

General Dental Council

Education Quality Assurance Inspection Report

Education Provider/Awarding Body	Programme/Award
University of Hull	University of Hull

Outcome of Inspection	Recommended that the FdSci Dental Technology is to be approved (DCP) for the graduating cohort of 2024/25 to register as a Dental Technician.
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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 Technician
Learning Outcomes:	Preparing for Practice Dental Technology
Programme inspection date(s):	14 & 15 May 2025
Examination inspection date(s):	22 May 2025 - Practical Assessment 1 July 2025 – Board Assessment
Inspection team:	Helen Poole (Chair and non-registrant member) Chris Fielding (DCP member) Pamela Ward (Dentist member) Angela Watkins (GDC Quality Assurance Manager) James Pennington (GDC EQA Officer)
Report Produced by:	Angela Watkins (GDC Quality Assurance)

This is a new programme inspection of the FdSci Dental Technology at University of Hull following provisional approval in January 2025. It is noted that the inspection is completed in 2025 due to the programme running for one year prior, without GDC approval. The University of Hull are clear that as the Awarding Organisation they must apply for approval from the GDC on any registrable programmes and that they must also take responsibility for managing and monitoring the delivery centres they approve to ensure that all Requirements of the GDC Standards of Education are met and that students can demonstrate competence in all of the GDC learning outcomes.

The programme is taught at Sheffield College over a two-year period with students achieving Level 4 in year one and then moving to Level 5 in year two. Students are assessed through a modular examination, in which the assessment is broken down into modules throughout the programme and are subject to summative and formative assessment.

The relationship between University of Hull and Sheffield College is good and as an awarding organisation, University of Hull have a robust external quality assurance framework in place for the FdSci Dental Technology Programme.

The panel is assured that the current cohort will graduate as safe beginners. However, due to the concern about consistent work placements, this programme will be subject to a re-inspection in 2025-26 with an expectation that all placements become a mandatory part of the programme.

The GDC wants to thank the staff, students, and external stakeholders involved with the FdSci Dental Technology for their co-operation, assistance, and enthusiasm during the inspection.

Background and overview of qualification

Annual intake	Between 10 and 15 students.
Programme duration	35 weeks over 2 academic years.
Format of programme	<p>Year 1</p> <p>At Level 4 the first-year learners will study 3 modules in the first semester focusing on the academic, professional and basic practical skills necessary for success in the profession: <i>Introductory Dental Technology</i> will focus on the fundamental theories and the practical techniques in the manufacture of appliances. <i>Basic Anatomy and Terminology</i> will provide learners with an understanding of the oral cavity, landmarks, bones of the neck and skull, muscles of mastication and how they function to enable the manufacture of appliances. <i>Dental Legislation and Professionalism</i> focuses on the dental team, the legal requirements of being dental care professionals and the legal requirements of manufacturing dental appliances along with the professional standards set out by the General Dental Council.</p> <p>In the second Semester the learners will study 3 modules: <i>Introduction to Dental Material Sciences</i> focuses on the material selection, the material constituents and property requirements of dental materials. To investigate the uses and limitations of these materials along with safe handling. <i>Dental Technology Techniques – Removable Prosthesis</i> focuses on the manufacturing techniques of removable complete dentures and their design requirements. <i>Dental Public Health and Professional Practice</i> focuses on science and practice measures to prevent the onset of oral diseases and how the dental team provides a service to an individual and the community. Emphasis will also be on the professional standards in dealing with medical emergencies. The study of behavioural sciences and the impact on communication skills and how as a dental care professional learners need to recognise cultural and social differences, diversity and equality.</p> <p>Year 2</p> <p>In the second year (Level 5) involves learners experiencing further professional understanding and manufacturing techniques and theoretical practices required for the manufacture of partial removable appliances, orthodontic appliances and fixed prosthesis as is required to meet the standards set by the General Dental Council in a 40 credit module on <i>Dental Technology Techniques - Removable Prosthesis and Orthodontics</i> and a 20 credit module <i>Fixed Restorative</i>. The learners will focus on human anatomy, the</p>

