General Dental Council

Education Quality Assurance Inspection Report

Education Provider/Awarding Body	Programme/Award
NCFE CACHE	Level 3 Diploma in the Principles and Practice of Dental Nursing (610/3114/8)

Outcome of Inspection	Recommended that the Level 3 Diploma in the Principles and Practice of Dental Nursing (610/3114/8) is 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 *Standards for Education* 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:	Tuesday 1 July – Wednesday 2 July 2025 Thursday 22 January 2026 Wednesday 11 March 2026
Examination inspection date:	N/A
Inspection team:	**Cindy Mackie** (Chair and non-registrant member) **Victoria Hewson** (Dental Care Professional) **Barbara Chadwick** (Dentist) **Toni Wood** (Education & Quality Assurance Officer)
Report Produced by:	**Toni Wood** (Education & Quality Assurance Officer)

The inspection of the NCFE CACHE Level 3 Diploma in the Principles and Practice of Dental Nursing (610/3114/8) was undertaken as part of the quality assurance process for new programmes. The review assessed the programme against all 21 requirements set out in the GDC Standards for Education (2015). The GDC Education Quality Assurance Team, supported by a panel of experienced Education Associates, conducted an independent evaluation of all relevant evidence to determine the scope and focus of the inspection. The panel also engaged with a number of Centres and staff responsible for the assessment of students and delivery of the programme

Despite repeated notifications that the appointment of an External Examiner was required to meet GDC standards, NCFE CACHE had not appointed one at the time of the inspection. This then resulted in an urgent meeting to address the seriousness of the issue and the risks associated with any further delay. The GDC subsequently issued a deadline by which NCFE CACHE was required to appoint an External Examiner.

NCFE CACHE subsequently confirmed that a new External Examiner had been appointed within the specified timeframe. A follow-up inspection was therefore undertaken, during which the panel reviewed the credentials of the newly appointed External Examiner and evaluated the initial work completed. The panel was satisfied with the progress made and proceeded to finalise the inspection report.

Due to the recent nature of the External Examiner appointment and the limited evidence available at this stage, NCFE CACHE will be subject to twelve months of Progress Monitoring to ensure the External Examiner becomes fully established in the role and has an opportunity to contribute to relevant elements of the programme.

The panel has however, noted and acknowledged that NCFE CACHE has a committed and knowledgeable team who work diligently to support centre staff and learners, contributing to a high-quality educational experience that enables successful completion of the Level 3 Diploma in the Principles and Practice of Dental Nursing (610/3114/8).

Overall, the panel found the programme to be well structured and effectively managed, with robust systems in place to assess learners against the learning outcomes outlined in the GDC's Safe Practitioner guidance. The progressive development of learners throughout the course was clearly evidenced, and the panel was satisfied that graduates are fit to practise as safe and competent dental nursing professionals.

The GDC extends its appreciation to the staff, learners, and external stakeholders involved in the delivery of the Level 3 Diploma in the Principles and Practice of Dental Nursing (610/3114/8) for their cooperation and support throughout the inspection process.

Background and overview of qualification

Annual intake	97 students
Programme duration	18 months
Format of programme	1: Basic knowledge, clinic attendance, shadowing 2: Knowledge and simulated clinical experience 3: Direct patient treatment 4-5: Direct patient treatment, clinic attendance, outreach, placements
Number of providers delivering the programme	11

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)***

The recommended order of delivery ensures that essential underpinning knowledge is taught and assessed prior to the assessment of skills-based criteria and clinical observations. This includes core subject areas such as health and safety, infection control, ethics and professionalism, and dental anatomy.

This approach is supported by the Centre Learning Contract, which confirms that units are delivered in accordance with the mandatory requirement to teach underpinning knowledge within a pre-clinical environment to ensure safe practice.

Centres work in partnership with dental practices to ensure that patient safety remains the highest priority. A GDC registrant holds responsibility for providing direct supervision of learners throughout their training. Centres and employers are required to ensure that learners are supervised at all times when working with patients and do not practise unsupervised until they have been assessed and deemed competent by their assessor. As such, learners are observed and assessed throughout their qualification for all practical procedures prior to being considered competent.

