

# General Dental Council

## Education Quality Assurance Inspection Report

Education Provider/Awarding Body	Programme/Award
Scottish Qualification Authority (SQA)	SVQ in Dental Nursing at SCQF Level 7 and Professional Development Award in Dental Nursing at SCQF Level 7

Outcome of Inspection	Recommended that the qualification continues to be approved (DCP) for the graduating cohort to register as a Dental Nurse.
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**\*Full details of the inspection process can be found in Annex 1\***

## Inspection summary

<b>Remit and purpose of inspection:</b>	Inspection referencing the <i>Standards for Education</i> to determine approval of the award for the purpose of registration with the GDC as a Dental Nurse  Risk based: focused on Requirements 4, 9, 12, 13, 15 and 16
<b>Learning Outcomes:</b>	Preparing for Practice Dental Nurse
<b>Programme inspection date(s):</b>	29 <sup>th</sup> , 30 <sup>th</sup> April and 1 <sup>st</sup> May 2025
<b>Examination inspection date</b>	Not applicable
<b>Inspection team:</b>	Jenny McKibben (Chair and non-registrant member) Anna Lown (DCP member) Stuart Boomer (Dentist member) Angela Watkins (GDC Inspection Lead Manager) James Marshall (GDC Quality Assurance Manager)
<b>Report Produced by:</b>	Angela Watkins GDC Quality Assurance Manager

A panel of education associates conducted a three-day risk-based inspection of the programme, focusing on Requirements 4, 9, 12, 13, 15, and 16. SQA is the Awarding Organisation for this programme and work with 12 centres across Scotland to deliver the programme. The school provided limited documentary evidence prior to the inspection, detailing the policies and processes followed by the awarding organisation in managing the programme.

The panel visited 4 of these centres which included a range of NHS, Further Education (FE) and private providers. There is a wide range of delivery methods for this programme and although this impacts on consistency, it became clear that this is also a strength of the programme, as this allowed wider inclusivity by offering various learning methods to a large geographical spread of students.

During the inspection, the panel met with SQA staff, students and centre staff to better understand the programme's operation. The panel also toured clinical facilities and observed a demonstration of the student monitoring system, which proved beneficial for their assessment. The panel recognised and complimented the wide diversity of students seen across all the centres.

Overall, the inspection was positive and SQA demonstrated some strong practices in managing the centres where the programme is being delivered. This is underpinned by a robust quality management system which is accessible to all SQA and centre staff. The

panel found there to be a strong culture of transparency and collaboration across all the programmes.

There is a good team of External Verifiers from across the centres who conduct external quality assurance across the programme. The panel identified this as a strength of the programme, and it is clear that this is managed efficiently through calibration, training and fair allocation of work. However, there is still a lack of externality within the overall programme and this needs to be addressed to ensure an impartial view on the programme is taken.

The panel identified a few gaps within the external quality assurance process, specifically around the management of the work placements. There appears to be a hands-off approach to managing work placements across centres and SQA, including the monitoring of placement supervisors and obtaining consent from patients where students are involved in the provision of their treatment. During the inspection it was clear that there are overarching and local practices in place which assured the panel that there are no patient or students safety concerns, however these need to be centrally managed and monitored by SQA.

Additionally, the panel noted the provider's approach to the new Safe Practitioner Framework (SPF) which was referenced throughout the inspection and all stakeholders had taken an active role in developing the new National Occupational Standards (NOS), which is a mandatory requirement within Scotland, to ensure that it reflected the new SPF. It has been great to see such a collaborative approach to this work from across the wide range of stakeholders.

The panel agreed that requirements 4, 12 and 16 are partly met and 9, 13 and 15 are met.

The GDC wishes to thank the staff, students, and external stakeholders involved with the SVQ in Dental Nursing at SCQF Level 7 and Professional Development Award in Dental Nursing at SCQF Level for their co-operation and assistance with the inspection.

## Background and overview of qualification

Annual intake	Approx 700 students per annum
Programme duration	12 to 18 months
Format of programme	<p>Induction and/or pre-training qualification to ensure the student meets the requirements of a safe beginner.</p> <p>Work-based assessment carried out in an appropriately supervised clinical environment; a range of evidence of competence gathered in a portfolio over a period of time.</p> <p>Closed-book, summative assessment of knowledge, using SQA's digital assessment platform (SOLAR)</p>
Number of providers delivering the programme	<p>Of the 12 approved providers, there are 7 currently delivering the programme:</p> <p>Edinburgh College  I Dent Training Ltd  Mentor Training Centre Ltd  NHS Education for Scotland  NHS Ayrshire and Arran  New College Lanarkshire  West College Scotland</p>

## Outcome of relevant Requirements<sup>1</sup>

Standard One	
4	Partly Met
Standard Two	
9	Met
12	Partly Met
Standard Three	
13	Met
15	Met
16	Partly Met

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<sup>1</sup> 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 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 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 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. (Partly Met)**

Whilst completing visits at the centre, there was evidence of regular communication locally with work supervisors, and the panel heard examples of how concerns are being identified and resolved between work supervisors, assessors and students. However, there is a lack of consistency across the centres on how the supervisors are recruited and managed. There is no mandatory training or calibration for work placement supervisors, therefore the panel is concerned that a lack of calibration or benchmarking of supervisors could lead to students getting an inconsistent experience across the programme.

