

**INSPECTION REPORT**

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| **Education provider/ Awarding Body:** | **National Examining Board for Dental Nurses (NEBDN)** |
| **Programme/Award:** | **National Diploma in Dental Nursing** |
| **Remit and purpose:** | **Full inspection referencing the Standards for Education to determine the approval of the award for the purpose of registration with the GDC as a dental nurse.** |
| **Learning Outcomes:** | ***Preparing for Practice*** |
| **Programme inspection dates:** | **17 and 18 July 2017** |
| **Provider visit dates:** | **1 November 2017 – Defence Medical Centre Whittington**  **9 November 2017 – Harriet Ellis Head Office, Romford**  **14 November 2017 – Montfield Dental Health Centre, Shetland**  **22 November 2017 – DentaLinks, Northwick Park Hospital**  **23 November 2017 – Professional Focus Training, Uxbridge**  **27 November 2017 – Brooklands College, Weybridge**  **16 December 2017 – Harriet Ellis Centres in Leicester, Leeds and Newcastle** |
| **Examination inspection dates:** | **16 and 17 June 2017** |
| **Inspection panel:** | **Michael McCulley (Chair and Lay Member)**  **Christine Cotton (Dental Care Professional Member)**  **Ann Shearer (Dentist Member)**  **Shazad Malik (Dentist Member)** |
| **GDC Staff:** | **Krutika Patel**  **Rachael Mendel**  **James Marshall (Provider visits only)** |
| **Outcome:** | **Recommend that the National Diploma in Dental Nursing is approved for graduates to apply to join the GDC Register as dental nurses** |

**Full details of the inspection process can be found in Annex A**

**Inspection summary**

The National Examining Board for Dental Nurses (NEBDN) is the awarding body for the National Diploma in Dental Nursing qualification. The qualification is delivered by individual providers that are directly approved by the NEBDN. Providers are approved only when they have undergone and successfully completed the NEBDN’s ‘Course Provider Accreditation’ process.

A similar approach was taken as with other awarding bodies of dental nursing qualifications: the panel visited a selection of providers who have been accredited for delivering the National Diploma. At the time of this inspection, NEBDN had approximately 151 active providers. The providers visited were selected to cover a range of different settings and provider types.

* Defence Medical Centre – defence services.
* Harriet Ellis – one of NEBDN’s largest providers, responsible for training 700 students annually. The panel visited three Harriet Ellis teaching centres in Leicester, Leeds and Newcastle.
* Montfield Dental Health Centre – a small provider training three students in a remote location.
* DentaLinks – a provider located in a hospital.
* Professional Focus Training – a private provider.
* Brooklands College – a provider delivering the qualification in a college setting.

The Defence Medical Centre and the Montfield Dental Health Centre are providers who are dental practices. Students enrolled with the other four Providers must already be employed as dental nurses and working in dental practices, and these Providers then hold classes to teach students the underpinning theory and skills.

Strengths of the NEBDN programme include the use of the company Work Psychology Group, who provide data analysis on the performance of examination questions. This has contributed to a more robust summative examination. NEBDN has also clearly defined the role of the external examiners and the panel was impressed at the changes made to the assessment process following recommendations made by the external examiners.

NEBDN uses quality assurance auditors (QAAs) to ensure all providers have the necessary policies and processes in place to guarantee all students are being provided with the training required to qualify as a competent dental nurse. QAAs are allocated providers according to the geographic location and carry out a continual programme of monitoring.

In addition, NEBDN is currently working on a communications strategy, part of which includes the creation of a ‘Course Provider Focus Group’. This group currently consists of six providers and functions to provide feedback on all aspects of the programme and to link the providers together so that they can discuss concerns and share best practice.

Areas requiring improvement include the reporting of examination results. There has been one occasion where students have been told they had passed when they had failed.

Some providers and students had reported to the panel that exam rooms and venues had been changed at the last minute, resulting in students being unsettled and potentially not being able to perform as well as they could have. It was also stated that no explanation was provided as to why these changes were necessary or actioned so close to the examination start times. Organisation and administration of assessments could, therefore, be improved. The on-line portfolio – Record of Experience (RoE) – was highlighted as not always being reliable and had resulted in some students needing to repeat assessments as they had not been able to record their practical experience on the system.

Students and Providers also raised concerns about the difficulties in getting information from NEBDN, particularly in terms of making complaints about the exams, appealing marks or raising concerns about a Provider or employer. NEBDN stated that these policies were available on their website, but the panel found it difficult to locate this guidance.

At each of the provider visits, the panel was impressed with the dedication that the staff showed in ensuring that their students were provided with a high standard of teaching. The panel was also able to speak with a number of students who at times found aspects of the programme challenging, but nevertheless enjoyed their individual learning experiences.

**Background and overview of Qualification**

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| Annual intake | As training is delivered through a network of independent course providers, it is difficult for NEBDN to provide figures on annual student intake from a training perspective. However, each year around 2,000 students sit the Diploma examination. |
| Programme duration | This varies between course providers but is normally around 12 months. |
| Format of programme | The NEBDN National Diploma in Dental Nursing comprises of a formative work place assessment, the Record of Experience (RoE) and a two-part summative examination. The curriculum is based on the GDC registration requirements for dental nurses. It sets out the knowledge, skills and behavioural requirements that should be developed and demonstrated. These are set out in terms of professional competencies and the importance of each is indicated according to the following three categories:   * Essential * Important * Supplementary   The curriculum covers four domains of professional practice:   1. Clinical 2. Professional 3. Communication 4. Management and Leadership   The RoE is an on-line portfolio designed to provide a written and authenticated record of each student’s competence, so that when fully completed each student has evidence that they have nursed and assisted in the required range of dental procedures, and to a satisfactory standard, so that they are deemed ‘safe and competent’ to work unsupervised.  The written examination is designed to assess knowledge and decision-making, which will allow students to demonstrate their understanding of each competency.  The Objective Structured Clinical Examination (OSCE) is designed to assess clinical skills, competencies and practical application of knowledge of various clinical situations. The exam consists of a circuit of approximately 10 – 15 OSCE stations, whereby students are required to undertake either a practical or paper-based task whilst being observed by a trained NEBDN examiner. |
| Number of providers delivering the programme: | At the time of the GDC inspection, 151 providers had been accredited to deliver this qualification. |

The panel wishes to thank the staff, students, and external stakeholders involved with the Diploma programme for their co-operation and assistance with the inspection.

