

# General Dental Council

## Education Quality Assurance Inspection Report

Education Provider/Awarding Body	Programme/Award
Pearson	Level 3 Diploma and Extended Diploma in Dental Technology

Outcome of Inspection	Recommended that the Level 3 Diploma and Extended Diploma in Dental Technology continues to be approved for the graduating cohort to register as Dental Technicians.
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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 General Dental Council (GDC) as a Dental Technician  Risk based: focused on Requirements 1, 9, 13, 17
<b>Learning Outcomes:</b>	Preparing for Practice Dental Technology.
<b>Programme inspection date(s):</b>	September 25 <sup>th</sup> 2025
<b>Examination inspection date:</b>	Not applicable
<b>Inspection team:</b>	Ranjit Khutan (Chair and non-registrant member) Christopher Fielding (DCP member) Gill Jones (Dentist member) Ben Gambles (Education Quality Assurance Officer)
<b>Report Produced by:</b>	Ben Gambles (Education Quality Assurance Officer)

This report follows a risk-based inspection of the Level 3 Diploma and Extended Diploma in Dental Technology awarded by Pearson. The inspection was informed by the 2024 urgent inspection of the same qualification. The inspection was carried out remotely due to Pearson's hybrid working pattern and included meetings with delivery centres.

The final registration for the Level 3 Diploma and Extended Diploma in Dental Technology awarded by Pearson was in 2025, with the final completion date in 2028.

The inspection focused on Requirements 1, 9, 13, and 17. The areas of focus within those Requirements are detailed below. All four Requirements are considered met. The rationale is explained for that conclusion in the commentaries under the respective Requirements.

The panel are assured that, as an awarding organisation, Pearson have a robust and effective system in place to perform quality assurance for the delivery centres. The panel recognise the work undertaken against the actions in the previous report and the ongoing efforts of Pearson and the delivery centres to ensure that current students are not negatively impacted by the closure of this course.

The GDC wishes to thank the staff, students, and delivery centres involved with the Level 3 Diploma and Extended Diploma in Dental Technology for their co-operation and assistance with the inspection.

## Background and overview of qualification

Annual intake	153 learners				
Programme duration	2 years full time, 3 years part time				
Format of programme	<b>Pearson BTEC Level 3 Diploma in Dental Technology (QCF) (299 GLH)</b> Total qualification: 60 credits Mandatory units: 60 credits				
	<b>Unit</b>	<b>Mandatory units – all 5 units must be taken:</b>	<b>GLH</b>	<b>Credit</b>	<b>Level</b>
	1	Dental Technology Fundamentals	60	15	3
	2	Medical Emergencies, First Aid and Communication in the Dental Team	54	10	3
	3	Dental Anatomy, Physiology and Disease	54	15	3
	4	Basic Dental Materials Science	77	10	3
	5	Legislation, Professionalism and Ethics in Dentistry	54	10	3
Format of programme	<b>Pearson BTEC Level 3 Extended Diploma in Dental Technology (QCF) (1006 GLH)</b> Total qualification: 180 credits Mandatory units: 180 credits				
	<b>Unit</b>	<b>Mandatory units – all 16 units must be taken:</b>	<b>GLH</b>	<b>Credit</b>	<b>Level</b>
	1	Dental Technology Fundamentals	60	15	3
	2	Medical Emergencies, First Aid and Communication in the Dental Team	54	10	3
	3	Dental Anatomy, Physiology and Disease	54	15	3
	4	Basic Dental Materials Science	77	10	3
	5	Legislation, Professionalism and Ethics in Dentistry	54	10	3
	6	Dental Public Health and Preventative Dentistry	26	5	3
	7	Removable Complete Prosthodontics	30	15	3
	8	Removable Partial Prosthodontics	115	15	3
	9	Dental Laboratory Compliance	70	10	3
	10	Design of Fixed Prosthodontics	70	10	3
	11	Complex Dental Materials Science	70	10	3
	12	Techniques for Manufacturing Fixed Prosthodontics	120	15	3
	13	Orthodontic Therapy Principles	30	5	3
	14	Design, Manufacture and Modification of Orthodontic Appliances	86	15	3

