

## INSPECTION REPORT

<b>Education provider/ Awarding Body:</b>	<b>Scottish Qualifications Authority(SQA)</b>
<b>Programme/Award:</b>	<b>Scottish VQ 3 in Dental Nursing at SCQF Level 7</b>
<b>Remit and purpose:</b>	<b>Full inspection referencing the <i>Standards for Education</i> to determine approval of the award for the purpose of registration with the GDC as a <i>Dental nurse</i></b>
<b>Learning Outcomes:</b>	<b><i>Preparing for Practice</i> (Dental nurse)</b>
<b>Programme inspection dates:</b>	<b>26 – 27 April 2016 - SQA programme inspection 28 June 2016 – NHS Education for Scotland (West Region) centre visit 7 June 2016 – NHS Ayrshire and Arran centre visit 8 June 2016 – West College Scotland (Paisley Campus) centre visit 14 June 2016 – NHS Education for Scotland (North Region) centre visit</b>
<b>Inspection panel:</b>	<b>Julie Stone (Chair and Lay Member) Geraldine Birks (DCP Member) David Hussey (Dentist Member)</b>
<b>GDC Staff:</b>	<b>James Marshall Krutika Patel</b>
<b>Outcome:</b>	<b>Recommend that the SVQ 3 in Dental Nursing at SCQF Level 7 is approved for the registration of dental nurses to the GDC register</b>

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

## **Inspection summary**

The SVQ 3 in Dental Nursing at SCQF Level 7 is currently delivered by fifteen centres across Scotland. The panel visited four of these centres to sample how the programme was delivered across a variety of education providers.

In conjunction with studying for this qualification, students must also complete the Professional Development Award (PDA) in Dental Nursing at SCQF Level 7. The PDA enables students to develop the underpinning knowledge and skills to achieve the SVQ nursing qualification.

The strengths of the programme were noted by the panel as being the level of collaborative working that occurs between SQA and the various centres. Each of the centres had differences in how they delivered the qualification and the inspectors saw evidence of how good practice was shared to mitigate adverse issues that may occur from the qualifications being delivered in diverse settings. The inspectors also considered the use of external verifiers to audit centres beneficial in encouraging consistency across the student cohort. There was evidence of strong working relationships between external verifiers that enabled the sharing of good practice between individual centres. In addition, SQA arranges twice yearly meetings to which all the staff at the fifteen centres are invited with the aim of sharing updates and developments in their centres, and to share experiences which could help students on the programme. These appeared to be greatly valued by staff at the different centres.

Weaknesses in the programme identified during the inspections include: the absence of a formalised process to enable patient feedback to be collected; no external oversight of the summative assessment; and the lack of processes in place to action changes in the external environment. These issues were fed back to SQA during the first part of the inspection, and the panel was pleased to learn that SQA are currently working to address them

To ensure the end report is an accurate representation of the programme, it is important that as well as talking to staff, the panel speak with a range of students and their supervisors. Inspections are planned in advance and therefore the panel was very disappointed when both students and work placement staff did not make themselves available to speak to the inspectors, even though meetings had been pre-arranged.

## Background and overview of Qualification

Annual intake:	This may vary year on year and enrolment is not fixed to a single specific date given the vocational nature of the SVQ. Average annual figures over the life of the award range from 250 – 300 students.
Programme duration:	As this is a vocational qualification, this is not restricted to a fixed delivery period. Typically the duration for the SVQ is 9 – 18 months.
Format of programme:	<p>The SVQ is a competence-based vocational qualification which is assessed in the workplace. It is covered by the Assessment Strategy devised by the Sector Skills Council, Skills for Health. SQA requires that centres sign up to the Assessment Strategy as a condition of approval to be able to offer the SQA. Students are assessed using a range of methods including the compilation of a student portfolio which evidences the development of their knowledge and skills as they progress through their training. This is demonstrated via direct observations of procedures in work placements, reflective accounts and professional discussions. The qualification has been mapped to the learning outcomes set out in 'Preparing for Practice', and is subject to an annual review by the SQA.</p> <p>The qualification comprises of 11 units:</p> <ul style="list-style-type: none"> <li>• Prepare and maintain environments, instruments and equipment for clinical dental procedures</li> <li>• Offer information and support to individuals about dental services and the protection of their oral health</li> <li>• Provide chair side support during the assessment of patients' oral health</li> <li>• Contribute to the production of dental images</li> <li>• Provide chair side support during the prevention and control of periodontal disease and caries and the restoration of cavities</li> <li>• Provide chair side support during the provision of fixed and removable prostheses</li> <li>• Provide chair side support during non-surgical endodontics</li> </ul>

	<ul style="list-style-type: none"> <li>• Provide chair side support during the extraction of teeth and minor oral surgery</li> <li>• Provide basic life support</li> <li>• Make sure your own actions reduce risk to health and safety</li> <li>• Reflect on, develop and maintain own skills and practice in learning and development</li> </ul>
<p>Number of providers delivering the programme</p>	<p>Currently fifteen centres deliver this qualification:</p> <p>Edinburgh Dental Education Centre  Ident Training Ltd  Inverness College UHI  Mentor Training Centre Ltd  NHS Ayrshire and Arran  NHS Education for Scotland (which is a new centre combining the following centres into one:  NHS Education for Scotland (North Region)  NHS Education for Scotland West  NHS Education for Scotland (East Region)  NHS Education for Scotland (North-East Region) )  New College Lanarkshire  New College Lanarkshire Coatbridge Campus  Tell Organisation  West College Scotland  West College Scotland Paisley Campus</p>

The panel would like to thank the SQA and staff, students and external stakeholders involved with the SVQ in Dental Nursing Level at SCQF Level 7 for their co-operation and assistance with the inspection.

