

General Dental Council

Education Quality Assurance Inspection Report

Education Provider/Awarding Body	Programme/Award
University of Hull	University of Hull

Outcome of Inspection	Recommended that the FDS Dental Technology qualification is approved for this year's graduating cohort (2026) to register as a Dental Technician.
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Full details of the inspection process can be found in Annex 1

Inspection summary

Remit and purpose of inspection:	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 Technician Risk based: focused on Requirements 1, 4, 5, 10, 12, 13, 14, 15, 17, 18 and 21
Learning Outcomes:	Preparing for Practice and Safe Practitioner Dental Technicians.
Programme inspection dates:	22 and 23 April
Examination inspection date	Not applicable
Inspection team:	Helen Poole (Chair and non-registrant member) Chris Fielding (DCP member) Pamela Ward (Dentist member) Angela Watkins GDC Staff member
Report Produced by:	Angela Watkins GDC Staff member Quality Assurance Manager

This is a re-inspection of the FDS Sc Dental Technology programme at University of Hull. The re-inspection focused on the actions from the new programme inspection which took place in May 2025 and focused on Requirements 1, 4, 5, 10, 12, 13, 14, 15, 17, 18 and 21.

Overall, with the interim process in place the panel are assured that this graduating cohort of students have reached the level of safe beginner. However, this is not sustainable and the panel's primary concern remains around the implementation of the work placement. The provider is in a period of transition from an interim minor modification to the upcoming major modification and the panel recognise that there have been staffing challenges and university protocols which have slowed down this process.

As the placements are a fundamental part of the programme and this re-inspection, there needs to be tighter arrangements around workplace health and safety, internal quality assurance, and consistency of student feedback and experience before the panel are fully assured of the long-term approval of the programme.

The panel observed some areas of good progress and practice, notably in terms of pastoral support and recording progress. The panel heard positive feedback from students about the college staff. It is clear that the team are responsive to student needs and the student experience. The panel is assured that the feedback from students in the last inspection about their experiences in year one compared to year two, had been listened to and the provider has made improvements to improve the student experience of both years.

We also saw good communication between the teaching teams and continued communication with the University of Hull.

Previously the college informed the panel that there is going to be a new placement officer role which is in the report from the last inspection as an action. Due to changes in the structure of the college, staff changes, and the end of the BTEC Level 3 programme, the college is looking at making an alternative arrangement, for example incorporating it into the programme co-ordinator role. The panel explained that this is entirely at the college's discretion how this is managed, as long as it is clear where the responsibility lies and that management of placements is conducted.

A key area of concern is around communication, specifically around the three-way communication between the college, students, and the placements. The panel reviewed a work placement workbook and there was no feedback logged from the work placement supervisors, although when the panel met with the work placement supervisors, they were clear on the need to give feedback to the students.

In terms of Safe Practitioner Framework, we have seen the mapping of the learning outcomes against the programme. However, there is a lack of observing and recording of SPF behaviours.

Based on this inspection the recommendation to the registrar is to grant approval for this graduating cohort only, until we are fully assured about all elements of programme delivery particularly around the placements.

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

Background and overview of qualification

Annual intake	18 students
Programme duration	35 weeks over 2 years
Format of programme	e.g: Year 1: basic knowledge, clinic attendance, shadowing 2: knowledge and simulated clinical experience 3: direct patient treatment 4-5: direct patient treatment, clinic attendance, outreach, placements
Number of providers delivering the programme	1

Outcome of relevant Requirements¹

Standard One	
1	Partly Met
4	Not Met
5	Partly Met
Standard Two	
10	Not Met
12	Not Met
Standard Three	
13	Partly Met
14	Partly Met
15	Partly Met
17	Partly Met
18	Met
21	Met

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. (*Partly met*)

In 2025 the panel were made aware that the key staff member delivering crown and bridge procedure had left the programme. This work has been assigned to another post, and that tutor is now delivering this learning to students.

The panel observed numerous certificates of theoretical CPD in the related subject; however, the panel were informed that no theoretical training had been completed. The tutor has planned theoretical training with the work placement provider in the Summer which will support the theoretical training requirement. The tutor must also complete practical training in crown and bridge to ensure their skills and teaching remains current.

Due to the lack of theoretical training this action has not been fully met, therefore this Requirement is deemed 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.

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. (Not Met)

The panel reviewed a work placement workbook and found no feedback or comments from the work placement mentors. During the inspection, the panel met with two work placement mentors who confirmed that they had been given no training or guidance on how to give feedback. The provider must ensure that work placement mentors are provided with clear guidance and training on expectations of their mentor / supervisor role. The provider must ensure there is formalised calibration for work placement mentors to ensure consistency across all placements and that all students are gaining the same level of experience.

There is no formal structure in place to share students' stage of development across the school or the work placement. The provider must ensure that students' stage of development is shared with all relevant supervisors within the academic and clinical setting.