	15	Advanced Dental Technology Techniques and Procedures	70	10	3
	16	Work-based Learning in Dental Technology	20	10	3
	<p>It is important that centres develop an approach to teaching and learning that supports the specialist vocational nature of these qualifications. Specifications give a balance of practical skill development and knowledge requirements, some of which can be theoretical in nature. Tutors and assessors need to ensure that appropriate links are made between theory and practical application and that the knowledge base is applied to the sector. This requires the development of relevant and up-to-date teaching materials that allow learners to apply their learning to actual events and activity within the sector.</p> <p>An outline learning plan is included in every unit within the specification, as guidance to demonstrate one way of planning the delivery and assessment of the unit. The outline learning plan can be used in conjunction with the programme of suggested assignments also included in the specification.</p>				
Number of providers delivering the programme	5				

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

Standard One	
1	Met
Standard Two	
9	Met
Standard Three	
13	Met
17	Met
<b>Standard 1 – Protecting patients</b> <b>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.</b>	
<p><b>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.</b></p> <p><b><i>Requirement Met</i></b></p> <p>Pearson’s assessment strategy requires learners to achieve a minimum of a “Pass” in all assignments before achieving a “Pass” at unit and qualification level. The Internal Assessment rules in place for BTEC qualifications mean that learners are required to be assessed on their own work, and that resubmissions and retake opportunities are strictly controlled to ensure a robust and fair process for all learners.</p> <p>The panel reviewed Pearson’s strategies for closing the programme and heard from the provider that the qualification was being withdrawn in line with the wider reform of Level 3 education. The panel acknowledged that an exit strategy is in place and that progress has been made regarding consistent communication with delivery centres, all of whom were content with the communication with Pearson. Pearson have dedicated subject advisors who are available for direct questions regarding specific subject areas and wider training programmes. Support for both for students and for staff will continue throughout this exit period. The panel was informed that the last registration date for students was 2025 and the last certification date can be up to 2028.</p> <p>The panel heard that the delivery centres have a contractual responsibility to resource their programme and must annually accept the terms and conditions of their approval to confirm that they continue to have appropriate policies and procedures in place. Delivery centres complete an annual declaration to say they adhere to Pearson’s policies and procedures. Centres need to provide an estimated completion date when they register with Pearson. Throughout the</p>	

<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.

year, the Pearson customer engagement team check with the centres that learners are on track to complete as estimated. This is also checked through standard verifiers (SVs). At the end of the year, the centres upload grades through Pearson's Edexcel Online system, which also houses Pearson's VQ Learner Tracker which allows Pearson and centres to see if learners are on track.

Pearson's quality assurance framework is called standards verification and is carried out by a team of SVs led by a senior standards verifier (SSV). These SVs coordinate with each delivery centre's lead internal verifier and ensure that they are trained and supported in carrying out their role. The SVs sample assessments, completed learner work, and associated documentation and write an annual report for the delivery centre highlighting areas of strength and making recommendations for improvement. This ensures that learners have demonstrated an adequate level of knowledge, skill, and competency.

The panel considers this Requirement to be met. However, the risks inherent to a programme closure means that this will still be an area to be monitored and assessed in the future.

## **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 reviewed Pearson's quality assurance process for centre approval. Each delivery centre is required to confirm adherence to Pearson Terms and Conditions on an annual basis and are required to review centre policies and procedures to ensure compliance. Pearson undertake a risk assessment based on these declarations and on previous SV visits to allocate the format and number of SV visits to be undertaken. Each delivery centre will have a sample test on standards as part of the SV visit, which may result in the need for an action plan being developed and monitored. The panel was satisfied that the SV process for quality assuring delivery centres was robust and that delivery centre's experience of the SV process was productive and consistent.

The panel was told how Pearson train their SVs to support delivery centres. SVs ensure that centres assess to national standards and that those assessments are fit for purpose. Their reports are assessed by the SSV and all the SVs are GDC registrants. The panel also heard about 'soft touch' check-ins with centres, to ensure they are on track to meet the standards in good time. The delivery centres are very clear about the Standards Verification process set out by Pearson and satisfied that clear lines of communication are open.

