

INSPECTION REPORT

Education Provider / Awarding Body:	University of Portsmouth
Programme / Award / Qualification:	Certificate of Higher Education in Dental Nursing
Remit and Purpose:	Full inspection referencing the <i>Standards for Education</i> to determine the continuing sufficiency of the award for the purpose of registration with the GDC as a dental nurse
Learning Outcomes:	<i>Preparing for Practice (Dental Nurse)</i>
Programme Inspection Dates:	26 & 27 February 2014
Examination Inspection Dates:	2 May 2014 (Examination Board Meeting: 2 July 2014)
Inspection Panel:	Audrey Cowie (Chair and Lay Member) Geraldine Birks (DCP Member) Barbara Chadwick (Dentist Member)
GDC Staff:	James Marshall (Lead) Krutika Patel
Outcome:	Recommended that the University of Portsmouth Certificate of Higher Education in Dental Nursing programme remains sufficient for registration as a dental nurse

Inspection summary

The inspection panel was pleased with the comprehensiveness of the documentation received in advance of the inspection and found that the evidence demonstrating each Requirement was easy to find. Requests for additional information throughout the inspection process were acted upon in a timely fashion.

The panel acknowledged that the programme has recently undergone a period of change of leadership, however, the inspectors were impressed with the strong and motivational leadership skills that were evident within the School, together with a cohesive team approach amongst all of the staff involved in the delivery of the learning outcomes, assessment and administration of the programme.

The panel noted there was a visible adherence to policies and practices in place, which was evident in audit trails relating to patient safety, assessment, quality assurance, fitness to practise, supervision and diversity.

The panel felt the dental nurse students were provided with an excellent opportunity to work with a range of members of the dental team, working alongside BDS and hygiene therapy students in the Dental Academy clinic. The panel agreed that the outreach placement opportunities enabled the students to gain a broad range of experience in a number of clinical settings.

The panel noted positive student feedback with regard to the programme in terms of support, supervision and action within the school following review feedback from student representatives.

The inspectors had no major concerns with the programme and agreed it was well organized and ensures thorough assessment of students across the learning outcomes contained within the GDC publication *'Preparing for Practice'*.

The inspectors could clearly see development of students as they moved through the programme stages and were satisfied that upon graduation the students were fit to practise as safe beginners.

The panel wishes to thank the staff, students, and external stakeholders involved with the Certificate of Higher Education in dental nursing programme for their co-operation and assistance with the inspection.

Inspection process and purpose of Inspection

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 and new qualifications where it is intended that the qualification will lead to registration.

2. The aim of this quality assurance activity is to ensure that these institutions produce a new registrant who has demonstrated, on graduation, that he or she has met the outcomes required for registration with the GDC. This is to ensure that students who obtain a qualification leading to registration are fit to practise at the level of a safe beginner.
3. The inspection focuses on four Standards, with a total of 29 underlying Requirements. These are contained in the document *Standards for Education*.
4. The purpose of this inspection was to make a recommendation to the Council of the GDC regarding the 'sufficiency' of the programme for registration as a dental nurse in the UK. The GDC's powers are derived under Part II, Section 9 of the Dentists Act 1984 (as amended) to determine sufficiency of the programme.
5. Inspection reports may 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 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, the report and observations would be presented to the Council of the GDC for consideration.

The Inspection

7. This report sets out the findings of an inspection of the Certificate of Higher Education in dental nursing awarded by the University of Portsmouth. The GDC publication *Standards for Education* (version 1.0 November 2012) was used as a framework for the inspection.
8. The inspection was comprised of three visits. The first, referred to as the programme inspection, was carried out on 26 and 27 February 2014. This involved a series of meetings with programme staff involved in the management, delivery and assessment of the programme and a selection of dental nurse students. The second visit took place on the 2 May 2014 during which the panel attended the student case presentation examinations. The third visit took place on 2 July 2014 during which the panel attended the examination board meeting.
9. The report contains the findings of the inspection panel across the three visits and with consideration to supporting documentation prepared by the School to evidence how the individual Requirements under the *Standards for Education* have been met.

