

# General Dental Council

## Education Quality Assurance Targeted Inspection 2021 Report

| Education Provider/Awarding Body | Programme/Award                             |
|----------------------------------|---|
| Glasgow Caledonian University    | BSc Oral Health Science (Hygiene & Therapy) |

| Outcome of Inspection  |
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| 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

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|---|--|
| <b>Remit and purpose of inspection:</b> | <b>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.</b><br><br><b>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.</b> |
| <b>Learning Outcomes:</b>               | <b>Preparing for Practice (dental hygienist and dental therapist).</b>   |
| <b>Programme inspection date:</b>       | <b>2 November 2021</b>   |
| <b>Inspection team:</b>                 | <b>Katie Carter (Chair and non-registrant member)<br/>Bal Chana (DCP member)<br/>Kevin Seymour (Dentist member)<br/>Amy Mullins-Downes (GDC Quality Assurance Manager)<br/>Kathryn Counsell-Hubbard (GDC Quality Assurance Manager)</b>  |

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 (Hygiene and Therapy) programme (“the programme”) at Glasgow Caledonian University (“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 reasons for this are provided in greater detail below. Additionally, the panel has made recommendations relating to improvements in the recording of student progression data.

The main areas of assurance were:

1. The decision to defer graduation for an additional six months, with this extra time being used to enhance students' clinical exposure and experience.
2. The teaching team hold weekly meetings at the start of every week to review 'live' student clinical progression, and plan student clinic time around this to maximise depth and breadth of experience.
3. An increase in the number of centres students attend and a decrease in group sizes, allowing for more equitable experience.
4. The focus by staff on ensuring that patients are allocated to students in such a way that shortfalls in experience can be made up.
5. Funding provided by the Scottish Government Board of Academic Dentistry enabled the purchase of isolation pods, resulting in students being able to undertake non-AGP procedures in the school. In one centre, these pods allowed for AGP procedures to start again in January 2020. Subsequent centre specific funding resulted in this centre being able to run an open clinic and offer normal patient services.
6. The students that the panel spoke to, reported being very happy with the support and experience that they have received and were confident in what they had achieved as a result.

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                                | 14 students   |
| Programme duration                           | 109 weeks over 3 academic years   |
| Format of programme                          | <p><b><u>Year 1</u></b><br/> Clinical skills training<br/> Periodontal clinics<br/> Modules:</p> <ul style="list-style-type: none"> <li>• Restorative Dentistry</li> <li>• Biomedical Science &amp; Oral Biology</li> <li>• Plaque Related Disease</li> <li>• Clinical Practice I</li> <li>• FIPP</li> </ul> <p><b><u>Year 2</u></b><br/> Adult and paediatric restorative clinical skills training<br/> Periodontal and adult restorative clinics<br/> Modules:</p> <ul style="list-style-type: none"> <li>• Dental Biomaterial Sciences</li> <li>• Dental Radiography &amp; Imaging</li> <li>• Paediatric Dentistry</li> <li>• Clinical Practice II</li> <li>• Comprehensive Oral Care</li> <li>• WIT</li> </ul> <p><b><u>Year 3</u></b><br/> Periodontal, adult and paediatric restorative clinics<br/> Outreach clinics<br/> Placements<br/> Modules:</p> <ul style="list-style-type: none"> <li>• Dental Research</li> <li>• Clinical Practice III</li> <li>• Oral Disease</li> <li>• Integrated Patient Care</li> <li>• TIIP</li> </ul> |
| Number of providers delivering the programme | Glasgow Caledonian University and Glasgow Dental Hospital & School (NHS GG&C)   |

## 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 limited evidence of how leadership, management, and professionalism had been assessed. Extracts from Student portfolios were provided before the inspection, however the panel found these to have limited detail around leadership and communication and did not provide robust assurance that would evidence that students were gaining these necessary skills.

During the inspection, the panel was informed that a lot of learning outcomes are based around leadership, professionalism, and management. During the pandemic the main impact was the students could not be observed on these in the clinical environment, and so in the first trimester this was done in a simulated environment.

The panel was informed that a when a patient contact takes place a score is also given on the professionalism aspect of the interaction. The Dental Hospital and outreach utilise a referral process that directs students in treatment planning and management, and this supports the student in taking ownership and leadership. This work is recorded within the student portfolios.

Students are given verbal feedback after each clinical procedure; this is further recorded within the portfolios and where necessary, a discussion with the tutor takes place. The panel were informed that if a student is given a below satisfactory professionalism this is discussed with the student and course lead. If no improvement is achieved, then the student Fitness to Practise policy is followed. The school reported there had been no such issues with the current graduating cohort.

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

The panel were assured of a number of changes made to the programme that would ensure that students would have the adequate exposure to a range of patients to develop patient management skills. The school also offered its students a two week simulation in paediatrics at the start of their final six months. The students spoke highly of this experience which gave them confidence when beginning to treat patients.

Additionally, the school deferred graduation for an additional six months, with this extra time being used to improve students' clinical exposure and experience. Clinical activity was adapted so that whilst the first part of the year focussed on theory, the rest of the year concentrated on gaining clinical experience, with the school working to ensure that this took place in a range of settings to allow students to build up experience and develop all required clinical competencies.

