

# General Dental Council

## Education Quality Assurance Inspection Report

Education Provider/Awarding Body	Programme/Award
National Examining Board for Dental Nurses (NEBDN)	NEBDN National Diploma in Dental Nursing

Outcome of Inspection	Recommended that the NEBDN National Diploma in Dental Nursing continues to be approved for the registration of dental nurses.
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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>	<b>Inspection referencing the <i>Standards for Education</i> to determine approval of the award for the purpose of registration with the GDC as a dental nurse</b>  <b>Risk based: focused on Requirements 2, 4, 5, 6, 7, 8, 10, 11, 12, 13, 21</b>
<b>Learning Outcomes:</b>	<b>Preparing for Practice (dental nurse)</b>
<b>Programme inspection date:</b>	<b>21 February 2023 (NEBDN) 5 July 2023 – 1 September 2023 (remote centre visits)</b>
<b>Inspection team:</b>	<b>Ranjit Khutan (Chair and non-registrant member) Stacey Knill (DCP member) Pamela Ward (Dentist member) James Marshall GDC Quality Assurance Manager</b>
<b>Report Produced by:</b>	<b>James Marshall GDC Quality Assurance Manager</b>

The GDC undertook a risk-based inspection to review the delivery of the NEBDN National Diploma in Dental Nursing awarded by NEBDN, focusing on Requirements 2, 4, 5, 6, 7, 8, 10, 11, 12, 13 & 21. During the inspection the panel interviewed NEBDN staff, students and held remote meetings with staff from a sample of NEBDN centres. The GDC panel spoke with the following education providers:

- Belfast Metropolitan College
- Bristol School for DCPs
- Defence Dental Training School
- Everest Education
- GH Learning Centre
- Greater Brighton Metropolitan College
- MyDentist

Following meetings with all delivery centres, the panel was pleased to note the consistent feedback from centre staff regarding improvements to performance and engagement from NEBDN since the recruitment of the current Chief Executive Officer. The panel also noted that the efforts of the senior management team have created a shared learning community across the providers.

The panel was also pleased to note NEBDN demonstrating itself as a reflective organisation, learning from issues with previous Record of Experience systems and embracing Pebble Pad, which has had a positive impact on centre staff and learners.

Going forward, the panel agreed that some further enhancement of the EQA process would be beneficial to centres as currently there is a lack of clarity around the planning schedule for upcoming visits. In addition to this, NEBDN could benefit from considering running additional training and development opportunities for centre staff to ensure consistency in the learning environment is maintained.

The GDC wishes to thank the staff, students, and external stakeholders involved with the NEBDN National Diploma in Dental Nursing for their co-operation and assistance with the inspection.

## Background and overview of qualification

Annual intake	3900 students on average in a calendar year
Programme duration	12- 18 months on average
Format of programme	1: Record of Experience 2: Knowledge test (MCQ, EMQ) 3: OSCE
Number of providers delivering the programme	Currently 77

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

<b>Standard One</b>	
2	Partly Met
4	Met
5	Partly Met
6	Met
7	Met
8	Met
<b>Standard Two</b>	
10	Met
11	Partly Met
12	Met
<b>Standard Three</b>	
13	Met
21	Met

### Standard 1 – Protecting patients

<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.

**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 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 Partly Met)**

During the inspection, the panel was informed that Pebble Pad, the system used by learners to document their clinical experience, has functionality for patient consent to be recorded for each assessed treatment activity. A learner is required to tick that consent has been sought, this is then approved by the learner's witness. At a centre level this is then checked by the tutor and IQA before being sampled by the EQA. Learners are also taught about the importance of gaining informed consent during their induction.

The panel was informed that there is an expectation that patients are informed they are being treated by students and that individual centres would enforce this. During the inspection the panel met with a range of education providers delivering the NEBDN qualification and spoke with a number of student groups.

While some students responded positively to their role as trainees, including the requirement to wear a specific colour uniform to identify themselves as trainees, other students provided less clarity, with one group commenting that they were unaware how patients would be informed. The panel was concerned that this could risk patients not being fully informed about the individuals providing their care. Going forwards, NEBDN must be assured that all patients are informed that they are being treated by a trainee.