Overview of Qualification

10. The Certificate of Higher Education in dental nursing programme sits within the University of Portsmouth Dental Academy. The programme has an annual intake of 20 students. The duration of the programme is 39 weeks of teaching and assessment over one year. The University of Portsmouth also offers a BSc (Hons) in Dental Hygiene and Dental Therapy.
11. The CertHE in dental nursing programme is taught over five units, four of which are worth 20 credits each with the fifth unit, covering the clinical aspects of the programme, worth 40 credits. Students are required to submit a clinical portfolio at the end of the programme to demonstrate their clinical attainment across the year.
12. The programme had been designed to meet the learning outcomes in GDC curriculum document, *Preparing for Practice*, which was published in late 2011.

Evaluation of Qualification against the *Standards for Education*

13. As stated above, the *Standards for Education* were used as a framework for this inspection.
14. The provider was requested to undertake a self-evaluation of the programme against the individual Requirements under the *Standards for Education*. This involved stating whether each Requirement is met, partly met or not met and to provide evidence in support of their evaluation. The inspection panel examined this evidence, requested further documentary evidence and gathered further evidence from discussions with staff and students.
15. The inspection panel used the following descriptors to reach a decision on the extent to which the Certificate of Higher Education in dental nursing of the University of Portsmouth meets each Requirement:

A Requirement is **met** if:

“There is sufficient appropriate evidence derived from the inspection process. This evidence provides the inspectors with broad confidence that the provider demonstrates the Requirement. Information gathered through meetings with staff and students is supportive of documentary evidence and the evidence is robust, consistent and not contradictory. There may be minor deficiencies in the evidence supplied but these are likely to be inconsequential.”

A Requirement is **partly met** if:

“Evidence derived from the inspection process is either incomplete or lacks detail and, as such, fails to convince the inspection panel that the provider fully demonstrates the Requirement. Information gathered through meetings with staff and students may not fully support the evidence submitted or there may be contradictory information in the evidence provided. There is, however, some evidence of compliance and it is likely that either (a) the appropriate evidence can be supplied in a short time frame, or, (b) any deficiencies identified can be addressed and evidenced in the annual monitoring process.”

A Requirement is **not met** if:

“The provider cannot provide evidence to demonstrate a Requirement or the evidence provided is not convincing. The information gathered at the inspection through meetings with staff and students does not support the evidence provided or the evidence is inconsistent and/or incompatible with other findings. The deficiencies identified are such as to give rise to serious concern and will require an immediate action plan from the provider. The consequences of not meeting a Requirement in terms of the overall sufficiency of a programme will depend upon the compliance of the provider across the range of Requirements and the possible implications for public protection.

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 will 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. Patients must be made aware that they are being treated by students and give consent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Students will only provide patient care in an environment which is safe and appropriate. The provider must comply with relevant legislation and requirements regarding patient care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. When providing patient care and services, students are to be 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. Clinical supervisors must have appropriate general or specialist registration with a regulatory body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Students and those involved in the delivery of education and training must be encouraged to raise concerns if they identify any risks to patient safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Should a patient safety issue arise, appropriate action must be taken by the provider	<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 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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GDC comments			
<p>Requirement 1: Students will 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 (<i>Requirement Met</i>)</p> <p>The panel was provided with evidence of a range of methods the School uses to ensure students only provide patient care when they have demonstrated adequate knowledge and skill. The School uses a Passport to Practice scheme, which ensures that all students have been assessed to begin clinical work and have contact with patients.</p> <p>The pre-clinical training aspect of the programme lasts six weeks and during this period students are required to undertake pre-clinical OSCEs and a knowledge assessment.</p>			

Formative assessment is then carried out during the remaining four units to ensure that students remain safe to continue clinical work with patients.