	<p>physiology of cells, tissues and the regulatory and respiratory systems. The learners will study the structure and chemical properties of dental materials, chemical reactions and biological properties of materials and reactions in 20 credit modules on <i>Dental Biosciences and Anatomy</i>, and <i>Dental Material Science</i>. Theoretical teaching, will be supplemented with practical teaching and assessment in both college laboratories and in a Dental Technology work placement. The learners will also focus on the study skills gained at Level 4 which were embedded in the programme throughout the year, delivered through the initial induction seminar and the interactive study skills workshops. Working in collaboration with the LRC Research and Study skills HE team, learners will acquire the knowledge and skill on how to carry out research, plan research and present it via a viva element. This will not only help students become experienced researchers but will create the foundation they need for the <i>Research Methodology and Design</i> module which is instrumental in conducting their own research project should they wish to continue on to a BSC (Hons) top-up at Level 6.</p> <p>e.g: Year 1: basic knowledge, clinic attendance, shadowing 2: knowledge and simulated clinical experience 3: direct patient treatment 4-5: direct patient treatment, clinic attendance, outreach, placements</p>
Number of providers delivering the programme	1

Outcome of relevant Requirements¹

Standard One	
1	Partly Met
2	Met
3	Met
4	Partly Met
5	Partly Met
6	Met
7	Partly Met
8	Met
Standard Two	
9	Met
10	Partly Met
11	Met
12	Not Met
Standard Three	
13	Partly Met
14	Partly Met
15	Partly Met
16	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.

17	Partly Met
18	Partly Met
19	Met
20	Met
21	Met

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. (Partly Met)

The panel inspected examples of student portfolios and devices based on live case studies. The panel noted that the work was of a good standard and is assured of the level of knowledge and skills demonstrated by the current students.

The student portfolios hold good information regarding the students' academic and college laboratory work. However, the lack of documented feedback from work placements to demonstrate competence in the work environment must be gained regularly and form part of the overall portfolio and assessment of the students.

The recent loss of key staff has also impacted the access students have to crown and bridge procedures. The panel is assured that current students have gained access prior to the changes and that remaining staff are being developed in this area. However, this development must be concluded for the start of the next academic year to ensure students are not adversely impacted further.

The panel deem this Requirement to be partly 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)

During the Inspection Year 2 students confirmed that when they are on work placement, they have a placement pack which includes a letter advising patients that students may make devices. The panel reviewed a copy of the template *Student Work Awareness letter* which Sheffield College give to placement providers as part of the *FD Employer Placement Guide*.

The provider does not retain any copies of these letters, and this should form part of the student's portfolio to evidence the appropriate learning outcomes. These forms should also form part of the University of Hull sampling.

The panel is assured that this Requirement is met.

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

The panel spoke to the placement team within the college who described a college-wide process for setting up work placements for all programmes. The panel found this to be a well embedded and robust process that was recorded using the *Health & Safety WBL*. The panel are assured that there is ongoing communication with the placement to ensure this remains relevant. The college also have placement H&S documents for employers and students available via their website [Public Documents || The Sheffield College](#).

The panel received a tour of the facilities and is assured that the college laboratory is a safe environment with effective use of signage and PPE.

The panel is assured that this Requirement is 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. (Partly Met)

The panel is assured that whilst the students are working in the college laboratory they have adequate supervision by qualified teaching staff. During the inspection year 2 students noted that assessors offer good support and feedback.

The panel found that the level of supervision given by Gemma O'Brien and Charis Hayward is good and that the standard of work being produced in the college labs is good.

Work Placements are not consistently monitored throughout the programme and therefore neither the college or University of Hull are aware of any issues unless the student flags these. The panel reviewed the *Work Placement Log* template, however, during the inspection these were not available to review completed ones, as they do not form part of the student portfolio.

The college have acknowledged that this is an issue and have funding approved for a Placement Officer to be recruited in September 2025. This must be completed to ensure regular monitoring of placements take place and that there is consistency across all work placements of the level of expectations on appropriate supervision.

