

## INSPECTION REPORT

<b>Education provider/ Awarding Body:</b>	<b>Teesside University</b>
<b>Programme/Award:</b>	<b>Certificate of Higher Education in Dental Nursing</b>
<b>Remit and purpose:</b>	<b>Full 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>Learning Outcomes:</b>	<b><i>Preparing for Practice (Dental Nursing)</i></b>
<b>Programme inspection dates:</b>	<b>1<sup>st</sup> and 2<sup>nd</sup> February 2017</b>
<b>Examination inspection dates:</b>	<b>16<sup>th</sup> March 2017 – Examination 12<sup>th</sup> July 2017 – Examination Board</b>
<b>Inspection panel:</b>	<b>Katie Carter - Lay Member Fiona Ellwood - DCP Member Shiv Pabary - Dentist Member</b>
<b>GDC Staff:</b>	<b>James Marshall Rick Bryan</b>
<b>Previous inspection (only if a re-inspection):</b>	
<b>Outcome:</b>	<b>Recommended that the Teesside University Certificate of Higher Education in Dental Nursing programme is sufficient for continued registration as a dental nurse</b>

**Full details of the inspection process can be found in the annex**

## Inspection summary

The Certificate of Higher Education in Dental Nursing is delivered and awarded by Teesside University. This is a one-year programme, which is delivered at Teesside University's dedicated dental clinic.

The inspectors noted the robust quality management framework, which is used to oversee all dental programmes within the School. The inspectors agreed that enabling students from a range of dental and healthcare programmes to study together developed a graduate with a greater knowledge and understanding of the wider healthcare team.

The inspectors also noted the wide range of practice settings utilised by students undertaking this course. The panel agreed that having a diverse network of practices enabled the students not only to attain a broad range of practical experience, but also to share this learning with their peer group.

## Background and overview of Qualification

Annual intake	18 students
Programme duration	36 weeks over one year
Format of programme	<p>The Certificate of Higher Education Dental Nurse Practice is designed to run over one academic year, September to June. The programme comprises of four modules:</p> <ul style="list-style-type: none"><li>• DEN1004-N Clinical Concepts of Dental Nursing</li><li>• DEN1002-N Theoretical Concepts of Dentistry</li><li>• DEN1009-N Foundations of Dental Care</li><li>• RMH 1007-N Principles of Evidence Based Practice</li></ul> <p>One module, DEN1004-N is specific to the dental nursing students and focusses on the development of the practical skills specific to the Dental Nursing profession. Students are introduced to the clinical skills initially in the Phantom Head Skills Laboratory (PHSL) and Student Dental Facility (SDF) before progressing into the practice placement. The placements are provided in local dental surgeries and here students further develop and consolidate their clinical skills enabling the student to</p>

	<p>gain competence throughout all aspects of the Dental Nursing role.</p> <p>The three remaining modules (DEN1009-N, DEN1002-N &amp; RMH 1007-N) are shared modules with BSc (Hons) Dental Hygiene &amp; Therapy programme with the dental nurse students studying with the dental hygiene/therapy students. The shared modules aim to develop the core skills and knowledge required of a dental care professional. These include areas relating to health, safety, legal, ethical, professional practice, and GDC standards for dental care professionals and include topics such as general and regional anatomy, pathophysiology, decontamination, medical emergencies and evidence-based practice. The shared learning in these modules provides the student with the opportunity to develop their own professional identity at the same time as recognising the roles and contribution of the wider dental care team</p> <p>On commencement of the programme the students are introduced to academic study skills and research methods to provide a sound basis to their studies, equipping them with the underpinning skills to promote their engagement with the profession specific modules and show the importance of maintaining Continuing Professional Development (CPD).</p> <p>The academic year runs over three terms and students spend the first 4 weeks of the programme within the University (induction plus three programme weeks). Students commence their work based/ practice placements in programme week 4 and initially spend 2 days each week in practice. From week 6 to week 11 the time in placement increases by half a day (19 hours per week) and from week 13 students spend 3.5 days in placement 26.5 hours per week). In the final weeks of the programme, 31 – 34, the students are full time in placement (37.5 hours per week) enhancing their clinical skills prior to completion of the programme.</p> <p>Students are supported in practice by a qualified Dental Nurse, known as a Dental Practice Educator, who supervises their practice and oversees the process of the</p>
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	<p>students gaining experience in clinical procedures. As the student develops and consolidates their skills at the chairside they will achieve competence to work autonomously in the practice.</p> <p>The practice settings are general dental practices and are where the student gains their clinical competences. However, if the student requires additional experience because it is lacking in the dental practice, this is arranged as part of regular sessions in the university-based Student Dental Facility (SDF).</p> <p>Appendix A highlights how the academic year is split between theoretical and clinical practice across the modules.</p>
Number of providers delivering the programme	1