All learners receive a formal, structured induction from their employer, and employers confirm that trainee Dental Nurses are competent before treating patients. Centres gather evidence to demonstrate that the clinical and workplace environments are safe and appropriate. In addition, centres are required to have policies and protocols in place for vocational and work-based learners to ensure both learner and patient safety.

After completing a selection of centre visits, it was evident to the panel that centres are familiar with these processes and are adhering to them.

The panel confirmed 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)***

The Qualification Approval and EQA Reviews require centres to ensure that workplaces comply with the expectation that all Trainee Dental Nurses are clearly distinguishable from registered Dental Nurses within the clinical environment.

Patients must be informed when a trainee is involved in their treatment, made aware of any potential implications, and provide their consent. This consent must be obtained and recorded prior to treatment commencing. The Patient Consent Form must be signed by all relevant parties, and a copy should be provided to the patient. During the inspection, the panel reviewed this document along with a sample of completed forms. The panel was satisfied with

the process and the evidence presented.

Supporting appendices have been provided to assist centres in meeting these requirements. The panel reviewed relevant documentation, including the Centre Learning Contract. The Qualification Approval and EQA Reviews within the Dental Nursing approval process also address this requirement by requesting evidence that a system is in place to ensure workplaces inform patients and obtain consent when a Trainee Dental Nurse participates in their care.

The Centre Learning Contract further requires learners to identify themselves in the workplace by wearing a name badge. Where wearing a badge is not feasible for health and safety reasons, NCFE CACHE has supplied a template poster to inform patients that trainee Dental Nurses may be involved in their treatment. From the sample of centres we engaged with, the panel visited one centre where the required information was clearly displayed. For the remaining centres, we requested confirmation that the information was also clearly displayed, and they advised that it was.

The panel was satisfied that the established requirements for obtaining consent are being appropriately followed. However, it is recommended that an early EQA review focuses on assessing the completion of patient consent within the visiting timetable for Centres. This will help ensure that the process is consistently implemented and fully compliant with expected standards.

The panel confirmed 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)***

Qualification Approval and EQA reviews require Care Quality Commission (CQC) checks for all workplaces. These checks focus on ensuring that appropriate safety standards are in place and that workplace safety is fully considered and confirmed during the approval stage.
As part of this process, employers must complete a Safety Check and Workplace Monitoring declaration. This confirms that all staff have received training in equality and diversity and that the workplace complies with all relevant legislative requirements. Any paper-based or verbal consent to treatment obtained by a trainee Dental Nurse must be documented by the assessor within observation reports and will be reviewed by EQAs during monitoring visits.

Centres are required to maintain accurate records of the named workplace mentor or supervisor for each trainee. All of these elements form part of the approval and EQA processes overseen by NCFE CACHE. To support this, NCFE CACHE provides a template designed to help supervisors formally record and structure their supervision and mentorship activities.

NCFE CACHE provided the panel with a comprehensive selection of EQA review samples, along with the associated appendices, policies, and statements. This evidence assured the panel that NCFE CACHE is fully meeting this requirement.

The panel confirmed 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)***

The panel reviewed the information contained within the Qualification Specification and

confirmed that the approval processes in place ensure trainee Dental Nurses are appropriately supervised. The centre is required to maintain a record of the named workplace mentor or supervisor.

All centres offering the programme remain subject to approval and ongoing EQA processes conducted by NCFE CACHE. The Learner Learning Contract specifies that learners must work only under the supervision of their designated mentor, supervisor, or another suitably qualified and named individual.

The Qualification Approval and EQA Reviews document clearly states that the GDC requires employers to identify a supervising GDC registrant who will take full responsibility for providing the necessary direct supervision of the trainee Dental Nurse. The centre must provide evidence demonstrating that a process is in place to ensure workplace mentors or supervisors are maintaining appropriate records of mentorship. NCFE CACHE reviewed a sample of evidence submitted by the centre, and the panel concluded that the evidence requested and received was satisfactory and met the required standards.

The panel confirmed 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)***

The Qualification Approval and EQA Reviews documentation requires centres to supply evidence confirming that supervisors are appropriately qualified and trained. NCFE CACHE also supplies a template for initial safety checks and workplace monitoring, which specifies that staff must receive training in Equality and Diversity.

