

# General Dental Council

## Education Quality Assurance Targeted Inspection 2021 Report

Education Provider/Awarding Body	Programme/Award
University of Leeds	BChD Dental Surgery

### Outcome of Inspection

The BChD programme does assure us that students are safe beginners. Further evidence has been requested following the sign-off meeting on 29 July to confirm and evidence the outcome.

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

## Inspection summary

<b>Remit and purpose of inspection:</b>	<b>A 2021 Targeted Inspection focusing on Requirements 13 and 15 in the <i>Standards for Education</i> to determine ongoing sufficiency of the award for the purpose of GDC registration as a dentist.</b>  <b>The Inspection is to seek assurance that 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>
<b>Learning Outcomes:</b>	<b>Preparing for Practice (dentistry)</b>
<b>Programme inspection date:</b>	<b>29 June 2021</b>
<b>Inspection team:</b>	<b>Kate Carter (Non-Registrant EA and Chair) Gill Jones (Registrant EA) James Ashworth-Holland (Registrant EA) Jackie Spencer (GDC) Kathryn Counsell-Hubbard (GDC)</b>

The University of Leeds BChD in Dental Surgery, delivered primarily at Leeds Dental Institute (hereafter referred to as the “provider” or the “School”), is a high achieving programme for which a targeted inspection was triggered for three main reasons: the use of simulation to replace live patient experience, the use of simulation to assess students, and to gather clarity concerning the timetabling of clinical time. Robust and detailed information was provided as part of the main evidence gathering exercise in the targeted inspection process as well as on two separate occasions ahead of the inspection. The programme is to be commended for this evidence and the detail it offered.

The panel required context and verbal explanation for the three main areas given above and were pleased to receive this at the inspection, meaning that the panel were assured that students would meet the safe beginner standard. Additionally, the panel recognized several areas of positive practice and improvement, including:

- Robust mapping exercise between assessments and the GDC’s learning outcomes.
- Ongoing and expanded pastoral support and clinical support, particularly the DenStudy team and dental nurses on clinic.
- Adaptation of the programme since March 2020 incorporating online learning with Top Hat and the University’s ethos to maintain the integrity of the qualification.

Amongst these were some areas that did not detract from the outcome of the inspection but could be considered to be areas where the School could seek to improve their approach and/or processes:

- Compensation between patient types (i.e. adult patient management in lieu of experience with paediatric patients) and the replacement of live patient experience for simulated assessments in certain, limited instances, should be monitored and reviewed as circumstances allow.
- Access to aerosol generating procedures (AGPs) should be introduced to bridge the gap between the University experience and Dental Foundation Training (DFT).
- Timings around the end of clinical experience, the sign-off meeting and the placement selection date for DFT should be considered in future to ensure students are not placed under undue stress.

The panel were impressed by a committed and cohesive programme team who were clearly supportive of one another. The students were also commended for their candour, and the panel would encourage the School to continue to communicate with their students as openly as possible.

The GDC wishes to thank the staff, students, and external stakeholders involved with the BChD Dental Surgery programme for their co-operation and assistance with the inspection.

## Background and overview of qualification TBC

Annual intake	X students
Programme duration	X weeks over x months/years
Format of programme	e.g.: Year 1: basic knowledge, clinic attendance, shadowing 2: knowledge and simulated clinical experience 3: direct patient treatment 4-5: direct patient treatment, clinic attendance, outreach, placements
Number of providers delivering the programme	One

## Outcome of Requirements

Standard Three	
13	Met
15	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 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 Met)*

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

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

The pre-inspection evidence confirmed an appropriate coverage of Leadership Skills within the curriculum. Further to this, students work in operative/assistant pairs in the clinical area allowing for opportunities where leadership can be practiced.

#### **2. Assurance that students have attained the necessary level of Communication Skills (Requirement 13).**

The pre-inspection evidence confirmed an appropriate coverage of communication skills within the curriculum at a summative-academic level. Communication is also assessed within the formative progressional assessments employed by the School to ensure students' ongoing and developing competence.

#### **3. Assurance that students have attained the necessary level of Professionalism Skills (Requirement 13).**

The pre-inspection evidence confirmed an appropriate coverage of professionalism skills within the curriculum at a summative-academic level. Professionalism is also assessed within the formative progressional assessments, meaning that these, along with communication, are considered by a clinical supervisor and marked after every patient encounter.

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

The pre-inspection evidence confirmed that multiple placements are in use to ensure that students are exposed to an appropriate breadth of patients. The School has comprehensive facilities in order to gain and practice competency, including the use of a 3D printer. This means that any type of tooth can be produced on which students may learn in the simulated environment.

