

General Dental Council

Education Quality Assurance Inspection Report

Education Provider/Awarding Body	Programme/Award
Portsmouth University	Certificate of Higher Education in Dental Nursing

Outcome of Inspection	Recommended that the Certificate of Higher Education in Dental Nursing continues to be approved for the graduating cohort to register as Dental Nurses.
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Full details of the inspection process can be found in Annex 1

Inspection summary

Remit and purpose of inspection:	Inspection referencing the <i>Standards for Education</i> to determine approval of the award for the purpose of registration with the GDC as a Dental Nurse Risk based: focused on Requirements 1-21
Learning Outcomes:	Preparing for Practice Dental Nursing
Programme inspection date:	Wednesday 8 December 2021
Examination inspection date:	Module Assessment Board 22 June 2022 Exam Board 29 June 2022
Inspection team:	Katie Carter (Chair and non-registrant member) Louise Rooke (DCP member) David Young (Dentist member) Marlene Ledgister (Quality Assurance Officer)

Executive Summary

An inspection of the Certificate of Higher Education in Dental Nursing programme (hereafter referred to as “the School”) was scheduled for inspection in 2020 but was postponed due to the pandemic. The monitoring return of 2019 had recorded significant staffing changes, and, in addition, the programme had last been inspected in 2014.

Although prior to the inspection a good range and standard of evidence had been received, there were some areas of clarification needed, and it was felt that the length of time since the last inspection warranted enquiry into all Requirements. It was agreed, however, that Requirements 3, 7,10,12 were largely covered by the documentation submitted.

During the inspection Programme Leads confirmed that staffing levels are stable, and the team demonstrated good cohesion and collaboration through its structure and communications which presented as a strength. The full and effective use of Liftupp was also a strength with strong evidence of how the system feeds into the monitoring and feedback structure. Programme Leads shared the ethos of promoting an inclusive atmosphere to raise the dental nurse profile within the dental team, which is supported by peer mentoring from Level 5 and Level 6 students.

The panel were able to meet with current students who had recently joined the programme and some of those who had recently graduated, all of whom were extremely positive about the course, in particular the provision of feedback on both assessments and clinical experience, academic and pastoral support.

Following the inspection, the Panel agreed that Requirements 15 and 17 were partly met, and all other Requirements fully met. In relation to Requirement 15 the School should consider whether aspects of the arrangements put in place in response to the Pandemic might be extended into 2022. For example, the School had secured additional clinical

placements for students as a response to the pandemic. This approach should be continued for this current cohort to ensure maximum experience is achieved going forward.

The Panel attended the Module Assessment Board and Examination Board meetings in June 2022.

The GDC wishes to thank the staff, students, and external stakeholders involved with the Certificate for Higher Education in Dental Nursing programme for their co-operation and assistance with the inspection.

Background and overview of qualification

Annual intake	24 students (2021/22) Capacity for 30 fulltime students
Programme duration	32 weeks over 9 months
Format of programme	<p>Fulltime programme spanning 1 (academic) year 120 FHEQ Level 4 credits 4 modules; Science Informing Practice (SIP) (40 credits), Foundations of Dental Nursing Professional Practice (40 credits), Fundamentals of Dental Nursing Practice (20 credits) and Foundations of Evidence Based Practice (FEBP) (20 credits)</p> <p>Students acquire underpinning, evidence-based theoretical knowledge across the SIP and FEBP modules. The Foundations and Fundamentals modules include practical teaching, clinical skills and associated underpinning evidence-based theory and knowledge. Students participate in patient clinics and outreach placements as part of their Foundations of DN professional practice module, predominantly in the second teaching block.</p>
Number of providers delivering the programme	1

Outcome of relevant Requirements¹

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	Partly Met
16	Met
17	Partly Met
18	Met
19	Met
20	Met
21	Met

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*

The panel were told that theory behind clinical skills is delivered to students in the classroom, online and in the clinical skills lab on phantom heads before going to clinic. The four core modules run concurrently, and coordinators liaise to ensure that teaching is timed and coordinated. Students undertake core skills training covering duty of candour, medical emergencies, basic life support, manual handling, information security and practical elements of NHS training. This is theory-based learning delivered via moodle using a range of approaches and covers fundamentals of dental practice and use of AED defibrillator. The panel were told that steps are taken to ensure that this training is specifically related to work in the dental environment.