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| **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.** | | | | | |
| **Requirements** | | **Met** | | **Partly met** | **Not met** |
| 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.   ✓  ✓   1. 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. 2. 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.   ✓   1. 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.   ✓   1. 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.   ✓   1. 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 parities how concerns will 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.   ✓   1. 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.   1. 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 Standards for the Dental Team are embedded within student training. | | | | | |
| **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)***  Providers must ensure that students undergo an induction at their respective practices, prior to being allowed any patient contact. This induction must cover patient safety and confidentiality, treating vulnerable adults and children, and dealing with medical emergencies.  To further support students in dental practice, NEBDN stipulate that providers deliver teaching on the following topics in the early stages of the programme:   * Cross infection * GDC Standards for the Dental Team * Health and safety * Medical emergencies * Patient confidentiality * Radiation protection   To make certain this is happening, all employers must sign a Service Level Agreement (SLA) which sets out the roles and responsibilities of the provider, employer and NEBDN. In addition, a Training Practice Monitoring Form (TPMF) which confirms that the practice is suitable for training dental nurses is completed.  The panel saw examples of a range of SLAs and TPMFs when visiting the providers. The panel noted that some of the providers had created their own induction checklists, which had been signed off by the employer and the student, to confirm that students had been given an induction and understood all the information. Providers also presented the panel with teaching timetables, highlighting that the core topics required by NEBDN were delivered to students during the first few months of them starting the programme.  NEBDN check that providers are complying with these requirements during quality assurance audit visits. Evidence in the form of checklists used by the auditors were reviewed by the panel.  **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)***  Each time a student completes a clinical task, they must complete a ‘Personal Experience Record sheet’ (PERs), which includes a section for reflection and must include the statement: *‘Patient consent was gained for a trainee dental nurse to assist the clinician prior to treatment.’* Each PERs is completed in practice under the observation of a GDC registrant who has undertaken the NEBDN training to be the designated practice ‘Witness’. The Witness ensures that consent has been obtained prior to any treatment being carried out.  The PERs are included as part of students’ overall ‘Record of Experience’ (RoE), and the inspectors noted evidence that patient consent was obtained appropriately when they sampled a number of RoEs,  Each provider has at least one internal moderator, whose tasks include reviewing each student’s RoE, to check that patients are consenting to treatment and that this is being recorded properly. If this is not the case, the internal moderator will contact the Witness and student, requesting that PERs are completed again, or are amended in the RoE. NEBDN QAAs will also review a sample of RoEs during their audits, again to make sure that consent is being obtained and subsequently recorded.  The SLAs between the provider and practice make clear that every patient being treated must be informed that a student dental nurse may be involved in their treatment and they have the option to refuse this if they wished to do so. Internal moderators also check that consent was being obtained when they visit practices to observe students completing their PERs.  The providers who trained students on site had notices in their waiting rooms and obtained written consent before treatment began.  **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)***  As part of the NEBDN accreditation process, NEBDN stipulates that Providers must have the following in place:   * A health and safety policy * A detailed floor plan, which includes fire exits and fire evacuation protocols * An equality and diversity policy * Staff training logs (continuing professional development) to evidence equality and diversity training * Public, Products and Employer Liability Insurance certificates.   The Providers visited could provide the inspectors evidence of these policies and processes in place, and that this had all been checked and approved during the NEBDN audits.  In respect of the clinical environments, all practices must have undergone and passed a CQC (or equivalent) inspection and this is recorded in the Training Practice Monitoring Form (TPMF). Again, examples of these forms were provided to the panel during the Provider visits, confirming these inspections had taken place.  Providers are also required to have a SLA with each student’s practice. This includes information pertaining to the GDC registrant who has the overall responsibility for supervising or arranging the supervision of the student whilst they are in practice.  Information on the SLA and TPMF is cross-referenced during periodic visits to each of the practices by the Provider’s internal moderators or by the Provider’s tutors.  NEBDN could further support students by providing guidance on what to do if a student has difficulties with their employer or Provider. Difficulties with employers are resolved by the Provider, who would endeavour to find a student another practice, if this was not possible, the student would leave the programme until they secured another post with a different practice. The students spoken to did not have any difficulties with their respective Providers, however if a difficulty were to arise in the future, students were unclear how this could be resolved. NEBDN providing clear advice on what options are available to students, and how NEBDN could intervene, could prevent students ultimately leaving the programme.  **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)***  Practices training students must confirm which GDC registered staff member will be supervising the student when they are working with patients. This information is recorded on the TPFM and examples of supervision information was made available during each of the Provider visits.  During Provider visits, the panel was able to speak to both practice staff and students, who confirmed that students shadowed experienced members of the dental team, prior to being allowed to carry out any clinical tasks. Once students are deemed competent in a particular area, they are allowed to do that task alone, but support would always be readily available if required.  All the practice staff the inspectors met confirmed they had a very good relationship with their respective Provider, and if a student was identified as struggling with a particular concept or procedure during the theory classes, the Provider would speak to their employer to advise them that the student would require additional support/supervision when carrying out those tasks.  **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)***  As discussed under Requirement 3, to be accredited by the NEDBN, providers must have a distinct equality and diversity policy, and have evidence that staff have completed equality and diversity training. Documentation demonstrating this was made available during the visits, as well as staff lists, confirming all teaching staff had the necessary GDC registration required for their roles.  The NEBDN will arrange equality and diversity training for its examiners as required.  The TPFM requires practices to confirm staff supervising students hold current GDC registration and have their own equality and diversity policy, which is checked when they visit the practice.  Providers informed the panel that they would find it useful if the NEBDN were to set communication links between all its Providers to enable them to seek advice and support and share best practice. Currently the NEBDN has a ‘Course Provider Focus Group’ consisting of six providers that meet to discuss the programme, suggest improvements and feedback on the assessments and RoE and the NEBDN hope this model can be rolled out throughout the UK. The formation of regional groups which fed back to NEBDN would reflect the opinions of a wider group.  **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)***  The NEBDN require that all Providers have a raising concerns policy in place at the point of accreditation. During Provider visits, examples of such policies were made available. These included what constitutes a concern, how to raise a concern and what support is available to students should they find themselves in the position of having to raise a concern against their employer.  Providers must also ensure each of their practices has a raising concerns policy implemented and that student nurses working in those practices are informed of its existence and the protocols and processes they would need to follow. Students informed the inspectors that they were made aware of this during the induction with their respective practices and there was a named person at the practice and a tutor or another member of staff at the Provider who they could speak to for advice if they felt patient safety at their work place was being compromised.  All practices must have processes in place to monitor compliance with their SLA and TPMF. Evidence of this monitoring must be submitted to the Provider for assessment. If the Provider consequently finds:   * a lack of management of patient safety issues; or * complaints and whistleblowing concerns; or * the NEBDN has identified concerns with that practice during a routine QAA visit, then   an ‘Observation Visit’ will be instigated to investigate how the practice plans to resolve these issues.  Following such a visit, the Provider will feedback to the practice setting out what changes must be implemented if they wish to continue to train students. If the required changes are not actioned, students at that practice will be advised to seek/given support to find alternative practices so that their training can continue in a safe environment. The Provider would also inform the GDC (following guidance from the NEBDN) of any GDC registrants at that practice that were behaving in a manner detrimental to patient safety.  **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 Partly Met)***  There is a named GDC registrant at each of the work placements who has overarching responsibility for the student dental nurse. There is also a named contact at the provider who will liaise with all their practices to ensure students training there are able to complete their PERs, as well as checking there are no patient safety incidents.  In the event of patient safety incident, the practice would remove the student dental nurse from clinic and restrict them to administration duties, until they were remediated to be allowed to continue their clinical training. All the practice staff the panel had the opportunity to speak to, stated they would also contact the Provider immediately to inform them of what had occurred and would discuss what additional teaching the student would require enabling them to assist in patient care safely. The Provider in-turn would meet with the student to reflect on what happened, why and how this could have been avoided.  Each of the Providers visited have their own methods to record patient safety incidents. However, some incidents were not recorded but were dealt with informally. The panel considered that NEBDN could do more in this area by providing specific guidance on patient safety incidents and processes that could be employed to not only record them, but feed back to the NEBDN so that topics covered during the Diploma could be adjusted to reflect the areas in which students’ may require further training.  NEBDN do have processes in place to report patient safety incidents to the GDC but admit that their knowledge of such incidents is dependent on the Provider informing them in the first place.  **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)***  NEBDN require Providers to have their own Student Fitness to Practise policy. Examples of these were made available during the Provider visits, and all the policies included processes for students to appeal the outcomes. If a provider were to struggle with a fitness to practise issue, they would seek guidance from the NEBDN. The Providers all ensured that this policy was disseminated to each of the training practices, so that they too were familiar with the standards that their trainees were expected to adhere to.  The topic of Fitness to Practise is covered during the early stages of teaching, and the students that met with the panel confirmed they understood their professional obligations in relation to this topic.  During the programme inspection in July 2017, NEBDN presented the panel with their own Fitness to Practise policy which set out its role in relation to student fitness to practise issues, the support available to providers and the procedures in place for Providers to report issues to them. The panel considered this policy to be comprehensive and useful in supporting Providers with any potential student issues they may come across in the future. | | | | | |
| **Actions:** | | | | | |
| **No** | **Actions for the Provider** | | **Due date** | | |
| 3 | NEBDN must devise guidance for students setting out what a student could do if they had difficulties with the employer or Provider. | | Update during annual monitoring 2019/2020 | | |
| **5** | NEBDN should consider creating communication channels to enable Providers to be able to contact each other to seek advice, support, share best practice and feedback to the NEBDN about the Diploma including the summative assessment. | | Update during annual monitoring 2019/2020 | | |
| **7** | NEBDN should devise guidance setting out examples of what constitutes a patient safety incident, protocols as to how this could be dealt with at practice and Provider level and have established processes in place, so that Providers are able to inform NEBDN when such incidents take place, and how they have been resolved. | | Update required as a response to this report. Annual updates via the annual monitoring process 2019/2020 | | |