The panel were informed in 2025 that a placement officer would be recruited. However, due to structural changes within Sheffield College this has not yet happened. The panel heard that this may be incorporated into a current role. The university must ensure that there is a person responsible within Sheffield College to work collaboratively with the work placement mentor to supervisor students accordingly.

As a result, this Requirement is not 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. (Partly Met)

The panel is assured that all supervisors and mentors are appropriately qualified and GDC registration is checked. However, work placement mentors informed that panel that they have not received training from Sheffield College on the expectations of their role, giving feedback or calibration on grading.

The provider must ensure that there is formalised calibration for work placement mentors to ensure consistency across all placements and that all students are gaining the same level of experience.

The panel deem this Requirement to be partly met.

Standard 2 – Quality evaluation and review of the programme

The provider must have in place effective policy and procedures for the monitoring and review of the programme.

Requirement 10: Any concerns identified through the operation of 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 (Not Met)

The students in year one of the programme are currently the first cohort to be working towards the GDC Safe Practitioner Framework (SPF). Sheffield College does not have any mechanism in place to record and monitor the progression of all the learning outcomes within the new SPF. The college must put into place a mechanism to capture and monitor student progress

throughout the programme against the SPF behaviours to demonstrate that students have achieved all learning outcomes of the SPF.

This Requirement is not met.

Requirement 12: The provider must have effective systems in place to quality assure placements where students deliver treatment to ensure that patient care and student assessment across all locations meets these Standards. The quality assurance systems should include the regular collection of student and patient feedback relating to placements. (Not Met)

Following the Inspection visit in May 2025, the University of Hull has now approved a major modification to include a Work Based Learning module in the delivery of the programme through Sheffield College. The panel reviewed the approved *Major Modification Form* which will be applied for the students who started their programme in September 2025 as a year 2 module, the WBL module will not be completed until the 26/27/ academic year. As an interim for students who are completing their programme in the current academic year, the panel reviewed *Dental Technology – Year 1 minor mod* which is a minor modification to the current *Dental Biosciences and Anatomy module*, to include a work placement element.

During the Inspection, the panel discussed the quality assurance of placements with the work placement mentors, and no quality assurance activity had taken place during this current year. The provider must ensure that internal processes for placement management is carried out.

The University of Hull must ensure that they are reviewing placement management as part of their *AMREP* process to assure themselves of the safety of both patients and students is being managed.

The university must ensure that there is an allocated responsible person from Sheffield College to work collaboratively with the placements to assure themselves the safety of both patients and students is being managed.

The University must ensure that the major modification is implemented safely and all placement checks are being carried out by both the College and the University. As a result, the panel deem this Requirement not 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. (Partly Met)

The students in year one of the programme are currently the first cohort to be working towards the GDC Safe Practitioner Framework (SPF). Sheffield College does not have any mechanism in place to record and monitor the progression of behaviours within the new SPF. The college must put into place a system to capture and monitor student progress throughout the programme against the SPF behaviours to demonstrate that students have achieved all learning outcomes.

This Requirement is partly 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. (Partly Met)

The panel was given a demonstration of the college system which included ProMonitor which captures assessment dates. These are also then noted on ProPortal which the students can access through their profiles, and details assessment setting and submission dates.

The programme is clearly mapped to the current learning outcomes. However, the college must have a process in place to capture the new SPF learning outcomes and behaviours.

The University of Hull validates all assessments.

The placement is a fundamental part of the programme which underpins technical experience against learning outcomes. The university must ensure that the major modification is implemented safely and all placement checks are being carried out by both the College and the University. As a result, the panel deem this Requirement is partly 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. (Partly Met)

During the inspection, the panel spoke to work placement mentors who confirmed that the interim placement model, which is 80 hours, condensed into 2 weeks at the end of the programme, does not allow for the potential breadth of procedures or the opportunity to work through a patient's treatment plan. The provider noted that the major modification includes 150 hours and will be delivered longitudinally in year 2. The university must ensure that the major modification is implemented and that students are given meaningful placement experience throughout their programme to achieve their learning outcomes.

This Requirement is 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. (Partly Met)

The panel reviewed a work placement workbook and found no feedback or comments from the work placement mentors. During the inspection, the panel met with two work placement mentors who confirmed that they had been given no training or guidance on how to give feedback. The work placement mentors confirmed that they do give verbal feedback to students, however at the time of the inspection this wasn't being recorded in the logbook. The panel spoke with students who also confirmed that they do receive verbal feedback on their performance and progress from both their mentors and their Sheffield College Programme Tutor. The provider must ensure that work placement mentors are provided with clear guidance and training on giving student feedback.

Any verbal feedback between the work placement and the college must be recorded as a clear audit trail for any decision regarding the students' progress and support.

This Requirement is partly met.

