

## Education Quality Assurance Inspection Report

Education Provider/Awarding Body	Programme/Award
NCFE CACHE	Level 3 Diploma in the Principles and Practice of Dental Nursing

Outcome of Inspection	Recommended that NCFE CACHE Level 3 Diploma in the Principles and Practice of Dental Nursing continues to be approved for the graduating cohort to register as 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: 10, 11, 12, 13, 14, 18, 19 and 20.</b>
<b>Learning Outcomes:</b>	<b>Preparing for Practice (Dental Nurse)</b>
<b>Programme inspection date(s):</b>	<b>10/11 June 2021</b>
<b>Inspection team:</b>	<b>Sarah Hamilton (Chair and non-registrant member) Fiona Ellwood (DCP member) Gillian Jones (Dentist member) Amy Mullins-Downes GDC Quality Assurance Manager</b>

CACHE NCFE is the awarding body for the NCFE CACHE Level 3 Diploma in the Principles and Practice of Dental Nursing qualification. This qualification is delivered by individual centres that are directly approved by CACHE. There are two distinct qualifications – the integrated assessment model, and the standalone qualification. Each learner completing the integrated qualification is doing so under an apprenticeship model and employed by the practice where they are based.

This report summarises the inspection that took place in June and July 2021. The GDC undertook the inspection in line with their risk based approach and as a result of concerns being raised in 2019, following the erroneous award of the qualification to learners who had failed to complete the required work that would ensure 100% course completion.

Following visits to NCFE CACHE and three delivery centres (Calderdale College, Barnsley College and Acacia Training) at the end of 2019 and beginning of 2020, the GDC was not assured that NCFE CACHE were applying a consistent and robust approach in the quality assurance of its delivery centres. Additionally, NCFE CACHE were not able to demonstrate that external quality assurance was being carried out in a way that would ensure complete independence of the internal processes which would allow an external and independent body to provide an objective and unbiased view of the quality of the assessments.

On 10 March 2020, the GDC wrote to NCFE CACHE with the findings of the visits undertaken and recommended that in order to demonstrate the required standards to remain an approved organisation delivery of the Dental Nurse Diploma, that NCFE CACHE create and embed a quality assurance framework and process that is designed to identify risks and concerns before they arise.

Furthermore, the framework should set out an appropriate response to issues and concerns as they arise and use a standardised and effectively managed approach. Part of the framework must include a quality assurance process that is designed to prevent any further recurrences that would allow learners to be able to inadvertently receive the Dental Nurse Diploma without having completed 100% of the course.

It was expected that NCFE CACHE assume and manage the ownership of the new quality assurance process and, following a progress review meeting in October 2020, that they would be able to demonstrate its application and impact at a focussed inspection.

The inspection took place remotely, in line with new measures taken as a result of the COVID-19 pandemic. It was recognised that NCFE CACHE have taken a number of steps to improve their quality assurance processes, including the development of a quality assurance framework – the EQA Strategy and EQA Framework . To minimise the risk of further erroneous qualification awards, it has also implemented the removal of Direct Claim Status (DCS) from all of its delivery centres and is furthering the use of risk registers. The GDC recognise that the programme staff at NCFE CACHE and the delivery centres are dedicated to ensuring that the students have a positive learning experience, despite the restrictions that COVID-19 placed on all teaching and learners. There has been significant changes within the staff team, with demonstrable training and support given to new members of the team to enable them to carry out their roles. Part of the response and mitigation against the impact of COVID-19 on student assessment was NCFE CACHEs development and the use of Expert Witness Testimonies (EWTs) when assessing students. All of the centres that the panel spoke to reported very positively about the EWTs and how they supported the continued assessment of students through a very challenging time.

Additionally, NCFE CACHE have made adjustments to the delivery of their apprenticeship model, and alongside the traditional end point assessment process, a new integrated assessment model is now being used in a number of centres. The integrated assessment model has been developed in conjunction with the Institute of Apprenticeships and approved for use within the England based programmes with agreement from the GDC.

