

INSPECTION REPORT

Education provider/ Awarding Body:	NCFE
Programme/Award:	NCFE CACHE Level 3 Diploma in the Principles and Practice of Dental Nursing
Remit and purpose:	Full inspection referencing the <i>Standards for Education</i> to determine approval of the award for the purpose of registration with the GDC as a <i>dental nurse</i>
Learning Outcomes:	<i>Preparing for Practice (Dental nurse)</i>
Programme inspection dates:	17 – 18 May 2016 – CACHE programme inspection Centre inspections: 6 June 2016 – Blackpool and Fylde College 6 July 2016 – Canterbury College 28 February 2017 - South Devon College 20 March 2017 – Barnsley College 24 March 2017 – Dental Nursing Academy (London)
Inspection panel:	Alan Kershaw (Chair and Lay Member) Fiona Sandom (Dental Care Professional Member) Suzanne Noble (Dentist Member)
GDC Staff:	Krutika Patel (Lead) James Marshall (Blackpool centre inspection only)
Outcome:	Recommend that NCFE CACHE Level 3 Diploma in the Principles and Practice of Dental Nursing is approved for registration of the dental nurses to the GDC Register.

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

Inspection summary

CACHE/NCFE is the awarding body for the NCFE CACHE Level 3 Diploma in the Principles and Practice of Dental Nursing qualification. This qualification is delivered by individual centres that are directly approved by CACHE, once that centre has undergone a quality assurance process, and met the requirements laid down by CACHE to be designated an 'approved centre'.

In total, five centres were visited as part of this inspection. The Blackpool centre chose to deliver the qualification for just one year. During this time, three students passed the qualification, and have subsequently been allowed to go on and register with the GDC. Following the inspection of the Canterbury centre, the panel learned that this centre decided not to continue delivering the programme. CACHE informed the GDC that these students had chosen not to continue studying dental nursing.

This inspection was extended into 2017, so that the panel could be assured that those centres who had the intention of delivering this qualification on a long-term basis had sufficient quality assurance mechanisms in place to be able to do so successfully. This report will therefore refer to the centre visits carried out at London, Paignton and Barnsley, as well as the initial programme inspection with CACHE, which took place in May 2016.

Strengths of the programme are the measures CACHE have in place to ensure that the qualification is delivered consistently across all its centres. These include the detailed guidance created specifically for the centres, the regular quality audits of the centres undertaken by CACHE, and the fact that assessments are audited both by an internal quality assurer and then externally during the quality audit. The inspectors recognised that, at the centre level, the programme staff were extremely dedicated and worked hard to make sure all students had a positive and beneficial learning experience.

Areas requiring development concern the lack of external oversight over the entire programme. The inspectors understand CACHE recruit 'revisers' and 'scrutineers' to assess the robustness of assessments, but the panel were of the view that having a totally independent person/organisation to look at the entire programme, including all the individual policies and processes could only lead to ongoing improvement of the qualification. Feedback was another area of concern. CACHE have provided all the centres with guidance and templates on collecting feedback from students and patients, but as of yet there appears to be no process in place as to how this information will or can contribute to development of the qualification.

To ensure the end report is an accurate representation of the programme, it is important that, as well as talking to staff, the panel has the opportunity to speak with a range of students and their workplace supervisors. Inspections are planned well in advance, and therefore the panel was very disappointed that the centres were not able to arrange for more work placement staff and students to speak to the inspectors.

Background and overview of Qualification

Annual intake (current and projected):	203 learners at present with a further 50 – 100 expected next year.
Programme duration:	The qualification is intended to be completed in between 9 and 24 months, depending on the mode of the delivery at the centre where the student is studying.
Format of programme	<p>The qualification has a guided learning value of 366 hours which is based on the guided hours for each unit.</p> <p>In addition, CACHE recommend that students spend a minimum of 16 hours per week in their work placements.</p> <p>The programme consists of 17 units which are:</p> <ol style="list-style-type: none"> 1. Contribute to health and safety in the dental environment 2. Work within the regulatory requirements in relation to the role of a dental nurse 3. Reflect on and develop practice as a dental nurse 4. Prepare and maintain environments, instruments and equipment for clinical dental procedures 5. Promote oral health for individuals 6. Provide support during the assessment of and the individual's oral health 7. Contribute to the production of dental images 8. Provide support during the prevention and control of periodontal disease, caries and the restoration of cavities 9. Provide support during the provision of fixed and removable prosthesis 10. Provide support during non-surgical endodontic treatment 11. Provide support during the extraction of teeth and minor oral surgery procedures 12. Principles of infection control in the dental environment 13. Dental anatomy and assessment of oral health 14. Principles and techniques of dental radiography 15. Principles of managing oral disease and dental procedures 16. Understanding ethics and professionalism in dental nursing 17. First aid essentials