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

**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.

Requirements	Met	Partly met	Not met
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 will 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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 Standards for the Dental Team are embedded within student training.

**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 Met)**

The inspectors were informed that all students embarking on the Certificate of Higher Education (CertHE) in Dental Nursing at Teesside University must undertake a three week induction. During this induction, students are introduced to a range of topics, including professionalism, medical emergencies, raising concerns and safeguarding, ethics, the use of social media and the GDC Standards.

During the induction period, students also undertake pre-clinical training in a simulated environment, either in the phantom head skills laboratory or the student dental facility. During this period, students are able to practise aspiration on the phantom heads and are introduced to a range of common dental materials and instruments. Following the induction period, all students are required to pass the Foundations in Dental Care practical assessment in order to demonstrate that they are safe to begin clinical work and have contact with patients. The inspectors were satisfied that, on successful completion of the induction, students would have demonstrated the adequate knowledge and skills for providing safe patient care.

**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 Part Met)**

The inspectors were informed that all students on the dental nursing programme must wear a uniform which clearly identifies that they are student dental nurses. In addition to this, all placements where students undertake their training must have display material in the waiting room to indicate students are in training at the practice. During the programme inspection, the panel had the opportunity to visit a number of practice placements and were able to observe the clear signage for patients.

At the beginning of any patient treatment, the student nurse is required to introduce themselves, explain their role and to gain verbal consent to treatment involving a student. At the moment, written consent is not sought or recorded when a patient is treated by a student dental nurse, however, the panel agreed that the School must consider in future how patient consent can be recorded to acknowledge treatment by a student.

**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)**

The panel noted the robust placement audit process that is carried out to ensure students are providing patient care in an environment which is safe and appropriate. All placement

practices must complete the Placement Audit Tool, which is reviewed on an annual basis to ensure the practices remain safe environments for the students. In addition to this, the programme lead undertakes formal inspections of the practices on a regular basis.

In addition to this, students are required to complete an Orientation to Work Area Form, which acknowledges they have been introduced to, and have an understanding of, the practice policies and procedures.

As part of the programme structure, all student dental nurses are appointed a Dental Practice Educator (DPE) within their practice placement, who will be one of their main points of contact during the course of the programme. The DPE is required to undertake training in equality and diversity.

**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 Part Met)**

The inspectors were informed that prior to a student being placed in a practice, a Practice Placement Agreement is completed, which is a learning contract between the School and the Dental Practice Co-ordinator / Educator (DPC / DPE). This contract should define the required levels of supervision and support allocated to students.

On commencement of the placement, the student is allocated a DPC and DPE, with the DPE undertaking responsibility for the day-to-day supervision of the student whilst in the practice. In order for someone to apply to be a DPE, they must be registered with the GDC, have at least two years' post-qualification experience and have completed the DPE course.

