

General Dental Council

Education Quality Assurance Targeted Inspection 2021 Report

Education Provider/Awarding Body	Programme/Award
The University of Manchester	BSc OHS (Hygiene & Therapy)

Outcome of Inspection
The DCP programme does assure us that students are safe beginners. (no further action)

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 dental hygienist and therapist. 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 (dental hygienist and dental therapist).
Programme inspection date:	5 May 2021
Inspection team:	Katie Carter (Chair and non-registrant member) Clare McIlwaine (DCP member) Andrew Buddle (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 BSc OHS in Hygiene and Therapy 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 programme assured us that the graduating cohort of students would be safe beginners and the reason for this are provided in greater detail below. We also noted a number of areas of good practice.

The main areas of assurance were:

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

2. The provider has utilised innovative methods to broaden their students' clinical experience.
3. Initiatives that have helped to ensure that students have the necessary clinical experience to graduate include, clinical refresher courses, the use of Integrated Dental Teams and utilisation of non-aerosol generating procedures (non-AGP) and AGP clinics.
4. The focus by staff on ensuring that patients are allocated to students to ensure that shortfalls in experience can be made up.
5. The supernumerary senior lecturer who was always present during in house clinics to help students maximise clinical opportunities.
6. The panel was impressed by the "adopt a student" system.

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	15 students
Programme duration	109 weeks over 3 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 demonstrated clear processes in place for sign up, which included attendance and assessments of clinical activity which include some non-clinical skills.

Student portfolios were provided before the inspection, however the panel found these to have limited detail around leadership and communication.

The BSc OHS School of Dentistry Assessment Blueprint 2020-21 maps clearly to GDC learning outcomes demonstrated. The assessment mapping also demonstrates skills tests, multiple choice questions (MAQ), short answer paper (SAP), objective structured clinical examination (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 inspectors 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. Unfortunately, the same descriptors were used for both clinical and non-clinical skills.

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.

The students understood the different grades that could be awarded but had no grade descriptors to compare themselves against i.e. one student or staff member couldn't know whether they were being harsh or lenient on themselves or how they compared to their peers.

Tutors are provided with annual training and calibration on assessing clinical procedures and also shadow an experienced tutor when they first start the assessor role. This is ongoing training and the school provided copies of Staff Away Day minutes which evidenced this.

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 called Inter-Integrated Dental Teams (IDT), where a team of students from both the BSc and BDS programmes are put together to reflect a dental practice team. These teams manage the complete patient journey.

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

The school confirmed that access to paediatric cases had been a concern and that they had worked closely with independent primary care (external) providers and others to ensure that students were able to gain the necessary, additional experience. Students confirmed that they had been given access to block sessions to gain skills. The panel were advised that all students will have had experience of performing extractions under local anaesthetic.

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

Assessment of clinical skills

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

The panel reviewed the BSc OHS Sign up data 2021, which relates to procedures undertaken on real patients only. Students have the opportunity to practise skills in the 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 term 1, starting October 2020. The sessions allowed students to use plastic teeth and phantom heads to regain confidence and dexterity before returning to patient-based procedures. The Panel saw the timetable and content of the course.

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

Although final assessments have not changed during 2020-21 due to the pandemic, final case reviews have changed. Students will not use their own seen patient cases for assessment, instead they will be assigned work through and present unseen patient cases.

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 an additional refresher course (see question 3). The facilities at the Manchester Dental Hospital enabled them to resume some patient-based procedures from October 2020. In November, the school started to measure air flow and developed a 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 fully to understand the breadth and range of procedures completed by students on patients. This was particularly notable in procedures which required the use of a handpiece (AGP's) and it was not clear if students would get adequate experience in these procedures. The demonstration of iDentity (see question 1) and information provided about paediatric outreach (see question 2) alleviated these concerns.

7. 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 take finals and continue to obtain clinical experience afterwards. This will result in 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 target numbers are for all clinical experiences at any level, not just those judged as at a competent level. However, students are expected to have achieved a particular level by the end of the programme. The panel were shown that a student may have done 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.

No changes have been made to the final year assessment.

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 ensuring they obtain the necessary additional experience. Students reported feeling well supported and confirmed that they are confident to request extra help if they feel they need it.

The school panel will meet to review student progression and invite the students to discuss their findings and to explain any patient cases they have booked in. 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 (see question 5)

Students noted that communication from the school, throughout the pandemic, had been good. At the start of the pandemic, they were receiving daily communications, 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.

In the event that students are required to extend into the next academic year, additional fee payments will be needed. The Panel were assured by the Programme Leads that infrastructure and staffing was available to accommodate those students who would be staying on

Summary of Action

Requirement number	Action number and action	Observations & response from Provider	Due date
13/15	1. Grade descriptors do not exist to assess individual domains within the iDentity system. Develop a transparent system to ensure consistency and equity of students clinical grading procedures (e.g. clinical grade descriptors)	The Assessment and Examination Group will work on this item in preparation for the 2021-22 Academic year.	To be followed up at next inspection
13/15	2. When patients do not attend, maximise opportunities for practise on simulation. For example, portable phantom heads for use on clinics to more closely simulate the clinical environment	We explored this idea in the past at our Undergraduate Programme Committee. The idea did not receive support due to lack of storage space in the vicinity of the ground floor clinical area. With ease of social distancing, we aim to reserve a few pods in the clinical skills facilities for this purpose.	To be followed up at next inspection
13/15	3. In advance of each graduating cohort, a breakdown of each student's clinical experience to include single restorations, multi-surface restorations and cavity preparation.	This item is being provided as requested.	Within 07 days of each graduating cohort
	4. Collection of patient feedback has been particularly difficult during COVID pandemic. We would like to see a resumption of collection of patient feedback.	Agreed	To be followed up at next inspection

Observations from the provider on content of report

The content of this report are fair and reflective.

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Recommendations to the GDC

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

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.