

City & Guilds Level 3 Diploma in Dental Nursing (4238-03)

Version 1.3 (April 2025)

Qualification Handbook



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Health Education and
Improvement Wales (HEIW)

Qualification at a glance

Subject area	01.1 Medicine and dentistry
City & Guilds number	4238-03
1	16-18, 18+
Entry requirements	None
Assessment	Portfolio of evidence, Synoptic Knowledge Test, Practical demonstration/assignment, Observation
Grading	Pass
Approvals	Automatic approval for 5234 customers See section 2
Support materials	Candidate logbook Sample assessments Index of dental terminology
Registration and certification	Consult the Walled Garden/Online Catalogue for last dates

Title and level	City & Guilds qualification number	Qualification accreditation number	Qualifications Wales designation	GLH	TQT
City & Guilds Level 3 Diploma in Dental Nursing	4238-03	603/7221/7	C00/4351/6	367	584

Version and date	Change detail	Section
v1.0 March 2021	Initial document	All
v1.1 April 2021	HEIW Logo added.	Title page
	Assessment units (031, 030/035) added to unit listing table.	Section 1 – Introduction
	Grade boundary information added to test specification for assessment 4238-030/035 Synoptic Knowledge Test.	Section 4 – Assessment
	Unit 301 Supporting information – page title corrected. Unit 311 Supporting information – evidence requirements corrected.	Section 5 - Units
v1.2 June 2024	Additional information added to section 3 to meet General Dental Council Requirements. Additional information added to Appendix 1. Guidance added for re-sit of assessment component 035	Section 3 – Delivering the qualification Appendix 1
		Assessment 030/035
v1.3 April 2025	Handbook transferred to latest version of the template. The section on Quality Assurance has been updated and sections on Inclusion and diversity, and Sustainability have been added.	Throughout

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1 Introduction

This document tells you what you need to do to deliver the qualification:

Area	Description
Who is the qualification for?	This qualification has been designed specifically as a standalone qualification for those learners wishing to apply to the General Dental Council (GDC) professional register as dental nurses, once they have achieved the qualification. It is anticipated that this qualification will be available in England, Wales and Northern Ireland.
What does the qualification cover?	This qualification allows candidates to learn, develop and practise the skills required for employment and/or career progression in Dental Nursing. The content covers and is mapped to the GDC Learning Outcomes for Dental Nurses and relevant National Occupational Standards This qualification is approved by the GDC.
What opportunities for progression are there?	This qualification allows candidates to make an application to enter the General Dental Council professional register as a Dental Nurse. After being accepted onto the register, the candidate is then recognised as a qualified and competent dental nurse. On gaining further experience as a dental nurse, the candidate may then progress onto the following City & Guilds qualifications: 6317 Assessment qualifications 6502 Education and Training qualifications ILM Coaching and Mentoring qualifications ILM Leadership and Management qualifications

Area	Description
Who did City & Guilds develop the qualification with?	This qualification was developed with a group of dental nursing experts from a number of different organisations including Employers, FE Colleges, and Private Training Providers. The qualification has been approved by the General Dental Council as meeting the qualification requirements for applicants to the dental nurse professional register. This qualification has been approved by Skills for Health, and Health Education Improvement Wales (HEIW).
Is it part of an apprenticeship framework or initiative?	It is expected that this qualification will be added to the Apprenticeship Frameworks in Wales and Northern Ireland. This qualification is NOT part of the Dental Nurse apprenticeship standard in England. Please refer to the 4238-12 Level 3 Extended Diploma in Dental Nursing.

Structure

To achieve the City & Guilds Level 3 Diploma in Dental Nursing, learners must achieve:

City & Guilds unit number	Unit title	GLH
Mandatory units:		
Learners must achieve all eleven mandatory units.		
301	Preparing for professional practice in dental nursing	36
302	The impact of health and safety legislation on working practices in the dental setting	35
303	Prevention and control of infection in the dental setting	44
304	Dental and regional anatomy, oral health assessments and treatment planning	40
305	Recognising and supporting actions during first aid and medical emergencies	28
306	The safe use of ionising radiation to produce quality radiographic images	32
307	Provide support for the control of periodontal disease and caries, and the restoration of cavities	28
308	Provide support during the stages of prosthetic treatments	28
309	Provide support during the stages of endodontic procedures	24
310	Provide support during extractions and minor oral surgery	24
311	Scientific and practical information to support the patient's oral and physical health	48

Total Qualification Time (TQT)

Total Qualification Time (TQT) is the number of notional hours which represents an estimate of the total amount of time that could reasonably be expected for a learner to demonstrate the achievement of the level of attainment necessary for the award of a qualification.

TQT consists of the following two elements:

- 1) the number of hours that an awarding organisation has assigned to a qualification for guided learning
- 2) an estimate of the number of hours a learner will reasonably be likely to spend in preparation, study or any other form of participation in education or training, including assessment, which takes place as directed by – but, unlike guided learning, not under the immediate guidance or supervision of – a lecturer, supervisor, tutor or other appropriate provider of education or training.

Title and level	GLH	TQT
City & Guilds Level 3 Diploma in Dental Nursing (4238-03)	367	584

2 Centre requirements

Approval

Full approval

To offer this qualification, new centres will need to gain both centre and qualification approval. Please refer to the document **Centre Approval Process: Quality Assurance Standards** for further information.

Centre staff should familiarise themselves with the structure, content and assessment requirements of the qualifications before designing a course programme.

Resource requirements

Centre staffing

Staff delivering this qualification must be able to demonstrate that they meet the following occupational expertise requirements. They should:

- be occupationally competent or technically knowledgeable in the area[s] for which they are delivering training and/or have experience of providing training. This knowledge must be to the same level as the training being delivered
- hold a qualification recognised by the General Dental Council for registration and demonstrate on-going occupational competence
- have recent relevant experience in the specific area they will be assessing and up to date knowledge of the legislation and guidance relating to dental settings
- have recent relevant experience in the specific area they will be assessing
- have credible experience of providing training.

See also **Section 4 Assessment** for further details from the assessment strategy.

Centre staff may undertake more than one role, eg tutor and assessor or internal verifier, but cannot internally verify their own assessments.

Continuing professional development (CPD)

Centres are expected to support their staff in ensuring that their knowledge remains current of the occupational area and of best practice in delivery, mentoring, training, assessment and quality assurance, and that it takes account of any national or legislative developments.

Quality assurance

Approved centres must have effective quality assurance systems to ensure optimum delivery and assessment of qualifications. Quality assurance includes initial centre approval, qualification approval and the centre's own internal procedures for monitoring quality. Centres are responsible for internal quality assurance and City & Guilds is responsible for external quality assurance. All external quality assurance processes reflect the minimum requirements for verified and moderated assessments, as detailed in the Centre Assessment Standards Scrutiny (CASS), section H2 of Ofqual's General Conditions. For more information on both

CASS and City & Guilds Quality Assurance processes visit: the **What is CASS?** and **Quality Assurance Standards** documents on the City & Guilds website.

Standards and rigorous quality assurance are maintained by the use of:

- Internal quality assurance
- City & Guilds external quality assurance.

In order to carry out the quality assurance role, Internal Quality Assurers must

- have appropriate teaching and vocational knowledge and expertise
- have experience in quality management/internal quality assurance
- hold or be working towards an appropriate teaching/training/assessing qualification
- be familiar with the occupation and technical content covered within the qualification.

External quality assurance for the qualification will be provided by City & Guilds EQA process. EQAs are appointed by City & Guilds to approve centres, and to monitor the assessment and internal quality assurance carried out by centres. External quality assurance is carried out to ensure that assessment is valid and reliable, and that there is good assessment practice in centres.

The role of the EQA is to:

- provide advice and support to centre staff
- ensure the quality and consistency of assessments and marking/grading within and between centres by the use of systematic sampling
- provide feedback to centres and to City & Guilds.

Assessors should be one of the following:

- a dentist who holds a qualification recognised by the GDC for registration
- a dental nurse who holds a qualification recognised by the GDC for registration and who can demonstrate on-going occupational competence
- a Dental Care Professional (DCP) who is competent in the area of practice and holds a qualification recognised by the GDC for enrolment or statutory registration.

All assessors must be registered dental (care) professionals.

All assessors must have current registration status with the General Dental Council. This is a mandatory requirement.

Centres must check the qualification and registration status of assessors prior to employment and ensure that registration is maintained.

Centres must also ensure they have the correct level of professional indemnity cover for staff, in line with current standards.

Please review the requirements for registration and indemnity cover on the GDC website for clarification **www.gdc-uk.org**

Expert Witnesses

The expert witness must have:

- the same vocational expertise as assessors
- a working knowledge of the competences on which their expertise is based
- current expertise and occupational competence ie. within the last two years, either as a dental nurse, dental practitioner or oral health manager or a healthcare professional with expertise in decontaminating instruments and devices in a health setting. This experience should be credible and clearly demonstrable through

continuing learning and development.