**Standard 1 – Protecting patients**

Providers must be aware of their duty to protect the public. Providers must ensure that patient safety is paramount and care of patients is of an appropriate standard. Any risk to the safety of patients and their care by students must be minimised.

Requirements	Met	Partly met	Not met
1. Students must provide patient care only when they have demonstrated adequate knowledge and skills. For clinical procedures, the student should be assessed as competent in the relevant skills at the levels required in the pre-clinical environments prior to treating patients.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Providers must have systems in place to inform patients that they may be treated by students and the possible implications of this. Patient agreement to treatment by a student must be obtained and recorded prior to treatment commencing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Students must only provide patient care in an environment which is safe and appropriate. The provider must comply with relevant legislation and requirements regarding patient care, including equality and diversity, wherever treatment takes place.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. When providing patient care and services, providers must ensure that students are supervised appropriately according to the activity and the student's stage of development.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Supervisors must be appropriately qualified and trained. This should include training in equality and diversity legislation relevant for the role. Clinical supervisors must have appropriate general or specialist registration with a UK regulatory body.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Providers must ensure that students and all those involved in the delivery of education and training are aware of their obligation to raise concerns if they identify any risks to patient safety and the need for candour when things go wrong. Providers should publish policies so that it is clear to all parties how concerns will be raised and how these concerns will be acted upon. Providers must support those who do raise concerns and provide assurance that staff and students will not be penalised for doing so.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Systems must be in place to identify and record issues that may affect patient safety. Should a patient safety issue arise, appropriate action must be taken by the provider and where necessary the relevant regulatory body should be notified.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Providers must have a student fitness to practise policy and apply as required. The content and significance of the student fitness to practise procedures must be conveyed to students and aligned to GDC Student Fitness to Practise Guidance.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Staff involved in the delivery of the programme should be familiar with the GDC Student Fitness to Practise Guidance. Providers must also ensure that the GDC's Standards for the Dental Team are embedded within student training.

**Requirement 1: Students must provide patient care only when they have demonstrated adequate knowledge and skills. For clinical procedures, the student should be assessed as competent in the relevant skills at the levels required in the pre-clinical environments prior to treating patients. (Requirement Met)**

Regardless of their individual study paths (i.e. employed, part-time or full-time), all students must undergo a thorough induction process in order to be assessed as competent prior to being allowed patient contact.

Students intending to study the programme through one of the NES centres must complete an 'Orientation Pack' and attend a mandatory 'Induction Study Day'. These contain a series of tasks that include professionalism; health and safety; infection control and decontamination; and health and safety. These tasks must all be completed and signed off by a GDC registrant before the student attends the Study Day.

Once enrolled, NES provide guidance to the work placement as to what the induction must cover. These topics are listed as being:

- 'Work Safely in the Dental Practice' – a booklet which needs to be completed
- Practice information checklists
- Practice Induction Completion Form
- Attendance at an Induction Training course
- Completion of an Online Assessment

NES leave it up to the student's employing dentists, as to when each of these aspects are completed. However, all students are expected to have successfully completed in the 'Work Safely in Dental Practice' pack before assisting in the treatment of patients, and within seven weeks of joining the programme. In completing this pack, students must cover topic areas ranging from the use of personal protection equipment, as well as communication, ethical working, and risks in the work place. The panel was assured that by completing this pack, students were being properly assessed prior to patient contact.

Students enrolled at other centres undergo a two-week induction at one of the simulated dental surgeries, where they are required to complete a series of simulated learning tasks. Once these tasks are completed, students must then complete a formal assessment. Students who enrol once they have secured their own work placement, are assessed on a series of tasks within their dental practice, by a GDC registrant.

The inspectors were provided with various checklists that are distributed by centres to the individual work placements. These checklists set out specific areas that work placements must cover with the students, within a month of that student starting on the programme. These topic areas include:

- cross infection guidelines;
- radiology guidelines;
- protocols governing communication with patients;
- record keeping;
- complaints procedures; and
- health and safety

This again reassured the panel that students were being provided with sufficient information in order for them to practise safely in a clinical environment.

**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)**

For this programme, responsibility to inform patients is left to the staff in the individual work placement bases. From speaking with work placement staff and students, the panel was informed that consent is obtained by the lead clinician (normally the dentist), who would then make a note in the patients' clinical notes.

To inform patients that students are training on the premises, students wear specific coloured tunics or name badges denoting their trainee status, supported by a notice in reception area of the practice.

This is all checked by the assessors who visit each of the practices during the duration of the programme on visits to assess the student/s.

**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)**

The employing dentist at each of the work placements signs a contract stipulating that their practice has received the NES's in-practice decontamination training. In addition, all work placement locations must also provide a completed and signed a 'work place checklist' to declare that the necessary processes, policies and resources are available, including:

- health and safety
- risk assessments
- accident book
- records of appropriate staff immunisations
- appropriate indemnity
- complaints procedure
- infection control/decontamination policy
- PPE available and guidance for use
- Staff training records.

The information on this checklist is then verified by a member of the centre staff. The panel was also informed that all centres tend to have work placements that have been used as training practices over a number of years. Therefore, if a serious issue is identified, it could be resolved expediently.

In addition, the induction aids the student to identify if a practice is not a safe environment. The panel was informed that in the past students have raised concerns directly with the centres, and as result that practice has not been used again - and its staff reported to the GDC for misconduct.

The inspectors were able to see examples of completed checklists during the centre visits, and examples of action plans that were provided to work placements that did not meet the requirements and needed additional processes in place before being allowed to train a student.

