

General Dental Council

Education Quality Assurance Inspection Report

Education Provider/Awarding Body	Programme/Award
Teesside University	Dental Nurse Practice Cert HE

Outcome of Inspection	Recommended that the Dental Nurse Practice Cert HE programme continues to be approved for the graduating cohort to register as dental nurse.
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Full details of the inspection process can be found in Annex 1

Inspection summary

Remit and purpose of inspection:	Risk-based 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. Specific requirements of focus: 2, 4, 5, 7, 8, 9, 12, 13, 14, 16, 17, 19 and 21.
Learning Outcomes:	Preparing for Practice for dental nurses
Programme inspection date:	23 and 24 November 2022
Inspection team:	Michael Rivelin (Chair and non-registrant member) Victoria Hewson (DCP member) Fiona Ellwood (DCP member) Kathryn Counsell-Hubbard (Quality Assurance Manager, GDC)
Report Produced by:	Kathryn Counsell-Hubbard (Quality Assurance Manager)

The inspection of the Dental Practice Cert HE programme (hereafter referred to as “the programme”) delivered at Teesside University (hereafter referred to as “the School”) was triggered by information provided in the GDC’s 2021/22 monitoring exercise. An inspection focussing on key requirements was therefore held in November 2022.

It was evident to the panel that this programme is one that is run with enthusiasm and genuine care of its students. The dedication of key members of staff, notably the programme lead, was clear, and while this is to be commended, the panel also found that there was a reliance on the programme lead to run, write and deliver the majority of the programme. This led to concerns about contingency and continuity planning, areas which the programme team are aware of and which they are trying to address by bringing two new members of staff onto the programme to share some of the tasks currently completed by the programme lead.

Related to this reliance on a single member of staff, the panel were concerned by the way in which students are remediated. While this is completed holistically and is solely centred on the students’ needs, the way in which a programme of remediation is decided upon and carried out is entirely within the control of the programme lead. The panel were not provided with evidence to suggest that remediation is standardised or has any governance or strategic oversight. The identification of this lack of standardisation is not to suggest that the remediation offered is in any way deficient, but without oversight it is more likely that there will be a lack of consistency and the School could, potentially, be open to regulatory challenge should students be unhappy with the remediation offered.

Conversely, the students with whom the panel met praised the programme, and the feedback seen by the panel was positive. During the inspection itself the programme team became aware of potential concerns and were proactive in stating that areas would be looked into and changes made. It was clear that the School mean to address any issues and work on these to further improve the programme.

The GDC wishes to thank the staff, students, and external stakeholders involved with the programme for their co-operation and assistance with the inspection.

Background and overview of qualification

Annual intake	19 students
Programme duration	36 weeks over nine months (one academic year) x months/years
Format of programme	Semester 1 2 days placement Semester 2 4 days placement Semester 3 5 days
Number of providers delivering the programme	1

Outcome of relevant Requirements¹

Standard One	
1	Met
2	Met
3	Met
4	Partly Met
5	Partly Met
6	Met
7	Met
8	Partly Met
Standard Two	
9	Met
10	Met
11	Met
12	Partly Met
Standard Three	
13	Met
14	Partly Met
15	Met
16	Partly Met
17	Partly Met
18	Met
19	Met
20	Met
21	Partly 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 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 programme utilises a poster which is displayed in the reception area of the placement practices. The poster is not used as a step in the consent process but is designed to make patients aware of the student presence. Students wear Teesside University branded uniforms and are present during the consenting of the patient. All students are supernumerary so if a patient does not consent to them assisting during treatment the student can simply leave the clinical area.

The in-practice procedures are supported by teaching on the importance of consent during the induction period of the programme. This is included as part of the placement-specific induction as well. The School are mindful of the differences between what happens in practice and what the 'gold standard' of consent procedures may be, and students are taught to be mindful of this.

