General Dental Council

Education Quality Assurance Inspection Report

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

Outcome of Inspection	Recommended that the BDS continues to be sufficient (BDS) for the graduating cohort to register as dentist.

Inspection summary

Remit and purpose of inspection:	Inspection referencing the *Standards for Education* to determine sufficiency of the award for the purpose of registration with the GDC as a dentist Risk based: focused on 3, 4, 5, 7, 9, 10, 12 & 15
Learning Outcomes:	Preparing for Practice - dentist
Programme inspection date:	27 and 28 November 2024
Inspection team:	Jenny McKibben (Chair and non-registrant member) Kully Nijjar (Dentist member) David Young (Dentist member) James Pennington (Education Quality Assurance Officer GDC) Kathryn Counsell-Hubbard (Quality Assurance Manager GDC)
Report Produced by:	Kathryn Counsell-Hubbard and James Pennington

The Bachelor of Dental Surgery (hereafter referred to as "the programme") delivered by Bristol Dental School (hereafter referred to as "the provider" or "the School"), part of the University of Bristol, is an autonomous, well-run programme that delivers a high-quality education within modern and impressive facilities. The programme has benefited from the School's split from their local NHS Trust which has allowed for funding to be received directly to the University and for the acquisition and renovation of the new Bristol Dental School building.

This split was a deliberate step forward in the programme's delivery, allowing for decision-making to be made quickly and effectively, as well as offering students a central location from which a range of dental procedures can be practised. This, in conjunction with the School's social objectives to serve all facets of the local community, build an effective and innovative environment. The transition to the new facility, alongside the everyday running of the programme, has been well managed and has not had a negative impact on staff or students. The panel concluded the inspection with a tangible sense that the move away from the Trust had reinvigorated the programme and those who work so hard to deliver it.

The GDC wishes to thank the staff, students, and external stakeholders involved with the Bachelor of Dental Surgery for their co-operation and assistance with the inspection.

Background and overview of qualification

Annual intake	90 students
Programme duration	178 weeks over 5 years
Format of programme	**Year 1:** Foundations of Dentistry teaching provides underpinning scientific knowledge. Foundations of Dentistry Conference towards end of Term 1. Clinical Observation and Peer-Clinical Learning covers early clinical concepts (patient consultation and examination) and an introduction to the clinical environment. **Year 2:** A 'clinical week' in Term 1 where students work with their peers (and BSc hygienist/therapist students) to practice basic periodontal assessments, prevention and treatments. Students demonstrate competence in patient assessment and practical periodontology skills in order to commence patient treatment in February of Term 2. Students demonstrate competence in Operative Dentistry Skills in order to commence restorative treatment later in Term 2. Students commence a Radiography rotation in small groups in either Term 2 or Term 3. Students attend a Local Anaesthetic Symposium to learn practical skills in Term 2. **Year 3:** Students complete practical teaching in the Radiography department in Term 1, with further skills development taking place on each clinic under an appropriate level of supervision. Students demonstrate competence in Practical Endodontic Skills in order to commence Endodontic Patient treatment in Term 2. Students demonstrate competence in Removable Prosthodontic Skills in order to commence Restorative Patient treatment in Term 3. Students demonstrate competence in Fixed Prosthodontic Skills at the end of Term 3 in order to commence Restorative Patient treatment from the beginning of Year 4. Students demonstrate competence in introductory Oral Surgery and Paediatric Dentistry Skills in order to commence Oral Surgery and Paediatric patient treatments in Term 2. Students attend a 2 week 'block release' in medical hospital placement in Term 2. **Year 4:** Year 4 builds on Years 1-3 teaching by developing the breadth and depth of students' clinical and patient management skills, enhancing their understanding of oral diseases and their treatment. Students complete an Evidence Summary project in pairs in Terms 1 and 2. Active Community Engagement within the Social Accountability theme. Interprofessional learning with Pharmacy students from the University of Bath. Consultant clinic rotations to Oral Medicine, Special Care Dentistry, Paediatric Dentistry and Orthodontics start in Term 2. **Year 5:** Year 5 provides the concluding education and training within a curriculum based on the student dentist as a Person