**Requirement 4: When providing patient care and services, providers must ensure that students are supervised appropriately according to the activity and the student's stage of development. (Requirement Met)**

The panel was pleased to note that NEBDN issues recommended guidance to centres on the expected level of supervision required when delivering the programme. Within the classroom setting, there should be a 1:17 tutor to learner ratio. The Education Associates were assured that, as this is a theoretical learning environment, this would be a suitable level of supervision. Within the clinical setting, there is an expectation that students have 1:1 supervision with their workplace mentor.

NEBDN utilises a number of tools to monitor that supervision levels are being maintained against published guidance. Within the workplace, learners must log their clinical activity on the Pebble Pad system, with the mentor also providing feedback. Centre staff and the EQA can then spot check to ensure there is appropriate supervision in place for the learner.

At a centre level, NEBDN reviews business continuity plans for each provider to ensure teaching staff levels are appropriate. During the inspection NEBDN talked through the process in place for monitoring centres where concerns are identified with supervision. NEBDN provided an example of a provider where a member of teaching staff was subject to disciplinary proceedings, which limited their involvement in programme delivery. NEBDN clearly explained how the centre escalated the concerns and how these were monitored by the EQA, with timebound actions, to ensure appropriate levels of supervision were restored.

**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)**

The panel noted that during the initial accreditation process for any new centre, the training records and registration status of all staff members are checked. In addition to this, these details are checked again by the EQA during the regular centre audit process.

On an ongoing basis, centre staff are expected to complete and upload their training and completed CPD onto The Hub recording system. The panel was informed that if concerns relating to the training and registration of centre tutors were identified during the accreditation stage, this would prevent the centre from being approved to deliver the NEBDN diploma. If concerns were identified during the routine audit process, the centre would be subject to sanctions until the situation had improved.

During meetings with centres, the panel was informed that some training relating to the upgraded Pebble Pad system was delivered to staff. However, when probed further there seemed to be limited other training opportunities offered by NEBDN. The panel agreed that, in order to attain a greater level of consistency between centre staff delivering the qualification, NEBDN must develop a programme of training to support staff members delivering the NEBDN diploma and provide guidance on NEBDN's expectations of centre delivered staff 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 Met)**

During the inspection the panel was provided with a copy of NEBDN's Raising Concerns policy. The purpose of this policy is to ensure any issues identified with learners, dental practices employing learners or with centres are escalated to the GDC. In addition to this, NEBDN requires all centres delivering the qualification to have their own raising concerns policy. This is initially checked during the accreditation process and then checked on an annual basis during the centre audit.

The panel was informed that NEBDN has an expectation for all students to comply with the Learner Conduct Policy and to sign a professionalism agreement, which sets out the expectations of behaviour throughout the programme. In order to ensure that students have an awareness of their obligation to raise concerns, centres are required to embed professionalism throughout the programme. Furthermore, professionalism is assessed within the Record of Experience, through reflection and during the final assessments. The panel agreed that with the measures in place, appropriate raising concerns mechanisms were in place.

**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)**

The panel was informed that centres are required to immediately inform NEBDN of any patient safety issue, rather than wait for the outcome of an internal investigation. NEBDN provides centres with a range of supportive toolkits, including the Incident Management and Investigation Toolkit, which is used to manage any patient safety concerns.

NEBDN also requires centres to carry out regular progress checks with learners and their clinical supervisors. One of the purposes of these checks is to confirm if any patient safety incidents have taken place. These progress reviews are then checked by the EQA during the annual audit process.

**Requirement 8: Providers must have a student fitness to practise policy and apply as required. The content and significance of the student fitness to practise procedures must be conveyed to students and aligned to GDC Student Fitness to Practise Guidance. Staff involved in the delivery of the programme should be familiar with the GDC Student Fitness to Practise Guidance. Providers must also ensure that the GDC's Standard for the Dental Team are embedded within student training. (Requirement Met)**

As part of the accreditation process, all centres are required to have a Student Fitness to Practice Policy (SFtP), maintain a SFtP log and have a student behaviour code of conduct. These are then checked during the EQA audit.

Furthermore, NEBDN maintains a Malpractice and Maladministration Policy, which all centres are expected to comply with. In the event that serious concerns regarding a student are identified, the centre must complete the Malpractice and Maladministration Form and upload this via The Hub.