During subsequent EQA reviews, this requirement is further validated. Detailed evidence is recorded to demonstrate staff competence, including sampling of CVs, GDC registrant checks, previous experience, and relevant qualifications. CPD records are also reviewed to ensure compliance with Equality and Diversity training, as well as to confirm the currency of skills and ongoing professional development related to Assessor/IQA practices, sector-specific knowledge, and occupational competence.

Sampling within the EQA report is conducted by the Lead External Quality Assessor (LEQA) to ensure that all required checks are completed and appropriately documented. GDC registrants submit CPD records annually to the GDC, and these records are reviewed as part of the EQA process. Evidence of this is captured within the EQA report, the Annual Monitoring Report (AMR), and Approval reports.

A thorough review of documents supplied by NCFE CACHE was conducted before, during and after the inspection and was sufficient evidence to support this requirement.

The panel confirmed 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)***

Learners are informed at an early stage of their training about the procedures for raising concerns, both as part of their qualification requirements and through accompanying documentation. NCFE CACHE provides a Declaration of Reading template, which learners must sign to confirm they have received and understood key policies, including those relating to raising concerns. NCFE has also demonstrated a clear and robust Fitness to Practise Policy and procedure. The panel reviewed evidence in the form of a Fitness to Practise report submitted by one of their centres and noted that NCFE monitors Fitness to Practise matters through its internal governance processes.

During external quality assurance reviews, EQAs verify that all learners have access to the policies and procedures relevant to their programme, including those relating to Fitness to Practise and raising concerns. EQAs also advise centres to download the GDC guidance on Fitness to Practise and ensure it is readily available to learners. During centre visits, learners demonstrated a clear understanding of how to raise concerns about patient safety and how to escalate a Fitness to Practise concern regarding a colleague.

The panel were further assured after reviewing the EQA visit documentation, which included live recorded discussions with students. In addition, the panel engaged directly with students on placement to explore their understanding of obligations and the process for raising concerns during this aspect of the inspection. Students demonstrated confidence in their responsibilities and the procedures in place.

The panel confirmed 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)***

Learners are informed at an early stage in their training about the procedures for raising concerns. This is delivered both through their qualification requirements and through the NCFE CACHE 'Declaration of Reading', which learners must sign to confirm they have received and understood key policies, including those relating to raising concerns.

EQAs routinely verify during reviews that all learners have access to the policies and procedures relevant to their programme, including the process for raising concerns.

NCFE CACHE also requires all centres to have their own documented processes and procedures for raising and managing concerns. This is a mandatory requirement.

During the inspection, the panel requested a sample of concerns that had been raised. NCFE CACHE advised that no concerns had been submitted. However, they were able to provide evidence of the processes in place for centres to follow should a concern arise. The panel considered this sufficient to meet the requirement. NCFE CACHE has been asked to submit any future concerns as they occur so that the panel can review the process in practice.

The panel also reviewed the systems used to identify and record issues that may impact patient safety. They were satisfied that appropriate mechanisms are in place.

The panel confirmed 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)***

Centres are required to have a Learner Fitness to Practise Policy and procedure in place. EQAs advise centres to download the GDC's guidance on learner fitness to practise and ensure this information is accessible to all learners.

Following a review of the documentation and discussions with learners during the inspection, it is evident that the centres have learner Fitness to Practise Policies and apply it appropriately. The panel feel the learner fitness to practise procedures are clearly communicated to learners and aligned with the GDC's learner Fitness to Practise Guidance. It is also evident that staff involved in programme delivery are familiar with this guidance.

In addition, NCFE CACHE also ensures that the GDC's Standards for the Dental Team are fully embedded within learner training.

The panel confirmed this 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)***

The responsibility for ensuring that qualification content remains current lies with the Content and Solutions Team. A defined process for maintaining Dental Nursing qualifications is in place and is detailed within NCFE CACHE's Quality Management System.

The Content and Solutions Team follow an established procedure for making amendments to live qualifications, ensuring that all content remains accurate and up to date. The team also works closely with dental professionals within the EQA and IEPA teams and undertakes both an annual portfolio review and a full review every three years. During the inspection, the panel reviewed a range of evidence demonstrating how the team collates, receives, and acts upon feedback from centres and qualification users and how that aligns to their internal quality management framework.