	and Citizen, a Scientist and Scholar, a Practitioner, and a Professional and Agent of Change. The Year takes an integrated approach to completion of learning outcomes outlined within Preparing for Practice, these being tested through formative and summative assessment, including a global three-part BDS Finals examination. Students spend time on the General Practice unit, with 1:1 support from student nurses, and consolidate their clinical learning through patient treatments in Restorative Dentistry, Paediatric, Oral Surgery and Primary Care clinics. Consultant clinic rotations to Oral Medicine, Special Care Dentistry, Paediatric Dentistry and Orthodontics are undertaken in Terms 1 and 2. Knowledge-based finals take place in January, with resit opportunities in-year. Clinical finals (Seen and Unseen Cases) take place in the Spring Term, with resit opportunities in-year. In addition to passing BDS Finals, students are required to complete specified Minimum Clinical Requirements in order to be signed off to graduate.
Number of providers delivering the programme	University of Bristol is the provider. Additional activities, as listed below, are provided through service-level agreements. • University Hospital Bristol and Weston NHS Foundation Trust (UHBW): Year 3 Human Disease 2-week Block Release and Year 4 term 3 to Year 5 term 3 Hospital Rotation • North Bristol NHS Trust: Year 3 Human Disease 2-week Block Release.

Outcome of relevant Requirements[1]

Standard One	
1	Met
2	Met
3	Met
4	Met
5	Met
6	Met
7	Met
8	Met
Standard Two	
9	Met
10	Met
11	Met
12	Met
Standard Three	
13	Met
14	Met
15	Met
16	Met
17	Met
18	Met
19	Met
20	Met
21	Met

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[1] All Requirements within the *Standards for Education* are applicable for all programmes unless otherwise stated. Specific requirements will be examined through inspection activity and will be identified via risk analysis processes or due to current thematic reviews.

Standard 1 – Protecting patients

Providers must be aware of their duty to protect the public. Providers must ensure that patient safety is paramount and care of patients is of an appropriate standard. Any risk to the safety of patients and their care by students must be minimised.

Requirement 1: Students must provide patient care only when they have demonstrated adequate knowledge and skills. For clinical procedures, the student should be assessed as competent in the relevant skills at the levels required in the pre-clinical environments prior to treating patients. *(Requirement Met)*

Requirement 2: Providers must have systems in place to inform patients that they may be treated by students and the possible implications of this. Patient agreement to treatment by a student must be obtained and recorded prior to treatment commencing. *(Requirement Met)*

Requirement 3: Students must only provide patient care in an environment which is safe and appropriate. The provider must comply with relevant legislation and requirements regarding patient care, including equality and diversity, wherever treatment takes place. *(Requirement Met)*

The programme is delivered at Bristol Dental School (BrDS) which is a facility owned and run by the University of Bristol. This means that students are not competing for clinical space with other NHS services, and BrDS has been arranged to make full use of the facilities on offer. The space is divided into different clinical areas, including a general practice clinic, which aims to give the "real world" experience that the students may otherwise lack, as well as serving the local community.

Robust governance mechanisms were evidenced which include weekly and monthly meetings to discuss issues and share learning. The facility has been positively rated by the Care Quality Commission and excellent policies pertaining to equality, diversity and inclusion were seen. In setting up the facility, the provider utilised a critical friend, which was another university that had set up its own dental school and broken from their NHS Trust. This gave insight and support to the provider in realising their goal of running their own dental premises which appears to have been positively received by the staff and students with whom the panel met.

The panel were impressed by the social enterprise goals that have also been part of the realisation of the new dental facility. Around half of the dental queries to come through the NHS 111 system are treated by students at the facility and plans are in place for dental care to be given to unhoused people in the local area. The autonomy that the provider now enjoys with the facility allow for such services to be offered, from which the students will also benefit.

Requirement 4: When providing patient care and services, providers must ensure that students are supervised appropriately according to the activity and the student's stage of development. *(Requirement Met)*

The provider reported that supervision ratios have recently been reviewed and increased. These are maintained during short-term sickness or unforeseen absences through the use of "floating" and supernumerary staff who can provide supervision cover when required. Students reported being largely content with the amount of supervisory staff available to them. Morning briefings are held daily which highlight to staff which year groups will be practising during any given session.

Trained and registered dental nurses are available to students although students also nurse for each other until Year 5. The provider is still actively recruiting support staff although there had not been any occasions (up to the date of the inspection) where clinics had had to be cancelled due to staff shortages.