This inspection report focusses on those requirements that the GDC had concluded were at risk of not being met following that initial visit in January 2020; Requirements 10, 11, 13, 14, 19 and 20. Following the review of the pre-inspection documentation and evidence that was submitted, the panel were not assured that the documentation that was provided was enough to demonstrate that the requirement was being met, and so made the decision to also include Requirement 12 in the inspection.

Of the Requirements that were focused on the inspection process, NCFE CACHE have met Requirements 12 and 19. Requirements 10, 13, 14 and 18 are considered partly met. Requirements 11 and 20 are unmet. The continued lack of external oversight is an area that requires sustained development. This weakness was picked up in the 2017 inspection, the 2019 visit and again in the 2021 inspection.

It is important to note that as well as talking to staff, the panel must also have the opportunity to speak to the learners themselves. However, despite repeated attempts to speak to identified learners via one of the delivery centres, this did not happen.

The GDC wishes to thank the staff at NCFE CACHE and the centre delivery staff involved with the Level 3 Diploma in the Principles and Practice of Dental Nursing for their co-operation and assistance with the inspection.

## Background and overview of qualification:

Annual intake	Integrated: 2020/21: 64 Standalone: 2020/21: 130
Programme duration	<p>Integrated:</p> <p>Guided Learning Hours: 371 Total Qualification Time: 599 hours Usually translates as between 18 months and 2 years, depending on centre delivery model</p> <p>Standalone:</p> <p>Guided Learning Hours: 366 Total Qualification Time: 490 hours Usually translates to 1-2 years, depending on centre delivery model</p>
Format of programme	<p>This qualification is the mandatory element within both the Integrated and Standalone qualification.</p> <p>Apprenticeship Standard for Dental Nurses (England) (ST0113) version 1.2.</p> <p>To be awarded the integrated qualification, learners must pass and achieve the 17 internally assessed units (DNI 1–16 and UFAEI) before moving on past ‘gateway’ to complete their final 3 end-point assessment units (EPA 1–3). The qualification will only be awarded after the EPA units have been passed. A combination of full-time, part-time or blended learning can be used over the course of delivery.</p> <p>This qualification covers all of the GDC Learning Outcomes and maps to Skills for Health’s National Occupational Standards (NOS).</p> <p>The standalone qualification can be taught through a combination of full-time, part-time, or blended learning over the course of delivery.</p> <p>Learners will focus on direct chair side work and support during a range of dental treatments over the course of the programme. The programme will also encompass the underpinning ethics, professionalism, teamwork, and communication required to register and work as a Dental Nurse.</p> <p>Learners will also need to be working or on practical placement to be able to show competence in both knowledge and skills.</p> <p>It is recommended that a minimum of 16 hours per week be spent in a real work environment</p>

Number of providers delivering the programme	2 delivering only the integrated 2 delivering both the integrated and standalone 12 delivering only the standalone

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

<b>Standard One</b>	
1	Met
2	Met
3	Met
4	Met
5	Met
6	Met
7	Met
8	Met
<b>Standard Two</b>	
9	Met
10	Partly Met
11	Not Met
12	Met
<b>Standard Three</b>	
13	Partly Met
14	Partly Met
15	Met
16	Met
17	Met
18	Partly Met
19	Met
20	Not Met
21	Met

<sup>1</sup> All Requirements within the *Standards for Education* are applicable for all programmes unless otherwise stated. Specific requirements will be examined through inspection activity and will be identified via risk analysis processes or due to current thematic reviews.

### **Standard 1 – Protecting patients**

**Providers must be aware of their duty to protect the public. Providers must ensure that patient safety is paramount and care of patients is of an appropriate standard. Any risk to the safety of patients and their care by students must be minimised.**

**Requirement 1: Students must provide patient care only when they have demonstrated adequate knowledge and skills. For clinical procedures, the student should be assessed as competent in the relevant skills at the levels required in the pre-clinical environments prior to treating patients.**

**Requirement 2: Providers must have systems in place to inform patients that they may be treated by students and the possible implications of this. Patient agreement to treatment by a student must be obtained and recorded prior to treatment commencing. *(Requirement Met)***