The panel were content with the procedure as evidenced by the School. Some concerns were found, however, with the poster as this relies on patients being able to read English to understand that students are at the practice. This also means that any initial concerns are likely to be raised with reception which may not be best placed to advise on the impact, if any, of having a student involved in patient treatment. Additionally, it means the onus is placed on the patient to go to reception to request that a student not be present, which they may find difficult. The panel would encourage the programme team to reevaluate the poster to ensure that this the best method of giving patients information.

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. *(Requirement Partly Met)*

Prospective placements must demonstrate an appropriate capacity of staff to supervise students and ensure that they are supernumerary. Each placement must have a practice educator and a practice coordinator, although these roles can be combined. The practice educator ensures that appropriate learning opportunities are available to students while the educator teaches and assesses development. The School were clear that there are criteria that placements must meet and that these are audited. The dental practice educators (DPEs) must sign off any competencies that students have passed even if the competency was observed by another

member of staff. If the competency has been observed by another member of staff then they must be a GDC registrant and the DPE must discuss with the staff member that the correct level of competence was met prior to sign off.

There is no formal guidance given about when students should be assessed on their competencies. This is decided by the DPE although the programme lead does urge the educators not to find a student to be competent after having demonstrated a skill only once. The panel had the opportunity to speak to two DPEs at different locations who confirmed the information provided by the programme team.

However, during the conversations with the DPEs it was evident that there is some variation in the practice sites and that the approach of different DPEs to supervising, and assessing students will also vary. DPEs are only required to have two years' post-graduate experience and, although they do not need any prior knowledge of, or training in, supervising and assessing students, they must partake in the DPE workshop and provide evidence of equality, diversity and inclusion training. However, there is a limited amount of formal guidelines informing DPEs of when they should alter their level of supervision or when they should assess a competency. The variance in how DPEs make these decisions leads to a lack of consistency across placements. It was also not clear whether the DPEs are always the ones observing students completing their competencies and, if they are not the observer, whether the DPE then interacts with the observer to ensure that the student completed the competency safely and appropriately.

The programme team must review the training, process and guidance they provide to DPEs and determine how they can better inform and support them to ensure a comparable experience for all students.

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 Partly Met)

As detailed under Requirement 4, DPEs undergo supervisor training by means of attending a mandatory workshop prior to students attending placement and non-compliance with this will mean that the placement is not used. DPEs are required to make an electronic declaration to confirm that certain training, including equality, diversity and inclusion (EDI), has been completed.

The assessment of student competencies is up to the DPEs' discretion and training is not provided on this. The programme lead holds three tripartite meetings with the DPE and the student, and should no competencies be signed off by the second meeting then the programme lead would query this and encourage the student to be proactive. These meetings also provide a valuable opportunity for the DPE to ask questions and get informal guidance if required.

The panel were made aware of an incident in which a student alleged that she had been the subject of racial and religious discrimination by practice staff. The student was removed from the placement but no further training of staff members took place as a result. While acknowledging that the allegations were not proved, the panel were concerned that current training in EDI is not adequately preparing DPEs and other practice staff for students from a diversity of backgrounds with a diversity of needs. As well as the risk of harm to students, there is significant reputational risk to the School and to the GDC. The panel spoke with DPEs who said that they were able to use evidence of alternative EDI training completed as part of their verifiable continuing professional development with another provider and that the quality of the training was variable and could be poor.

While the Requirement is found to be met in terms of the DPEs holding appropriate registration and completing relevant non-programme specific training, the panel were not content that supervisors overall are appropriately trained. As mentioned under Requirement 4 some significant differences were identified when speaking with the two placements, and the DPE at one location seemed far more authoritative and proactive than at the other site. The School must consider implementing some learning to support and strengthen additional supervisor guidance already noted as an action in this report to ensure the appropriateness of the student supervision and therefore to further ensure consistency across placement sites. This must include an improvement to the quality and consistency of EDI training.