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| **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.** | | | | | |
| **Requirements** | | **Met** | | **Partly met** | **Not met** |
| 1. 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.   ✓  ✓   1. 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. 2. 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.   ✓   1. 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.   ✓ | | | | | |
| **GDC comments** | | | | | |
| **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. *(Requirement Partly Met)***  The NEBDN’s quality management framework comes under the remit of the organisation’s Diploma Committee. In identifying what changes need to be implemented to maintain the relevance of the qualification, the Diploma Committee takes into consideration the following:   * Feedback from examiners and Providers * Minutes of meetings with the external examiners * Feedback from NEBDN staff meetings * Feedback from the Course Provider Focus Group * Minutes from the Quality Assurance Committee, the Governance Committee and the Board of Trustees   Examples of changes being actioned include the future implementation of the software Max Exam to manage the NEBDN’s question bank and aid in standard setting the summative written examination.  Formal processes to seek agreement to changes can be overruled depending on the urgency of the amendments required, and approval in these instances can be given by the organisation’s Chief Executive.  All policies governing the NEBDN’s functions, are ratified through the Governance Board. However, no evidence was provided to the panel explaining the review process, how often policies are reviewed and who has overarching responsibility for each of the policy documents.  Although the panel was assured that the Diploma maps against each of the relevant dental nursing learning outcomes, the panel was of the view that the framework in place was not being utilised efficiently, as there were no formal records kept of which changes were being actioned, why and when. There was also a lack of evidence to demonstrate that actions recommended during the Diploma Committee meetings were being followed up. NEBDN addressed some of the panel’s concerns by stating that a formal process to review the syllabus was being developed, with implementation planned for late 2017. This new process would include the need to accurately record what changes needed to be made, along with timelines. These actions would then be reviewed regularly during Diploma Committee and Quality Assurance Committee meetings.  **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. *(Requirement Partly Met)***  NEBDN held an OSCE in June 2016 and issued examination results in July 2016. It was later discovered that a calculation error had been made during the process of analysing the results by the external psychometrician engaged to do this.  The error resulted in 87 out of 885 candidates being told incorrectly that they had failed the OSCE when. The error also resulted in two of the 885 candidates being told incorrectly that they had passed the OSCE.  Once this situation was uncovered, the GDC was informed and all 885 candidates were written to with an apology and an explanation of what had happened. The 87 candidates who were directly affected received confirmation of their corrected result. Arrangements were made for the two candidates whose correct result was ‘fail’ to re-sit the OSCE as soon as possible, free of charge. Letters were also sent to all accredited course providers who deliver the NEBDN Diploma and to all NEBDN OSCE examiners.  An investigation and internal review was carried out which identified gaps in the quality management framework. Additional steps in the processing of examination raw data have been implemented and a new company, Work Psychology Group, has been appointed to replace the previous external psychometrician.  The panel was informed that NEBDN planned to invest in a recognised secure examination management software programme to improve quality assurance.  Since the inspection, the GDC has received a copy of NEBDN’s final Incident Report.  **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. *(Requirement Partly Met)***  NEBDN has two types of external examiners – two programme external examiners whose role includes quality assuring the questions that are included in the summative written paper and the OSCEs. The programme externals attend the NEBDN Exam Board meetings to ratify the results and are required to complete a report setting out their feedback and recommendations for improvement. Examples of these were provided to the panel who noted that changes such as amendments to questions, and a process to ensure all examiners were calibrated when marking assessments, had been actioned following the external examiner feedback.  The programme external examiners informed the panel that at the time of their appointment there was not a formal job description in place and it had taken time to understand the structure of the organisation. Subsequently a job description has been created and when their post officially comes to an end in 2018, one of the externals will remain with the organisation and mentor the new recruit to ensure consistency remains in this area of NEBDN’s quality assurance activity.  The other type of external examiners are those who are responsible for assessing and monitoring the OSCEs. Every examiner has the opportunity to provide feedback following the exam. This feedback is again considered during the Exam Board.  External quality assurance activity involves the company Work Psychology Group, who have been recruited to analyse the performance of questions in each of the final examinations. This has resulted in questions being removed or re-written, enabling future examinations to sufficiently assess the knowledge and skill required for any student wishing to qualify and register as a dental nurse.  NEBDN has provided no formal guidance to Providers in respect of collecting patient feedback. Students routinely discuss patient experience when completing their PERs, but there is no requirement to gather formal patient feedback as part of their RoE. The Providers visited had devised their own forms to enable supervisors and students to collect feedback following patient treatment, but much of the information gathered was very brief (sometimes the feedback sheets consisted of tick boxes referring to appearance, politeness and communications skills) and was used to inform individual student development, as opposed to being fed back to NEBDN and contributing to the development of the Diploma.    **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. *(Requirement Partly Met)***  The NEBDN’s accreditation process stipulates that Providers must demonstrate that they have quality assurance processes in place to enable them to assess the suitability of any work placements where their students are training. For those Providers who train employed students, part of this quality assurance process is having a signed TPMF and SLA, which includes the facilities, names of staff designated to supervise the student and their GDC numbers, the range of patients seen at the practice and an undertaking that the employer will allow the student to attend the teaching programme delivered by the Provider.  NEBDN also advise that no student be employed/trained at a practice which has not undergone or failed a CQC (or equivalent) inspection. Evidence that all this documentation has been completed correctly is audited by NEBDN’s QAA. Failure of a Provider to properly document this process, would result in the QAA imposing sanctions, until evidence demonstrating that deficiency was addressed, had been provided. Some of the Providers considered NEBDN’s process relating to sanctions unfair and were of the view that NEBDN did not give Providers sufficient time to provide the relevant documentation. The panel was informed that sanctions on occasion impacted on the Provider being able to deliver tutorials, which ultimately impacted on student development.  In addition, Providers will also attempt to visit students in their work placement soon after enrolment onto the Diploma, and again when observing and assessing the PERs. These visits are another opportunity to ensure that the work placements remain fit for the purpose of training a dental nurse.  The Providers visited had processes in place to support students in terms of finding an alternative practice if their work placements became unsuitable or their employment (for whatever reason) was terminated.  All the Providers visited routinely collected feedback from students to improve delivery of the theoretical concepts, information about assignments and the content of assessments. Evidence of these changes were minuted in team meetings, or meetings with students, or noted during one to ones, and a variety of this type of evidence was provided to the panel for review. As discussed under Requirement 11, patient feedback was not collected as a matter of course by the Providers.  Currently, NEBDN have no formal processes in place to collect and review both patient and student feedback when considering, ways in which the Diploma programme could be developed or improved. | | | | | |
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| **No** | **Actions for the Provider** | | **Due date** | | |
| **9,10** | The NEBDN must ensure the new process for reviewing the syllabus includes maintenance of an action log | | Update required as a response to this report. Annual updates via the annual monitoring process 2019/2020 | | |
| **9,10** | The NEBDN must ensure the Diploma Committee maintains an action log which clearly sets out what changes legislation/external guidance may require amendments to the Diploma qualification. Any changes should include deadlines for completion, and time should be allocated during Committee meetings to ensure these actions are reviewed regularly so deadlines are not missed. | | Annual monitoring 2019/2020 | | |
| **11,12** | NEBDN must devise guidance to enable all Providers to collect meaningful feedback from patients. | | Annual monitoring 2019/2020 | | |
| **11,12** | NEBDN must devise formal processes to enable relevant patient feedback to play a role in the development of the programme. | | Annual monitoring 2019/2020 | | |
| **12** | NEBDN must devise formal processes to enable students to provide feedback on the programme. | | Annual monitoring 2019/2020 | | |
| **12** | NEBDN must devise formal processes to enable relevant student feedback to play a role in the development of the programme. | | Annual monitoring 2019/2020 | | |

