

General Dental Council

Education Quality Assurance Targeted Inspection 2021 Report

Education Provider/Awarding Body	Programme/Award
The University of Manchester	Bachelor of Dental Surgery (BDS)

Outcome of Inspection

The BDS programme does assure us that students will be safe beginners. Student clinical data will be required ahead of each final sign-off process.

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 approval of the award for the purpose of GDC registration as Dentists. The Inspection is to seek assurance that all GDC Learning Outcomes have been achieved and that all students will meet the safe beginner standard, paying particular attention to an appropriate level of clinical experience.
Learning Outcomes:	Preparing for Practice (dentistry).
Programme inspection date:	12 May 2021
Inspection team:	Katie Carter (Chair and non-registrant member) Janine Brooks (Dentist member) James Ashworth-Holland (Dentist member) Angela Watkins (GDC Quality Assurance Manager) James Marshall (GDC 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 Manchester (“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 currently in place assured us that the graduating cohort of students would be safe beginners, however, clinical data would need to be monitored at each graduation point.

The main areas of assurance were:

1. The panel was reassured by the staggered sign-up process and appropriate systems in place for tracking student progress.

2. The panel was reassured by the processes in place to deliver a safe beginner standard.
3. The panel commended the many creative and effective responses to the challenges posed by the pandemic, to ensure students graduate as safe beginners.

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

Background and overview of qualification

Annual intake	77 students
Programme duration	178 weeks over 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, Communication and Professionalism Skills (Requirement 13).

Ahead of the inspection, the school provided the panel with an extract from of the Handbook of Assessment. This described the processes in place for sign up, which included a review of student attendance and assessments of clinical activity which included some non-clinical skills.

The *BDS Manchester BDS Assessment Blueprint 2020-21* document maps clearly to GDC learning outcomes. The assessment mapping also demonstrates skills tests, Multiple Choice Questions (MCQ), Short Answer Paper (SAP), Observed Structured Clinical Exam (OSCE). However, there was less clarity in the mapping for leadership and communication skills though additional information on assessment methodologies provided by the School gave the panel additional reassurance in these areas.

At the inspection, the school gave a demonstration of the iDentity system which is used by students and tutors for logging and tracking clinical activity, self-assessed student grades, staff grades and reflection. Clinical procedures are marked according to four criteria: subject knowledge; professionalism; treatment quality and patient feedback.

Students are given verbal feedback after each clinical procedure, students then input onto iDentity self-assessed grades using the following grading criteria: H-harm; U-unsatisfactory; Sp-Satisfactory – procedural intervention; Sv-Satisfactory – Verbal intervention; I-Independent and I+-Excellent Independence. The tutor is required to confirm or override the students' scores and add comment, as necessary within a limited timeframe. The school reported that disagreements between staff and students on clinical grades can be expected, but that when there was disagreement, a discussion followed that was a useful developmental exercise.

The school use a wide variety of methods to deliver training and assessment throughout the five-year programme. During year five this learning is put into practice through the use of scenario testing, situational judgement testing and enhanced lectures in preparation for caring for patients as a Dental Foundation Trainee. Through the implementation of an Integrated Dental Team (IDT) structure, clinical students also have to show leadership and management (see question 2).

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, the provider told the panel about an initiative they had devised IDT, where a team of students from both the BSc and BDS programmes across different year groups are put together to reflect a dental practice team. These teams manage the complete patient journey and year 5 BDS students take the leadership role within the team.

Students confirmed that the IDT process provided valuable opportunities to build patient management, time management and leadership skills and experience.

Students had received training on dealing with vulnerable and challenging patients. Some examples given by the students included lectures on communication, dealing with anxiety, additional need patients and domestic abuse.

Professionalism cards are used to identify incidences of superior or poor professional activity and these are recorded on the CEDAR system. Students were familiar with the purpose and requirements of these cards. Training sessions for staff using scenario-based learning, aim to align staff to professionalism card requirements.

Assessment of clinical skills

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

The panel reviewed the *BDS Sign up data 2021 vs 2019*. It was confirmed that the sign-up data related to procedures undertaken on real patients only. Students have the opportunity to practise simulated skills in the Clinical Skills Lab, but this experience does not contribute to the minimum sign up numbers.

The school introduced a new Clinical Skills Refresher Course for final year students which ran throughout semester 1, starting October 2020. The sessions allowed students to cover a range of direct and indirect simulated procedures on phantom heads under supervision, including the use of endodontic 3D printed models to regain confidence and dexterity before returning to patient-based procedures. The Panel saw the timetable and content of the course. The students were very complimentary about this experience and the confidence it gave them to start treating real patients again.

Students also confirmed they were able to access clinical skills labs or return to phantom heads if they felt unconfident at any point.

