

General Dental Council

Education Quality Assurance Inspection Report

Education Provider/Awarding Body	Programme/Award
Pearson	Level 3 Diploma and Extended Diploma in Dental Technology

Outcome of Inspection	Recommended that the Level 3 Diploma and Extended Diploma in Dental Technology continues to be approved for the graduating cohort to register as Dental Technicians.
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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 General Dental Council (GDC) as a Dental Technician Risk based: focused on Requirements 1, 9, 11, 13, 15, 17 and 19
Learning Outcomes:	Preparing for Practice Dental Technology.
Programme inspection date(s):	Pearson - 20 May 2024 Sheffield College - 1 July 2024 Southbank Colleges - 2 July 2024 Leeds Teaching Hospital - 15 July 2024 Birmingham Metropolitan - 15 July 2024 Belfast Teaching Hospital - 1 August 2024 Nottingham College - 19 August 2024
Examination inspection date:	Not applicable
Inspection team:	Gillian Mawdsley (Chair and non-registrant member) Christopher Fielding (DCP member) Kulvinder Nijjar (Dentist member) Angela Watkins (Quality Assurance Manager) Benjamin Gambles (Education & Quality Officer)
Report Produced by:	Angela Watkins (Quality Assurance Manager) Benjamin Gambles (Education & Quality Officer)

The inspection undertaken at Pearson was an urgent inspection following an assessment of the annual monitoring return for the Level 3 Diploma and Extended Diploma in Dental Technology which was submitted by Pearson and assessed by an independent panel of education associates. The information considered when identifying potential or actual risks included the annual monitoring returns, previous inspection reports (including progress against actions), and complaints received.

The inspection focused on Requirements 1, 9, 11, 13, 15, 17 and 19 and areas of focus within those Requirements which are detailed below. Of these specific Requirements, one is considered not met, two are considered to be partly met and four are met. The rationale is explained for that conclusion in the commentaries under the respective requirements.

Areas of focus

1. We note that the programme ceases in 2025 and with this the funding. The GDC wishes to be assured that the closing down of this programme does not impact the students or cause any unfair disadvantages. (Requirement 1 and 9)

2. We note that Pearson are not notified of failed students who have not progressed through the programme. We want to be assured that, as the responsible body approving delivery centres, that Pearson are assured the delivery centres are delivering quality programmes. (Requirements 9)
3. We note the quality issue with Sheffield College re: unit 7: removable complete prosthodontics. We acknowledge that this information had been shared with the GDC at the time. However, we would like to be assured that this issue is now resolved and that Pearson have assured yourself that this issue does not impact other delivery centres. (Requirements 13 and 15)
4. We note that Pearson currently have one Senior Standards Verifier and are currently recruiting a Standards Verifier. We would like to understand the status of this recruitment and how Pearson ensure that the current delay does not impact on the external scrutiny of the programme. (Requirements 11 and 19)
5. We note that the provider has not received feedback from students or staff. This was an action from the previous GDC inspection (2019), and we would like to understand what action has been taken by Pearson to try to obtain feedback. (Requirement 17)
6. We note that you do not provide details of any students that have been successful in their final assessment and the number of resits. We note that these processes are monitored as part of the Standards Verifier visits. (Requirement 9 and 14)

The inspection was carried out remotely due to Pearson's hybrid working pattern and included meetings with all six of the delivery centres. During the monitoring assessment, we identified an additional risk at one of the delivery centres and therefore an onsite visit was carried out with this delivery centre. It was identified during these meetings that all six delivery centres are exiting this programme differently and therefore Pearson must ensure the programme and its students are not disadvantaged as a result.

The panel are assured that, as an awarding organisation, Pearson have a robust and effective system in place to perform quality assurance for the delivery centres.

The panel reviewed Pearson's exit strategy. The panel feel the strategy regarding the exit requires further consideration of the risks and development of more detailed and timed mitigation and/or actions. The exit strategy also requires better communication with the delivery centres to allow them to assure themselves and the GDC that there is a clear consistent message being delivered to all centres during the exit- period.