Pearson require delivery centres to have a lead internal verifier. Pearson offer training to these internal verifiers on an annual basis, which promotes a standardised assessment across all the delivery centres. All delivery centres are fully aware of their responsibility to monitor and review the programme at a local level.

The panel felt that the processes in place to monitor and review the programme were robust and cohesive; therefore, this Requirement is 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***

Pearson require their delivery centres to deliver assessments that are aligned with the learning outcomes and assessment criteria of each unit. Assessments must be consistently applied across assessors and learners to ensure fairness and comparability. Assignments set by the centres are required to allow learners to access all criteria and demonstrate a range of performance to ensure equal opportunity for achievement.

Delivery centres implement a robust internal verification process to ensure the validity of assessment. Each assessor, unit, and assignment must be internally verified by someone other than the original assessor. Each centre has a designated lead internal verifier and must maintain and annually review policies on assessment, malpractice, appeals, and safeguarding. The panel was satisfied that each delivery centre understood Pearson's expectations and the process of demonstrating the assurance.

Pearson engages with centres to ensure their readiness. The panel found that all centres were satisfied with the level of communication with Pearson. Each centre is assigned a Pearson SV to perform quality assurance through sampling. The SVs sample assessments, review completed learner work and associated documentation, and prepare an annual report for the delivery centre that highlights strengths and recommends improvements.

The panel felt that the SV quality assurance system is robust and effective. Both the centre staff and the SVs explained the process consistently and the panel was assured that any issues that arise outside of the SV cycle could be picked up through the various means of communication open to both SVs and centres. This Requirement is therefore considered 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***

Pearson requires centres to assess how students are achieving specified learning outcomes. These assessments must be reliable, fit for purpose, and should enable learners to produce evidence in a variety of different forms, including written reports and posters, projects, performance observation, and time-constrained assessments. Centres sign terms of approval each year, which covers the resources, staffing, and expertise to teach and assess the GDC learning outcomes. Pearson then quality assure through their standards verification process, which is detailed above.

Centres upload students' results into Edexcel Online and the VQ Learner Tracker is monitored by Pearson to see if learners are on track to complete the course as expected. It gives an overview of who is on each programme, if they have submitted assignments on time, and encompasses the programme at a process level. Any concerns are flagged to Pearson's customer support team who would then contact delivery centres.

The panel felt that this process demonstrated that a robust and effective quality assurance system is in place to identify and respond to issues. This is no longer an area of concern, and this Requirement is therefore met.

## Summary of Actions

Requirement number	Action	Observations & response from Provider	Due date
1	The panel recognise Pearson's work to develop strategies for closing the programme and for communicating with centres. Pearson must ensure that this is kept up to date with clear timelines and a risk register.	Pearson will continue to monitor learner progress throughout the exit strategy until the certification end date in 2028. This will involve using the VQ learner tracker and gathering feedback from the annual standards verification. Standards Verifiers will communicate directly with centres to quality assure the programmes delivered by providers. Pearson maintain a risk register as standard practice. Where risks relating to the closure of this programme, or any of the delivery centres are identified, these will be logged and mitigations tracked.	Inspection activity 26/27

## Observations from the provider on content of report

As an Awarding Organisation, Pearson is unique in that there is a division of responsibilities between us and the providers delivering the qualifications to learners. Pearson work in partnership with providers to ensure standards are maintained and learners progress through the course. We are committed to working in partnership with delivery centres through the withdrawal of these qualifications so that learners are not disadvantaged.

## Recommendations to the GDC

<b>Education associates' recommendation</b>	The Level 3 Diploma and Extended Diploma in Dental Technology continues to be approved for holders to apply for registration as Dental Technicians with the General Dental Council.
<b>Date of reinspection</b>	We will carry out a risk-based re-inspection in the next academic year. We will be following up on outstanding actions, reviewing progress against the operation of the exit strategy and ensuring that students are not disadvantaged due to the closure of the programme.

# 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.