All placements are provided with a copy of the Dental Practice Placement Handbook, which lists the responsibilities of the DPC and DPE, these include:

- Providing the student with information regarding the placement including suggested reading.
- Ensuring the student is introduced to the placement area. This should include the policies and procedures of the department, health and safety issues, emergency procedures, appropriate facilities and learning resources.
- Offering continuous constructive verbal feedback of performance
- Compiling specific objectives with the student in relation to Dental Nursing practice.
- Carrying out the 360-degree feedback regarding the student and making sure all service users have completed their 360-degree feedback and store them in readiness to be returned to the University.
- Completing the assessment form at the end of the placement to give feedback, identifying areas of good practice and suggestions for development in the future.
- Ensuring the student is provided with opportunities to become competent at the chairside throughout the procedures documented in the competency handbook and sign off student competence when met.

While the inspectors found no examples of poor supervision, in some of the practices visited the DPEs and DPCs were unclear of their status and precise role and reported that they had not received any recent training for their role. It was also reported that, on occasion, the person supervising the student was not the allocated DPE. The panel agreed that the School must ensure the Dental Practice Educators are fully trained, aware of their role and responsibilities in order to ensure students are supervised appropriately at all times.

**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)**

During the programme inspectors, the panel was given access to CV and training records for staff members involved in the course and were satisfied that they were appropriately trained, qualified and registered. In addition to this, university staff must undertake a Personal Development Review, where their training needs and development opportunities are identified and recorded.

All DPEs who supervise students are given the opportunity to attend a training day at the university, however, attendance at this training session is not mandatory. If a DPE declines to attend the one day training session, the programme lead will deliver a condensed hour training session when a practice placement visit is undertaken. While the panel accepts that this level of flexibility in training arrangements acknowledges the pressure practice team may be under, inspectors were of the view that the training day should be mandatory and that condensing a day's worth of training into an hour was likely to be insufficient. The panel agreed that the School must ensure all DPEs receive an equitable and appropriate level of training in their role as a supervisor.

Furthermore, the inspectors were informed that the University runs a mentor training scheme for practice supervisors, however when speaking with the DPEs, some had no knowledge of this training programme. The inspectors agreed that in theory, a bespoke training package for the DPEs is good practice and the School must ensure all DPEs are notified of and have access to the mentor training scheme.

**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)**

All students are introduced to the topics of raising concerns, whistleblowing and safeguarding within their initial three week induction period and are assessed at the end of this induction to ensure they have a good understanding of the subjects. In addition to this, all staff must complete annual safeguarding and whistleblowing training. The inspectors were provided with copies of the School's 'Raising and Escalating Concerns Procedure' and the 'Placement Safeguarding and Whistleblowing Guidance Leaflet'. All staff are required to sign that they have understood the University policies and procedures.

The inspectors agreed that the School has robust policies and procedures in place to ensure staff and students are aware of their responsibilities, however, they agreed that the School should continue to disseminate this information and guidance to the DPEs to ensure the standard is maintained.

**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 inspectors were informed that any incident or accident involving a patient that takes place in the student dental facility is recorded in accordance with the Clinical Incident Reporting Procedure. All patient safety issues are then monitored and raised at the Clinical Governance Committee, which sits bi-monthly.

In the event that a patient safety incident occurs in the practice placement, the DPE must follow the practice procedure for managing patient safety incidents, however, the DPE must also report the issue to the programme lead.

**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)**

The inspectors were provided with a copy of the 'University Fitness to Practise Regulations 2016', alongside the 'Fitness to Practise – Student Journey Flowchart' and 'Fitness to Practise – Academic Journey Flowchart'. In addition to this, the panel was informed that the GDC Standards for the Dental Team and GDC Student Fitness to Practise Guidance are embedded into the programme, starting during the students' induction period. The inspectors were satisfied that, in the event of the student fitness to practise issue arising, appropriate policies and procedures were in place.