The GDC wishes to thank the staff, students, and delivery centres involved with the Level 3 Diploma and Extended Diploma in Dental Technology for their co-operation and assistance with the inspection.

Background and overview of qualification

Annual intake	There are currently 167 learners in total registered on the Diploma and Extended Diploma qualification.																				
Programme duration	<p>For all regulated qualifications, Pearson specifies a total number of hours that it is expected the average learner can be expected to undertake in order to complete and show achievement for the qualification: this is the Total Qualification Time (TQT).</p> <p>Within the TQT, there are Guided Learning Hours (GLH), which a centre delivering the qualification is likely to need to provide. Guided learning means activities that directly or immediately involve tutors and assessors in teaching, supervising, and invigilating learners, such as lessons, tutorials, online instruction, supervised study, giving feedback on performance.</p> <p>As well as guided learning, there is other required learning directed by tutors or assessors. This includes private study, preparation for assessment and undertaking assessment when not under supervision, such as preparatory reading, revision and independent research.</p> <p>These qualifications also have a credit value which is equal to one tenth of TQT. Pearson consults with users of these qualifications in assigning TQT and credit values.</p> <p>The TQT and GLH values for the Dental Technology qualifications are:</p> <ul style="list-style-type: none"> • Diploma – 600 TQT – (299 GLH) • Extended Diploma – 1800 TQT – (1006 GLH) <p>Pearson does not define the mode of study for these BTEC qualifications. Centres are free to offer the qualifications using any mode of delivery that meets their learners' needs. Centres must ensure that learners have appropriate access to the resources identified in the specification and to the subject specialists delivering the units.</p>																				
Format of programme	<p>Pearson BTEC Level 3 Diploma in Dental Technology (QCF) (299 GLH) Total qualification: 60 credits Mandatory units: 60 credits</p> <table border="1" data-bbox="587 1715 1394 2022"> <thead> <tr> <th>Unit</th> <th>Mandatory units – all 5 units must be taken:</th> <th>GLH</th> <th>Credit</th> <th>Level</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Dental Technology Fundamentals</td> <td>60</td> <td>15</td> <td>3</td> </tr> <tr> <td>2</td> <td>Medical Emergencies, First Aid and Communication in the Dental Team</td> <td>54</td> <td>10</td> <td>3</td> </tr> <tr> <td>3</td> <td>Dental Anatomy, Physiology and Disease</td> <td>54</td> <td>15</td> <td>3</td> </tr> </tbody> </table>	Unit	Mandatory units – all 5 units must be taken:	GLH	Credit	Level	1	Dental Technology Fundamentals	60	15	3	2	Medical Emergencies, First Aid and Communication in the Dental Team	54	10	3	3	Dental Anatomy, Physiology and Disease	54	15	3
Unit	Mandatory units – all 5 units must be taken:	GLH	Credit	Level																	
1	Dental Technology Fundamentals	60	15	3																	
2	Medical Emergencies, First Aid and Communication in the Dental Team	54	10	3																	
3	Dental Anatomy, Physiology and Disease	54	15	3																	

4	Basic Dental Materials Science	77	10	3
5	Legislation, Professionalism and Ethics in Dentistry	54	10	3

Pearson BTEC Level 3 Extended Diploma in Dental Technology (QCF) (1006 GLH)

Total qualification: 180 credits

Mandatory units: 180 credits

Unit	Mandatory units – all 16 units must be taken:	GLH	Credit	Level
1	Dental Technology Fundamentals	60	15	3
2	Medical Emergencies, First Aid and Communication in the Dental Team	54	10	3
3	Dental Anatomy, Physiology and Disease	54	15	3
4	Basic Dental Materials Science	77	10	3
5	Legislation, Professionalism and Ethics in Dentistry	54	10	3
6	Dental Public Health and Preventative Dentistry	26	5	3
7	Removable Complete Prosthodontics	30	15	3
8	Removable Partial Prosthodontics	115	15	3
9	Dental Laboratory Compliance	70	10	3
10	Design of Fixed Prosthodontics	70	10	3
11	Complex Dental Materials Science	70	10	3
12	Techniques for Manufacturing Fixed Prosthodontics	120	15	3
13	Orthodontic Therapy Principles	30	5	3
14	Design, Manufacture and Modification of Orthodontic Appliances	86	15	3
15	Advanced Dental Technology Techniques and Procedures	70	10	3
16	Work-based Learning in Dental Technology	20	10	3