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 Met)

Raising concerns and safeguarding is taught during the induction stage of the programme and have their own dedicated processes. The programme team advised that there is a close working relationship with the placements, which was confirmed by the sites spoken with, meaning that there is assurance that DPEs would disclose concerns to the programme lead. Internal governance exists within the School with regular governance meetings and a health and safety manager available to advise on any risks identified.

The students with whom the panel spoke seemed unsure of the formal pathways for raising concerns, and the School should consider whether the teaching on this area is understood and guidance readily available. Similarly, it was not clear whether a formal process is utilised by practise placements to raise concerns about students. However, the Requirement overall is found 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 Partly Met)

The process utilised on the programme was appropriate and in-line with the GDC's guidance. The process involves the investigative steps expected and has externality through using University staff not affiliated with the programme. To date, the School have not had to use the process. The students with whom the panel met did not appear to be aware of the process but it is available on their virtual learning platform, Blackboard.

The panel were concerned that the process has never been utilised. The programme team explained that any concerns about behaviour are dealt with by the programme lead, who can bring students back to the University to undertake remedial teaching as necessary and be subject to 1-2-1 supervision in the Student Dental Facility (SDF). The panel were informed that students have left the programme in the past before the formal process could be implemented.

Concerns were raised amongst the panel as to whether the process has not been used because students are informally moved off the programme before formal processes can be initiated. It is unusual for a programme to have no incidents of a student fitness to practise process being used, and for the remediation of students to be entirely handled without oversight.

To meet the Requirement, the School must ensure that the teaching of student fitness to practise and the associated formal process is robust and that students and practise partners are aware of what could happen. The School must also introduce some oversight of student remediation to ensure that student fitness to practise is being invoked when appropriate.

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*)

A comprehensive framework is in place to support quality management. Feedback from the programme is fed upwards through groups at a School level, and these can then be escalated to the Senior Executive Management Team. The programme utilises a course journal wherein changes can be noted. This must be completed at three key points throughout the period of the course and all relevant members of the course team have access.

The programme leads also contribute to the School-level risk register which is discussed at meetings. Minutes of those meetings are taken and distributed which enable the programme team to take actions forward.

The student voice is heard from representatives from the programme who attend a School level meeting. An example was provided where feedback from the representative had resulted in additional feedback from a module taught by a tutor from another course in the Allied Health Programmes courses delivered by the School.

The Requirement is found to be met. However, the programme team did disclose that some modules had been changed following the introduction of a revised dental hygiene programme, which would have required a submission under the programme modification process outlined on the GDC website. As this inspection activity has followed closely to that change being implemented, and due to the dental hygiene programme receiving provisional approval, further action solely with regard to the change in modules on this programme is not required. The School are reminded to check the programme modification process as changes occur to determine whether these need to be submitted to the GDC.

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. (Requirement Partly Met)

As mentioned earlier in this report, there is disparity across sites, and the panel were curious as to why a more standardised format of completing competencies was not implemented to improve the parity of experience between students. Milestones are defined in the competency handbook but there is no standardisation across sites as to when these should be completed. In this way it is difficult to assess the level of equity between placements.

Agreements are completed between the placements and the provider. This confirms the placements' agreement to provide the required experience. The difficulty exists, however, that the placements do not gain financially from training students, and therefore the recourse the provider has should issues occur is limited. The panel found there to be a risk to the programme should placements decide not to comply with the School's instructions.

The audit tool used to check the appropriateness of the placements is due to change which will be a positive change. The present audits are currently lacking in detail although a regional audit document has been finalised and will be introduced shortly. At the time of the inspection, few DPEs have completed the feedback form provided, and little evidence was seen of formal feedback from students and patients.

Despite these many challenges, the panel recognised that there are mechanisms in place and that the open communication between placements and the programme was a significant positive. The current audit does incorporate non-negotiable criteria and placements felt to be inappropriate have been turned away. The student feedback on the placements provided to the panel was positive.