The panel confirmed 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)***

Any concerns identified during an External Quality Assurance (EQA) review are communicated to the LEQA. These communications outline the issues raised, their potential impact, and the actions required moving forward. All relevant details are recorded in the LEQA risk register, which is reviewed monthly at the LEQA team meeting. This was reviewed during the

inspection, and the panel were very satisfied with the process in place.

The EQA Strategy also outlines the additional administrative checks required prior to learner certification to ensure full completion. Where appropriate, established processes ensure that notifications are submitted to the GDC via the NCFE CACHE Audit, Risk and Assurance team and addressed accordingly.

The panel welcomed the establishment of the NCFE CACHE GDC Monthly Working Group. This group serves as a formal forum to raise, discuss, and report on operational and regulatory matters relating to the GDC and the associated NCFE CACHE qualifications. It will also review and respond to any actions identified by the GDC following inspections and will act as a strategic planning body in preparation for forthcoming inspections or monitoring activity.

The panel confirmed 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)***

The EQA team has been in place since 2019, they are qualified in External Quality Assurance (EQA Award) and are GDC registrants.

The EQA Strategy sets out the standards that the EQA team must uphold, along with the processes for ongoing monitoring to ensure full compliance. This includes additional administrative checks that must be completed prior to learner certification to ensure 100% completion. These checks now also incorporate further guidance relating to GDC requirements, which EQAs are expected to address in their discussions with centres. Feedback collection is embedded within this process and is formally recorded in the EQA report.

The Qualification Specification clearly states that patient feedback must be gathered and used to inform programme development. To support centres in meeting this requirement, NCFE CACHE provide a range of templates (Appendices, Policies and Statements). The EQA reviews both the patient feedback and the ways in which it has been utilised at every visit.

The panel was satisfied with the internal quality assurance processes in place at NCFE CACHE, as well as the mechanisms for collecting and utilising patient and customer feedback. However, the panel was not assured by the absence of an appointed External Examiner (EE) given this is essential to ensuring robust external quality assurance. Following further discussion about the necessity for this during the inspection, NCFE CACHE has now appointed an EE.

As the appointment is recent, the EE has not yet had sufficient opportunity to embed into the organisation or undertake necessary training or the full range of external quality assurance activities. Consequently, this aspect could not be fully evaluated at this stage. Additional time will be required for the EE to complete this work, which will be reviewed as part of the GDC's ongoing Progress Monitoring of the programme.

The panel confirmed 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)*

Work placement monitoring is carried out jointly by the employer and the centre. Insurance documentation, risk assessments, and the overall suitability of the workplace to support the full depth and breadth of the qualification are reviewed during the EQA/AMR meeting with the centre or provider lead.

Learner and centre feedback is formally recorded within the EQA report.

Centres in receipt of 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 hold regular review meetings with both the learner and the employer, and to maintain documented evidence confirming that a workplace health and safety audit has been completed. A comprehensive review of a sample of these documents, supplied by NCFE CACHE, was undertaken before, during, and after the inspection and provided sufficient evidence to demonstrate compliance with this requirement.

The panel confirmed 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)*

NCFE CACHE demonstrated that they have effective processes in place to ensure learners achieve the full range of learning outcomes and are fit to practise at all levels expected of a safe practitioner.

The panel reviewed a comprehensive suite of documentation, including appendices, policies and statements, assessment specifications, and internal assessment tasks. They also examined the Skills-Based Outcomes Observation Tracker, the Externally Set Assessment Production Process (ESAPP) used for assessment development, and the Gateway Checklist.

Collectively, these documents provided assurance that NCFE CACHE maintains a coherent and robust approach to the principles of assessment outlined within the standards.

During the inspection, it was noted that NCFE CACHE operates a '100% check' policy. This approach provides assurance that all learners have successfully met every learning outcome prior to certification. The panel expressed strong approval of this process and an area of good practice.

The panel confirmed 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)***

All content undergoes internal assessment, and learners must achieve a pass, merit, or distinction in each of the two external synoptic multiple-choice question (MCQ) tests, which assess the underpinning knowledge across the units.

All academic assessments are completed within the online assessment platform. Learner responses to the MCQs are stored and automatically marked within the system. Results are released to centres within Assessment Delivery's service level agreement (SLA) of five working days and are only issued once all external assessment quality checks have been completed.

