General Dental Council

Education Quality Assurance Inspection Report

Education Provider/Awarding Body	Programme/Award
The National Examining Board for Dental Nurses (NEBDN)	NEBDN Level 3 Diploma in Dental Nursing (Integrated Apprenticeship) (RQF)

Outcome of Inspection	Recommended that the Diploma in Dental Nursing (Integrated Apprenticeship) is approved for the graduating cohort to register as dental nurses.

Full details of the inspection process can be found in Annex 1

Inspection summary

Remit and purpose of inspection:	**Inspection referencing the *Standards for Education* 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 date(s):	**12- 13 June 2024**
Examination inspection date:	**1 September 2025**
Inspection team:	**Gillian Mawdsley (Chair and non-registrant member)** **Fiona Ellwood (DCP member)** **Cathy Bryant (Dentist member)** **Faisal Hussain – Education and Quality Assurance officer** **James Marshall – GDC Quality Assurance Manager** **Timea Milovecz- Council Member (Observer)**
Report Produced by:	**Faisal Hussain – Education and quality Assurance officer** **James Marshall – GDC Quality Assurance Manager**

The General Dental Council undertook a new programme inspection of the NEBDN Level 3 Diploma in Dental Nursing (Integrated Apprenticeship) to evaluate its compliance with the Preparing for Practice learning outcomes and regulatory requirements.

The panel found no significant concerns preventing current graduating learners from applying for registration. The programme has been appropriately mapped to the GDC learning outcomes, and a revised version has been aligned with the Safe Practitioner framework as part of NEBDN's transition planning.

The panel identified a number of areas for improvement, including inconsistencies in the timing and recording of student inductions, and confusion between the roles of mentors, supervisors, and witnesses. Clearer role definitions and process timelines are recommended as part of the inspection report.

The panel also had some concerns regarding the Chief External Examiner (CEE) role. While the CEE provides useful guidance and support, the panel felt the current position lacks sufficient independence and robustness.

While no patient safety concerns were identified, the limited number of learner completions so far means that at this time, the panel cannot recommend full ongoing approval of the programme. Accordingly, a short-term approval is recommended, allowing those who have achieved the qualification to register, with a re-inspection in six months.

Background and overview of qualification

Annual intake	50 expected in year 1
Programme duration	18 months
Format of programme	Portfolio of Evidence, Knowledge test, Structured Clinical Assessment
Number of providers delivering the programme	1 at the time of initial inspection, 5 providers currently delivering

Outcome of relevant Requirements[1]

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

The panel found that NEBDN has a clear and structured framework in place to ensure providers support learner and patient safety. This includes requiring employers to confirm a safe clinical environment and mandating that learners undergo an initial assessment to determine their suitability and identify any support needs. Structured inductions are in place both at provider and workplace level, ensuring that learners are aware of professional expectations and key safety protocols prior to engaging in clinical activity.

Learner competence is monitored through structured evidence such as Workplace Evidence Records (WERs) and witness reports, which are subject to internal quality assurance and reviewed externally by NEBDN.

While the panel acknowledged the robustness of NEBDN's quality assurance mechanisms and overall framework, they noted variability in the timing of learner inductions. In some cases, induction activities had not been completed before learners began patient-facing duties. The panel therefore recommended that NEBDN must strengthen its processes by ensuring that all provider and employer inductions are completed before any clinical activity begins. The introduction of a pre-clinical gateway was suggested as one potential solution to enhance consistency and assurance.

The panel considered this requirement to be partially met, with further improvement required in the timing and documentation of learner induction processes.

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***

The panel found that the provider has an established and effective consent process that meets the requirement. Patients are appropriately informed of the involvement of learners in their care through various methods, including identifiable learner uniforms, name badges, signage, and access to the GDC patient leaflet. Consent is obtained both verbally and in writing, with patients advised of their right to decline treatment from a student. Learner reflections on the consent process are captured in the WER's and reviewed internally and externally through NEBDN's quality assurance processes.

However, the panel identified an area for improvement relating to the timing of consent. The panel noted an example where consent was obtained while the patient was already in the dental chair during treatment. The panel considered this to be too late in the patient journey and recommended that the timing be reviewed to ensure consent is consistently obtained before the commencement of treatment.

In conclusion, the panel determined that the requirement is met but recommends that the provider strengthen the process by ensuring consent is routinely secured earlier, supporting clearer communication and alignment with best practice standards.