**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 Met)***

**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)***

**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 Met)***

**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)***

**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)***

**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)***

### **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)**

**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 Partly Met)**

The panel was assured to see a number of improvements demonstrated within the documentation that was sent prior to the inspection. NCFE CACHE have recently introduced a new framework, the EQA Strategy and EQA Framework. This document contains details of all units and assessments needed in order to complete the qualification. It outlines all the elements of the programme and qualification, including entry guidance, roles and responsibilities, assessment and workplace guidance. The Qualification Specification is designed to be used alongside the mandatory Support Handbook, which contains further information on areas such as quality assurance, staffing requirements, assessment and diversity and equality. However, of the centres that were spoken to, not all of them were aware of the new Qualification Specification and how it would impact the programme they are delivering.

The panel noted that the External Quality Assurance Strategy gives clear guidance on a number of areas, including risk ratings and sampling and this appeared to be a well-structured and clear document. However, despite the implementation of this new strategy and further guidance, two of the three centres that the panel spoke to, were not aware of the Qualification Specification.

NCFE CACHE were also able to demonstrate the use of a risk register, where each delivery centre is assigned a red, amber or green rating. The register is completed by a registrant External Quality Assessor (EQA) However, the panel noted that all delivery centres had been assigned a 'red' risk rating. When probed about this, the panel was informed that this was as a result of the removal of Direct Claim Status from all centres and that as a result of all centres having to overcome identified concerns. When asked how changes in risk could be demonstrated if all centres were classified as 'red' the panel was informed that there was a secondary register. However, the panel was not assured that his process could be used reliably to categorise and monitor centre risk.

In terms of audit activity, NCFE CACHE currently undertake reviews to delivery centres every six months. It was identified that at one delivery centre there were significant staff changes and as a result, an audit was deferred as the centres wanted to embed new staff within their roles before having a visit. Staff changes in delivery centres is an area that increases risks, and thus audit and oversight should increase at these times. The EQA should be driving visits and not allow them to become centre led. When reviewing the centre audit reports, it was noted that NCFE CACHE make a number of recommendations, but very few formalised actions. Recommendations only become formalised actions when they are not followed through and demonstrated by the next visit. As there are normally six months between visits, this was viewed as a further area of risk by the panel.

In order to fully meet this requirement NCFE CACHE should develop a formalised and explicit process for centres to inform them of any staff changes. Furthermore, the Qualification Specification needs better and demonstrable application with evidence of its clear use, impact and centre understanding.

**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 Not Met)**

The panel were advised that the gathering of patient feedback is encouraged, with templates given within the Qualification Specification. Patient feedback and how this is used is checked by the EQA at each visit. The centres reported that patient feedback tends to be very limited and always positive, due to the nature of the role of the dental nurse student and this in itself can impact the amount of change that can be made as a result. Patient feedback should be used to inform student progression as well as the programme and assessment strategy a more structured approach to gathering feedback that does this should be taken.

Since the GDCs previous visit, NCFE CACHE have made significant changes to their external quality assurance processes. Previously, external quality assurance was undertaken by contracted dental registrant associates who worked alongside the AQAA to quality assure the submitted work. The panel, at that time, was not assured that the external quality assurance being provided was being carried out in a way that was wholly independent and would ensure complete independence of the internal process and would allow NCFE CACHE to obtain an unbiased view of the quality of the assessments.

The changes made mean that now NCFE CACHE have employ two registrant EQAs and use subject matter experts to review and quality assure the assessments. These experts are not dental registrants but do hold expertise in education. All assessments are marked electronically, and whilst they have assessment writers and chief examiners overseeing the whole of the NCFE CACHE portfolio, it is the panels view that these roles are not external to the awarding body or hold the required level of competence in the Dental Nursing Diploma to be able to assure ethe GDC that the programme is sufficiently subject to rigorous external quality assurance procedures.

Additionally, the panel were informed that there is no registrant External Examiner overseeing the assessment process or academic quality, the level of assessment or programme content. Neither did the panel see any evidence of ratification. The GDC Standards for Education and QAA Guidelines state that this must be in place.