As noted in Requirement 6, professionalism is embedded throughout the programme through both teaching and assessment, with students required to sign a professionalism agreement when they start the course.

## **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 Quality Management framework, including internal and external reports relating to quality, must be addressed as soon as possible and the GDC notified of serious threats to students achieving the learning outcomes. The provider will have systems in place to quality assure placements. (Requirement Met)**

During the inspection the panel was provided with an overview of the quality management framework in place at NEBDN, which is overseen by the Head of Quality and Standards. In addition to this, the Head of Operations has oversight of the delivery of assessments, and the Education and Standards Committee has oversight of any issues that arise, which could pose a threat to learners achieving the Learning Outcomes. NEBDN maintain an Incidents and Issues Management Policy, which is used to ensure consistency when handling concerns.

The organisation maintains a risk register of all centres, which includes the categories of financial, business, operational and educational risks. In addition to this, centre evidence uploaded onto The Hub is used to inform the risk rating process.

When speaking with centre staff during the inspection, the panel was pleased to note the consistent positive feedback about the current management team at NEBDN. Centre staff commented that there have been significant improvements in the communication, engagement and performance of NEBDN since the current CEO was recruited. Centre staff noted that with this improved engagement they felt more comfortable and confident to raise issues with NEBDN, knowing they would get the support they needed.

**Requirement 11: Programmes must be subject to rigorous internal and external quality assurance procedures. External quality assurance should include the use of external**



**examiners, who should be familiar with the GDC learning outcomes and their context and QAA guidelines should be followed where applicable. Patient and/or customer feedback must be collected and used to inform programme development. (Requirement Partly Met)**

The panel was pleased to note that NEBDN have appointed three Chief External Examiners, whose role is to provide externality to the assessment process. The panel was informed that the Chief External Examiners review assessments, observe OSCEs and review all written assessments. In addition to this they are required to regularly report back to the Education and Standards Committee. During the inspection NEBDN provided an example of how feedback from the Chief External Examiners was used to inform changes to online elements of the OSCEs.

During the inspection the panel was given a detailed overview of the role of EQAs within the programme. The EQAs play a significant role in providing assurance to NEBDN on the quality of education being delivered at each centre. The panel was pleased to note the robust and probing EQA audit forms, and was provided with completed examples, which clearly demonstrated how centres were performing and where actions were required. When speaking with centre staff, there was a consensus that whenever they needed to speak with their EQA, they were readily available and easy to contact. The centres were also complimentary about the support and guidance they received from their EQA.

The panel was, however, concerned that when asked, the majority of centres did not know when their next EQA visit would be taking place. Each centre was confident that one would be taking place soon and could recall when the last visits had taken place, but there remained limited clarity on the formal arrangements for any future EQA visit. Going forward, NEBDN must ensure that all centres are aware of when their EQA activity will be taking place so they can adequately prepare for the visits.

**Requirement 12: The provider must have effective systems in place to quality assure placements where students deliver treatment to ensure that patient care and student assessment across all locations meets these Standards. The quality assurance systems should include the regular collection of student and patient feedback relating to placements. (Requirement Met)**

During the inspection the panel was provided with evidence of the assurance mechanism in place for centres and the environments where trainees gain their clinical experience. All centres are required to maintain a Service and Monitoring Agreement between them and the clinical setting where the learner is based. The Service and Monitoring Agreement template form used by all providers is issued by NEBDN, which assured the Education Associates that there was a broad level of consistency across the centres.

In addition to the Service and Monitoring Agreement, NEBDN expects all centres to review CQC reports and relevant safety policies at all sites delivering training for the dental nurses. The panel was informed that completion of this is checked by the EQA during the routine audit.

### **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)**

In order to ensure students are appropriately monitored and completing activities when they are safe and competent to do so, centres must complete regular reviews of all learners. The panel was informed that while NEBDN doesn't issue a standardised progression monitoring form, they do provide guidance to centres on how what should be included in the monitoring forms.

As part of the monitoring process, in advance of meeting with students they request feedback from the workplace employer on the students' performance. Following this, centres usually meet with learners on a quarterly basis, where employer feedback, Record of Experience updates and progress against any actions are discussed.