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 Partly Met***

NEBDN has established processes to ensure that students provide care in environments that are safe, appropriate, and aligned with relevant legislation, including equality and diversity requirements. As part of the induction process, employers are introduced to key policies and procedures to support a safe and compliant workplace. This includes guidance on their legal responsibilities in maintaining a safe clinical environment for both learners and patients.

Learner inductions are documented and uploaded onto the Pebble Pad apprenticeship platform, forming part of each student's portfolio of evidence. This allows for verification and tracking. Health and safety, as well as equality and diversity, are key areas of focus throughout the programme, particularly in Unit 2 of the apprenticeship specification, which is delivered early in the training. Learners are also supported to understand appropriate actions to take if they identify risks in the workplace. Progress reviews conducted every 12 weeks at minimum offer regular opportunities for providers and employers to monitor learner development and discuss workplace safety and related matters.

The panel acknowledged that the relevant processes are in place and align with programme requirements. The panel confirmed that processes meet programme requirements but found aspects of induction and health and safety to be overly procedural. They highlighted that virtual delivery may reduce impact and stressed the need to treat patient safety as a substantive priority. NEBDN must ensure a more robust and engaging approach particularly involving both employers and learners is in place to strengthen understanding and reinforce safe clinical practice.

The panel considered this requirement to be partly 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***

The provider has systems in place to ensure that learners are supervised appropriately according to the nature of the clinical activity and the learner's stage of development. Supervision requirements align with NEBDN policy, and expectations are reviewed through external quality assurance processes.

Learners are supported by workplace mentors who guide their clinical development, provide feedback, and ensure appropriate supervision as learners progress. Witness testimony is also used to assess competence, with witnesses required to meet GDC registration and competence standards.

While the panel found that learners are generally well supervised in clinical settings, they noted that greater clarity is needed in defining the roles of mentors, supervisors, and witnesses. Clearer role profiles would support shared understanding and ensure consistency in supervision and assessment. As such, the panel concluded that the requirement was partly met, with a recommendation that NEBDN must strengthen role clarity to further support learner development and maintain quality standards across the programme.

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***

The provider has systems in place to ensure all supervisors involved in the apprenticeship programme are appropriately qualified, trained, and registered. Documentation such as GDC registration, professional certifications, indemnity insurance, and continuous professional development records (CPD) are maintained and reviewed regularly. All staff, including clinical supervisors and witnesses, are required to complete annual mandatory training and are covered by an induction process that includes key policies such as whistleblowing and appraisals.

The panel reviewed the evidence provided and had no concerns regarding the qualifications or training of supervisors. They concluded 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 provider has implemented a clear and structured approach to raising concerns and promoting candour. As part of NEBDN's policy, significant issues related to providers or clinical settings are escalated to the GDC when appropriate. The apprenticeship programme includes a comprehensive induction within the first six weeks of training, which covers raising concerns, duty of candour, and patient safety. This induction is signed by the learner, provider, and employer, and is retained for review during NEBDN's EQA monitoring.

Learners are supported in understanding their responsibilities through ongoing emphasis on professionalism across the curriculum. This is further assessed through portfolios, reflections, and final assessments. During EQA monitoring, interviews with learners are used to confirm their understanding of how and when to raise concerns.

The panel reviewed the evidence provided and found no concerns in this area. They concluded that the 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***

NEBDN has effective systems in place to identify, record, and address patient safety issues. Although no incidents have been reported to date, clear procedures are established to manage concerns if they arise.

Patient safety and duty of candour are embedded in the apprenticeship specification, supported by relevant policies, guidance, and QA processes. Progress reviews involving employers and clinical settings contribute to EQA monitoring, with platforms like Pebble Pad allowing direct employer input into learner portfolios.

Safeguarding, whistleblowing, and concerns-raising policies are clearly documented online and actively applied, as demonstrated during inspection. Stakeholder understanding is routinely assessed through reaccreditation and sampling visits.

Regular monitoring, including monthly internal reviews and 12-weekly clinical progress checks, enables early identification of safety concerns.

The panel agreed this requirement is met and considered NEBDN's approach both comprehensive and proactive in prioritising patient safety.

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

The provider has established comprehensive and clearly communicated policies addressing learner fitness to practise and professional conduct. These policies are effectively disseminated to all relevant stakeholders, including learners, employers, and internal staff members.