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

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

The panel were initially unsure of the delineation between simulated and patient-based procedures as the context and specific purpose of the simulated experience wasn't known. Further evidence provided just prior to the inspection demonstrated how simulation feeds into formative progression assessment which is an adjunct to live patient experience. The programme team were able to allay the panel's concerns and the evidence was further triangulated with two groups of Year Five students.

The programme team also advised that simulation has not been utilised since February 2021 except for in specific circumstances. Those circumstances are either if a patient does not attend, so the student utilises a phantom head during their clinical time, and for the crown and endodontic restorative procedures which are yet to be formatively assessed. Simulation was used to refresh skills and prepare students for a return to practice after the extended absence due to the pandemic.

The panel also heard that 3D printing has allowed for teeth to be created which mimic actual patient cases so that students can not only practice clinically but also demonstrate their understanding of whichever condition is presented and show a wider range of skills.

The panel were assured of this element of Requirements 13 and 15.

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

The clinical targets presented within the pre-inspection evidence, along with the updated data received a few days prior, largely demonstrated an adequate level of exposure to all required procedures. The procedures where such adequacy was not demonstrated included crown and endodontic restorative procedures; paediatric treatment experience was also noted for being low.

The School were able to explain more about the patient base at each outreach setting and explained actions taken to mitigate the reduction in clinical experience. Such actions included the simulated formative assessment (mentioned under point 5) plus a system of interrogating CAFS (the central recording system) for those treatments that have not been completed but demonstrate coverage of clinical skills. This evidence will then be presented at a sign-off meeting at the end of July. That meeting will be where it will be decided whether a student can complete the programme.

The School has allowed some mitigation in reference to low paediatric experience by considering transferable patient management skills from other areas of practice. The panel did not agree that such mitigation was commensurate, especially considering the particular skills required to effectively manage paediatric patients but appreciated that the students were exposed to as much experience as possible given the constraints of the previous and current academic years.

Students have not had the opportunity to practice AGPs. The adorning and removal of PPE has been practiced but the regular treatment of patients in Level 3 PPE has not. AGPs were covered and practiced earlier in the programme, although the panel would urge the programme to recommence AGPs when possible, to bridge the experience between University and their DFT placement.

Overall, the panel were assured of this element of Requirements 13 and 15. To fully evidence this assurance, however, the panel would appreciate further documentation be provided following the final ratification meetings (sign-off and the Progress and Awards Board) at the end of July (documentation detailed under 'Summary of Action', page 8).

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

The School has invested in micromotors, each with multiple handpieces, to ensure that students can return to clinic and complete a broader range of clinical procedures. Students were able to return to clinics, including outreach, fully from February 2021 and prior to that took medical histories, observed consultant clinics or practiced non-invasive procedures on fellow students under supervision.

Full COVID-19 risk assessments have been conducted of the clinical areas and a risk register was provided within the pre-inspection evidence. All students have been fit-tested for FP3 masks where possible. The clinical areas have been made as safe as possible for students to practice and patients to visit.

Some students reported some non-attendance by patients although a majority believed that patient attendance had improved, possibly due to not having access to treatment during much of 2020. The School have implemented processes to allow students to share patients to give students still to meet their targets the opportunity to get the experience they need.

The panel were assured of this element of Requirements 13 and 15.

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

The School offers an individualised approach to remediation depending on the issue identified. 'Student success' meetings have been introduced where students can meet with a relevant member of staff and plan their remedial work. Students also have access to a dedicated pastoral team called DenStudy who can support with preparing for assessments as well as personal issues. The students reported using DenStudy and found this to be useful.

The students also reported that, since returning to the clinical area, they have been put into groups and have the same two supervisors each week. This has been useful for them because they have been able to build a rapport and feel confident in approaching the supervisor for assistance.

The panel were assured of this element of Requirements 13 and 15.

## Summary of Action

Requirement number	Action number and action		Observations & response from Provider	Due date
13 & 15	School to provide minutes from the sign-off meeting.			30 July 2021
13 & 15	School to provide final totals for the graduating cohort for clinical procedures.			30 July 2021
13 & 15	School to provide updated summative assessment results for the graduating cohort, including the ratified results for the final Year Five summative assessments.			30 July 2021

## Observations from the provider on content of report

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## Recommendations to the GDC

<b>Education associates' recommendation</b>	The BChD programme does assure us that students are safe beginners.
<b>Date of reinspection / next regular monitoring exercise [Delete as applicable]</b>	2021/22



## Annex 1

### 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 targeted inspections in 2021 will focus on two Requirements from the GDC's Standards for Education: Requirements 13 and 15.
7. 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. 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 against Requirements 13 and 15 under the Standards for Education 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.”

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 continue to recommend ‘sufficiency’ or ‘approval’, the report and observations will 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.