

General Dental Council

Education Quality Assurance Targeted Inspection 2021 Report

Education Provider/Awarding Body	Programme/Award
University of Sheffield	BDS

Outcome of Inspection
The BDS programme does assure us that students are safe beginners.

Inspection summary

Remit and purpose of inspection:	<p>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.</p> <p>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.</p>
Learning Outcomes:	Preparing for Practice - Dentists
Programme inspection date:	1 June 2021
Inspection team:	<p>Carl Stychin (Chair and non-registrant member)</p> <p>James Ashworth-Holland (Dentist member)</p> <p>Kevin Seymour (Dentist member)</p> <p>Scott Wollaston – Lead GDC Staff member (Education and Quality Assurance Officer)</p> <p>Natalie Watson – Support GDC Staff member (Education and Quality Assurance Officer)</p>

The purpose of this inspection was to determine whether the current graduating cohort of students will, at the point of graduation, meet the required standards expected of a safe beginner for registration with the GDC. The reason 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 BDS programme (“the programme”) at The University of Sheffield (“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 and gathered new information. The panel would like to thank the school on how clear the information was organised and clearly labelled, prior to the inspection.

Following the inspection, we determined that Requirements 13 and 15 were met. We concluded that the processes currently in place assured us that the graduating cohort of students would be safe beginners.

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

Background and overview of qualification

Annual intake	71 students
Programme duration	201 weeks over 5 years
Format of programme	<p>Year 1 Lectures on the structure and function of cells, the chemical reactions within cells and the major systems of the human body. The cardiovascular, respiratory, nervous and renal systems are studied but particular attention is paid to relating these systems to clinical practice, especially in experimental physiology classes. The structure and function of the healthy mouth and structures of the head and neck relevant to the practice of clinical dentistry. Some of the common diseases affecting the head, neck, teeth and oral cavity. Studying the development, structure and function of teeth and their supporting tissues through lectures and practical microscopy classes. Practical dissection sessions enhance anatomy teaching and virtual microscopy classes help to clarify the relationship between structure and function. Teaching on the concept of professionalism which is expected to be developed by students throughout the curriculum. Clinical teaching on how to take case histories and perform dental charting, clinical photography, impression taking and an intensive course on some basic restorative dental techniques which will reinforce much of the study of structure and function already studied including clinical training in both laboratory and clinical environments on scaling and polishing. Virtual reality suite training, providing a computer-generated mouth, to learn core clinical skills with full, simulated visual, auditory and tactile sensory feedback.</p> <p>Year 2 Lectures, tutorials and practicals on the basic biological principles governing growth, development, ageing and nutrition at different stages during life and basic oral and dental care. Lectures and tutorials on the scientific basis of clinical work including dental materials and wound healing. Clinical practice to undertake basic oral and dental procedures, including simulated clinical training in a laboratory environment to introduce a range of skills (Basic Clinical Skills). Direct patient treatment to undertake basic oral and dental procedures in restorative dentistry, periodontology, complete dentures, oral surgery and radiography.</p> <p>Year 3 Lectures, practicals and clinical skills teaching on human disease to integrate elements of anatomy, physiology, biochemistry, pathology, medicine, surgery, pharmacology, immunology and microbiology within the dental undergraduate</p>