The procedures for managing concerns are well defined and consistently implemented. Initial concerns are addressed by the apprenticeship provider, with appropriate escalation routes in place through NEBDN's malpractice and maladministration policy. Where serious incidents occur, there is a clear and documented process for reporting these to NEBDN, with further escalation available to external regulatory bodies such as the General Dental Council (GDC), Care Quality Commission (CQC), Information Commissioner's Office (ICO), or the police, as appropriate.

NEBDN's ongoing monitoring activities, including stakeholder interviews and policy reviews, provide a mechanism to reinforce understanding and adherence to these policies across all parties involved. The learner conduct policy sets out clear expectations regarding professional behaviour throughout the programme.

The panel found that the provider meets the requirements relating to student fitness to practise and behaviour policies. The panel confirmed that the procedures in place for managing concerns are clear, robust, and well structured. The escalation routes were found to be appropriate and effectively communicated. The panel was assured that appropriate and timely measures are in place to address and manage concerns in a compliant and consistent manner.

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***

NEBDN has a robust quality management framework in place to ensure the qualification remains aligned with GDC learning outcomes, regulatory requirements, and current clinical practice. The qualification development team, in collaboration with subject matter experts, is

responsible for reviewing and updating the curriculum to reflect legislative changes and evolving professional standards.

Oversight is provided by the Education and Standards Committee (ESC), which approves any proposed changes, ensuring alignment with best practice and regulatory guidance. The internal quality team monitors the implementation of this framework, ensuring findings are reviewed and acted upon appropriately by relevant board committees. The panel felt this framework was comprehensive and effective and confirmed that this requirement was met, with no concerns raised.

Requirement 10: Any concerns identified through the Quality Management framework, including internal and external reports relating to quality, must be addressed as soon as possible and the GDC notified of serious threats to students achieving the learning outcomes. ***Requirement Met***

NEBDN has in place a clearly defined and comprehensive quality assurance framework that supports the delivery of safe, high-quality education and assessment. The framework is led by the Director of Education and Regulation and overseen by ESC, ensuring appropriate strategic and operational oversight.

Mechanisms to support quality assurance include structured training plans submitted via PebblePad to ensure consistency across providers. There is a detailed organisational risk register used to monitor and respond to potential threats to delivery or learner outcomes. There is clearly documented incident and issue management procedures to identify, investigate, and resolve concerns in a timely manner.

Serious incidents with potential to impact learner safety or achievement are escalated in line with the provider's malpractice and maladministration policy. The panel saw evidence that such incidents are appropriately referred to the Executive Team, Board of Trustees, and the GDC when necessary.

The provider demonstrated a proactive approach to continuous quality improvement, with regular review processes in place and a clear commitment to maintaining regulatory compliance.

The panel was assured that NEBDN has robust and transparent systems in place to identify, manage, and escalate risks that may affect learners or patient safety. These processes are well understood by relevant stakeholders and contribute to the protection of public confidence in dental education. The panel agreed that requirement 10 is 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 ESC at NEBDN holds the overall responsibility for setting and maintaining the quality, standards of learning programmes and qualifications. The ESC oversees formative and summative assessments, ensuring they meet stakeholder needs, including those of providers, trainee dental nurses, dental professionals, and employers. It also appoints and monitors Chief External Examiners (CEEs), who play a key role in maintaining the objectivity and integrity of assessment processes by reviewing assessment materials, observing practical assessments

such as OSCEs and Structured Clinical Assessments (SCA), and providing independent feedback at ESC meetings.

NEBDN operates a structured External Quality Assurance (EQA) process, with the EQA team conducting cyclical thematic reviews of apprenticeship providers every three, six, or nine months. These reviews include learner interviews, observations, portfolio sampling, and assessment reviews (M1 knowledge tests and M2 clinical assessments). Patient feedback has been formally introduced recently and is expected to further enhance programme development as it becomes more established.

Internal Quality Assurers (IQAs) are suitably qualified and responsible for ensuring the validity, reliability, and sufficiency of learner portfolios. Given the apprenticeship programme is still in its early stages, NEBDN applies 100% sampling of SCA grading decisions before ratification, to ensure consistency and reliability across providers.

The panel also agreed that while CEE involvement was invaluable and commend the current CEE for their input in programme and assessment development, they questioned whether having the CEE sit as a permanent member of the ESC had an impact on their externality and the transparency of the role. Additionally, the panel identified an absence of formal mechanisms for providers to engage or communicate with one another, which could strengthen consistency and shared best practices across different settings.