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| **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.** | | | | | |
| **Requirements** | | **Met** | | **Partly met** | **Not met** |
| 1. 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.   ✓   1. 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.   ✓   1. Students must have exposure to an appropriate breadth of patients and 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 learning outcomes.   ✓   1. 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.   ✓   1. Assessment must utilise feedback collected from a variety of sources, which should include other members of the dental team, peers, patients and/or customers.   ✓   1. The provider must support students to improve their performance by providing regular feedback and by encouraging students to reflect on their practice.   ✓  ✓  ✓   1. 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. 2. 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.   ✓  ✓   1. 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. | | | | | |
| **GDC comments** | | | | | |
| **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. *(Requirement Partly Met)***  Currently NEBDN has not mapped their entire assessment process against the GDC learning outcomes for dental nurses. There was no evidence provided to demonstrate the question bank had been reviewed to ensure it was fit for purpose. The question bank is maintained by the NEBDN Operations Team who are responsible for creating each of the written summative papers.  In respect of the question bank, NEBDN acknowledges the situation is unsatisfactory and is looking to purchase specific question bank software - MaxExam – which will generate exam papers which map across to the learning outcomes, as well as keeping a history of which questions have been used previously and on how many occasions.  **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. *(Requirement Met)***  All Providers were able to demonstrate that student progression was being monitored, either electronically via Moodle or via the Providers’ own software. Each of the Providers had their own Student Handbooks which set out lesson plans for each tutorial. The plans were devised around the RoE, and students have opportunity to practise in tutorials before returning to their practices to complete their PERs.  All Providers ensured that students met with their respective tutors to discuss any difficulties or ask questions about anything they had learnt. Some of the Providers also created private social media accounts to enable students to post questions/queries and the students said this helped them feel supported when they were out of class.  Students’ designated supervisors ‘also have access to the RoE and are able to monitor students’ development.  From an NEBDN position, QAAs sample a selection of RoE from each of the Providers under their remit and highlight any areas of concern such as if reflections were not being completed or if there was not a record of valid consent being obtained. This is then fed back to the student’s employer via the Provider. NEBDN only accepts candidates for the summative exam on receipt of a completed RoE.  **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. *(Requirement Met)***  The SLA between the Provider and employer sets out the range of patients and types of clinical procedures students have to carry out to complete their RoE. The Provider should therefore be aware if alternative arrangements need to be made to enable the student to complete the necessary clinical tasks.  The Providers we visited appeared to have good relationships with the practices in which their students were employed, and therefore if one of their students worked in a specialist practice (e.g. orthodontics), it was not difficult to arrange a short-term placement at a general dental practice.  The Defence Medical Centre informed the panel that it was having particularly difficulty in accessing paediatric patients but was in discussions with a local NHS Health Trust to organise placements for their students.  To be entered for the summative exams, students must complete all the PERs set out in the ROE, which is a record of the student’s clinical ability. Each PERs is observed by the work placements designated Witness or by the Provider’s own Internal Verifier. Feedback is provided by the assessor and students must provide a written reflection, each time a PERs is completed.  **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. (*Requirement Partly Met)***  The programme utilises a range of assessment methods – RoE, multiple choice written paper and OSCEs – in order to assess students’ understanding of the learning outcomes. To ascertain whether the assessments are fit for purpose, the written paper is set using a modified Ebel method, which ensures that this assessment has a good mixture of easy, moderate and difficult questions, which in turn relate to a range of the learning outcomes.  The two programme external examiners will review the questions and attend to the OSCEs and feedback to the Exam Board on any changes that could be actioned to maintain the integrity and robustness of the assessments.  While the current assessments were considered to be appropriate, the panel was concerned at the lack of evidence to show there was a strategy in place to explain how these assessments would be developed in the future.  The panel noted the analysis carried out by Work Psychology Group and were disappointed that no action had been taken to implement this feedback with the aim of improving the robustness of the summative assessment. The panel understood that the OSCEs triangulated the students’ knowledge by testing attitudes and behaviour but questioned the validity of including an OSCE station where students are required to interpret a radiograph and a station where students are required to select a number of instruments required for a particular clinical procedure. The panel suggested to NEBDN that these questions could be included as part of the written examination.  **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. *(Requirement Partly Met)***  Students routinely receive feedback from the Witness assessing their PERs and this is noted in their RoE. To aid student development, the panel advise that NEBDN review this section of the RoE and issue further guidance so that Witnesses also comment on areas for improvement, and other aspects of professionalism such as behaviour, attitude, communication skills and appearance. Providers will seek to gather feedback from work placements, but any useful information gathered in this way is mostly informal and contributes more to the individual development of the student. Providers did say they fed back informally to their respective QAA but were unsure as to how this feedback would be used to develop the assessment process.  NEBDN are addressing the issue of the lack of engagement with its Providers by setting up a Course Provider Focus Group. It currently consists of six members, and it is hoped their feedback will eventually play a role in programme and assessment development.  