The role of the Expert Witness is to provide testimony to the competence of the learner in meeting the learning outcomes in any given unit. This testimony must directly relate to learner performance in the workplace which has been seen by the expert witness.

Expert Witnesses must be inducted by the centre to familiarise them with the requirements of the qualification and the principles for writing an expert witness testimony.

Centres must obtain and retain records which provide evidence of the Expert Witness's experience and competence which would deem them suitable to give Expert Witness Testimony. The record must confirm which parts/units of the qualification, for which the Expert Witness is competent to provide testimony and evidence of their competence to do so.

Centres must also record the Expert Witnesses GDC registration number, which must be current.

It is not necessary for Expert Witnesses to hold assessor qualifications as a qualified assessor must decide upon the acceptability of all evidence sources, including Expert Witness Testimony.

Expert Witness Testimony may be used where it is not possible for an assessor to observe an activity in the workplace. Expert Witness Testimonies have parity with assessor observations but must NOT be used as a substitute for the required number of assessor observations. The minimum number of assessor observations must still be evidenced.

Recording of Expert Witness Testimony

Centres should enable Expert Witnesses to provide and present their testimony in an efficient way ensuring that this does not compromise validity and reliability. This could include:

- the use of voice and audio recordings, or
- through remote discussions where the main assessor could scribe the Expert Witness contributions.

Please note that both paper and online forms are permitted

Assessor's role where Expert Witness Testimony is used

Triangulation of Expert Witness Testimony evidence must include the following:

- Learner reflection
- Professional discussion

Work records may also be used as an additional source of evidence, the candidate's contribution to the work products will need to be confirmed by the workplace manager, supervisor or Expert Witness. Actual work records must remain in situ in the workplace and be referred to in the assessor records regarding how they were used to inform the assessment decision.

Co-ordinating assessors

In order that the requirements for occupational competence of assessors and expert witnesses can be met while allowing flexibility of delivery, learners may have more than one assessor or expert witness involved in the assessment process.

Where more than one assessor or Expert Witness is involved, there must be a named assessor who is responsible for the overall co-ordination of the assessment for each learner.

Co-ordinating assessors will be responsible for co-ordinating, planning and directing assessment for the whole qualification. Co-ordinating assessors must ensure that the best use is made of all available evidence and will make the final judgement of competence in each unit where other assessors or Expert Witnesses have been involved.

The co-ordinating assessor must be a qualified assessor, who is occupationally competent, registered with the General Dental Council, occupationally experienced and experienced in the assessment of work-based learning.

It is expected that co-ordinating assessors will work closely with internal quality assurers to ensure standardised practice and judgements within the assessment process

Internal Quality Assurance (IQA) Staff

Those staff carrying out internal quality assurance roles must be occupationally knowledgeable in the area they are assuring and be qualified to make quality assurance decisions.

Learner entry requirements

City & Guilds does not set entry requirements for these qualifications. However, centres must ensure that candidates have the potential and opportunity to gain the qualification successfully.

Age restrictions

This qualification is approved for learners aged 16 or above.

Access arrangements and reasonable adjustments

City & Guilds has considered the design of this qualification and its assessments in order to best support accessibility and inclusion for all learners. City & Guilds understands however that individuals have diverse learning needs and may require reasonable adjustments to fully participate. Reasonable adjustments, such as additional time or alternative formats, may be provided to accommodate learners with disabilities and support fair access to assessment.

Access arrangements are adjustments that allow candidates with disabilities, special educational needs, and temporary injuries to access the assessment and demonstrate their skills and knowledge without changing the demands of the assessment. These arrangements must be made before assessment takes place.

The Equality Act 2010 requires City & Guilds to make reasonable adjustments where a disabled person would be at a substantial disadvantage in undertaking an assessment.

It is the responsibility of the centre to ensure at the start of a programme of learning that candidates will be able to access the requirements of the qualification.

Please refer to the JCQ access arrangements and reasonable adjustments and Access arrangements - when and how applications need to be made to City & Guilds for more information. Both are available on the **[City & Guilds website](#)**

3 Delivering the qualification

Initial assessment and induction

An initial assessment of each learner should be made before the start of their programme to identify:

- if the learner has any specific training needs
- support and guidance they may need when working towards their qualification
- any units they have already completed or credit they have accumulated which is relevant to the qualification
- the appropriate type and level of qualification.

City & Guilds recommends that centres provide an induction programme so the candidate fully understands the requirements of the qualification, their responsibilities as a candidate, and the responsibilities of the centre. This information can be recorded on a learning contract. In addition, centres must ensure that the candidate completes a dental nursing specific induction as specified in Appendix 1. This should be completed preferably within the first six weeks of training and the signatures of the apprentice, the employer representative and the centre. Further guidance on the GDC induction requirements can be found on the GDC website www.gdc.org

The requirement to demonstrate professional behaviours whilst maintaining accurate up to date records are skills covered in specific Assessment Criteria in some units. These Assessment Criteria must be evidenced to complete these units. It is expected that contributions to record keeping will naturally occur in most if not all of the unit activities. Assessors/Experts Witnesses may record these activities in assessment records to show consistency of practice.

Inclusion and diversity

City & Guilds is committed to improving inclusion and diversity within the way it works and how it delivers its purpose which is to help people and organisations develop the skills they need for growth.

More information and guidance to support centres in supporting inclusion and diversity through the delivery of City & Guilds qualifications can be found here:

[Inclusion and diversity | City & Guilds \(cityandguilds.com\)](http://cityandguilds.com)

Sustainability

City & Guilds are committed to net zero with an ambition to reduce its carbon emissions by at least 50% before 2030 and develop environmentally responsible operations to achieve net zero by 2040 or sooner if it can. City & Guilds is committed to supporting qualifications that support its customers to consider sustainability and their environmental footprint.

More information and guidance to support centres in developing sustainable practices through the delivery of City & Guilds qualifications can be found here:

Pathway to Net Zero | City & Guilds (cityandguilds.com)

Centres should consider their own carbon footprint when delivering this qualification and consider reasonable and practical ways of delivering this qualification with sustainability in mind. This could include:

- reviewing purchasing and procurement processes (such as buying in bulk to reduce the amount of travel time and energy, considering and investing in the use of components that can be reused, instead of the use of disposable or single use consumables)
- reusing components wherever possible
- waste procedures (ensuring that waste is minimised, recycling of components is in place wherever possible)
- minimising water use and considering options for reuse/salvage as part of plumbing activities wherever possible.

Artificial Intelligence (AI)

City & Guilds has published a [Position Statement on AI](#) including guidance on its use. This is designed to help learners, tutors and assessors to complete Non-Exam Assessments (NEAs), coursework and other internal assessments successfully. Staff delivering this qualification must ensure familiarity with the statement.

Support materials

The following resources are available for this/these qualification(s):

Description	How to access
Candidate logbook	www.cityandguilds.com
Sample assessments	www.cityandguilds.com
Index of dental terminology	www.cityandguilds.com

Recording documents

Candidates and centres may decide to use a paper-based or electronic method of recording evidence.

City & Guilds endorses several ePortfolio systems, including our own, **Learning Assistant**, an easy-to-use and secure online tool to support and evidence learners' progress towards achieving qualifications. Further details are available at: www.cityandguilds.com/eportfolios.

City & Guilds has developed a set of *Recording forms* including examples of completed forms, for new and existing centres to use as appropriate. *Recording forms* are available on the City & Guilds website.

Although new centres are expected to use these forms, centres may devise or customise alternative forms, which must be approved for use by the external quality assurer, before they are used by candidates and assessors at the centre. Amendable (MS Word) versions of the forms are available on the City & Guilds website.

Learner access to dental settings

City & Guilds recommends as best practice learners may need to have experience in and possibly be assessed in another dental practice in order that they are experienced in the variety of patient care and needs. It is the centre's responsibility to ensure that every effort is made to keep student experience as consistent possible across all delivery sites. In order to meet the range of patient care needs specified in the qualification this may mean that a learner in a small practice may need to be facilitated in gaining experience and assessment in other practices.

The requirements of the General Dental Council for the delivery and quality assurance of the City & Guilds Level 3 Extended Diploma in Dental Nursing

The General Dental Council (GDC) is responsible for the regulation of the dental workforce (Dental Care Professionals) throughout the United Kingdom. Part of this role involves the maintenance of a register of practitioners who are deemed appropriately qualified and competent to carry out the role of a dental care professional. Dental nurses are required to register with the GDC in order to practice. One of the requirements to gain entry to the register is that the dental nurse must possess a recognised qualification, such as the City & Guilds Level 3 Diploma in Dental Nursing.

City & Guilds has undertaken an approval process with the GDC. The continued approval of the qualification as an entry qualification for the professional register is dependent on City & Guilds and its assessment centres proving that they continue to meet the GDC requirements based on the evidence that was submitted at approval and in any subsequent inspections.