#### **Actions**

<b>No</b>	<b>Actions for the Provider</b>	<b>Due date</b>
2	The School must consider in future how patient consent can be recorded to acknowledge treatment by a student.	Update required in 2018 Annual Monitoring
4	The School must ensure the Dental Practice Educators are fully aware of their role and responsibilities in order to ensure students are supervised appropriately at all times.	Update required in 2018 Annual Monitoring
5	The School must ensure all DPEs receive an equitable and appropriate level of training in their role as a supervisor.	Update required in 2018 Annual Monitoring
5	The School must ensure all DPEs are notified of and have access to the mentor training scheme.	Update required in 2018 Annual Monitoring
6	The School should continue to disseminate this information and guidance with the DPEs to ensure the standard is maintained.	Update required in 2018 Annual Monitoring

**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.

Requirements	Met	Partly met	Not met
<p>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.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>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.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>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.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>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.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**GDC comments**

**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)**

During the inspection, the panel was informed that the School Registrar has overall responsibility for the quality management framework for programmes within the School. The inspectors were provided with a copy of the School's University Quality Handbook for reference.

The School has a clearly defined process for managing changes to programmes, which includes in-depth discussions between staff members involved with the course, students and the External Examiner. All parties are required to have input into the change process, providing feedback on the module content, structure and design and the External Examiner must approve any changes. After changes to modules have been scoped, they must then be approved either a School Module Approval Event or the Approval and Enhancement Group,

who work on behalf of the School Academic Standards Committee. If changes are made to a programme subject to approval by a regulatory body, there is a process in place for the programme lead to inform the appropriate regulator.

**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. (Requirement Met)**

The inspectors were informed that concerns raised regarding the programme are managed by the programme team and escalated up through the School governance structure, where necessary.

The panel were provided with evidence of students raising concerns regarding the submission dates for their portfolio of work undertaken and concerns regarding the amount of time they have in their practice placement setting. Following receipt of these concerns, the School adjusted the final submission date for the portfolios. In addition to this, the programme team liaised with the practice placements to enable the students to gain further practical experience.

**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 Met)**

The inspectors were informed that the dental nursing programme is subject to a number of internal and external quality assurance mechanisms. The programme is subject to a University annual review, which is used to ensure the maintenance and enhancement of academic standards and the quality of the student experience. In addition to this, the programme are considered at two Programme Boards per year, during which changes to programmes are considered. The annual Programme Report, which includes a summary of each module evaluation report, is also reviewed by the Programme Board.

During the inspection, the panel was provided with correspondence between the School and the External Examiner, alongside a copy of recent External Examiner Reports and the University's External Examiner Handbook. The inspectors noted the input the External Examiner has in the review of the pre-clinical gateway assessment, which fed into the development of assessments throughout the programme.

The panel was informed that students and patients are required to complete a 360' feedback survey in the practice, however, they noted that in the vast majority of responses, the feedback was extremely positive. The inspectors commend the School for their use of the 360' tool to gather feedback from patients, in order to support student development.

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

As noted in Requirement 3, the School utilises a number of tools to quality assure its placements. All practice placements are required to complete the A6 Placement Audit Tool, which is used to check the placement meets health and safety, security and educational requirements for the students. In addition to this, the programme lead undertakes a visit to each placement once a term, where a tripartite meeting between the School, the student and the DPE takes place. Students are also given the opportunity to provide feedback on their practice placement experience. The inspectors were pleased to note the hands-on involvement the programme lead has with ensuring placements are suitable, appropriate and safe, however, they were concerned that this resulted in an over-reliance on one member of staff and noted the risks associated with such an over reliance. The school must consider ways of involving others in the process of quality assuring practice placements. There is a Director of Placements and a placements team who support the dental programme lead. There is an AHP placement group who meet regularly. These meetings provide a forum to share placement risks and concerns, identify new placement opportunities, share the outcomes of student evaluations and maintain relationships with key placement and school staff. To enhance the discussions from the operational placements groups the Director of Placements meets monthly/bimonthly with PL for Programmes and placement co-ordinators to discuss programme specific issues. Placement audit schedule and student placement evaluations are standing agenda items and issues relating to specific placements that require senior staff attention.

Furthermore, as noted in Requirement 5, DPEs are invited to attend a workshop each year to support their role and ensure the standardisation of assessment across placements. The inspectors were concerned that this training was not mandatory, which could result in a variance of the learning experience from placement to placement. The panel agreed that the School must ensure all DPEs attend a mandatory training event, which must cover standardisation of work-based assessments.