While the panel acknowledged the strengths in NEBDN's quality assurance framework, including strong oversight from the ESC, effective external examiner involvement, and robust EQA processes, these issues mean that the requirement is only partly met at this stage. The panel recommended that NEBDN must review the role of the Chief External Examiner, focusing on ESC membership. NEBDN should also consider establishing formal forums for provider engagement to further enhance the reliability and fairness of the assessment system.

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 Partly Met***

NEBDN confirmed that its quality assurance of apprenticeship placements is supported by EQA-led monitoring, which evaluates provider systems and alignment with NEBDN standards. Apprenticeship providers are required to systematically collect learner feedback throughout the programme, including via portfolio evidence, tutor meetings, and clinical placement interactions with witnesses and mentors.

The EQA team supplements this with interviews and monitoring activities, seeking evidence of continuous improvement informed by feedback from learners and clinical settings.

Patient feedback is also a mandatory element of the learner portfolio, collected as part of Unit 9. This process was implemented in February 2024, with data expected to emerge as learners complete the relevant stages. The feedback tools used are reviewed annually to ensure relevance to current practice.

EQAs have access to quality assurance documentation from each training site and consider additional sources such as CQC reports. Feedback gathered through learner interviews is anonymised and stored securely in the NEBDN Hub. NEBDN's PebblePad system review further supports their commitment to ongoing evaluation and improvement.

While the panel recognised these systems and the organisation's engagement with multiple data sources, they expressed concern that some elements such as placement assurance appeared reliant on documentation rather than direct validation of placement activity. They felt this requirement was partially met and recommended NEBDN develops a more robust mechanism to ensure providers are actively monitoring the quality and effectiveness of clinical placements, tied in with requirement three.

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 panel noted that the apprenticeship has been mapped to the GDC Preparing for Practice learning outcomes. The qualification specification provides providers with the necessary guidance to deliver the programme effectively, outlining the required knowledge, skills, and behaviours learners must demonstrate through assessment.

Providers must deliver a structured programme covering all units of the qualification and ensure learners are suitably prepared for assessment. In order to achieve this, a strong working relationship with NEBDN is required to support a fair and consistent learner experience, which is formalised through the Provider Agreement and the End-Point Assessment Organisation (EPAO) Agreement.

The Provider Agreement details the expectations for clinical experience, which NEBDN monitors for compliance through sampling and reaccreditation, including confirmation that learners have completed two integrated assessments before progressing to the End-Point Assessment. Providers must also deliver mock exams covering the full curriculum prior to both the Knowledge Test and the Structured Clinical Assessment.

Upon completion of the End-Point Assessment (EPA), providers and learners receive feedback on the attainment of knowledge, skills, and behaviours—whether meeting, exceeding, or falling below the required standard—to support ongoing development or inform resits. To date, only a very small number of learners have completed the programme and as part of the examination inspection, the panel was provided with anonymised copies of post-assessment student feedback, which they agreed were sufficient. However, the panel will review student feedback during the re-inspection to ensure it is balanced.

The panel was satisfied that on completion of the programme, learners would have demonstrated full coverage of the GDC learning outcomes and have achieved the level of a safe beginner. They agreed that successful completion should enable registration with the GDC for the current cohort of learners.

The panel consider this requirement is 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*

Learner attainment and clinical experience are centrally recorded using the PebblePad platform, NEBDN's dedicated learner system. This system was demonstrated during the inspection and is structured to reflect the learner's journey, mapping progress clearly against learning outcomes. Learners upload their practical experience records (PERs), each of which must be verified by a witness before being submitted for review.

Providers are responsible for checking and signing off portfolios within PebblePad, followed by moderation by NEBDN's External Quality Assurance (EQA) team. This dual-check process ensures evidence is robustly mapped to the required knowledge, skills, and behaviours. Following successful moderation, learners may progress to the knowledge test. Upon passing, a tripartite agreement is completed with the employer, confirming clinical competency and readiness for the EPA. This is also recorded in the learner's portfolio.

