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Dental Schools: Promoting Professionalism and Prioritising the Needs of Patients

At the heart of understanding the role of dental schools in promoting the standards of care received by patients is the relationship they have with the General Dental Council (GDC), the dental regulator in the UK.

The GDC is responsible for the quality assurance of dental education. As part of this, dental schools must meet the GDC's [Standards for Education](#), and as part of these standards, dental schools must ensure that all students meet the [learning outcomes](#) required for registration. The GDC also expects high standards of professionalism among the profession and all dental care professionals are expected to meet the standards set out in their publication, [Standards for the Dental Team](#). In April 2010, the GDC published [Student Fitness to Practise](#) guidance, which explicitly states that students are expected to meet the same standards as all other (qualified) dental care professionals as set out in their standards guidance. The *Student Fitness to Practise* guidance also makes it clear that educational providers have the responsibility to ensure that students meet these standards, and thus empowers schools to take action against poorly performing or badly behaved students.

Dental schools are also responsible for the selection of students and it is accepted that this is equivalent to selecting for admission to the dental profession. All admissions processes therefore take into account the standards required and attempt to assess behavioural attributes in candidates.

Undergraduate dental schools are at the forefront of ensuring that our future dentists adhere to the standards of care and professionalism expected when accessing dental treatment. The following areas provide a summary of what dental schools do to support the development of dentists with the professional integrity and character required to be focused on the needs of the patient.

1. Education and Training

The purpose of dental training is to develop an individual fit to practise as a safe-beginner at the point of registration, who is able to play a key role in a healthcare team. Dental schools accredited by the GDC are required to demonstrate how their programme will meet the Standards for Education through mapping the curriculum to the learning outcomes.

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The learning outcomes which dental schools meet are not just solely focused on academic abilities or clinical competence, but are strongly rooted in the attitudes, values and behaviours demonstrated by a student during their time at a dental school. Learning outcomes that are met by dental schools are categorised in the following areas:

1. Clinical: the technical skills required to deliver treatment.
2. Communication: the skills required to interact competently with patients and colleagues.
3. Professionalism: the skills required to place the patient first and to behave ethically.
4. Management and leadership: the skills required to lead a dental team and work effectively as a dentist.
5. Knowledge of the underpinning basic sciences and clinical evidence base to inform their clinical decision making.

The Francis Report recommended that there should be a duty of candour placed on healthcare professionals to be candid when treatment results in death or serious injury and that it should be a criminal offence to obstruct the attempt of an individual to be candid.

This is something that dental schools already explicitly instil in their dental students. Dental schools take the approach that candour is not something that can be taught in a series of lectures, but rather it underpins all learning within academic and clinical settings and is central to the ethos and spirit of a dental school.

2. Admission to study for a Bachelor in Dental Surgery (BDS)

Dental schools are highly selective for admissions to study for a Bachelor of Dental Surgery (BDS). Exceptional qualifications are required in science subjects (equivalent to high grade A or A* at A Level in science subjects) and additionally, some dental schools require applicants to complete admissions tests such as the [UK Clinical Aptitude Test](#) or the [BioMedical Admission Test](#).

In addition to this, applicants have to demonstrate that they meet non-academic requirements. This includes a commitment to the dental profession, initiative, personal integrity, a concern for others and the ability to effectively communicate. These attributes are tested by consideration of personal statements, referee reports and face to face interviews.

In response to these high standards of admission, the Dental Schools Council has produced a set of [guiding principles](#), which establishes the expectations of both dental schools and dental students and reaffirms the principle that dental schools select students on the basis of accomplishments, attributes and behaviours which make them suitable to become members of the dental profession. Furthermore, those selected to study for a BDS must also complete a satisfactory health declaration and Disclosure and Barring Service (DBS) check.

Student Fitness to Practise

Prior to entry to study dentistry, all students are required to sign a Fitness to Practise Code of Conduct via their school. This covers the standards of professional behaviour expected of students and indicates when behaviour may lead to cause for concern.

Dental schools ensure that students are fit to practise throughout the learning experiences on the course, and by having procedures in place to address any concerns regarding a student's behaviour or conduct. As part of these procedures, schools investigate the cause for concern and determine sanctions if appropriate. Patient safety is at the heart of the decision as to whether to apply a sanction. Sanctions include formal warnings and requirements to agree to undertakings, but in rare cases sanctions will include the exclusion of a student from a

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BDS programme. As stated in the GDC's *Student Fitness to Practise* guidance, an undertaking is a consensus between the student and the education provider that fitness to practise is impaired which results in an agreement that the student should pursue an appropriate course of action to address fitness to practise concerns, for instance further supervision or teaching. If a student does not comply or reoffends, then exclusion may follow.

Dental schools place a high priority on pastoral support for students, and students are encouraged to approach the school for support to address any difficulties they may face before they escalate into fitness to practise concerns. This further demonstrates the pivotal role dental schools play in ensuring future dentists are able to embody both the professional values and clinical skills that are central to patient centred care. The Dental Schools Council is aware that the GDC is reviewing its approach to Student Fitness to Practise and looks forward to contributing to this process.

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