

General Dental Council

Education Quality Assurance Inspection Report

Education Provider/Awarding Body	Programme/Award
Grŵp Llandrillo Menai & Bangor University / Agored Cymru	Level 3 Diploma in Dental Nursing (Wales)

Outcome of Inspection	Recommended that the Level 3 Diploma in Dental Nursing (Wales) is approved for successful learners that are awarded the Diploma to register as a dental nurse.
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Full details of the inspection process can be found in Annex 1

Inspection summary

Remit and purpose of inspection:	Inspection referencing the <i>Standards for Education</i> to determine approval of the award for the purpose of registration with the GDC as a dental nurse.
Learning Outcomes:	Preparing for Practice (dental nurse)
Programme inspection dates:	22 and 23 March 2023
Agored Cymru meeting:	13 December 2023
Assessment inspection date:	15 December 2023
Inspection team:	Jane Andrews (Chair and non-registrant member) (except assessment inspection) Anna Lown (DCP member) Stuart Boomer (Dentist member) Martin McElvanna (GDC Education Quality Assurance Officer)
Report Produced by:	Martin McElvanna (GDC Education Quality Assurance Officer)

This was the first GDC programme inspection of the Level 3 Diploma in Dental Nursing (Wales) (“the Diploma” or “the programme”). Provisional approval of the programme had been granted by the GDC on 7 January 2021.

The programme is delivered via a tripartite arrangement. The programme is principally delivered by Coleg Menai (“Busnes@”) which is one of three Colleges in North Wales which form Grŵp Llandrillo Menai (GLLM).

Bangor University (“the University” or “Bangor”) designed and developed the programme and continue to provide quality assurance of the programme as well as provide academic dental expertise to Busnes@.

The awarding body is Agored Cymru (“Agored”) who provide external quality assurance of the programme.

This work-based learning qualification was developed in partnership with the All Wales Faculty for Dental Care Professionals at Bangor University and was developed specifically for Wales and the Welsh dental nurse workforce.

The programme sits within an apprenticeship framework. Learners enter from a variety of backgrounds.

The programme does not follow the traditional academic year and learners enter and exit the programme at different points at their convenience. They attend part-time and the duration on the programme is typically 12-14 months. However, this may vary per individual and the Welsh Government do fund this qualification for this two years.

Learners will already be employed at a dental practice and have agreement with their placement employer to support them during the programme, allowing them around 20% time for academic study. The employer ensures that effective mentoring takes place whilst the learner undertakes the work-based learning.

The programme is celebrated as the UK's first bilingual Welsh and English dental nurse programme. Learners can choose the language of delivery and assessment in either language. However, the end point Multiple Choice Question paper must be sat in English.

The programme inspection was conducted on site at the Coleg Menai site in Bangor on 23 and 24 March 2023. The assessment inspection was conducted remotely on 15 December 2023.

The panel also met Agored on 13 December 2023.

The inspection panel was comprised of GDC education associates ('the panel', 'we'). The panel were grateful for documents received in advance of the inspection and a further set of documents on site during the inspection. Documents were also made available ahead of the assessment inspection and access to an online suite. Agored also kindly provided documents.

Of the 21 Requirements being considered, 15 were considered to be 'Met'. The remaining six Requirements were considered to be 'Partly Met' with nine actions being identified for the provider to address by the end of quarter 3 of 2024. This will be followed up by GDC Progress Monitoring at end of September 2024.

Overall, the panel had no major concerns about the programme and consider that it should be 'approved' for successful learners to register with the GDC as a dental nurse.

The GDC wishes to thank the staff, learners and external stakeholders involved with the Diploma programme for their co-operation and assistance with the inspection.

Background and overview of qualification

Annual intake	As this is a roll on roll off apprenticeship, at full capacity 62 learners can be accommodated on this course at any one time.
Programme duration	This apprenticeship is funded for 24 months by the Welsh Government.
Format of programme	The framework consists of 4 elements, which includes the following - Essential skills Wales (ESQ) In the following topics;- 1. Digital Literacy, 2. Communication, 3. Application of number, 4. Level 3 Diploma in Dental nursing The diploma Consists of 50 credits, which is spread across 6 mandatory units. Unit 1 must be completed and successfully passed prior to progressing to the next unit. The diploma consists of gathering evidence via a variety of assessment methods, that could include; Knowledge & understanding. Knowledge Questions. Direct observation of working practices. (Including direct patient treatment & workplace clinic activities) Quizzes to confirm knowledge & understanding. Witness Testimonies from Expert witnesses & mentors. Product evidence. Professional Discussions. Mock examination papers. Multi choice questionnaire/End point assessment. End point discussion prior to sign off regardless of a pass result to ensure they are content with the pass result overall In addition to the above all learners must undertake a series of study skills sessions.
Number of providers delivering the programme	GLLM are currently the only provider delivering this qualification

Outcome of relevant Requirements¹

Standard One	
1	Met
2	Partly Met
3	Met
4	Met
5	Met
6	Met
7	Met
8	Met
Standard Two	
9	Met
10	Met
11	Partly Met
12	Met
Standard Three	
13	Met
14	Partly Met
15	Partly Met
16	Met
17	Partly Met
18	Partly Met
19	Met
20	Met
21	Met

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

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 Met)

At the inspection, the panel learnt that new learners entering the programme must complete a set of study skills within the library.

