

INSPECTION REPORT

Education provider:	Cardiff University
Programme/Award:	Certificate of Higher Education in Dental Nursing (two-year part time programme of study)
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 dental nurse
Learning Outcomes:	<i>Preparing for Practice</i> (Dental Nurse)
Programme inspection dates:	2 to 3 March 2016
Examination inspection dates:	28 April – OSCEs 23 June – Exam board
Inspection panel:	Cindy Mackie (Lay Chair) Fiona Ellwood (Dental Care Professional Member) Alasdair Miller (Dentist Member)
GDC Staff:	Luke Melia Kathryn Counsell-Hubbard
Outcome:	Recommend that the Certificate of Higher Education in Dental Nursing is approved for the graduating cohort to register as dental nurses.

Inspection summary

The delivery of the the Certificate of Higher Education in Dental Nursing (hereafter referred to as the “programme”) was found to be well accomplished with a graduating cohort of skilled nurses fit to practise at the level of safe beginner. The programme is delivered by a small course team under the auspices of the Postgraduate Medical and Dental Education (PGDME) Wales Deanery, which forms part of the College of Biomedical and Healthcare Sciences at Cardiff University (collectively referred to as the “provider” at points within this report).

The provider has learned from and acted upon recommendations from the GDC and external examiners in regards to the previous one year programme. The new two-year programme provides effective teaching, engaging placements and enthusiastic students. The provider accomplishes much with a small course team and must be commended for improvements made in support structures between the programme leads, the College and University.

Areas for improvement are detailed in the main body of this report. Principally, the panel were satisfied and, at times, impressed with areas of the programme, and wish to thank all the staff and students who participated with the inspection.

Background and overview of Qualification

Annual intake	15 -20 students
Programme duration	2-year part time, Year 1 (number of weeks) – 29 weeks, Year 2 (number of weeks) - 30 weeks
Format of programme	Modular Programme of study, which consists of 9 modules to the value of 120 credits. Included in the programme is a Work Based Learning Portfolio of Experience. This programme places heavy emphasis on the student gaining clinical experience to enhance their practical skills and knowledge whilst working alongside and with other members of the dental team. Students are placed in a clinical practice environment, and are required to attend clinical placement for 14 hours per week (two days) and one day at the Dental Teaching Unit to receive the underpinning theory and gain practical experience through simulated training. During year 2, students undertake clinical experience within a secondary care environment. During this time, they are rotated through a variety of specialist clinics to enable experience working in a variety of differing specialist clinics.

	<p>Prior to course commencement students undertake a four week preparatory course for the clinical practice programme that prepares and orientates them for the transition to the clinical environment. On successful completion of the Preparing for Practice Programme students undertake a clinical practice induction programme in their allocated clinical placements.</p> <p>Year 1:</p> <p>MD0018 Introduction to Dental Nursing MD0019 Work-Based Portfolio of Clinical Experience MD0020 Health, Safety and Medical Emergencies MD0021 Biomedical Science for Dental Nurses MD0022 Core Dental Skills for Dental Nurses</p> <p>Year 2: On returning to the 2nd year of the programme, students have a four-week reintroduction to clinical placement.</p> <p>MD0023 Biomaterials in Dentistry MD0024 Law, Ethics and MD0025 Practice Administration MD0026 Applied Oral Health Education and Promotion MD0027 Work-Based Portfolio of Clinical Experience</p>
Numbers of providers delivering the programme	1

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

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*)

The panel reviewed details of a well-structured preparation course that needed to be completed in advance of a student commencing in a clinical environment.

The Preparing for Clinical Practice Programme was divided into two elements. During Part 1, students attend the Dental Teaching Unit for three consecutive weeks to complete a basic introduction to clinical practice. This includes coverage of health and safety, cross-infection/decontamination, and dental charting. Students were then assessed summatively at the end of the three-week course, and needed to pass this element to go on to Part 2 of the programme. Cardiff University academic regulations apply should any student be unsuccessful in Part 1 of the initial module.

Upon completion of Part 1, students are inducted into clinical placements through the Preparing for Clinical Practice Induction Programme. They spend four consecutive weeks at their placement, producing a workplace logbook during this time, which is signed-off by Clinical Supervisors and a Programme Tutor. Staff involved in assessment are adequately trained and flexibility exists to meet the needs of both the student and the programme during clinical placement.