It is important that centres develop an approach to teaching and learning that supports the specialist vocational nature of these qualifications. Specifications give a balance of practical skill development and knowledge requirements, some of

	<p>which can be theoretical in nature. Tutors and assessors need to ensure that appropriate links are made between theory and practical application and that the knowledge base is applied to the sector. This requires the development of relevant and up-to-date teaching materials that allow learners to apply their learning to actual events and activity within the sector.</p> <p>An outline learning plan is included in every unit within the specification, as guidance to demonstrate one way of planning the delivery and assessment of the unit. The outline learning plan can be used in conjunction with the programme of suggested assignments also included in the specification.</p>
<p>Number of providers delivering the programme</p>	<p>5 providers currently deliver these specifications. There were 6 providers delivering at the time of inspection.</p>

Outcome of relevant Requirements¹

Standard One	
1	Not Met
Standard Two	
9	Met
11	Partly Met
Standard Three	
13	Met
15	Met
17	Partly Met
19	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.

Requirement Not Met

The panel reviewed the *GDC Communication and Exit Strategy* which set out the plans for closing the programme and heard from the provider that the qualification was being withdrawn in line with the wider reform of Level 3 education. The panel acknowledged that an exit strategy is place; however, the provider must ensure that this document contains clear timelines and a risk register which must include mitigating actions.

The panel saw the *BTEC Level 3 Reform communication* which was a BTEC bulletin sent out to all delivery centres and the *QCF withdrawal documentation v1* which is a designated qualification webpage for this programme. Communications were shared with the current delivery centres as well as previous and potential future delivery centres.

The panel heard that the delivery centres have a contractual responsibility to resource their programme, and this will continue to be managed through the standards verification process.

Pearson have a risk management group to address concerns, and this will continue to be held throughout the exit strategy of the programme.

Pearson explained to the panel the plans for displaced learners to access the resources they require to complete their programme for up to two years following the close of the programme.

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.

The panel were given a copy of the providers *Centre Closure Policy* which assured the panel that the provider has a process for closure in place. The panel felt unsure how this would work for a technical qualification that requires practical resources, especially if staffing becomes a challenge as the programme winds down and therefore this should be clearly considered and reflected in the risk register.

The panel have been informed that the last registration date for students is 2025 and the last certification date can be up to 2028. Pearson have dedicated subject advisors who are available for direct questions regarding specific subject areas and wider training programmes. Support for both for students and for staff will continue throughout this exit period.

During the inspection the panel spoke to all the delivery centres and some delivery centres conveyed that they could have new starts in August 2025. Pearson must communicate a clear message to all delivery centres that that there are to be no new starts after 31st July 2025 otherwise the GDC will require Pearson to complete a Transitional Action Plan (TAP) to demonstrate how all delivery centres will move from the current *Preparing for Practice* learning outcomes to the *Safe Practitioner Framework*.

During the delivery centre meetings, it was clear that the initial communication of the programme exit was via Pearson's website. All delivery centres felt that direct personal contact regarding the closure of the programme would have been preferred, therefore Pearson must ensure that all future communications are clear and direct to the relevant people within each of the delivery centres.

The panel still deem this area regarding the exit to be an ongoing concern and will continue to monitor this programme during the period of the exit and operation of the strategy. Therefore, this Requirement is not 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 were told about Pearson's quality assurance process for centre approval. This was documented in *7.Approval and Monitoring* which the panel reviewed. Each delivery centre is required to confirm that students are meeting the required standards in an annual quality declaration.

Pearson do not monitor failing students. A system must be put in place, especially during the period of the operation of the exit strategy, to ensure any displace students or failing students are not adversely impacted.