The panel recognised PebblePad as a valuable and structured tool, noting that it is being continuously developed in collaboration with providers. Going forward, NEBDN should ensure that the use of PebblePad is subject to ongoing refinement and development to support the student experience. The panel concluded that this requirement was 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*

NEBDN ensures learners gain appropriate clinical experience aligned with GDC learning outcomes through a structured portfolio system, including WERs, clinical logs, and performance evidence. WERs are signed off by GDC-registered, occupationally competent witnesses once learners demonstrate consistent, satisfactory performance.

Providers are responsible for witness training, and NEBDN's EQA team regularly samples portfolios to monitor compliance. No concerns were raised regarding access to witnesses or clinical cases. Contingency plans are in place to address any potential limitations in clinical exposure.

The panel confirmed this requirement is met. They were assured that learners gain sufficient clinical exposure, supported by a robust portfolio system. The option for experience in a second practice was noted positively, and overall, the panel expressed confidence in the provider's approach.

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 found that NEBDN has a comprehensive and well-structured assessment strategy in place, which is regularly reviewed by the ESC to uphold the principles of validity, reliability, and fairness. Summative assessments are continually refined based on post-session analysis, and the Curriculum Steering Committee (CSC) is responsible for addressing underperforming exam content through systematic review.

A broad range of assessment methods is used across the programme, including structured learner workbooks, knowledge tests, and the EPA, all mapped to unit outcomes and current best practice. Portfolio evidence is internally assessed by provider staff and externally moderated by NEBDN's EQA team to ensure consistency and compliance with standards.

Oversight is further strengthened by the CEE, who contributes to exam development and provides feedback to ESC. Associate assessors receive quarterly standardisation training to support consistency in assessment delivery. The use of Maxexam, NEBDN's secure digital assessment platform, enables robust statistical monitoring and contributes to continuous improvement. An independent ratification committee reviews the final results to ensure integrity.

The panel concluded that the requirement is met. Although only a small number of learners have completed the programme at the time of inspection, the panel was assured by the framework in place. The integration of cheat detection software was viewed as a particular strength, supporting academic integrity and fairness.

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***

NEBDN has implemented a range of mechanisms to gather feedback from multiple sources to inform learner assessment and development. The Maxexam system supports secure and efficient management of both written and clinical assessments and includes functionality to support provider feedback that helps learners identify and address areas for improvement.

As part of its quality assurance processes, NEBDN collects feedback from assessors, internal quality assurers, providers, employers, and learners.

This feedback is incorporated into the learner's portfolio, particularly through WERs, which include witness feedback on clinical performance. Employers contribute feedback during progress reviews, which are used to assess learners' development in practice.

Patient feedback is incorporated through Unit 9 of the portfolio, where patients provide anonymous comments on the dental nurse's performance. This not only informs the learner's clinical development but also contributes to the ongoing enhancement of NEBDN's qualifications and apprenticeship provision. Additionally, Unit 1 includes appraisal feedback, and ongoing reflections from both learners and employers are collected throughout each assessment unit.

However, during the inspection, the panel found that feedback from patients and peers was not consistently or robustly captured. While they acknowledged the value of the witness role in the assessment process, they felt that additional work was needed to fully meet this requirement. NEBDN noted that, in response to earlier monitoring findings, it had increased the frequency of feedback collection from quarterly to monthly to strengthen the process. As a result, the panel agreed that NEBDN must review the feedback processes to ensure that it is aligned to and informs the assessment process.

Based on the evidence, the panel concluded that 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 Partly Met***

NEBDN has implemented multiple mechanisms within the apprenticeship programme to support learners in improving their performance. These include regular verbal feedback from clinicians during clinical activities, written feedback via WERs, and structured personal development plans. WERs are completed only when learners have demonstrated competence.

Learners are encouraged to engage in reflective practice throughout the programme. At the start of each unit, they reflect on their initial knowledge, skills, and behaviours and revisit these reflections at the unit's conclusion using a structured template. This process allows learners to track their professional growth over time. Feedback is further supported through regular progress reviews, appraisals, and contributions from mentors and witnesses in the clinical setting.

Mentorship within the workplace is provided by designated individuals, typically the practice manager or lead nurse, and is intended to support pastoral and soft-skill development. However, during the inspection, it was observed that some learners were unclear about who their mentor was, indicating some variability in role clarity across settings. NEBDN acknowledged that in many cases, the mentor may also be the witness or employer, depending on the structure of the clinical team.