The panel were pleased with the rigour of the pre-clinical preparation and noted that principles of equality and diversity were integrated into the induction together with a commendable emphasis on professionalism.

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 found that the communication of student involvement in treatment and consent was well covered. Students in clinical placements are required to wear an identification badge from Cardiff University with the words 'Certificate of Higher Education in Dental Nursing, their name and Cardiff University and Wales Deanery logo. Staff and students showed a sound understanding of the importance of patients' being aware that a student would be involved in their treatment.

There was evidence to show that clinical placements are issued with documentary display materials to inform patients that student nurses are training at facilities. Posters and visual materials stated that should a patient not wish to have a student nurse assisting in their treatment, they are able to opt out. In addition, the panel was told that every patient is verbally informed of nurses' student status by a senior nurse or dentist.

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*)

Students are placed in general dental practices, community and dental hospital clinics, including University of Wales Dental Hospital Cardiff. Clinical environments are assessed prior to taking students, and then approved as meeting the required standards necessary to provide educational training, including provision of treatments for children. This is then annually reviewed through clinical placement visits, which are managed effectively.

The programme provides specific and valuable knowledge for students in the area of equality and diversity, and explores practical case discussions during initial training that benefits students during the clinical placement. Students described challenging situations they had attended to during placement regarding some patients with a disability. The students were found to be impressive in their understanding and application of the various adjustments they had made to ensure safe and appropriate care for their patients. The panel were impressed with the steps students had taken to ensure they had adhered to equality legislation and made their patient experiences positive.

Requirement 4: When providing patient care and services, providers must ensure that students are supervised appropriately according to the activity and the student's stage of development (*Requirement Met*)

The panel were satisfied that students are appropriately supervised when assisting in the clinical environment. The programme leads informed the panel that they expect there to be two trained individuals in a supervising role, for every student a placement takes. As will be detailed in Requirement 5, mandatory training and regular checks are made to ensure adherence to supervisor training and student safety policies.

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*)

Within the assessments of potential placement venues, the programme tutor will consider whether there are appropriate members of staff available to perform the supervisor role. Mandatory training is then provided and individuals receive induction documentation relevant to the area of working. This includes all Cardiff University, Wales Deanery and programme handbooks. There was evidence that all academic programme staff have a recognised teaching qualification.

A tutor from the programme will subsequently visit each training practice to establish that health and safety requirements are in place, appropriate risk assessments have been undertaken, and the partnership between student and supervisors is working well. It was evident through observation that clinical supervisors denote their name and GDC registration number on their students' Work Based Portfolio of Experience (the 'Portfolio').

All clinical supervisors and students undertake initial equality and diversity training, at Clinical Supervisor Study days and the student induction programme. The panel considered this area to be well embedded in the programme delivery.

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 panel were informed that the students are made aware of their responsibilities in the Preparing for Clinical Practice induction programme. This was in relation to their duty of candour as a professional assisting in the care of patients. Tutors and any personnel involved in delivery of the award are made aware of their professional responsibility as a requirement of the GDC Standards guidance documents, including Fitness to Practise implications for not raising a concern when merited.

The panel considered there to be a sound understanding by both staff and students in relation to their obligation to raise issues if they identify any risks to patient safety, and the need for candour when things go wrong. Students were aware of the Student Course Handbook as reference for protocol in these areas and there was evidence of supervisors and tutors receiving appropriate training. The panel reviewed relevant policies that were in place at programme, college and university level, and found these to be adequate

Staff and students informed the panel that teaching in professionalism, ethics and communication had recently been strengthened through collaborative teaching with the University Dental Hospital Cardiff. We considered this area to be well embedded in the programme, though an improvement would be to include direct learning objectives to make it more explicit and aid summative assessment.

Requirement 7: Systems must be in place to identify and record issues that may affect patient safety. Should a patient safety issue arise, appropriate action must be taken by the provider and where necessary the relevant regulatory body should be notified. (Requirement Met)

The panel found that there are clear reporting lines within the programme to share and action any issues. Clinical supervisors and students may report patient safety issues to the Practice Placement Manager (PPM) whose role is to oversee placements. Issues raised with the PPM are logged formally in Raising Concerns/Fitness to Practise reports. The PPM may escalate issues further up the management chain, ending with the Head of School who holds responsibility for liaising with the GDC if necessary.