The School explained that gateway threshold assessments must be passed before going on to clinical environments. These can be repeated if the student fails. Students undertake practical Objective Structured Clinical Examination (OSCE) assessments, for example material manipulation and the assembly of local anaesthetic syringes. There are also preclinical online assessments, covering cavities and endodontic procedures, and an infection control online quiz.

The panel were told of other gateways including longitudinal assessment methods that capture data on student performance over time. There are three Clinical Development Monitoring Panel (CDMP) meetings across the year. Data is checked for consistent performance standards. In teaching block 2, alerts are made to the module coordinator so that immediate action can be taken if a student is not progressing.

Documentary evidence provided prior to the inspection demonstrated assessment planning mapped to GDC Learning Outcomes, and the Dental Nursing Clinical Framework mapped to the Liftupp Development Indicators. The School explained that, to address students' limited experience due to the pandemic, additional assessments were set up in areas such as crown and bridge procedures and students performed well. This will be repeated in future. An extended OSCE was also put in place supporting students to progress through their clinical activity. The panel were told that students must pass as infection control assessment and are reassessed when scores are low.

Students who met with the panel said that they had received a good induction with signposting to support and services.

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*

A range of documentary evidence submitted prior to the inspection included a Consent Policy and a Consent Policy for Children, along with a patient consent form and a new patient flyer. The Dental Academy guide for patients also explains to patients the presence and role of

students in Academy clinics. Students who met with the panel confirmed that consent was taught and assessed in the Personal and Professional Development module (prior to 2019) and Fundamentals of Dental Nursing Practice module (post 2019). When asked about consent, all students who met with the panel agreed that they were only allowed to carry out treatments if informed consent had been gained and this, in turn, made consent valid. Students added that consent and information governance is also covered in the 'passport to practice' assessment before going on to clinic.

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

Evidence presented before the inspection satisfied the panel that this requirement was met. This evidence included policies relating to audit, risk, health and safety and safeguarding. Students who met with the panel reported that they had access to all policies and would not be able to progress without having confirmed that they had read them. They were also given a quiz to check that they had read and retained the information. The students were positive about the School's approach to safeguarding.

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 in-house clinic consists of 2 clinics, one with 24 open plan bays and one with 20 open plan bays, each containing the patient, operating student, and the dental nursing student, with a member of staff allocated to the operator and another member of staff allocated to the dental nurse student. Dental nursing staff student ratios were 1:10.

The panel were told that in the pre-clinical environment students utilise mobile phantom heads to learn how to handle instruments, and practice clinical procedures. Theory and practical teaching methods ensure all learning styles are met. The School added that the dental nursing tutor supervises the student giving feedback to colleagues. Staff supervising dental nurse students are qualified and work alongside students and tutors. The panel were told that the team is very visual with colour-coded attire that supports student to understand the structure. Roles and responsibilities for staff dental nurses are clearly presented in the job description and person specifications for the role.

Students who met with the panel added that they have an assigned tutor on clinic who offers advice and support. Students said that supervisors provided plenty of support and supervision. However, both current and recently graduated students explained they would like additional time and support within the decontamination room with more hands-on experience of decontaminating instruments.

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 programme staff are GDC registered. Programme staff are supported to obtain a postgraduate certificate in teaching and dental nurse clinical supervisors receive induction into their role.

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*

A multiplicity of evidence of policies and process were made available to the panel to demonstrate compliance with this Requirement. Students confirmed that students were aware of their obligation to raise concerns and were clear about how to do this.

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 panel were satisfied that the documentation submitted prior to the inspection demonstrated that this Requirement was met. Evidence included up to date risk registers, Clinical Committee meeting minutes and Clinical Governance Reports. The School had also submitted an up-to-date incident database with detailed recording of clinical incidents and actions taken.

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*

The school has a comprehensive fitness to practise policy. Minor examples of poor professionalism are recorded using a google form which can be completed by any member of staff. This data is collated, and triangulated with clinical data from LiftUpp, shared with personal tutors and considered at the progress meetings.