During the inspection the panel was provided with a copy of the NEBDN curriculum mapped to the GDC Learning Outcomes. The panel was satisfied that through programme content delivery and the assessment process all Learning Outcomes were appropriately covered.

As part of the inspection the panel was provided with a demonstration of the Pebble Pad recording system. Pebble Pad is the tool used by students in the workplace to record their Practical Experience Records (PERs), which are then reviewed by the centre and EQA before a learner can progress to sit the final written assessment and OSCE. Students commented that the volume of PERs to be completed was occasionally overwhelming, however they acknowledged that it was important to gain this breadth of experience in order to demonstrate competency. The panel was pleased to note the positive feedback from centre staff on the current version of Pebble Pad. They commented that NEBDN had listened to staff feedback and changes had been implemented, furthermore they were all provided with useful training on the system.

**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 panel was informed that NEBDN commissions subject matter experts, who are appropriately qualified and GDC registered, to write and review all assessment questions. All approved questions are then stored in the MaxExam Diploma Question Bank.

The NEBDN Assessment Team use the MaxExam Blueprinting functionality to create question papers using a range of available settings such as difficulty, discrimination rating and usage. Once created, the question paper is then subject to a range of internal manual quality checks and the final version is approved by the Chief External Examiner.

The panel was informed that all questions in the question bank are standard set as part of the question writing process. NEBDN uses a range of standard setting methods, including EBEL, Angoff and Borderline Regression. The panel also noted that external psychometricians provide additional verification of the final assessment results, which determines if a learner is a safe beginner.

When the panel met with the students, the majority were able to describe the expected assessment process and which assessment types they were required to undertake. However, there was a lack of clarity amongst most student groups regarding when their final assessments would take place. The panel acknowledged that as this is a roll on-roll off programme, there is variability in when the final assessments could take place, however NEBDN should strengthen the communication with providers and learners to ensure they know assessment dates as early as possible.

## Summary of Action

Requirement number	Action	Observations & response from Provider	Due date
2	NEBDN must be assured that all patients are informed that they are being treated by a trainee.	NEBDN will ensure that further guidance is issued to all centres about obtaining assurance that all patients are informed that they are being treated by a trainee. Evidence that this is happening consistently will be formally checked during centre monitoring visits.	Monitoring 24/25
5	NEBDN must develop a programme of training to support staff members delivering the NEBDN diploma and provide guidance on NEBDN's expectations of centre delivered staff training.	NEBDN will seek to develop a more structured programme of training for centre staff, which will incorporate any system training requirements and additional guidance to ensure a greater level of consistency in approach to training across all centres.	Monitoring 24/25
11	NEBDN must ensure that all centres are aware of when their EQA activity will be taking place so they can adequately prepare for the visits.	A new approach to planning and completing monitoring activity has been introduced since the GDC inspection which ensures centres have advanced notification of and can adequately prepare for the visits. NEBDN will continue to monitor and seek feedback from centres on the effectiveness of the change to this process.	Monitoring 24/25
21	NEBDN should strengthen the communication with providers and learners to ensure they know assessment dates as early as possible.	A calendar of NEBDN centre deadlines and assessment dates will be issued to all centres in December 2023. This is intended to be published on an annual basis to ensure centres have early sight of important dates and improve communication with centres and learners.	Monitoring 24/25

## Observations from the provider on content of report

**NEBDN would like to thank the GDC panel for their time and approachability during the inspection and note the positive observations about the consistent feedback received from centres regarding our increased level of engagement and the impact of system improvements that have been introduced in recent years.**

We are pleased that the National Diploma in Dental Nursing continues to be recognised as an appropriate route to registration for trainee Dental Nurses.

NEBDN acknowledge the actions highlighted in this report and have already taken appropriate steps to implement plans to ensure these are completed in a timely manner. We are confident these enhancements will further strengthen the standard of delivery of the NEBDN National Diploma.

## Recommendations to the GDC

<b>Education associates' recommendation</b>	The NEBDN Diploma in Dental Nursing continues to be approved for holders to apply for registration as a dental nurse with the General Dental Council.
<b>Date of next regular monitoring exercise</b>	Monitoring 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 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.