As well as internal procedures, the programme has established links with Health Inspectorate Wales, who will be informing the programme manager of any practice issues

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)

Students are made aware of the area of fitness to practice (FtP) prior to commencing the programme. Upon application, students are required to read the University's FtP policy and declare convictions and health issues. A declaration is signed at this stage, and signed again upon entry to Year 2. Students are provided with copies of relevant FtP policies, the student handbook and the GDC's own student FtP guidance. The University FtP policy is applicable to all Colleges, although there are individual College and School-level policies in addition to this.

Both staff and students are aware of FtP generally and the policies specifically. Clinical supervisors are also provided with FtP documents and the subject is covered within their study days. Policies exist for both FtP and misconduct, which is defined as a one-off, unintentional breach of professional standards. However, the panel was not satisfied that the policies adequately differed from one another in terms of the mapping of the process to be followed and the management of each. The teaching of standards, however, was embedded into the programme.

While the teaching of FtP as a general issue was well-embedded into the programme, the panel had concerns that the specific teaching of student-focussed FtP issues, including coverage of the GDC's student fitness to practice guidance, was not adequately covered. The panel believe that greater focus amongst both the teaching staff and the student groups themselves will assist with this. This requirement was found to be met but to strengthen the programme, and protect their students, the programme leads should improve understanding of FtP issues that specifically relate to students, through increased focus on student related case studies.

Actions

No	Actions for the Provider	Due date
8	The provider should improve teaching of student fitness to practice with particular reference to the GDC guidance. Policies should more clearly differentiate between misconduct and fitness to practise in process and management.	N/A

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
<p>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.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>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.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>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.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>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.</p>	<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 programme is administered by the Post Graduate Medical and Dental Education (PGMDE) section, part of the College of Biological and Healthcare Science at Cardiff University. As such, the programme-level quality measures are underpinned by further systems at PGMDE level.

Programme-level measures include a Programme Approval Panel to assess the quality of the programme before students are recruited, as well as a School Board and Board of Study who can agree minor and major changes respectively. Student progression is tracked through the Student Information Management System (SIMS) and is reviewed with module evaluations. PGMDE ratifies in-programme changes and oversees the Board of Study meetings. PGMDE is also responsible for completing the Annual Review and Enhancement (ARE) report for the

University, which must include an overview of all the taught programmes, including the dental nursing programme.

The panel reviewed evidence of reports, feedback and meetings between the programme leads and PGMDE. These demonstrated an effective quality framework was in place. The Programme Director holds immediate responsibility for the programme and is answerable to the Postgraduate Dean (PGMDE), who answers to the University and the Wales Deanery, of which PGMDE is part. This clear delineation of responsibility gave additional assurance that an efficient, effective and well-defined framework is in place. At a programme-level, initiatives such as a calendar of key tasks helps ensure that all aspects of the programme are taken care of and reviewed when appropriate.

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)

The panel were pleased to find that the recommendations of the 2013 GDC inspection report on the one-year dental nursing programme had been well embedded into the current programme. Recommendations from the two external examiners have also been incorporated into the programme. The external examiners reported at the Examination Board meeting that the final year Objective Structured Clinical Examination (OSCE) had been improved to reflect their feedback. Programme leads also reported that the overall assessment strategy for the OSCEs had been updated in-line with the feedback.

The programme has policies in place to deal with concerns locally including a risk register that feeds into that owned by PGMDE. Concerns can be raised by students via module evaluations, study days and practice evaluations. Wider issues may be highlighted within the Annual Programme Review that is submitted to the College with PGMDE asked to respond as to how issues have been, or will be, dealt with.

The panel found no evidence of current threats to students achieving the learning outcomes and were informed that the Programmes Manager at PGMDE would be responsible for notifying the GDC should such an occurrence arise.

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 programme is subject to University review processes including the ARE, Periodic Review, and regular reviews of the modules by students. Both the external examiners are involved with dental team training at other institutions and are trained by Cardiff University to fulfil the external examiner role. In addition to the use of external examiners, external quality assurance is also achieved, to some degree, by the University's Academic standards and Quality Committee to which the College provides reports and evaluations along with resulting actions. This Committee sits at a University level and includes members of staff outside of the programme and College, helping to achieve an additional layer of external review. The programme is also benchmarked against guidelines set by the Quality Assurance Agency (QAA).