The Requirement is found to be partly met based on the need for additional consistency. The use of a more detailed audit, as hoped for by using the regional document, should assist the School to meet the requirement in the future.

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 programme is a short course of nine months, with students starting in September and completing the following summer. All assessments must be passed to gain the required 120 credits and the competencies must have been achieved and signed-off by the DPE, or at the student dental facility if a student has had to practise there due to any placement issues. Students must submit their logbooks in May for these to be signed off ahead of the Assessment

Board meeting. This allows for a month of clinical activity which is used to increase confidence and ready the students for entering employment. This period of activity can also be an opportunity for students to complete any missing hours of clinical work.

The programme leads hold a 'pre-board' meeting ahead of the Assessment Board to ensure that the students' profiles are complete and that they are ready for consideration. This allows for collation of student data. The Assessment Board is the final ratification before the qualification is conferred. This is a four-week period at the end of the programme to allow for any resits.

External examiners review every assessment before the students sit them and can also review modules and provide feedback. The external examiners oversee the final assessment. The modules are fully mapped to the GDC learning outcomes.

The Requirement is found to be met but there are several areas that the School should consider strengthening. The concerns over the equity of the student experience explored previously in this report did concern the panel as any issues with the level of experience might not be identified until a late stage, being only a month before the Assessment Board. During the inspection, the panel were not confident that any such gaps in experience would be identified early enough and were also concerned by the remediation offered to the student due to the lack of oversight. It must be noted that evidence was not presented that any students have been improperly remediated or progressed through the programme although the School should take steps to strengthen their processes, particularly around sign-up and starting this at an earlier point, to ensure that such risks do not occur.

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 Partly Met)

The programme utilises tripartite meetings which involve the programme lead, the student, and the DPE. These provide an excellent opportunity for progress to be discussed, actions going forward agreed and for the student's placement portfolio and competency handbook to be reviewed. Students also attend the School one day per week which allows for additional monitoring.

These meetings are supported by the Stream system, which is a useful tool in gauging student engagement. Stream is linked to lectures whereby students have to input a code only given upon attendance at the lecture to indicate their attendance. The notes from any personal tutor meetings are also added to the system. Stream also allows for any periods of non-attendance to be flagged so that the programme lead can follow this up with the student directly. Students can also log their own absence on the system. Another system, SITS, is used by the School to centrally monitor and record the academic results of the students at a module and programme level.

Stream does not allow for logging of competencies and overall experience on placement. This means that the personal tutor or programme lead (often the same person) cannot check on progress outside of a personal tutor session or a tripartite meeting. This restricts the ongoing monitoring allowable and could cause a delay in a student completing their competencies as there may be a delay in this issue being picked up by the School and addressed.

The panel were impressed by Stream, particularly in terms of its speed in identifying ongoing absence which the programme team had stated was one of the biggest factors that could cause a student to be looked at under student fitness to practise. The tripartite meetings are also an area of good practice. The Requirement as a whole, however, is partly met because of the difficulty in ongoing review. The School must consider whether a regular input of placement

portfolio and competency data could be implemented so that a more regular review of experience can take place.

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 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*)

Review of assessments is conducted at a School and University level under the periodic review process. Assessments are discussed at a programme level within the team and a report is generated.

The cohort is very small and the programme only nine months in duration, making statistical analysis of results within a cohort exceptionally difficult, but there is no consideration of the performance of students against assessments over a longer period involving multiple cohorts. Such analysis would be useful in providing the programme team with data that confirms whether the assessments utilised continue to deliver valid and reliable results.

The types of assessments, based on the information seen, are appropriate to the subject and skills being assessed.

The Requirement is partly met due to the absence of a programme-level review of assessments with the associated recording of findings and notes on further actions. Without the periodic review the Requirement would be considered to be not met, and it is therefore vital that the School consider how they can assure themselves and the GDC in any future reviews that their assessments are valid and reliable.

