

General Dental Council

Education Quality Assurance Targeted Inspection 2021 Report

Education Provider/Awarding Body	Programme/Award
University of the Highlands and Islands	BSc Oral Health Science

Outcome of Inspection
The DCP 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:	<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 dental hygienist and a dental therapist.</p> <p>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.</p>
Learning Outcomes:	Preparing for Practice (dental hygiene and dental therapy)
Programme inspection dates:	10 June 1 2021
Inspection team:	<p>Katie Carter (Chair and non-registrant member) Baldeesh Chana (DCP member) Barbara Chadwick (Dentist member) Jackie Spencer GDC Staff member (Operations and Development Quality Assurance Manager) Martin McElvanna (Education 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 DCP programme (“the programme”) at The University of the Highlands and Islands (“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.

Following the inspection, we determined that Requirements 13 and 15 were met. Whilst students have not yet gained the required level of clinical experience in every area the panel were content that if exposure to clinical experience continued on the current trajectory all students would have achieved safe beginner standard on graduation. The panel have identified particular deficits in clinical experience around adult and child restorative and paediatric extractions and have requested that the School provides the GDC with updated student clinical data at the point of final sign up.

The panel have highlighted areas for further scrutiny as part of GDC ongoing monitoring processes these include:

- a review of the breadth and quantity of the clinical procedures required of students by the programme to ensure they are at safe beginner level at the point of graduation
- amendments to the data collection system to include more detailed recording of certain complex clinical procedures
- review of the equity of clinical experience opportunities across the three clinical sites.

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

Background and overview of qualification

Annual intake	14 students
Programme duration	100 weeks over 3 years
Format of programme	Year 1: Biomedical science, Behavioural science periodontology theory and clinical practice (phantom head and clinic) and Oral Biology. Year 2: Restorative dentistry, theory and clinical practice on phantom head, Radiography, Dental Public Health, clinics. Year 3: Literature review, Advanced clinical dentistry theory (adult/elderly and child) clinics (in-house and placements) and Preparation for practice.
Number of providers delivering the programme	1

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 (Requirement 13)

The panel found clear evidence that Leadership, Communication, Professionalism and Patient Management skills are mapped to GDC Learning Outcomes and summatively assessed.

Senior Lecturers informed the panel that feedback from dental nursing staff is obtained routinely and fed back to students and this feeds into the assessment and grading process. Feedback relating to the students' communication skills and patient management is captured.

It was pleasing to see that this feedback was recorded on the Schools' new data collection system and available for tutors to consider prior to assessing and grading students' work.

In addition, the School informed the panel that they collect feedback from patients twice over the period of a year. This feedback is collected over a period of a week on each occasion.

The School have developed a Graduate Attribute Portfolio which covers all core skills. This portfolio is designed to encourage students to reflect on their core skills and is reviewed and signed off at the end of each semester by personal academic tutors.

Assessment of clinical skills

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

Students did not return to the School until February 2021 and were required to undertake a three-week induction programme to ensure that they were fit to return to clinic. This induction was comprehensive and included the use of simulation. Students honed their clinical and practical skills and used simulation to revisit their radiography, pulpotomy, periodontal and restorative skills. This clinical practice was observed by Academic Tutors and feedback was provided to students to help develop skills and confidence levels. The School have not added this clinical experience to student experience data, thus data submitted to the panel is only numbers of actual interactions with patients. Students commenced seeing patients on the 21 February 2021.

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

The panel reviewed all clinical experience data and had raised some concerns that students had limited experience in adult and child restorations and deciduous extractions.

At the inspection, the panel were assured that robust monitoring systems are in place to quickly identify where gaps in individual student clinical experience exists. The School currently holds two meetings a week to review student progress. These meetings are attended by a student representative and Academic Tutors to examine clinical experience data. Deficits in clinical experience are passed to clinical co-ordinators based at all three clinic sites. Clinical co-ordinators are responsible for reviewing data and filtering patient referrals to ensure that students are allocated appropriate patients to expand their clinical experience.

The panel was also informed that each clinical site has linked community placements where students can access additional patients if necessary.

Students confirmed that they are well supported by the School to gain exposure to a full range of procedures and have benefited greatly from spending five days in clinic since February 2021. Students have confirmed that this increase in patient contact hours has greatly improved their confidence and competence and is preparing them for the transition to employment. Students also informed the panel that they receive "fit to sit" letters three times a year which outline any deficits in clinical experience. These letters are a good way of keeping students informed of what needs to be done by when.

On reviewing the student clinical experience data, the panel identified a disparity between clinical sites and would encourage the School to consider ways of addressing this balance.

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

Currently the majority of students do not have the level of clinical experience that the GDC would expect of a Safe Beginner. However, we learnt that students still have until the 2 July 2021 to achieve the necessary clinical experience to be deemed as ready to sit final clinical exams. The panel reviewed recent clinical data, and the significant increases in the amount of clinical activity in recent weeks and felt assured that if students follow the current trajectory of clinical activity and progression, that all students are on track to achieve safe beginner standard.

The panel were also assured by the School that any student who does not have the appropriate level of clinical experience required to meet safe beginner standard will be held back. Funding has been secured to support students until December 2021 if necessary.

Whilst the GDC is assured that the School has the necessary processes in place to ensure students gain the necessary level of clinical experience to be of safe beginner standard, we would request that the School provides us with up-to-date student clinical experience data at the point of final sign up.

While the panel was assured that students would not be signed up until they had sufficient clinical experience to be safe beginners, there were some concerns that the school's requirements on minimum levels, which were in place in 2019 and replicated in 2021, might be set a little too low. The school is advised to give some thought to, and engage in discussion with the GDC on, what are appropriate thresholds.

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

Due to the robust monitoring processes the School has in place, the panel is satisfied that students who are falling behind are identified promptly.

The School has a proactive approach to supporting students and has developed a wide range of pastoral and academic support. Students informed us that they had access to online peer support groups, online counselling services and an advice hub that provided support with welfare benefits, student grants and housing. This support has been invaluable to students throughout the pandemic. In addition, students complemented clinical tutors for being approachable and helpful. Students have stated that they feel comfortable speaking to their clinical tutors about personal and academic problems and that they are always keen to help.

Students informed us that they have access to phantom head sessions whenever they require them and greatly valued the support they have received from clinical co-ordinators. It was stated that this system is effective in ensuring that they receive the breadth of clinical procedures and patients they require to develop their skills.

Students confirmed that they valued the approach the School has taken in regard to frontloading all theory work to deal with the constraints of the C19 pandemic. The theory components of year three were all delivered online in the first semester – September 2020 to February 2021. Online working is standard practice for this course because of the remoteness of the training sites so was not problematic for these students. Students returned to clinic in February 2021 and confirmed that condensing clinical experience into semester 2 has been extremely beneficial for reasons stated above

The panel were impressed by the comprehensive induction programme developed by the School to prepare students for returning to clinical practice. This included the use of simulation. Students were also required to repeat life support and infection control modules during the three-week induction period. In addition, students were required to re-sit progression assessments and were not able to return to clinical work until these assessments were passed.

Summary of Action

Requirement number	Action number and action		Observations & response from Provider	Due date
13/15				
13/15	The provider should review the clinical experience requirements to with the safe beginner threshold in mind.			
13/15	The provider should consider making amendments to the data collection system to include detailed recording of complexity of some clinical procedures.			
13/15	The provider should review clinical experience opportunities across the three clinical sites.			

Observations from the provider on content of report

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Recommendations to the GDC

Education associates' recommendation	The DCP programme does assure us that students are safe beginners.
Date of next regular monitoring exercise	Actions identified above

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.