The inspectors were satisfied with the evidence seen of internal and external quality assurance. However, patient feedback is sparsely collected and the panel agreed that was largely ineffective for informing programme development. Only a limited amount of patient feedback was collected and it did not provide in-depth commentary on student performance and the standard of clinical.

To meet the requirement, the provider must collect significantly more detailed feedback from a range of patients on a regular basis. The provider must also demonstrate when such feedback will be formally reviewed by the programme leads and how it will be used when reviewing the quality of the programme.

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*)

All practice placements are assessed prior to being accepted by the provider to train students. The PPM establishes and maintains contact with the placements and receives updates on students' clinical progress at the beginning of each term. Student attainment while in practice is also monitored through a review of the Portfolio.

Student feedback on the placements is gathered and recorded centrally for formal review by the programme leads. Feedback from the Clinical Supervisors is also centrally recorded. The regularity with which feedback is gathered and collated from the Portfolios and Clinical Supervisors may be affected by the fact that the programme is run by a small course team. The limited human resources could potentially impact on how often administrative tasks, such as collating data, can be completed. Although the panel noted this as a risk, there was no evidence that the quality assurance systems are unduly effected by the limited resources. The course team enjoy a close relationship with the students; this supports the formal gathering of feedback as the likelihood is high that issues about placements will be disclosed by a student to a member of the course team in a timely manner.

Actions

No	Actions for the Provider	Due date
11	The provider must collect regular and detailed patient feedback and demonstrate how this will be used when reviewing the quality of the programme.	Annual Monitoring 2017/18

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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Assessment must be fair and undertaken against clear criteria. The standard expected of students in each area	<input checked="" type="checkbox"/>	<input 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*)

Student performance is routinely monitored. A review is completed after each module, which includes the use of progression forms to create a written record. Assessment of students is completed in line with the Assessment Strategy that was created by a specially selected Academic Board. This strategy adheres to the assessment principles described in the University regulations.

Monitoring of student performance is underpinned by the use of action plans to address any deficiencies in knowledge and/or ability. The panel found that such action plans are not detailed specifically in the Portfolios in a documentary format. The panel recommend a specific action-planning document should be introduced and utilised to provide an opportunity for student reflection and development and to provide an evidential audit. Action plans should be included as part of Portfolio evidence in order to provide a coherent approach to assessment.

Mapping of the programme to the learning outcomes has been completed. However, the panel found that this was not entirely cyclical: the learning outcomes are married with the types of assessment but this is not then combined with the timetable so there is no document that details exactly what will be assessed, how and when. Such mapping should be completed so that all strands of the programme are held in a central document.

Overall, the panel deemed the requirement to be met. However, the panel strongly advises that additional recording in the logbooks and increased mapping of learning outcomes and assessments to the timetable should be introduced assist in strengthening both the assessment process and the assurance of student attainment.

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*)

As part of the University of Cardiff, the programme uses SIMS to centrally record all aspects of the student experience, including academic and clinical assessments and performance. An internal spreadsheet is also maintained by the programme leads and reviewed at regular intervals. Portfolios are reviewed to track clinical experience.

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 Portfolio aims to record a range of information including logs of the clinical competencies practised and the outcome of summative clinical assessments. Checklists of procedures are provided to allow the students to track their achievement.

Students are allocated to their work placements, which allows the programme leads to be assured that each placement delivers an appropriate variety of experience. Students also undertake placements at hospitals to give them exposure to secondary care and therefore provide a more rounded experience. The panel met with all students from each year of study who reported that the rotation of work placements is valuable experience and helps them to determine which area of dental nursing they may wish to pursue a career in after graduation. Students provided evidence of their exposure to a wide range of patients and activities. They described in a professional manner their clinical approaches and impressed the panel members with their knowledge and understanding.

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 Met)

Assessments are routinely reviewed and developed as part of the University's quality assurance mechanisms. The panel were told of changes to the cardiopulmonary resuscitation examination including the introduction of an external trainer for the subject and use of an increased pass mark of 70%. These changes were made as a result of evaluating the module.

