General Dental Council

Education Quality Assurance Inspection Report

Education Provider/Awarding Body	Programme/Award
City & Guilds	Level 3 Dental Nursing Practitioner (Diploma)

Outcome of Inspection	Recommended that the Level 3 Dental Nursing Practitioner (Diploma) is to be approved for the graduating cohort to register as Dental Nurses.

Full details of the inspection process can be found in Annex 1

Inspection summary

Remit and purpose of inspection:	Inspection referencing the GDC Standards for Education (2015) to determine approval of the award for the purpose of registration with the GDC as a Dental Nurse
Learning Outcomes:	Preparing for Practice (Dental Nurse)
Programme inspection dates:	Wednesday 17 September – Thursday 18 September 2025
Examination inspection date:	N/A
Inspection team:	**Jim Hurden** (Chair and non-registrant member) **Kevin Seymour** (Dentist) **Victoria Hewson** (Dental Care Professional) **Kerry Cross** (Dental Care Professional) **Toni Wood** (Education & Quality Assurance Officer)
Report Produced by:	**Toni Wood** (Education & Quality Assurance Officer)

The inspection of the City & Guilds Level 3 Dental Nursing Practitioner Diploma was conducted due to this being a new programme, with a focus on all 21 requirements outlined by the GDC Standards for Education (2015). The GDC Education Quality Assurance Team, supported by a panel of experienced Education Associates, carried out an independent evaluation of all relevant information to determine the scope and content of the inspection.

The Education Associates identified a single area of concern regarding the External Examiner. As the External Examiner was new to the role, there was limited evidence that City & Guilds were utilising this staff member specifically with regards to external oversight and quality assurance in accordance with GDC requirements. The inspection team also noted there was limited evidence that the External Examiner had undertaken specific External Examiner training in order to carry out the external quality assurance aspect of the role. This issue was acknowledged during the inspection, and the programme team confirmed that they were aware of it and had prioritised addressing the matter.

The panel commented that the provider has a dedicated team of staff who work diligently to support staff within the centres and learners, ensuring a high-quality learning experience that enables successful completion of the Level 3 Dental Nursing Practitioner Diploma.

Overall, the panel found the Level 3 Dental Nursing Practitioner Diploma to be well structured and effectively managed, with robust systems in place to assess learners across the learning outcomes outlined in the GDC's *Safe Practitioner guidance*. The progressive development of learners throughout the course was clearly demonstrated, and the panel was satisfied that graduates are fit to practise as safe practitioners.

The GDC extends its thanks to the staff, learners, and external stakeholders involved in the Level 3 Dental Nursing Practitioner Diploma for their cooperation and support throughout the inspection process.

Background and overview of qualification

Annual intake	3,600 learners
Programme duration	Year 1: 52 weeks Year 2: 26 weeks
Format of programme	Year 1: Induction, orientation, knowledge development, commence personal development unit, skills development, and chairside support, under supervision, after successful induction period. Year 2: Supporting more complex treatments, building on experience, under clinical supervision.
Number of providers delivering the programme	72

Outcome of relevant Requirements[1]

Standard One	
1	Met
2	Met
3	Met
4	Met
5	Met
6	Met
7	Met
8	Met
Standard Two	
9	Met
10	Met
11	Partly Met
12	Met
Standard Three	
13	Met
14	Met
15	Met
16	Partly Met
17	Met
18	Met
19	Partly Met
20	Partly Met
21	Met

[1] All Requirements within the *Standards for Education* are applicable for all programmes unless otherwise stated. Specific requirements will be examined through inspection activity and will be identified via risk analysis processes or due to current thematic reviews.

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.

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)*

City & Guilds provides a comprehensive handbook outlining the areas of learning that must be completed before learners are permitted to work chairside. This handbook is expected to be completed within the first six weeks of training and is signed by both the learner and their allocated GDC-registered workplace mentor.

In addition, a Learner Induction Checklist is provided to ensure that learners receive all relevant information at the start of the course and are sufficiently prepared with the required knowledge and skills for clinical procedures. Centres are required to ensure that this checklist is completed and retained within the learner's portfolio, enabling City & Guilds External Quality Assurers (EQAs) to verify that each learner has successfully completed the induction process.