	<p>For the formative assessments, students are required to meet all learning outcomes and assessment criteria that make up each unit, using a range of assessment methods set by CACHE.</p> <p>To support centres, CACHE has devised optional assessment tasks for each unit for the formative assessment and set a pass mark of 60%.</p> <p>.</p> <p>The summative assessment involves the student sitting two computer-generated question papers (no paper is the same), and answering a series of multiple choice questions. The pass mark for this assessment is 60%.</p> <p>All the formative and the two summative assessments must be passed for the student to attain the qualification.</p>
Number of providers delivering the programme:	11

The panel wishes to thank staff, students and external stakeholders involved with the NCFE CACHE Level 3 Diploma in the Principles and Practice of Dental Nursing, for their co-operation and assistance with the inspection.

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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)

CACHE stipulate that their centres assess all students, before they are permitted to carry out clinical duties in practice. CACHE's 'Qualification specification' document sets out the topics that students must be taught, or have sufficient knowledge of, before they have contact with patients. These include infection control; communication; and health and safety.

CACHE require that centres ensure all students undergo an induction at their respective work placements, and provide guidance to the centres regarding the content of this. During all the centre visits, the panel was provided with copies of student files, which included a signed declaration from their designated supervisor in practice, confirming that they had been given an induction prior to commencing working on clinic. This induction included patient safety; confidentiality; raising concerns; and health and safety procedures.

CACHE monitor both the delivery of the programme and induction during their regular quality audits. The panel was provided with examples of completed audit reports demonstrating that this monitoring was happening, and is satisfied that each centre had in place robust internal quality assurance, and that all students were being assessed appropriately.

In meetings with some of the students and their work placement supervisors, the panel was informed that, in practice, students are allocated a mentor, normally a dental nurse, whose role it is to support them with their progression through the programme, and ensure that they are obtaining the necessary skills and knowledge. In addition, a dentist is always on the premises to intervene and provide assistance, should the student need support.

Each learner is allocated a qualified 'Assessor'. Depending on the number of learners at each centre, there may be more than one assessor. These are responsible for assessing knowledge and practical skills/competence through observation, using a range of specified assessment methods to ensure students are meeting the requisite standards to be able to practise as a dental nurse.

At the centres visited, the assessors stated they regularly liaise with the tutors who deliver the underpinning knowledge, so that specific topics could be covered if the assessors felt the students they were monitoring were struggling with particular areas.

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)

The panel was provided with examples of the type of guidance CACHE have devised, to inform patients that a student dental nurse may be involved in treating them. This guidance included the use of name badges; posters in the reception area of the practice; the use of different

coloured uniforms to identify students; and the importance of obtaining valid consent prior to treatment commencing.

All the centres visit each of the work placements at least two to three times during the academic year. The purpose of these visits is to assess the student and to monitor how the student is developing in the work environment. During these visits, the centre assessor will observe students treating patients, and check that consent is being obtained at each of their patient contacts. In addition, assessors will review patient records and note if consent to allow a student to be involved in treatment was obtained. The panel was able to review assessment records, and there was evidence to demonstrate that centres were checking that valid consent was being obtained from patients at each of the work placements.

During their quality audits, CACHE discuss with each of the centres how consent will be obtained and recorded, and would expect to see evidence that this is being monitored by the centre through student assessment records.

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)

CACHE have devised a checklist for centres to use, to enable them to ascertain the suitability of work placement as training practices. During the quality audit visits, these checklists are reviewed to confirm they are being used and completed correctly. The information is noted in the final audit reports, examples of which were provided to the panel.

All three centres informed the inspectors that they had well-established links with the local dental practices, as all three centres had or were also delivering other dental nurse qualifications. Centres were therefore assured that work placements under their remit were appropriate for training, as previous checks had confirmed they complied with the relevant legislative requirements governing patient care.

Centres provided evidence to the panel of completed work placement audits, which not only included information on the clinical environment, but also demonstrated that centre staff visit the work placements two or three times during the academic year and therefore would be able to monitor whether a work placement became unsuitable and a risk to both students and patients.

All the students spoken to during centre visits confirmed that they had been taught about the issue of raising concerns and were aware of named people, in both their work placement and at the centre, that they could speak to should they have any concerns regarding patient safety. At the time of the visits, no such concerns had been raised at any of the three centres.