**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)**

All employing dentists must sign a contract with the individual centre prior to being allowed to train a dental nurse on this programme. Contracts vary between centres but, essentially, the employing dentist consents either to acting as a mentor themselves or delegating this responsibility to another GDC registrant in the practice, to ensure that the student is continually supported throughout the duration of the programme. Again, examples of these contractual arrangements were provided to the inspectors during the centre visits.

Development and progress through the programme is measured through a number of different assessments which are carried out in the workplace by a centre assessor. Supervising staff within the work placement practices are able to use these results to ascertain student skill and knowledge when determining the level of supervision that particular student requires. Students also carry out a series of summative assessments under the supervision of a designated 'Expert Witness', who is a GDC registrant and trained by SQA to carry out assessments. These assessments are then verified by an internal verifier from the centre and a sample of these assessments are audited by an external verifier from SQA.

Centres informed the panel that students were allocated a mentor in practice who answer any queries, and work through assessments and tasks with them. In addition, centres advised employing dentists that allowing the student to work unsupervised may have consequences for their own registration, should a patient safety issue occur whilst the student had inadequate support. This arrangement was confirmed by the students and employing dentists that the panel was able to speak to during the centre inspections.

**Requirement 5: Supervisors must be appropriately qualified and trained. This should include training in equality and diversity legislation relevant for the role. Clinical supervisors must have appropriate general or specialist registration with a UK regulatory body. (Requirement Met)**

All centres must have appropriate trained and qualified staff who deliver the qualification. Evidence provided during the centre inspections to confirm this included staff CVs, Continuing Professional Development (CPD) records and current GDC registration certificates. Training covering equality and diversity is centre specific and the panel was also shown copies of relevant certificates, proving staff had received this training.

In addition, staff acting as assessors and internal verifiers at the centres must hold or be in training to attain qualifications to assist them in carrying out this role, and these certificates were made available to the inspectors.

When approving work placements for students, centre staff check to ensure supervisors are registered with the GDC. To support those acting as supervisors or expert witnesses, detailed guidance is provided by the centres for these individuals. Centre staff provide their contact details to work placements, should either the supervisor or student have any queries.

For assurance that protocols are being followed and students are not being supervised or taught by unqualified staff, SQA's external verifiers carry out an audit of the centres and a sample of the work placements. Examples of these completed audits were included in the evidence provided to the GDC.

**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)**

SQA's approval criteria includes requiring all centres to have a specific "raising concerns" policy in operation. SQA also state that centres must ensure that all individual work placements have a "raising concerns" policy in operation as well.

The panel saw evidence of individual centre policies and protocols covering this area. For centres that came under the remit of NES or Health Boards, policies had been adapted to include their requirements as well. The inspectors were provided with copies of these policies during the inspection.

Individual work placements confirm they have a "raising concerns" policy in place when they apply to be approved as a training placement, which is then verified by a visit from one of the centre staff.

The topic is covered during the induction process and for those completing an 'Orientation Pack'. Additionally, students learn about the importance of candour under the topic of 'Professionalism'.

All students have scheduled meetings with their tutors at the centres where they are able to raise concerns about their work placements and centre staff stated that patient safety issues can be identified during their visits to the work placements.

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

Both the centres and work placements had clear policies and pathways in place, for both students and staff to raise any patient safety issues, and examples were provided to the panel to demonstrate the effectiveness of these pathways to protect patients.

However, the panel noted that there seemed to be a reliance on the centre staff having a good relationship with the individual work placements under their remit. Additionally, it appeared that minor concerns were raised by work placements with centres on a more informal basis, which the centre would look to resolve as and when such concerns were brought to their attention. The inspectors agreed that this approach may lead to patient safety incidents not being reported.

To mitigate this risk, the panel agreed that all centres must ensure they implement a formal process/policy to record and monitor all patient safety incidents (including those occurring in work placements), and that this policy be communicated to all employing dentists, who make it clear that failure to comply may have consequences on their registration.

**Requirement 8: Providers must have a student fitness to practise policy and apply as required. The content and significance of the student fitness to practise procedures must be conveyed to students and aligned to GDC Student Fitness to Practise Guidance. Staff involved in the delivery of the programme should be familiar with the GDC Student Fitness to Practise Guidance. Providers must also ensure that the GDC's Standard for the Dental Team are embedded within student training. (Requirement Partly Met)**

During their inductions, students are provided with copies of both the GDC's Fitness to Practise Guidance, as well as Standards for the Dental Team. Students are taught how the principles and guidance set out in these documents applies to them, through scenario examples and group discussions within their tutorial groups at the centres.

The inspectors noted that there was an absence of an overarching fitness to practise policy specific to the programme. For this requirement to be met, SQA together with the centres, must devise a programme specific fitness to practise policy applicable to all centres, staff and students involved with the programme.