Students confirmed that they are taught about fitness to practise and the role of the regulator and that the programme places much emphasis on the importance of professionalism both within and outside the university environment.

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. *Met*

The School has in place a good structure for managing the quality of the programme and a good process in place for mapping to the GDC Learning Outcomes.

Module evaluation data is collected toward the end of the year and analysed by the module coordinator. Module evaluation feeds into the Education Committee to identify themes and overarching aspects that require change. The Education Committee feeds up to the Executive Committee, and cascades down to the Academic Team meeting where the work of the department is reviewed, and from which updates to staff are issued.

The School added that students' views feed into module review. Online surveys are used to ensure anonymity, although the School reported that response rates have dropped since moving these online. Changes suggested by students as part of the module review process cannot be implemented in-year, but student voice meetings are an opportunity for staff to reassure students that their concerns are being taken seriously.

Other aspects of programme QA are external examiner reviews and the University-mandated Excellence and Quality Improvement Plan (EQUIP) which incorporates feedback from all stakeholders

Some of the changes made to the programme in response to the Covid-19 pandemic are to be retained longer term, for example online assessments which had some positive benefits to students in terms of flexibility and boosting their skills and learning experience. New situational judgement tests will also be retained as they had proved useful in boosting the confidence of students towards the end of the programme as they prepared to go out into the workforce. The panel were told that students were able to pre-record their presentations and upload them to the Virtual Learning Environment (VLE) for review by assessors, which they enjoyed and found helpful. The panel were told that additional competencies have been added in endo, crown and bridge, and dentures and these were assessed and reviewed using Google forms platform.

The School explained that clinic time had been extended for the 2020/21 cohort allowing students to achieve the required clinical experience. However, for later cohorts concerns about lack of clinical experience will be handled on a case-by-case basis using Liftupp and the CDMP processes and picked up by the Student Support Committee dependent on the underlying issue.

The School commented that attendance rates for both patients and students continue to be impacted by the Covid-19 pandemic.

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. Met

The panel were satisfied that documentary evidence submitted by the School prior to the inspection evidenced meeting the Requirement, in particular Annual monitoring and Academic Review Policy, risk management and Business Continuity Plans. There was evidence, in the form of the introduction of new competency assessments, that the programme team had acted on the findings of the 2018/19 EQUIP.

Monthly Education Committee meetings include reporting from the Student Voice Committee, the minutes of which are disseminated to staff along with action plans. The panel were told that student feedback is collected twice a year in November and March.

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. Met

A range of supportive External Examiner (EE) module reports supported by an overarching EE Award Report supported the view of the inspection panel that this programme produces students who meet the safe beginner standard. The EE confirmed that she is privy to, and

asked to comment on, proposed changes assessments, that she reviews an appropriate sample of completed assessments and that her views and suggestions are taken on board by the programme team.

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. *Met*

“Out placements”, that is, those that take place outside the Dental Academy are primarily observational intended to give students some experience of a real workplace.

The panel were satisfied that placement specific documentation submitted prior to the inspection evidenced meeting the Requirement. A Partnership Agreement and a quality audit process for “out placements” are in place to ensure quality. Placements are audited every two years, and feedback forms from placement providers and students are collected where a placement form part of modules.

Students explained to the panel that they could access feedback on their progress on Liftupp and that they were usually given immediate, oral feedback from supervisors on clinic. Students said that the in-house clinical environment was nurturing and supportive and that working with the Bachelor of Dental Science (BDS) and Hygiene and Therapy students gave a good insight into general dental practice and prepared them for work.

The panel were told that feedback was available to them on clinic from tutors, and they also completed monthly and termly feedback surveys. The feedback from surveys had been addressed and changes implemented in response.

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. *Met*

Students undertake a wide range of formative assessments and groupwork alongside clinical modules to ensure competencies are met. Liftupp records are monitored to ensure that students achieve the appropriate scores for each stage of the programme. Students receive feedback on clinical activity – both oral and written.

The Liftupp system creates alerts when students are not meeting clinical targets. This is investigated, and an action plan drawn up. Students must evidence their knowledge via OSCEs or written assignments. Further assurance is evidenced in the Sign Off process implemented through the Clinical Assessment Panel (CAP) meeting.