**Actions**

No	Actions for the Provider	Due date
12	The school must consider ways of involving others in the process of quality assuring practice placements.	Update required in 2018 Annual Monitoring
12	The School must ensure all DPEs attend a mandatory training event, which must cover standardisation of work-based assessments.	Update required in 2018 Annual Monitoring

**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.

Requirements	Met	Partly met	Not met
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15. Students must have exposure to an appropriate breadth of patients and 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 learning outcomes.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18. The provider must support students to improve their performance by providing regular feedback and by encouraging students to reflect on their practice.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21. Assessment must be fair and undertaken against clear criteria. The standard expected of students in each area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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.

#### **GDC comments**

**Requirement 13: To award the qualification, providers must be assured that students have demonstrated attainment across the full range of learning outcomes, and that they are fit to practise at the level of a safe beginner. Evidence must be provided that demonstrates this assurance, which should be supported by a coherent approach to the principles of assessment referred to in these standards. (Requirement Met)**

The Certificate of Higher Education in Dental Nursing at Teesside University is taught over one year through four modules: Clinical Concepts of Dental Nursing; Theoretical Concepts of Dental Nursing; Foundations of Dental Care; and Principles of Evidence Based Practice. The inspectors were provided with a copy of each module descriptor, which detailed where each of the GDC Learning Outcomes are taught, alongside the GDC Annex Two Learning Outcomes Mapping Table, which evidenced how and where each of the Learning Outcomes are assessed.

Initially students are introduced to clinical skills within the Phantom Head Skills Laboratory and Student Dental Facility, enabling the students to develop their knowledge of patient care in a safe environment. After demonstrating they are safe to treat patients, students then commence their practice placements, initially spending two days a week in the practice, then progressively rising to ultimately working full time in their practice placement by the end of the programme.

The inspectors were informed that the module 'Clinical Concepts of Dental Nursing' is specific to the dental nursing students, while the other three modules are shared with the dental hygiene and therapy students. In addition to this, the panel was informed that other non-dental specific aspects of the programme are taught alongside a range of different healthcare student groups. The inspectors agreed that this was an area of good practice, allowing students not only to develop skills of working with other members of the dental team, but also with other healthcare professions.

The inspectors were satisfied that, with the support and guidance provided by the programme team, coupled with the format of the programme that allows students to progressively develop and improve their skills, students would be fit to practise as safe beginners on successful completion of the course.

**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)**

During the inspection process, the panel was provided with evidence demonstrating how academic achievement is centrally recorded by the university. The inspectors were satisfied that the School had a robust system in place for recording and monitoring the assessments, including summative gateway assessments, that take place at Teesside University.

When students are undertaking their practice placements, they are required to complete a Dental Nurse Practice Portfolio, which is used to log and monitor the practical experience they have gained and evidence progress made throughout the programme. The inspectors were informed that the portfolio should include:

- Formative and Summative assessment feedback
- Records of personal tutorial meeting including action plans for further development against feedback.
- SWOC analysis & Learning Contract
- Reflective assignment
- Radiography audit tools
- 360-degree audit tool feedback
- Dialogue sheets from tripartite
- Practice Placement Feedback
- Attendance sheets
- Certificates

According to the programme team, the portfolio should be reviewed during the tripartite meetings between the School, the student and the DPE. The panel noted that while these meetings may be taking place, there was little evidence to show formal recording of clinical performance was taking place at the School. The inspectors were concerned that in the event of a student struggling to achieve a level of competency in a certain area of work, there was a risk that the School would not be aware of this in a timely fashion and remedial help would be delayed. The inspectors agreed that the School must ensure clinical experience is logged effectively and efficiently in order to ensure all students are being assessed against the learning outcomes.

**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*)**

The inspectors were provided with a copy of the Practice Placement Agreement, which states that the practice must ensure that the student is provided with sufficient opportunities and experience at the chair side to meet the standard of competence as specified in the portfolio and competency handbook. However, in the event that a student is struggling to achieve competency in a certain area because of limitations within the practice, such as patient supply, the School will work with the student to enable them to swap to a different practice to gain experience in a certain area. The panel saw evidence of students who were struggling to achieve competency in endodontic treatment and crown preparations, they subsequently raised this with the programme team, who arranged for them to undertake this work in other placements.