The panel found the Requirement to be met.

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)*

Centres are required to ensure that all trainee Dental Nurses are clearly identifiable to members of the public and to other Dental Care Professionals within the dental setting. Trainees must wear an appropriate name badge at all times in the clinical environment, clearly displaying their name and trainee status. This is a mandatory requirement, and centres are responsible for ensuring full compliance. In addition, each centre must communicate these requirements to employers and to all clinical workplaces associated with their trainees.

During inspections at a sample of centres, compliance with this requirement was observed. Discussions with learners further confirmed their understanding of the importance of informing patients when they are being treated by trainees, the potential implications of this, and the need to obtain and record patient consent prior to treatment.

The panel found the Requirement to be met.

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 vast majority of learners are funded through apprenticeship programmes, with most of the remaining learners funded through other government funding streams. Learners are not on practice "placements"; they are employed, and the development of the majority of their practical skills takes place in the workplace.

All workplaces based in England are registered with the Care Quality Commission (CQC), or, in Wales, the Healthcare Inspectorate Wales (HIW),in Scotland Healthcare Improvement Scotland (HIS) and in Northern Ireland, the Regulation and Quality Improvement Authority (RQIA), and are therefore subject to inspection against established quality standards.

City & Guilds has introduced a requirement for External Quality Assessors (EQAs) to request evidence that centres routinely review workplace health and safety checks. This requirement has been added to the EQA Guidance for Dental Nursing activities, ensuring that EQAs consistently review this process and reference it within their EQA reports, including how centres manage workplace health and safety.

In addition, City & Guilds has updated the Learner Induction Checklist to ensure that learners receive Equality, Diversity and Inclusion (EDI) training in the workplace. EQAs also monitor the use of the Induction Checklist as part of their quality assurance activities. The panel has reviewed the supporting evidence and is satisfied that learners are providing patient care in environments that are safe and appropriate.

The panel found the Requirement to be met.

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)*

City & Guilds requires centres to allocate an occupationally competent assessor, who must also be GDC registered, to each learner. This individual is responsible only for assessment of practice and may be based within the employment setting; however, they are more commonly based at a training centre or college.

Centres are also required to confirm and formally record the name and GDC registration number of the individual responsible for supervising and mentoring the learner in the workplace. This individual must verify that all requirements outlined in the Learner Induction Checklist have been met by signing the checklist accordingly. This process typically takes place approximately six weeks into the programme of learning.

The workplace supervisor or mentor may also act as an Expert Witness, where permitted, to provide testimony confirming the learner's competence in the workplace. Circumstances in which Expert Witness testimony is acceptable are clearly specified within each relevant unit.

City & Guilds requires that learners are supervised at all times by a GDC registrant while working in the clinical environment. During the Centre visits, it was confirmed that this requirement is fully understood and consistently upheld.

The panel found the Requirement to be met.

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)*

City & Guilds requires that all learners are allocated both a workplace supervisor and a suitably qualified and competent assessor for the qualification. Individuals undertaking either role must hold current GDC registration.

Assessors who do not yet hold a recognised Assessor/TAQA qualification, but who possess the required occupational competence and experience to deliver the City & Guilds Level 3

Diploma in Dental Nursing, may be supported by a qualified assessor while they work towards achieving an assessor qualification. Any assessment decisions made by assessors in training must be countersigned by an occupationally competent and qualified assessor who meets the assessor requirements. Centres must also ensure they have the correct level of professional indemnity cover for staff, in line with current standards.

The panel found the Requirement to be met.

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)*

Individuals wishing to raise a concern should contact the City & Guilds Feedback and Complaints Team by email. All correspondence is formally logged, and the Feedback and Complaints Team will refer the matter to the appropriate individual or department for review and action, ensuring that an appropriate response is provided. This approach also enables City & Guilds to identify areas for improvement in the design, delivery, and quality assurance of qualifications. In addition, it allows learners and customers to receive timely information and ensures that issues can be addressed promptly, rather than relying on annual surveys, which are no longer required.