The first modules of the programme are an Introductory module and the Foundations of Practice module. These prepare learners to undertake educational study at Level 3 in order to encourage self-directed study. The concept of “safe to train” is introduced, along with professionalism, patients’ best interests, quality care provision and reflective practice.

Learners are also taught about medical emergencies, infection control and health and safety legislation. Learners also develop their skills in clinical record-keeping.

Learners cannot progress through the six modules on the programme until they have passed each one.

At the inspection, we met learners who indicated that their inductions were good.

We considered that this Requirement was Met.

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

At the inspection, we learnt that the responsibility for ensuring that patient consent to treatment by learners is with the dental practices. This is also audited and forms part of the accreditation of placements process. The *Supervising Registrant Audit* document indicates that it is the responsibility of the Supervising Registrant (SR) “to supervise students whilst undertaking clinical practice opportunities with patient informed consent”. SRs are also known by learners as “mentors”.

Learners wear name badges indicating that they are trainees and are introduced to patients by their SR or practice mentor.

Notices with the GLLM logo are sent to placement practice managers for display to indicate to patients they may be treated by learners.

The panel noted that written consent was not routinely being recorded and was only done orally. There was also some variation on how consent was gained. For example, when a patient comes in, the practice explains that they have a new member of staff who is a dental nurse in training and asks if they are happy with the trainee providing treatment with their supervisor present. There isn’t a signed consent form as such, but the patient encounter would be recorded in assessor observation reports.

The panel considered that the process for obtaining patient consent should be recorded formally in writing. The process of obtaining consent across the placements should be standardised and recorded.

Busnes@ informed us that standardised name badges have been ordered.

We considered that this Requirement was Partly 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)

The panel had sight of the *Bangor University Procedure for Placement Learning* policy. This details the obligations on, and agreement by, the placement provider to “comply with relevant health and safety legislation and provide the learner with training in the workplace health and safety arrangements and working practices, including fire precautions and hazard”. The policy contains a form which is signed by the placement provider.

At Section 2 of the *Student Handbook & Placement Information*, it is indicated that audits of practice placements takes place every two years. The panel also had sight of the *Supervising Registrant Audit form* and policy which also described the protocol for triggering an emergency audit.

We were informed that placement providers are subject to audits by Health Inspectorate Wales.

The Welsh Government funding requirements state that all providers need to ensure the Health & Safety of all learners on the programme. This is completed prior to the sign up taking place and monitoring visits are undertaken yearly, or when the placement has a new learner commencing.

We considered that this Requirement was 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)

Prior to the inspection, the panel had sight of various documents relating to the role of the SR. We considered that the paperwork demonstrated clear guidance to learners and SRs.

Learners must be supervised by an appropriate GDC registrant.

The level of supervision will be determined appropriately according to the activity and the learner’s stage of development. The level of supervision will be aligned to the Learner’s Work Based Experience Record (WBER)/e-portfolio.

The panel heard from learners who indicated that they had a supportive relationship with their mentors. They confirmed that the reserved time for programme study was being protected.

The *Student Handbook & Placement Information* document clearly indicates to learners that they must not undertake any procedures unsupervised, or any procedures for which they don’t feel adequately prepared.

We considered that this Requirement was 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)

Supervising registrants must complete a 6 week online course prior to commencing, within 6 weeks of a new learner start date.

At the inspection we heard that placement providers are expected to check the professional experience, skills and knowledge of SRs. Although not all practice managers are GDC-registered, any mentors at the practices must be GDC-registered.

Placement providers are expected to oversee that SRs to complete the *SR Mentor Training Programme*. Part of this includes training in equality and diversity. Placement managers keep records of supervisor mentor training and inductions.

SRs must have already undertaken training for their role, be aware of the dental nursing curriculum and competency framework to be appointed and be listed in the Busnes@ SR database.

The *Supervising Registrant Audit* document details the responsibilities of the SR. This includes identifying appropriate learning opportunities and relevant practice experience for learners, supervision of learners as they undertake clinical procedures, provide feedback and support to learners and observe and assess learner competency.

All staff involved in the provision of the programme are required to undertake equality and diversity training and supervisors must be GDC-registered. As above, providers are required to confirm this in relation to SRs.

At the inspection, we heard from the Busnes@ Work-based Learning Manager who explained that observations of learners is carried out. This includes their communication skills, team-working and support they have at placements. Learners are then given feedback.

New SRs undergo an induction programme. Part of this also involves meeting Agored to be introduced to the assessment strategy.

We had sight of a record of SRs who held GDC registration and we heard verbal evidence that these checks were routinely made.

We learnt that both assessors and SRs have had refresher training on anti-plagiarism software called *TurnItIn* and that learners have also had training on artificial intelligence more broadly.