The approval is based on the GDC document Standards for Education – standards and requirements for providers, which can be found on the GDC website.

The Standards for Education are based on three areas:

- Standard 1 - Protecting patients
- Standard 2 - Quality evaluation and review of the programme
- Standard 3 - Student assessment

City & Guilds has provided evidence to support the achievement of these standards based on our requirements for centre approval and the contents of the qualification handbook. There are additional requirements relating to GDC approvals, including those outlined below.

Centres offering the City & Guilds Level 3 Diploma in Dental Nursing will need to be able to demonstrate they comply with Standard 1 – Protecting patients at:

- the approval stage (centre and scheme)
- regular external quality assurance monitoring activities
- inspections carried out by the quality assurance team from the GDC

Specific requirements to meet Standard 1 – Protecting patients

Centres are required to have a written agreement with the learner's employers. This agreement outlines the responsibilities of the employer in the learning and assessment processes. To meet GDC requirements, this agreement must contain:

- reference to a process/written agreement in which there is a decision stating the learner has developed sufficient knowledge and skills to work directly with patients in a safe manner. An exemplar learner induction checklist may be found in Appendix 1. The Learner Induction Checklist must be completed at the beginning of the learner's programme and stored in the learner's qualification portfolio, for auditing purposes.
- learners MUST be allocated a suitably experienced GDC registrant who will take on the responsibility of acting as the learner's workplace mentor. The workplace mentor must be identified in the Learner Induction Checklist, including their GDC registration number.

- a requirement that trainee dental nurses working in the surgery are identified as such, to ensure that patients are aware and have been advised on what they need to do if they are concerned in any way about this - to be recorded in learner induction checklist - see **Appendix 1**
- a stipulation that learners work under the direct supervision of a registered dental care professional until they become qualified as a dental nurse.

In addition to the written agreement with the learner's employers, centres must be able to evidence their commitment to delivering training which will equip the dental nurse with the core skills required to work safely in a dental setting. Core skills will include health and safety, infection control and aspects of the role and responsibilities of the dental nurse (including patient care).

The core skills should feature in the first four months of a learning programme.

Centres must ensure that an assessment of the suitability of the learner's workplace is undertaken in relation to:

- health and safety,
- learner access to opportunities to learn and practice the skills required regarding all treatments and procedures included in the qualification. If this is not the case, alternative provision must be sought for specific treatment or procedure that the learner is not able to access in their place of work.

Alternative workplaces should also be assessed for suitability, a mentor must be identified for the learner and the learner must be given adequate time to learn and practice the skills prior to assessment. This due diligence supports patient and learner safety.

Raising concerns

Where either the centre or student (learner) have concerns, feedback and/or complaints about any of the following:

- patient safety
- clinical incidents
- the qualification content or assessment
- student fitness to practice

the process outlined below should be followed.

Learners should also be aware of their Duty of Candour.

The individual wishing to raise a concern should email the City & Guilds Feedback and Complaints Team using the email address feedbackandcomplaints@cityandguilds.com. Please ensure that you enter one or more of the topics in the bullet pointed list above in the Subject Header, as well as including "Feedback", "Complaint" or both. Please also include the qualification number if known, and where relevant.

As examples, a Subject Header could be:

Raising Concern - Feedback about the 4238-03 Qualification content

Raising Concern - Complaint about patient safety in dental practice

Raising Concern – Feedback Student Fitness to Practice in dental nursing

Raising concern – Complaint Clinical Incident in dental practice

City & Guilds will log every email and our Feedback and Complaints Team will contact the most appropriate individual or team for comment or action so that an appropriate response can be sent to the sender.

Adopting this method of gathering feedback will also support City & Guilds to identify any areas of improvement that are needed in the way the qualifications are designed, delivered and/or quality assured. It will also support our learners and customers to provide us with timely information, so that action can be taken, when necessary, rather than using an annual survey, which will now not be needed.

Centres should keep their External Quality Assurance Consultant (EQA) informed of any concerns raised.

Student Fitness to Practise

Centres must have a 'Student Fitness to Practise' policy based on the GDC document Student Fitness to Practise which can be located on the GDC website **www.gdc-uk.org**. **The GDC website contains guidance for learners and case studies that may be helpful to use during learning activities.**

Learners must also be aware of the Fitness to Practice requirements for GDC registrants

Implementation of professionalism and codes of conduct are imperative and underpin the basic principles of dental nursing. For this reason centres are to ensure that measures are in place to identify, report and act upon concerns raised relating to a student's and/or staff behaviour, attitude and conduct whilst in training. Centres are expected to record all concerns and have transparent procedures in place. It is expected that Fitness to Practise policies will run alongside centre procedures when raising concerns. All records must be made available at each activity completed by External Quality Assurers.

Centres must follow the procedure outlined in the Raising Concerns section above. In the event of needing to escalate concerns, the centre must have a procedure to do this, including an option to raise issues directly with the General Dental Council. City & Guilds may escalate concerns directly to the General Dental Council directly.

Centres must also ensure that students have information provided to help guide and inform on actions to take if concerns are identified whilst in training.

City & Guilds EQAs will request to see the Centre Student Fitness to Practise Policy at approval and during quality assurance activities. EQAs should also be informed regarding any Student Fitness to Practice concerns.

Student (learner) identification

Centres must ensure that all trainee dental nurses are clearly identifiable to members of the public and other Dental Care Professionals within the dental workplace. An appropriate name badge confirming learners' name and trainee status is to be clear at all times within the clinical workplace. This is a mandatory requirement and it is a centres responsibility to ensure adherence at all times. Each centre is to ensure that employers and each clinical workplace are aware of the requirements.

4 Assessment

Assessment of the qualification

The assessment strategy for this qualification is based on the Skills for Health Assessment Principles, which can be found on the Skills for Health website <https://skillsforhealth.org.uk/info-hub/qualifications-in-england-wales-and-northern-ireland/>

Summary of assessment and grading

Each unit contains detailed evidence requirements, which must be met. In addition, there is an overall requirement that the learner must be observed in practice in the dental setting on a minimum of **six** occasions. At least **three** of these observations should be carried out by the assessor. The remaining observations of practice should be conducted by an Expert Witness.

To achieve the qualification the candidate must achieve the following assessments:

- **(031) Portfolio of evidence** (meeting all evidence requirements of units 301- 311). This is centre-assessed and is graded Pass/Fail
- **(030) Synoptic knowledge test.** This is an external, online multiple-choice test, which samples knowledge across all units of the qualification. This test is graded Fail/Pass/Distinction

The overall grading for the qualification is Pass/Fail. Candidates must achieve a minimum of a Pass in both assessments to achieve the qualification

Observation

The primary source of evidence for competency-based learning outcomes within this qualification is observation of practice in the workplace, supported by Expert Witness Testimony where appropriate.

There is a minimum requirement of **six** observations of practice in the workplace, at least **three** of which must be carried out by the assessor. The remainder may be carried out by an expert witness.

Please refer to individual unit guidance, as some learning outcomes **must** be observed by an assessor and Expert Witness Testimony will not be accepted as evidence for these specific outcomes.

Expert Witnesses

Expert Witnesses may observe a learner's practice and provide testimony for competence-based units which will have parity with assessor observation for all competence-based units across the qualification, unless otherwise stated in the unit evidence requirements. If an assessor is unable to observe the learner, she/he will identify an Expert Witness in the workplace, who will provide testimony of the learners work based performance.

Where Expert Witness Testimony is used, the assessor must use additional sources of evidence to ensure they are confident to sign off the evidence as proof of candidate competence.

Other sources of competence evidence:

Some competence criteria may be difficult to evidence by observation because they may refer to infrequently occurring activities. In the event of this occurring alternative methods of assessment may be used to support the evidence required the examples are:

Work Products: These are non-confidential records made, or contributed to, by the learner, eg incident records, maintenance reports. They can be any relevant products of learner's own work, or to which they have made a significant contribution, which demonstrate use and application within their practice.

Confidential Records: These may be used as evidence but must **not** be placed in the learner's portfolio. They must remain in their usual location and be referred to in the assessor records in the learner's portfolio eg copies of risk assessments the learner has contributed to.

Questioning: Questions may be oral or written. In each case the question and the learner's answer will need to be recorded eg what are your workplace procedures for dealing with risks which you are not able to handle yourself? Questions are asked by assessors and answered by learners to supplement evidence generated by observations and any other evidence type used. Assessors may be able to infer some knowledge and understanding from observing a learner's practice. They may ask questions to confirm understanding and/or cover any outstanding areas.

Professional Discussion: This should be in the form of a structured review of the learner's practice with the outcomes captured by means of audiotape or a written summary. These are particularly useful to provide evidence that the learner knows and understands principles which support practice; policies, procedures and

legislation, and that the learner can critically evaluate their application eg Describe your responsibilities for health and safety in your workplace. It is highly recommended that Professional Discussion is used throughout the qualification as it will support authentication of other evidence.