The panel was reassured to see the effectiveness of this system and was provided with evidence of students who had failed to meet the required standard during the Passport to Practice scheme and were required to undertake remediation to proceed with the programme.

Requirement 2: Patients must be made aware that they are being treated by students and give consent (*Requirement Met*)

The panel was impressed with the information provided to patients prior to treatment, which clearly informed them that they were being treated by students. The panel was also provided with an example of the consent form, which patients are required to sign prior to any treatment commencing. The panel noted that the coloured uniforms worn by different student groups enabled patients and staff to clearly identify them and ensure patient safety at all times.

Requirement 3: Students will only provide patient care in an environment which is safe and appropriate. The provider must comply with relevant legislation and requirements regarding patient care (*Requirement Met*)

The panel was reassured by the significant number of policies the School has in place to ensure the patient care environment is safe and appropriate. The panel was also provided with evidence of the School's compliance with all relevant legislation ensuring safe and appropriate patient care is maintained.

During the inspection, which took place in February 2014, the panel noticed that each treatment bay has only one sink. It has been noted that hand washing facilities are available at the entrance to the treatment room, which is sub-divided into numerous treatment bays. It is also noted that the Dental Academy has a dedicated decontamination suite in accordance with HTM 01-05 Best Practice.

The panel was concerned that by only having one sink in each treatment bay there was the possibility of this sink being used for dirty and clean activity. The Dental Academy assured the panel that policies and training are in place to ensure no clinical activity or instrument manual cleaning is undertaken in the bay sinks. The panel recommends that the School should regularly audit the use of the clinical facilities in each treatment bay to ensure that the training is effective and that the policies are being followed.

The panel agreed that the main decontamination unit that is currently used at the School is of an extremely high standard and commends the School for its use.

Students are required to undertake training in outreach locations during the course of the programme. The panel was satisfied that each outreach facility is required to hold a contract with the University and they are subject to a biannual audit.

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

At the beginning of the inspection the panel identified that a number of the student clinical portfolios were not signed by the clinical supervisor. This issue was raised with the School and the panel were informed that the use of portfolios was undergoing a review to ensure they were an effective tool in the education and assessment process. The panel was pleased to see that during the final inspection visit all of the portfolios were signed and up to date, satisfying the panel that the students were appropriately supervised when providing patient

care.

Students on the dental nursing programme spend time both in the clinics of the Dental Academy in Portsmouth and in practice placements in the local vicinity. The panel was provided with sufficient evidence of the adequate staff student ratio at the Dental Academy and of the supervision given to students in their placements.

Requirement 5: Supervisors must be appropriately qualified and trained. Clinical supervisors must have appropriate general or specialist registration with a regulatory body (Requirement Met)

The panel was provided with evidence that all supervisors on the programme are appropriately qualified and registered. University of Portsmouth tutors have their CPD and any mandatory training monitored by their line manager during the annual appraisal process. Clinical supervisors in the outreach placements are required to submit evidence of their registration with a regulatory body through the location audit process.

Requirement 6: Students and those involved in the delivery of education and training must be encouraged to raise concerns if they identify any risks to patient safety (Requirement Met)

The panel was provided with copies of the University's whistleblowing, raising concerns and safeguarding children policies. The panel was pleased with the comprehensiveness of these policies. All students are required to read and sign a declaration that they have done so, which was confirmed during meetings with the students.

The School also has in place a policy and process to ensure that concerns that are raised in the outreach placements are appropriately addressed.

Requirement 7: Should a patient safety issue arise, appropriate action must be taken by the provider (Requirement Met)

In the event that a patient safety issue is identified, this is escalated to the Student Support Committee (SSCOM), which meets each month. The School maintains a live database of all issues raised at the SSCOM as well as a health and safety incident log, detailing all problems that have arisen and the actions taken by the School to resolve the issue. The panel was reassured that the systems the School has in place ensured that patient safety issues were managed appropriately.