We considered that this Requirement was 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)

The *Bangor University Procedure for Placement Learning* policy states that placement providers will: “notify the University of accidents or incidents relevant to the student, including any major instances.”

We also had sight of the *Bangor Escalation of Concerns Process for Health and Social Care Students, Staff and Placement Practice Partners* policy. This sets out the policy for raising concerns and duty of candour and also contains two Flowcharts A and B outlining an escalation pathway.

This policy is covered in the teaching and assessment of the “Preparing to Train for Dental Nurses” Unit and covered in relevant Fitness to Practise policies also.

The *Student Handbook and Placement Information* booklet indicates that learners should have a working knowledge of the escalation of concerns policy.

At the inspection, the panel met learners who confirmed that they knew about process of raising concerns, alerting the practice manager in the first instance. Learners confirmed that they knew about the duty of candour and GDC policies from their introductory programme units.

The panel considered that the evidence made available to us was comprehensive and clear.

We considered that this Requirement was 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)

The *Escalation of Concerns Process* document indicates that “all health and social care learners to report health and safety accidents or near misses in accordance with practice partner health and safety policies and procedures.”

The recording of patient safety issues is covered in detail in the SR mentor training programme as well as the reporting process.

The placement practices have a report system called DATEX for logging any patient safety incidents.

Learners are encouraged to give any feedback about their placement practices.

The Busnes@ confirmed that any serious concerns would be alerted to the GDC. We learnt that no serious incidents have been reported to date.

We considered that this Requirement was 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)

Prior to the inspection, the panel reviewed the comprehensive Bangor University *Suitability/Fitness to Practise Procedure*. It details 24 scenarios where a student may be

deemed not suitable to practise. It also gives extensive details on the escalation process and potential outcomes and appeal procedure.

The panel had sight of the learner *Individual Learning Plan* which contains a record sheet for learner fitness to practise issues.

Teaching about fitness to practise to learners is embedded within the first two teaching units: Preparing to Train for Dental Nurses and Foundations of Practice. These are structured around the GDC's Standards for the Dental Team. Additionally, teaching of fitness to practise continues across the programme.

Agored also requires providers to demonstrate that they have a fitness to practice policy as part of the accreditation process. This is a requirement of their Oversight QA activity.

The panel considered that the fitness to practise policy was well articulated and consequently we considered that this Requirement was 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)

The panel noted from the documentation that the programme is subject to a quality framework at Busnes@, Bangor and Agored level.

The panel had sight of the L3 Education / Quality Framework Organogram. This sets out the various interlinks between the Coleg Menai, Bangor, Agored and the dental placement practices.

The Bangor Oversight body is the main body responsible at University level for quality assurance. The Bangor *Oversight Body Quality Assurance Framework* outlines the existing management structure and the audit pathways within the Bangor School of Medical and Health Sciences.

We also saw the Bangor *Code of Practice for Programme Approval, Monitoring and Review* document. Notable provisions regarding a quality framework are the processes of Annual Module Review, Internal Quality Audits and Routine Revalidation of Programmes as part of School Revalidations.

We had sight of the *GLLM Internal Quality and Operational Management Overview: Apprenticeships*. This outlines the quality assurance framework at Busnes@ and responsibilities are clearly outlined. The GLLM Board has overall responsibility for quality, oversees all activity and holds overall responsibility for risk including the consolidated GLLM risk register. The GLLM Board is led by the Executive Director Academic Services.

The awarding body, Agored requires Busnes@ to have demonstrated the operation of a programme quality framework as part of their programme accreditation process. Agored also expects to be informed of any significant programme changes.

The panel were satisfied that the GDC learning outcomes were being fully addressed in the programme and were clearly mapped to assessments.

We considered that this Requirement was 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 Met)

The Panel viewed Bangor's *Code of Practice for Programme Approval, Monitoring and Review* document, which gives extensive detail on the Internal Quality Audit process. This states that the audit is to monitor the quality and standards of academic programmes and learners' experience of teaching and learning. These audits are done in conjunction with the Busnes@ collaboratively.

At the inspection, the panel learnt about the internal quality assurance (IQA) when we met IQA Officers.

Day-to-day operational issues or concerns would be expected to be resolved by the Busnes@ course team and wider actions would be referred to the relevant University Service either directly or through the annual monitoring process.

Where any serious threat is identified by Agored, the Oversight body (BU) guidance reporting pathway should be followed.

At the inspection, we met a representative from Agored who explained that as the programme is new, is it automatically considered to be high risk, but that they have good lines of communication and full involvement with Bangor and Busnes@. We also heard feedback from Agored on the development of the quality framework. During the evolution of the programme design and delivery, Agored had listed some actions regarding which were implemented by Bangor.

There is commentary regarding external quality assurance at Requirement 11.

We were informed that the Head of School is responsible for reporting any serious threats to the learners achieving learning outcomes to the GDC. Such risks would be logged on the School Risk Register.

We considered that this Requirement was Met.

