which were reviewed did not contain adequate information to be able to judge the clinical progress of students or how their clinical skills had developed.

At the inspection, the School explained their sign-up process and we had sight of Appendix 1: Sign-up Protocol and Appendix 2: Sign-Up Meeting Proforma. We noted that these were not dated. Although the document lists various areas for consideration at the sign-up meeting, it was not clear how certain elements were captured given the absence of clinical grading. It was therefore difficult to ascertain competency over experience and attempts, as well as the subsequent simulated support provided following the sign-up meeting.

At the inspection we learned about one student who was due to go on maternity leave and was signed up for clinical finals, even though they hadn't appeared to have carried out sufficient clinical activity. Although the provider indicated that they were going to put in place clinical opportunities following their maternity break, the student had been permitted entry to the RCS Examination without meeting the sign-up requirements as stated in their own policy: 'Students must demonstrate adequate clinical experience'. In this case it appeared that the provider did not adhere to their own policy.

We were provided with a mapping document of the curriculum to the GDC's learning outcomes. We also saw a completed Annex Two which illustrates the modules and methods of assessment of

these three non-clinical domains in the programme. Unfortunately, there was no master document which illustrated a clear continuum of coverage of the learning outcomes throughout the programme. We did not see any documentation which illustrated where the learning outcomes were being addressed through teaching and training throughout the programme.

**6. Assurance that those students who have required remediation gain sufficient support to enable them to progress (Requirements 13 and 15).**

At the inspection we learnt that students are responsible for logging their own procedures which is checked by the team and imported centrally to a clinical activity summary (document APP6 ECCLES). The panel identified a student who had not carried out a particular procedure, however the tutor explained that this procedure had been completed as they had observed it but clearly the student had not recorded it.

The School provided Progression Meeting Documents for all of the cohort. Although there are boxes related to communication, professionalism, academic skills and clinical skills there was no obvious data to assist in identifying where the scores in these domains had arisen from.

Regular verbal feedback is given to students. However, this is not well documented and student progress following this feedback is not explicitly recorded either.

The School indicated that given the small cohort size and small staff number, students were being supervised on a 1:1 basis at clinic.

As discussed above, we considered that the information within the student logbooks lacked the necessary depth and detailed reference to clinical grading that the inspection panel could not be assured that the threshold of 'safe beginner' had been met.

The inadequate collation and interrogation of clinical data at progression points and at sign-up meant that no targeted individual action plans were put in place to address any students' clinical deficiencies, which could then have been addressed through the use of simulated activities.

We did not see any policy or procedure regarding the identification of struggling students or options for remediation and appeals. We would expect this to feature in a Covid-19 risk assessment plan.

## Summary of Actions

Requirement number	Actions to be completed by end of September 2021	Observations & response from Provider
13/15	1. The provider must develop a master mapping document which illustrates how all learning outcomes are addressed in both assessment and teaching throughout all modules in the programme.	
13/15	2. The provider must keep documentary evidence to fully demonstrate that students have met the Learning Outcomes.	
13/15	3. The provider must develop a full COVID-19 Risk Assessment plan. This should include reference to addressing these GDC inspection actions.	
13	4. The provider must develop clear assessment grading criteria demonstrating that GDC learning outcomes have been assessed thoroughly throughout the programme.	
13	5. The provider must ensure that professionalism, leadership and management, patient management and communication skills are graded individually as part of overall student performance and progression.	
13/15	6. The provider must ensure that the sign-up procedure is more explicitly documented and adhered to.	
13	7. The provider must document a system where clinical activities are regularly reviewed and recorded with documentary evidence.	

13/15	8. The provider must monitor and review any shortfall in clinical experience, incorporating simulated activities to capture skills.	
13	9. The provider must record feedback given to students, with follow up action plan and timescale.	
13/15	10. The provider must ensure that the recording of student data should be either tutor led or implement a robust internal audit system.	
13/15	11. The provider must ensure that grading of students is reflective of all areas of monitoring.	
15	12. The provider must increase students' exposure in all clinical areas including complexity of cases.	
13/15	13. The provider must develop more formal methods of capturing unique student activity and data.	
13/15	14. The provider must develop a student portfolio which is more robust and records in detail how skills are developed, monitored and assessed. This must also include patient management and leadership.	