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 (Requirement Met)

During the programme induction process, students are required to complete the University fitness to practise form and the Dental Academy code of professional conduct and fitness to practise form. The panel was also provided with copies of these forms and of the University of Portsmouth Fitness to Practice Procedures.

There are several routes for fitness to practise issues to be raised, including via the Clinical Directors, UPDA Director, course leads or via the SSCOM.

Actions

Req. Number	Actions for the provider	Due date (if applicable)
3	The School should regularly audit the use of the clinical facilities in each treatment bay to ensure that the training is effective and that the policies are being followed.	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
9. The provider will 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. The provider will have systems in place to quality assure placements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Any problems identified through the operation of the quality management framework must be addressed as soon as possible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Should quality evaluation of the programme identify any serious threats to the students achieving learning outcomes through the programme, the GDC must be notified at the earliest possible opportunity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Programmes must be subject to rigorous internal and external quality assurance procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. External examiners must be utilised and must be familiar with the learning outcomes and their context. Providers should follow QAA guidelines on external examining where applicable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Providers must consider and, where appropriate, act upon concerns raised or formal reports on the quality of education and assessment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GDC comments

Requirement 9: The provider will 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 panel was reassured by the robust framework in place at the Dental Academy to ensure the quality of the programme is maintained. The programme is subject to both the Annual Departmental Standards and Quality Review (ADSQER) and the University of Portsmouth Periodic Review Process. The panel was provided with evidence of the latest ADSQER, which took place in December 2013 and the latest University periodic review, which took place in February 2013. The panel was also provided with the actions taken by the School to meet recommendations made in the reports.

In the event that changes or modifications are needed in the programme, the School is required to enter the process of Approval, Modification and Closure of Academic Provision,

which is managed by the Academic Registry. The panel was reassured that the School and University has a robust process in place to manage programme changes when required.

In 2012 the School successfully mapped the programme to the GDC's Preparing for Practice learning outcomes. During this period of change the School also realigned the original 15 month CertHE programme to the standard one year CertHE.

Requirement 10: The provider will have systems in place to quality assure placements (Requirement Met)

The School carries out biannual audits of the outreach placements to ensure quality assurance. In addition to this the School requests feedback on the practice placements and issues contracts with placements. The University of Portsmouth issues formal guidance on work-based learning and a code of practice for work-based learning, copies of which were made available to the inspectors. The outreach placement audit reports were also made available to the panel.

The panel was also reassured that in addition to the quality assurance processes carried out by the School, quality assurance of placements is also undertaken as part of the NHS annual Strategic Review.

Requirement 11: Any problems identified through the operation of the quality management framework must be addressed as soon as possible (Requirement Met)

In the event that problems are identified through the quality management framework, issues are addressed by the Academic Standards and Quality group. The panel was satisfied that the School effectively manages problems identified and was able to see this process in action when the issue of unsigned student clinical portfolios was raised. As noted above, the School addressed this problem and during the final inspection the panel was satisfied that all issues relating to the portfolio sign-off had been resolved.

Requirement 12: Should quality evaluation of the programme identify any serious threats to the students achieving learning outcomes through the programme, the GDC must be notified at the earliest possible opportunity (Requirement Met)

The panel was satisfied that whilst the School has not been required to notify the GDC of any serious threats to the students achieving the learning outcomes through the programme, the School has in place a suitable process which would ensure this takes place. The School maintains an academic risk register, which is reviewed regularly by the UPDA Executive Team, where any serious threats to the student's learning would be recorded and monitored.

Requirement 13: Programmes must be subject to rigorous internal and external quality assurance procedures (Requirement Met)

The School has in place a number of methods to ensure rigorous internal and external quality assurance procedures are maintained. Internally, the programme is subject to the Annual Departmental Standards and Quality Review process and the University of Portsmouth Periodic Review Process. The panel were provided with evidence of both of these reviews, in addition to the actions taken as a result of them.

The School also utilises external examiners to ensure the quality of the programme is maintained and the panel was provided with evidence of the External Examiners Report and Action Plan.