Where the School identifies that a student is not meeting competencies coming towards the end of the programme, support is sought through liaison with the course lead and a staff dental nurse and targeted support provided. Students are given an induction to the clinical module

with the module lead and an introduction to the use of Liftupp for grading and feedback is delivered at the start of the course and repeated across the academic year following the Clinical Development Panel Meetings.

During the inspection the EE commented that assessments were appropriate with a good process for reviewing and adapting assessments.

It was identified that there was a high failure rate for one particular module, which the School analysed and attributed to poor attendance by the cohort, impacted by the significant online component introduced in response to the Covid-19 pandemic. Plans have been put in place to address this for future cohorts. However, the School have ensured that there has been sufficient opportunity for students to engage and progress successfully which is evident from the students that have completed the course, some with distinction.

Following observation of the Module Assessment Board and Examination Board, the panel were satisfied that the programme has ensured the safe beginner level has been maintained. It was demonstrated that the students who have not achieved the required clinical level were not able to progress at first sitting and were given the opportunity to evidence their remediation and enter the 2nd attempt assessment period if appropriate. Actions were in place to enhance student engagement going forward.

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. Met

The School demonstrated the effective use being made of Liftupp, which has been customised with specific forms for Dental Nursing and which feeds into the student monitoring structure. Development Indicators are aggregated at levels 1-6 and reviewed at the CDMP meetings, which are formative meetings held biannually.

The threshold for safe beginner is a score of 4, with the target being 5. A Development Indicator is entered for the range of skills in each area and the scores examined to identify where skills are lacking. These are looked at over time for consistency in marks and at the end of their practice. Adverse scores are picked up at CDMP. The rationale behind scores is also investigated. Thresholds are entered and fed back to every student via individual appointments.

Liftupp data is entered by the tutors. Students are encouraged to log in and check their own data. Scores are standardised using the Development Indicators.

Data sets are looked at ahead of the CDMP meeting where different modules are considered, and tutors' scores calibrated where necessary. Calibration activity also includes one to one feedback, peer review and peer enhancing practice.

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. Partly Met

Evidence received prior to the inspection recorded low student clinical experience numbers across a range of procedures (endodontics, prosthodontics, restorative, and extractions) during 2020-21 as a result of lower patient flow caused by the Covid-19 pandemic. However, other evidence satisfied the inspection panel that the school had put in place a range of measures to ensure that the students had acquired appropriate clinical experience and additional forms of

assessment to ensure they had met the level of a safe beginner. The School added that more of the treatments can now be carried out due to the availability of micromotors, staff treatment clinics, emergency clinics and the easing of Covid-19 restrictions regarding social distancing on our open plan student clinics.

The panel were told that the approach to tracking has been amended to ensure that each student is working with the most appropriate treatment, and to plan and plot treatments prior to students arriving on clinic. The School are looking to utilise Liftupp to inform this process to keep cohort averages and student skills and experience under review.

Students get 50/50 access with BDS and Hygiene Therapy students which supports their understanding and role of the dental team practitioners, providing a full range of clinical experiences. Students who met with the panel commented that support received when struggling was responsive, supportive and a positive experience. It followed that personal tutors are easily accessible.

The School recognises that some students need additional support, and early interventions at module level ensure that students engage more effectively with the team. For example, online quizzes and tests help to determine which students may need support, to improve attainment.

The School should consider whether aspects of the arrangements put in place in response to the Pandemic, to ensure appropriate levels of clinical experience should be extended into 2022 and beyond.

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. Met

Assessments are developed by module coordinators and module leads share details of assessments before presenting module specifications to the Assessment Approval Panel. for final agreement. Prior to this, the teaching team are asked to carry out standard setting exercises. Once approved by the CAP assessments are shared with the EE for comment before being delivered to students.

The EE gave the panel further assurance that appropriate assessment methods were in place with validation processes including internal verification, moderation, and double marking.

The panel were told that in response to the Covid-19 pandemic, some assessments on the dental nursing programme had been changed from OSCE to MCQs.