As in the previous, 2017 report, NCFE CACHE must take urgent steps to work with an organisation or individuals totally independent from them, so that they are able to obtain an unbiased view on the quality of their academic quality, assessments.

**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)**

The panel were assured that the monitoring of work placements is completed by the centre. Audits are undertaken of every work placement to ensure that they are fit for purpose. Checks are undertaken that ensure that sufficient policies and the correct insurances are in place, as well as the placements being suitable for the learner to cover the depth and breadth of the qualification. Discussion takes place between the centres and the EQA that keep this constantly under review. Additionally, learner and centre feedback is captured within the EQA report.

All learners who are completing the integrated qualification are doing so within an apprenticeship model and as such, they are employed by the practice that they are based in. As dental nurse learners, all those undertaking the qualification, integrated or standalone, cannot be unsupervised and therefore a supervisor or mentor is always available.

NCFE CACHE use the EQA audit visits to review the learner placements. Learners are required to complete weekly records of the work they do on placement, and these are uploaded and reviewed by the tutors to ensure that each learner is getting the full range and breadth of clinical experience within the workplace. The introduction of the Expert Witness testimony allows for a qualified and experienced DCP or dentist within the practise to provide a statement on the learners achievement and this informs ongoing competency assessments. However, it remained unclear how much structured training the mentors and supervisors that completed the testimonies received.

If a learner is identified as not getting a full range of experiences at one practise, provision can be made for them to attend another practice to increase their exposure to varied clinical experiences.

The EQA will check that centres are ensuring that centres are meeting a number of standards, including around health and safety and equality and diversity.

### 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 Partly Met*)**

The panel saw evidence of both formative and summative assessment taking place which are used to ensure that learners have completed the necessary work and demonstrated the skills needed in order to be able to achieve the qualification. As Direct Claim Status has been removed from all delivery centres, the checks made by the IQA within the centres are cross checked by NCFE CACHE's own external quality assessor (EQA).

NCFE CACHE informed the panel that they use a number of checklists and specifications to ensure that internal assessment and pre-gateway sign off is robust to ensure that learners are demonstrating the full range of learning outcomes. The panel were advised that all learners work is internally assessed prior to gateway, and then is assessed again, post gateway. Standardised tasks and templates are provided within the Assessment Specification and Qualifications Specification.

The panel were assured by the adaptations made as a result of the COVID-19 pandemic, and the three centres that the panel spoke to, reported very positively on how well the adaptations had worked and the strong information and guidance that was given to support the changes needed, including the increased use of the Expert Witness Testimonies and remote observations for non-patient facing tasks, such as the preparation of the clinical area.

Despite the frameworks and mechanisms in place, those completing the standalone qualification learners are required to complete just two written assignments and one portfolio. The panel were not wholly assured that this would be sufficient to demonstrate that learners are capable, confident and have completed enough work to meet the level of a safe beginner. In order to fully meet this requirement, NCFE CACHE should develop a rationale as to why this is considered sufficient.

**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 panel was informed that the different delivery centres have different recording systems to monitor and record learner work. The EQA that the panel spoke to, must navigate a range of varying systems to identify key pieces of information and data. Whilst there is a move towards most centres using the OneFile recording system, the uptake and use of this system remains inconsistent. If the EQA cannot find what is needed, it is down to the centre to support the location of the required information.

There have been staff changes that have resulted in NCFE CACHE having a shortage of EQAs and, with the added restrictions of the COVID-19 pandemic, visits to some centres that were needed in order to complete sign off tasks were not always possible. The panel was informed that in order to prevent a delay in learners being able to qualify, hard copies of learner work was couriered to an available EQA to allow sign off to take place.

Despite a demonstration of NCFE CACHE's system, it was unclear what access the EQAs have and how centre and student progression is monitored by the EQA. Additionally, it was unclear how sign off is being carried out by the IQA, with multiple routes to the end point assessment being utilised by various centres. One of the delivery centres is having all work sampled before going through to sign off, however the panel noted that this, or the reasoning behind it, is not recorded in the risk register.