The panel acknowledged NEBDN's openness in discussing its feedback processes and found that mechanisms were in place to support learners. However, they noted that NEBDN must ensure a greater clarity of role profiles to demonstrate a more constructive and better tailored learner support process. The panel also observed a stronger emphasis on capturing feedback at specific points in time, rather than supporting a more continuous, longitudinal approach to reflection.

The panel also noted that there was a lack of clarity regarding the approach taken for learners who fail to attend assessments. It was unclear what the outcome would be for those learners who failed to attend. The panel agreed that NEBDN should ensure all stakeholders are aware of the impact and subsequent course of action for failure to attend assessments, As a result, the panel considered this requirement to be 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 Partly Met***

NEBDN has established a clear framework to ensure that examiners, assessors, and witnesses involved in the apprenticeship programme possess the necessary skills, qualifications, and training to carry out assessment tasks effectively. All witnesses assessing learners' practical skills hold valid GDC registration and relevant qualifications, as outlined in the Apprenticeship Specification and documented within the WERs. These assessments are subject to review by provider assessors and IQA.

Provider assessors and IQAs are required to complete annual equality and diversity training as part of their continuing professional development. Associate Assessors, IQAs, and Examiners are recruited based on their GDC registration status and relevant experience. They undergo structured induction, ongoing training, peer review, and standardisation activities every six months to maintain assessment quality. Completion of mandatory training is a prerequisite for participation in assessment activities, with non-compliance potentially leading to removal from the examiner pool.

While these systems provide a strong foundation, the panel identified a potential risk regarding inconsistencies between clinical professionals' observational assessments and formal assessment criteria within the witness testimony process. Additionally, as noted in

Requirement 4, the panel noted that further clarification may be required for those in supervisory and assessment roles to fully understand how their judgments align with expected learning outcomes. The panel agreed that NEBDN must ensure effective and auditable training and calibration for witnesses is in place.

Consequently, while many key elements are in place, the panel concluded that the requirement is partly 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 Partly Met)*

The panel agreed that the CEEs play an important role in upholding the standards and integrity of NEBDN assessments. They noted the CEEs were responsible for reviewing assessment content, overseeing marking and moderation processes, and advising the ESC on areas for improvement. The panel agreed that a level of CEE involvement ensures that assessments remain valid, reliable, and consistent with GDC learning outcomes.

The panel was informed that for assessments such as the final SCA, CEEs support the quality assurance process by contributing to standard setting and reviewing outcomes. In instances where learner numbers are particularly low, such as the June 2025 SCA, additional internal checks such as dual markings are used to ensure fairness and reliability. The panel agreed that CEEs provide useful external assurance during these processes.

CEEs are also invited to key meetings, including the Ratification and Standards Committee, to ensure transparency and provide expert input on assessment outcomes and future developments.

The panel was informed that CEEs submit formal reports using NEBDN's standard proforma. These reports should include feedback and suggestions for improvement, which are reviewed by the Director of Education and Regulation. A written response outlining actions taken by the NEBDN is then reviewed by the Senior Management Team and CEO before submission to the ESC for oversight and monitoring.

During the examination inspection, the panel was concerned with the formality and timing of how CEEs feed into the assessment ratification process. The evidence they were provided with did not fully assure them that CEEs were given the opportunity in a timely and formal manner to provide feedback on graduating learners. Going forwards, NEBDN must reviews the guidance, timeframes and standard documentation that CEEs use as part of their role to ensure formal and contemporaneous feedback is provided.

The panel consider this requirement to be partly 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 inspection team found that NEBDN has implemented a comprehensive and robust assessment framework, designed to ensure that learners are assessed fairly and consistently, and that outcomes align with the GDC's Preparing for Practice learning outcomes.

Summative assessment standards and pass marks are set by NEBDN in collaboration with the CEE, using established and appropriate methodologies such as Ebel and Angoff. These processes are further supported by advice from experienced external statisticians and psychometricians.

Assessment content is selected in line with the qualification blueprint, drawn from a secure and validated question bank, which is also used for the NEBDN Diploma in Dental Nursing programme. Papers are quality assured internally by the NEBDN Assessment Team and externally by the CEE prior to delivery and if necessary, amendments are made to ensure clarity, validity, and reliability.

The panel noted that the SCA element of the EPA is delivered by trained Associate Assessors and subject to moderation by Associate Internal Quality Assurers. Assessors apply a defined mark scheme to judge whether learners are performing below, at, or above the required standard. NEBDN ensures consistency of assessor judgement through mandatory quarterly training, incorporating both generic and subject-specific standardisation activities.