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. Partly Met

The system for the collection of patient feedback was paused because of the C19 pandemic. Further, in common with many dental courses, the patient feedback collected is very generalised, often almost entirely complimentary and relating to the entire dental team, not specifically targeted to dental nursing students. However, dental nursing students do ask for feedback from the patient at the end of appointments and record this electronically. The School acknowledged that this face-to-face approach is difficult as it may produce bias and does not necessarily give a full picture.

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

The panel were told that reflection is part of the student's portfolio and forms part of assessment. Students enter their reflection via moodle and can also input limited reflections into Liftupp. The panel were told that Liftupp feedback and reflection are collected monthly. Students are encouraged to reflect on all of procedures, however this is not necessarily formal.

An overlap across different modules is used to support students to reflect on previous learning. Students are encouraged to make reflections daily using the 360-degree feedback function on Liftupp and create reflective blogs.

Students who met with the panel stated that tutors record performance on to Liftupp whenever they complete a certain task and they received helpful feedback. Students also reported positive support and interactions with tutors when faced with challenging issues.

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. Met

The panel were satisfied that the Requirement was met. The Staff Development Policy and the Initial and Continuing Development Policy outline a good approach to learning and development, with evidence of equality diversity and inclusion being covered in both staff and student development. Evidence of calibration was presented in Liftupp. A clear staff induction plan is in place along with detailed staff certification guidance to support staff to record continuous professional development activities.

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. Met

The School's approach and engagement of External Examiners is set out in the External Examiners Regulations and Procedures document. The panel met with the EE who reported a good level of satisfaction with levels of assessment that ensure students meet safe beginner level.

The EE reported that a variety of assessments cover the learning outcomes. The EE confirmed her involvement in module review, obtaining marking guides to ensure marking is within the set parameters, sampling student work, and producing feedback and reports. It was also reported that the School responds positively to EE queries and requests.

The panel were satisfied with the relevant EE reports submitted by the School in support of meeting the Requirement.

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. Met

The School described assessment moderation as a two-tier process. The Assessment Moderation Process document demonstrated a clear process along with detailed moderation recording completed by the module coordinator. This was supported by marking guidance and

detailed grade criteria levels for assessments. Assessment outcomes are ratified at the Module Assessment Board and Board of Education meetings.

There is evidence of standard setting. The panel were told that standard setting is carried out using Angoff and Ebel models and involves a range of staff from different backgrounds along with the module coordinator and the teaching team. The School added that although more difficult, course work marking is shared within the team. Essay type questions are done by degrees of difficulty. A range of marks is sent to the EEs.

The panel was satisfied that the Requirement is being met.

Summary of Action

Requirement number	Action	Observations & response from Provider	Due date
13	1) The provider must take steps to address the significant overall number of students recorded as deferred, referred or repeating as indicated in the Module Assessment Board and Examination Board meetings	<p>We are aware that there has been an increased number of referrals and deferrals this year across the board and this is believed to be due to the shift to on campus teaching as we emerge from the pandemic. Typically, our students would live locally as it is a full-time course but we are finding that our student body are choosing to commute due to being able to access online resources remotely. This seems to be creating challenges regarding punctuality and clinical attendance. We have struggled with student engagement and as the Dental Nursing students are only with us for 1 year it does not allow much time for absence patterns to emerge if students are struggling. We hold personal tutorials meetings and offer welfare checks in addition to tutorials across the modules to offer more close support, but we have recognised this to be a problem for some students who find it difficult to come forward. We have partly addressed this by considering a part time option for the Certificate HE Dental Nursing, giving students more time and opportunity to settle into higher education – we hope to offer this from Autumn 2022. In addition, we will review our formative assessment processes for the coming academic year and seek to build stronger connections between the formative and summative assessments to pick up struggling students more effectively ahead of the final summative assessments. Unfortunately, this particular cohort has been very challenging to engage and this may be due to their recent study being online. We collect feedback from our students but response rates on course feedback this</p>	September 2022

