

## University of Birmingham

### **Exemption to the Regulations Concerning Modularisation for the Degree of BDS.**

#### **Topic and Purpose of the Paper**

1. To request confirmation of an existing informal exemption from Regulations Section 6, Programmes of Study 1.2.1 for the clinical years (years 3, 4 and 5) of the BDS (programme id: 1875).

#### **Consultation**

2. The School of Dentistry are unaware of any requirement of the regulatory body which acts as a professional body to the BDS, the General Dental Council (hereafter GDC) for modularisation.
3. Within Academic and Student Administration, consultation has been made with members of the Student Records and Systems teams.

#### **Proposals/Recommendations**

4. That the existing informal exemption from the following regulation be approved:

Regulations Section 6, Programmes of Study, 1.2.1:

*A programme consists of a set of modules, which together have a defined set of learning outcomes including intellectual and practical skills, and which a student must complete to the satisfaction of a Board of Examiners in order to be eligible for the award of a qualification. Certain programmes may also include clinical training and other elements, which a student must complete to the satisfaction of the Board of Examiners.*

5. That the current system, whereby the BDS is assessed by various learning outcomes determined by the GDC and the Dental School, which have regulated contact hours and hours of clinical practice, shall be maintained.
6. That this exemption to regulations be applied until the Dental School have completed their review of the viability of modularisation in the BDS, at which point this exemption to regulations may be reconsidered and if necessary a re-application may be made.

#### **Background**

7. When the University adopted modularisation in 1997-98, the Dental School did not follow suit for the clinical part of the BDS, and instead negotiated an informal exemption from modularisation. This informal exemption has been operating now for ten years.
8. The original justification for the Dental School's declining to modularise the BDS was that it was impossible to fit the amount of contact and clinical teaching time within the modular system. This was accepted by the University, although no formal written documentation of the decision was produced. When, in 2004, the separate regulations for the BDS were incorporated into the Modular Undergraduate Regulations, the issue of modularisation was not raised and the unofficial exemption continued to stand.

9. The Dental School has been content with these arrangements, and having recently modularised the BSc in Dental Hygiene and Therapy now have a deeper understanding of the problems in modularising a clinical course. As part of this process it was felt that it would be ideal to place the current situation on an official footing until a final decision about the structure of the BDS can be finalised.

#### **Arguments to Support Proposals/Recommendations**

10. The current arrangements have been running for ten years with no adverse effects on the programme, the students or the University. The recent SQR found that the programme has extremely high approval rates amongst students.
11. Although the GDC is not opposed to modularisation on courses which it accredits, it does require all courses to meet minimum amounts of contact and clinical time. Fitting these requirements into a modular structure has caused some problems with the BSc in Dental Hygiene and Therapy, and the Dental School anticipate that it would be more difficult to complete the same process for the BDS and that therefore any such process should be very carefully established. The principle problem is that the amount of teaching time required for GDC certification of the BDS is such that at normal rate of ten hours work per credit (including self-study) the credit load for the BDS would be insufferably large within the University modular structure.
12. The GDC requires that the BDS be taught as a holistic whole, so that learning outcomes relate to the ability to diagnose and treat dental conditions, rather than specific conditions or skills being assessed in isolation, and learning outcomes are assessed in this way. A modular system, where each outcome would be separately assessed as part of that module, would produce assessments of particular sets of skills rather than overall dental aptitude.
13. It would be highly impractical to teach clinical skills in a modular system, as every process not only requires relevant academic understanding before it can be practised (note that these are irreversible processes, and students therefore have to be extensively taught), but cannot be practised in isolation from other skills which might be considered to be related to other learning outcomes. The requirement that certain understanding and skills be learnt before certain procedures can be attempted does not sit well with a modular system wherein different packages of knowledge and skills are learnt in an unrelated manner. The School has been a national leader in integrated patient care for thirty years. This forms most of the course, spanning three years for an average of 42 weeks a year, thereby representing a major barrier to modularisation.

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