Requirement 11: Programmes must be subject to rigorous internal and external quality assurance procedures. External quality assurance should include the use of external examiners, who should be familiar with the GDC learning outcomes and their context and QAA guidelines should be followed where applicable. Patient and/or customer feedback must be collected and used to inform programme development. (Requirement Partly Met)

The panel were informed that quality assurance exists at all levels. The programme operates within a robust quality assurance framework at University, Busnes@ and Awarding Organisation level. There are several policies and bodies that underpin this framework.

At University level, Bangor's *Code of Practice for Programme Approval, Monitoring and Review* document provides detail on the internal quality assurance processes.

In the *BU Code of Practice for Collaborative Provision*, there is a section entitled "Responsibilities of Professional Services in Relation to the Ongoing Management of Collaborative Provision" which explains the quality assurance function.

As discussed at Requirement 9, Busnes@ has its own internal quality process overseen by the GLLM Board. Busnes@ is scrutinised by Agored as part of their monitoring systems.

With regard to external quality assurance and external examiners (EE), Bangor's Oversight Body sets out policies and procedures for the provision of EEs. This is also requirement of collaborative partners. In appointment the External Examiner is expected to be familiar with the requirements of the regulator and the requirements of the QAA.

Bangor provided the *BU QAA Quality and Standards* document to illustrate alignment of QAA Cymru's requirements to the programme. This includes peer-based validation and revalidation, annual programme monitoring by the programme team, use of EEs, scrutiny by School, Busnes@ and University committees, module evaluation and use of student-staff liaison committees.

External quality assurance is provided by Agored who closely monitor the programme. It carries out centre assessments which includes checks against various criteria such as, but not limited to, the type of centre, how new it is, what activities take place there, how effective centre management is, its processes, sanctions and review of progress against previous actions. There is further discussion on external quality assurance at Requirement 20.

During programme development and approval, Agored carried out checks that the programme met the regulatory requirements of Qualifications Wales, who are the independent regulator of non-degree qualifications in Wales. Centre actions plans are devised in adherence with Qualifications Wales requirements.

Additionally during programme development, Agored worked closely with Bangor regarding coverage of the GDC's dental nurse learning outcomes which resulted in a programme development plan.

As the new programme is new, Agored are conducting 100% sampling of student progression and assessment. Agored has expectations that internal quality assurance at both University and Busnes@ level is robust and this forms part of their quality assurance of the programme.

The panel was informed that multi-source feedback is a requirement of programme and that this can result in amendments to the programme or the assessment strategy.

However, the panel noted that there was no established system for collecting and recording patient feedback. This was done orally and on a rather informal manner. There is no formal requirement for patient feedback to be collected. Busnes@ explained that it was often difficult to obtain written feedback as some patients preferred to give oral feedback instead. The panel considered that the capture of patient feedback, whether written or oral, should be formalised so that it could be used in a meaningful way to inform programme development.

We considered that this Requirement was Partly Met.

Requirement 12: The provider must have effective systems in place to quality assure placements where students deliver treatment to ensure that patient care and student

assessment across all locations meets these Standards. The quality assurance systems should include the regular collection of student and patient feedback relating to placements. (Requirement Met)

The panel noted the contents of Bangor's *Procedure for Placement Learning*. This outlines the procedure for approving placements and contains a Placement Form to record full details about the placement provider. At Section C, the manner in which the placement will be conducted and the obligations on the placement provider are detailed as well as the responsibilities on the part of the learner. Signatures are required from the learner, placement provider and school.

Bangor explained that all clinical areas in which learners are working require a bi-annual educational *Audit Workplace Audits (Oversight BU)*. An appropriate member of the dental team, the Work-based Learning Manager, will carry out the audits which includes checking that the workplace is an effective learning environment.

The Work Placement Officers (WPOs) carry out placement Health & Safety appraisal checks.

The *Student Handbook and Placement Information* explains the rationale for conducting placement audits. This is to ensure that the placement environment is conducive to learning and required assessment, facilitate achievement of intended practice based learning outcomes and that learners are supported by adequately prepared mentors.

The *Student Handbook and Placement Information* document also explains that following each practice placement, learners are given the opportunity to reflect on their learning experience and complete a practice placement evaluation. These are collated and then discussed with the practice placement staff. Learner feedback is also considered during the practice placement educational audit process.

We considered that there is a particularly robust system for the monitoring of placements and that continuously risk assessed.

Learners are issued with certificates when they complete their placement inductions.

Regarding the use of patient feedback, there is discussion at Requirement 11.

Student feedback is collected via the staff-student liaison committee, as referenced in the *BU QAA Quality and Standards* document.

We considered that this Requirement was Met.

Standard 3– Student assessment

Assessment must be reliable and valid. The choice of assessment method must be appropriate to demonstrate achievement of the GDC learning outcomes. Assessors must be fit to perform the assessment task.

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

We had sight of the *Bangor Global Mapping to GDC LOs* document which illustrates where each of the GDC Learning outcomes are covered within each of the six programme modules. It also outlines how the outcomes are covered under each of the four domains: 'clinical'; 'communication'; 'management and leadership' and 'professional' across each of the six modules.