Students are able to obtain feedback from NEBDN following the summative assessment. This currently costs the student £50 and both Providers and students considered this fee high, considering the feedback provided lists of what questions/OSCE station the student failed. Again, to help pass the summative exams, NEBDN should consider reviewing the quality of the feedback provided to students and think about how the information could include areas the student may wish to focus on in order to achieve success the next time they sit the assessments.  Peer feedback is informal and provided during tutorials. There is no requirement or process in place to collect meaningful patient feedback that could contribute to the assessment process.  Changes have been made to questions following feedback from the external examiners, and certain processes governing the running of the OSCEs have been implemented following feedback from the examiners, but currently the NEBDN does not have a strategy which sets out when and how it will consider feedback from a variety of sources.  **Requirement 18: The provider must support students to improve their performance by providing regular feedback and by encouraging students to reflect on their practice. *(Requirement Met)***  Each of the Providers was able to provide evidence of meetings with students, where feedback on their performance, and their general progression through the programme was discussed. The panel was also able to review a sample of RoEs, and on completion of each PERs, it was clear that feedback from the person assessing that task was provided, along with a reflective account from the student. Students, their employers and Providers informed the panel that the RoE was the basis on which progression was measured and a good indicator at identifying areas that required further support or teaching.  **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. *(Requirement Met)***  The SLA and TPMF that is in place between each employer and the Provider makes clear that a GDC registrant must take overall responsibility for supervising the student when in practice, or delegate this responsibility to another GDC registrant that is competent to provide this support.  All the Providers were able to demonstrate that tutors and assessors had the appropriate registration and/or training in order to carry out their role efficiently. All the Providers had specific equality and diversity training, which staff had to complete. Certificates confirming compliance with this requirement were also available during the Provider visits. Providers stated that they could not force their students’ employers to undertake equality and diversity training, but as part of the TPMF practices did have to have a fit for purpose equality and diversity policy in place.  Those who wish to assess PERs must complete the NEBDN on-line Witness training. This is monitored by the Provider and triangulated by NEBDN during the QAA visit.  All NEBDN examiners and both the external examiners are registered with the GDC. NEBDN state that equality and diversity training is implicit as part of these roles, but they do not hold records confirming training has been completed, however, they are looking to record this information in the future.  **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. (*Requirement Met)***  Two external examiners oversee the Diploma. Their role includes:   * quality assuring the questions/OSCE stations for the summative assessment; * reviewing NEBDN’s assessment blueprint to ensure the necessary learning outcomes are being met; * reviewing the psychometric data produced by Work Psychology; and * ratifying the exam results.   The externals also submit a report following the final exams and this is considered by the Diploma Committee and the NEBDN Operations Team.  Changes resulting from the externals feedback are discussed as part of Requirement 11.  **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. (*Requirement Partly Met)***  Information about each of the assessments, including marking guides and guidance on reflection, can be found in the Diploma Course Handbook and the Course Handbook for Record of Experience. In addition, some of the Providers have gone on to produce their own guidance setting out assessment timetables and guidance on the PERs so that students are clear on what is expected from them from the outset.  NEBDN do standard set both parts of the summative assessment. The pass mark is determined using the Ebel method, the OSCE pass mark is set using the ‘Borderline Regression Method’.  NEBDN were able to provide evidence that the assessments had mapped to the necessary learning outcomes, however, the panel recommend that NEBDN review the format of this document, as it is not clear where each of the learning outcomes are being met, and there is danger that learning outcomes may not be being met when future assessments are being devised, owing to the cumbersome nature of the mapping document.  During the Provider visits, the panel was informed that it would be helpful for the NEBDN to devise mock examinations to help students prepare for the actual assessments. Currently Providers devise practise papers using their own resources but would value input or guidance from NEBDN so that students’ expectations of the assessment process are as realistic as they can be. | | | | | |
| **Actions:** | | | | | |
| **No** | **Actions for the Provider** | | **Due date** | | |
| **13** | NEBDN must ensure that all assessments are clearly mapped against the learning outcomes. | | Update required as a response to this report. Annual updates via the annual monitoring process 2019/2020 | | |
| **13** | NEBDN must provide an update on the progress of the implementation of MaxExam | | Annual monitoring 2019/2020 | | |
| **16** | NEBDN must develop a formal strategy in order to periodically review its summative assessments. This should include the analysis produced by Work Psychology. | | Annual monitoring 2019/2020 | | |
| **17** | NEBDN must consider reviewing the quality of the feedback provided to students and think about how the information could include areas students may wish to focus on in order to achieve success the next time they sit the assessments. | | Annual monitoring 2019/2020 | | |
| **17** | NEBDN must consider providing further guidance to Witnesses, so that students receive detailed feedback, including specific areas that could be improved upon, following the completion of each PERs. | | Annual monitoring 2019/2020 | | |
| **17** | NEBDN must develop guidance in order for meaningful patient feedback to be collected. | | Annual monitoring 2019/2020 | | |
| **17** | NEBDN must develop a process to enable patient feedback to contribute to the development of assessments | | Annual monitoring 2019/2020 | | |
| **21** | NEBDN must review the blueprinting for assessments, to ensure the format is clear and each of the learning outcomes are being achieved. | | Annual monitoring 2019/2020 | | |
| **21** | NEBDN should consider offering additional support to Providers, by devising mock exam questions so that students understand what is expected of them prior to sitting the summative paper. | | Annual monitoring 2019/2020 | | |