Requirement 17: Assessment must utilise feedback collected from a variety of sources, which should include other members of the dental team, peers, patients and/or customers. (*Requirement Partly Met*)

Feedback is obtained from several sources including students, module leaders and DPEs. Student feedback is used to make changes to the programme and an example of such a change was provided to the panel. The students with whom the panel met reported that they get enough feedback and find this to be useful.

The mechanism for using feedback to assess students was not clear. The placements are all external to the School which makes collecting patient feedback difficult, especially as the dental nurse role does not always involve direct contact with patients. DPE feedback is collected verbally at the tripartite meetings and collected via a placement assessment form. Peer feedback is not collected.

The Requirement is partly met because the evidence seen was limited in terms of the range of feedback seen and how this is formally discussed and considered to drive continual programme improvement by the programme team. A discussion on feedback during team meetings which is recorded could be useful for the School to evidence meeting this Requirement in future, as well as any actions arising being clearly documented in Continuous Monitoring and Enhancement process, as stipulated in the assessment and feedback policy. The School should also consider other methods of formally gathering and recording feedback, such as from DPEs, to help inform how the programme is structured.

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 Met*)

Appropriate registration is held by those examining and assessing students. When staff join Teesside University they must complete a certificate in education if they do not have this already. Development occurs at a School and University level, including refresher training on EDI each year. Specialist lecturers and tutors are used from other programmes within the School for Health and Life Sciences but do not assess students on dental elements.

The Requirement is found to be met although some additional consideration on what skills a DPE should have, outside of being a registrant, may benefit the programme in terms of achieving consistency.

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. (*Requirement Partly Met*)

Assessments are written by the programme team and structured around assessment criteria. A bank of case presentations and treatments are used to shape the assessments and inform the questions asked. External examiners can provide feedback on the assessments as can module leaders and students.

Year-on-year analysis of the performance of questions and assessment types is not completed although module reports are created that can demonstrate how well an assessment is performing in terms of passes and fails. Any module with a high failure rate would be flagged in a report written at the end of each academic year.

Aside from discussions within the programme team and review of module reports, a formalised method of standard setting is not currently utilised to determine the validity and reliability of assessments and their results. Being of a small size, it is not possible for statistical analysis to be completed within a single cohort although such analysis could be utilised to determine the performance of an assessment over three or four cohorts.

The Requirement is found to be partly met because the standard setting process appears to be informal and unstructured. The panel recognised points of good practice in requesting feedback from external examiners and putting together assessments collaboratively as a team but could not be assured that summative assessments and the results thereof are being scrutinised effectively. The external examiner report seen did not appear to adequately scrutinise the assessments used on the course, so the panel felt that this alone could not assure the School of quality of assessment.

Summary of Action

Requirement number	Action	Observations & response from Provider	Due date
4	The School must review the training and guidance they provide to DPEs and determine how they can better inform and support them to ensure a comparable experience for all students. Guidance must include specific guidance on formally raising concerns about students.	<p>The Dental Practice Educator (DPE) training is currently being enhanced to strengthen areas identified for development.</p> <p>This will include 'in house' standardised teaching on:</p> <ul style="list-style-type: none"> • Equality, Diversity & Inclusion • Raising concerns about students formally. • Competency training enhancement 	Monitoring 2024/25
5	The School must review its equality, diversity, and inclusion training requirements for placement providers.	<p>Formal guidance on the achievement of competence is provided to DPE's in a Mandatory workshop that must be attended by the DPE prior to being allocated a student.</p>	Monitoring 2024/25
8	The School must make teaching about student fitness to practise and the accompanying process more robust to ensure that students are adequately aware of what will happen should the process be applied to them. Teaching on these areas must also be given to placement providers to ensure concerns about students are reported.	<p>Student fitness to practise is currently delivered to students on induction however we recognise there is a lot of information given during this early stage of the course. Future teaching will be more robust and repeated during semester 1 to include case studies and knowledge of the accompanying process.</p> <p>This will also be included the DPE training workshop.</p>	Monitoring 2024/25
8	The school must introduce additional oversight when remediation plans are agreed to ensure that the student fitness to practise process is invoked when	Behavioural concerns are initially dealt with informally, in line with the course requirements whereby the student is provided with feedback to improve. Should this be a persistent issue, the course lead and DPE meet with the student to implement a 4-week action	Monitoring 2024/25