Requirement 14: External examiners must be utilised and must be familiar with the

learning outcomes and their context. Providers should follow QAA guidelines on external examining where applicable (*Requirement Met*)

All external examiners at the University of Portsmouth are required to attend an induction and training session, prior to commencing their role with the School. The University also specific regulations and guidance on the use of external examiners, which the panel felt was extremely comprehensive. During the inspection the panel was provided with evidence that the external examiners involved with the programme were suitably trained to ensure they adhered to QAA guidelines.

Requirement 15: Providers must consider and, where appropriate, act upon concerns raised or formal reports on the quality of education and assessment (*Requirement Met*)

The panel was provided with evidence of the latest External Examiners Report and Action Plan from the 2012-2013 academic year. The panel was informed that any issues from this, and other aspects of the quality management framework, would be raised with the Academic Standard and Quality Group and was provided with the group's action plan, which identified how the issues raised would be addressed and reviewed.

Actions

Req. Number	Actions for the provider	Due date (if applicable)
	None	

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
16. To award the qualification, providers must be assured that students have demonstrated attainment across the full range of learning outcomes, at a level sufficient to indicate they are safe to begin practice. This assurance should be underpinned by a coherent approach to aggregation and triangulation, as well as the principles of assessment referred to in these standards.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. The provider will have in place management systems to plan, monitor and record the assessment of students throughout the programme against each of the learning outcomes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Assessment must involve a range of methods appropriate to the learning outcomes and these should be in line with current practice and routinely monitored, quality assured and developed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Students will have exposure to an appropriate breadth of patients/procedures and will 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. The provider should seek to improve student performance by encouraging reflection and by providing feedback ¹ .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Examiners/assessors must have appropriate skills, experience and training to undertake the task of assessment, appropriate general or specialist registration with a regulatory body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Assessment must be fair and undertaken against clear criteria. Standard setting must be employed for summative assessments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Where appropriate, patient/peer/customer feedback should contribute to the assessment process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Where possible, multiple samples of performance must be taken to ensure the validity and reliability of the assessment conclusion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ Reflective practice should not be part of the assessment process in a way that risks effective student use

26. 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



GDC comments

Requirement 16: To award the qualification, providers must be assured that students have demonstrated attainment across the full range of learning outcomes, at a level sufficient to indicate they are safe to begin practice. This assurance should be underpinned by a coherent approach to aggregation and triangulation, as well as the principles of assessment referred to in these standards (*Requirement Met*)

During the inspection the panel was provided with unit descriptors for each area of study. Each unit descriptor contains an assessment strategy, which maps across to the learning outcomes. The panel was satisfied that across the programme, students were able to demonstrate attainment of the full range of learning outcomes for a dental nurse. At the end of each unit the School holds a designated five week assessment period, during which all relevant summative assessment for the unit takes place.

In the event of a student failing an aspect of the programme, in no more than 40 credits, there is an opportunity to re-sit the failed assessment in weeks 50-52. Students who are unsuccessful during this re-sit opportunity are required to repeat the assessment in the following academic year.

Across the programme, students are assessed by a variety of methods, enabling the School to triangulate a student's attainment. The School places significant emphasis on the student's portfolio of experience, which records all clinical attainment across the programme. While the panel initially had concerns regarding a lack of sign-off from clinical supervisors in the portfolios, the panel was reassured that this had been fully reviewed and the panel was subsequently provided with completed and sign-off portfolios for all students.

The panel was pleased with the consolidation period for students towards the end of the programme. This enables students to ensure they have completed an appropriate number of clinical treatment procedures required to graduate as a safe beginner.

Requirement 17: The provider will have in place management systems to plan, monitor and record the assessment of students throughout the programme against each of the learning outcomes (*Requirement Met*)

The panel was reassured that the School had management systems in place to ensure the student's progress through the programme was appropriately recorded against the learning outcomes. The panel was provided with the unit descriptors, which detailed how each unit was assessed and which learning outcomes were covered in the unit. In addition to this, the panel had access to student achievement records, which provided evidence of the students achieving the learning outcomes set out in the unit descriptors.