**Actions**

<b>No</b>	<b>Actions for the Provider</b>	<b>Due date</b>
7	All centres must ensure they implement a formal process/policy to record and monitor all patient safety incidents (including those occurring in work placements), and that this policy be communicated to all employing dentists, who must be clear that failure to comply may have consequences on their registration.	Annual monitoring 2017/18
8	SQA/centres must devise a programme specific fitness to practise policy applicable to all centres, staff and students involved with the programme.	Annual monitoring 2017/18

**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 type="checkbox"/>	<input checked="" 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"/>
<b>GDC comments</b>			
<p><b>Requirement 9: The provider must have a framework in place that details how it manages the quality of the programme which includes making appropriate changes to ensure the curriculum continues to map across to the latest GDC outcomes and adapts to changing legislation and external guidance. There must be a clear statement about where responsibility lies for this function. (Requirement Partly Met)</b></p> <p>SQA have overall responsibility for ensuring the programme maps against the learning outcomes set out in the GDC document <i>Preparing for Practice</i>. Evidence of mapping was provided as part of the pre-inspection documentation, and upon review, the inspectors agreed that all the relevant learning outcomes to enable a student to register as a dental nurse, are currently being met.</p> <p>The content of the programme is devised by the Sector Skills Council, Skills for Health (SSC). The SSC determines the content of the units based on its own National Occupational Standards (NOS). The NOS are reviewed every three years and the SQA is able to provide input regarding amendments.</p>			

Potential changes to legislation and external guidance that may require aspects of the programme to be modified are monitored by SQA via their Qualifications Department Team who work closely with SSC, the individual centres and by the external verifier team. SQA does not need to wait every three years to request changes, these can be made in the intervening years, but any amendments must always be signed off by the SSC as they own the content. In addition, if particular topics need to be introduced immediately to the teaching, SQA would advise the centres to deliver these during tutorials (which are not signed off by the SSC).

The panel was concerned at the lack of monitoring of the programme that took place in between the review of the NOS by the SSC, which they viewed as a threat to the programme being able to adapt to external changes. The panel saw no evidence to suggest that there was a formalised process to collate and discuss development in the external environment that may affect the content of the programme, and were of the view that such a process would need to be in place to ensure the programme was adapted (when required) to relevant changes.

**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)**

A notable strength of SQA's quality management framework is the use of external verifiers, who audit the delivery of the qualification at each of the centres. The panel was provided with a sample of 'Qualification Verification – Visit Reports', which are completed by the external verifiers at their centre visits, to confirm that 'the centre is complying with the quality assurance criteria and are assessing their candidates in line with national standards'. This process helps to identify threats as the external verifiers look at the centre resources; student support (both academic and pastoral) available; that internal assessments are being carried out correctly, being internally verified and all this information is logged; and that student record and data management systems in place are functioning and sufficient. Centres that fail to meet any of SQA's centre approval criteria, are issued with sanctions by the external verifier that are noted in an action plan along with suggestions to address these shortcomings.

As discussed under Requirement 3, the quality assurance of work placements is carried out by the centres. In advance of the student starting the programme, their work placement must complete a checklist confirming they have the necessary policies and procedures in place. This information is then verified during a visit by one of the centre staff, who also check that the student has the adequate amount of support from the practice staff, in order to achieve the qualification. Unsuccessful work placements are informed what measures they need to put in place, to be approved to employ trainee nurses. If work placements are unable to meet the stated requirements, students who wish to continue with the programme have seven weeks in which to find an alternative work placement. At each of the centre visits, the panel was informed that students normally would not have difficulty in finding another practice, as the centre had access to a network of work placements willing to employ trainee nurses. Another threat identified concerned students not being able to receive the full breadth of clinical experience needed to complete the qualification. Inspectors were informed and were satisfied that in this scenario students are placed at another work placement within the centre's catchment area to gain this necessary experience.

As an additional level of assurance, external verifiers also visit a sample of work placements to check centres are carrying out visits correctly and that all work placements across the programme are being audited against the same criteria. This ensures that every student on the programme is receiving a similar experience in their individual work placement.

**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)**

To ensure the quality of the programme, the inspectors agreed that SQA had established robust quality assurance procedures. These include the use of external verifiers, who visit every centre and have the power to issue sanctions if centres fall short of meeting the set criteria needed to remain SQA approved. External verifiers also review samples of student work to ensure fairness amongst the cohort.

At a centre level, assessments are carried out by designated assessors and then verified by a named internal verifier (also a staff member at the centre). Those staff undertaking these roles are required to hold related SQA qualifications. This means that everyone assessing or internally verifying has been trained to the same standard and this ensures uniformity of assessment across all the centres.

The panel were of the view that this qualification was compromised due to the lack of external quality assurance procedures – there was no evidence provided that an individual or organisation external to SQA has ever reviewed all the processes and assessments to ensure they continue to remain efficient at scrutinising a student's ability to attain the requisite knowledge and skills to go on and practise safely as a dental nurse. The panel recognised that the strong relationships between SQA and its centres meant ideas and best practice were regularly shared to enhance the learning experience for the students, but considered that external independent feedback is beneficial in ensuring that a programme remains current.

During the centre visits, the panel was provided with various examples of patient feedback that students were required to collect as part of their student portfolios. The feedback collected related to patient views on the student's performance when they were receiving dental assessment/treatment, but the panel was unsure of how this data meaningfully contributed to programme development.

**Requirement 12: The provider must have effective systems in place to quality assure placements where students deliver treatment to ensure that patient care and student assessment across all locations meets these Standards. The quality assurance systems should include the regular collection of student and patient feedback relating to placements. (Requirement Met)**

All centres who wish to apply for approval to offer the qualification must provide SQA with a completed 'Approval Application Supporting Document: Site Selection Checklist' to confirm that it has in place the necessary policies and procedures to make it suitable environment in which to teach and assess students. Submission of the checklist is then followed by a visit from an SQA external verifier who reviews all the policies and procedures to ensure they are current and relevant.