SQA stated that the responsibility of placement supervisors is held at a centre level and therefore there appeared to be no formal monitoring or calibration of placement supervisors by SQA.

SQA must take responsibility for all areas of the Standards for Education on all approved centres, therefore SQA must include monitoring of work placements and supervisors as part of their External Verifier checks.

The panel noted a clearer process in place for work placements and work supervisors for those students who are undertaking the Modern Apprentice route, and this should be consistent for all students.

The panel observed good practice of managing the set-up, work placements and supervisors at Edinburgh College.

The panel deem this Requirement to be partly 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 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 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 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.

## **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 panel commended the proactive and informed way in which SQA recently communicated and engaged the latest GDC Learning Outcome changes and development of the NOS to reflect these changes. All SQA and centre staff are fully aware of the incoming changes and the upcoming implementation process. All centres had been actively involved in the development of the new NOS.

SQA lead a proactive framework for managing curriculum changes which brings together a cross functional team of enthusiastic staff with a wide working knowledge of various dental working groups. The team of External Verifiers are sited across all sectors, private, public and third sector which widens the knowledge pool further. There is clear responsibility for the function of driving change, however, the panel noted that all the team are actively involved in identifying and sharing any changes to legislation.

There is a structure of meetings which take place on a regular basis to review the curriculum and any changes. This includes a functional working group that meet once a month to review the risks of each qualification. The Qualification Development Team meet regularly with stakeholders, including local employers and subject experts, the external verifiers are part of this development group too.

The panel is assured that this Requirement is 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 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 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. (Partly Met)**

SQA have a strong and robust process for setting up and managing their approved centres. However, as part of SQA's pre-inspection documentation the provider noted this requirement as "not applicable". During the inspection it was clear that SQA believe that the responsibility of managing work placements and therefore supervisors is the responsibility of the centres. However, as the approved provider for this programme SQA must ensure that they take overall responsibility of all aspects of the programme and the Standards of Education.

During the Inspection the panel was assured that centres are managing the work placements, however, this appeared inconsistent. SQA provider must tighten up the work placement sign up process and add work placements to their quality assurance audits to assure themselves that centres they approve are meeting all of the Standards of Education.

The panel observed very limited patient consent and feedback documented. SQA and centres informed the panel that patient feedback is not consistently sought due to the Dental Nurses not "treating" the patients direct and that they "assist" the Dentist therefore it is not applicable. The panel was also concerned that in some work placements, trainee dental nurses did not identify themselves as students, which could be misleading for the patient. The GDC maintain that dental nurses do provide treatment to the public and therefore it is essential that patient feedback is collected. SQA must ensure that these areas are carried out in work placements to demonstrate that patient safety is considered, and that the student is covering all learning outcomes consistently.

The panel was impressed with the Quality Management System that SQA have adopted and commended the transparency and concise guidance held within for all the users internally and externally.

SQA noted the "Annual External Verification" report in the pre-inspection paperwork, however, this is no longer available. The panel noted that an annual report of the programme should be completed to enable oversight of the whole programme.

As a result of the lack of work supervisor calibration or consistency, quality assurance of placements by SQA , and regular collection of patient feedback, the panel deem this Requirement partly 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)**

Learning Outcomes are clearly mapped to the current Preparing for Practice and the panel is assured that this is clearly communicated to all centres and work placements through various online portals and documents. Students are also clear on how their programme covers the GDC Standards for the Dental Team.

The panel reviewed *sqa-2024-assessment-information-db6083* which is a comprehensive Assessment Strategy which supports all assessors on how to complete assessments on students.

SQA have set a minimum number of observations for all centres to complete on each module and both centre staff and students are clear about the expectations and levels of competence they needed to achieve to be able to progress. Utilisation of these limits is set up well, students explained that where they may be struggling in certain areas these supported their needs to ensure that they received support.

In general, work placement assessments are conducted via mobile phones, the panel was assured that on the whole this process is good. Both trainees and the assessors reported that at times they could not see everything that was necessary to complete the session remotely. An example was given where the assessor was unable to see the instrument trays during a video call, to avoid this type of situation a standard operating procedure (SOP) for all observations could be developed to improve the validity of the assessment A procedure would also ensure that work placement observations are consistent across all centres.