City & Guilds requires this information to be delivered as part of the learners' training programme. Evidence of this is included in the learner's portfolio, which is subject to assessment and quality assurance.

The panel found the Requirement to be met.

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

City & Guilds EQA may identify areas of concern during quality assurance activities conducted within centres, or when reviewing learner portfolios of evidence and centre records. Any concerns identified are escalated to the Technical External Quality Assurance Consultant, who is a GDC registrant, and subsequently reported to the Quality Team and/or Industry Manager, as appropriate. These matters are discussed, documented within the centre file, and any required actions are agreed.

Where necessary, issues requiring further intervention may be escalated to the most appropriate team to provide additional support or to take further action. City & Guilds may also refer concerns regarding patient safety directly to the GDC where immediate action is required.

The panel found the Requirement to be met.

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

The requirement for centres to maintain a learner Fitness to Practise Policy is set out in the City & Guilds Qualification Handbook. Centres must have a learner Fitness to Practise Policy that is aligned with the GDC document learner Professionalism and Fitness to Practise (2024).

Accordingly, centres must ensure that robust measures are in place to identify, report, and address any concerns relating to the behaviour, attitude, or conduct of learners and/or staff during training. All concerns must be formally recorded, and centres must operate clear and transparent procedures for managing such matters. Fitness to Practise policies are expected to operate alongside existing centre procedures for raising concerns. All records must be made available to EQAs during quality assurance activities. Where escalation is required, centres must have defined procedures in place, including the option to refer concerns directly to the GDC. City & Guilds may also escalate concerns directly to the GDC where appropriate.

Centres must also ensure that learners are provided with clear information and guidance on the actions to take should concerns arise during training. City & Guilds EQAs request sight of the centre's learner Fitness to Practise Policy both at centre approval and during ongoing quality assurance activities. EQAs must also be notified of any learner Fitness to Practise concerns.

The City & Guilds Learner Induction Checklist has been updated to include confirmation that learners have received information about the centre's learner Fitness to Practise Policy and related procedures. EQAs will verify this requirement and record their findings within the EQA Guidance for Dental Nursing Activities and Centre EQA Reports.

The panel found the Requirement to be met.

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.

Requirement 9: The provider must have a framework in place that details how it manages the quality of the programme which includes making appropriate changes to ensure the curriculum continues to map across to the latest GDC outcomes and adapts to changing legislation and external guidance. There must be a clear statement about where responsibility lies for this function. (*Requirement Met)*

EQA monitoring is undertaken at each centre at least once per year; however, City & Guilds currently has the capacity to conduct two monitoring activities annually. The frequency of EQA visits is agreed with each centre and coordinated by the City & Guilds Quality Team. Larger centres, or those experiencing challenges and requiring additional support, may receive more than two EQA activities per year.

Centres are issued with an EQA action plan to support them in meeting the requirements necessary to progress to certification, with progress monitored regularly. Where a centre does not follow the action plan, or undergoes significant organisational changes, its risk rating will be increased.

The City & Guilds Industry Manager holds overall responsibility for ensuring that City & Guilds dental nursing qualifications remain current and aligned with the published GDC Standards. City & Guilds has also convened a panel of employers to validate qualification content and assessment approaches, ensuring they meet the needs of both learners and employers. In

addition, City & Guilds works closely with industry experts who are current GDC registrants and have extensive experience in delivering and quality assuring dental nursing qualifications.

The Technical External Quality Assurer (TEQA) and EQA teams are responsible for notifying City & Guilds of any required amendments to qualification content or guidance arising from updates to GDC requirements, legislation, or policy. EQAs report relevant findings to the TEQA team, who then liaise with the Industry Manager to determine whether additional guidance or amendments to the qualification handbook are necessary.

As part of centre preparation for the implementation of new qualifications and the Safe Practitioner Framework for Dental Nurses, City & Guilds has delivered a range of support events, including webinars and face-to-face sessions. These events are designed to provide essential information and facilitate networking opportunities.

The panel found the Requirement to be met.