Original Certificates: Certificates of training and records of attendance must be authentic, current and valid. The learner's assessor will also want to check the content of such training so that this can be matched to the standards and check that the learner has retained and can apply learning to practice eg First Aid at Work. It is advised that copies of certificates be used and centres should authenticate the originals. Certificates can be used as supporting evidence but will not be taken as a replacement for evidence derived by the assessor eg simulation.

Projects / Assignments: These methods are most appropriately used to cover any outstanding areas in the knowledge requirement of the learner's qualification and occasionally because an event happens rarely or may be difficult to observe.

Learners may have already completed a relevant project or assignment which can be mapped to the relevant standards and therefore provide evidence. Evidence from previous training courses and/or learning programmes which they have completed and which demonstrate their professional development may also be used following the agreed Recognition of Prior Learning process.

Reflective Accounts: describe learners' actions in particular situations and/or to reflect on the reasons for practising in the ways selected. The learner may be able to use a reflective account to provide some of the performance evidence for a unit eg an account of an occasion when you reported on a high risk hazard. Reflective accounts also provide evidence that learners are able to evaluate their knowledge and practice across the activities embedded in this qualification. Learner reflective

accounts may also be used to authenticate or build on other forms of evidence, such as Expert Witness Testimony

Case Studies: must be based on real work practice and experiences and will need to be authenticated by an assessor if used as evidence of a competent performance. Theoretical or simulated exercises would only be admissible as evidence of knowledge and understanding.

NB Confidential records must not be included in learners' portfolios but must be referred to in the assessment records.

Witness Testimony: Colleagues, allied professionals and individuals with whom the learner works with may be able to provide testimony of their performance. The learner's assessor will help to identify the appropriate use of witnesses

Simulation

Simulation is only allowed for specific learning outcomes within the following units:

- **304** Dental and regional anatomy, oral health assessments and treatment planning,
- **305** Recognising and supporting actions during first aid and medical emergencies,
- **308** Provide support during the stages of prosthetic treatments,
- **310** Provide support during extractions and minor oral surgery
- **311** Scientific and practical information to support the patient's oral and physical health.

Simulations have been specified for learning outcomes where the learner may be unable to complete the standards because of the lack of opportunity within their practice i.e.

- where performance is critical but events occur infrequently and yet a high degree of confidence is needed that the learner would act appropriately - for example (i) where there is a high risk of harm or abuse to the individuals, key people in their lives and others, (ii) where events such as medical emergencies (such as cardiac arrest) occur and competence is vital to ensure best practice and results (iii) completing manual charting.
- where performance is critical, happens frequently but where there is risk of harm to the learner or service user in a real situation, for example, dealing with aggressive or abusive situations (although evidence from direct observation should be used where possible).

Where simulations are used they must replicate working activities in realistic (but not necessarily actual) workplace environments.

The evidence must at all times reflect the policies and procedures of the workplace as informed by current legislation, the relevant service standards and codes of practice for the sector.

Mapping to the National Occupational Standards and the General Dental Council Learning Outcomes is provided in Appendix 3.

If a student fails the first sitting of 030, then a re-sit will have to be booked under 035 where the maximum grade available is a pass.

Recording documents

Candidates and centres may decide to use a paper-based or electronic method of recording evidence.

City & Guilds endorses several ePortfolio systems, including our own, **Learning Assistant**, an easy-to-use and secure online tool to support and evidence learners' progress towards achieving qualifications. Further details are available at: www.cityandguilds.com/eportfolios.

City & Guilds has developed a set of *Recording forms* including examples of completed forms, for new and existing centres to use as appropriate. *Recording forms* are available on the City & Guilds website.

Although new centres are expected to use these forms, centres may devise or customise alternative forms, which must be approved for use by the external quality assurer, before they are used by candidates and assessors at the centre. Amendable (MS Word) versions of the forms are available on the City & Guilds website.

Learner access to dental settings

City & Guilds recommends as best practice learners may need to have experience in and possibly be assessed in another dental practice in order that they are experienced in the variety of patient care and needs. It is the centre's responsibility to ensure that every effort is made to keep student experience as consistent possible across all delivery sites. In order to meet the range of patient care needs specified in the qualification this may mean that a learner in a small practice may need to be facilitated in gaining experience and assessment in other practices.

The requirements of the General Dental Council for the delivery and quality assurance of the City & Guilds Level 3 Extended Diploma in Dental Nursing

The General Dental Council (GDC) is responsible for the regulation of the dental workforce (Dental Care Professionals) throughout the United Kingdom. Part of this role involves the maintenance of a register of practitioners who are deemed appropriately qualified and competent to carry out the role of a dental care professional. Dental nurses are required to register with the GDC in order to practice. One of the requirements to gain entry to the register is that the dental nurse must possess a recognised qualification, such as the City & Guilds Level 3 Diploma in Dental Nursing.

City & Guilds has undertaken an approval process with the GDC. The continued approval of the qualification as an entry qualification for the professional register is dependent on City & Guilds and its assessment centres proving that they continue to meet the GDC requirements based on the evidence that was submitted at approval and in any subsequent inspections.

The approval is based on the GDC document *Standards for Education – standards and requirements for providers*, which can be found on the GDC website.

The Standards for Education are based on **three** areas:

- Standard 1 - Protecting patients
- Standard 2 - Quality evaluation and review of the programme
- Standard 3 - Student assessment

City & Guilds has provided evidence to support the achievement of these standards based on our requirements for centre approval and the contents of the qualification handbook. There are additional requirements relating to GDC approvals, including those outlined below. Centres offering the City & Guilds Level 3 Diploma in Dental Nursing will need to be able to demonstrate they comply with Standard

1 – Protecting patients at:

- the approval stage (centre and scheme)
- regular external quality assurance monitoring activities
- inspections carried out by the quality assurance team from the GDC

Specific requirements to meet Standard 1 – Protecting patients

Centres are required to have a written agreement with the learner's employers. This agreement outlines the responsibilities of the employer in the learning and assessment processes. To meet GDC requirements, this agreement must contain:

reference to a process/written agreement in which there is a decision stating the learner has developed sufficient knowledge and skills to work directly with patients in a safe manner. An exemplar learner induction checklist may be found in **Appendix 1**. The Learner Induction Checklist must be completed at the beginning of the learner's programme and stored in the learner's qualification portfolio, for auditing purposes.

learners **MUST** be allocated a suitably experienced GDC registrant who will take on the responsibility of acting as the learner's workplace mentor. The workplace mentor must be identified in the Learner Induction Checklist, including their GDC registration number.

a requirement that trainee dental nurses working in the surgery are identified as such, to ensure that patients are aware and have been advised on what they need to do if they are concerned in any way about this - to be recorded in learner induction checklist - see **Appendix 1**

a stipulation that learners work under the direct supervision of a registered dental care professional until they become qualified as a dental nurse.

In addition to the written agreement with the learner's employers, centres must be able to evidence their commitment to delivering training which will equip the dental nurse with the core skills required to work safely in a dental setting. Core skills will include health and safety, infection control and aspects of the role and responsibilities of the dental nurse (including patient care).

The core skills should feature in the first four months of a learning programme.

Centres must ensure that an assessment of the suitability of the learner's workplace is undertaken in relation to:

- health and safety,
- learner access to opportunities to learn and practice the skills required regarding all treatments and procedures included in the qualification. If this is not the case, alternative provision must be sought for specific treatment or procedure that the learner is not able to access in their place of work.

Alternative workplaces should also be assessed for suitability, a mentor must be identified for the learner and the learner must be given adequate time to learn and practice the skills prior to assessment. This due diligence supports patient and learner safety.

Raising concerns

Where either the centre or student (learner) have concerns, feedback and/or complaints about any of the following:

- patient safety
- clinical incidents
- the qualification content or assessment
- student fitness to practice

The process outlined below should be followed. Learners should also be aware of their Duty of Candour.

The individual wishing to raise a concern should email the City & Guilds Feedback and Complaints Team using the email address feedbackandcomplaints@cityandguilds.com

Please ensure that you enter one or more of the topics in the bullet pointed list above in the Subject Header, as well as including “Feedback”, “Complaint” or both. Please also include the qualification number if known, and where relevant.

As examples, a Subject Header could be:

- Raising Concern - Feedback about the 4238-03 Qualification content Raising Concern - Complaint about patient safety in dental practice Raising Concern – Feedback Student Fitness to Practice in dental nursing Raising concern – Complaint Clinical Incident in dental practice

City & Guilds will log every email and our Feedback and Complaints Team will contact the most appropriate individual or team for comment or action so that an appropriate response can be sent to the sender.

Adopting this method of gathering feedback will also support City & Guilds to identify any areas of improvement that are needed in the way the qualifications are designed, delivered and/or quality assured. It will also support our learners and customers to provide us with timely information, so that action can be taken, when necessary, rather than using an annual survey, which will now not be needed.

Centres should keep their External Quality Assurance Consultant (EQA) informed of any concerns raised.