We noted the mapping and blueprinting against outcomes and individual unit outcomes are very robust. We also saw that the Agored Standards Check spreadsheet also detailed where outcomes are covered.

The programme is comprised of six core units, all of which must be successfully completed before they sit the Multiple Choice Paper (MCQ). Learners must pass Unit 1 before they can progress to the other units. Mechanisms are in place to ensure no learner can qualify without having achieved all unit outcomes. No compensation allowed is from other units. Learners can complete the other five Units holistically to avoid disadvantaging them.

Following completion of the six units, learners will sit an end point MCQ paper. If a learner fails this, learners can re-sit it after two weeks as a minimum period to ensure areas are revisited. If a learner passes the MCQ, but fails in some areas, they can attend a Professional Discussion to ensure that the assessor is happy with the learner's knowledge and understanding in those areas where marks fell short.

Agored sets the pass rate for the MCQ. During the December 2023 assessment inspection, the panel had access to the 57 MCQ questions that were set for the December 2023 MCQ. We noted that the MCQ must be sat in English and that learners have two hours to complete it. Learners are aware that proficiency in English is a GDC requirement for registration.

Given the flexibility of the apprenticeship model, learners can choose the mode of assessment which suits them best, for example, either written submissions, oral discussions or voice recordings. There is no limit to the number of re-submissions a learner can make. The panel was assured that any alternative assessment methods used would still address the learning outcomes.

If the assessor is not assured during this Discussion, the learner will not be signed off. There is however the opportunity to allow the learner to prepare for a further Professional Discussion. The panel were advised that Agored would be notified if a learner didn't succeed at this final stage.

The panel commended the use of a formal Professional Discussion with learners at the final stage of the programme. When we met Agored, they also commended this.

We considered that this Requirement was Met.

Requirement 14: The provider must have in place management systems to plan, monitor and centrally record the assessment of students, including the monitoring of clinical and/or technical experience, throughout the programme against each of the learning outcomes. (Requirement Partly Met)

The panel had sight of the "All Dental Progress Reports" which gives a clear overview of each learner's progression on the programme. It includes their apprenticeship start date, progression through induction stages, progress through Units 1-6 and completion of MCQ.

All learner data including clinical experience, academic achievement and professionalism is logged on the OneFile system which the panel considered to be a good system.

The panel had sight of the learner *Individual Learning Plan*. This also contains a personal development plan and a record sheet for learner fitness to practise issues.

At the December inspection, the panel had some enquiries about the observation process. It was noted that one learner didn't have any observations since commencing the programme in May 2022, despite having an overall 68% progress rate. However, we were informed that observations had in fact taken place but that they hadn't been uploaded, with reasons given. A further example was another learner who started in March 2023 and had no apparent observations.

Although Busnes@ indicated that the first observation is usually at least six weeks after commencement of the programme, we didn't see evidence of this. We recommend that an observation should be done during progression through Unit 1. Busnes@ explained that where any reason persists as to why this cannot be done, there will be a clear audit trail as to why not. This will be recorded in written form for all quality purposes

The panel felt it was also not clear which observations were mandatory and at which points they should be undertaken. The panel consider that the provider should ensure that observations are regularly undertaken and promptly uploaded to portfolios. The types of observations of learners at placement practices should be formalise and agreed.

We considered that this Requirement was Partly Met.

Requirement 15: Students must have exposure to an appropriate breadth of patients/procedures and should undertake each activity relating to patient care on sufficient occasions to enable them to develop the skills and the level of competency to achieve the relevant GDC learning outcomes. (Requirement Partly Met)

The panel noted in advance paperwork that the availability of patients required must be clear during the placement practice appointment process. The procedures that can be offered by the placement must be made clear.

We heard that given the bilingual nature of the programme, access to patients whose first language is Welsh rules out any potential communication barriers or limitations on access to patients by learners.

The panel did learn that not all placement practices can provide all patient treatment types. One placement does not offer Endodontics experience. However, placement managers do try to ensure that learners have a variety of patients and procedures. During learner observations, supervisors also monitor any potential problems with access to patients and procedures.

We were informed that there is a template document to allow learners to go to another placement if required. This situation has not occurred to date. However, should this occur, the placement would work with other linked employment practices to agree that the learner can attend that placement.

The panel consider that the provider should provide evidence of a written process should a learner need to change placements in the event of a shortfall in patients or procedures. This is particularly important as the number of learners on the programme is steadily increasing.

We considered that this Requirement was Partly 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)

The panel had sight of the *Qualification Summary* and *Unit Handbooks* ahead of the inspection. These demonstrate a variety of formative and summative assessment methods that are used throughout the six units. These include examinations, reports, projects, portfolios, reflective assignments, work-based exercises, MCQs, EMQs, Work Based Competency Records (WBCR), case studies, short answer examinations and viva voces.

The rationale for the methods of assessment used is explained in the *Supervising Registrant Handbook*.

When the panel met Agored, it commended the range and flexibility of assessment methods, assessment methodology, excellent marking guidance and types of evidence used.