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)

CACHE require that students must be allocated a designated supervisor whilst in their respective work placements, and that this person must be a GDC registrant. The designated supervisors must sign a contract with the centre. This confirms they agree to take responsibility for the student, and provide the names of other named staff at their practice to whom they may delegate responsibility for their student, whilst the student is in practice. Copies of these contracts are contained within student files, and the inspectors were provided with examples during the inspection.

The supervisors the panel was able to speak to employed various methods to ensure students had the appropriate supervisor at all times, depending on their ability. This included the mentors in the practice who would first demonstrate, then observe the student carrying out specific tasks before being allowed to assist the dentist during treatment. Other supervisors set aside a specific time during the week, where they would review and discuss what the student had been taught in the centres, and then decide what areas needed further clarity or practical experience. In addition, all the work placement supervisors who spoke to the panel stated that, during the first few days in practice, students would shadow a registered dental nurse before being allowed in the clinic. Supervisors would also call the centre if they needed advice on how to help a student they felt was struggling in a particular area.

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)

CACHE require that all staff responsible for the delivery and assessment of qualifications be 'appropriately qualified and trained'. Evidence to confirm this was provided at the centre inspections, where the panel was given copies of staff CVs, records of Continuing Professional Development (CPD) – including CPD carried out in relation to equality and diversity (which was centre specific), and current GDC registration certificates.

For those staff members who have the additional responsibility of assessing students, it is a CACHE requirement that they either possess, or be in the process of attaining, an assessor's qualification such as the Level 3 Certificate in Assessing Vocational Achievement. Those staff members at the centres who had such a qualification provided their certificates during the inspections. To support centres, CACHE have run a training day, where topics such as calibration have been covered.

The panel was impressed that those new to the internal verifier or assessor role are mentored by qualified/experienced colleagues to ensure students are being marked appropriately.

For work placement supervisors, CACHE stipulate that they be 'appropriately qualified as well as occupationally competent and knowledgeable and registered with the GDC'. Evidence of their registration was contained in student files. Centres are also provided with guidance from CACHE titled 'Tutors, Assessors, Internal Quality Assurers, Supervisors/Mentors and Employers'. This document sets out the responsibilities for supervisors as being 'responsible for providing direct supervision of the student/trainee Dental Nurse. This supervision may be delegated to other GDC registrants. However, the named registrant will continue to be accountable overall for the student throughout their qualification journey.

Whilst the supervisors spoken to were clear on what was required of them, they did inform the panel that it would be helpful to meet with other work placement supervisors to share experiences and learning, to ultimately enhance their students' learning experience. It was however emphasised to the panel that all the centres were very supportive and responsive when any queries were raised with them.

The supervisors would also like the opportunity to provide formal feedback to the centres with a view to changes being made to teaching methods, leading to an improved learning experience for the student.

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)

CACHE provides centres with the document 'Raising Concerns in the Workplace: Policy and Procedure,' which sets out what should be included in such a policy; what a patient safety concern is; and how it should be dealt with. Centres are able to share this guidance with the work placements, for example if one of them does not have a policy in place prior to the student beginning the programme.

The topic is covered formally in the module 'Understand ethics and professionalism in dental nursing', by the end of which students should understand the safeguarding policy and be able to describe national and local safeguarding systems and how to raise safeguarding concerns.

All centres were able to evidence that all their work placements had such a policy in place. This was included as part of their work placement audit and covered as part of the work placement induction provided to students. The panel saw this evidenced in the students' files.

During meetings with students, the panel was assured that they had understood the underpinning knowledge in relation to this subject, and were clear on the process for a raising a concern both at their work placement and at the centre.

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)

Two of the centres visited were based in a further education college. Therefore, there were clear, established pathways in place for both students and staff to report patient safety concerns, and receive the necessary guidance and support to do so. Evidence of this process was provided to the panel.

The third centre was independent, and not part of any other educational establishment. When discussing their reporting mechanisms in terms of patient safety issues, the panel concluded there was a reliance on the centre staff having a good relationship with the work placement, and it appeared that potential incidents would be relayed informally and discussed on an ad hoc basis. Whilst the panel agreed that good relationships are beneficial in helping a student receive a positive learning experience, the inspectors were concerned that if the number of work placements were to increase, certain centres may not be able to have the same close association as they have currently. For that reason, the panel perceived there was a risk that patient safety incidents may go unreported or not be appropriately investigated. To mitigate this risk, the inspectors recommend that centres implement a formal process/policy to record and monitor patient safety incidents, and this policy be communicated to each of the work placements. In addition, centres must make it clear to work placements that a failure to follow this policy may have consequences to GDC registration.