	necessary. Placement providers must be aware of this process.	<p>plan involving close monitoring by the programme lead. This may involve the student being brought back to the University to undertake remedial teaching as necessary and be subject to 1-2-1 supervision in the Student Dental Facility (SDF) as per course handbook. The panel were informed that this initial action has always been effective however due to the robustness of this process, students who were not committed chose to leave the programme during this period.</p> <p>Teesside University has a robust Fitness to practise procedure, which is regularly reviewed by the legal team and if a student is subject to the FTP process and chooses to leave the programme, if they return to any course pathway within the SHLS the FTP process is reinstated.</p> <p>The FTP procedure will be embedded into the DPE training workshop</p>	
12	The School must implement procedures to ensure as equitable an experience as possible for students across placements.	<p>Although a formal agreement plan is already in place, there is work ongoing by the School and the University legal department to develop placement agreements to support all programmes including the Cert HE Dental Nurse programme.</p> <p>The mandatory workshop ensures that DPEs standardise the supervision requirements and this is reinforced in their DPE handbooks.</p> <p>There is an area within the competency handbook for DPEs to agree targets with the student at regular points throughout the course. The targets are not pre-set by the course lead as it is recognised that patient treatment plans and opportunities for students will vary</p>	Monitoring 2024/25

		<p>and arise at different points for students across the academic year.</p> <p>The competency handbook provides an opportunity for students to log the number of procedures they have been exposed to and the course leader reviews the opportunities at 3 points in the programme during tripartite visits.</p> <p>The competency handbook will be reviewed to include additional information with university set milestones and target dates. This will be reinforced during the DPE training workshop.</p>	
13	The school should review the process by which actions relating to students are recorded, particularly remediation and risk management of students whose programmes have been extended, and consider how student experience can be monitored more closely to ensure that issues with that experience are identified and acted upon as soon as possible.	The electronic system 'Stream' is intended to record students' information and agree actions/set targets, however, placements are not involved with this electronic system therefore currently under review to ensure this action is met more robustly.	Monitoring 2024/25
14	The School must consider the implementation of a system that allows for more regular monitoring of student experience, such as more regular submittance and recording of logbook data.	This is currently under review to integrate an electronic system to ensure more regular monitoring of experience.	Monitoring 2024/25
16	The School must implement a regular process to review assessments and their outcomes to ensure that they continue to produce valid and reliable results. Statistical analysis of student results across multiple cohorts is recommended.	The Module assessment results are moderated within the team and a module report is generated. The report highlights the range of marks, any issues and submitted to the External Examiner for comments regarding the reliability and validity at the end of each module. This information is discussed in the assessment board and	Monitoring 2024/25

		documented in the course journal, however, the team recognise enhancements are required in this process.	
17	The school must make the discussion and consideration of multi-source feedback formal including the recording of such discussions, e.g. meeting minutes.	Under review	Monitoring 2024/25
19	The School should consider implementing criteria for DPEs that are in addition to being a registrant, such as having experience in mentoring and teaching previously.	This is being considered and enhanced criteria will be communicated to placements	Monitoring 2024/25
21	The School must implement a form of standard setting to assure themselves that assessments are at the appropriate level, produce valid and reliable results, and continue to perform year-on-year.	Under review	Monitoring 2024/25

Observations from the provider on content of report

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Recommendations to the GDC

Education associates' recommendation	The Dental Nurse Practice Cert HE continues to be approved for holders to apply for registration as a dental nurse with the General Dental Council.
Date of reinspection / next regular monitoring exercise [Delete as applicable]	Subject to monitoring in 2024/25

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.