The University of Hull must assure themselves through their external quality assurance process that this requirement is being fully met.

The panel deems this Requirement to be 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. (Partly Met)

The panel is assured that supervisors and trainers at the college are appropriately trained and that there is a process in place to conduct checks on registration and CPD.

The panel reviewed the *UCoP Recognised Teacher Status* which is a code of practice which the University of Hull use to ensure themselves that all relevant employees delivering programmes on their behalf are appropriately qualified. All staff working on the programmes are listed on the RTS register and this is reviewed at the *Joint Board of Studies* to ensure that the register remains relevant.

Awareness of Work placement supervisors is lacking and not recorded, this must be addressed as part of the new Placement Officer and monitoring of work placements as described in Requirement 4.

The panel deem this Requirement to be partly 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 panel is assured that there are robust policies in place within Sheffield College and that these are available to staff and students.

The students are taught about patient safety and raising concerns in the *Dental Legislation and Professionalism* module.

The panel is assured that this Requirement is 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)

Although students working in the college laboratory will not be impacted, whilst on work placement students may be working on dental devices for patients. Therefore, feedback should be sought and any patient safety issues recorded in student portfolio or other recording system.

The panel deem 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 Met)

The panel reviewed the *FdSc Dental Technology Studies – Course Handbook 2024-2025* and the collage noted that this was underpinned using the *GDC Student Professionalism and Fitness to Practice* document.

The panel heard how this is discussed initially during the students Induction week and revisited throughout the programme. Students confirmed that they are fully aware of these processes.

The panel is assured that this Requirement is met.

Standard 2 – Quality evaluation and review of the programme

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

Requirement 9: The provider must have a framework in place that details how it manages the quality of the programme which includes making appropriate changes to ensure the curriculum continues to map across to the latest GDC outcomes and adapts to changing legislation and external guidance. There must be a clear statement about where responsibility lies for this function. (Requirement Met)

The panel reviewed the *UCoP Annual Monitoring, Review and Enhancement of Programmes (AMREP)* document which sets out a code of practice for how the university will manage programmes which they are responsible for. The document contains the process for managing and monitoring approved “partners” who are delivering programmes on behalf of the university. The panel reviewed the *Annual Monitoring Programme report 2023-24* which assured the panel that there is a good robust process in place for assessing the validity of ongoing programmes and how they continue to map against the GDC Learning Outcomes.

The panel noted that there is a robust process in place to manage changes to the curriculum and there is a clear understanding of the programme structure between the university and college.

The college have internal quality assurance from the HE Quality team and this includes module evaluation. These quality checks feed into the university’s external quality assurance process.

Where changes are necessary the university have employed an Academic Consultant that works with the college to ensure that changes are in line with the GDC Learning Outcomes. Changes are managed by the University of Hull through the Collaborative Provision Committee, which feeds into the annual external monitoring of the programme.

The panel noted a good collaborative partnership between University of Hull and Sheffield College, with the university taking clear responsibility as the Awarding Organisation. The panel is assured that this Requirement is met.

Requirement 10: Any concerns identified through the Quality Management framework, including internal and external reports relating to quality, must be addressed as soon as possible and the GDC notified of serious threats to students achieving the learning outcomes. The provider will have systems in place to quality assure placements. (Partly Met)

The college takes responsibility for addressing and concerns identified through their internal quality assurance process and the panel reviewed the *Internal and External Quality Assurance Policy 2024-25*.

The University of Hull have a robust process in place for the college to follow to report concerns and serious threats and this is clearly defined in the *UCoP Annual Monitoring, Review and Evaluation (AMREP) report*. The college must submit an *Institution Review and*

Enhancement Report (IREP). The panel reviewed this document which included the response from the university.

The panel found that the monitoring of work placements is inconsistent, and this monitoring does not feed into the external quality assurance of the university. The college must develop a robust internal quality assurance process for all work placements and ensure that findings are recorded, and action monitored. The university must ensure that work placements form part of the external quality assurance.