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)

During the programme induction process, students are required to read the GDC student to fitness practise guidance, and confirm their understanding of it by signing a declaration which

is saved in the student files. Evidence of this was provided to the panel. Students confirmed they understood the impact that student fitness to practise may have on their ability to register with the GDC upon completing the programme.

In addition, all three centres provided the panel with evidence of their own operational student fitness to practise policies, which included information on the different routes that can be used to raise concerns, and where a student is able to seek advice and assistance. All students across the centres were provided with copies of these policies during the early weeks of the programme.

Actions

No	Actions for the Provider	Due date
5	Centres should look at developing a forum to enable work placement supervisors to meet and discuss their experiences, with the aim of improving their skills as supervisors. This can be done electronically, if face to face meetings are not possible.	Annual monitoring return 2018
5	During centre visits to practices, there should be an opportunity for the work placement supervisor to provide formal feedback which is documented, so that comments on the programme, suggestions for change or improvement are captured and considered by the centre and by CACHE, when reviewing the programme.	Annual monitoring return 2018
7	Centres must ensure they have a formal policy/process in place to monitor and record patient safety incidents, and that this is communicated to the work placements, as well as their responsibility to report such incidents back to the centre.	Annual monitoring return 2018

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
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 Met)

The qualification was mapped against the outcomes set out in the GDC document ‘Preparing for Practice’. Evidence of this mapping was included as part of the pre-inspection documentation provided by CACHE and the panel agreed that this programme, as it is currently delivered, meets all the stated requirements.

In relation to changes in legislation or to external guidance, CACHE have specific staff members/teams tasked with the responsibility of monitoring the external environment. These include the Development Manager, Programme Lead, Approval and Quality Assurance Advisors (AQAAAs), the Regional Development Teams and the Assessment Teams. Should any changes be identified, further development would be undertaken by these teams/individuals as appropriate.

The panel was informed that the programme was due to be reviewed in March 2017, in line with CACHE's 'Qualification and Unit Review and Maintenance Procedure'. At this time, feedback from centres and students would also be considered, as well as the summative assessment results from the first cohort of three students who had completed the programme in July 2016.

Following feedback from the centres and sector experts, CACHE reviewed the qualification and implemented changes to support the delivery and assessment processes. These included:

- The addition of expert witness evidence (EWE) as an assessment method for certain units of the programme. The expert witness will confirm competencies demonstrated by the student through written examples of observed practice measured against clear assessment criteria.
- Unit assessment tasks have now been made optional – centres can continue to use the optional tasks either wholly or partly, and in combination with a recommended range of assessment methods.
- The removal of the 60% pass mark for the now optional unit assessment tasks.

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. (Requirement Met)

CACHE utilise many mechanisms to identify threats that may impact on the quality of the programme. The main method is the centre quality assurance visits carried out by an Approval and Quality Audit Advisor (AQAA, who is accompanied by a subject specialist (in this case a GDC registrant). Examples of audit reports were provided to the panel during the programme inspections.

The AQAA visits are structured according to a list of pre-determined criteria that are set by CACHE. These include delivery of the programme, staffing, and ensuring that centres have the necessary policies and procedures in place. Any centre failing to meet these requirements can be issued sanctions by CACHE, which will remain in place until the deficiency is addressed. QAAs visit a centre at least three times a year - more often if there are concerns. This arrangement is formalised via a signed contract between the centre and CACHE.

At centre level, students meet with their tutor and progress is monitored by the programme leads on a regular basis. All three centres have some sort of on-line facility to monitor student progress and send students reminders of outstanding tasks. This also helps programme staff to identify which students required support in particular areas. All three centres have assessment information, backed up in paper files or on spreadsheets, which could be accessed should the internet not be available.

If a student were unable to experience the full range of clinical procedures needed to complete the programme at a particular work placement, all three centres have arrangements in place to offer placements at other practices. For example, a student in a specialist orthodontist practice would be placed at a general dental practice to ensure they were able to complete all the necessary clinical work.

To ensure centres are delivering the qualification consistently, CACHE arrange training days throughout the year for all those delivering and assessing the qualification. The days promote

networking and delegates are encouraged to raise issue/concerns and provide feedback on the qualification/assessment.

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)

The quality assurance of this programme is managed solely by CACHE, with the framework being described under Requirement 9. The content of the summative examination is overseen by the Principal Examiner, who works with a series of question writers to produce the questions. The Chief Examiner then signs off which questions will be used in the final question bank. The panel was informed that none of the questions are piloted beforehand, although centres are provided with an exemplar paper so that students can familiarise themselves with the question type and format, prior to sitting their final examinations.