	<p>curriculum. Teaching extends the understanding of diseases of the teeth and supporting tissues learnt in years 1 and 2, and introduces a wider number of disciplines for direct patient treatment including restorative dentistry, orthodontics, paediatric dentistry, oral surgery, complete dentures and radiography. In the second semester the theme includes simulated clinical training in a laboratory environment to enhance students' range and accomplishment of skills.</p> <p>Years 4-5</p> <p>Lectures, tutorials and practicals on oral diseases of the mouth, face and jaws, their causes, how they develop, and how to recognise, diagnose and prevent them. How to manage these diseases and how they respond to treatment, in particular the surgical procedures of exodontia and minor oral surgery and the use of drugs in their treatment and prevention. Outreach Placements in a variety of primary care and community practices. Elective study, Regional Hospital Attachments.</p> <p>Lectures, tutorials and practicals on understanding and management of diseases and conditions of the teeth and supporting tissues in patients of all ages; and enables an evidence-based and holistic approach to the management of patients of all ages and needs. Direct patient treatment to integrate management of oral and dental conditions in patients of all ages, in primary and secondary care settings. Management of more complex oral and dental conditions in secondary and tertiary care settings within the Charles Clifford Dental Hospital, the Royal Hallamshire Hospital and the Sheffield Children's Hospital.</p>
Number of providers delivering the programme	1 – The University of Sheffield

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/Partly Met/Not 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

During the inspection, the school provided assurance that the COVID-19 pandemic did not have a significant impact on the teaching or assessment of non-clinical skills. Although the school stated that assessments were ongoing, adaptations had to be made to accommodate new ways of working. Specifically, the continuous assessment academic work was impacted. Rather than the usual three written projects students would complete, reflecting on learning in the professional environment, all students were now required to produce just one. Any core learning outcomes not covered in this, would be included in the theoretical written exams. The panel were provided with information from the school in relation to how they measure, assess and evaluate communication, professionalism, management and leadership.

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

Leadership skills are assessed through summative assessments from the second to final year of the programme, and are revisited in clinical examinations in the final year.

In the fourth and final years of the programme, the Elective and Outreach summative projects require exploration of governance, the team, community and economic influences in a dental practice. The school advised that the students will have usually chosen the material to present, which allows them to demonstrate their self-management and continuous improvement aptitude.

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

The school advised that communication is initially assessed in the first year of the programme. This is then applied and developed throughout the second and third years, where students are assessed in OSCE and competency exercises.

In the final year, students must demonstrate that they have gained valid consent. Formative assessment takes place in a dental foundation training session, where peers and simulated patients review students' performance in role playing scenarios.

Team communication is directly assessed in a referral competency and an OSCE station but is also embedded throughout the programme. Throughout the programme students complete both formative and summative assessments through oral presentation, poster, video presentation, case presentation and written work.

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

The panel were assured that professionalism was assessed throughout all five years of the programme. The school told us that assessment starts in the first year, but from year two onwards, is assessed more intensively. Students' professionalism on clinics is graded and recorded in hard copy, before being uploaded to the online portfolio by the student and finally verified by the clinical tutor. Further assessments of professionalism include:

- Written exams
- Formative/summative assessments
- Outreach project

Where performance is consistently below expectations, students are referred for support via a Dental Student Progress Committee and highly professional students may also be commended by letter.

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

The school advised that there is a recently appointed student support clerical officer, dedicated to both maximising patient needs and the student experience. The students are required to work alongside their clinical tutor and the support officer to ensure they see a sufficient range of patients.

During the inspection, the school provided the panel with a demonstration of their bespoke online student portfolio management system, which showed us a breakdown of the range of treatments the students had completed. The system automatically flags any shortfall of experience for a particular student and the school stated they reviewed this weekly.

The school told us that the students have responsibility for treating the same patient throughout their journey, so they have experience of continuation of care, where possible. The students reiterated this and highlighted to us that the stress of finding particular patient types was taken off them, as the school has led on allocating patients, where experience was lacking.

The panel were satisfied that the assessment of non-clinical skills is sufficient and there were no concerns. They wish to commend the school on their good practice in the recruitment of the student support clerical officer.

Assessment of clinical skills

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

The panel were assured that simulated activity does not feed into the students' overall targets. During the changes the school has made to clinical targets, there was no use of simulated work in order to meet clinical targets. As with all schools in the current climate, patient facing experience has reduced slightly, however, the school maintained that this hasn't impacted the quality of training that the students have received. The students told us that when they had free time on clinics, they could make use of phantom heads to practice clinical skills in any areas they were lacking experience. The panel were advised that this does not contribute to their targets and is purely to gain further experience. Students must follow the usual protocols whilst on clinic to ensure the experience is as close as possible to

treating patients, and it was not the same as carrying out work on phantom heads in a clinical skills lab. The school told us that there is a drive to focus more on the quality of experience students are getting now, whether that be patient based or simulated, moving away from a target driven approach.