The panel deems this Requirement to be partly 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 Met)

The panel observed good examples of internal and external quality assurance processes from the college and university.

Multi source feedback is captured through various portals and is actioned by the Course Committee and reported to the Academic Board.

There is an External Examiner in place and the panel reviewed the *EE Report 2023-24* which included a number of noted actions. During the Inspection, the panel met with the external examiner, and he was content that the suggestions had been considered and actions where appropriate.

The panel is assured that this Requirement is 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. (Not Met)

There is no formal process in place for quality assurance of placements. The panel is assured that the level of quality assurance for setting up a placement is good, however, ongoing placement monitoring cannot be evidenced and is inconsistent.

The college have acknowledged that this is an issue and have funding approved for a Placement Officer to be recruited in September 2025. This must be completed to ensure regular quality assurance of placements take place.

The University of Hull must assure themselves through their external quality assurance process that this requirement is being fully met.

The panel is not assured and therefore this Requirement is 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. (Partly Met)

The panel reviewed *Photographic evidence of practical examples* and *Sample of Student Module feedback*. During the Inspection, the panel reviewed evidence of dental devices made by the students and agreed it was of a good standard.

The programme is clearly mapped against the GDC Learning Outcomes; however, this could be underpinned through a more structured work placement.

The students must pass the gateway at the end of Year 1 (level 4) to progress onto Year 2 (Level 5). Students work is assessed at the end of each module and progress is discussed and recorded, the panel reviewed a sample of the *Minutes from HE Programme and Module Board*.

The panel reviewed the *Work Placement Log* template, however, during the inspection completed logs were not available to review as they do not form part of the student portfolio. The placement logs must be consistently completed for all students on work placement and be retained in the student portfolio, so they are assessed as part of the module review meetings.

The panel deems this Requirement to be partly 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. (Partly Met)

The college has multiple platform systems which are used to capture students' progress throughout the programme. The panel was given a demonstration of *ProMonitor*, *Markbook* and reviewed student paper-based portfolios and dental devices. The panel is assured that the college has robust processes in place to collate the many systems and effectively use them to plan, record and assess students.

The panel observed examples of good verbal feedback being given to students and year 2 students told the panel that they receive contemporaneous and constructive feedback from the supervisors. However, this was not reflected in the student portfolio and only general feedback noted. The college should practise capturing all the good standard of feedback that is given to the student which will demonstrate the good support given and the longitudinal progress of the students.

Work Placements logs are not consistently captured or recorded within the college's recording system. The college must record and monitor work placement experience throughout the programme and must have a process in place for recording the information recorded on the logs.

The panel deems this Requirement to be partly met.

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

Within the college laboratory the panel are assured that the students are gaining a good exposure to a breadth of procedures and competency. However, the programme has been set up with a voluntary work placement element which is inconsistent and does not ensure that all students are gaining the same level of exposure to making live patient dental devices or work experience.

The panel identified that 3 students had not been given any work placement throughout their programme and therefore may be disadvantaged. The provider must ensure that all 3 students gain work placement experience before the students are considered for graduation at the exam board assessment in July. During the exam board assessment on 1 July 2025, it was confirmed that all 3 students had benefited from a placement and details were shared with GDC

During the inspection, the panel met with students from both years, there is an apparent disparity in the experience that the differing students' years are getting. All year 1 students voiced concern that they expected to have a placement during their first year. Only one student had completed a placement and that was self-sourced by the individual.

The college have acknowledged that this is an issue and that they must make work placement a mandatory part of the programme for all students, the college must also consider the current minimum 70 hours to ensure that the students have a meaningful experience.

The college have funding approved for a Placement Officer to be recruited in September 2025. This must be completed to ensure regular monitoring of placements take place and that there is consistency across all work placements of the level of expectations on appropriate supervision.

The panel is assured that this current cohort has attained the breadth of procedures to enable graduation, however, when the panel spoke to the year 1 cohort the findings differed significantly. The provider must ensure they manage the expectations of all students in year 1 and ensure this is documented clearly in student handbook.

