Dear Sir,

The return to clinical dental education has posed many challenges to dental schools and their associated NHS partners as most clinical teaching facilities are open plan with varying degrees of separation between individual dental chairs. This poses obvious challenges due to the risks of aerosol generating procedures (AGPs) in large open plan environments where students, staff and patients share space. Useful guidance has been produced by Dental Schools Council and the Association of Dental Hospitals in order to manage risks and provide guidance for restoration of clinical dental education.

We are writing to share our experiences at Peninsula Dental Social Enterprise CIC the NHS clinical partner to the University of Plymouth, Peninsula Dental School. All of our students returned as normal at the start of term. We developed a phased return to clinics working to a defined standard operating procedure starting with a comprehensive clinic induction, progressing to clinical simulation and the return of face to face patient treatment from the 18th September. AGPs are provided in dedicated pods with minimum ten air exchanges per hour and independent climate control. Alongside this we have optimised suction for high speed aspiration, introduced the use of speed increasing hand pieces for recommended procedures, increased student supervision ratios and provided student-led remote triage for extremely clinically vulnerable patients.

To ensure careful monitoring of clinical activity and to ensure students are supported appropriately we produce a weekly situation report (Sitrep). Between 18th September and the 30th November there has been 3,214 student appointments with a gradual rise in activity each week. Reassuringly, the number of failed appointments is slightly less than our normal rate at 7% with the number of patients cancelled following Covid-19 triage at 10%. Very few students have been absent due to Covid-19 or for a Covid-19 related reason (1.7% of absences). There are considerable operational challenges to returning students to clinical dental education that are shared across dental schools and partner Trusts. Our response has been positive in part due to a flexible and responsive working relationship that exists between the School and NHS partner which operates independently as a social enterprise.

R Witton, E McColl, C Tredwin