Requirement 18: The provider must support students to improve their performance by providing regular feedback and by encouraging students to reflect on their practice. (Requirement Met)

The panel saw some areas of good progress and practice in this requirement, notably the joined up working across all the personal and academic tutors to deliver constructive feedback and support to the students.

In the last inspection it was identified that formative assessment feedback was given verbally and not reflected in the student portfolio. The college have started to record feedback via video which is shared with the students and stored on Google Classroom and workbooks.

The panel heard positive feedback from students about the support given by the college staff, and it is clear that the team is responsive to student needs and the student experience.

The panel is assured that the feedback from students in the last inspection, regarding their experiences compared to expectations, has been listened to and the provider has made improvements within both years to enhance the students' performance.

There is a clear culture within the university and college and across the students of the importance and benefit of self-reflection.

The panel are assured that this Requirement is met.

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

The university completed the Safe Practitioner Framework mapping which was submitted and approved by the GDC and is now reflected in the *FDSc Dental Technology Assessment plan 2025* which was reviewed by the inspection panel.

The assessment plan is presented to students on their induction day and then is also uploaded onto Google classroom VLE for all students to access at any point. Students confirmed that they had access to these and reviewed them ahead of assessments being completed.

The panel reviewed the *University of Hull Academic Regulations and UCoP: Assessment Procedures* which forms part of the assessment structure and the *UCoP: Moderation of Assessment* which verifies the standard of marking against the assessment criteria.

This Requirement is met.

Summary of Action

Requirement number	Action	Observations & response from Provider	Due date
1	The tutor must complete practical training in crown and bridge to ensure their skills and teaching remains current.	The tutor is scheduling training in Crown and Bridge at the Charles Clifford Dental Hospital, before the start of the new academic year. In addition, the college has employed a new member of staff, who is able to deliver and assess Crown and Bridge.	September 2026
4	The provider must ensure that work placement mentors are provided with clear guidance and training on expectations of their mentor / supervisor role.	The team have developed an employer handbook, which articulates the training and expectations of mentor/ supervisors. In addition, a Community of Practice has been scheduled for September, whereby mentors are invited into the college, to discuss and highlight mentor expectations.	September 2026
4, 5	The provider must ensure there is formalised calibration for work placement mentors.	This will be achieved through the issuing of employer handbooks and the previously mentioned Community of Practice.	September 2026
4	The provider must ensure that students' stage of development is shared with all relevant supervisors within the academic and clinical setting.	This will be arranged through initial placement visits, prior to each student commencing their work placement.	June 2027
10, 13, 14	The college must put into place a mechanism to capture and monitor student progress throughout the programme against the SPF behaviours.	A Student Achievement Log, which incorporates the Safe Practitioner Framework (SPF), is to be incorporated into the Student Placement Logbook. Completion of SPF log, will be reflected in the central tracking document (HE Markbook).	September 2026
12	The college must ensure that their internal processes for placement management are conducted.	Processes have been put in place to ensure that the college manages work placements from a health and safety perspective, prior to students going out on placement.	September 2026
12	The University of Hull must ensure that they are reviewing placement management as part of their <i>AMREP</i> process.	Section 8a)-c) of the AMREP programme report requires evidence of how effectively placements are embedded within programmes to enable achievement	October 2026 submission of

		of learning outcomes, and how students placement providers are supported to ensure placements are successfully completed, including placement provider approval. Section 4f) of the AMREP Institution report requires evidence of oversight of how significant matters raised via feedback for students or placement providers are addressed.	programme monitoring report February submission of Institution report
12	The university must ensure that there is an allocated responsible person from Sheffield College to work with the placement and students.	There is a work placement co-ordinator in place at the College.	Complete
12, 14, 15	The university must ensure that the major modification is implemented safely and all placement checks are being carried out by both the College and the University.	University processes ensure that the College is following its internal processes for implementing and managing placements.	Complete
17	The provider must ensure that work placement mentors are provided with clear guidance and training on giving student feedback	The team have developed an employer handbook, which articulates the training and expectations of mentor/ supervisors. In addition, a Community of Practice has been scheduled for September, whereby mentors are invited into the college, to discuss and highlight mentor expectations.	September 2026
17	Any verbal feedback between the work placement and the college must be recorded as a clear audit trail for any decision regarding the students' progress and support.	The work placement co-ordinator will record any verbal feedback using the placement logbook. However, any informal feedback, will be recorded using Pro-monitor.	September 2026

Observations from the provider on content of report

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The report is a fair reflection of the GDC inspection and the actions articulated are reasonable. Many of the requirements have been actioned and will be completed by September 2026, for the start of the academic year.

Recommendations to the GDC

Education associates' recommendation	The FdSc Dental Technology is approved for one cohort only, pending further actions and further quality assurance activity including additional inspections. This will allow the graduating cohort of 2026 to apply for registration as a Dental Technician with the General Dental Council.
Date of reinspection	Re-Inspection 2026-27

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.