Student Fitness to Practise

Centres must have a ‘Student Fitness to Practise’ policy based on the GDC document

Student Fitness to Practise which can be located on the GDC website www.gdc-uk.org.

The GDC website contains guidance for learners and case studies that may be helpful to use during learning activities.

Learners must also be aware of the Fitness to Practice requirements for GDC registrants

Implementation of professionalism and codes of conduct are imperative and underpin the basic principles of dental nursing. For this reason centres are to ensure that measures are in place to identify, report and act upon concerns raised relating to a student’s and/or staff behaviour, attitude and conduct whilst in training. Centres are expected to record all concerns and have transparent procedures in place. It is expected that Fitness to Practise policies will run alongside centre procedures when raising concerns. All records must be made available at each activity completed by External Quality Assurers.

Centres must follow the procedure outlined in the **Raising Concerns** section above. In the event of needing to escalate concerns, the centre must have a procedure to do this, including

an option to raise issues directly with the General Dental Council. City & Guilds may escalate concerns directly to the General Dental Council directly.

Centres must also ensure that students have information provided to help guide and inform on actions to take if concerns are identified whilst in training. City & Guilds EQAs will request to see the Centre Student Fitness to Practise Policy at approval and during quality assurance activities. EQAs should also be informed regarding any Student Fitness to Practice concerns .

Student (learner) identification

Centres must ensure that all trainee dental nurses are clearly identifiable to members of the public and other Dental Care Professionals within the dental workplace. An appropriate name badge confirming learners' name and trainee status is to be clear at all times within the clinical workplace. This is a mandatory requirement and it is a centres responsibility to ensure adherence at all times. Each centre is to ensure that employers and each clinical workplace are aware of the requirements.

Assessment strategy

City & Guilds has written the following assessments to use with this qualification:

- Portfolio of evidence
- Synoptic knowledge test

Each unit contains detailed evidence requirements, which must be met. In addition, there is an overall requirement that the learner must be observed in practice in the dental setting on a minimum of six occasions. At least three of these observations should be carried out by the assessor. The remaining observations of practice should be conducted by an Expert Witness.

Each unit contains detailed evidence requirements, which must be met. In addition, there is an overall requirement that the learner must be observed in practice in the dental setting on a minimum of **six** occasions. At least **three** of these observations should be carried out by the assessor. The remaining observations of practice should be conducted by an Expert Witness.

To achieve the qualification the candidate must achieve the following assessments:

- **(031) Portfolio of evidence** (meeting all evidence requirements of units 301- 311). This is centre-assessed and is graded Pass/Fail
- **(030) Synoptic knowledge test.** This is an external, online multiple-choice test, which samples knowledge across all units of the qualification. This test is graded Fail/Pass/Distinction

The overall grading for the qualification is Pass/Fail. Candidates must achieve a minimum of a Pass in both assessments to achieve the qualification

Portfolio of evidence

Candidate and centres may decide to use a paper-based or electronic method of recording evidence.

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City & Guilds has developed a set of **recording forms** including examples of completed forms for new and existing centres to use as appropriate. Recording forms are available on the City & Guilds website.

Although new centres are expected to use these forms, centres may devise or customise alternative forms, which must be approved for use by the external quality assurers, before they are used by candidates and assessors at the centre. Amendable (MS Word) versions of the forms are available on the City & Guilds website.

Evidence sources

A portfolio of evidence will typically include several pieces of evidence – it must contain sufficient evidence to demonstrate the knowledge and skills required for each appropriate unit.

Evidence sources may include:

- training logbooks
- centre-produced worksheets and activities
- annotated photographs
- video clips (maximum duration in total = 10 minutes)
- workplace documentation/records, for example job cards/job sheets, equipment check/maintenance/service records, parts order records.

This is not a definitive list; other evidence sources are permitted.

The evidence provided must be valid and attributable to the candidate; the portfolio of evidence must contain a statement from the centre confirming this.

Evidence **must not** include:

- any methods of self-assessment
- any employer contributions should focus on direct observation of evidence (for example witness statements) of competence rather than opinions.

Recognition of prior learning (RPL)

Recognition of prior learning means using a person's previous experience or qualifications which have already been achieved to contribute to a new qualification. If centres carry out RPL activity it should be noted that the candidates will still have to meet all of the assessment criteria and evidence requirements of the Diploma in Dental Nursing, including the Synoptic Test.

Assessment 030/035 Synoptic Knowledge Test – Test Specification

The way the knowledge is covered by each test is laid out in the table below:

Assessment type: Multiple-choice,
externally marked evolve test

Assessment conditions: Invigilated
examination conditions* **Grading:** D/P/X

Base mark: 45 multiple choice questions, 1 mark per question.

Grade boundaries: Fail 0-31 marks, Pass 32-40 marks (71%), Distinction 41-45 marks (91%).

These boundaries may be subject to slight variation to ensure fairness should any variations in the difficulty of the test be identified.

Test: 030/035	Duration: 90 minutes		
Unit	Outcome	Number of questions	Percentage %
301	4. Understand the principles and importance of consent, information governance and safeguarding	4	8.5%
	1. Understand health and safety theory.	2	11%
302	3. Understand organisational and legal requirements	3	
	1. Understand the significance of microorganisms	2	17.5%
	2. Understand the management and processes of infection control	3	
303	3. Know the various methods of decontamination and sterilisation	2	
	4. Understand the maintenance and validation required on dental instrument reprocessing equipment in line with manufacturers' guidelines	1	
304	1. Understand dental and regional anatomy	3	7%
305	1. Understand the human respiratory and circulatory systems and potential impacts in a medical emergency	1	8.5%
	2. Understand the roles and responsibilities of a first aider	2	
	6. Understand the management of medical emergencies and dental settings	1	
306	1. Understand the regulations and hazards associated with ionising radiation	1	8.5%
	2. Understand the different radiographic images and their diagnostic value	1	
	3. Understand the processing methods and faults that can occur when processing radiographs.	1	
	4. Understand the importance of quality assurance in dental radiography.	1	

307	1. Understand the range of procedures, materials, instruments and equipment available for periodontal treatments	1	7%
	2. Understand the range of procedures, materials, instruments and equipment available for restorative treatments.	2	
308	1. Know the purpose of fixed prostheses used in dentistry and the equipment, instruments and materials used in their construction.	2	11%
	3. Know the purpose of removable prostheses used in dentistry and the equipment, instruments and materials used in their construction.	2	
	5. Understand the materials and equipment used for fixed and removable prostheses	1	
309	1. Understand endodontic treatments	3	7%
310	1. Know the processes, equipment, instruments and materials for extractions and minor oral surgery	3	7%
311	2. Understand the scientific basis of oral health	1	7%
	3. Understand factors that influence oral and general health	1	
	4. Understand the prevention and management of oral diseases	1	
Total		45	100%

*These exams are sat under invigilated examination conditions, as defined by the JCQ:

<http://www.jcq.org.uk/exams-office/ice---instructions-for-conducting-examinations>. Entry for exams can be made through the City & Guilds Walled Garden

Re-sits for Synoptic knowledge test

Candidates are permitted a maximum of four opportunities to sit the Synoptic knowledge test within this qualification. These opportunities will be classified as an initial attempt at the test, with a maximum of three re-sit attempts. Each re-sit opportunity will be conducted using a different version of the test to that/those which the candidate has previously attempted.

Suggested learning resources

This list is not exhaustive and is current as of January 2021. Centres should ensure that resources used are current at the time of use.

Basic guide to dental instruments Carmen Scheller-Sheridan

Basic Guide to Oral Health Education & Promotion
Alison Chapman & Simon Felton

New Edition expected in February 2021

Basic Guide to Dental Procedures Carole Hollins

Radiography and Radiology for Dental Care Professionals Eric Whaites

Basic Guide to Infection Prevention and Control in Dentistry Caroline L. Pankhurst & Wilson A. Coulter

Basic Guide to Medical Emergencies in Dental Practice Phillip Jevon

Basic Guide to Anatomy and Physiology for Dental Care Professionals Carole Hollins

Scientific Basis of Oral Health Education Ronnie Levine & Catherine Stillman-Lowe BDA books

Levison's Textbook for Dental Nurses Carole Hollins

Mosby's Textbook of Dental Nursing by Mary Miller and Crispian Scully

Questions and Answers for Diploma in Dental Nursing, Level 3 Carole Hollins

The unit numbers referred to in the above publication do not correspond with the unit numbers in this qualification.

5 Units

Structure of the units

These units each have the following:

- City & Guilds reference number
- title
- level
- guided learning hours (GLH)
- unit aim
- assessment type
- learning outcomes, which are comprised of a number of assessment criteria
- range statements
- evidence requirements

Guidance for delivery of the units

This qualification comprises a number of **units**. A unit describes what is expected of a competent person in particular aspects of their job.

Each **unit** is divided into **learning outcomes** which describe in further detail the skills and knowledge that a candidate should possess.