## Observations from the provider on content of report

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## Recommendations to the GDC

<b>Education associates' recommendation</b>	The Diploma programme does not assure us that the graduating cohort of students have met the requirements of being deemed a safe beginner.
<b>Date of re-inspection / monitoring</b>	End of September 2021

## Targeted Inspections 2021 purpose and process

1. As part of its duty to protect patients and promote high standards within the professions it regulates, the General Dental Council (GDC) quality assures the education and training of student dentists and dental care professionals (DCPs) at institutions whose qualifications enable the holder to apply for registration with the GDC.
2. The GDC has a statutory duty to ensure that only those students who have met the required learning outcomes as safe beginners can join the GDC Register.
3. The impact of the COVID-19 pandemic on primary dental education has been significant, particularly due to restrictions on patient access and clinical environments. As a result, the Education Quality Assurance team have developed a process to assure the Council and the public that we continue to only register individuals who are considered to be safe beginners.
4. During 2020 and 2021 we undertook a process of monitoring activity and meetings with providers of primary dental education. This included assurance of adequate provision of clinical experience for all students, particularly those expected to graduate in 2021.
5. Data gathered from this activity will inform decisions regarding the focus of education quality assurance inspection activity during 2021.
6. The inspections in 2021 will focus on two Requirements from the GDC's Standards for Education: Requirements 13 and 15.
7. **Criteria for 2021 Inspections**  
All providers of dental and dental care programmes with a final year cohort may be subject to an inspection if they do not provide evidence:
  - that satisfies the GDC that all Learning Outcomes have been achieved
  - that all students have satisfied the criteria of safe beginner, paying particular attention to an appropriate level of clinical experience.
8. **Scope of 2021 Inspections**  
Inspections will be focused on the assurance of the depth and breadth of experience of final year students. The decision to be made at the end of the inspection is whether students can be considered to have met the learning outcomes and have the requisite experience to be a safe beginner.
9. The education provider is requested to undertake a self-evaluation of the programme against the individual Requirements under the Standards for Education. This involves stating whether each Requirement is 'met', 'partly met' or 'not met' and to provide evidence in support of their evaluation. The inspection panel examines this evidence, may request further documentary evidence and gathers further evidence from discussions with staff. The panel will reach a decision on each Requirement, using the following descriptors:

A Requirement is met if:

"There is sufficient appropriate evidence derived from the inspection process. This evidence provides the education associates with broad confidence that the provider demonstrates the

Requirement. Information gathered through meetings with staff and students is supportive of documentary evidence and the evidence is robust, consistent and not contradictory. There may be minor deficiencies in the evidence supplied but these are likely to be inconsequential.”

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A Requirement is partly met if:

“Evidence derived from the inspection process is either incomplete or lacks detail and, as such, fails to convince the inspection panel that the provider fully demonstrates the Requirement. Information gathered through meetings with staff and students may not fully support the evidence submitted or there may be contradictory information in the evidence provided. There is, however, some evidence of compliance and it is likely that either (a) the appropriate evidence can be supplied in a short time frame, or, (b) any deficiencies identified can be addressed and evidenced in the annual monitoring process.”

A Requirement is not met if:

“The provider cannot provide evidence to demonstrate a Requirement or the evidence provided is not convincing. The information gathered at the inspection through meetings with staff and students does not support the evidence provided or the evidence is inconsistent and/or incompatible with other findings. The deficiencies identified are such as to give rise to serious concern and will require an immediate action plan from the provider. The consequences of not meeting a Requirement in terms of the overall sufficiency of a programme will depend upon the compliance of the provider across the range of Requirements and the possible implications for public protection”.

10. The Council of the GDC have delegated responsibility to the GDC Registrar to consider the recommendations of the panel. Should an inspection panel not be able to recommend ‘sufficiency’ or ‘approval’, the report and observations would be presented to the Council of the GDC for consideration.
11. The provider will be sent a written record of the inspection findings and next steps. There will be no opportunity for the provider to provide their observations or factual corrections as this inspection has been instigated under Section 11 of the Dentists Act 1984.