Pearson undertake a risk assessment based on these declarations and previous Standard Verifier (SV) visits to allocate the format and number of SV visits to be undertaken. Each delivery centre will have a sample test on standards as part of the SV visit, which may result in the need for an action plan being developed and monitored.

The panel reviewed 36897 *THE SHEFFIELD COLLEGE Report 1*, 36807 *THE SHEFFIELD COLLEGE Report 2* and 36807 *THE SHEFFIELD COLLEGE Report 3*. These documents demonstrated the standards verification process. "Report 1" identifies an issue found by Pearson as part a routine SV visit and the action required as a result. The subsequent reports "Report 2" and "Report 3" detail the monitoring and progress of the actions. The panel discussed this process with Sheffield College during an on-site visit and were assured that the process was followed.

Pearson train their SV workforce who check that delivery centres are assessing to national standards and that assessments are fit for purpose. The panel also heard about 'soft touch' check-ins with centres, to ensure they are on track to meet the standards in good time. The delivery centres are very clear of the Standards Verification process set out by Pearson and although there have been previous issues with allocated SVs, this has improved with the recruitment of the new SV.

Pearson require delivery centres to have a lead internal verifier. Pearson offer training to the internal verifiers on an annual basis, which promotes a standardised assessment across all the delivery centres. All delivery centres are fully aware of their responsibility to monitor and review the programme at a local level and the panel reviewed this process in the 2. *BTEC Centre Guide to Internal Assessment*.

The panel were given a demonstration of the providers new *VQ learner tracker*, which will give Pearson student information in real time. This will enable Pearson to monitor students' progress and to know if a delivery centre needs support. Currently, delivery centres are expected to provide regular data on predicted pass rates and feedback on individual students as necessary.

The panel felt that the processes in place to monitor and review the programme were robust and cohesive. The introduction of the VQ learner tracker should strengthen the framework. This is no longer an area of concern; therefore, this Requirement 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 provider described the arrangements in place for the recruitment and training of the Standards Verifiers and Senior Standards Verifiers. The panel reviewed the *2023-2024 Core training Slides* and *Dental Technology SV Training 2023-24*.

There are currently four SVs; however, the panel were informed that two are inactive. There is an internal Pearson assessment specialist who visits the centres during the approval process. During the delivery centre meetings, all the delivery centres agreed that the standard verification process had improved with the recruitment of the new SV's.

The panel felt that having only two SVs for six centres could create potential conflicts of interest. Pearson informed the panel that they plan to continue to recruit to this role

The panel have a concern about contingency and succession planning should something happen to one of the two active SV, therefore the provider should continue to recruit active

SVs. The panel still deem this area to be a concern and therefore this Requirement is partly met.

Standard 3– Student assessment

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

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

Requirement Met

The panel were made aware of an issue which had been identified by Pearson and reported to the GDC. The risk was identified at a delivery centre during a standard verifier's inspection and was in relation to unit 7: Class 1 complete dentures. The panel noted good practice in that Pearson had shared this information with the GDC at the time it was identified, and this was validated in *36807 THE SHEFFIELD COLLEGE Report 3*. During the inspection, the panel visited Sheffield College onsite and is assured that there is a robust process in place to identify and rectify any issues between Pearson and the delivery centres. Sheffield College felt that it had been a clear process in correcting the issue identified and that the staff and students were supported in ensuring the unit was fit for purpose to enable students to retake the assessment.

The panel reviewed *36807 The Sheffield College - Centre Action Plan*. The panel was able to see a clear monitoring of the actions following this issue, however the panel were concerned that the training offered by Pearson had not been completed by Sheffield College. They were informed that while Pearson provides support and structure for centres to opt into training, some aspects were not mandatory. Initial Pearson training is available to all delivery centres, but specific coaching is only done when asked for. Whilst meeting with the delivery centres, the panel were clear that the process of delivery of training was mixed and would therefore suggest that Pearson should introduce a consistent approach to training across all delivery centres and note if training is mandatory or optional when added to action plans.

The panel felt that the SV quality assurance system is robust and effective as it had picked up issues at a particular centre and there was a clear trail of monitoring. However, the provider must ensure that regular monitoring ensures that actions have clear timescales and are not carried over indefinitely.