The panel deems this Requirement to be partly met.

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

The panel is assured that the University of Hull have a good robust system in place for externally moderate assessments and the panel reviewed the *UCoP Moderation of Assessment (Section 3 – Scrutiny of the Assessment Task)*.

The college have a clear process and timetable for assessments, and this is underpinned by the University of Hull *Foundation-Degree-Regs-v2-20-Sept-23*. This is underpinned by the Academic Regulations which is part of the college's quality assurance framework.

Student feedback is gained at the end of each module, and this is used to develop future assessments.

The University of Hull also has an Academic Consultant in place that is a registered professional in Dental Technology and offers advice and guidance to the college.

The panel is assured that there is good practice in place for assessments and therefore this Requirement is 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. (Partly Met)

The panel is assured that the college have a robust process in place for capturing staff and student feedback and are using this effectively to inform the development of the programme and students.

The lack of work placement feedback must be addressed through the implementation of the mandatory placement to ensure that feedback is regularly obtained from work placement supervisors and patient.

The panel deems this Requirement to be 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. (Partly Met)

During the inspection, the panel observed a practical assessment and observed good examples of self-reflection by the students.

There has been a significant change in staff within the year, and the panel were informed by the Year 2 students that they felt confident to discuss their concerns with the HE Personal Tutor (Mark Hachett) and were pleased with the level of support that he offered.

Year 1 students raised concern that the speed in which they gain feedback on assessments was inconsistent and sometimes delayed. One student waited 3 weeks to get feedback on a submitted paper. The supervisors must ensure contemporaneous feedback is given and that this is captured on the student's portfolio.

Students in year 1 felt that they do not have access to a full-time programme. Scheduled contact time for the programme is 12 hours per week and students are required to attend. The provider must ensure that they are managing students' expectations throughout the programme particularly around access to placements, attendance, and self-directed learning.

Formative assessment feedback is given verbally; this must be captured as part of the student portfolio and is necessary to ensure that students and supervisors can review the students' longitudinal progress.

There is clear sharing of good practices between the two organisations including access to student support and students noted the University of Hull's "Library Support" which they can and do access.

The panel deems 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 Met)

The panel reviewed staff CV's and CPD documents and are assured that there is a clear process in place to ensure that appropriate skills and experience are maintained.

Training for staff across other University of Hull programmes delivered within the college is used as a way of calibration and the team get support from the University of Hull Academic Contact Dental Technology who is a registered Dental Technician.

The panel is assured that this Requirement is met.

Requirement 20: Providers must ask external examiners to report on the extent to which assessment processes are rigorous, set at the correct standard, ensure equity of treatment for students, and have been fairly conducted. The responsibilities of the external examiners must be clearly documented. (Requirement Met)

The college has an External Examiner in place who is appointed by the University of Hull.

The panel reviewed *External Examiner Report 2023-24* and during the inspection the External Examiner confirmed that he was required to complete the report each year and that he received a response from the college. The panel reviewed *External Examiner Report 2023-24 – Response*.

The panel is assured that this Requirement is 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 University of Hull set out clear codes of practice for assessments in the *UCoP Assessment Procedure*.

Assessment plans are shared with students during the Induction and is held on Moodle VLE.

There is a clear assessment criterion in place and this is internally moderated and externally by University of Hull.

The college must consider the new *GDC Safe Practitioner Framework* as part of the future planning of assessment to ensure all Learning outcome and Behaviours form part of the assessment.

The panel is assured that this Requirement is met.

