

Education Quality Assurance Inspection Report

Education Provider/Awarding Body	Programme/Award
City and Guilds	Level 3 Diploma in Dental Nursing (5234-01, 4238-03) Extended Diploma in Dental Nursing (4238-12, 4238-22)

Outcome of Inspection	Recommended that the Level 3 Diploma in Dental Nursing and Extended Diploma in Dental Nursing continue to be approved for the graduating cohort to register as Dental Nurses.
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Full details of the inspection process can be found in Annex 1

Inspection summary

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. Risk based: focused on 12 requirements (4, 6, 7, 8, 11, 12, 13, 15, 16, 17, 18, 20)
Learning Outcomes:	Preparing for Practice Dental Nursing
Programme inspection dates:	15 March 2023 5 September 2023
Inspection team:	Kim Tolley (Chair and non-registrant member) Sarah Balian (DCP member) Benjamin Tighe (DCP member) Scott Wollaston - GDC Staff member (Quality Assurance Manager) Centre sampling supported by: Angela Watkins - GDC Staff member (Quality Assurance Manager) Kathryn Counsell-Hubbard - GDC Staff member (Quality Assurance Manager)
Report Produced by:	Scott Wollaston - GDC Staff member (Quality Assurance Manager)

Following the GDC's Awarding Organisation monitoring process in 2022, City and Guilds' dental nursing programmes were inspected in 2023. Following an initial inspection with City and Guilds ('the provider') staff on 15 March 2023, sample meetings were held with a selection of centres delivering the qualifications. The aim of these meetings was to triangulate information received from the provider. The following centres were sampled:

- Aspiration Training Ltd
- Birmingham Metropolitan College
- Harriet Ellis Training Solutions
- Leeds Dental Institute
- Lincoln College
- New College Durham
- Northern Regional College
- South West College Omagh
- Tameside College
- Tempdent
- Total People Ltd

The outcome of the monitoring in 2022 meant that the inspection focussed on requirements 4, 6, 7, 8, 11, 12, 13, 15, 16, 17, 18, 20.

A final inspection meeting was held with the provider on 5 September 2023. The outcome of this meeting decided that reinspection of City and Guilds was necessary to check progress against the actions set in this report.

The provider last had an external examiner in 2019 and at the time of the inspection in March 2023, had not recruited to this vacant role, although we acknowledge that they have since appointed a chief examiner. This was a concern for the panel, as there was no full assurance that the provider had externality and impartiality over their assessments.

Following the centre sampling, further concerns were raised by centre staff around communication with the provider – this seemed to vary between centres. There were also concerns raised about information updates and networking opportunities for a few centres which were felt to be of great value. The provider was aware of the inconsistencies and assured us that there were mechanisms in place to manage this, through online registration, they were aware distributions lists needed updating and better management.

Furthermore, through centre meetings it was found some of the larger centres only had one external quality assurer (EQA), and so the sample size of students' work was inconsistent from the varying sizes of the centres. We will conduct a follow-up inspection with the provider in June 2024.

The GDC wishes to thank the staff, students, and external stakeholders involved with the Level 3 Diploma in Dental Nursing (5234-01, 4238-03) and Extended Diploma in Dental Nursing (4238-12, 4238-22) for their co-operation and assistance with the inspection.

Background and overview of qualification

Annual intake	Between Sept 2022 and August 2023 4,630 students were registered across all 3 of our 4238 qualifications
Programme duration	Delivery of the qualifications vary between 14 – 18 months depending on whether the qualification is part of an apprenticeship. Apprenticeships in England tend to take longer to complete than standalone qualifications or apprenticeships in Wales and Northern Ireland because the English Apprenticeships are more complex and contain End Point Assessment
Format of programme	e.g: Year 1: Learner Induction approx. 6 weeks – completion of basic knowledge, clinic attendance, shadowing, identification of workplace mentor 2: Building of knowledge and supervised clinical experience Supporting clinicians with direct patient treatment
Number of providers delivering the programme	70

Outcome of relevant Requirements¹

Standard One	
1	Met
2	Met
3	Met
4	Partly Met
5	Met
6	Partly Met
7	Partly Met
8	Partly Met
Standard Two	
9	Met
10	Met
11	Not Met
12	Not Met
Standard Three	
13	Met
14	Met
15	Met
16	Met
17	Partly Met
18	Met
19	Met
20	Not 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)*