The supervision of students taking radiographs was an area on which the provider was questioned in depth. The provider utilises radiographers who float between clinics within the facility and therefore might not be present for every radiograph. Students must pass a competency in this area before being able to take these unsupervised. This differs to the approach used by other education providers but is underpinned by an audit process whereby the radiography team review a sample of images to identify any issues. This audit exists separate to the usual process of supervision where students will review radiographs with supervisors to agree treatment.

Evidence of the radiograph audit was seen and did not show a recurrent issue with students taking such images. Equally, any such issue that may arise from a student not being directly supervised while taking a radiograph was not seen in evidence from the governance or quality management frameworks. The panel accepted that the provider has a process in place that is not to the detriment of their patients irrespective of its differences to the approach taken at other schools. It should be noted, however, that the panel felt the scope of the audit could be broadened to take a representative sample from different year groups to ensure that a systemic issue does not exist for less experienced students.

The provider is to be acknowledged for level of detail provided while having these discussions with the panel. The Requirement is found to be met.

Requirement 5: Supervisors must be appropriately qualified and trained. This should include training in equality and diversity legislation relevant for the role. Clinical supervisors must have appropriate general or specialist registration with a UK regulatory body. *(Requirement Met)*

All new members of staff go through an induction and mentoring process. Peer review is utilised for ongoing evaluation of staff alongside an appraisals process. Alongside mandatory training, the School has a culture of learning and development. The Festival of Dentistry is a highlight of this, providing an opportunity for staff to expand their knowledge, as well as there being 'lunch and learn' events throughout the year. The panel reviewed the training provision for equality, diversity and inclusion and found this to be of a high standard. The University also provides opportunities for academic training.

Prior to the new dental facility being operational, many supervisory and support staff were employed by the NHS who still operate the Bristol Dental Hospital. Since the move, the majority of staff are employees of Bristol Dental School (BrDS), which allows for those individuals to fall within the training requirements and opportunities of the University of Bristol. Those who hold honorary contracts to work at BrDS are still able to make use of the more informal learning opportunities, such as the Festival of Dentistry. All supervisors must follow BrDS processes and adhere to their criteria.

Requirement 6: Providers must ensure that students and all those involved in the delivery of education and training are aware of their obligation to raise concerns if they identify any risks to patient safety and the need for candour when things go wrong. Providers should publish policies so that it is clear to all parties how concerns should be raised and how these concerns will be acted upon. Providers must support those who do raise concerns and provide assurance that staff and students will not be penalised for doing so. *(Requirement Met)*

Requirement 7: Systems must be in place to identify and record issues that may affect patient safety. Should a patient safety issue arise, appropriate action must be taken by the provider and where necessary the relevant regulatory body should be notified. *(Requirement Met)*

The School utilises a system called Radar which allows for the logging of clinical incidents as well as near misses. Governance is operated through the Clinical Governance Board which includes sub committees, including the Quality, Risk, Audit & Safety Committee. Radar reports feed into these groups, the minutes for which were seen by the panel. Ownership of incidents is clear, as it is on the provider's risk register which is reviewed and updated twice per term.

The provider has able to give an example of a clinical incident that led to changes. A medical emergency was dealt with at BrDS and the reflection of actions taken during that emergency has led to changes such as updating policies to allow notifying the emergency services via mobile and the use of the what.three.words system to ensure that services can find BrDS easily and quickly. Because of the School's ownership of the facility, they have been able to update guidance and SOPs quickly to reflect these changes which is something that would have taken some time to achieve at their previous location.

Requirement 8: Providers must have a student fitness to practise policy and apply as required. The content and significance of the student fitness to practise procedures must be conveyed to students and aligned to GDC Student Fitness to Practise Guidance. Staff involved in the delivery of the programme should be familiar with the GDC Student Fitness to Practise Guidance. Providers must also ensure that the GDC's Standard for the Dental Team are embedded within student training. *(Requirement Met)*

Standard 2 – Quality evaluation and review of the programme

The provider must have in place effective policy and procedures for the monitoring and review of the programme.

Requirement 9: The provider must have a framework in place that details how it manages the quality of the programme which includes making appropriate changes to ensure the curriculum continues to map across to the latest GDC outcomes and adapts to changing legislation and external guidance. There must be a clear statement about where responsibility lies for this function. *(Requirement Met)*

The provider submitted a Transition Action Plan (TAP) to the GDC prior to the inspection which detailed how the transition from the current learning outcomes in *Preparing for practice* to *The Safe Practitioner: A framework of behaviours and outcomes for dental professional education* would be achieved. The TAP was accepted, and a separate process will review progress at strategic points throughout the 2024/25 academic year. Despite the TAP process being outside of the inspection rationale, the panel were pleased to note that the provider's transition was mentioned several times during meetings and that students have already attended a lecture on the intended changes.