**Summary of Actions**

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| --- | --- | --- | --- |
| **Req. number** | **Action** | **Observations**  **Response from Provider** | **Due date** |
| * 1. 3 | NEBDN must devise guidance for students setting out what a student could do if they had difficulties with the employer or Provider. | NEBDN is committed to providing high quality services and support to our stakeholders. We have a robust procedure in place for individuals or organisations to follow, should they wish to make a complaint;  Our complaints policy, updated in March 2018, outlines what students need to do if they wish to make a complaint to NEBDN about any aspect of our service, procedures and policies. The policy sets out clearly the process for making a complaint, how we will investigate and respond to complaints, and the associated timescales. All complaints are monitored by the NEBDN Management team on a monthly basis and the Head of Operations, Quality and Standards, a new role currently being recruited, will provide oversight and assurance of the processes and standards in place.  NEBDN aims to provide clear advice on what options are available to students who experience difficulties and although NEBDN is not in a position to get involved in complaints made by an employee against an employer, NEBDN may be able to intervene in certain circumstances to confirm the level of commitment the student has made relating to the qualification being undertaken.  NEBDN are currently considering what additional guidance could be provided to students and how to share information with students more effectively, for example, by including a copy of the complaints policy in a student welcome pack, and by making the information easier to find on the NEBDN website. This guidance will be also be detailed in the revised Qualification Handbook which is due to be launched in Q1 2019. | Update during annual monitoring 2019/2020 |
| * 1. 5 | NEBDN should consider creating communication channels to enable Providers to be able to contact each other to seek advice, support, share best practice and feedback to the NEDBN about the Diploma including the summative assessment. | NEBDN recognises the importance of encouraging Providers to communicate with each other, seek advice and provide feedback to NEBDN.  The Course Provider Focus Group was launched in 2017 with the specific aim to provide a forum for Course Providers to collaborate and share best practice. The group currently consists of 6 providers and representatives from NEBDN to discuss the Diploma programme, suggest improvements and share feedback on the assessments and Record of Experience. The last meeting took place in September 2018 where course providers where asked for their feedback on the new Quality Assurance Standards and the revised Sampling strategy both of which are due to be introduced next year.  In addition, there are Course Provider workshops planned for Q1 2019 to consult on new documents and processes. These are open to all Course Providers and will be a further opportunity for Course Providers to make connections with other providers, share best practice and give feedback to NEBDN. NEBDN intend to establish a regional network of Course Provider groups during 2019. | Update during annual monitoring 2019/2020 |
| 7 | NEBDN should devise guidance setting out examples of what constitutes a patient safety incident, protocols as to how this could be dealt with at practice and Provider level and have established processes in place, so that Providers are able to inform NEBDN when such incidents take place, and how they have been resolved. | NEBDN’s Accreditation Standards require that course providers have a Student Fitness to Practise Policy and a Student Behaviour Policy and the associated processes are made available to students, employers and Course Provider staff. Course Providers must record, act on, and learn from Student Fitness to Practise and Behaviour issues.  NEBDN acknowledges the importance of ensuring patient safety at all times and recognises its responsibility to ensure a consistency of approach from Providers to identify, manage and resolve such incidents when they take place.  To this end the Diploma Steering Committee Group agreed in August 2018 to provide oversight of the development of more specific guidance focussed on ‘Raising and acting on concerns about patient safety.’  This policy is intended to empower individuals to raise patient safety concerns as early as possible and to promote a positive environment where individuals who have legitimate concerns, are able to raise these without fear of discrimination or reprisal. The first draft is due to presented to the Diploma Steering Committee on 3rd Dec 2018  Since the inspection took place, NEBDN has amended the Annual Monitoring form to capture information in a consistent format from all Providers regarding any incidents. New guidance for Providers is being developed by members of the Diploma Steering Group which will include a clear definition of what constitutes a patient safety incident as well as some scenario-based examples. These improvements will support the new policy and will help Providers to understand the need to record and report incidents to NEBDN rather than deal with them informally. It is expected that the new guidance will be introduced in early 2019. | Update required as a response to this report. Annual updates via the annual monitoring process 2019/2020 |
| * 1. 9,10 | The NEBDN must ensure the new process for reviewing the syllabus includes maintenance of an action log. | NEBDN advised the GDC inspection team that a formal process to review the syllabus was being developed, with implementation planned for late 2017. This process would include the development of an action log.  Due to unforeseen circumstances, the process of reviewing the syllabus was put on hold at the end of 2017 and only restarted in the first half of 2018. However, this work has now been concluded and a new syllabus was presented to the Diploma Steering group for approval in August 2018. The latest minutes of this meeting confirm that an action log has been created and this will be used to track the progress of getting the syllabus signed off by the end of 2018 and implemented by the end of Q2 2019. | Update required as a response to this report. Annual updates via the annual monitoring process 2019/2020 |
| * 1. 9,10 | The NEBDN must ensure the Diploma Committee maintains an action log which clearly sets out what changes legislation/external guidance may requirements to the Diploma qualification/ Any changes should include deadlines for meetings to ensure these actions are reviewed regularly so deadlines are not missed. | In addition to the comments in the previous section, NEBDN will track the completion of all actions relating to changes to Diploma qualification via the Diploma Steering Group action log which includes deadline dates and action owners. The actions will be reviewed at every meeting and this will be noted in the minutes of the meeting. The new Head of Operations, Quality and Standards will be responsible for ensuring that all actions from the various committee meetings are captured, monitored and completed in a consistent manner.  A new Education and Standards Committee (ESC) will have the lead responsibility to set and uphold standards and quality in NEBDN’s pre- and post-registration learning programmes and qualifications and to ensure that they meet the needs of dental nurses, other dental professionals and their employers. The committee will discharge this responsibility through a variety of ways including:   * Scrutinising and approving NEBDN’s quality systems and processes to ensure the delivery of consistent and high-quality learning and assessment by accredited course providers * Ensuring consistent high-quality approaches are used to set, deliver, analyse, quality assure and ratify NEBDN’s formative assessment and summative written and practical examination results * Overseeing, monitoring and quality-assuring the work of the Diploma Committee, the Post-Registration Committee and its working groups or sub-committees. | Annual monitoring 2019/2020 |
| * 1. 11,12 | NEBDN must devise guidance to enable all Providers to collect meaningful feedback from patients. | NEBDN are keen to ensure that all of its students are acting in the best interests of the patient throughout their training. NEBDN recognises the benefit of obtaining feedback from patients, however, there is no obligation for the patient to provide it and if patients do give feedback, it often relates to a student’s appearance and politeness rather than the student’s knowledge, skills and technical abilities.  Supporting guidance, currently under development by the Steering Group, will ensure Providers are clear about the type of feedback that is required from patients and will suggest different ways to capture feedback from patients in the future. This action will be monitored as part of the Diploma Steering Group action log until completion. The next Steering Group meeting is in Dec 2018. | Annual monitoring 2019/2020 |
| * 1. 11,12 | NEBDN must devise formal processes to enable relevant patient feedback to play a role in the development of the programme. | A revised Service Level Agreement has been created by NEBDN to include an employer’s responsibility to:  • Ensure that all Patients are made aware that they are being treated by students and give consent  • Patients must be provided with information about   * the student’s and supervisor’s roles * what standards they can expect from a Student dental nurse * what they should do if they wish to provide feedback and/or are unhappy   A new supplementary outcome is currently being developed focussing on obtaining patient feedback. This information will contribute to ‘practical assessment’ as part of the student’s training and will be retained as evidence in the student’s portfolio. It has been added to the sampling strategy and included in the NEBDN monitoring of quality management of the eRoE. Key findings from the monitoring will be presented to the Diploma Committee, initially on a quarterly basis, by the Quality Auditors, along with any recommendations for improvements for consideration. | Annual monitoring 2019/2020 |