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)*

EQAs are contracted by City & Guilds to undertake external quality assurance of City & Guilds qualifications. The Dental Nursing EQA team comprises of GDC registrants who are also specialists in vocational qualification delivery, assessment, and internal quality assurance. EQAs either hold a recognised qualification in External Quality Assurance or are working towards one. Trainee EQAs are supported by a TEQA or Standards External Quality Assurer (SEQA) while completing their qualification. EQAs are allocated to a number of Dental Nursing centres and are required to attend EQA standardisation meetings. These meetings include both generic updates and Dental Nursing specific standardisation activities.

City & Guilds operates a robust Incident Management Process. When an incident is reported through the internal reporting system, the information is reviewed, and an Incident Manager is appointed. Straightforward incidents may be addressed and closed promptly. More complex incidents are escalated to an Incident Team, convened by the Incident Manager. The team agrees appropriate actions, which are monitored by the Incident Manager until the matter is fully resolved.

The panel found a clear and published process in place to enable learners, centre staff, and other individuals to raise concerns, provide feedback, or submit complaints to City & Guilds. The Feedback and Complaints Team has confirmed that no feedback or complaints were received in relation to the Dental Nursing Qualifications. The process has also been reiterated to centres during recent Network meetings and Keep in Touch online events.

The panel found the Requirement to be met.

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)*

City & Guilds centres delivering this qualification are required to employ or contract Internal Quality Assurers (IQAs). IQAs must either hold, or be working towards, an appropriate

teaching or training qualification that includes elements of programme quality assurance. They must also possess relevant occupational knowledge. In addition, centres are expected to maintain a comprehensive internal quality assurance strategy and an accompanying plan outlining how IQA activities will be conducted, including the rationale for the chosen approach.

The panel was satisfied with the internal quality assurance processes currently in place at City & Guilds, as well as the systems used to collect and act upon patient and/or customer feedback. However, the newly appointed External Examiner has not yet had sufficient opportunity to carry out the full range of external quality assurance activities. Consequently, this aspect could not be fully assessed. There was limited evidence of External Examiner training to ensure clear understanding of how their role fits in and is embedded into the wider organisational structure. Additional time will be required for the External Examiner to complete this work, and therefore the programme will be subject to Progress Monitoring.

The panel found the Requirement to be partly met.

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)*

City & Guilds centres work in partnership with employers to support learners in securing appropriate employment or apprenticeship opportunities. In some cases, employers approach centres directly where they have staff who are required to complete a qualification. Centres that access public funding are contractually required to ensure that learners' workplaces are safe and that employers comply with all relevant health and safety legislation and regulations. These centres are also required to conduct regular review meetings with both the learner and the employer and to maintain documented evidence that a health and safety audit of the workplace has been completed.

In addition, centre assessors visit workplaces to conduct regular assessment visits, which include observing learners carrying out Dental Nursing duties. Safe working practices are an integral part of all observations of practice, and learners are expected to comply with workplace policies and procedures, including those relating to health and safety.

On occasion, a learner may need to go to a third-party clinical environment to gain certain experience that they may not be able to in their own workplace. The panel suggests that although these occurrences are rare, that the provider ensures that centres are appropriately assessing any clinical environment a learner is in and that these areas are appropriately quality assured.

The panel found the Requirement to be met.

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.

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)*

The Level 3 Dental Nursing Practitioner (Diploma) is an 11-unit qualification, with all units designated as mandatory. The curriculum is mapped to the GDC Safe Practitioner Framework and is designed to support learners in achieving registration with the GDC at the level of competence expected of a Safe Practitioner.

All units, learning outcomes, topics, and content elements must be fully assessed in accordance with the qualification assessment strategy and successfully achieved.

The summative observation is graded on a pass/fail basis and is subject to both Internal Quality Assurance (IQA) and EQA sampling. IQA activities are conducted in accordance with the centre's IQA sampling plan and in accordance with C & C's Sampling Strategy (2023). The qualification is not awarded unless all assessment and quality assurance requirements are fully met. During the inspection, the panel reviewed evidence that confirmed these processes were being followed.