Each **learning outcome** has a set of **assessment criteria** (performance and knowledge and understanding) which specify the desired criteria that must be satisfied before an individual can be said to have performed to the agreed standard.

Range statements define the breadth or scope of a learning outcome and its assessment criteria by setting out the various circumstances in which they are to be applied.

Supporting information provides guidance of the evidence requirement for the unit and specific guidance on delivery and range statements. Centres are advised to review this information carefully before delivering the unit.

Unit 301

Preparing for professional practice in dental nursing

Level:	3
GLH:	36
Assessment type:	Portfolio of evidence Practical demonstration/observation Evolve synoptic multiple-choice test
Aim:	This unit will introduce the roles and responsibilities of a dental nurse, and the essential attributes and behaviours required to work within the legislative framework in this professional role. Additionally, it will enable the dental nurse to develop reflective practice, communication and patient-centred care, skills that are required throughout their career.

Learning outcome

The learner will:

- LO1 Be able to reflect on own current professional practice and identify areas for ongoing improvement using a Personal Development Plan (PDP).

Assessment criteria

The learner can:

AC1.1 assess own current capabilities and limitations using a SWOT/SWOB or similar type of analysis tool.

AC1.2 create a PDP.

AC1.3 develop and maintain the PDP throughout the programme of study

Learning outcome

The learner will:

- LO2 Understand how a Personal Development Plan (PDP) is used to continuously improve professional knowledge, skills and behaviours.

Assessment criteria

The learner can:

AC2.1 explain how **effective feedback** helps to develop reflective practice, putting patients interests first

AC2.2 explain the benefits of reflecting on own performance.

AC2.3 explain the purpose of a PDP.

AC2.4 explain how the PDP will be used with appraisals to reflect on performance and set targets for continuous improvement

AC2.5 explain how the PDP will be used after qualification to identify CPD opportunities.

Range

AC2.1 Effective feedback

- a) Feedback through appraisal
 - b) Internal feedback
 - c) External feedback (eg patient feedback)
-

Learning outcome

The learner will:

LO3 Understand the roles and responsibilities of a dental nurse

Assessment criteria

The learner can:

AC3.1 state the role of **governing bodies and regulators**

AC3.2 summarise the scope of practice for a dental nurse

AC3.3 summarise how the role of the dental nurse is influenced by each of the principles in the GDC Standards for the Dental Team

AC3.4 describe how the following factors influence the role of a dental nurse:

- a) safe working practices
- b) treating patients and colleagues with dignity, integrity and respect
- c) acting professionally and ethically
- d) being aware of professional boundaries (eg appropriate use of social media)
- e) attitudes and behaviours within and outside of the workplace
- f) responsibility for own actions (eg negligence)
- g) chaperoning procedures
- h) duty of candour
- i) fitness to practise
- j) annual retention fee
- k) duty of care
- l) professional Indemnity
- m) current Equality legislation
- n) workplace policies
- o) networking and collaborating with other dental professionals
- p) stock maintenance (eg expiry dates, stock rotation).

AC3.5 describe Direct Access for **dental registrants**

AC3.6 describe the roles of other team members in the practice.

AC3.7 explain the **potential consequences** of unprofessional behaviour

AC3.8 describe the process for whistleblowing.

AC3.9 explain how patient anxieties over **barriers to treatment** could be alleviated

Range

AC3.1 Governing bodies and regulators

- a) General Dental Council (GDC)
- b) Care Quality Commission (CQC)/ Health Inspectorate Wales (HIW) / Regulation and Quality Improvement Authority (RQIA) in Northern Ireland

AC3.5 Dental Registrants

- a) Dentists
- b) Dental Care Professionals

AC3.7 Potential consequences

- a) Fitness to practise proceedings / sanctioning of the dental registrant
- b) Damaged reputation of the practice / dental profession
- c) Impacts on the patient(s)

AC3.9 Barriers to treatment

- a) Fear
 - b) Financial
 - c) Availability of dental services
 - d) Access to dental facilities
-

Learning outcome

The learner will:

- LO4 Understand the principles and importance of consent, information governance and safeguarding of patients

Assessment criteria

The learner can:

AC4.1 explain the purpose of gaining valid consent.

AC4.2 explain the **requirements that must be considered** by the clinician to obtain valid consent.

AC4.3 explain the principles of information governance within the workplace.

AC4.4 define the term 'confidentiality' in the dental setting.

AC4.5 describe the current **legal requirements** for protecting confidential data relating to patients and their treatment.

AC4.6 describe how patient confidentiality is maintained in the dental setting

AC4.7 define the term 'safeguarding' in the dental setting.

AC4.8 describe the indicators of a potential **safeguarding concern**.

AC4.9 explain the responsibilities of a dental nurse in safeguarding patients.

Range

AC4.2 Requirements which must be considered

- a) Capacity (Mental Capacity Legislation)
 - b) Patients with additional needs
 - c) Gillick consent
 - d) Montgomery patient-centred approach to consent
 - e) Treatment planning and costs
-

AC4.5 Legal requirements

- a) Current Data Protection legislation
- b) Current General Data Protection regulations
- c) Human rights

AC4.8 Safeguarding concerns

- a) Child Protection
- b) Vulnerable Adults
- c) Health and wellbeing
- d) Prevent Duty and British Values

Learning outcome

The learner will:

- LO5 Understand the importance of appropriate communication in healthcare at all times and through all media

Assessment criteria

The learner can:

- AC5.1 explain **methods** for communicating effectively and sensitively with all patients
- AC5.2 explain how effective communication within the dental team contributes to the delivery of safe high-quality care
- AC5.3 describe how communication methods can be adapted to overcome **barriers** when dealing with patients and colleagues
- AC5.4 explain the importance of maintaining contemporaneous, complete and accurate patient records in accordance with legal requirements and best practice.

Range

AC5.1 Methods

- a) Verbal
- b) Non-verbal
- c) Written
- d) Electronic

AC5.3 Barriers

- a) Individuals with additional needs
- b) Language barriers
- c) Physical barriers
- d) Emotional barriers
- e) External distractions / environmental factors
- f) Use of terminology
- g) Perception / misunderstanding

Learning outcome

The learner will:

LO6 Understand the procedures for the handling of complaints in the workplace.

Assessment criteria

The learner can:

AC6.1 explain how patients' rights to complain are respected.

AC6.2 describe the complaints procedure in their workplace

AC6.3 identify the timeframe for dealing with written patients' complaints.

AC6.4 explain how complaints can be used constructively to drive continuous improvement

Learning outcome

The learner will:

LO7 Be able to communicate appropriately, effectively and sensitively all times and through all media

Assessment criteria

The learner can:

AC7.1 be able to communicate effectively and sensitively with all **service users** using a range of **communication methods** and technologies.

AC7.2 communicate using a **patient centred approach**, being sensitive to patients needs and values.

Range

AC7.1 Service Users

- a) Patients
- b) Parents/carers
- c) Other members of the dental team (internal/external parties eg laboratories, company representatives).

AC7.1 Communication Methods

- a) Written
- b) Verbal
- c) Non-verbal

AC7.2 Patient Centred Approach

- a) Reassure patients
- b) Provide support and communicate on behalf of the patient when appropriate (advocacy)
- c) Display professionalism, integrity, equality, dignity and respect for individual/additional needs

Unit 301

Preparing for professional practice in dental nursing

Supporting information

Evidence requirements in each unit must be met.

All competence-based learning outcomes and assessment criteria **must** be evidenced and assessed. The primary source of evidence should be observation by the assessor, where this is specifically stated in the evidence requirements. Expert Witness Testimony may be used, where observation by the assessor is not specified.

Assessment criteria not sufficiently covered during the observation can be assessed by an appropriate secondary method (refer to Section 4 of this document).

Learning Outcome 1 – The learner must complete a PDP to include a reflection activity for each unit in the qualification.

Learning Outcomes 2, 3, 5, and 6 – Centres may use professional discussion, assessor devised questions, expert witness testimonies, outcomes of research-based activities, assignments and reflective accounts.

Learning Outcome 7 – observation of practice in the workplace. This outcome should be observed on at least **three** separate occasions. If three direct observations are not achievable, centres may cross-reference the simulation from unit 311 as the third observation.

Outcomes assessed in the Synoptic Test:

Learning Outcome 4 will be assessed in the synoptic multiple-choice test. Evidence of learning **must** also be included in the candidate's portfolio of evidence, to ensure that candidates are suitably prepared for the test and to provide them with revision material

Unit 302

The impact of health and safety legislation on working practices in the dental setting

Level:	3
GLH:	35
Assessment type:	Portfolio of evidence Practical demonstration/observation Evolve synoptic multiple-choice test
Aim:	This unit introduces learners to the health and safety legislation relevant to the dental setting. This includes the understanding of policies and procedures, and the application of safe working practices in the workplace.