The panel was informed that the School Manager is responsible for the input of all student data during the programme. This information is then reviewed at the Unit Assessment Board and Board of Examiners.

Requirement 18: Assessment must involve a range of methods appropriate to the learning outcomes and these should be in line with current practice and routinely monitored, quality assured and developed (*Requirement Met*)

The panel was satisfied that the assessments used throughout the programme were

appropriate. During the inspection process, the panel had an opportunity to interrogate the student's portfolio of experience, written papers and observe case presentations. The panel was satisfied that the assessments observed, in addition to the evidence provided of additional assessments, was of an appropriate level to ensure the dental nurses are at a suitable level to graduate as safe beginners.

Requirement 19: Students will have exposure to an appropriate breadth of patients/procedures and will 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*)

During the final inspection visit, the panel was provided with evidence of the range of procedures the students had undertaken throughout the programme. The panel were of the opinion that at the end of the programme, the students had achieved a sufficient exposure to an appropriate range of procedures. The panel felt that the consolidation period towards the end of the year was of particular note, as it allowed students who potentially lacked experience or confidence in a particular procedure to gain extra experience prior to taking the final exams.

During the inspection the panel had an opportunity to speak with the students, who commented that they were satisfied with the range of experience they were given throughout the programme, which was enhanced by the opportunity to work in the wide variety of outreach placements.

The inspectors were also impressed with the buddying scheme employed at the School, which allows the dental nurse students to work alongside hygiene therapist students, BDS students and members of staff to further enhance their experience on the programme and develop vital team working skills with other members of the dental team.

Requirement 20: The provider should seek to improve student performance by encouraging reflection and by providing feedback (*Requirement Met*)

Students on the dental nursing programme are encouraged to reflect on their performance throughout the programme and are initially introduced to reflection within the Personal Tutorial system.

A significant element of reflection takes place when students complete their clinical portfolio. Students are required to reflect on their performance at regular intervals in the portfolio, which forms part of the Dental Nursing Practice unit. The panel was satisfied that the range of reflection and feedback that forms part of the programme was of a good level to develop insightful student dental nurses.

Requirement 21: Examiners/assessors must have appropriate skills, experience and training to undertake the task of assessment, appropriate general or specialist registration with a regulatory body (*Requirement Met*)

The panel was provided with evidence of the unit coordinators and were given access to staff personnel files, which detailed CPD, training undertaken and relevant regulatory body registration.

All staff members who carry out examining or assessment of students are required to have appropriate skills, experience and training to ensure they are suitable for the role. The suitability of staff members for the role of examining is subject to ongoing review as part of the annual Personal Development Review programme.

Requirement 22: 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 (*Requirement Met*)

The panel was provided with evidence from external examiners reports and was satisfied that they provided appropriate feedback on the assessment process.

Requirement 23: Assessment must be fair and undertaken against clear criteria. Standard setting must be employed for summative assessments (*Requirement Met*)

The School has clear assessment criteria and marking guides, which are approved by the Assessment Panel prior to the assessment taking place. The panel was provided with the University of Portsmouth Academic Regulations and Policy for the Assessment of Students, of which all assessments at the School are aligned to.

During the inspection the panel had an opportunity to interview students and staff involved in the assessment process and was satisfied that the assessments were fair, of an appropriate level and examiners were provided with clear criteria to perform the task.

Requirement 24: Where appropriate, patient/peer/customer feedback should contribute to the assessment process (*Requirement Met*)

The panel was pleased to see a good level of patient and peer feedback, which the School has been able to integrate into the assessment process. As part of the portfolio of experience that each student must complete during the programme, patients and peers are required to feed back to the student at set points during the academic year and this is entered into the portfolio. The portfolio is then assessed as a whole at the end of the programme.