For internal assessment, approved centres must outline their quality assurance processes, which must cover all aspects of the learning programme, including placements. Workplace and placement learner contracts specify the systems that must be in place.

Centres are responsible for overseeing the monitoring and verification of the Practice Portfolio component of the assessment through their workplace supervisors and assessors. The panel reviewed a sample student portfolio, which included a demonstration of the sampling and assessment methodology. This provided clear evidence of a robust process for assessing, verifying, and quality assuring practice-based assessment.

Centres are responsible for the monitoring and oversight of the ongoing delivery of clinical experience to ensure that learners are exposed to a wide range of patient groups and case types, and that standardised assessment is undertaken in accordance with programme requirements. This includes ensuring that an appropriate assessor reviews weekly and monthly clinical experience records.

This oversight mechanism provides the EQA with assurance that learners are gaining the required depth and breadth of experience, and it enables early identification where learners may not be engaging with the appropriate range or volume of interventions or patient types. All findings are documented within the EQA report.

During the inspection, the panel met with a variety of learners, all of whom confirmed that they felt they were gaining an appropriate depth and breadth of patient exposure and were satisfied with the quality of their practice learning experience.

Templates for planning, monitoring, and centrally recording learner assessment in the Appendices, Policies and Statements, the Assessment Specification, and the Course File were all reviewed by the panel during the inspection and the panel were pleased with what they saw.

NCFE CACHE uses the epaPRO platform to manage end-point assessment registrations, audits, and results. Providers register learners for this qualification on epaPRO and are required to upload all evidence needed to support the Gateway audit. Through this system, NCFE CACHE can report on apprenticeship outcomes.

The panel confirmed 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)***

The panel reviewed the Qualification Specification and confirmed that learners are required to gain exposure to an appropriate breadth of patients and clinical procedures. This is monitored through the mandatory clinical experience records which was also viewed by the panel. The mandatory template has been developed to support learners in documenting the procedures they undertake and the types of patients they assist.

Employers and clinical supervisors are responsible for ensuring that each learner is provided with sufficient exposure to the range of patients and procedures necessary for developing the skills and competencies aligned with the GDC learning outcomes.

Learners' clinical experience records are reviewed on a monthly basis, enabling early identification of any gaps in the range, breadth, depth, or volume of clinical interventions undertaken.

The panel confirmed 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)*

At NCFE CACHE, writers, reviewers, and scrutineers involved in the development of assessment materials serve as Subject Matter Experts (SMEs). Their specialist knowledge ensures that assessments are valid, accurate, and aligned with the required subject content. All new assessment papers undergo formal approval by the Principal Chief Examiner, who verifies adherence to assessment principles, confirms comparability with other assessments at the same level, and upholds overall assessment integrity. The oversight of the development of the theoretical examination assessment is aligned to an Externally Set Assessment Production Process (ESAPP) which is used to ensure the end-to-end process of assessment production is reliable, valid and error free.

NCFE CACHE's established quality assurance and review procedures further ensure that all questions remain relevant, valid, and reflective of the assessment specification. Ongoing input from SMEs and assessment experts provides continuous oversight, supporting the consistency and robustness of the assessment process.

The panel agreed that internal quality assurance processes are robust; however, when asked to provide evidence such as EE feedback, records of external reviews, and psychometric analysis of assessments, NCFE CACHE was unable to do so at the time of the review due to not having an appointed EE. As a result, the expected external quality assurance and evaluation mechanisms are not yet fully embedded or operational, and whist action is being taken to address this, the associated evidence is currently unavailable.

This will be monitored through the GDC Progress Monitoring process. Now that NCFE CACHE has appointed an EE, they will be required to submit the relevant evidence as soon as it becomes available so that the panel can complete their review.

The panel confirmed 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)*

All assessment associates are qualified dental practitioners and Subject Matter Experts (SMEs), in line with ESAPP requirements. Each new assessment paper is reviewed by a minimum of three SMEs as well as the Principal Chief Examiner.

Centres are encouraged to provide feedback to NCFE CACHE on both the external assessment and the sample assessment materials. All feedback received is reviewed and responded to appropriately, and centres are kept informed of outcomes and decisions through the EQA process. Centre feedback is considered as part of their ongoing review and maintenance activities, most recently during the update of their sample assessments.