Learning outcome

The learner will:

LO1 Understand health and safety theory

Assessment criteria

The learner can:

AC1.1 explain the purpose of health and safety:

- a) legislation
- b) policies
- c) compliance

AC1.2 define the terms:

- a) Hazard
- b) Risk
- c) Control measure
- d) Reasonably practicable
- e) Near miss
- f) Incident

AC1.3 explain the purpose of risk assessments in practice

AC1.4 explain the roles of **governing bodies and regulators** in reducing risks to health and safety in the dental practice

Range

AC1.4 Governing Bodies and Regulators

- a) National Sector Regulators: Care Quality Commission (England) Health Inspectorate Wales (Wales) / Regulation and Quality Improvement Authority (Northern Ireland)
- b) Health and Safety Executive
- c) Office of the Chief Dental Officer

Learning outcome

The learner will:

LO2 Contribute to safe working practices in the dental setting.

Assessment criteria

The learner can:

AC2.1 manage hazards by completing a risk assessment document

AC2.2 explain safe **manual handling**.

AC2.3 participate in an activity that demonstrates understanding of manual handling.

AC2.4 explain the **ergonomics** within a dental practice

AC2.5 describe the different types of **personal protective equipment (PPE)** used in the dental setting.

AC2.6 summarise **working practices** that could harm self or others and identify safe working methods that have been put in place to meet current guidelines.

AC2.7 describe how a mercury spillage is managed in the dental setting.

AC2.8 state the importance of using latex-free materials in the dental setting.

AC2.9 explain how **maintenance and auditing** is carried out to ensure safe working environments.

AC2.10 describe the process for reporting hazards to health and safety within the dental setting, and to whom.

AC2.11 reflect on how professional **actions and behaviours** can reduce risks to health and safety.

Range

AC2.1 Manual handling

- a) Storage and handling of stock
- b) Individuals

AC2.4 Ergonomics

- a) Seating
- b) Positioning of patient and team
- c) Instrument passing / four-handed dentistry
- d) Aspirator tip placement
- e) Repetitive strain injuries / Musculoskeletal disorders

AC2.5 Personal protective equipment (PPE)

- a) Employee PPE
- b) Patient PPE

AC2.6 Working practices

- a) working with hazardous substances
- b) working with and storing mercury

- c) working with radiation
- d) working with utilities:
 - i. electricity
 - ii. gas leaks
 - iii. flooding
- e) fire safety
- f) working with pressure vessels
- g) infection control:
 - i. use of barrier techniques including zoning
 - ii. maintenance of water lines (Biofilm) (Legionella)
 - iii. National colour-coding system for cleaning of areas
 - iv. cross contamination between zones
 - v. working with sharps (handling and disposal)
 - vi. disposal of waste (eg design of waste containers)
 - vii. uniform during and outside of clinical hours

AC2.9 Maintenance and auditing of:

- a) oxygen cylinders
- b) pressure vessels
- c) emergency drug checks
- d) fire drills
- e) Legionella testing

AC2.11 Actions and behaviours

- a) Fitness to Practise
- b) awareness of own health and wellbeing (physical and mental health)
- c) personal hygiene
- d) personal presentation
- e) training

Learning outcome

The learner will:

LO3 Understand organisational and legal requirements for health and safety within the dental setting.

Assessment criteria

The learner can:

AC3.1 summarise the purpose of different **legal requirements** for health and safety in a dental setting.

AC3.2 identify the required vaccinations for dental nurses and their importance.

AC3.3 explain the **consequences** if health and safety guidance is not followed.

Range

AC3.1 Legal requirements

- a) Health & Safety at Work Legislation/Orders (NI)
- b) Health and Safety (Sharp Instruments in Healthcare) Regulations
- c) Control of Substances Hazardous to Health (COSHH)

- d) The current Health Technical Memoranda (HTM 07-01) on Management and Disposal of Healthcare Waste (WHTM 07-01 in Wales)
- e) The current Health Technical Memoranda (HTM 01-05) on Decontamination in Primary Care Dental Practices (WHTM 01-05 in Wales)
- f) The current Health Technical Memoranda (HTM 03-01) on Heating and Ventilation of Health Sector Buildings (WHTM 03-01 in Wales)
- g) The current Ionising Radiations Regulations
- h) The current Ionising Radiation (Medical Exposures) Regulations
- i) Local Rules
- j) Portable Appliance Testing (PAT) regulations
- k) The current pressure vessel regulations
- l) The current regulatory standards for medical devices, equipment and materials (eg CE/UKCA mark)
- m) Public liability insurance
- n) Current regulations in reporting of injuries, diseases, dangerous occurrences (eg RIDDOR).

AC3.3 Consequences to:

- a) self
- b) practice
- c) patients
- d) environment

Learning outcome

The learner will:

LO4 Be able to work safely to protect self, team, and patients

Assessment criteria

The learner can:

AC4.1 carry out work in accordance with **organisational and legal requirements** and manufacturer's instructions.

AC4.2 behave in a way that does not endanger the health and safety of self and others in the dental setting.

AC4.3 ensure **personal presentation** and PPE protects the health and safety of self and others within the dental setting.

AC4.4 dispose of **waste** in a safe manner according to **legal and regulatory requirements**.

Range

AC4.1 Organisational and legal requirements

- a) Health & Safety at Work Act/Orders (NI) (including use of Personal Protective Equipment)
- b) Control of Substances Hazardous to Health (COSHH)
- c) Environmental Protection Act/regulations and the current Health Technical Memoranda (HTM 07-01) (WHTM 07-01 in Wales) on Management and Disposal of Healthcare Waste
- d) Ionising Radiations Regulations, Ionising Radiation (Medical Exposures) Regulations and Local Rules
- e) Health and Safety (Sharp Instruments in Healthcare) Regulations

- f) The current Health Technical Memoranda (HTM 01-05) (WHTM 01-05 in Wales)
- g) on Decontamination in Primary Care Dental Practices

AC4.3 Personal presentation

- a) appropriate presentation
- b) use and reuse / disposal of personal protective equipment for patients and staff
- c) donning and doffing procedures, in line with current guidelines
- d) use of clothing and accessories that are suitable to the workplace

AC4.4 Waste

- a) Non-hazardous
- b) Hazardous
- c) **Legal and regulatory requirements:** The current Health Technical Memoranda (HTM 07-01) (WHTM 07-01 in Wales) on Management and Disposal of Healthcare Waste

Unit 302

The impact of health and safety legislation on working practices in the dental setting

Supporting information

Evidence requirements in each unit must be met.

All competence-based learning outcomes and assessment criteria **must** be evidenced and assessed. The primary source of evidence should be observation by the assessor, where this is specifically stated in the evidence requirements. Expert Witness Testimony may be used, where observation by the assessor is not specified.

Assessment criteria not sufficiently covered during the observation can be assessed by an appropriate secondary method (refer to Section 4 of this document).

Evidence requirements:

Learning Outcome 2 – Centres may use professional discussion, assessor devised questions, expert witness testimonies, outcomes of research-based activities, assignments, work products and reflective accounts.

Learning Outcome 4 – minimum of **three** observations, evidence to be gathered holistically on separate occasions (simulation is **not** allowed).

A minimum of **two** must be carried out by the assessor. The remainder may be carried out by an Expert Witness.

Outcomes assessed in the Synoptic Test:

Learning Outcomes 1 and 3 will be assessed in the synoptic multiple-choice test. Evidence of learning must also be included in the candidate's portfolio of evidence, to ensure that candidates are suitably prepared for the test and to provide them with revision material

Unit 303

Prevention and control of infection in the dental setting

Level:	3
GLH:	44
Assessment type:	Portfolio of evidence Practical demonstration/observation Evolve synoptic multiple choice test
Aim:	The aim of this unit is for learners to develop an understanding of the principles of infection control within a dental setting. The unit considers infectious diseases, signs and symptoms, and their routes of transmission. The importance of appropriate levels of decontamination and ways to achieve this in the dental setting. Learners will develop the practical skills to create and maintain a hygienic and safe clinical environment.

Learning outcome

The learner will:

LO1 Understand the significance of micro-organisms.

Assessment criteria

The learner can:

AC1.1 describe the structure of **micro-organisms** and prions.

AC1.2 explain the terms pathogen and non-pathogen.

AC1.3 describe **factors that impact the host's susceptibility to infection**.

AC1.4 summarise the **body's reaction to inflammation / infection**.

AC1.5 summarise how **infectious conditions** affect the body.

AC1.6 describe the principles of the 'chain of infection'.