The provider explained it formulated the programme's assessment strategy based on the principles of formative and summative assessment and clinical professional judgement in the workplace. The assessment methods are very individualised, that learners' learning style is greatly accommodated and that learners can also choose the language medium of Welsh or English. The panel considered this was very commendable.

At the inspection, we were informed that the MCQ question bank is continually being expanded to ensure that MCQ questions will continue to vary between learners.

We considered that this Requirement was 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 Partly Met)

At the inspection, we heard that during observations of learners at practices, oral feedback from patients is often given.

Feedback forms from nurses, practice managers are completed and reviewed at Busnes@ for any areas for improvement.

We heard that expert witness testimonies are logged in *OneFile* for review. This is then fed back to learners.

Peer feedback is encouraged but is difficult in the absence of traditional learner cohorts given the roll on/off nature of programme and that many learners haven't met. Currently peer feedback doesn't feed in to learner assessment.

As discussed at Requirement 11, there is no formalised recording system for using patient feedback.

The panel consider that the provider should consider ways obtain peer feedback, for example proving feedback on each other's assignments.

The provider should also formalise the recording of patient feedback so that it could be used in a meaningful way to inform learner assessment.

We considered that this Requirement was Partly Met.

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

Prior to the inspection, the panel reviewed the Work-Based Experience Record and Individual Learning Plan.

The panel considered that the feedback given to learners was supportive and largely constructive and supported by robust evidence. This was evident in the portfolios.

However the panel did note that there was some variability in the Internal Quality Assurance (IQA) process. For example, some portfolios had detailed feedback, whereas for others the feedback was minimal and less helpful. Some items didn't appear to be internally verified and fully signed off in OneFile.

The panel recommend that the provider maximises use of *OneFile* to enhance the verification process. The provider should ensure that the internal auditing process of learner assessment is standardised across all learners.

Regarding reflection, we noted good evidence of reflection in the portfolios. Reflection is introduced from induction and learners develop this skill as it is embedded throughout the programme and covered in study skills sessions.

The provider explained that the recording of reflective activity is in progress and could be enhanced and be better utilised. We understand that the provider is currently developing a journal which should minimise the need to chase learners for their reflection entries.

Overall, the panel considered there is a strong ethos of encouraging learner reflection on the programme and this was evident in the portfolios.

We considered that this Requirement was Partly Met.

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)

The provider indicated that internal and external examiners / assessors have appropriate skills, experience and training to undertake the task of assessment. The panel had sight of such records, which included appropriate registration with the GDC.

The panel heard that support for new examiners is very robust, supported by internally assessed reviews of performance. Regular meetings between Busnes@ and examiners takes places given that the programme is new. Busnes@ indicated that it has also recruited experts for their input into writing and standard setting of the questions.

Mentors undergo training where learning and appropriate assessment methods are discussed.

We considered that this Requirement was Met.

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 Met)

As discussed at Requirement 11, Agored scrutinises the assessment process from an external perspective. 100% of learners are sampled as they are going through the programme as it's a new programme. The sampling rate may change further to two sampling activities planned in 2024.

Agored also avails of the use of two dental experts who review MCQs, produce reports regarding subject contents and often meets with Busnes@.

Following Agored quality assurance activity in 2023, Busnes@ was given some required actions mainly relating to administrative improvements. The number of actions reduced during 2023 and any outstanding will be reviewed during 2024.

We considered that this Requirement was Met.

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

The panel had prior sight of the *Module Handbook* which gives clear grade descriptors for Grade A, B, C, D and E-F.

We learnt that Agored monitors Busnes@ assessments, including the final MCQ, so that they are being undertaken against clear criteria. It also monitors standardisation activities. The panel were grateful for access to Agored's report of 30 November 2023 (External Quality Assurance Activity - Remote).

With regard to standardisation, the panel noted the following comments in the report:

- At Question 14: "Standardised assessment tasks ensure that assessment evidence is reliable across learners. This qualification is undertaken by learners who have roles within the workplace as trainee Dental Nurses. This ensures the validity and currency of assessment evidence."
- At Question 27: "Evidence of internal standardisation activity within One File; monthly meeting minutes have been made available which confirm effective team working and consideration of a consistent and reliable approach to assessment and previous EQA outcomes/actions."
- At Question 15: "Moving forward, the centre should continue to plan and implement regular standardisation activities to ensure: a shared understanding of the marking criteria; assessment decisions are consistently in line with unit learning outcomes and assessment criteria; learners are marked equally and fairly; relevant staff within the delivery, assessor and IQA teams are supported to develop (i.e. where necessary)."

The panel therefore considered that this Requirement was Met.