The panel found the Requirement to be met.

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)*

The qualification, as a whole, is not directly assessed by City & Guilds, with the exception of the two MCQ tests. City & Guilds provides these tests online and retains records of learner results. Test outcomes can be analysed by individual test paper and at the level of individual questions. This analysis is carried out routinely, and any anomalies or concerns can be investigated and followed up, as necessary. Practice assessment is undertaken by the centres with external quality assurance oversight by City and Guilds.

All assessors are required to hold current registration with the GDC, maintain an up-to-date Continuing Professional Development record, and possess an appropriate assessor qualification.

Centre assessors must produce assessment plans, which are implemented, reviewed, and include feedback to learners on their achievement. The panel reviewed a sample of these during the inspection.

All associated documentation is subject to IQA and EQA sampling, and the centre is required to retain all assessments and IQA records. City & Guilds sets the assessment requirements and grading criteria for the Summative Observation of Practice.

The panel found the Requirement to be met.

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)*

City & Guilds recommends, as best practice, that learners may need to gain experience and, where appropriate, be assessed in more than one dental practice to ensure exposure to a broad range of patient care needs. It is the centre's responsibility to make every reasonable effort to ensure that learner experience remains as consistent as possible across all delivery sites. Learners undertaking this qualification are expected to be employed in a dental setting and to carry out the duties of a dental nurse under the supervision of a GDC registrant.

Evidence requirements are detailed within each unit of the Qualification Handbook to ensure that assessment criteria are clear and applied consistently to all learners. EQA reports identify whether a centre is meeting the required standards and highlight any areas for improvement.

During the inspection, the panel reviewed student portfolios and engaged with learners to confirm that they were achieving an appropriate breadth of patient exposure and procedural experience within their practice environment.

The panel found the Requirement to be met.

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)*

City & Guilds requires a minimum of three workplace observations of practice, all of which must be conducted by the assessor. These observations are intended to be holistic in nature, enabling the collection of evidence across multiple units wherever appropriate. Any dental procedures not captured within the three holistic observations may be evidenced through an expert witness. The panel noted that these requirements are clearly articulated within the City & Guilds Qualification Handbook and considered the documentation to be of a high standard.

During the inspection, the panel requested evidence such as External Examiner feedback, records of internal and external reviews, and psychometric analysis of assessments. At the time of the review, City & Guilds was unable to provide this information, as the External Examiner had only recently been appointed and had not yet undertaken the planned review activities or issued formal feedback. As a result, the expected quality assurance and evaluation processes are not yet fully operational, and the relevant evidence is currently unavailable.

The panel found the Requirement to be partly met.

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 Met)*

Learners receive feedback from their assessors that is relevant to all unit content. In addition, they should receive regular feedback from their employer regarding their progress. While employer feedback may be documented outside of the portfolio as part of appraisal and formal progress review processes, it is expected that some of this feedback will be used as evidence to support the review and achievement of the learner's Personal Development Plan.

Learners produce personal and professional development plans and reflective accounts, drawing on feedback from a range of sources including patient feedback. Evidence will be recorded through centre assessor reviews and feedback documentation held in centre records and/or within learner portfolios of evidence.

During the inspection, the panel reviewed a sample of student portfolios, which allowed them to examine the range of feedback provided to learners. The panel expressed confidence in the

quality of what they observed.

The panel found the Requirement to be met.

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)*

Learners are able to demonstrate their competence through a range of evidence sources, including assessment records, routine performance reviews, and appraisals conducted by Clinical lecturing staff within the Centre. Personal Development Plans and their associated evaluations also contribute to this evidence base. In addition, learner portfolios contain reflective practice entries, supported by feedback gathered from multiple stakeholders such as assessors, employers, colleagues, mentors, clinicians, and, where applicable, patients.

During the review of student portfolios, the panel not only observed a variety of feedback but also reflective entries. The panel noted that this evidence is actively used to inform both current performance and ongoing professional development.

The panel found the Requirement to be met.