As only three students have completed the entire programme, there has not been enough data to analyse the results of the summative assessments and make any subsequent changes. The inspectors were informed that an analysis would be carried out once a greater number of students had completed the programme.

In relation to external quality assurance, CACHE recruit 'revisers' and 'scrutineers' to provide feedback on the assessments, including the level, coverage and suitability. However, the panel did not see these roles as being external to the awarding body, and recommend that CACHE work with an organisation or individuals totally independent from them, so that CACHE is able to obtain an unbiased view on the quality of their assessments.

The panel was provided with evidence of how centre feedback has contributed to the development of the programme; examples are stated under Requirement 9. However, although centres collect patient feedback, none of the three centres had clear plans as to how to use the data collected, and how this could contribute to both student and programme development.

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 Met)

As discussed under Requirement 3, centres complete an audit of every work placement to ensure it is fit for the purpose of training dental nurses. In addition, all assessors have to have, or be working towards, an approved assessor qualification. To ensure consistency, all assessments are internally verified and these marks are reviewed during the AQAA visits, where a subject specialist will go through assessments and student portfolios to ensure students are being marked fairly and assessments are being carried out to CACHE's requirements. CACHE's 'Assessment specification' documentation sets out information about each of the assessments, the assessment strategies and principles, and task marking guides, again to aid consistency across the cohort of students.

All three centres make efforts to ensure every work placement is visited prior to each student commencing on the programme. Centres then visit each work placement at least three times during the academic year, again checking to make sure they remain suitable for training. The panel were impressed that all the centres had an 'open door' policy with the work placements

under their remit, which meant that any potential issues should be resolved quickly, minimising negative impact on the student.

In the situation where a work placement has become unsuitable after the student has commenced the programme, each of the centres confirmed they would endeavour to place the student at another practice in the first instance, rather than insisting the student resign from the programme.

The students spoken to confirmed they had regular one-to-ones with tutors at their respective centres, and would use this opportunity to raise any concerns or provide feedback about their work placements. This is recorded in student files and which the panel had the opportunity to review.

To date, none of the students at any of the three centres have had to move to another work placement. This is in part due to the centre staff maintaining strong relationships with the work placement staff.

Actions

No	Actions for the Provider	Due date
11	CACHE must consider utilising external organisations to review their quality assurance framework and processes to ensure they remain robust, and consider implementing any suggested changes.	Annual monitoring return 2018
11	CACHE must consider piloting questions for the summative assessment, to be assured that all the questions that can be asked are suitable.	Annual monitoring return 2018

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
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. 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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18. The provider must support students to improve their performance by providing regular feedback and by encouraging students to reflect on their practice.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21. Assessment must be fair and undertaken against clear criteria. The standard expected of students in each area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 Met)

Assessment information is set out in CACHE's Assessment and Task specification documentation. This includes assessment strategies, information on each of the seventeen units (including aims, assessment criteria, learning outcomes, the evidence required to demonstrate competence) and marking guides. In order to achieve the award, students must complete all the assessments relating to each of the seventeen units, as well as both parts of the summative assessment.

The summative assessment can be completed prior to the student having completed all the formative assessments. However, it is the responsibility of the student's tutor to ensure they possess the requisite knowledge prior to being entered for the summative assessment. CACHE do not specify a timeframe stating when all the assessments need to be completed – although the programme should take no longer than 24 months to complete.

For formative assessments, students are assessed in their respective work placements by qualified assessors. These assessments are then audited by a designated internal quality assurer, to ensure all students are being assessed and marked consistently. For the formative assessments, students are assessed in either the centre or work placement depending on the knowledge or skills that are required to pass that assessment. Assessment methods include direct observation (by an assessor) of procedures in practice, professional discussions, reflective accounts, and a group exercise. The summative assessment requires the student to answer a series of multiple choice questions on-line.

Further assurance of fitness (or readiness) to practise is determined by the subject specialists, who are part of the quality audit team, and who review assessments and portfolios to ensure that students have completed all the required units in order to gain the necessary skills and knowledge to practise as a dental nurse.

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 three centres provided evidence demonstrating how students were being monitored during the programme. At the centres visited this was carried out via Moodle or Onefile. The panel was given the opportunity to navigate through both these systems to see the assessments completed thus far, the marks attained and the internal verification of those marks. Both these electronic platforms enable the students to keep track of their progress as they would receive reminders informing them of outstanding tasks needing to be completed, and a deadline for completion. All three centres also kept a copy of student assessments separate from Moodle or Onefile, as a backup in case either of the systems failed, so that student work would not be lost.