In order to fully meet this requirement, NCFE CACHE should work to develop consistent recording and reporting structures with all of its' centres so that it can demonstrate robust oversight of the programmes delivery within its centres.

**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)**

**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 Met)**

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

NCFE CACHE's guidance for the creation of internal assessment examines the assessment cycle at length, providing guidance on how to give meaningful feedback. This is further referenced in the Qualification Specification. The Qualification Specification also covers the giving of feedback and cites that this is a responsibility of the delivery team. The panel were informed that learners are encouraged to provide reflective accounts and hold professional discussions with their tutors. This was further evidenced in the documentation that was provided.

When speaking to the delivery centres the panel noted that although patient feedback is being gathered in centres, it is not being done not in a consistent way. Each centre that was spoken to explained that patient feedback that was specific to the trainee dental nurse was not always straightforward to obtain, and that when it was given, it was consistently very positive and similar in content, making it difficult to support reflection constructively. This, in turn, meant that it was not being used to inform the course design or delivery.

In order to fully meet this requirement, it is recommended that NCFE CACHE work with the centres to construct a questionnaire that is designed to obtain a more informed response. The resulting data that is gathered should then be used to demonstrate improvements to the programme and overall performance.

**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)**

NCFE CACHE were able to demonstrate robust internal policies that addressed occupational competence and assessment expertise. All tutors, assessors and internal verifiers are required to be registered by the GDC and the EQA checks this as part of the ongoing audit activity. The panel was informed of a recent incident where one IQA had failed to renew their registration, and this was identified during a routine audit. The IQA was immediately prevented from undertaking any work until they could demonstrate that their registration was in place, and the GDC were appropriately informed.

The Qualification Specification outlines the roles and responsibilities of the assessors. CPD records are also routinely checked for up to date training in Equality and Diversity, and for training that is specific to the role of an assessor.

Evidence confirming that this was the case was provided to the panel. At a centre level, each of the centres visited arranges its own equality and diversity training and arranges appropriate training an induction for new staff that covers this.

**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 Not Met)**

As in Requirement 19, NCFE CACHE were unable to demonstrate understanding of the role and function of an External Examiner or provide evidence of a recent examiner report.

NCFE CACHE do not use a registrant External Examiner, who is wholly independent to the programme. They employ Chief Examiners to review, and quality assure the assessments. They are not dental registrants, and the panel was not assured that the subject matter experts hold the required level of competence or dental knowledge to ensure that the assessment processes are rigorous, of the correct standard to meet the level of a safe beginner. As employed members of staff, the Chief Examiners would not be able to provide independent judgement of academic standards, external expertise and overall programme scrutiny.

All assessments are marked electronically, and whilst they have assessment writers and chief examiners overseeing the whole of the NCFE CACHE portfolio, it is the panels view that these roles are

not external to the awarding body or hold the required level of competence in the Dental Nursing Diploma, or an understanding of the wider relating issues to dentistry, regulation and related academia, to be able to assure the GDC that the programme is sufficiently subject to rigorous external quality assurance procedures.

It is the panels view that external feedback and overview is required, to enable development of the programme, with the aim of ensuring it remains robust and fit for purpose.

As in the previous, 2017 report, NCFE CACHE must take urgent steps to work with an organisation or individuals totally independent from them, so that they are able to obtain an unbiased view on the quality of their programme and assessments.