The process of submitting a checklist is mirrored by the work placements, who submit a completed list to the centres again confirming they have the necessary policies and procedures in place. The information provided is then verified by a member of the centre staff when they visit. In addition to monitoring by the centre, work placements may be subject to a visit by one of the external verifiers, who will check that the work placements are being properly monitored by the centre, and that they have the correct facilities available to allow students to train safely. Documentation provided to the panel to evidence this checking consisted of completed workplace checklists, completed centre checklists and external verifier

reports. Centres emphasised to the panel during the inspections the good relationships they maintain with the work placements. This enables any potential negative issues to be resolved expediently. This was confirmed when speaking to staff at practices who stated that they were able to call a named person at the centre if any problems arose, or if they needed advice on how to manage or train a student on a particular aspect of dental nursing. It was generally considered by work placements that work placement staff and students had an 'open door' to the centre.

Centres actively encourage feedback from students on the programme and on their experiences in their respective work placements. Some of this is documented formally as part of their portfolios, and some feedback is used to make adjustments to tutorials so these are more beneficial for the students attending.

**Actions**

<b>No</b>	<b>Actions for the Provider</b>	<b>Due date</b>
9	SQA must devise a process to enable the collection/recording/monitoring of information that may require the content of the programme to be adapted or amended.	Annual monitoring 2017/18
11	SQA must consider utilising external organisations to review their quality assurance framework and processes to ensure they remain robust, and consider implementing any subsequent suggestions.	Annual monitoring 2017/18
11	Centres must devise a process to enable patients to formally feedback on student performance during work placements.	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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. Assessment must utilise feedback collected from a variety of sources, which should include other members of the dental team, peers, patients and/or customers.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18. The provider must support students to improve their performance by providing regular feedback and by encouraging students to reflect on their practice.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Examiners/assessors must have appropriate skills, experience and training to undertake the task of assessment, including appropriate general or specialist registration with a UK regulatory body. Examiners/assessors should have received training in equality and diversity relevant for their role.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Providers must ask external examiners to report on the extent to which assessment processes are rigorous, set at the correct standard, ensure equity of treatment for students and have been fairly conducted. The responsibilities of the external examiners must be clearly documented.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21. Assessment must be fair and undertaken against clear criteria. The standard expected of students in each area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

to be assessed must be clear and students and staff involved in assessment must be aware of this standard. An appropriate standard setting process must be employed for summative assessments.

#### **GDC comments**

**Requirement 13: To award the qualification, providers must be assured that students have demonstrated attainment across the full range of learning outcomes, and that they are fit to practise at the level of a safe beginner. Evidence must be provided that demonstrates this assurance, which should be supported by a coherent approach to the principles of assessment referred to in these standards. (Requirement Met)**

In order to register with the GDC, students must complete two separate qualifications (Professional Development Award (PDA) and SVQ 3 in Dental Nursing), awarded by SQA, which when combined enables students to apply for registration.

The PDA provides the knowledge and understanding that underpins the SVQ and comprises of four subject specific units, plus an externally set and quality assured final examination. Each unit is internally assessed by the delivering centre and subject to external verification by SQA. The final examination is a written paper, which can be taken either online or paper-based at an examination centre.

The SVQ 3 in Dental Nursing is a competence based vocational qualification, during which students compile a portfolio of evidence which is assessed in the workplace. A range of assessments is used for this qualification, including direct observation, personal statements, witness testimony and professional discussions.

In total, the combined qualification that leads to registration comprises of 11 units. During the inspection, the panel had the opportunity to review teaching content, assessment structure and blueprinting against the GDC Learning Outcomes. The panel was satisfied that, by following the PDA and SVQ structure of the qualification, on completion of the programme students would have had the opportunity to demonstrate attainment across the full range of learning outcomes and that they would be fit to practise at the level of a safe beginner.

**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)**

To be approved to deliver this qualification, SQA check to ensure that centres have established processes and policies in place to monitor student progression. These include:

- assessment plans, including timetables setting where and when assessments are scheduled to happen;
- process to record assessment results;
- process to ensure these assessment records are accurate and updated regularly; and
- processes in place to enable both assessors and internal verifiers to discuss and agree assessment decisions.

External verifiers audit these systems during their visits.

The panel noted that whilst each of the centres had their own systems for recording and monitoring student processes, all centres ensured that students had regular time set aside to



have tutorials with centre staff where their progress could be discussed. Tutorials were also an opportunity to discuss additional support, should the student require it. Formal notes of these meetings are recorded in the student's portfolio.

As a final check, SQA will not issue their dental nursing award, until centres have provided them with evidence that their students have completed and passed all assessments.

**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)**

*Regular meetings with the student, and visits to the individual work placements, assist the centres in identifying if a student at a particular work placement is having difficulty in treating the appropriate breadth of patients to enable them to attain the qualification. The panel was informed that where necessary, students have been placed at other practices within the centre's catchment area so that students can treat patients with specific treatment needs that may not be routinely managed in their designated dental practice.*

**Requirement 16: Providers must demonstrate that assessments are fit for purpose and deliver results which are valid and reliable. The methods of assessment used must be appropriate to the learning outcomes, in line with current and best practice and be routinely monitored, quality assured and developed. (Requirement Partly Met)**

In conjunction with an assessor, students are able to create their own individual assessment plans, which includes when they are assessed on clinical procedures and duties that they must carry out in the workplace. In order to ensure assessments are fair and equitable across all centres, SQA has developed exemplar assessments to provide a benchmark against which the assessments devised by the centres can be measured. In addition to this, centres are permitted to submit their assessments to SQA prior to them being utilised for checking and approval.