In addition to this, students are also given the opportunity to gain further experience within the Student Dental Facility (SDF) at the university. The inspectors saw evidence of students raising concerns that they were not getting enough endodontic experience, which led to the programme leader running a session in the SDF to enable students to practice and gain experience in a simulated environment. The panel noted that this was an area of good practice and agreed that the School should continue to make use of the SDF, to ensure students are able to gain experience in the full range of learning outcomes.

**Requirement 16: Providers must demonstrate that assessments are fit for purpose and deliver results which are valid and reliable. The methods of assessment used must be appropriate to the learning outcomes, in line with current and best practice and be routinely monitored, quality assured and developed. (*Requirement Met*)**

The inspectors were informed that the assessments for the dental nursing programme are developed in accordance with the GDC Standards of Education and GDC Learning Outcomes. The inspectors were provided with copies of the School's Assessment Regulations and the Assessment & Feedback Policy. In addition to this the inspectors were provided with details of each module, which outline the methods of assessment used during the programme.

All assessments are routinely monitored and quality assured by the programme External Examiner. In addition to this, the School undertakes ongoing re-approval events for assessments to ensure they are standardised, in line with the University level descriptors and appropriate to the learning outcomes. The inspectors were informed that if the pass rate for a module fails to meet the University benchmark, an analysis of the module and results will be discussed at the next module board.

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

The School uses various methods for sourcing feedback throughout the programme, including the use of comments cards for patients to complete and utilising the 360 Feedback Tool. Patients are given the comments cards during their treatment, with the aim of encouraging feedback about the treatment and service they have received. The inspectors were informed that the data received is used to help with the students' development and to enhance the patient experience.

The inspectors noted that having the opportunity to use the 360 Feedback Tool was good practice, however they agreed that the full benefit of this tool has not been realised. The inspectors were of the opinion that the 360 Feedback Tool could be better incorporated into ongoing assessment of the student during the programme to provide more meaningful results. The School must continue to develop the use of the 360 Feedback Tool in order to enhance the student experience and assessment process.

**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*)**

The inspectors were informed that the School utilises a number of methods to improve student performance by encouraging reflection and providing feedback. Students are initially introduced to the concepts of reflection and feedback during their induction period, which is then followed up with subsequent taught sessions covering the reflective process.

The inspectors noted that reflection plays a key role within the practice portfolio, where students are required to complete a reflection diary in order to encourage them to become reflective practitioners.

Students receive feedback from the programme team on the academic elements of the course while they are at the School, in addition to this the students gain formal feedback during the tripartite meetings between the student, programme team and the DPE. According to the School, students should also be receiving formative feedback from the DPEs on an ongoing



basis, however during meetings with the DPEs, there appeared to be a variance in the levels of engagement from one practice to another with regards to student feedback. The inspectors noted that some DPEs are keen to be involved in the progress and development of their students, while others were less aware about the level of involvement needed to supervise their student. The inspectors agreed that the School must ensure all DPEs and DPCs are aware of their roles and responsibilities and if necessary, provide additional training on delivering effective feedback.

**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 Partly Met)**

The inspectors were satisfied that the university staff members involved in the training and assessment of students had appropriate skills, experience and training to undertake the task of assessment. The inspectors were provided with copies of staff CVs, alongside the Teesside University Recruitment and Selection Process. In addition to this, all staff are required to undertake a Postgraduate Certificate in Learning and Teaching. All new staff members are required to attend the University's marking workshop. All staff must mark to the University's marking criteria to standardise the academic level. The marking workshop is based around objective decision making against the criteria and what constitutes good practice.

While the inspectors were satisfied with university based assessors, as noted in Requirements 5 and 12, the inspectors were concerned about the training provided to the assessors in the workplace, especially with regards to assessing students to the same standard. The panel agreed that the School must ensure all workplace assessors undertake mandatory training, with a specific focus on calibration and the standardisation of assessments.