Assessment decisions and assessor conduct are reviewed through sampling of assessment recordings, with outcomes documented in an Examiner Performance Report. This report is reviewed by the Senior Management Team, with oversight from the ESC to identify and address any areas requiring additional support or development.

Post-assessment analysis is undertaken by the Ratification and Standards Committee, which is responsible for reviewing any anomalies or issues, including the removal of flawed questions and, where necessary, the recalculation of marks to protect the integrity of outcomes.
Further quality assurance is applied to the portfolio of evidence, including clinical placement witness testimonies and written assessments. These measures support the GDC requirement that learners are safe beginners and meet the standards expected of a registrant.

Oversight of assessment performance is maintained through governance structures including the Education Steering Committee, Governance Committee, Curriculum Steering Committee, and the Ratification and Standards Committee. Regular analysis of assessment data ensures continuous improvement and that all assessments remain fit for purpose.

During the re-inspection, the panel will continue to monitor and review the standard setting process as a greater number of learners progress through the qualification, to ensure it remains appropriate.

The panel consider this requirement to be met.

Summary of Action

Requirement number	Action	Observations & response from Provider	Due date
1	NEBDN must strengthen its processes by ensuring that all provider and employer inductions are completed before any clinical activity begins.	Agree – NEBDN set the standards required for training providers and it is the training providers responsibility to have suitable processes in place for induction. Compliance is monitored by NEBDN and verified through sampling activity. .NEBDN will review and strengthen where necessary its induction guidance to ensure completion remains consistent	Re-inspection 2026
2	NEBDN should ensure providers have, and adhere to, clear guidance regarding the timeliness of gaining patient consent.	Agree – NEBDN will ensure providers adhere to updated guidance regarding the timeliness of gaining patient consent.	
3	NEBDN must ensure a more robust and engaging approach particularly involving both employers and learners is in place to strengthen understanding and reinforce safe clinical practice.	Agree – NEBDN will review processes for induction and health and safety delivery to ensure it is not overly procedural and remains engaging.	Re-inspection 2026
4	NEBDN must strengthen role clarity to further support learner development and maintain quality standards across the programme.	Agree – NEBDN will ensure there is greater clarity on key roles and responsibilities for learners .	Re-inspection 2026
11	NEBDN must review the role of the Chief External Examiner, focusing on ESC membership. NEBDN should also consider establishing formal forums for provider engagement to further enhance the reliability and fairness of the assessment system.	Agree – NEBDN to review the CEE membership of ESC. NEBDN will also consider opportunities for increased Provider engagement.	Re-inspection 2026
12	NEBDN must develop a more robust mechanism to ensure providers are actively monitoring the quality and effectiveness of clinical placements.	Agree – NEBDN will review the current approach and consider alternative mechanisms to gain assurance of the quality and effectiveness of clinical placements	Re-inspection 2026

14	NEBDN should ensure that the use of PebblePad is subject to ongoing refinement and development to support the student experience.	Agree - NEBDN will ensure its approach to continuous improvement of all systems, including PebblePad, supports ongoing refinement of the learner experience.	
17	NEBDN must review feedback processes to ensure they are aligned to and inform the assessment process.	Agree – NEBDN will continue to review feedback processes to ensure they align and inform the assessment process.	Re-inspection 2026
18	NEBDN must ensure a greater clarity of role profiles to demonstrate a more constructive and better tailored learner support process.	Agree – NEBDN will ensure role profiles better describe the responsibilities and how each role supports the learner in their development journey.	Re-inspection 2026
19	NEBDN must ensure effective and auditable training and calibration for witnesses is in place.	Agree – NEBDN will look to further develop its approach to witness training and calibration.	Re-inspection 2026
20	NEBDN must reviews the guidance, timeframes and standard documentation that CEEs use as part of their role to ensure formal and contemporaneous feedback is provided.	Agree – NEBDN will review guidance to ensure the CEE provides contemporaneous feedback.	Re-inspection 2026

Observations from the provider on content of report

NEBDN welcomes the report and takes on board the feedback and direction from the panel on areas to focus on to further improve the quality of this programme.

Recommendations to the GDC

Education associates' recommendation	The Diploma in Dental Nursing (Integrated Apprenticeship) is approved for the graduating cohort to apply for registration as a dental nurse with the General Dental Council.
Date of reinspection	2026

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.