The PDA is the only unit for completion and assessment. The awarding of the PDA is dependent on students passing the individual units and the end exam in the form of a question paper which covers the content of all four units. SQA have taken the decision collectively to promote the use of question papers to assess the four individual units to ensure that all students have the same degree of exposure to the exam process prior to the end exam. Centres are however, able to choose alternative forms of assessment but all follow the model outlined above. SQA has developed a question bank for these assessments, however they are currently in the progress of updating the electronic database that holds the question bank to enable randomly generated question papers to be produced for students undertaking these assessments from 2017 onwards. The panel agreed that further development of the question bank must continue to ensure a fit for purpose system is in place for future cohorts of students.

The SVQ element of the programme is completed in the workplace and assessed through a variety of methods, such as direct observation, personal statements, witness testimony and professional discussions. All assessment decisions are subject to internal verification and a sample of assessments are scrutinised by the External Verifiers to ensure quality and standardisation are maintained.

**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)**

*While the content and structure of the final assessment is determined solely by SQA, centres are able to determine how they choose to assess their students at the end of each unit. Guidance to enable this to be done, is provided by SQA in the form of templates, learning outcomes for each of the units and clear marking guides. When completing each unit, centres do ask for feedback on the delivery of the teaching and assessments that had to be carried out. Centres did provide the panel with examples of where teaching sessions have been amended when students found particular topics difficult to understand. The panel was also informed that some assessments have also been modified as a result of student feedback.*

*Feedback from the centres and students, provided to the external verifiers will also be considered by SQA when feeding back to the SSC, during the next review of the NOS.*

*Although there was evidence of feedback from work placements and patients, the quality of this feedback varied from centre to centre and there was also no process in place to demonstrate how this information contributes to the development of assessments.*

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

Reflection is an integral part of the programme and students must reflect frequently while studying to be a dental nurse. Students are taught that reflection is a valuable tool in evaluating their skills and knowledge and that each reflective account should address:

- the quality of the way a particular procedure or duty was carried out;
- the outcomes – how difficult/easy did they find the task;
- what they could have done better; and
- what would they improve when they have to carry out this procedure or duty again?

Reflective accounts are signed off by a GDC registrant in the student's work placements, and these accounts are checked by the centres during tutorials or during assessment visits.

**Requirement 19: Examiners/assessors must have appropriate skills, experience and training to undertake the task of assessment, including appropriate general or specialist registration with a UK regulatory body. Examiners/ assessors should have received training in equality and diversity relevant for their role. (Requirement Met)**

The panel noted that SQA require all staff delivering the PDA and SVQ to be registered with the GDC, be competent in their role and be in possession of a teaching qualification. In addition to this, all centres are required to have an Equality and Diversity policy in place. Assessors and internal verifiers, responsible for the workplace assessment element of the SVQ, are required to hold the SQA Assessor/Verifier qualification.

During the centre visits, the panel was provided with evidence detailing the registration status, range of qualifications and relevant CPD that staff members hold. The inspectors were satisfied that SQA and the centres delivering this programme have met this requirement.

**Requirement 20: Providers must ask external examiners to report on the extent to which assessment processes are rigorous, set at the correct standard, ensure equity of treatment for students and have been fairly conducted. The responsibilities of the external examiners must be clearly documented. (Requirement Partly Met)**

As noted in Requirement 11, SQA does not currently employ a dedicated External Examiner to scrutinise the quality management framework or assessment process. Following the

programme inspection in April 2016, the panel was informed that from Autumn 2016 onwards, SQA will ensure the assessments and question papers are independently moderated to ensure their validity as assessment methods.

While the programme does not have an External Examiner to review assessments, the inspectors were pleased to see SQA making noteworthy use of the External Verifiers (EV). The EVs are required to review how assessments have been implemented to ensure consistency and fairness across all centres. The inspectors were provided with copies of EVs reports from centre visits, which detail areas for improvement as well as noting evidence of good practice.

**Requirement 21: Assessment must be fair and undertaken against clear criteria. The standard expected of students in each area to be assessed must be clear and students and staff involved in assessment must be aware of this standard. An appropriate standard setting process must be employed for summative assessments. (Requirement Partly Met)**

To ensure consistency across the centres, SQA have assessment strategies, outcomes and marking criteria set out in their individual unit specification guidance. Audits by the EVs also play a significant role in making sure all students are being assessed on the same topics against the same criteria.

The panel saw examples of centre staff and student handbooks, which all set out information about the eleven units, the learning outcomes, the assessments students were required to complete, the assessment marking criteria and the different ways in which students could demonstrate they were meeting the aims and objectives of that particular unit. From speaking with staff and students, it was clear all parties involved in the assessment process were sufficiently knowledgeable about what was required.

The final summative assessment is devised by SQA, and is overseen by a Chief Examiner who decides the content of the paper. The marking and the final sign off of marks is agreed by SQA staff. To graduate from the programme, students must achieve 65% in this final assessment. The panel was informed this mark was something that was in place historically and SQA were therefore unable to provide any evidence of standard setting as to how this mark was previously agreed.

#### **Actions**

<b>No</b>	<b>Actions for the Provider</b>	<b>Due date</b>
17	Centres must devise a process to formally collect and document feedback from work placements and patients, which may help in the development and improvement of assessments.	Annual monitoring 2017/18
16	SQA must continue to develop the electronic database containing the PDA question bank to enable randomly generated question papers to be produced.	Annual monitoring 2017/18
20	SQA must ensure that assessments are independently moderated and verified.	Annual monitoring 2017/18
21	SQA must consider whether the 65% pass mark for the final summative assessment is appropriate or whether it needs to be reconsidered with the inclusion of a standard setting process.	Annual monitoring 2017/18