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

Requirement 3: Students must only provide patient care in an environment which is safe and appropriate. The provider must comply with relevant legislation and requirements regarding patient care, including equality and diversity, wherever treatment takes place. *(Requirement Met)*

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

During the inspection, the provider stated that anyone in the workplace supporting the learner's assessment must be a GDC registrant and "occupationally competent". They said that all centres have qualified assessors that conduct workplace observations. Expert witnesses are able to complete observations and a witness testimony, which is then assessed by the centre's assessor. The provider states that there is a specific number of observations that must be completed by the centre's assessor.

All centres are required to have a written agreement with the learner's employers, which outlines their responsibilities for ensuring the learners are competent and safe to work with patients.

Within the pre-inspection evidence received from the provider, their Centre Activity Report (CAR) guidance states that visits to dental practices should take place. Within the evidence, we were also provided with a selection of CAR reports, none of which included EQA visits to dental practices. The CAR template does not contain a section to comment on findings from a practice, or to confirm that a visit to practices had taken place or not.

Clarity needs to be offered to where, when and whom the responsibility lies when undertaking a visit to a dental practice. Data presented offered conflicting information whether it was the role of City and Guilds or the training providers EQAs.

It is evident that there is heavy reliance on training centres to ensure that they conduct appropriate checks of the environments that learners are working in, with little oversight from the provider. The presented CARs do not demonstrate that the EQAs specifically check the credentials of the educational supervisor, or that they are assured that the workplace has been suitably audited and relevant policies checked.

The provider must ensure they check that all learners are supervised appropriately and that the dental practices are suitable for learners ensuring this is documented, with a review schedule arranged for when appropriate. We therefore consider this requirement is partly met.

Requirement 5: Supervisors must be appropriately qualified and trained. This should include training in equality and diversity legislation relevant for the role. Clinical supervisors must have appropriate general or specialist registration with a UK regulatory body. (Requirement Met)

Requirement 6: Providers must ensure that students and all those involved in the delivery of education and training are aware of their obligation to raise concerns if they identify any risks to patient safety and the need for candour when things go wrong. Providers should publish policies so that it is clear to all parties how concerns should be raised and how these concerns will be acted upon. Providers must support those who do raise concerns and provide assurance that staff and students will not be penalised for doing so. (Requirement Partly Met)

The provider states that all centres have Patient Concerns, Fitness to Practise, Reporting of Concerns policies, in addition to Health & Safety, Equality & Diversity and Safeguarding policies. They say that during the initial centre approval stage, all policies are confirmed and seen by EQAs. If a policy is not sufficient, advice is provided, and a formal action is imposed.

Within the pre-inspection evidence provided, an example of the Qualification Approval template was included. This template is used to check sources of evidence against their requirements to ensure that the centres are sufficient to deliver the qualification. The only policy listed on this template to check is Health & Safety.

The completed CARs presented show that some of the visits undertaken do check for policies, but this is inconsistent between each EQA/centre. Some mention checking for Fitness to Practise or Health & Safety policies and others do not. There are no sections within the CAR template that identifies which specific policies to check.

From our centre sampling, it was evident that each centre has a different relationship with the provider; some feel confident and happy to approach City and Guilds directly either through their EQA or a specific relationship manager, whilst others felt their only channel of communication was via a general helpline number they had to call, which often resulted in being passed to different departments. Due to the differing relationships between centres, the panel had concerns that all centres would not raise concerns in the same manner.

We have not seen any evidence of an overarching policy by the provider about raising concerns and how these will be dealt with, including escalation routes and responsible persons. However, there is a page on their website for complaints and feedback. The qualification handbook contains a 'raising concerns' section, and this states:

"Where either the centre or student (learner) have concerns regarding patients' safety and treatment, this needs to be raised with the IQA or External Quality Assurer either verbally or in writing. The IQA or EQA must act upon this knowledge following City & Guilds quality assurance procedures."

We have seen evidence of the provider mapping to the GDC Learning Outcomes, and this identifies that learners are taught to raise concerns, where appropriate, within the programme.