Summary of Action

Requirement number	Action	Observations & response from Provider	Due date
1, 13, 14 & 15	The college must make work placements a mandatory part of the programme	The college has applied to the University of Hull for Major Modifications to the programme, which will enable to programme to have a mandatory work placement element.	January 2026
1, 4, 5, 10, 12, 13, 14 & 15	Documented feedback from work placements to demonstrate competence in the work environment must be gained regularly and form part of the overall portfolio and assessment of the students.	Workbooks will be required to be completed by students and GDC registered staff mentor at the work placement. The students are also required to submit a project which they will have worked on independently to show they are of safe beginner standard.	January 2026
1	The recent loss of key staff impacting access to crown and bridge procedures must be addressed for the start of the next academic year to ensure students are not adversely impacted further.	Two existing tutors have split the work load and are undertaking Continuous Professional Development to enable them to deliver Crown and Bridge. This will be supplemented by guest speakers from industry who will provide guest lectures.	January 2026
4, 10 & 12	The University of Hull must assure themselves through their external quality assurance process that work placements are consistently attended, monitored and appropriate supervision.	UoH will consider and approve the arrangements for a mandatory placement as a major modification to the programme and monitor student engagement and placement provider preparedness via established procedures for placement learning. Institution-level compliance will be reported using the AMREP process.	January 2026
15	The panel identified that 3 students had not been given any work placement throughout their programme and therefore may be disadvantaged. The provider must ensure that all 3 students gain work placement experience before the students are	It was confirmed at the exam board that the 3 students had completed a minimum of 40 hours work placement and gained the required experience. This will be a mandatory element to the course as of September 2025.	January 2026

	considered for graduation at the exam board assessment in July.		
15	The provider must ensure they manage the expectations of all students in year 1 and to ensure this is documented clearly in student handbook.	There will be a section in the student handbook which details our expectations as a provider. We will be completing a task at induction week to capture and discuss student expectations.	January 2026
17	The lack of work placement feedback must be addressed through the implementation of the mandatory placement to ensure that feedback is regularly obtained from work placement supervisors and patients.	This will be achieved upon the approval of the Major Modification, which has been submitted to the University of Hull. As part of the Work Based Learning module. This will now be a mandatory module, students and workplace mentors need to complete workbooks, students need to complete a work based learning project to show competency and skill. A member of staff will have contact with work placement mentor to discuss student progress.	January 2026
18	The supervisors must ensure contemporaneous feedback is given and that this is captured on the student's portfolio.	Student work placement books. Mentors/supervisors will be asked to sign to say the students is capable to carry out tasks. They will also be asked to write statements on the students' progress, detailing strengths and areas for improvement.	January 2026
18	Students must complete the minimum FTE hours per week.	The University of Hull adopts sector recognised standards (Framework for Higher Education Qualifications/Higher Education Credit Framework for England). The credit system in England equates credit with learning time, with 10 notional learning hours equating to one credit. Volume of study for a course expressed in credit provides an indication of approximate learning time for a typical student. FTE hours for a full time student is 40 hours per week, including teaching, assessment and independent/guided learning. The proportion of time	January 2026

		allocated to each is appropriate to the course context and approved at validation.	
18	Formative assessment feedback is given verbally; this must be captured as part of the student portfolio.	The majority of formative feedback will be captured on Google Classroom and in workbooks. some feedback will be captured via video/recording on appliances before processing takes place. This will be issued individually to students.	January 2026
21	The college must consider the new <i>GDC Safe Practitioner Framework</i> as part of the future planning of assessment.	The new GDC – Safe Practitioner Framework has been mapped to the programme and submitted to the GDC, including the course major modifications applied for. The college is awaiting the outcome of this mapping exercise.	January 2026

Observations from the provider on content of report

The Sheffield College and the Dental Technology team welcomes the outcome to recommended that the FdSci Dental Technology is to be approved (DCP) for the graduating cohort of 2024/25 to register as a Dental Technician. The findings of the report are accurate and reflect the current status of the programme. Particularly, the need to incorporate a compulsory work based element to the programme. This is being addressed and will hopefully be evidenced when the GDC return for a further inspection in 2025/26.

The University endorses the College's comments and confirms the factual accuracy of the report. We will demonstrate appropriate monitoring of student engagement with placements and the arrangements for quality assuring placement providers when the GDC returns for a further inspection in Quarter 1 2026.

Recommendations to the GDC

Education associates' recommendation	The FdSci Dental Technology is approved for this year's graduating students to apply for registration as a Dental Technician with the General Dental Council.
Date of reinspection	Quarter 1 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.