Comprehensive mechanisms are in place to collect feedback from key stakeholders including patients, employers, peers, and learners and to incorporate this feedback into assessment design, development, and quality assurance activities. These processes are further validated through EQA reviews, which are conducted at least annually.

Feedback is either addressed upon receipt or retained for consideration during the next formal review cycle and is monitored through the organisational quality management and governance structure.
The external quality assurance process also captures feedback within the EQA report. This information is used to form improvements to the qualification and associated processes.

Additionally, the Account Executive team works closely with centres to gather further feedback, which contributes to ongoing development and enhancement activities.

The panel confirmed 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)***

Guidance on the recommended order of delivery and assessment is included in the mandatory Qualification Specification. This section also states that learners must reflect on and develop their own practice as a dental nurse, it also states that this should be embedded throughout the entire qualification and therefore signed off last. This approach supports continuous reflective practice across the programme and aligns with the ongoing reflective practice expectations for GDC registrants.

It is clear there is an importance of two-way communication, including the provision of regular feedback to encourage learner reflection. The panel reviewed relevant documents such as the Tutor/Assessor Report and the Employer/Placement (Learner) Learning Contract. These support ongoing feedback and guidance, such as helping learners to agree, implement, and evaluate a Personal Development Plan (PDP). The PDP incorporates reflection informed by self-evaluation, as well as informal and formal feedback from peers, colleagues, workplace mentors/supervisors, and assessors, enabling learners to develop and enhance their knowledge and skills.

The panel found that the Training Programme Framework for centres further outlines expectations for workplace mentors, supervisors, assessors, and tutors in discussing and recording learner progression throughout the qualification. This includes providing constructive feedback and identifying areas for development.

The internally assessed components of this qualification such as reflective accounts, professional discussions, and internal assessments are conducted by the provider, alongside externally set and marked tests.

The panel were shown a student portfolio demonstration which clearly demonstrated that students were encouraged to reflect and evaluate their practice learning and identify areas for further development.
The panel confirmed 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)***

Within NCFE CACHE, two external assessments are auto-marked, meaning examiners are not involved in marking. However, question writers are recruited in accordance with internal policies that ensure appropriate occupational competence and assessment expertise.

For internal assessment within this qualification, compliance is evidenced through the EQA report, where detailed records are maintained to demonstrate assessor competence. This includes sampling and documenting CVs, GDC registration checks, previous experience, and relevant qualifications. CPD records are also reviewed to confirm Equality and Diversity training, ongoing professional development, and the currency of both assessor/IQA practice and sector specific knowledge.

The panel concluded that NCFE CACHE has demonstrated that its assessors possess the necessary skills, experience, and training to carry out their assessment responsibilities. However, as the newly appointed EE had not yet been fully integrated into the organisation or completed the required external quality assurance training at the time of the inspection, this requirement can only be considered partially met at present. Ongoing oversight through GDC Progress Monitoring will ensure that the EE receives the same level of training as existing assessors, with particular emphasis on external quality assurance.

The panel confirmed 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 EE has only recently been appointed, no evidence is yet available to demonstrate full compliance with this requirement.

The panel reviewed the EE role profile, person specification, and the schedule of planned activities. Based on this documentation, the panel considers the requirement to be partly met. An EE has been appointed, and the planned activities are sufficient to ensure the role will be fully embedded and carried out in accordance with the required standards. During the inspection, the panel noted positively that the newly appointed EE had already begun providing beneficial comments on the programme as part of their initial internal review and a series of orientation meetings had been arranged imminently. Ongoing progress monitoring relating to this standard is required.

The panel found the Requirement to be partly met.

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)*

Each learner is required to complete two external assessments. Learners must achieve a pass, merit, or distinction in each of the two external synoptic multiple-choice tests, which assess their knowledge across all units. These assessments are set and auto marked by NCFE CACHE and evaluate learners' knowledge, understanding, and skills based on the mandatory units within the qualification.

Centres must not assess, internally quality assure, or provide feedback to learners regarding their performance in the external assessments.

