

Dental Schools Council Disaster Planning Agreement

Background to the agreement:

Newcastle Dental School was asked, as part of a university review, how it would ensure business continuity in the event of a major physical disaster that would disable large areas of the dental hospital. As no other area of the university could support the clinical element of the various dental courses that schools provide, the possibility of sharing resources with other dental schools in the UK was considered as a potential solution. It was recognised that all other dental schools would face the same problems and would require similar solutions if such a disaster were to occur. This instigated a process to develop a universal agreement of mutual support between dental schools and associated hospital trusts in the face of any major catastrophic event. The detail of the solutions is highly variable and dependent on individual circumstances. However, the Dental Schools Council agreed to establish a broad set of principles to guide cooperation between schools and their associated dental hospital Trusts, (or equivalent clinical provider) should a disaster occur. For the sake of simplicity, the term Dental Hospital Trust will be used although it is recognised that different models of clinical facilities exist.

The basic underpinning principle for low, medium and high impacts should be considered a starting point; it is anticipated and understood, however, that many of the circumstances are impossible to predict. Newcastle's review of low, medium and high incidents has helped to inform the guide below.

The purpose of this document is to broadly lay out how schools and trusts could manage at a local and national level, should a physical disaster occur in any school. It is anticipated that costs are not a critical issue as it is assumed that insurance cover would meet most costs.

Disaster planning agreement between members of the Dental Schools Council and Dental Hospital Trusts:

In the event of a major physical disaster event, which disables the ability of a dental school to continue to run its courses to an acceptable standard, dental schools and dental hospital trusts agree to support the teaching of students from another institution to ensure continuity of education, if feasible, in order to safeguard the number of graduating students entering the profession or speciality, and to minimise or eliminate any major time disruptions to completion. This agreement relates to both undergraduate and specialist postgraduate dental courses which have a significant clinical element and thus require substantial staff and equipment/clinical resources to run to an acceptable standard, in the first instances. This includes, but is not restricted to, courses in Dentistry, Dental Hygiene and Therapy, and Oral Health Sciences. The principles of this agreement are outlined below. As noted, other postgraduate courses with less of a clinical element should be considered in a similar light once prioritisation and available resources at other dental schools have been considered.

Principles of agreement:

- a) *Prioritisation:* The first principle is to manage events internally if possible according to the basic rules set out for low, medium and high impact events, as outlined below. In the case of a disaster event, all dental schools would need to identify which course(s) and stage(s) of teaching are critical. Once priorities have been identified, the school would then need to consider, which elements can be reviewed, suspended or would need to be moved elsewhere. These decisions are entirely the responsibility of the directly affected school(s). It is anticipated that each school will prioritise seeking support for undergraduates on clinically based programmes, followed by specialist trainees (such as those studying for a specialist master's programme), followed by students with a smaller clinical element in their course (such as those studying for a PhD).
- b) *Allocation:* If the event is sufficiently serious that it cannot be entirely managed internally, the first step is to engage with the pre-set groupings. If minor support is required, this should start with the geographically closest school and then be moved to the next closest and so on. If the grouped schools agree that between them they cannot provide all of the required support, then, as a group, they will then approach all other schools nationally to seek the necessary additional support. Each school should identify key closest schools where arrangements can be made in advance of a potential incident, though this may be subject to change based on the severity of the incident and, for example, if more than one school is affected (such as in the case of an extreme weather event in a certain geographical area). Clusters of three to five schools may be suitable as the first groupings.
- c) *Funding:* All universities are insured against physical disasters, therefore any additional costs would be borne by the affected university. This may include, though is not limited to, travel and accommodation for students, the recruitment of staff to support teaching in another dental hospital and the compensation element for students if a course is suspended. A reasonable amount of funding should also be made available by the affected university's hospital trust, determined as a sum of DSIFT (or equivalent) funding per student (which is not already tied to infrastructural costs), in order to support clinical training where students are moved to a different hospital to continue their education and training.
- d) *Staffing:* If a school was able to support elements of teaching, the staff would need to remain at the affected university. If all students are distributed, staff may be expected to travel to support teaching.
- e) *Numbers:* There may be a limit on how many students each institution could be expected to support; although there are maximum chair spaces on each clinic, institutions may not want to run at full capacity for each stage of teaching. This should be looked at case by case and reviewed over a reasonable period of time. It is acknowledged that high student numbers may have a major implication on teaching and may also have an impact on the recipient

school's own students, and this should be taken into account when the affected school looks at allocation.

- f) *Graduation*: Students will graduate from their original university regardless of where they sit finals.
- g) *PhD students*: Support for PhD students should be looked at on a case by case basis depending on the needs of the specific course and availability of resources. However, these should still be considered under part of the agreement.

Principles for types of events:

Low Impact

If a small clinical area were to be affected, the affected dental school should look to rearrange clinics so that all students remain at the university, with flexible working practices being considered e.g. weekend or evening sessions. Course structures should be reviewed to identify if the academic sections could be taught as a block and limit the need for clinical access. This would be the preferred and first adopted solution as it does not burden other schools.

Medium Impact

If an incident occurred which is sufficient to disrupt activity beyond a level which would allow all students to stay at the same site (for example, access to half of the clinical areas), then the school should look to support final year teaching as a priority, specialist clinical postgraduate courses and all non-clinical elements (e.g. years one and two). It may then consider running available clinics flexibly, if possible, or starting to request support from other schools either locally or nationally. The starting principle would be a shared agreement with the closest schools and then to move beyond this with the broad agreement of the closest partner schools if necessary.

High Impact

If all clinical areas were affected by a catastrophic event, then the priority would be to seek to locate clinical access locally or nationally for final year UG students as a first principle, followed by specialist postgraduate courses as a second priority. This may be split across a number of local schools, or distributed nationally if the closest schools could agree between them that all needs cannot be met. It may be that the suspension of certain years and courses at the affected university may need to be considered. It may be that members of staff would need to move with student transfers in order to adjust teaching needs.

Review:

This policy will be reviewed every two years, with the first taking place in September 2018. New members will be invited to sign the agreement on the accession of a new school to the Dental Schools Council.

This agreement was approved by members of the Dental Schools Council in October 2016.