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 Partly Met)*

City & Guilds requires its examiners to be experienced dental nurses, with most also having substantial experience in delivering dental nursing education programmes and current registration with the GDC. All assessment personnel and subject matter experts involved in the development, marking, and awarding of assessments undertake both initial and refresher training. This training ensures that assessment design and delivery appropriately consider access requirements from the earliest stages of development.

Prospective question writers receive dedicated training delivered by the assessment team. This covers effective question construction, including phrasing, the development of plausible distractors, and the creation of valid and reliable multiple-choice items. City & Guilds also commissions scrutineers to complete the tests to evaluate clarity, validity, and the suitability of the level of difficulty for a Level 3 learner.

City & Guilds additionally employs Expert Witnesses registered with the GDC who observe clinical sessions to support the integrity and accuracy of assessment decisions. All relevant specifications and requirements are detailed in the City & Guilds Qualification Handbook.

The panel concluded that City & Guilds is able to demonstrate that its assessors possess the appropriate skills, experience, and training to undertake assessment activities. However, as the newly appointed External Examiner has not yet completed the required training (Including EDI), the requirement is considered only partially met at this stage. Ongoing monitoring through Progress Monitoring is recommended to ensure the External Examiner receives the same level of scrutiny and training as other assessors.

The panel found the Requirement to be partly met.

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 the External Examiner has only recently been appointed, no evidence is yet available to demonstrate compliance with this requirement. Consequently, City & Guilds will be subject to Progress Monitoring so that, once evidence is produced, it can be reviewed by the panel.

The panel has reviewed the External Examiner role profile, person specification, and the schedule of planned activities. Based on this documentation, the panel considers the requirement to be partly met. An External Examiner has been appointed, and the planned activities are sufficient to ensure the role will be fulfilled and fully embedded in accordance with the required standards.

The panel found the Requirement to be partly met.

Prior to the publication of this report, City & Guilds has advised us that, following the recent inspection, their External Examiner has resigned due to work commitments. A new External Examiner has since been successfully appointed. This change does not affect the current outcome of this requirement.

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

The qualification handbooks and unit content clearly outline the expected standards of learner performance. Each unit is structured around defined learning outcomes and topics, specifying the knowledge learners must demonstrate and the skills they are required to apply in order to successfully complete the unit. The content is sufficiently detailed to enable learners to produce appropriate evidence across the qualification, ensuring alignment with both the qualification requirements and the GDC Safe Practitioner Framework.

Standards for summative assessment are set in accordance with City & Guilds awarding processes. For multiple-choice question tests, initial pass boundaries are established using a modified Angoff approach, in which technical experts review and score the difficulty of each item to determine a provisional pass mark for each test version. Candidate performance data is then considered through an awarding activity to confirm or adjust the provisional boundary as appropriate.

For the summative observation of practice, grade descriptors are used to define the minimum expectations required to achieve a pass.

Following a review of the evidence provided by City & Guilds, alongside discussions with learners and staff, it has been confirmed that the expected standards for each assessed component are clearly understood. Both learners and assessment staff are aware of these standards and are working in accordance with them.

The panel found the Requirement to be met.

Summary of Action

Requirement Number	Action	Observations & Response from Provider	Due Date
Requirement 11	Provider must provide supporting documentation, including Quality Assurance Reports, EE credentials, minutes from EE meetings, evidence of EE training or the EE role profile.	The report states that “The newly appointed External Examiner has not yet had sufficient opportunity to carry out the full range of external quality assurance activities. Consequently, this aspect could not be fully assessed. There was limited evidence of External Examiner training to ensure clear understanding of how their role fits in and is embedded into the wider organisational structure.” Please note that the EE does not do quality assurance. This is completed by the EQA. We do have the lead EQA and LIEPA reports. **Please see attachments of evidence requested.** We note that you have asked us to provide supporting evidence regarding the quality assurance report. We are making the assumption that this is the annual report that the EE will be expected to complete. We expect the first report will be produced autumn 2026.	Autum 2026
Requirement 12	Provider should ensure that centres are appropriately quality assuring any clinical		Autum 2026