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

The school identified, at the start of pandemic, that they were going to encounter challenges and that the priority was patient safety, whilst ensuring students were given enough clinical exposure. As a result, in August 2020, the school devised the Clinical Skills Refresher Course described above. The facilities at the Manchester Dental Hospital enabled students to resume some patient-based procedures from October 2020. In November, the school were supported by the Trust and Infection Prevention and Control team to measure Air Changes Per Hour (ACPH) and developed a Standard Operating Procedure (SOP) which allowed the school to open clinics for all procedures from January 2021. Using the IDT teams, non-AGP's were delivered in morning clinics and AGP's in the afternoon.

The clinical data provided by the school in advance of the inspection did not enable the panel to understand fully the breadth and complexity of procedures completed by students on patients. This was particularly notable in relation to aerosol generating procedures and it was unclear if students would obtain adequate levels of experience. The demonstration of the

students recording systems and information regarding remediation provided (see question 6) alleviated these concerns.

The school delivered an oral surgery refresher course that ran alongside the Clinical Skills Refresher course. Additional paediatric sessions were also delivered to address low clinical numbers in this area. Tutors closely review students' progress and where they identify low clinical experience, ensure appropriate patients are allocated to the students as appropriate.

The school have received Health Education England funding to run additional weekend clinics for up to 12 weeks which will facilitate students obtaining additional clinical experience.

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

Due to the pandemic, not all students will have had enough clinical experience to enable them to graduate at the usual time, the school is permitting students, where necessary, to sit their finals and continue to obtain clinical experience afterwards. This is not unusual in dentistry but is happening more because of the Covid19 pandemic and affects larger numbers of students. For this provider, the result will be multiple graduation points - May, July and November. The panel was satisfied with this approach.

iDentity is used to record and monitor the students' competency level and recorded numbers capture all clinical experiences at any level, not just those judged as at a competent level. However, students are required to have achieved an expected standard by the end of the programme. The panel were shown that a student may have performed a lower number of procedures, but at a higher competency level. There are, however, defined numbers of procedures necessary to facilitate sign-up; this is a departure from previous cohorts.

Milestones are an assessment tool used alongside other data points to review student progression. They are mapped against the school's original competency levels and the General Dental Council (GDC) learning outcomes. The school gave the panel a demonstration of their electronic recording system which records the qualitative data obtained from Milestones. Following the demonstration, the panel were provided with the School's *Handbook of Milestone and Gateways 2020-21* and *BDS year-five Milestone Academic year 2020-21 data*.

No changes have been made to the final year assessments.

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

Student Development Review (SDR) meetings take place to keep track of individual student progress. The Panel saw feedback and action plans from these meetings during the Inspection.

Students confirmed that the SDR meetings are an effective way of tracking progress and of ensuring there is an action plan for obtaining additional experience. Students reported feeling well supported and confirmed that they are confident to request extra help if they feel they need it.

The SDR panel meet to review student progression and invite the students to discuss their findings. The Panel explain their concerns based on current evidence, students are invited to provide context and what measures are in place to remediate. Once this has concluded a decision is made on whether the student is in a position to progress to the final sign-up. If the

student is not deemed to be ready, then they are given additional support. A final decision is then made on which sign-up stage they will be progressing through to (see question 5).

Students confirmed that communication from the School throughout the pandemic, had been good. At the start of the pandemic they were receiving a daily communication, and this had been followed up with “Wellbeing Wednesday” emails which have been well received.

The School has introduced an ‘Adopt a Student’ scheme, where students who require additional help are supported by a staff member to work on their existing patient lists.

If a student is identified as having performance issues or underperforming regularly at a Satisfactorily – procedural intervention (Sp) or below, a Student Development Report Panel is convened. The School gave an example of what remedial action may be taken, which included the “adopt a student”, mentoring, additional clinic time or one-to-one tutor sessions. Two students confirmed that they had accessed additional clinic time when they had needed support.

The panel were assured that due to the dedicated focus on the current graduating cohort, fewer students than would normally be expected (1- 6 students) are expected to return in July for additional clinical experience. The school clarified that students who typically go on to re-sit their final year do so as a result of academic failure, rather than due to clinical activity levels.

Summary of Action

Requirement number	Action number and action	Observations & response from Provider	Due date
13/15	1. In advance of each graduating cohort, a breakdown of each student's clinical experience.	This data is populated and reviewed by a panel of senior academics prior to sign off of each graduating cohort. The school will continue to share this data with the GDC.	Within 7 days of each graduating cohort

Observations from the provider on content of report

The content of this report is a fair and accurate observation of the teaching, learning, and assessment strategy of the final year of the BDS programme.
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Recommendations to the GDC

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

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.