The provider must update their CAR template to list specific policies that must be reviewed during each EQA visit, to ensure that consistency is applied across all centres. They must update the Qualification Approval template, to indicate the mandatory policies have been checked at each centre approval visit. The provider must also ensure that all centres have a clear point of contact to raise any issues with and publish a policy so that centres and learners are aware of the process in raising concerns, and how these will be dealt with.

As there is no evidence that all centre staff and learners are aware of their obligation to raise concerns, and the route in which to do so differs for each centre, the panel consider this requirement to be partly 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. (Partly Met)

Prior to this inspection, the GDC were made aware of two malpractice cases identified within different centres. Full information of the investigations was provided, along with outcomes once the provider's investigations had been completed. Both centres affected by the cases were sampled. During the meeting with one of the centres affected, staff present were unaware of the case and did not follow up with further information, as requested by the panel. It was confirmed these learners did not qualify and were removed from the programmes.

Within the Qualification Handbook provided by City and Guilds prior to the inspection, there is a section on raising concerns, and stipulates that centre staff and learners must raise patient safety issues through either the internal quality assurer (IQA) or the EQA. It goes on to mention that centres must have a Student Fitness to Practise (SFtP) policy in place.

As mentioned under Requirement 6, the provider stated that centres must have a Reporting of Concerns policy, but there is no evidence to show that they check for this, nor is this requirement included under the raising concerns section within the handbook. The panel is also not assured that there are consistent channels of communication for centres and consider that some issues may get missed. We therefore consider this requirement to be partly 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 Partly Met)

As mentioned above, the Qualification Handbook stipulates that centres must have a SFtP policy in place. However, there is no evidence to show that this is checked consistently at all EQA visits across all centres. Some of the CARs provided within the evidence mention that they have checked for this, but as the required policies are not specifically listed within the CAR template, the panel is not assured that this is consistently checked by the provider.

The provider states that during the EQA visits, centres are sampled to ensure that the induction process has been undertaken. Within the evidence provided, the panel were able to see a completed CAR which contains notes of the EQA interviewing a learner, where they checked the learner completed an induction and was aware of SFtP, Safeguarding and Appeals policies.

This requirement stipulates that the content of the SFtP policy must be conveyed to learners, but there is no evidence that the provider check all centres undertake this. The EQAs conduct samples of the learners' portfolios at each EQA visit. However, from speaking with the centres as part of the inspection, this appears to be inconsistent for each centre, as there is no set percentage that the EQA must sample.

The provider must therefore ensure that appropriate checks are made to ensure that learners are taught about the SFtP policy. We consider this requirement to be partly met.

Standard 2 – Quality evaluation and review of the programme

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

Requirement 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 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)*

Requirement 11: Programmes must be subject to rigorous internal and external quality assurance procedures. External quality assurance should include the use of external examiners, who should be familiar with the GDC learning outcomes and their context and QAA guidelines should be followed where applicable. Patient and/or customer feedback must be collected and used to inform programme development. *(Requirement Not Met)*

The provider has not had an External Examiner since 2019. During the inspection in March 2023, the panel were informed that they were in the process of finalising the role specification but were unsure what the role should entail.

The pre-inspection information received from the provider states that they have a public Feedback and Complaints page on their website, which can be used by patients, centre staff and learners. There is no evidence to show that the feedback received from this process is used to inform programme development.

During the sampling process, some centres told us that they had honest and open relationships with the provider, and they could raise any issues with the programme and feed it back to them. Some centres commented on the cohesive relationship in being able to work with the provider to develop the qualification, and that they felt their opinion was valued.

The provider must recruit an External Examiner. They should also encourage the collection of patient feedback and must utilise collected feedback to inform development of the qualifications. We consider this requirement is not met.

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

The evidence received from the provider before the inspection included a CAR standardisation guidance document. This document mentions visiting practices, but within the selection of CAR reports received, there is no evidence of the EQA visiting a practice, nor does the CAR template contain any areas to identify findings from a practice visit by centre staff or the EQA. The provider states that practice visits are not undertaken by the EQAs.