Regarding the ongoing quality management of the programme in its' current iteration, the panel found a comprehensive framework in place with a clear change management process. Depending on the level of impact, the programme team can make some changes without

the need for decision-making at a faculty level. The high frequency of clinical governance meetings was a particular area of commendation.

The panel were impressed by the use of the critical friend during the relocation to BrDS, and the use of external examiners appears to be robust. The School were able to fully outline where responsibility lies for different elements of the programme and who would be responsible for escalating and/or reporting issues if necessary.

Requirement 10: Any concerns identified through the Quality Management framework, including internal and external reports relating to quality, must be addressed as soon as possible and the GDC notified of serious threats to students achieving the learning outcomes. The provider will have systems in place to quality assure placements. *(Requirement Met)*

The provider uses multiple mechanisms to ensure the quality of various aspects of the programme including annual reviews and the use of service level agreements (SLAs) for any external placements. The Annual Programme Review (APR) starts with subject leads reporting feedback on their particular areas before a formal APR meeting. SLAs are reviewed annually and can be modified to ensure an appropriate and equitable student experience.

The central recording system, CAFS, is reviewed fortnightly for 5th years and monthly for years 1-4. The reports are circulated so staff can leave their own comments on it and feedback recorded on CAFS feeds into student assessment as well as being a method by which issues with the programme can be identified and dealt with.

Students also provide feedback on their tutors and supervisors to ensure quality of teaching/supervision is at the required level. Any concerns identified from this feedback is, again, acted upon.

Incident reports are shared and available to staff allowing them to monitor individual students progress and/or make changes where required quickly and without the need for faculty approval. Incidents are reported to the provider via email and are then treated the same as if they were received through Radar.

Requirement 11: Programmes must be subject to rigorous internal and external quality assurance procedures. External quality assurance should include the use of external examiners, who should be familiar with the GDC learning outcomes and their context and QAA guidelines should be followed where applicable. Patient and/or customer feedback must be collected and used to inform programme development. *(Requirement Met)*

Requirement 12: The provider must have effective systems in place to quality assure placements where students deliver treatment to ensure that patient care and student assessment across all locations meets these Standards. The quality assurance systems should include the regular collection of student and patient feedback relating to placements. *(Requirement Met)*

Assessment methods are consistent across all teaching locations. Students gain most of their clinical experience at the school where they can more easily be monitored and supervised. Many staff work at outreach placements and at the University, this allows a constant stream of feedback about students at placements and can facilitate immediate resolution of any issues.

Staff are given briefing documents and attend calibration workshops throughout the year. Individual staff can be given tailored calibration training where required. Students are also able to feedback about their supervisors/lecturers from outreach placements through CAFS enabling the school to ensure quality and/or calibrate staff where necessary.

Grading profile letters are sent to staff which compare against overall mean. This allows staff to adjust their own assessment level so that 'doves and hawks' are brought into alignment. Staff that show they greatly outlie the mean are met with 1-2-1 to recalibrate them, and this topic is always discussed in staff appraisals.

The new structure of the school facilitates internal resolution which can be quicker and more effective without requiring faculty approval. Patients are encouraged to provide feedback about their treatment by the students and around 60% do. There are iPads available in the school near main walkways to facilitate this feedback.

The school has weekly operational look-ahead meetings which facilitate fast resolution and mitigation of anticipated issues.

Standard 3 – Student assessment

Assessment must be reliable and valid. The choice of assessment method must be appropriate to demonstrate achievement of the GDC learning outcomes. Assessors must be fit to perform the assessment task.

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 14: The provider must have in place management systems to plan, monitor and centrally record the assessment of students, including the monitoring of clinical and/or technical experience, throughout the programme against each of the learning outcomes. *(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)*

The School utilises minimum clinical requirements for students to ensure a breadth of clinical experience. This is excellently facilitated through innovative patient management. The School uses shared care opportunities with the BSc programme, and local 111 patients who qualify under certain criteria equating to half of all dental related calls in Bristol. The School also uses a scheme to treat people experiencing homelessness and another scheme to visit care homes and primary schools.