	placement they are learning in. This includes any one of placement experiences.		
Requirement 16	Provider must provide EE feedback on the internal and external reviews of practice assessments, as well as the psychometric analysis of the assessments.	The induction and training plan for the External examiner has now been revised and enhanced. The robust training plan includes the External examiner being able to access the training resource hub. There is also a training guide for the statistical training, and EDI is now compulsory and tracked. There is also an EE activity report that supports the tracking of progress to date. **Please see evidence in requirement 11**.	Autum 2026
Requirement 19	Provider must provide evidence demonstrating that the EE possesses the requisite skills, experience, and training to carry out assessment responsibilities. Provider must provide evidence to verify that the EE has completed equality and diversity training appropriate to their role.	The panel concluded that City & Guilds is able to demonstrate that its assessors possess the appropriate skills, experience, and training to undertake assessment activities. However, as the newly appointed External Examiner has not yet completed the required training (Including EDI), the requirement is considered only partially met at this stage. Ongoing monitoring through Progress Monitoring is recommended to ensure the External Examiner receives the same level of scrutiny and training as other assessors. **See evidence in requirement 11**	Autum 2026
Requirement 20	Provider must ensure the EE completes a comprehensive report on the qualification. The Provider must review the roles of the Chief examiner and the External Examiner to ensure responsibilities and functions are clearly aligned to ensure appropriate quality assurance and externality for the assessment and programme.	We expect the first report to be completed by Autumn 2026.	Autum 2026

Observations from the provider on content of report

Requirement 11
The report states that there is a lack of clarity and understanding regarding the role of the External Examiner. It appears that our supplementary evidence sent after the inspection, which details the role of the EE, as well as the CE and LEQA were not taken into consideration. It is acknowledged that the EE was new to the role and the extent of the activities they undertook had not been evidenced during the inspection. This has been rectified with the evidence attached to this response.

Requirement 20
The report states that the Inspection team met the Chief Examiner, who is an employee of City & Guilds. The Chief Examiner was not present at the inspection. We think the Inspection team may be referring to the Lead Development Manager or the Lead Assessment Manager who were in attendance, both being City & Guilds employees. Chief Examiners are not employees of City & Guilds. They are independent Associates.

Recommendations to the GDC

Education Associates' recommendation	Level 3 Dental Nursing Practitioner Diploma is sufficient for holders to apply for registration as a Dental Nurse with the General Dental Council.
Date of next regular monitoring exercise	2027/2028

Annex 1

Inspection purpose and process

1. As part of its duty to protect patients and promote high standards within the professions it regulates, the General Dental Council (GDC) quality assures the education and training of student dentists and dental care professionals (DCPs) at institutions whose qualifications enable the holder to apply for registration with the GDC. It also quality assures new qualifications where it is intended that the qualification will lead to registration. The aim of this quality assurance activity is to ensure that institutions produce a new registrant who has demonstrated, on graduation, that they have met the learning outcomes required for registration with the GDC. This ensures that students who obtain a qualification leading to registration are fit to practise at the level of a safe beginner.

2. Inspections are a key element of the GDC's quality assurance activity. They enable a recommendation to be made to the Council of the GDC regarding the 'sufficiency' of the programme for registration as a dentist and 'approval' of the programme for registration as a dental care professional. The GDC's powers are derived under Part II, Section 9 of the Dentists Act 1984 (as amended).

3. The GDC document 'Standards for Education' 2nd edition1 is the framework used to evaluate qualifications. There are 21 Requirements in three distinct Standards, against which each qualification is assessed.

4. The education provider is requested to undertake a self-evaluation of the programme against the individual Requirements under the Standards for Education. This involves stating whether each Requirement is 'met,' 'partly met' or 'not met' and to provide evidence in support of their evaluation. The inspection panel examines this evidence, may request further documentary evidence and gathers further evidence from discussions with staff and students. The panel will reach a decision on each Requirement, using the following descriptors:

A Requirement is met if:

"There is sufficient appropriate evidence derived from the inspection process. This evidence provides the education associates 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 brief 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 education associates must 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 monitoring process. Serious concerns about a lack of progress may result in further inspections or other quality assurance activity.

6. The Education Quality Assurance 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.