As mentioned above, some of the CARs contain notes from learner interviews. Some of the learner interviews mention their workplace and provide feedback on it, but not all. The provider

states that they interview learners at every visit, but there is no set amount they complete. The sample of completed CARs we have seen, the level of detail and content from each learner interview differs greatly. The CAR standardisation document lists specific things for the EQA to look for, including induction checklist and initial assessment of each learner, but this is not noted for each learner sample in the CARs we have seen.

The provider must review the process in which EQAs are allocated to delivery centres to ensure adequate coverage to allow for reasonable sampling. We spoke with a large delivery centre as part of the inspection; who have over 1,000 learners registering each year, and only one EQA. They said that the EQA visits four times a year to conduct more sampling. When raised with the provider they said that for larger centres, they would either have one EQA who would conduct several visits a year or allocate a lead EQA with a supporting EQA. There is a lack of consistency across centres, as a larger centre could be low risk and have several samples a year, but the provider's own policy is to visit low risk centres only once a year. The panel therefore considers that the provider must review the allocation of EQAs in relation to the size of the training provider and set a benchmark percentage on the sample size. Through this consideration, appropriate resourcing of EQAs could be calculated.

From the centre sampling, all centres confirmed they conduct checks on workplaces before accepting students onto the course. However, we have no assurance that the provider ensures these checks are undertaken. As noted above, the following is contained within the CAR standardisation guidance:

"Sampling of each IQA at the Centre across a range of assessments – Observation at a Dental Practice or at the Centre; assignments; written examinations; completed portfolios."

The panel therefore consider that the provider is not following their own standardisation guidance. The provider must therefore develop a process to ensure workplace checks are undertaken for every learner. They must also develop a standardised learner interview process, where mandatory checks are undertaken, including feedback on their workplace. The provider must also create a process of a benchmark percentage for sample sizing to ensure equity to centres and ensure a robust quality assurance process.

We consider this requirement to be not met.

Standard 3– Student assessment

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

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

The provider operates a risk rating system, by where each centre is rated low, medium or high. The low risk centres are able to register and certificate learners, whilst medium risk centres can register learners, but not certificate them without provider approval. The high risk centres need provider approval to register and certificate. Low risk centres have EQA visits every 12 months, whilst medium risk centres every six months, and high risk centres every three months.

As part of the EQA visit, learner sampling is undertaken, and this checks the learner progression. The assessment strategy is outlined within the Qualification Handbooks, and this also stipulates that all of the GDC Learning Outcomes and assessment criteria in each unit must be evidenced. We also received evidence of mapping to all Learning Outcomes from the provider. We therefore consider this requirement to be 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 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 Met)

The provider states that all centres must conduct an initial assessment of the learner's potential to achieve all requirements of the qualification before they are registered, this includes opportunities available to them in their workplace. Following the initial assessment, an individual learning plan (ILP) is devised for each learner. Assessors will observe learners in practices and as mentioned above, where a treatment type cannot be observed by an assessor, a GDC registrant expert witness within the practice can sign a testimony.

As mentioned, we have no assurance that the provider check practices, but do review ILPs at EQA visits. If a student is unable to gain certain experience in their workplace, the provider states that the centre is expected to resolve this to ensure the learner's experience is not impacted. They provided an example of learners in NHS Dental Hospital settings, where decontamination was moving away from being conducted in-house, and they advised the centres to find alternatives, such as local community dental services where learners were able to learn, practice and demonstrate the required skill.

The provider conducts regular webinars and networking sessions, and the panel suggest it would be a good idea to include this as a reminder within these sessions to ensure there are plans in place to avoid this happening in future. We consider this requirement to be 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 question bank utilised by the provider contains questions all written by dental nursing technical experts. Before the tests are then made live, a Scrutineer, someone who has not been involved in the question setting or editing, sits the test to ensure the questions are set at the right level. The tests are then monitored to ensure they are performing as expected and any issues identified will be addressed. Each multiple-choice question (MCQ) is routinely reviewed after 500 candidates or 12 months. The assessment team review the statistical performance of MCQs both at test level and item level. If questions are not performing as expected, it is then referred to examiners for review. The provider's assessment team is responsible for this, but the dental nursing technical experts feed into this review.