| * 1. 12 | NEBDN must devise formal processes to enable students to provide feedback on the programme. | Students already have the opportunity to provide feedback at many points during their time on the programme. Providers routinely collect feedback from students, but this is often centred around the delivery of material, information about assignments and the content of assessments. The nature of NEBDN’s operating model – where accredited course providers provide training to prepare students for assessments and examinations that we deliver - means that we have limited direct contact with students outside the examinations, and therefore few opportunities to collect formal feedback directly which could help to identify areas of improvement or future development of the programme. We are exploring a number of possible approaches such as:  the use of newsletters to pro-actively communicate directly with students and ask for their feedback  the creation of a ‘student voice’ forum  capturing student feedback at the end of the eRoE.  This is in addition to creating a more formal mechanism for Providers to gather feedback specifically from students relating to the programme and how to share it with NEBDN on a regular basis. Initial thoughts are to use the Course Provider Focus Group meetings to obtain feedback as well as developing online questionnaires. It is anticipated that some of the above initiatives will be trialled during Q1 and Q2 in 2019 and if found to be effective, implemented during Q3 and Q4 of 2019. | Annual monitoring 2019/2020 |
| * 1. 12 | NEBDN must devise formal processes to enable relevant student feedback to play a role in the development of the programme. | Following on from the above points, it is essential to ensure that all feedback from students is captured, reviewed and any key themes identified. Consideration is being given as to how this can be done efficiently and effectively and fed into the future development of the programme, through the correct channels, with the aim have having a new feedback process in place during 2019. The Diploma Steering group are exploring different ways to do this, one of which is the addition of a feedback section on the RoE. | Annual monitoring 2019/2020 |
| * 1. 13 | NEBDN must ensure that all assessments are clearly mapped against the learning outcomes. | The curriculum for the NEBDN National Diploma in Dental Nursing is already mapped to the General Dental Council’s (GDC) Preparing for Practice learning outcomes for dental nurses. The curriculum sets out the knowledge, skills and behavioural requirements that should be developed and demonstrated. These are set out in terms of professional competencies and NEBDN indicates the importance of each according to the following three categories:  • Essential (E)  • Important (I)  • Supplementary (S)  Assessment methods are clearly outlined for each competency (e.g. how the skills and knowledge will be assessed in the summative examinations).  A blueprint is produced for each examination diet to ensure sufficient coverage of GDC learning outcomes. However, NEBDN accepts that there is more work to be done to ensure that the entire assessment process is clearly mapped against the GDC learning outcomes.  To this end NEBEDN is in the process of implementing MaxExam - a complete software solution which will enable NEBDN to:   * Complete curriculum mapping * Improve exam blueprinting * Provide advanced standard setting and grading * Produce more detailed reporting | Update required as a response to this report. Annual updates via the annual monitoring process 2019/2020 |
| * 1. 13 | NEBDN must provide an update on the progress of the implementation of MaxExam | The following milestones have been achieved in the last 12 months:  Sept 2017 – Implementation project started  Nov 2017 – Run mock exam in demo system  Apr 2018 – First Diploma written exam using live system (paper)  Jun 2018 – First Diploma OSCE using live system (e-marking of all candidates in all centres)  Sept 2018 – Using live site to produce paper-based exams  We have developed a good practical understanding of the time required to set up and create exams on the new system. We are now monitoring the effectiveness of our new processes for the next few exam cycles in order to identify any further efficiencies that can be made or any development requirements to pass back to Maxinity to consider for future releases. | Annual monitoring 2019/2020 |
| * 1. 16 | NEBDN must develop a formal strategy in order to periodically review its summative assessments. This should include the analysis produced by Work Psychology. | The Diploma Assessment Strategy sets out how the National Diploma in Dental Nursing qualification meets the NEBDN’s principles of assessment. It is mapped to the GDC learning outcomes for dental nurses in “Preparing for Practice”  NEBDN was pleased to note the inspection panel considered the current assessments to be appropriate but agrees more can be done to successfully evidence how assessments would be developed in the future.  The Diploma Steering Group is currently considering how to best ensure that a periodic review takes place of the summative assessments which incorporates any analysis produced by Work Psychology Group. At the Diploma Steering group in August 2018 it was agreed that the Committee members will work together to draft an outline of the required strategy to support the periodic review of summative assessments. This will be reviewed in the next meeting in December 2018 and progress will be monitored by the Education Standards Committee following their inaugural meeting on 3rd October 2018. | Annual monitoring 2019/2020 |
| * 1. 17 | NEBDN must consider reviewing the quality of the feedback provided to students and think about how the information could include areas students may wish to focus on in order to achieve success the next time they sit the assessments. | The implementation of MaxExam will provide NEBDN with enhanced reporting tools. NEBDN are currently investigating if this will enable more detailed feedback to be provided. However, it is important to strike the right balance between the provision of meaningful feedback to assist students to improve their performance at exams and the need to ensure the security of the detail of exam questions. Discussions with Maxinity will continue in the coming months to fully explore the possibility of improving the quality of feedback provided to students to include more details about the specific areas of the curriculum they may wish to focus on. This will be trialled during Q1 and Q2 in 2019 (OCSE’s in January and Written paper in April) with a full implementation likely to be completed by the end of 2019. | Annual monitoring 2019/2020 |
| * 1. 17 | NEBDN must consider providing further guidance to Witnesses, so that students receive detailed feedback, including the specific areas that could be improved upon, following the completion of each PERs. | NEBDN is committed to ensuring students receive feedback from Witnesses that is appropriate and aids their development. With this in mind NEBDN are currently considering the development of an induction pack for Witnesses which will refer to the importance of providing feedback that focuses on what is done well and areas for improvement, including behaviour, attitude, skills and knowledge. | Annual monitoring 2019/2020 |
| * 1. 17 | NEBDN must develop guidance in order for meaningful patient feedback to be collected. | See earlier response to point 11.,12 as this applies to the gathering of patient feedback too. In addition, NEBDN would welcome any suggestions from the GDC from their experience in relation to seeking feedback from patients. | Annual monitoring 2019/2020 |
| * 1. 17 | NEBDN must develop a process to enable patient feedback to contribute to the development of assessments. | A new supplementary outcome has been developed during 2018 focussing on obtaining patient feedback. This information will contribute to ‘practical assessment’ as part of the student’s training and will be retained as evidence in the student’s portfolio. It will be added to the sampling strategy and included in the NEBDN monitoring of quality management of the eRoE. Key findings from the monitoring will be presented to the Diploma Committee on a quarterly basis, along with any recommendations for improvements for consideration. | Annual monitoring 2019/2020 |
| * 1. 21 | NEBDN must review the blueprinting for assessments, to ensure the format is clear and each of the learning outcomes are being achieved. | NEBDN accepts the feedback from the Inspection panel which highlights that the current format for blueprinting needs to be reviewed.  The implementation of MaxExam during 2018 will enable quick exam development and greater consistency of standards and assurance that each learning outcome is being achieved. | Annual monitoring 2019/2020 |
| * 1. 21 | NEBDN should consider offering additional support to Providers, by devising mock exam questions so that students understand what is expected of them prior to sitting the summative paper. | NEBDN welcomes the feedback from the inspection panel about the need to ensure Providers have access to mock examination questions to help students prepare for the actual assessments.  New mock examination questions for the written exam are being developed with the intention of inputting them to MaxExam. The mock questions will also be released to Course Providers via the NEBDN website by the end of 2018.  NEBDN is also researching ways to further support course Providers with OSCE examinations which could include running regional workshops, providing clear written explanations or using video material. The Diploma Steering group is monitoring the completion of these actions. | Annual monitoring 2019/2020 |