## Summary of Actions

Req. number	Action	Observations Response from Provider	Due date
7	All centres must ensure they implement a formal process/policy to record and monitor all patient safety incidents (including those occurring in work placements), and that this policy be communicated to all employing dentists, who must be clear that failure to comply may have consequences on their registration.	This is covered by Service Level Agreements between Centres and individual placement providers. In addition, agreed Practice Checklists are in place. All students are subject to these and placement providers must comply with this. All students coming into contact with patients are also subject to PGV checks. Where employed students are concerned, it is the employer's responsibility to ensure that the PGV check is carried out and that all requirements for Fitness to Practice relevant to trainee Dental Nurses are met. Centres are assiduous in ensuring that these responsibilities are understood. Centre also cover student responsibilities in their induction programmes. SQA Quality Assurance procedures also require Centres to comply with relevant legislative and Statutory/Professional Body specific requirements where appropriate, including those for students on placement/work experience. This must be available at External Verification visits.	Annual monitoring 2017/18
8	SQA/centres must devise a programme specific fitness to practise policy applicable to all centres, staff and students involved in the programme.	Fitness to Practice and compliance with GDC Standards for Education underpin and are embedded throughout the two qualifications. In addition, to make this even more explicit, SQA introduced two new Units covering induction and fitness to practice in 2016. These are:	Annual monitoring 2017/18

		<ul style="list-style-type: none"> <li>• Dental Nursing: Introduction to Safe Working Practices within the Dental Environment</li> <li>• Dental Care Professionals: Fitness to Practice</li> </ul> <p>The former is already being implemented in the delivery of the programme being offered by the NHS NES centres and is being picked up by the other centres. The units are being implemented by Edinburgh College in its Dental Nursing and Dental Technology provision.</p>	
9	SQA must devise a process to enable the collection/recording/monitoring of information that may require the content of the programme to be adapted or amended.	<p>SQA already operates a system of continuous review and incremental change which allows us to update our provision when necessary. This includes take account of feedback from a variety of subject experts and stakeholders, including Centres, students, employers, placement providers, service users and Professional and Statutory Bodies.</p> <p>For this particular sector, SQA's qualifications are continually monitored to ensure that they are relevant and reflect current practice and that statutory requirements are met. We hold an annual meeting for all centres as well as regular EV team meetings and standardisation meetings. In addition, we communicate with centres on issues arising. Feedback from stakeholders can be made at any time and is acted on appropriately. We have Unit Comment Forms to facilitate feedback on the content of units, including evidence requirements and assessment. The EV team also gathers feedback from centres and students on visits which is considered by the full group and officers at least twice per year or as urgency of the circumstances dictates.</p>	Annual monitoring 2017/18

		<p>Our normal process is to assess the comments, consult with our EV team and chief examiner as appropriate in the first instance and consult with the Centres if it is an issue affecting the qualification.</p> <p>We are able to make necessary amendments to our Higher National Units which make up the PDA and HNCD and to amend frameworks to add new units (or remove) to the qualification structures to ensure continuing compliance with professional standards.</p> <p>However, we cannot make amendments to the National Occupational Standards per se as these are the responsibility of the SSC, Skills for Health. We maintain a solid working relationship with the SSC which allows us to raise issues regarding the content of the NOS and the Modern Apprenticeship and we participate fully in consultations and reviews.</p>	
11	SQA must consider utilising external organisations to review their quality assurance framework and processes to ensure they remain robust, and consider implementing any subsequent suggestions.	<p>SQA agreed with the Inspectors that the credibility of the external final Question Paper for the PDA would be further enhanced by introducing independent vetting/moderation of the proposed exam paper. In this context, 'independent' is taken to mean by an individual/individuals with no involvement in the development of the question paper and is not part of the EV or Marking teams. To this end, future Question Papers, beginning with the June 2017 Question Paper, will be externally vetted and moderated.</p> <p>SQA's general Quality Assurance framework and processes are already subject to Quality Audit by the regulators and external auditors to comply with Scottish Government requirements.</p>	Annual monitoring 2017/18

11	Centres must devise a process to enable patients to formally feedback on student performance during work placements.	As mentioned above, Centres operate <b>Service Level Agreements</b> with their work placement providers and practice employers which includes the collection and analysis of feedback relating to student performance to inform assessment of competence and knowledge. This includes seeking feedback from patients. However, as mentioned elsewhere in this response, Centres cannot compel individual patients to provide feedback. Centres can and do encourage such feedback but cannot insist on it. They and we at SQA recognise that this would be best practice but our hands are somewhat tied as to the outcome. We can 'request' but nothing more.	Annual monitoring 2017/18
16	SQA must continue to develop the electronic database containing the PDA question bank to enable randomly generated question papers to be produced.	<p>SQA is fully committed to ensuring the relevance of the electronic database which underpins our online assessment process for these qualifications. We are fortunate to have access to expert practitioners and the support of NHS NES to facilitate this. The database is subject to ongoing updates to reflect changes (additions/deletions) to the question bank.</p> <p>Random generation of practice question papers, both for individual Unit and overall PDA assessments has been in place from the outset and is working well. The random selection of questions is based on a small number of the available questions contained in the Question Bank in order to protect the integrity and confidentiality of final assessment papers. This guarantees that the selection is unseen and cannot be known beforehand. The Question Bank is also subject to continuous improvement.</p>	Annual monitoring 2017/18