The school has a dedicated team of 20 staff specifically tasked with the allocation of patients to students. Using CAFS the team can easily identify students that require certain types of treatments and allocate patients based upon this. Students are also encouraged to speak to the team either via email or visiting the office to discuss about which types of treatments they require, and the team can then allocate them patients quickly and effectively.

Students reported this as a major positive of the programme and reported no issues in being able to complete their minimum clinical requirements. Students reported feeling as though the requirements were fair and achievable and feel extremely supported in being able to achieve them.

Requirement 16: Providers must demonstrate that assessments are fit for purpose and deliver results which are valid and reliable. The methods of assessment used must be appropriate to the learning outcomes, in line with current and best practice and be routinely monitored, quality assured and developed. (*Requirement Met)*

Requirement 17: Assessment must utilise feedback collected from a variety of sources, which should include other members of the dental team, peers, patients and/or customers. *(Requirement Met)*

Requirement 18: The provider must support students to improve their performance by providing regular feedback and by encouraging students to reflect on their practice. *(Requirement Met)*

Requirement 19: Examiners/assessors must have appropriate skills, experience and training to undertake the task of assessment, including appropriate general or specialist registration with a UK regulatory body. Examiners/ assessors should have received training in equality and diversity relevant for their role. *(Requirement Met)*

Requirement 20: Providers must ask external examiners to report on the extent to which assessment processes are rigorous, set at the correct standard, ensure equity of treatment for students and have been fairly conducted. The responsibilities of the external examiners must be clearly documented. (*Requirement Met*)

Requirement 21: Assessment must be fair and undertaken against clear criteria. The standard expected of students in each area to be assessed must be clear and students and staff involved in assessment must be aware of this standard. An appropriate standard setting process must be employed for summative assessments. (*Requirement Met*)

Summary of Action

Requirement number	Action	Observations & response from Provider	Due date

Observations from the provider on content of report

We note no actions from the GDC in the table above and can confirm that we have initiated the Radiography Audits mentioned in the report.

We are grateful to the panel for their careful consideration of the Programme and for the constructive feedback provided.

Recommendations to the GDC

Education associates' recommendation	The Bachelor of Dental Surgery continues to be sufficient for holders to apply for registration as a dentist with the General Dental Council.
Date of next regular monitoring exercise	October 2025

Annex 1

Inspection 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. It also quality assures new qualifications where it is intended that the qualification will lead to registration. The aim of this quality assurance activity is to ensure that institutions produce a new registrant who has demonstrated, on graduation, that they have met the learning outcomes required for registration with the GDC. This ensures that students who obtain a qualification leading to registration are fit to practise at the level of a safe beginner.

2. Inspections are a key element of the GDC's quality assurance activity. They enable a recommendation to be made to the Council of the GDC regarding the 'sufficiency' of the programme for registration as a dentist and 'approval' of the programme for registration as a dental care professional. The GDC's powers are derived under Part II, Section 9 of the Dentists Act 1984 (as amended).

3. The GDC document 'Standards for Education' 2nd edition1 is the framework used to evaluate qualifications. There are 21 Requirements in three distinct Standards, against which each qualification is assessed.

4. The education provider is requested to undertake a self-evaluation of the programme against the individual Requirements under the Standards for Education. This involves stating whether each Requirement is 'met', 'partly met' or 'not met' 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 and students. 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"

5. Inspection reports highlight areas of strength and draw attention to areas requiring improvement and development, including actions that are required to be undertaken by the provider. Where an action is needed for a Requirement to be met, the term 'must' is used to describe the obligation on the provider to undertake this action. For these actions the education associates must stipulate a specific timescale by which the action must be completed or when an update on progress must be provided. In their observations on the content of the report, the provider should confirm the anticipated date by which these actions will be completed. Where an action would improve how a Requirement is met, the term 'should' is used and for these actions there will be no due date stipulated. Providers will be asked to report on the progress in addressing the required actions through the monitoring process. Serious concerns about a lack of progress may result in further inspections or other quality assurance activity.

6. The Education Quality Assurance team aims to send an initial draft of the inspection report to the provider within two months of the conclusion of the inspection. The provider of the qualification has the opportunity to provide factual corrections on the draft report. Following the production of the final report the provider is asked to submit observations on, or objections to, the report and the actions listed. Where the inspection panel have recommended that the programme is sufficient for registration, 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 recommend 'sufficiency' or 'approval', the report and observations would be presented to the Council of the GDC for consideration.

7. The final version of the report and the provider's observations are published on the GDC website.