External examiners assist the programme leads in ensuring assessments are fit for purpose by providing formal feedback via their reports. Students also evaluate modules providing a further opportunity to gain insight as to the effectiveness of summative tests. All assessments are mapped to the learning outcomes so a direct comparison between what is taught and how it is assessed can be made.

The panel was pleased to see that the programme leads have utilised a higher pass mark of 60% for clinical assessments compared with the standard 40% pass mark utilised for academic assignments by the University. In all other aspects, the assessment criteria are standardised with the University regulations but in the case of the clinical pass mark, a dispensation was granted.

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 following summative assessments and at the work placements. Feedback is logged in the Portfolios but the panel found that the depth of the feedback received from patients was limited. The programme leads advised that patients tend to dislike completing forms and this impacts on the amount of feedback provided. However, students are expected to respond to any patient feedback in writing in their Portfolios, which is difficult to achieve in a meaningful way if only a limited amount of patient comments have been made. The panel therefore found that the method and amount of patient feedback must be improved to become a more formative and meaningful exercise.

The method for obtaining patient feedback must be reviewed to encourage a more in-depth level of feedback to be obtained. The programme leads should also consider how students can learn from each other and provide informal peer feedback.

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 Partly Met)

Feedback occurs throughout the programme. Students and tutors evaluate one another each module. Students received formal feedback following each summative assessment. Feedback from students is taken into consideration when evaluating the programme and the panel deemed the amount of depth of such feedback to be satisfactory.

The Portfolio provided examples of regular feedback from tutors and clinical supervisors. However, the panel did not deem the style adopted in the recording of feedback appropriate or conducive to creating a professional reflective process in all circumstances. The comments made were often personal in nature or might consist of a 'smiley' face. More significantly, the feedback was not underpinned by action plans or a developmental plan. There was no evidence of the way in which students were monitored where areas of improvement were identified. Timeframes for development were not in place, nor was a formal review. A formal approach to the setting of action plans and the audit of reflective practice was lacking.

The panel found the requirement to be partly met because feedback given to students was unclear, occasionally unprofessional in choice of wording, and without a formal action plan mechanism to monitor and track improvement. Feedback must be improved to be of a consistently constructive nature and supported by formal action plans that should include timeframes for further review.

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)

External examiners are appointed and trained by the University. Both examiners had appropriate registration and are involved with dental education at other institutions.

A briefing was held before the final year OSCEs, which helped achieve some calibration amongst the internal examiners actively marking students and the externals observing. The marking across students and between stations was consistent.

The panel consider this requirement met. However, assessors would benefit from additional training in order to eradicate the type of feedback given in the Portfolio as covered under Requirement 18.

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)

The role and remit of external examiners is set by the University. Reports are submitted to the University's Registry and responses to these reports from the programme leads are recorded. Reports were seen by the panel who found these reports to adequately provide quality assurance for the programme. Discussion took place with one of the external examiners regarding the recommendations made following the final examination of the previous year. The examiner reported that the programme leads had successfully completed the recommendations made.

The external examiners are asked to comment at the Board of Examiners meeting and no issues were disclosed with the running of the final exams or with the results of the graduating cohort.

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 Met)

Standard setting is a relatively new procedure for the programme leads. It was felt by the leads that it is difficult to achieve for such a small cohort and no psychometrics are utilised. The Angoff method is employed to determine answers for the minimally competent student and therefore what the benchmark for passing a student would be. The panel would urge the programme leads to explore whether any assessments used and standard set by other programmes, particularly within the dental school, may be utilised on the programme. Assessments utilised on other programmes may have a larger student group upon which they can be effectively standard set, helping to improve the extent to which the dental nursing programme has been standard set and made fair overall.

Assessments were found to be fair by the panel. Students have a handbook, which explains the assessment strategy. The final year OSCEs were exceptionally well run with students being ushered efficiently between stations. Students understood what was expected of them at each station and ample staff were on-hand to assist with the running of the exam.

While the panel were satisfied that the requirement is met, they would recommend that the programme leads introduce a standardised student briefing to ensure that students understand the OSCE process. The briefing seen by the panel appeared to be designed to alleviate student nerves only, which is valuable but should also incorporate practical information on what the students should expect. The panel noted during the briefing that students were told they could verbalise their actions during their OSCE station performance if they wished but were given no indication as to how this might affect their marks for the exam. The panel recommend a defined and standardised approach is taken that would remove any anomaly or rate of error which could arise in marking should some students verbalise their actions and others not. A written briefing provided to students in advance of the OSCEs, clearly setting down how they will be marked, may be beneficial.