		<p>year have been low which makes it difficult to assess accurately what the students' issues have been. We have ensured that there has been sufficient opportunity for students to engage and progress successfully and this is evident from the students that have completed their course, some with distinction.</p> <p>Plans for action:</p> <ul style="list-style-type: none"> • Review formative and summative assessment strategy to foster improved bridges between the 2 • Convert Fundamentals of Dental Nursing Practice (M30517) essay to a computer-based exam • Increase scheduled on campus group personal tutorials to encourage student belonging • Offer a part time course option • Review attendance policy and code of conduct (to include stronger links to student professionalism linked to engagement and attendance) 	
	<p>2) The provider should address the significantly high failure rate for the Foundations of Dental Practice Module</p>	<p>The Foundations of Dental Nursing Professional Practice (M30514) module encompasses clinical and theoretical aspects and is delivered via a combination of on campus classroom-based teaching, online teaching and simulation / patient clinics. The reason for referral is either related to their clinical portfolio or their individual presentation - students are required to pass both assessment items to successfully pass the module</p>	<p>September 2022</p>

		<p>overall. This is a yearlong, 40 credit module and as the University policy is that students in excess of 60 referred credits cannot enter the 2nd attempt assessment period it will contribute significantly to students' ability to progress. Students are informed of this at the start of the year during induction, and this information is available in their Course Handbooks (issued at induction). We had a low attendance rate on clinic this year unfortunately. The cohort average was 68% and ranged from 13% to 100% with 6 students falling below 50% attendance. This lack of engagement with clinical activity inevitably impacted their ability to evidence safe practice. Student data, including absence data, was recorded throughout the year at the Clinical Development Monitoring Panel meetings and feedback was offered to students highlighting the need to improve attendance and identifying specific procedures they needed to gain experience in. Some students took this on board, others did not engage and as a result they were unsuccessful.</p> <p>Plans for action:</p> <ul style="list-style-type: none"> • Embed additional 1:1 face to face tutorials to explain feedback from CDMPs • Include improved, structured formative assessment 'check points' for all aspects of the clinical requirements of the portfolio • Review the assessment strategy for this module and replace the individual presentation with a practical OSCE style assessment 	
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15	3) The provider should implement a proactive approach to securing clinical placements for student cohorts.	A tracking system is being implemented to align student DN needs for clinical experience with clinic procedures taking place on clinic. During development, the primary intention of this system was to assist smoother operations on clinic and pairings of students, but it has the added advantage of being able to match treatment procedures with students need for specific clinical procedures. This system was implemented in Teaching Block 2 and was reviewed in student consolidation week (w/c 14th March), followed by a full evaluation at the end of the academic year. Feedback from both students and staff has been overwhelmingly positive. The student's clinical experience will continue to be monitored at the Clinical Development Monitoring Panel meetings ahead of the Clinical Assessment Panel meeting at the end of the academic year so that student's clinical placement needs can be identified and addressed at a retrievable point in their course.	August 2022
15	4) The provider should review and improve the approach to decontamination learning to ensure students are adequately prepared for the workplace environment.	A rota will be implemented to improve student experience and skill in key decontamination procedures. Students will rotate through the Dental Academy's central decontamination suite, in addition to having opportunities to consolidate learning and skills in the simulated decontamination suite.	March 2022 (complete)

Observations from the provider on content of report

The Education Associates have summarised our Cert HE Dental Nursing course accurately, and we hope that the evidence provided in advance of the inspection and observations from the inspection itself made this an easier task to achieve. As a course provider we are aware of the impact of the pandemic on the opportunities for clinical experience but with the measures put in place for the 2021/22 academic year we were confident that we had capacity to offer our students the clinical placements they require to meet GDC requirements and standards. This was evident from the students who fully engaged and completed their course successfully in

July 2022. There are clearly some areas to address with our student engagement and we have a number of actions planned to address this – as detailed in the report.
Plans are already in place to address prioritising clinical experience across the cohort to ensure students have equitable opportunities and in response to student feedback we are implementing additional opportunities to consolidate knowledge and skill in decontamination processes. We value feedback from all stakeholders and currently undertake 360° feedback exercises with our students however, this is an area we can look to explore and improve internally to maximise the benefits of 360° feedback for our students.

Recommendations to the GDC

Education associates' recommendation	The Certificate of Higher Education in Dental Nursing is approved for holders to apply for registration as a Dental Nurse with the General Dental Council.
Date of next regular monitoring exercise	2024 EQA monitoring cycle

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’ be 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’ be 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.