Where an exam contains a new question, 20 extra days are required for the provider to conduct checks, this does not appear to be communicated to centres. The Modified Angoff method is used to standard set the questions and the provider have recently recruited a chief examiner. We consider this requirement to be 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)

As above, the provider has a web page for feedback and complaints that anyone can access. EQAs also speak with learners during EQA sampling visits and collect their feedback then. The provider says that recent changes as a result of learner feedback are:

- Learners wishing additional support for knowledge delivery
- Learners requiring additional support sessions
- Learners reporting insufficient assessment opportunities

They also say that centres must have open communications with employers and workplace mentors. The provider states that EQAs will request and view feedback records alongside corresponding learners' assessment records and centre audits. From the sample of CARs we have seen, we cannot see any evidence of EQAs reviewing feedback from workplaces.

Patient feedback is a requirement of the end point assessment (EPA) process. This is evidenced by apprentices and is part of the portfolio of evidence submitted to City & Guilds at the gateway. This feedback contributes to the planning of the professional discussion, where the internal end point assessors (IEPAs) can explore the feedback in more detail with the apprentices. The provider must ensure that feedback from the learners' workplaces are captured and reviewed by the EQAs. We therefore consider this requirement is partly met.

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

From the sample of CARs provided, we can see that the EQAs review and comment on the feedback provided to learners by assessors and IQAs. The provider states that reflective practice for all individuals is ongoing and embedded into assessment methods and standards, as well as individual practice and performance. We have seen no evidence of learner reflection within most of the CARs provided. The provider told us that they have updated the handbook for the most recent qualification, to make sure every unit has a reflective account from the learners.

The provider should ensure that they capture all aspects as part of EQA visits. We consider this requirement to be 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)

Requirement 20: Providers must ask external examiners to report on the extent to which assessment processes are rigorous, set at the correct standard, ensure equity of treatment for students and have been fairly conducted. The responsibilities of the external examiners must be clearly documented. (Requirement Not Met)

As highlighted earlier in this report, the provider has not had an EE since 2019, and therefore has not had a report from an EE since then. Once an EE has been recruited, the provider must ensure that the EE undertakes a full report on the qualifications. This requirement is therefore not 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*)

Summary of Action

Requirement number	Action	Observations & response from Provider	Due date
4	The provider must ensure they check that all learners are supervised appropriately and that the dental practices are suitable for learners ensuring this is documented, with a review schedule arranged for when appropriate.	The report is not quite accurate in relation to workplace observations only being allowed to be completed by a qualified assessor. It is permitted for Expert Witnesses to observe practice in the workplace. These Expert Witnesses must meet requirements that are set out in the Qualification Handbook eg on page 11 and 12 of the 4238-22 Qualification Handbook. Similar information is in the 4238-03, -12 and 5234-01 Handbooks. The Expert Witness Testimony is then assessed by the Assessor. The Learner induction checklist (Appendix 1 in the Qualification Handbooks) includes a prompt regarding the allocation of a GDC Registrant to mentor/supervise the learner in the workplace. The name and GDC registration number are required. These Learner Induction checklists are included in Learner's portfolios of evidence.	May 2024
6	The provider must update their CAR template to list specific policies that must be reviewed during each EQA visit, to ensure that consistency is applied across all centres.	Unfortunately, we are not able to update our CAR as this document is used across the majority of our qualifications. We will explore alternative ways of achieving the same outcome.	May 2024
6	The provider must update the Qualification Approval template, to indicate the mandatory policies have been checked at each centre approval visit.	We are not able to amend the Qualification Approval Form, as again this is standard across a large number of qualifications. We will explore alternative ways of achieving the same outcome.	May 2024
6	The provider must ensure that all centres have a clear point of contact to raise any issues with and publish a policy so that centres and learners are aware of the	We accept that we do not have a Raising Concerns Policy that is specific to raising concerns regarding patient safety or workplace staff conduct or competence. We accept that we need to have a clear	May 2024