Every student at each of the centres has regular meetings, with their respective tutors, where their progress through the programme is discussed. The tutorials are also an opportunity for the student to discuss any additional support they feel they require, and also to obtain feedback on completed assessments. Some of these discussions were noted in the students' portfolios, which the panel had the opportunity to review during each of the centre visits.

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*)

CACHE recommend that students spend at least 16 hours per week in their work placements, and require each of the necessary clinical procedures be completed at least twice, or on a sufficient number of occasions for the student to be deemed competent by the assessor.

The three centres were delivering the programme over an 18 – 24-month timeframe. All said this could be adjusted should their students need more time to complete all the necessary learning outcomes successfully, with the Paignton centre extending the course beyond 18 months to enable students to learn and understand all the required underpinning theory. The qualification can in theory be completed in less than a year but the panel was of the view that, forwarding future, centres who choose to deliver the qualification within these timeframes should be aware that students may struggle, especially if they are also working in practice, to set sufficient time aside for study.

When signing up work placements for the programmes, all the centres informed the panel that they have a discussion with the dentist or practice manager as to the types of patients and types of procedures they treat and carry out, which is recorded in students' files. This is done to ensure that students have exposure to the necessary breadth of patient type and the full range of clinical procedures required to achieve the learning outcomes. If a practice specialises in orthodontics, for example, the centres will ensure the student can be placed at another practice during their training to gain the necessary breadth of clinical experience. However, the implications of transferring students who have a contract of employment with the dental practice needs to be considered.

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 panel noted that the programme uses a number of different assessment strategies to assess competency and knowledge, which in turn is likely to ensure that students, upon completing the programme, will be meeting all the relevant learning outcomes.

CACHE informed the panel of their intention to carry out a review of the final summative assessment once more than three students had successfully completed the programme, to assess the performance of questions with a view to removing/altering poorly performing questions.

As discussed under Requirement 11, the panel remain concerned that there is no externality or feedback mechanism regarding assessments. Question formation, test specifications and creation of the assessments are all undertaken by CACHE employees.

Assessments are also not piloted beforehand, and therefore issues cannot be identified until the students have completed that particular assessment. The panel consider this a risk to student progression through the programme.

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)

CACHE have developed a number of templates for centres to collect feedback from patients (on treatment received) and students (on their work placements, and the programme). Examples of this were provided by the centres during each of the visits.

Centres have used the feedback that students have provided on the programme, to change aspects of delivery or assessment for the individual modules. This was confirmed by the students spoken to, who said topics had been repeated or taught differently to increase understanding.

Examples of the patient feedback collected were generally positive about the treatment/behaviour received from the student. However, none of the centres had clear plans as to how this feedback would contribute to student or programme development. They appreciated the templates provided by CACHE but all said they would welcome further guidance on how this information could be utilised.

Peer feedback is limited to the time spent at the centre, and is not formally recorded.

Audits are a formal process and any feedback is reviewed by CACHE and amendments have been made to the programme following feedback from centres and sector experts, as detailed under Requirement 13. However, each of the centres stated they were not aware of how to provide formal feedback to CACHE on the programme. They all stated that, during AQAA visits, they did discuss areas of the programme that could be clarified or developed further, but this was done informally and they were not aware what happened as a result of these conversations.

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)

Reflection is an integral part of the development of students as they train to become dental nurses. Students have a designated section in their portfolios to reflect on what happened during a particular procedure or incident; who did what; what happened next; what they felt at the time; what they have learnt; what they did well; and what they could have done better. These reflections are then verified by their designated supervisor. Portfolios are also checked frequently by centre staff to ensure students are completing their reflective work properly and regularly.

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)

All tutors, assessors and internal verifiers must be GDC registered. This is checked by CACHE during one of their audit visits to each centre. In addition, CACHE stipulate that all assessors and internal quality assurers must be qualified with a Level 3 Certificate in Assessing Vocational Achievement. Evidence confirming that this was the case was provided to the panel during each of the centre visits.

Each of the centres visited arranges its own equality and diversity training, or recruits staff who can demonstrate that recommended equality and diversity training has been completed prior to

joining the centre. Evidence that staff had undergone training in this area was provided in the form of CPD certificates.

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 Partly Met)

The programme has been running for almost two years and there are no plans to recruit an external examiner to oversee any of their processes. CACHE is of the view they rigorously follow Ofqual's regulations; recruit revisers and scrutineers to assess the quality of their assessments; and closely monitor each of the centres via (AQAA's); and that therefore no external body is necessary to provide further comment on the programme or their structure governing it.