**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)**

## Summary of Action

Requirement number	Action	Observations & response from Provider	Due date
10	<p>NCFE CACHE should develop a formalised and explicit process for centres to inform them of any staff changes. Furthermore, the EQA Strategy and EQA Framework needs better and demonstrable application with evidence of its clear use, impact and centre understanding.</p>	<p>NCFE has captured and documented the requirements for our centres to appropriately manage internal staffing capacity and resource in a number of areas, including:</p> <p>9.1.3 in the NCFE <a href="#">Centre Agreement</a>.</p> <p>‘Centre Staff Roles and Responsibilities’ in the NCFE Centre <a href="#">Approval Criteria</a>.</p> <p>The requirement for specific staff/centre records for Dental Nursing delivery approval in the tailored <a href="#">Dental Nursing Approval Criteria</a>.</p> <p>‘Staffing Requirements’ in the relevant qualification specifications for both qualifications.</p> <p>NCFE recognise the suitability of a more explicit process for centres to inform us of any pertinent staffing changes that might affect the delivery of a qualification, and will look to build this into our delivery model for our Dental Nursing qualifications.</p> <p>We would note that the EQA Strategy and Framework are internal policy/strategy documents, not designed for interaction with our centres, but we recognise the value of demonstrating their effectiveness, and will hope to do so in the next GDC Monitoring cycle.</p>	Monitoring 2022

11 and 20	<p>NCFE CACHE must take urgent steps to work with an organisation or individuals totally independent from them, so that they are able to independently and appropriately scrutinise and develop and report on the quality of their assessments and overall academia.</p>	<p>NCFE will continue to explore ways in which this action can be met and how further external organisations/individuals can be used as part of our quality assurance framework.</p> <p>We would welcome guidance from the GDC in relation to other independent external organisations that could be used, and we also welcome the offer of support and guidance in terms of the GDC’s regulatory expectation with regards to ‘external examiners’ in Requirements 11 and 20.</p> <p>NCFE do wish to highlight that a number of actions have already taken place that support the utilisation of external organisations and individuals and these have been outlined below.</p> <p>A number of reviews have already taken place throughout the lifetime of the qualification. As part of the NCFE review process, feedback from independent organisations (Centres/Employers) and individuals (vocational experts) in relation to the qualification and assessment is sought, captured and addressed.</p>	Monitoring 2022
13	<p>In order to fully meet this requirement, NCFE CACHE should develop a rationale as to why the completion of two written assignments and one portfolio is considered sufficient for assessment purposes.</p>	<p>NCFE would note that this assessment structure is correct only for our ‘standalone’ qualification, as our ‘EPA-integrated’ qualification contains a different assessment structure.</p> <p>We will develop a rationale for the suitability and validity of this assessment structure.</p>	Monitoring 2022
14	<p>NCFE CACHE should work to develop consistent recording and reporting structures with all its’ centres in order that it can demonstrate robust</p>	<p>NCFE already utilise a large, wide-ranging and standardised set of tools and processes to monitor centre delivery, through our approval and external quality assurance</p>	Monitoring 2022

	oversight of the programmes delivery within its centres.	<p>functions.</p> <p>Our EQA Report is a structured monitoring tool that facilitates this consistency. As many centres have their own distinct and individual systems for recording learner progression and teaching delivery, we do not take a prescriptive approach from a centre perspective.</p> <p>NCFE does provide templates for a multitude of different forms and paperwork that are designed to complement and facilitate the delivery and quality assurance of our qualifications, where these are required.</p>	
18	NCFE CACHE work with the centres to construct a patient questionnaire that is aimed to the GDC learning outcomes and designed to get a more informed response. The resulting data that is gathered should then be used to demonstrate improvements to the programme and overall performance.	NCFE will look to develop a targeted patient questionnaire with our centres, to engender and encourage more detailed and substantive patient feedback for our students.	Monitoring 2022

### Observations from the provider on content of report

**Requirement 10:** The review period can be less than 6 months, depending on our EQA's risk rating of any centre. Our EQAs do, however, maintain a rolling communication with our centres, to evaluate things like centre staffing and to provide ongoing support.

Formalised actions are assigned to centres through a process of professional judgement, not as a result of a delay in implementing recommendations. Recommendations and actions are two separate, distinct pieces of EQA activity that are captured in our EQA reports. Actions are a mandatory requirement, whereas recommendations are made to enhance best practice.

## Recommendations to the GDC

<b>Education associates' recommendation</b>	The Level 3 Diploma in the Principles and Practice of Dental Nursing continues to be approved is not approved for holders to apply for registration as a registrant Dental Nurse with the General Dental Council.
<b>Date of reinspection / next regular monitoring exercise [Delete as applicable]</b>	May 2022

## 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.