This is no longer an area of concern; therefore, this Requirement is met.

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

Requirement Met

The panel acknowledge that through Pearson's standard verification process, sampling of standards is carried out. The SV identified an issue with Unit 7: Class 1 complete dentures and its sufficiency to develop the level of competency required. This was clearly logged in 36807 *THE SHEFFIELD COLLEGE Report 3* and mitigation was actioned immediately by the delivery centre with the support of Pearson. Students were given support to return to the laboratory to retake this unit.

The panel felt that this process demonstrated a robust and effective quality assurance system is in place to identify and respond to issues. This is no longer an area of concern; 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

As part of the monitoring process, the GDC reviews actions from previous inspections. It was clear from the submitted evidence that feedback is still not being collated by Pearson. Pearson informed the panel that they do not obtain feedback direct from students due to safeguarding requirements and the need to obtain Disclosure and Barring Service (DBS) checks to enable Pearson staff to gain access to the students.

Pearson do have a dedicated web portal for learners, parents, and carers to reach out with concerns or complaints. This website is monitored through a CRM system with a Dental Technology dashboard for queries.

Pearson do collate feedback from delivery centres at the beginning of the year as part of annual declarations and following an SV visit. During the inspection, it was clear that delivery centres all have their own proactive process to collect feedback from students, staff and other stakeholder, but this is not passed to Pearson.

Requirement 17 of the GDC's Standards for Education states that "assessment must utilise feedback collected from a variety of sources". The panel noted that there are many ways for an Awarding Organisation to collect anonymised feedback either through the delivery centres or directly from the learners. Pearson currently have no formal methods for collecting and encouraging feedback from students or delivery centres and this should be addressed. It was clear during the delivery centre meetings that there are robust process in place locally to obtain multi source feedback. It would be beneficial for Pearson to acquire and review this feedback to provide clear understanding of any concerns with the programme which can then be addressed.

The panel still deem this area to be a concern and will continue to monitor this programme during the exit strategy. Therefore, this Requirement is partly met.

Requirement 19: Examiners/assessors must have appropriate skills, experience and training to undertake the task of assessment, including appropriate general or specialist registration with a UK regulatory body. Examiners/ assessors should have received training in equality and diversity relevant for their role.

Requirement Met

The provider described the arrangements in place for the recruitment and training of Standards Verifiers and Senior Standards Verifiers. The panel reviewed the *2023-2024 Core training Slides* and *Dental Technology SV Training 2023-24*.

Pearson require delivery centres to have a lead internal verifier. Pearson offer training to the internal verifiers on an annual basis, which promotes a standardised assessment across all the delivery centres. All delivery centres were fully aware of their responsibility to monitor and review the programme at a local level and the panel reviewed this process in the *2. BTEC Centre Guide to Internal Assessment*.

The panel no longer deem this area to be a concern therefore the Requirement is met.

Summary of Action

Requirement number	Action	Observations & response from Provider	Due date
1	The panel acknowledged that an exit strategy is place; however, the provider must ensure that this document contains clear timelines and a risk register which must include mitigating actions.	<p>As outlined in this report, an exit strategy is in place for these qualifications. Until the registration end date (31st July 2025), Pearson will be communicating with providers to ensure that they receive the relevant information and are aware of the key dates.</p> <p>Following the registration end date, the qualification will continue to operate until the certification end date (31st July 2028), meaning centres will have up to three years in which learners can complete their qualification(s).</p> <p>Throughout this time, centres will continue to be supported by internal Pearson teams and the annual standards verification process. Pearson will also continue to monitor and log risks relating to the providers that deliver these qualifications during this period. This log is monitored and updated regularly as part of weekly risk management meetings. This process will be formalised in the exit strategy for these qualifications.</p>	
1	Pearson must communicate a clear message to all delivery centres that that there are to be no new starts after 31 st July 2025 otherwise GDC will require Pearson to complete a Transitional Action Plan (TAP) to demonstrate how all delivery centres will move from the current <i>Preparing for Practice</i> learning outcomes to the <i>Safe Practitioner Framework</i> .	<p>Funding for these qualifications will be withdrawn on 31st July 2025 in line with the government reform on Level 3 qualifications and no further registrations will be permitted beyond this date.</p> <p>Further communications with centres will be sent to providers clarifying the dates when funding will be withdrawn and when registration will close for these qualifications.</p>	