However, the panel are of the view that some external feedback and overview is required, to enable development of the programme, with the aim of ensuring it remains robust and fit for purpose. The inspectors consider that this is not achievable in the long term if CACHE relies purely upon its own quality assurance processes to guarantee this.

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 all the assessments, including learning outcomes to be met, type of assessment methods used, marking guides and how the module will be taught, is set out in a number of CACHE documents, including the Qualification Specification; Unit and Task Specification; and Assessment Specification.

Centre staff, and the students the panel was able to speak with, understood where to find this information, and understood what was required to achieve passing marks in both the formative and summative assessments.

For the summative assessment, CACHE have adopted the Ofqual pass mark of 60%. To come to this mark, Ofqual have undertaken a standard setting exercise, but the panel was provided with no evidence from Ofqual to explain how this pass mark came to be agreed. The panel was also concerned that there were no plans to review the pass mark once a greater number of students had completed the summative assessment.

Actions

No	Actions for the Provider	Due date
16	CACHE must begin piloting assessments with centres, to ensure they are/remain fit for purpose.	Annual monitoring return 2018
16/20	CACHE must utilise an external organisation or individual to review all their assessments and assessment processes to ensure they remain fit for purpose.	Annual monitoring return 2018
17	CACHE must provide guidance to centres on ways that patient feedback can contribute to the development of the programme.	Annual monitoring return 2018

17	CACHE must arrange for patient feedback to contribute to the assessment process.	Annual monitoring return 2018
21	Following an analysis of the summative results of the first cohort, CACHE should undertake a formal analysis of whether the 60% pass mark remains appropriate or whether it needs to be reconsidered.	Annual monitoring return 2018

Summary of Actions

Req. number	Action	Observations Response from Provider	Due date
5	Centres should look at developing a forum to enable work placement supervisors to meet and discuss their experiences, with the aim of improving their skills as supervisors. This can be done electronically, if face to face meetings are not possible.	<p>CACHE has training days arranged throughout the year for all those delivering and assessing the qualification, this includes supervisors. The days promote networking and delegates are encouraged to raise issues/concerns and provide feedback on the qualification/assessment.</p> <p>In addition, during audit visits, Centres have been put in touch with each other or buddied up so they can share experiences and best practice.</p>	Annual monitoring return 2018
5	During centre visits to practices, there should be an opportunity for the work placement supervisor to provide formal feedback which is documented, so that comments on the programme, suggestions for change or improvement are captured and considered by the centre and by CACHE, when reviewing the programme.	This action is already covered within the CACHE quality audits. Centres are required to provide formal feedback as part of their audit visits to AQAA's/EQA's who then record any comments that will be taken on board during qualification/assessment reviews. Moving forward, this will be reinforced during visits in order to make clear to Centres the importance of gaining feedback from the work placement supervisor and how this can inform and improve the qualification.	Annual monitoring return 2018
7	Centres must ensure they have a formal policy/process in place to monitor and record patient safety incidents, and that this is communicated to the work placements, as well as their responsibility to report such incidents back to the centre.	<p>This requirement is already captured as part of the approvals process.</p> <p>In addition, a review of the qualification is scheduled in late September 2017 with independent external experts and in preparation for this we are in the process of creating further guidance for Centres in relation to patient safety incidents.</p>	Annual monitoring return 2018