		<p>This process allows Centres to familiarise their students with exam procedures and provides information on student progress towards readiness for formal assessment. Centres base their unit assessments on the SQA Assessment Support Packs (ASPs) which have a question paper approach as outlined in the body of the report. These assessments are held on the SQA Secure Site and are not available on the public website to ensure the integrity and security of the assessment.</p> <p>It should be noted that for the final – external - exam assessment, random generation is still being developed and we expect to be in a position to deliver this by the end of 2017. However, we would add the caveat that online assessment of all candidates is an aspiration – it is but one method of assessment and, while we are actively promoting its use, implementation by Centres is dependent on a variety of factors, particularly infrastructure (software and hardware). SQA would not – and could not – insist on this as the sole method of assessment, either at Unit or final, external, question paper. SQA will continue to make paper copies of the final Question Paper available to Centres. Utilisation of the online question paper for the December exam held on Dec 2, 2016, was limited to two Centres, with one presenting just one candidate. Although disappointing, this was not unexpected as presentations for the December Diet are always considerably smaller than for the June Diet. However, we expect that the majority of students and centres will continue to opt for the traditional paper approach.</p>	
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17	Centres must devise a process to formally collect and document feedback from work placements and patients, which may help in the development and improvement of assessments.	<p>SQA welcomes feedback on its qualifications. This helps to ensure continuing relevance and credibility. Such information is usually received from Centres and External Verifiers, however feedback from other stakeholders, such as placement providers, employers, students and, in this case, patients is also considered when received or as a result of consultation. However, SQA, and, it follows, Centres, cannot compel specific groupings/individuals to provide feedback and we appreciate it when we do receive feedback and acknowledge that this often leads to improvements.</p> <p>Feedback on assessments and delivery is collected from a variety of sources as highlighted in the report. Each Centre has procedures in place to collect feedback from Employers/Practices providing work placement opportunities as part of individual <b>Service Level Agreements</b>. These General Practices/Clinics have their own procedures in place to collect feedback from patients and where this involves a student on placement, would present this to the Centre as part of the Service Level Agreement and a responsibility to promote and protect patient safety.</p> <p>All feedback is considered by the individual centre and enables the centre to modify its internal assessments where appropriate. SQA communicates regularly with its centres and the External Verifier team is in regular contact with centres – this ensures a good flow of communication and enables issues arising to be considered and dealt with appropriately. It should be noted that not all feedback may be relevant and may not be credible upon investigation. Conversely, there</p>	Annual monitoring 2017/18
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		<p>may be occasions where the feedback is applicable across the qualification and, in such circumstances, SQA would investigate and take appropriate action to update its exemplar assessments/question bank in consultation with the Centres and other stakeholders.</p> <p>However, it must be noted that all assessments must be in accordance with the stated Evidence Requirements contained in each unit and these are based on the National Occupational Standards. The NOS are, in turn, required to reflect GDC Guidelines. This is out-with the scope and remit of individual centres.</p> <p>The NOS are the responsibility of the Sector Skills Council (SSC) and neither SQA nor individual Centres can make changes to the NOS. SQA has a responsibility to gather information on implementation of the qualifications from stakeholders and will make appropriate representation to the SSC and actively participate in the review of the NOS. The SSC also welcomes feedback from all sources and shares this with Awarding Bodies where appropriate.</p>	
20	SQA must ensure that assessments are independently moderated and verified.	SQA agreed with the Inspectors that vetting and moderation should be carried out by a relevant individual, e.g. a subject expert / current practitioner with appropriate assessment experience, who has not been involved in the development of the assessment. Consequently, the June 2017 final Question Paper – and all subsequent external exams – will be subject to independent scrutiny prior to sign off.	Annual monitoring 2017/18
21	SQA must consider whether the 65% pass mark for the final summative assessment is appropriate or	SQA agreed with the Inspectors that it should move away from this fixed pass mark which we inherited from the now-defunct NEBDN/City & Guilds partnership. Our	Annual monitoring 2017/18

	<p>whether it needs to be reconsidered with the inclusion of a standard setting process.</p>	<p>standard policy for exam pass marks in that they should be variable and calibrated on analysis of previous exam performance. This particular exam is the only one we operate which deviated from that policy. The December 2016 Diet did not have a sufficient number of entries to compare against the June 2016 exam. The Question Papers were of a comparable standard and, after moderation of the marking, a pass mark of 65% was agreed. However, the principles of variable pass marks were applied and with each successive Diet, we will build a body of knowledge that will ensure a fair and valid, moderated pass mark that will stand up to scrutiny. Combined with weighting (see below), external independent moderation of the question paper and marker standardisation, we are confident that best practice is being followed. The Question Bank will continue to be updated to accommodate necessary changes.</p> <p>The Question Paper is weighted to ensure adequate coverage of the required knowledge and each paper is analysed post-examination to determine the quality of candidate responses. This allows us to compare performance over a period of years and identify patterns. This means that we are able to determine strengths and weaknesses in student responses and to inform future question paper development.</p> <p>It is our view that the pass mark should reflect the minimum to affirm competence and knowledge while upholding patient safety.</p>	
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## Observations from the provider on content of report

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## Recommendations to the GDC

The inspectors recommend that the SVQ 3 in Dental Nursing at SCQF Level 7 continues to 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 as part of the GDC's 2017/2018 annual monitoring exercise.

## 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*' 2<sup>nd</sup> edition<sup>1</sup> is the framework used to evaluate qualifications. There are 21 Requirements in three distinct Standards, against which each qualification is assessed.
4. The education provider is requested to undertake a self-evaluation of the programme against the individual Requirements under the *Standards for Education*. This involves stating whether each Requirement is 'met', 'partly met' or 'not met' and to provide evidence in support of their evaluation. The inspection panel examines this evidence, may request further documentary evidence and gathers further evidence from discussions with staff and students. The panel will reach a decision on each Requirement, using the following descriptors:

A Requirement is **met** if:

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

A Requirement is **partly met** if:

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

A Requirement is **not met** if

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

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

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

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.