**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 Partly Met)**

During the inspection, the panel was provided with copies of the School's External Examiner Handbook, details of the External Examiner Induction 2015/16 and External Examiner Report 2015/16. In addition to this, the inspectors were provided with evidence of the ongoing support and guidance provided by the External Examiner in relation to the review and development of assessments throughout the programme.

The inspectors were informed that the External Examiner is required to provide module reports for each module in addition to the annual programme report. The panel agreed that while the module reports were comprehensive and provided a clear analysis of the areas of good practice within a module alongside elements that require further development, the programme report lacked sufficient detail, meaning that it was not clear that the University was privy to enough information properly to support the programme team with course developments. The inspectors agreed that the School must enable the External Examiner to provide a fuller and more comprehensive annual report that mirrors the themes raised in the module reports.

In addition to this, the panel was informed that the External Examiner has one day to review student portfolios in advance of the Exam Board and that the portfolios had to remain at the university. The inspectors were concerned that in the event of issues being uncovered by the External Examiner, there is the risk that insufficient time would be available to rectify any concerns prior to the Exam Board taking place. The inspectors agreed that the School must

ensure the External Examiner has sufficient time to effectively review student work prior to the Exam Board taking place.

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

During the inspection, the panel was provided with a copy of the School Quality Handbook, which details the marking processes that are followed to ensure standardisation of marking against the University generic marking criteria. In addition to this, the inspectors were provided with module specific marking criteria, which were deemed to be of an acceptable standard.

During each module introduction, students are provided with guidance on the marking criteria for the assessments within the module. The inspectors noted that this guidance was reviewed and updated on a regular basis to ensure students are aware of what is required of them.

During the examination inspection, the panel was provided with evidence of the School's standard setting procedure, which entails staff members from the dental teaching team, alongside experienced supervisors, meeting to discuss the assessments and the expectations of a safe beginner. The responses to this exercise are collated and the required adjustments are made by the module leader.

The inspectors were, however, concerned that marking proforma sheets used during the final assessment lacked sufficient detail to clearly identify an unsafe student. The panel acknowledged that in the event of an unsafe student attempting the assessment this could be discussed during the marking moderation, however they agreed that the School must review the marking sheets to ensure assessors have an opportunity to clearly record concerns over a students' performance, with specific reference to patient safety.

During the Exam Board inspection the panel were informed that for determining borderline candidates and specifying how re-assessments are undertaken, the School follows the University Assessment Regulations for Undergraduate Awards. The inspectors were concerned that the university regulations appeared to be more relevant for undergraduate degree programmes and the inspectors agreed that the School should consider drafting guidance for the CertHE programme that ensures students on this course are treated equitably during any borderline definition and reassessment process. The inspectors also noted during the Exam Board inspection that despite the pre-board meetings having an opportunity to provide expert advice to Assessment Boards, they are not formally documented. The panel agreed that for future cohorts, the School should consider having minutes taken during the pre-board meeting to ensure the process is as transparent as possible.

<b>Actions</b>		
<b>No</b>	<b>Actions for the Provider</b>	<b>Due date</b>
14	The School must ensure clinical experience is logged effectively and efficiently in order to ensure all students are being assessed against the learning outcomes.	Update required in 2018 Annual Monitoring
15	The School should continue to make use of the SDF, to ensure students are able to gain experience in the full range of learning outcomes.	Update required in

