

General Dental Council

Education Quality Assurance Targeted Inspection 2021 Report

Education Provider/Awarding Body	Programme/Award
University of Central Lancashire (UCLAN)	Bachelor of Dental Surgery (BDS)

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

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

Inspection summary

Remit and purpose of inspection:	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. 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.
Learning Outcomes:	Preparing for Practice (dentist)
Programme inspection date:	19 May 2021
Inspection team:	Katie Carter (Chair and non-registrant member) Barbara Chadwick (Dentist member) David Young (Dentist member) James Marshall GDC Quality Assurance Manager Jackie Spencer GDC Operations and Development Quality Assurance Manager

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 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 BDS programme (“the programme”) at the University of Central Lancashire (“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, gathered new information and recommended next steps.

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

During the inspection the panel noted the positive impact that the scenario based simulated sessions had on providing students with a ‘real life’ experience in lieu of patients. The

students agreed this was an invaluable aspect of their Year 5 experience. The students were also complimentary of the support provided by the programme team, both at UCLAN and in the Dental Education Centres (DECs) and Extended Training Practices (ETPs).

The panel was pleased to note the commitment from university senior management to increase the number of clinical supervisors. However, the panel was concerned that there has been a high turnover of staff in programme leadership roles. They acknowledged that a permanent programme lead has now been appointed and this aspect will continue to be reviewed during future GDC monitoring activity.

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

Background and overview of qualification

Annual intake	29 students
Programme duration	162 weeks over 4 years
Format of programme	<p>Year 1: (2nd BDS)</p> <ul style="list-style-type: none"> Foundation clinical skills & knowledge Human anatomy and oral development Clinical skills & knowledge 1 Human health & disease 1 Professional awareness 1 Prosthetics skills & knowledge <p>Year 2: (3rd BDS)</p> <ul style="list-style-type: none"> Clinical skills & knowledge 2 Health promotion & population Studies 1 Human health and disease 2 and pharmacology Professional awareness 2 <p>Year 3: (4th BDS)</p> <ul style="list-style-type: none"> Clinical skills & knowledge 3 Health promotion & population studies 2 Minor oral surgery Oral diseases Professional awareness 3 <p>Year 4: (5th BDS)</p> <ul style="list-style-type: none"> Integrated clinical care Integrated clinical knowledge Law, ethics and professionalism
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/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/Partly Met/Not Met)*

Assessment of non-clinical skills

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

In advance of the inspection, the panel was provided with evidence to demonstrate how the GDC Learning Outcomes were mapped to the BDS programme and where assessment of these Learning Outcomes would take place. The panel was assured that outcomes relating to leadership, communication and professionalism skills were adequately covered during the course.

In addition to this, the panel was provided with extracts from Leopard, the system used to record clinical interactions. These extracts demonstrated how professionalism and communication during each clinical procedure were recorded.

The panel was given sight of PDPs and 360-degree feedback forms from a sample of students. The panel was assured that students were being provided with appropriate levels of feedback and given the opportunity to reflect on their performance.

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

During the inspection, the panel was provided with an overview of the outreach mechanisms in place to ensure students were given the opportunity to treat a range of patient types. Initially, students are placed in one of UCLAN's four Dental Education Centres (DECs). The DECs, located in Accrington, Blackpool, Carlisle and Morecombe, provide students with access to patients in areas of high dental need.

In addition to the DECs, students spend time in Extended Training Practices (ETPs), where they further develop skills of working in a real-life dental surgery setting. The students commented that the combination of DEC and ETP experience enabled them to see a good breadth of patients and to provide holistic patient care.

The panel was provided with SOPs for the DECs and ETPs to demonstrate they were operating safely and within government guidelines during the COVID-19 pandemic. Furthermore, the panel was provided with an overview of the process in place to enable students to swap between DECs, should they need further experience of a particular patient type. The inspectors were assured that students were treating a good range of patients

across the various outreach settings and were able to demonstrate the acquisition of patient management skills.

Assessment of clinical skills

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

When students returned to UCLAN at the beginning of the 2020/2021 academic year, clinical placements had not yet recommenced, and students were not able to carry out any clinical procedures. In lieu of real-life experience, the school developed a range of scenario based simulated sessions to mimic the holistic treatment of a patient. Based on the scenario, students were required to assess the patient and complete the prescribed treatment on a phantom head using plastic teeth. The inspectors commended the school for their approach to provide students with as 'real-life' an experience as possible.