The panel reviewed a variety of assessment methods including online and paper based, allowing students flexibility in their learning environment.

The panel is assured that this Requirement is 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 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 is assured that SQA, and the network of stakeholders have a comprehensive working relationship across Scotland with local and national employers. This ensured that students did not have any problems obtaining the necessary breadth of patients or procedures and when they rarely did, the centres are able to work with the work placement and students to find them a work placement to focus on the experience needed. During the inspection centres and students reported no difficulties getting sufficient experience across the range of procedures being assessed



The panel is assured that it was reported through meetings with SQA and the centres that almost all assessed procedures were completed in the workplace and not through simulation. The exception was of management of medical emergencies which was assessed through simulation.

The panel is assured that this Requirement is 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. (Partly Met)**

The panel is assured that there is a rigorous internal review of assessments and that these are routinely monitored through centre internal verification, SQA external verifiers and SQA Quality & Development teams. However, there is no independent external examiner or equivalent who is not directly employed or delivering the programme at a centre level.

The provider must ensure that the programme is scrutinised by an independent external person to ensure an unbiased view of the programme is carried out. The panel noted that this was an outstanding action from the 2016 Inspection Report

Due to the lack of externality the panel deem this 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 18: The provider must support students to improve their performance by providing regular feedback and by encouraging students to reflect on their practice.

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 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 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.

## Summary of Action

Requirement number	Action	Observations & response from Provider	Due date
4 & 12	SQA must take responsibility for all areas of the Standards for Education on all approved centres, therefore SQA must include the monitoring of work placements and supervisors as part of their External Verifier checks.	We note the inspection panel found that “there are overarching and local practices in place which assured the panel that there are no patient or student safety concerns”. However, we accept the panel’s view that there could be greater consistency in our approach to managing and supervising work placements. Therefore, SQA will work with delivering centres to agree and establish a clear set of procedures that centres must follow, detailing:	January 2026
4	SQA must set up a standardised process to ensure a minimum and consistent approach is taken by all centres managing work placement and supervisors.	<ul style="list-style-type: none"> <li>- The qualifications required by those supervising work placement students</li> <li>- Standard checks that must be carried out on health and safety within practices where work placements will take place.</li> <li>- A standard approach to the collection and recording of patient consent and patient feedback.</li> </ul>	January 2026
12	SQA must ensure that regular collection of patient feedback and consent is carried out in work placements to ensure that patient care and student assessment meets the standards	<ul style="list-style-type: none"> <li>- A standard approach to the collection and recording of patient consent and patient feedback.</li> </ul> <p>Checks will be carried out during external verification visits to ensure that centres are adopting and following the agreed procedures.</p>	January 2026
12	SQA should complete an annual report or self-assessment of the whole programme to gain an oversight of all key aspects of the programme including achievement and failings.	SQA will contract with an individual who is independent from each of the delivering centres and who has the appropriate skills and knowledge to carry out an overall review of the assessment process. This independent reviewer will provide a report in May/June of each year, highlighting areas of strength and any opportunities for improvement in the overall programme. The reviewer will:	January 2026
16	The provider must ensure that the		January 2026

	programme is scrutinised by an independent external person to ensure an unbiased view of the programme is carried out.	<ul style="list-style-type: none"> <li>- Sample from external verification reports from the previous 12 months.</li> <li>- Meet with the External Verification Team</li> <li>- Access and review onscreen assessment activity.</li> </ul>	
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## Observations from the provider on content of report

SQA would like to thank the panel members for this thorough and comprehensive report. We are pleased that the report references the strengths of the programme, notably the strong culture of transparency and collaboration, and the strength of the external verification system. However, we also acknowledge the panels view that an independent review of the verification process would add further strength and the need for greater consistency in the approach taken to managing and supervising work placements.

As outlined in our responses in the summary of action, SQA will put in place measures to directly address the points raised by the panel.

## Recommendations to the GDC

<b>Education associates' recommendation</b>	The SVQ in Dental Nursing at SCQF Level 7 and Professional Development Award in Dental Nursing at SCQF Level 7 continues to be approved for holders to apply for registration as a Dental Nurse with the General Dental Council.
<b>Date of reinspection / next regular monitoring exercise</b>	Progress Monitoring 2025-26

## 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 edition<sup>1</sup> is the framework used to evaluate qualifications. There are 21 Requirements in three distinct Standards, against which each qualification is assessed.

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

A Requirement is met if:

"There is sufficient appropriate evidence derived from the inspection process. This evidence provides the 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.