Summary of Actions

Requirement number	Actions due by end of Quarter 3, 2024	Observations & response from Provider
2	1) The provider should ensure that the process for obtaining patient consent should be recorded formally in writing. 2) The provider should ensure that the process of obtaining consent across the placements is standardised and recorded.	Patient consent is being recorded in writing within all assessor observations. Following inspection we have also implemented a consent form document that must be completed to show patient consent.
11	3) The panel considered that patient feedback should be formalised and recorded and that it could be used in a meaningful way to inform <i>programme development</i>.	This is often given verbally, however is also evidenced in the multisource feedback. Following inspection recommendations, we have standardised this approach and made it mandatory that patient feedback is gathered a minimum of twice a month for all learners, answering the questions within the multisource feedback sheet that have been mapped to the GDC standards.
14	4) The provider should ensure that observations are regularly undertaken and promptly uploaded to portfolios. 5) The provider should formalise and agree on the types of observations of learners at placement practices. The panel suggests that an observation is done during Unit 1 progression.	The first observation for all learners typically takes place 6-8 weeks after commencing the diploma element of the apprenticeship framework. This allows the learner to build rapport with their assessor and settle into the first unit appropriately. The qualification standards, per unit identified what must be observed and how many times this need to be seen. Following inspection the team have now provided an overview list of observations that are required for ease. Observation and a witness testimony around communication are planned for and completed as part of unit 1.
15	6) The provider should formalise a process should a learner need to change placements in the event of a shortfall in patients or procedures.	This is already written within our documentation as a procedure should this situation occur. This situation, should it occur, would also be identified during our programme area robust interviewing and skill scanning procedure that takes place prior to a learner being signed up to the dental nursing apprenticeship.

		This situation has not occurred to date, however should this occur the PA would work with other practices that it has working with them as employers with apprentices -, where Health & safety appraisals have been completed, too agree for the learner to attend that placement, in order to allow and ensure they are provided with the opportunity to gain skills and gather the evidence required for successful completion of the diploma.
17	7) The provider should consider ways obtain peer feedback, for example proving feedback on each other's assignments. 8) As with Requirement 11, the provider should also formalise the recording of patient feedback so that it could be used in a meaningful way. In this instance, to inform <i>learner assessment</i>.	7) As this is a roll on roll of Work based learning (WBL) programme, it is not a typical classroom environment that offers the opportunities for peers to chat to each other and get feedback on how others are finding their studies and tasks. This is something that we have been working on as the best way to accommodate this issue with our learners so that they too are offered the opportunity to learn from and discuss with each other a variety of areas. We have been working even more on this since inspection feedback was received. Google classroom - learners are added and this can be used as a forum for learners to share views and comment on this to each other in terms of resources. Since inspection we have now also set up google meets for all learners to attend a peer meeting, twice a term to allow a space for discussions with peers to feedback, advise, guide & learn from each other and create ideas. This is called - "The Busnes@dental study group". Invites have been sent to all learners as follows;- Since the start of the course we have been trying to find ways of connecting all the nurses on the course giving you all a chance to share experiences and also a chance to ask questions to each other. As an answer to this we have developed the Busnes @ Dental study group. The aim of this group is to connect all the learners on the course, a chance for you to share experiences gather information, ask the tutors questions There will be minutes of these meetings as well as a timetable of events held and class registers kept for attendance. 8) As per the point above.

18	9) The provider should ensure that the internal auditing process of learner assessment is standardised across all learners.	A sampling plan is in place that has a sampling strategy that accompanies this. These are followed by the IQA staff ensuring that the plans and strategy is adhered to. As the qualification is so new - 100% sample is ongoing to get a quality benchmark until each assessor has successfully had 3 learners each achieve with no concerns. Each assessor is risk rating following the risk banding strategy being high all assessors are red risk based currently. Any deviation from the plan will be fully explained. 100% sample is not a second line assessment - it is a dip in and dip out of each element, sampling the whole learner journey and the processes of that journey. The strategy is reviewed on an annual basis, IQA feedback will be more detailed on a sampling report, however on unit summary sign off this is not as detailed to avoid repetition. The strategy and plan has been revisited and discussed at standardisation to reiterate and ensure that detailed and developmental feedback is given across all learners on programme and across all IQAs.
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Observations from the provider on content of report

Tripartite agreement - GLLM, Busnes@, Agored, Bangor University

1st element of Inspection - x2 days, face to face.

Unfortunately, the system used by the GRWP to store documents was not recognised and caused some upset on the morning of the 1st day of the first element of inspection. Whilst these things can't be helped with technology sometimes, we feel that It would have perhaps been useful if these documents were requested prior to the inspection to avoid any delays in the morning in terms of access.

In addition to this as this was the first inspection, we feel that a pre-inspection meeting would have been beneficial for all involved, to allow an open dialogue and may have avoided any potential difficulties during the inspection, such as:-

1. being aware of who from the organisations were required to be present during the inspection to be able to answer questions appropriately and ensure the correct personnel were present
2. the use of terminology could have also been confirmed in order to ensure we were understanding and answering questions correctly, as well as providing the correct information to support this.

In the early stages of the inspection, at times, the team found it challenging to explain to the panel the difference between apprenticeships and training in Wales as opposed to England and that this new course was in the form of a work based learning apprenticeship, that was not the same as that of an FE oriented course where teaching would take place in a classroom environment, via a cohort of learners that offered opportunity for the learners to liaise with each other, but rather a roll on roll of course that was tailored each individuals learning needs to meet the standards in a variety of ways for the learner.