The panel was informed that ETPs resumed their activities in November 2020 and students were then permitted to start treating patients again, following the fitting of FFP3 masks and additional training in donning and doffing. In January 2021 students were then allowed to return to the DEC's where patient contact was gradually increased.

Following the reopening of the ETPs and DEC's, the majority of clinical experience has been carried out on real patients, however the panel was informed that students can still undertake practice sessions on phantom heads, should they wish to. The panel was provided with target treatment numbers and informed that for treatments requiring four or more examples, a maximum of 25% can be carried out through simulated activity. Where targets are less than four, all must be done on real patients.

During the inspection the students were complimentary about the support they had been provided to rebuild their confidence levels in a simulated environment prior to starting patient treatment again.

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

During the inspection, the panel reviewed the Leopard recording system and analysed clinical experience data for the year five students. The panel was informed that whilst working at either a DEC or ETP, student experience is monitored regularly to identify any shortfalls in patient types.

The school confirmed that at the UCLAN campus dental facility, additional paediatric endodontic and prosthodontic clinics had been arranged for the students. The school also noted that it had been particularly challenging to provide experience with patients requiring cobalt chrome treatments. However, the additional prosthetics sessions and active recruitment of suitable patients would ensure that all students had met this requirement on patients before being allowed to graduate,

Despite these challenges, the panel was assured that, with the benefit of the DEC's and ETP's, there were processes in place to ensure students would have the opportunity to gain clinical experience around a full range of procedures.

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

As noted above, the inspectors reviewed the Leopard system and student clinical experience data during the inspection. The panel was also provided with evidence of target treatment numbers and confirmed with students that they were aware of these requirements. The school acknowledged that there had been a reduction in clinical activity between September and November 2020, however additional resources had been put in place since to ensure students were given a good opportunity to regain clinical experience. The school informed the panel that additional student clinics had been taking place on Wednesdays across all DEC's in an attempt to increase clinical exposure up to March 2021.

The inspectors were pleased to note the small cohort sizes in each of the DEC's, around 8 students at each location, which helped to ensure there was a good oversight and support network to monitor student performance.

In addition to increased investment in phantom heads, materials and speed-increasing handpieces, the school confirmed they were in the process of recruiting additional clinical supervisors for the outreach settings. The school has committed to these increased staffing levels for the next two years in order to manage further impacts from the pandemic and to ensure students are fully supported in gaining sufficient clinical experience.

Whilst the inspectors were pleased with the staffing investment, they were concerned that there had been a high level of staff turnover at a senior management level, with a number of interim programme leads over the last year. The school confirmed that a new permanent BDS programme lead has now been appointed. The panel agreed that the programme requires a period of stability within the leadership structure and will be reviewing staffing during the next GDC monitoring exercise.

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

During the inspection the school provided an overview of the sign-up process in place to ensure only students who had demonstrated a sufficient level of clinical experience would be permitted to graduate.

During the course of the academic year, informal review meetings take place between the student and their supervisor in order to ensure a sufficient range and quantity of experience is being undertaken. In the event that further experience is required in a particular area, the supervisor will work with the student to identify patients or refer them to a different outreach setting to complete this work. The students confirmed that supervisors were readily available to offer support when further clinical experience was needed.

In addition to the informal review meetings, a Clinical Assessment Panel (CAP) takes place each term. During this meeting, which is attended by the senior leadership team, External Examiner, representative from the academic registry and the DEC supervisors, student Leopard and SERF (the system used to record professionalism issues) data is reviewed and a decision made as to whether a student will be permitted to progress.

The inspectors were informed that, as the UCLAN BDS programme is modular, a student may progress to sit final exams, however they must pass the clinical experience element of their final module in order to complete the programme. This is a pass/fail requirement, demanding full completion of their clinical targets to a competent level. In the event that a student fails this element of the programme, they will be required to extend their studies into the next academic year.

The inspectors were provided with a recent extract of student clinical data, which identified that a number of students still had targets to achieve. The panel was assured that there were processes in place to enable students to gain the clinical experience required prior to the completion of the programme, however they requested that they are provided with an updated student clinical experience dataset when the next CAP takes place.

Summary of Action

Requirement number	Action number and action		Observations & response from Provider	Due date
13	The school must provide an updated student clinical experience dataset when the next Clinical Assessment Panel takes place to demonstrate if any students have not achieved their required clinical targets.			Next CAP

Observations from the provider on content of report

The school has noted a few minor points to be amended for factual accuracy, but are otherwise pleased at the balanced content and accuracy of the observations that the panel has made.

Recommendations to the GDC

Education associates' recommendation

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

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.