	process in raising concerns, and how these will be dealt with.	process and responsibility for informing centres of the way in which this needs to be brought to City & Guilds' attention. We will need to identify through discussion what this process is. We do have a Feedback and Complaints process that is accessible to anyone.	
8	The provider must ensure that learners are taught about the Student Fitness to Practise policy.	Student Fitness to Practice Policy is included in the criteria that must be delivered and assessed in Unit 301 Preparing for professional practice in dental nursing, Learning Outcome 3 Understand the roles and responsibilities of a dental nurse. Assessment Criteria 3.4 and 3.7. All learners must provide evidence of this.	May 2024
11	The provider must recruit an External Examiner.	We accept this. We would appreciate a further discussion regarding this as we have some ideas that we would like to propose to ensure that this requirement is met.	May 2024
11	The provider must encourage the collection of patient feedback and utilise collected feedback to inform development of the qualifications.	We would like further discussions with GDC about this to ascertain how we would be able to do this. We can speak to our centres to see what their ideas are. We would welcome support to discuss GDC expectations regarding this.	May 2024
12	The provider must review the allocation of EQAs in relation to the size of the training provider and set a benchmark percentage on the sample size.	The allocation of EQAs to centres is reviewed regularly and is part of the discussion at regular meetings between the quality delivery team and the Industry Manager. The number of activities that take place is calculated on a risk analysis that includes a range of factors. In the report the inspection team refer to our model that allocates one EQA to the centre that receives 4 visits a year. This centre used to receive a visit every month until the EQA and Quality Delivery Team was satisfied that the centre performance against our requirements and that of the qualification was sufficiently robust to warrant less frequent sampling. These decisions are discussed with the centre. We do	May 2024

		not use a percentage basis on which to base our sample, rather, the sample is based on a risk based approach to planning sampling. This sampling is based on assessment decisions made by assessors and the Internal Quality Assurance of those decisions. City & Guilds is responsible for sampling assessment decisions and the internal quality assurance of those by the centre. This is based on the RAG rating of the centre assessors and not the number of learners, though this does sometimes influence the number of sampling activities at busy times of the year. In addition, we have as described in the report, used more than one EQA to carry out sampling, however it is most effective to increase the activity of a single EQA so that the advice given and decisions made are consistent and the centre knows which EQA to ask advice from.	
12	The provider must develop a process to ensure workplace checks are undertaken for every learner.	We accept that we rely on centres to carry out workplace checks. The vast majority of our customers draw down funding directly or via apprenticeship delivery and as such will be contractually required to carry out workplace and welfare checks for their learners.	May 2024
12	The provider must develop a standardised learner interview process, where mandatory checks are undertaken, including feedback on their workplace.	This has been addressed in the response to Requirement 4.	May 2024
17	The provider must ensure that feedback from the learners' workplaces are captured and reviewed by the EQAs.	The feedback that is gathered as part of the EPA Portfolio will relate the learner's performance in the workplace. As part of the EPA, the EQAs do not have access to this. It is reviewed during the EPA Interview with the Independent End Point Assessor This is subject to sampling by the Lead Independent End Point Assessor.	May 2024

		Within the qualification Unit 301, the learner is required to use feedback to reflect on and inform their practice. This evidence is subject to EQA sampling. The feedback is much more likely to come from colleagues and the learner's assessor than from patients. As noted in the response to Requirement 11 we would appreciate a further discussion on how best to access feedback with some examples of how other Providers manage this within their delivery.	
20	The provider must ensure that the EE undertakes a full report on the qualifications.	We recognise that we have not been able to appoint to this post, however, we would appreciate the opportunity to discuss this further with you. indicated above regarding Requirement 11	May 2024

Observations from the provider on content of report

City & Guilds staff would like to thank the Inspection Team and Chair of the panel for their involvement in the inspection. Colleagues commented on the professionalism of the inspection team and how staff that were involved in an inspection for the first time were put at ease.

City & Guilds appreciates feedback regarding how we manage our dental nursing qualifications and accept that there are areas where we can improve. Where we have been asked to change documentation that is used across all of our qualifications and where we are not able to make amendments, we will liaise with GDC Colleagues to ensure that we can agree how to meet the requirements in another way.

Recommendations to the GDC

Education associates' recommendation	The Level 3 Diploma in Dental Nursing (5234-01, 4238-03) and Extended Diploma in Dental Nursing (4238-12, 4238-22) continue to be approved for holders to apply for registration as a Dental Nurse with the General Dental Council.
Date of reinspection	June 2024

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.