**Observations from the provider on content of report**

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| NEBDN would like the General Dental Council to know that the inspection was a positive experience. We were particularly pleased to receive recognition from the panel relating to the strengths of the NEBDN programme, including the use of Work Psychology Group, the work of the Quality Assurance Auditors who carry out our continual programme of monitoring and the changes we have implemented following feedback from our external examiners all of which continues to ensure the summative examination remains robust.  We were also pleased to note how impressed the panel were with the dedication of the staff at each of the provider visits who ensure their students are provided with a high standard of teaching.  NEBDN accepts the findings of the report highlighting the areas requiring improvement. We have already taken steps to address many of the recommended actions and have plans in place to incorporate further improvements as suggested by the panel. We hope these steps will ensure our continued compliance to the GDC requirements and further strengthen the delivery of our qualification. |

**Recommendations to the GDC**

The inspectors recommend that this qualification continues to be approved for holders to apply for registration as a dental nurse with the General Dental Council.

NEBDN must provide detailed information regarding how they have met, or are endeavouring to meet, the required actions set down in this report when the GDC carries out annual monitoring for 2018/19.

**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 edition[[1]](#footnote-2) 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 inspectors 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”

1. 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’ is used to describe the obligation on the provider to undertake this action. For these actions the inspectors may 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’ is 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 annual monitoring process. Serious concerns about a lack of progress may result in further inspections or other quality assurance activity.
2. The QA 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.
3. The final version of the report and the provider’s observations are published on the GDC website.

1. http://www.gdc-uk.org/Aboutus/education/Documents/Standards%20for%20Education.pdf [↑](#footnote-ref-2)