Actions

No	Actions for the Provider	Due date
13	The provider should enhance the level of mapping of the programme by marrying learning outcomes, types of assessment and the timetable. Student action plans should be recorded in the portfolios.	N/A
17	The provider must collect more in-depth patient feedback. Peer review between students should be encouraged.	Annual Monitoring 2017/18
18	Feedback to students must be constructive and professional. A mechanism for monitoring students' development in regards to feedback must be implemented with documented action plans and defined timeframes.	Annual Monitoring 2017/18
21	The provider should consider introducing a standardised briefing with specific information to prepare students for the final year OSCE. The provider should also consider utilising appropriate standard set assessments used by other programmes.	N/A

Summary of Actions

Req. number	Action	Observations Response from Provider	Due date
8	The provider should improve teaching of student fitness to practice with particular reference to the GDC guidance. Policies should more clearly differentiate between misconduct and fitness to practice.	<p>All applicants to the programme must complete Cardiff University's on line Fitness to Practise declaration. At this point a link to the GDC guidance is available and applicants are asked to familiarise themselves with this information before completing the declaration.</p> <p>As part of the student Preparing for Practice induction, all students are given the GDC guidance and asked to sign to confirm that they have received this information. FTP is threaded through the programme and more detail is provided in the Law, Ethics and Professionalism module. Clinical Supervisors are also provided with this guidance when undergoing training for their role.</p> <p>The CertHE in Dental Nursing uses the FTP policy developed by the College of Biomedical and Life Sciences, Cardiff University for use in all its Healthcare Schools. The programme team have identified the issues around differentiating between misconduct and FTP and have requested that this be discussed at College level.</p>	N/A
11	The provider must collect regular and detailed patient feedback and demonstrate how this will be used when reviewing the quality of the programme.	The collect of patient feedback has been reviewed and a patient questionnaire has been integrated into the Work based Portfolio of Evidence. This patient feedback will be discussed by the team and used to inform further changes to student changes.	Annual Monitoring 2017/18

13	The provider should enhance the level of mapping of the programme by marrying learning outcomes, types of assessment and the timetable. Student action plans should be recorded in the portfolios.	The team feel that this mapping is already available but this will be reviewed. Student action plans are present in the Work based Portfolio but this will be reviewed and a more formal process put in place.	N/A
17	The provider must collect more in-depth patient feedback. Peer review between students should be encouraged.	For patient feedback see requirement 11. Peer review between students will be introduced.	Annual Monitoring 2017/18
18	Feedback to students must be constructive and professional. A mechanism for monitoring students' development in regards to feedback must be implemented with documented action plans and defined timeframes.	This has been discussed in depth, by the team and will be actioned during the current academic year.	Annual Monitoring 2017/18
21	The provider should consider introducing a standardised briefing with specific information to prepare students for the final year OSCE. The provider should also consider utilising appropriate standard set assessments used by other programmes.	The standardised briefing is already in place. OSCE information is given to students at least 2 weeks prior to the examinations and a standardised briefing is given on the day. The College of Biological and Life Sciences have undertaken a project to standardise all OSCE processes across all Healthcare Schools in Cardiff University. The Cert HE in Dental Nursing is part of that project and will have access to information from other Schools. We are also working closely with the School of Dentistry on this.	N/A

Observations from the provider on content of report

The programme team has discussed the content of this report and they feel that the inspection process was a positive experience, overall and that the content of the report is a fair account of the programme.

The team feels that her only comment that needs a more in depth response is from requirement 21. All information about the OSCEs is given to the students at least two weeks before the examination. Currently, the students do not have to confirm that they have received this information but steps will be taken to remedy this.

The inspection panel arrived after the start of the pre OSCE student briefing and therefore did not observe the delivery of all of the information to the students.

The team would like to thank the inspection team for the valuable discussions that took place during the inspection and feel that these discussions will be of benefit to the further development of the programme.

Recommendations to the GDC

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

The School must provide detailed information regarding how they have met, or are endeavouring to meet, the required actions set down in this report in the Annual Monitoring exercise to take place in 2017/18.

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 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."

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

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.