For all papers in production, grade boundaries will be established through a paper-rating exercise using a modified Angoff method. Subject Matter Experts will review each assessment and evaluate the difficulty level of every item. This approach requires experts to estimate how learners are likely to respond to each question. These estimates are then aggregated across all items and reviewers to determine provisional grade boundaries.

Senior panel members subsequently review the provisional pass marks in comparison with those from previous assessment series before granting final approval. During the inspection, the panel were able to examine evidence of this process. NCFE CACHE provided documentation containing reviewer comments on past papers, along with recommendations and identified next steps.

NCFE CACHE has developed an EQA Framework to ensure effective monitoring of all aspects of programme delivery, including assessment practice and centre compliance with regulatory requirements. The panel were satisfied by the processes in place are sufficient to meet this requirement.

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, or the EE role profile. Placement provider feedback.	NCFE provided EQA reports, the CV of the EE during the onsite inspection as well as the role descriptor. We therefore understand this to be an action for ongoing transparency with the GDC, and updated profile be provided at the next annual review, unless directed differently by the GDC.	TBD – next annual monitoring review
Requirement 16	Provider must provide EE feedback on the internal and external reviews, as well as the psychometric analysis of the assessments and EE quality assurance of practice assessment. Reports or action log arising from ESAPP.	Initial thoughts and observations by the EE were provided to the GDC during the final inspection day. NCFE therefore believes this is an ongoing action for updates at the next annual review, unless directed differently by the GDC.	TBD – next annual monitoring review
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.	NCFE provided the CV of the EE, which included evidence of the EE being an inspection panel member for the GDC. Therefore, NCFE believes this is an ongoing action for updates at the next annual review, unless directed differently by the GDC.	TBD – next annual monitoring review
Requirement 20	Provider must ensure the EE completes a comprehensive report on the external quality assurance of the qualification for	NCFE is actively working with the EE to conduct a full and detailed audit of all aspects of the qualification and assessment, and this	TBD – next annual monitoring review

	both theoretical and practice assessments.	report will be available at the next annual monitoring review.	

Observations from the provider on content of report

While NCFE acknowledges that the GDC identified the need for an External Examiner, we would like to clarify that the appointment of an External Examiner was not made as a result of a direction from the GDC. NCFE had considered the GDC standards and guidance for education, and on multiple occasions explained to the GDC that we believed the requirement was already met through the externality embedded within our existing quality assurance and assessment processes.

NCFE's interpretation was based on the GDC's published definition of an External Examiner:

"External Examiners: These are usually experienced GDC registrants who are not affiliated with the provider. There may be situations where there are exceptions to this, where external examiners are affiliated to the awarding body, but not the organisation delivering the programme. The term includes all external assessors and verifiers. Some programmes will use external examiners who are not registered with the GDC. This is acceptable if the external examiner is appropriately qualified for the section of the programme they will be assessing."

NCFE has a range of external assessors and verifiers embedded throughout the development and delivery functions of the organisation. During the development of assessment materials, several external subject matter experts are involved in the development, independent review and validation of materials. Within delivery processes, all delivery centres are required to undergo a minimum of two External Quality Assurance reviews managed by NCFE prior to the release of results to learners and before any certification claims are made.

On this basis, NCFE considered that the externality incorporated within these processes aligned with the GDC's published definition and met the intended requirement. The subsequent appointment of an External Examiner was therefore undertaken to provide further assurance and alignment, rather than in response to a refusal by NCFE to implement a GDC requirement.

NCFE also believe that it is important to note that an External Examiner was appointed and work to onboard them was underway prior to the meeting referenced within the opening statements of this report, and during this meeting NCFE disclosed the details of this individual to the GDC. Unfortunately, during onboarding, the appointed External Examiner disclosed that they believed they had a conflict of interest with the GDC and had to withdraw from the process. NCFE then sought a second External Examiner which is the Examiner referenced within this

report, indicating a strong commitment to comply with the requirements set by the GDC.

NCFE thanks the GDC for their notes around their summation of the programme and the NCFE management of the qualification and will continue to work with an External Examiner to provide an additional layer of external quality assurance of our processes and management of the qualification and assessments, ensuring all NCFE graduating students are fit for practice within the Dental sector.

Recommendations to the GDC

Education associates' recommendation	The Level 3 Diploma in the Principles and Practice of Dental Nursing (610/3114/8) 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 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 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.