Requirement 25: Where possible, multiple samples of performance must be taken to ensure the validity and reliability of the assessment conclusion (*Requirement Met*)

The School employs a range of methods across the five units of the dental nursing programme to ensure a student's knowledge and skills are adequately assessed. Assessment methods include OSCEs, case presentations, written assessments and the clinical portfolio, which is a gateway assessment to ensure the student is fit to graduate and register as a safe beginner.

Each unit clearly outlines the learning outcomes that will be assessed and from this the School is able to ensure that multiple samples of performance across the learning outcomes are captured.

The School is currently in the process of working on a blueprint for developing the examination question bank to ensure they continue to be valid and reliable. The School plans to implement this piece of work in the 2015/2016 academic year and the panel commends the School for this development.

Requirement 26: 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 (*Requirement Met*)

The panel was pleased to see clear guidance provided for students in the unit and course handbooks. During interviews with students the panel was informed that they were aware of the assessments and were satisfied with how this information is provided. The panel was pleased that this information was shared with the students well in advance of any assessment, giving time for any questions to be raised, if necessary. Prior to assessments taking place, staff members involved are provided with briefings and clear criteria.

Actions		
Req. Number	Actions for the provider	Due date (if applicable)
	None	

Standard 4 – Equality and diversity

The provider must comply with equal opportunities and discrimination legislation and practice. They must also advocate this practice to students

Requirements	Met	Partly met	Not met
27. Providers must adhere to current legislation and best practice guidance relating to equality and diversity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Staff will receive training on equality and diversity, development and appraisal mechanisms will include this	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Providers will convey to students the importance of compliance with equality and diversity law and principles of the four UK nations both during training and after they begin practice	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GDC comments			
<p>Requirement 27: Providers must adhere to current legislation and best practice guidance relating to equality and diversity (<i>Requirement Met</i>)</p> <p>The panel was satisfied that the School meets this requirement. The panel was provided with evidence of the University of Portsmouth Equality Objectives 2012-2015 document, which clearly demonstrates the importance of equality and diversity to the University and School. The panel had an opportunity to discuss equality and diversity with both staff and students involved with the programme and was satisfied that overall that the University provided a safe, inclusive and fair environment for learning and teaching.</p> <p>Requirement 28: Staff will receive training on equality and diversity, development and appraisal mechanisms will include this (<i>Requirement Met</i>)</p> <p>All staff involved in the programme are required to carry out online training on equality and diversity, which is monitored through the annual appraisal process. The panel was given the opportunity to have access to personnel records and was satisfied that this requirement was met.</p> <p>Requirement 29: Providers will convey to students the importance of compliance with equality and diversity law and principles of the four UK nations both during training and after they begin practice (<i>Requirement Met</i>)</p> <p>Students are taught about the importance of equality and diversity at several points during the programme, including during the Introduction to Behavioural Science Unit, where students participate in an online assessment and are issued with a certificate of completion, and again in the Personal and Professional Development Unit. The panel also had an opportunity to observe student’s case presentation assessments, which covered the importance of equality and diversity. The panel was reassured that on completion of the programme students fully meet this requirement.</p>			
Actions			
Req. Number	Actions for the provider		Due date (if applicable)
	None		

Summary of Actions

Req.	Actions for the provider	Observations Response from the Provider	Due date (if applicable)
		<i>Provider to record observations in response to actions here</i>	
3	The School should regularly audit the use of the clinical facilities in each treatment bay to ensure that the training is effective and that the policies are being followed.	<p>The school accepts this recommendation and has:</p> <ol style="list-style-type: none"> 1. Issued communications to staff and students to reinforce existing policies. 2. Started to audit the use of clinical sinks. Inappropriate use of the sinks in treatment bays has become a serious incident. Each time a tutor or qualified nurses witnesses such an event, a form will be raised and passed to the Health and Safety Officer. The frequency of all incidents is monitored by the School's Health and Safety Group and by the University. Action is taken on all incidents. 	N/A

Observations from the provider on content of report

Provider to record additional observations here

Recommendation to the GDC

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