		2018 Annual Monitoring
17	The School must continue to develop the use of the 360 Feedback Tool in order to enhance the student experience and assessment process.	Update required in 2018 Annual Monitoring
18	The School must ensure all DPEs and DPCs are aware of their roles and responsibilities and if necessary, provide additional training on delivering effective feedback.	Update required in 2018 Annual Monitoring
19	The School must ensure all workplace assessors undertake mandatory training, with a specific focus on calibration and the standardisation of assessments.	Update required in 2018 Annual Monitoring
20	The School must enable the External Examiner to provide a fuller and more comprehensive annual report that mirrors the themes raised in the module reports.	Update required in 2018 Annual Monitoring
20	The School must ensure the External Examiner has sufficient time to effectively review student work prior to the Exam Board taking place.	Update required in 2018 Annual Monitoring
21	The School must review the marking sheets to ensure assessors have an opportunity to clearly record concerns over a students' performance, with specific reference to patient safety.	Update required in 2018 Annual Monitoring
21	The School should consider drafting guidance for the CertHE programme that ensures students on this course are treated equitably during any borderline definition and reassessment process.	Update required in 2018 Annual Monitoring
21	The School should consider having minutes taken during the pre-board meeting to ensure the process is as transparent as possible.	Update required in 2018 Annual Monitoring

## Summary of Actions

Req. number	Action	Observations Response from Provider	Due date
2	The School must consider in future how patient consent can be recorded to acknowledge treatment by a student.		Update required in 2018 Annual Monitoring
4	The School must ensure the Dental Practice Educators are fully aware of their role and responsibilities in order to ensure students are supervised appropriately at all times.		Update required in 2018 Annual Monitoring
5	The School must ensure all DPEs receive an equitable and appropriate level of training in their role as a supervisor.		Update required in 2018 Annual Monitoring
5	The School must ensure all DPEs are notified of and have access to the mentor training scheme.		Update required in 2018 Annual Monitoring
6	The School should continue to disseminate this information and guidance with the DPEs to ensure the standard is maintained.		Update required in 2018 Annual Monitoring
11	The School must further develop the survey questions in order to gather worthwhile feedback that can inform programme development.		Update required in 2018 Annual Monitoring
12	The school must consider ways of involving others in the process of quality assuring practice placements.		Update required in 2018 Annual Monitoring
12	The School must ensure all DPEs attend a mandatory training event, which must cover standardisation of the assessment process.		Update required in 2018 Annual Monitoring

14	The School must ensure clinical experience is logged effectively and efficiently in order to ensure all students are being assessed against the learning outcomes.		Update required in 2018 Annual Monitoring
15	The School should continue to make use of the SDF, to ensure students are able to gain experience in the full range of learning outcomes.		Update required in 2018 Annual Monitoring
17	The School must continue to develop the use of the 360 Feedback Tool in order to enhance the student experience and assessment process.		Update required in 2018 Annual Monitoring
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19	The School must ensure all workplace assessors undertake mandatory training, with a specific focus on calibration and the standardisation of assessments.		Update required in 2018 Annual Monitoring
20	The School must enable the External Examiner to provide a fuller and more comprehensive annual report that mirrors the themes raised in the module reports.		Update required in 2018 Annual Monitoring
20	The School must ensure the External Examiner has sufficient time to effectively review student work prior to the Exam Board taking place.		Update required in 2018 Annual Monitoring
21	The School must review the marking sheets to ensure assessors have an opportunity to clearly record concerns over a students' performance, with specific reference to patient safety.		Update required in 2018 Annual Monitoring
21	The School should consider drafting guidance for the CertHE programme that ensures students on this course are treated equitably during any borderline definition and reassessment process.		Update required in 2018 Annual Monitoring
21	The School should consider having minutes taken during the pre-board meeting to ensure the process is as transparent as possible.		Update required in 2018 Annual Monitoring

## Observations from the provider on content of report

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## Recommendations to the GDC

The inspectors recommend that this qualification continues to be approved for holders to apply for registration as a Dental Nurse with the General Dental Council.

The School must provide detailed information regarding how they have met, or are endeavouring to meet, the required actions set down in this report in 2018.

## ANNEX ONE

### 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*' 2<sup>nd</sup> 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 inspectors 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."

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<sup>1</sup> <http://www.gdc-uk.org/Aboutus/education/Documents/Standards%20for%20Education.pdf>

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 inspectors may 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 annual monitoring process. Serious concerns about a lack of progress may result in further inspections or other quality assurance activity.
6. The QA 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.