The panel were informed that the teaching team hold weekly meetings, that all staff input into, and at which live data of student clinical progression is reviewed, and student clinic time is planned. . A student identified as having lower areas of experience or numbers in certain areas, would have their timetable amended and their clinic time focussed in those areas.

The school has worked to increase the number of outreach centres students attend and this has also resulted in a decrease in group sizes, allowing for students to receive a more equitable experience. Patient activity has remained consistent and, as a result, the amount of clinical experience this cohort obtained was in excess of that obtained by the two previous cohorts.

The panel was informed that funding provided by the Scottish Government Board of Academic Dentistry enabled the purchase of isolation pods, resulting in students being able to undertake non AGP procedures in the schools much earlier. In one centre, these pods allowed AGP procedures to begin again in January 2020. Subsequent centre specific funding resulted in this centre being able to run an open clinic and offer normal patient services.

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

The school was able to demonstrate that all clinical activity, with the exception of rubber dam placement (which were undertaken and assessed in a simulation setting), had been carried out in the clinical environment, on patients. As previously, the dental hospital and clinics were able to achieve normal patient activity reported and a two week focussed pre-clinic refresher on simulated paediatrics ensured that students were able to receive the necessary teaching and experience in this area.

The school has received funding to set up f dedicated pods both within the dental hospital and the clinics the students rotate through. This enabled non AGP and then, later, AGP treatments to resume in a protected environment.

The students reported that they were satisfied with the overall patient experience that they have had, and that frontloading the start of the academic year with the theoretical and non-clinical teaching has allowed them to really focus on the practical and clinical elements when the clinics re-opened, and this was of great benefit to them.

Although most final assessments are the same for this cohort as for pervious cohorts, there were some changes to the final case reviews.. Students will not use their own seen patient

cases for assessment, instead they will be assigned and work through then present unseen patient cases.

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

The panel was pleased to see that the school had identified, early on, the risks posed to their students, by the pandemic and had taken appropriate steps to protect their provision.

The funding secured from Scottish Government Board of Academic Dentistry enabled the purchase of isolation pods, resulting in students being able to undertake non-AGP procedures in the school from January 2020 and then shortly after, pods being used in the clinics meant that AGP procedures could begin again, and clinics operate at a near normal capacity. This combined with the paediatric refresher course, the weekly review, by staff, of student progress and the six month programme extension together provide assurance that students had gained clinical experience in a full range of procedures.

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 or see the full student progression journey, and it was not clear if students would get adequate experience in a full range of clinical procedures. The discussion with the programme team at the inspection and the explanation of how they are recording and responding to each students individual learning and experience need helped alleviate the panels concerns.

Competence assessment at the school is partly student led which does allow some flexibility. Each student must complete a number of competencies as they progress through the course and cannot progress if they have not achieved the minimum standard required, including a number of pre-clinical competencies before they can go out onto clinic.

Students will receive two opportunities at a competency assessment. If they do not demonstrate the required standard, then they will not be allowed to progress. Competency assessment is discussed with the students at the start of each year, as is the importance reflective practice.

The panel were informed that competencies are revisited to ensure that a consistent level of skill is maintained. Paediatrics and restorative were revisited at the start of the year and a bespoke clinical skills programme was given to the graduating cohort as part of ensuring that they were achieving the level of a safe beginner.

The student portfolio is used to record and monitor the students' competency level. Students are expected to have achieved a particular level in eleven, defined competencies by the end of the programme. If a student has had insufficient clinical experience in a certain area, then this is identified in the weekly review and the clinical timetable amended appropriately. .

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

The panel were satisfied that, with just nine current students in the cohort, and the weekly meetings that take place to discuss each student's progress, any students struggling or who may need additional support can be identified quickly and remediation put in place.

Students confirmed that they have personal tutor meetings and that these are an effective way of discussing progress and of drawing up actions plans. Students reported feeling well supported and confident about asking for extra help if they needed it. . Students reported that

feedback on clinical procedures, both oral and written, was detailed and helpful and helped them to reflect and improve.

Students reported that communication from the school during the Pandemic had not, for understandable reasons, been optimal at the start but had improved and in the latter stages of the Pandemic had been good.

If a student is identified as having performance issues or is underperforming regularly, a 'Cause for Concern' document is completed. The school works with the student to create an action plan, and this is reviewed at agreed intervals. However, the school reported that this process had not been necessary for any of this graduating cohort and that each student was at the required level.



## Summary of Action

| Requirement number | Action number and action  | Observations & response from Provider | Due date                             |
|--------------------|---|---------------------------------------|--------------------------------------|
| 13/15              | The school should take steps to improve their current recording processes, to enable them to effectively demonstrate the student journey in both clinical and non-clinical areas. |                                       | To be followed up at next monitoring |
| 13/15              | The school should take better steps to improve how they record and present data relating to how they mark 'soft' skills, such as professionalism, leadership, and communication.  |                                       | To be followed up at next monitoring |
| 13/15              | The panel recommends that all student progression meetings are formally recorded with clear action plans linking back to discussion being demonstrated.                           |                                       | To be followed up at next monitoring |

## Observations from the provider on content of report

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## Recommendations to the GDC

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| <b>Education associates' recommendation</b>                    | The DCP programme does assure us that students are safe beginners. |
| <b>Date of reinspection / next regular monitoring exercise</b> | 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.