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

The school have acknowledged that the amount and type of clinical experience is reduced, however as noted above, they feel this is mitigated by the drive to focus on quality and closer supervision. The school told us that students are now completing a Clinical Learning Summary to maximise their reflective learning. Their capabilities from this will feed into the students' Personal Development Plans for foundation year. The students still undertook Outreach placements, albeit receiving only a third of the clinical experience normally acquired.

There were some concerns around the students' experience of dental prosthetics. From the evidence provided before the inspection, it was clear that dental prosthetics were taught and practiced from the second year of the programme. However, opportunity to develop skills has been significantly reduced in the final year.

The targets for some of the procedures demonstrated at a safe level of competence were reduced to just one. The school maintains its position that focussing on quality of clinical experience results in a safe beginner. They also stated that most students will have achieved in excess of the prescribed clinical targets and that all students have undertaken an intense partial denture course. The panel were ultimately assured by this.

The student portfolio management system provided confirmation that the clinical targets had been achieved by all students, which included a full range of clinical procedures.

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

During the inspection the school told us that students have not faced difficulties with obtaining all patient types, and there is a wide range of patients that are managed effectively. As mentioned previously, there is a recently recruited clerical officer to manage this, maximising the patient and students' needs.

As noted above, there was a significant reduction in Outreach activity. The school told us that they view Outreach as a 'top up' of the students' experience obtained at Charles Clifford Dental Hospital (CCDH). They again reiterated the focus on the improved quality and closer supervision.

Where students were assisting colleagues on clinics, there was an increased focus on the learning experience. The students are assessed and held to the same level and expectation as the operator.

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

It was clear from the inspection that the school have a close oversight of all the students. All students have regular one-to-ones and reflection is logged by all students. Staff then provide feedback for all students.

The school have offered evening and weekend clinics for students in three tranches. The first to those students where they have identified shortfalls in experience, using their online student portfolio management system. The second where students may be part way through a treatment and need the extra time to complete the whole procedure. Finally, it was offered to all students who wanted to uptake and gain extra experience. The school advised this was resourced by University and NHS colleagues and provided on good will with clinical staff getting time back. Nursing and administrative staff have mainly been NHS funded. The School and Trust have been providing evidenced requests for additional funding to support the graduating year of 2021 to Health Education England. Although grateful for this necessary additional support, the process has been time consuming and laborious. There is assurance that the costs agreed to date will be forthcoming but as yet the funds are not in place.

During the inspection the school informed us there was likely to be at least one student they were not going to graduate in the first cohort, as although they had met all clinical targets, they considered confidence was lacking. The final decision on the progression of students in this position would be made at the upcoming Finals Sign-up Board. This demonstrated a holistic understanding of their cohort, and of how the needs of the individual are not always quantitative.

Although the panel were concerned by the low clinical targets in some areas, the inspection showed that the school has increased the supervision levels and focussed more on the quality of teaching.

The closer support offered by tutors has allowed for a more beneficial learning experience for students. Both the school and students felt that having the close support allowed for greater learning and a more in depth understanding. Students felt that being critiqued throughout a procedure was extremely helpful and improved their clinical skills and knowledge.

The school advised the panel that although all of the clinical targets had been met by students, they had in fact completed more clinical experience that will not have formed part of the recorded targets.

The panel were assured that students receive sufficient support to enable them to progress.

Observations from the provider on content of report

We thank the GDC panel for their report.

Recommendations to the GDC

Education associates' recommendation

The BDS programme does assure us that students are safe beginners.