2nd Element of the inspection x1/2 day online

The second element of inspection was online and we found this was easier to organise given that the documentation had all been requested and shared prior to the inspection meetings, to allow the panel time to look through these prior.

It was pleasing to see that after these processes, the panel now had a much more in depth understanding of the qualification at this point and that the flexibility of this was appreciated and acknowledged.

We fully appreciate that this process was new to us all and therefore there were bound to be teething problems along the way and that these things do take time to fully understand.

Overall outcome

We were delighted with the overall outcome following the inspection and we look forward to building on and maintaining the close working relationships that we have built to date and in addition to this look to the exciting, future success of this new apprenticeship for the dental industry.

We would like to thank the GDC for all of their time and feedback including both commendations and recommendations and we look forward to working even more collaboratively in the future.

Recommendations to the GDC

Education associates' recommendation	The Level 3 Diploma in Dental Nursing (Wales) is approved for holders to apply for registration as a dental nurse with the General Dental Council.
Date next regular monitoring exercise	Progress Monitoring against Actions as detailed above

Annex 1

Inspection purpose and process

1. As part of its duty to protect patients and promote high standards within the professions it regulates, the General Dental Council (GDC) quality assures the education and training of student dentists and dental care professionals (DCPs) at institutions whose qualifications enable the holder to apply for registration with the GDC. It also quality assures new qualifications where it is intended that the qualification will lead to registration. The aim of this quality assurance activity is to ensure that institutions produce a new registrant who has demonstrated, on graduation, that they have met the learning outcomes required for registration with the GDC. This ensures that students who obtain a qualification leading to registration are fit to practise at the level of a safe beginner.

2. Inspections are a key element of the GDC's quality assurance activity. They enable a recommendation to be made to the Council of the GDC regarding the 'sufficiency' of the programme for registration as a dentist and 'approval' of the programme for registration as a dental care professional. The GDC's powers are derived under Part II, Section 9 of the Dentists Act 1984 (as amended).

3. The GDC document 'Standards for Education' 2nd edition¹ is the framework used to evaluate qualifications. There are 21 Requirements in three distinct Standards, against which each qualification is assessed.

4. The education provider is requested to undertake a self-evaluation of the programme against the individual Requirements under the Standards for Education. This involves stating whether each Requirement is 'met', 'partly met' or 'not met' and to provide evidence in support of their evaluation. The inspection panel examines this evidence, may request further documentary evidence and gathers further evidence from discussions with staff and students. The panel will reach a decision on each Requirement, using the following descriptors:

A Requirement is met if:

"There is sufficient appropriate evidence derived from the inspection process. This evidence provides the education associates with broad confidence that the provider demonstrates the Requirement. Information gathered through meetings with staff and students is supportive of documentary evidence and the evidence is robust, consistent and not contradictory. There may be minor deficiencies in the evidence supplied but these are likely to be inconsequential."

A Requirement is partly met if:

"Evidence derived from the inspection process is either incomplete or lacks detail and, as such, fails to convince the inspection panel that the provider fully demonstrates the Requirement. Information gathered through meetings with staff and students may not fully support the evidence submitted or there may be contradictory information in the evidence provided. There is, however, some evidence of compliance and it is likely that either (a) the appropriate evidence can be supplied in a short time frame, or, (b) any deficiencies identified can be addressed and evidenced in the annual monitoring process."

A Requirement is not met if:

“The provider cannot provide evidence to demonstrate a Requirement or the evidence provided is not convincing. The information gathered at the inspection through meetings with staff and students does not support the evidence provided or the evidence is inconsistent and/or incompatible with other findings. The deficiencies identified are such as to give rise to serious concern and will require an immediate action plan from the provider. The consequences of not meeting a Requirement in terms of the overall sufficiency of a programme will depend upon the compliance of the provider across the range of Requirements and the possible implications for public protection”

5. Inspection reports highlight areas of strength and draw attention to areas requiring improvement and development, including actions that are required to be undertaken by the provider. Where an action is needed for a Requirement to be met, the term ‘must’ is used to describe the obligation on the provider to undertake this action. For these actions the education associates must stipulate a specific timescale by which the action must be completed or when an update on progress must be provided. In their observations on the content of the report, the provider should confirm the anticipated date by which these actions will be completed. Where an action would improve how a Requirement is met, the term ‘should’ is used and for these actions there will be no due date stipulated. Providers will be asked to report on the progress in addressing the required actions through the monitoring process. Serious concerns about a lack of progress may result in further inspections or other quality assurance activity.

6. The Education Quality Assurance team aims to send an initial draft of the inspection report to the provider within two months of the conclusion of the inspection. The provider of the qualification has the opportunity to provide factual corrections on the draft report. Following the production of the final report the provider is asked to submit observations on, or objections to, the report and the actions listed. Where the inspection panel have recommended that the programme is sufficient for registration, the Council of the GDC have delegated responsibility to the GDC Registrar to consider the recommendations of the panel. Should an inspection panel not be able to recommend ‘sufficiency’ or ‘approval’, the report and observations would be presented to the Council of the GDC for consideration.

7. The final version of the report and the provider’s observations are published on the GDC website.