11	<p>CACHE must consider utilising external organisations to review their quality assurance framework and processes to ensure they remain robust, and consider implementing any suggested changes.</p>	<p>CACHE will continue to explore ways in which this action can be met and how further external organisations/individuals can be used as part of our quality assurance framework.</p> <p>CACHE do wish to highlight that a number of actions have already taken place that support the utilisation of external organisations and individuals and these have been outlined below.</p> <p>CACHE would welcome guidance from the GDC in relation to other independent external organisations that could be used.</p> <p>A number of reviews have already taken place throughout the lifetime of the qualification. As part of the CACHE review process, feedback from independent organisations (Centres/Employers) and individuals (vocational experts) in relation to the qualification and assessment is sought, captured and addressed. CACHE views external feedback as essential to the review process and this is a requisite of all qualification reviews.</p> <p>In addition, external and independent individuals/organisations that are not CACHE employees are used as part of our current processes, for example:</p> <ul style="list-style-type: none"> -Revisors and scrutineers are individuals who are independent and contracted to advise on the suitability of the summative external assessments. -AQAA's (EQA's) provide independent reports. Although they follow CACHE templates/processes, they are able to provide additional feedback should they have a cause for concern. They are all experienced GDC registrants and perform a role for CACHE. -Centres/prospective Centres are also unbiased and provide feedback on the quality of assessments. 	Annual monitoring return 2018
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		<p>-External sector experts have also been involved in reviewing our qualification/assessments.</p> <p>All these individuals/organisations are familiar with the GDC outcomes and role of the dental nurse and provide CACHE with unbiased views and recommendations to ensure our offer remains robust.</p>	
11	CACHE must begin piloting questions for the summative assessment to be assured all the questions that can be asked are suitable.	<p>The practice of piloting of questions is superseded by the external reviews of the summative assessments through the Revisor and Scrutineer process. This is a recognised process, which is in place across all similar NCFE CACHE assessments. This process provides assurance that all the questions within each summative assessment are suitable.</p> <p>CACHE will look into the piloting of questions in 2018 when the question banks are updated. However, this process could prejudice the security of questions.</p>	Annual monitoring return 2018
16	CACHE must begin piloting assessments with centres, to ensure they are/remain fit for purpose.	Please see comment above.	Annual monitoring return 2018
16/20	CACHE must utilise an external organisation or individual to review all their assessments and assessment processes to ensure they remain fit for purpose.	<p>See point 11. All assessments are reviewed through the external Revisor and Scrutineer process to ensure that they are fit for purpose.</p> <p>CACHE will also initiate a review of assessments through this process to ensure they remain fit for purpose.</p> <p>The review of all current assessments will be undertaken as and when there have been sufficient learners to provide valid and reliable statistical evidence; this is expected to be autumn 2018 or later.</p>	Annual monitoring return 2018

		<p>The assessments will be analysed using appropriate methodologies for review of MCQ assessments by use of electronically accumulated and extracted data. This will include:</p> <ul style="list-style-type: none"> • Analysis of individual questions based on item data (i.e. FV/DI); • Analysis of each assessment to judge the internal consistency of the assessment using data such as mean, median mode marks, Standard Deviation and standard measurements. <p>The outcome of the analysis will be reviewed by an independent expert.</p>	
17	CACHE must provide guidance to centres on ways that patient feedback can contribute to the development of the programme.	<p>CACHE provide a number of templates to Centres to encourage the collation of feedback, this includes patients. Although useful, patient feedback is more likely to be used as part of the learner's/trainee dental nurses development rather than be used to inform the qualification itself. This is due to the fact that patients are unlikely to have sufficient knowledge of the qualification/programme to contribute effectively.</p> <p>As part of the external quality assurance visits, feedback is captured by CACHE and any points relevant to the development of the qualification will be considered.</p>	Annual monitoring return 2018
17	CACHE must arrange for patient feedback to contribute to the assessment process.	<p>CACHE provide a number of templates to Centres to encourage the collation of feedback, this includes patients.</p> <p>Patients already have a proforma to complete with regards to their 'experience on the day' which links clearly into learner achievements.</p> <p>As part of the qualification review in late September, CACHE will provide additional guidance about how patient feedback can contribute to the assessment of the learner.</p>	Annual monitoring return 2018

21	Following an analysis of the summative results of the first cohort, CACHE should undertake a formal analysis of the 60% pass mark on whether the mark remains appropriate or whether it needs to be reconsidered.	<p>The 60% pass mark was considered during the review of the summative results of the first (small) cohort, based on CACHE experience of comparable assessments. The assessments were found to differentiate accurately and the 60% pass mark was considered appropriate.</p> <p>We will initiate a review of the summative pass mark as and when there have been sufficient number of learners to provide valid and reliable evidence.</p>	Annual monitoring return 2018
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Observations from the provider on content of report

We would like to thank the General Dental Council panel for providing the report following inspection of the NCFE CACHE Level 3 Diploma in the Principles and Practice of Dental Nursing qualification at both our offices and our Centres during 2016/2017.

We are pleased that the General Dental Council recognises our offer of a rigorous and quality qualification supported by knowledgeable staff within the sector to support learners embarking on careers as dental nurses.

We welcome the feedback from the panel and have already addressed some of the actions/ recommendations and will address further actions outlined in the report in order to ensure continued compliance to the GDC requirements and to strengthen our qualification offer.

Recommendations to the GDC

The inspectors recommend this be approved for holders of the NCFE CACHE Level 3 Diploma in the Principles and Practice of Dental Nursing to apply for registration as a dental nurse with the General Dental Council.

ANNEX ONE

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 inspectors with broad confidence that the provider demonstrates the Requirement. Information gathered through meetings with staff and students is supportive of documentary

¹ <http://www.gdc-uk.org/Aboutus/education/Documents/Standards%20for%20Education.pdf>

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’ 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.
6. 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.
7. The final version of the report and the provider’s observations are published on the GDC website.