		Communications are planned in January and May 2025.	
1	Direct communication with the delivery centres should start, or where there has been communication already, continue directly with delivery centres by updating on their exit strategy. This should include support that may be available to students who may be identified as failing.	<p>During the standards verification process in 2024, Pearson started to communicate directly with centres; Pearson staff members either attended standards verification visits in person or communicated with centres remotely to discuss the closure of the qualification.</p> <p>At the start of this academic year, Pearson have continued to communicate directly with providers, either in network events or centre check-ins, arranged by our team of Vocational Quality Assurance Managers.</p> <p>Annual standards verification will take place in 2025 between February and June. Standards Verifiers will communicate directly with centres to quality assure the programmes delivered by providers. This process will enable monitoring of learner progress and will highlight any potential issues.</p> <p>The above processes will also continue throughout the exit strategy until the certification end date in July 2028.</p>	
9	Pearson do not monitor failing students. A system must be put in place, especially during the operation of the exit strategy to ensure any displace students or failing students are not adversely impacted.	<p>In response to this action Pearson have reviewed recent learner data which confirms that all the providers (except one) have delivered this qualification as a 2-year course.</p> <p>As Pearson's withdrawal timeline accommodates an extra year this will support any learners that need more than 2 years to complete. However, as we identified that one provider delivers their programme over 3-years to some learners, we will as part of our direct communication with this centre ensure that they</p>	

		<p>understand the implications for any new learners due to start a 3-year programme through to 2028.</p> <p>The continuing standards verification process, along with Pearson's own VQ Learner tracker platform will enable monitoring of learner progress throughout the exit strategy.</p>	
13	<p>The provider must ensure that regular monitoring ensures that actions have clear timescales and are not carried over indefinitely.</p>	<p>In rare cases where an action plan is required, Pearson provides centres with actions and recommendations to mitigate the specific issues identified. In some cases, actions are essential to enable the issue of results, whilst others are optional and support best practice in the future.</p> <p>In response to this action, Pearson have reviewed the current action plan in place for one provider.</p> <p>As the annual standards verification process will continue until the certification end date in 2028, if during this process, an action plan is required, Pearson will:</p> <ul style="list-style-type: none"> • continue to inform the GDC. • ensure that in the action plan it is clear which actions are essential, and which are recommended. • ensure, where required, the plan clearly states the deadline(s) for each action to be completed. • ensure that action plans are updated regularly. 	
17	<p>Pearson currently have no formal methods for collecting and encouraging feedback from students from across the delivery centres and this should be addressed.</p>	<p>Currently feedback from providers and learners is not mandatory and can be provided to Pearson via our Pearson Support Portal.</p> <p>Throughout the exit strategy, Pearson will be communicating directly with providers, through our</p>	

		<p>team of Vocational Quality Assurance Managers at the start of the academic year and as part of the annual standards verification process between February and June.</p> <p>This direct communication will encourage centres to provide their feedback and share any concerns from learners, particularly in relation to the completion of qualifications prior to the withdrawal of certification on these programmes.</p>	
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Observations from the provider on content of report

As an Awarding Organisation, Pearson is unique in that there is a division of responsibilities between us and the providers delivering the qualifications to learners. Pearson work in partnership with providers to ensure standards are maintained and learners progress through the course. This partnership will continue through the withdrawal of these qualifications so that learners are not disadvantaged.

Recommendations to the GDC

Education associates' recommendation	The Level 3 Diploma and Extended Diploma in Dental Technology continues to be approved for holders to apply for registration as Dental Technicians with the General Dental Council.
Date of reinspection	We will carry out a risk-based re-inspection in 2025. We will be following up on outstanding actions, reviewing progress against the operation of the exit strategy and ensuring that students are not disadvantaged due to the closure of the programme.

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.