AC1.7 explain the importance of immunisation for dental personnel

Range

AC1.1 **Micro-organisms**

- a) Bacteria
- b) Viruses
- c) Fungi

AC1.3 **Factors that impact the host's susceptibility to infection**

- a) Pregnancy
- b) Immunocompromised

- c) Age
- d) Medical treatment / illnesses

AC1.4 **Body's reaction**

- a) Signs and symptoms
- b) Immune system
- c) Pus production

AC1.4 **Inflammation / infection**

- d) Local
- e) Systemic
- f) Acute
- g) Chronic

AC1.5 **Infectious diseases/conditions**

- a) Hepatitis B and C
- b) Human Immuno-deficiency Virus (HIV)
- c) Herpes Simplex
- d) Corona viruses (eg Covid-19)
- e) Mumps
- f) Human Papilloma Virus (HPV)
- g) Impetigo
- h) Tuberculosis (TB)
- i) Meningitis
- j) Influenza
- k) Infectious mononucleosis / Glandular fever ('kissing disease')
- l) Creutzfeldt-Jakob Disease (CJD)
- m) Candida albicans

Learning outcome

The learner will:

LO2 Understand the management and processes of infection control

Assessment criteria

The learner can:

AC2.1 explain the **routes of transmission** of infectious diseases in the dental setting.

AC2.2 explain the principles of standard (universal) infection control precautions.

AC2.3 identify the actions to take to prevent cross-contamination of infectious diseases.

AC2.4 explain how correct levels of **hand hygiene** can be achieved.

AC2.5 describe **factors** that influence hand hygiene.

AC2.6 explain how blood and body fluid spillages are managed.

AC2.7 describe the relevance of the following documents for quality management of infection control in a dental setting

- a) the current Health Technical Memoranda (HTM 01-05) (*WHTM 01-05 in Wales*) on Decontamination in primary care dental practices
- b) the current Health Technical Memoranda (HTM 07-01) (*WHTM 07/01 in Wales*) on Management and disposal of healthcare waste
- c) practice policies and audit records
- d) staff induction policy.

Range

AC2.1 Routes of transmission

- a) Routes of entry into the body by direct contact
- b) Routes of entry into the body by indirect contact
- c) Aerosol Generating Procedures (AGP) / splatter / airborne transmission

AC2.4 Hand hygiene

- a) Social
- b) Clinical
- c) Aseptic

AC2.5 Factors

- a) Hand washing products
- b) Hand cleansing products
- c) Nail hygiene
- d) Hand care (drying, moisturising, wound management, dermatitis/allergies)
- e) Dispenser requirements
- f) Facilities and instructions
- g) Jewellery

Learning outcome

The learner will:

LO3 Know the various methods of decontamination and sterilisation

Assessment criteria

The learner can:

AC3.1 define disinfection and when it is appropriate to use disinfectants.

AC3.2 define the terms asepsis and sterilisation.

AC3.3 explain the reason for pre-cleaning and dismantling instruments and equipment prior to sterilisation.

AC3.4 explain the **procedures**, layout and equipment used to decontaminate instruments and handpieces in line with legal requirements and organisational procedures.

AC3.5 explain how an autoclave should be loaded to achieve sterilisation.

AC3.6 describe how **sterilisation** is achieved.

AC3.7 explain the potential risks of failing to decontaminate equipment and instruments effectively.

Range

AC3.4 Procedures

- a) Transportation methods to and from the decontamination room
- b) Handwashing
- c) PPE
- d) Manual scrubbing
- e) Ultrasonic bath
- f) Washer disinfectant
- g) Inspection using magnification / inspection light
- h) Autoclave cycle and parameters

- i) Principles of zoning
- j) Storage and timescales for clinical and non-clinical environments
- k) Air flow in the decontamination room

AC3.6 Sterilisation

- a) N-type autoclave (non-vacuum)
- b) B-type autoclave (vacuum)
- c) Industrial (gamma radiation)

Learning outcome

The learner will:

LO4 Understand the maintenance and validation required on dental instrument re-processing equipment in line with manufactures guidelines, organisational and legal requirements.

Assessment criteria

The learner can:

AC4.1 describe how **equipment** is successfully validated.

AC4.2 explain the actions to be taken if validation is unsuccessful.

AC4.3 describe how **equipment** is checked and routinely maintained.

AC4.4 explain the importance of documenting validation and maintenance of equipment.

Range

AC4.1 and 4.3 **Equipment**

- a) Ultrasonic bath
- b) Washer disinfecter
- c) N-type autoclave (non-vacuum)
- d) B-type autoclave (vacuum)

Learning outcome

The learner will:

LO5 Be able to apply standard precautions of infection control for clinical procedures.

Assessment criteria

The learner can:

AC5.1 present themselves in the dental setting with the **required standard of personal hygiene**

AC5.2 select and don the appropriate **PPE** for the clinical procedure

AC5.3 apply the correct management of **infection control procedures** throughout the **dental setting**

AC5.4 provide the correct **patient PPE**

AC5.5 follow current guidelines to reduce risks of exposure when **doffing PPE**

AC5.6 deal with **waste** produced from clinical areas appropriately

Range

AC5.1 Required standard of personal hygiene

- a) Hair
- b) Nails
- c) Jewellery
- d) Uniform
- e) Footwear
- f) Overall presentation

AC5.2 PPE

- a) Clinical gloves
- b) Apron/gown
- c) Goggles/visor
- d) Face mask
- e) Heavy-duty gloves

AC5.3 Infection control procedures

- a) Handwashing and hand hygiene procedures
- b) Maintain zoning
- c) Use of single-use barriers
- d) Maintain a clean and tidy working environment for clinical dental procedures
- e) Select appropriate cleaning products and disinfectants
- f) Use re-processing equipment

AC5.3 Dental setting

- a) Surgery
- b) Decontamination room / designated decontamination area

AC5.4 Patient PPE

- a) Protective glasses
- b) Bib

AC5.5 Doffing PPE

- a) Disinfect
- b) Storage
- c) Disposal

AC5.6 Waste

- a) Clinical
- b) Non-clinical
- c) Sharps

Learning outcome

The learner will:

LO6 Be able to carry out correct protocols for maintenance and validation of dental equipment, in line with manufacturers' guidelines, organisational and legal requirements

Assessment criteria

The learner can:

AC6.1 follow appropriate cleaning and disinfecting protocols prior to and on completion of work activities in the **dental setting**.

AC6.2 Use disinfectants in a safe manner in line with current **legislation**.

AC6.3 Ensure that **equipment** is validated, maintained and functioning in line with practice policies and legal requirements.

AC6.4 Complete a cleaning schedule and use a surgery checklist, to demonstrate that the surgery has been prepared in line with organisational policy.

Range

AC6.1 Dental setting

- a) Surgery
- b) Decontamination room / designated decontamination area

AC6.2 Legislation

- a) Current Health & Safety at Work legislation/Orders (NI)
- b) Control of Substances Hazardous to Health regulations

AC6.3 Equipment

- a) Dental chair
 - b) Operating light
 - c) Aspirator
 - d) Dental unit water lines (DUWLs)
 - e) Spittoon
 - f) Instrument cleaning equipment found in the decontamination room
-

Learning outcome

The learner will:

LO7 Be able to safely carry out correct decontamination and sterilisation processes for dental instruments.

Assessment criteria

The learner can:

AC7.1 safely transport instruments into the decontamination area.

AC7.2 prepare instruments and handpieces for sterilisation.

AC7.3 demonstrate the application of correct decontamination workflow and **stages** in line with **organisational and legal requirements**.

AC7.4 load instruments safely and correctly into the autoclave.

AC7.5 select the correct autoclave cycle to achieve sterilisation.

AC7.6 complete a validation test on the autoclave in line with **organisational and legal requirements** and document the evidence

AC7.7 store re-processed dental instruments in accordance with **organisational and legal requirements**.

Range

AC7.3 Stages

- a) Cleaning and disinfection process
- b) Inspection

AC7.3, 7.6, 7.7 Organisational and Legal requirements

- a) Practice policies and procedures
 - b) The current Health Technical Memoranda (HTM 01-05) (WHTM 01/05 in Wales) on Decontamination in primary care dental practices
-

Supporting Information

Evidence requirements in each unit must be met.

All competence-based learning outcomes and assessment criteria must be evidenced and assessed. The primary source of evidence should be observation by the assessor, where this is specifically stated in the evidence requirements. Expert Witness Testimony may be used, where observation by the assessor is not specified.

Assessment criteria not sufficiently covered during the observation can be assessed by an appropriate secondary method (refer to Section 4 of this document).

Evidence requirements:

Learning Outcomes 5, 6 and 7 – Evidence of observed practice to be gathered holistically on separate occasions (simulation is not allowed). This must include:

- One surgery activity
- One decontamination process

Evidence should focus on current legislation, guidance and good practice.

Learning Outcome 7 - Centres that cannot meet 7.4, 7.5 and 7.6 due to reliance on off-site/external facilities for instrument decontamination should discuss the following alternatives with their EQA prior to assessment taking place:

- Secure experience for the learner in an alternative work setting where skills in the use of decontamination equipment (autoclave) can be developed and assessment of competence can take place.
- Carry out a simulated activity, observed by the assessor in a learning environment which has the required equipment.
- Set a project for the learner, which is based on current Health Technical Memorandum 01-05/WHTM 01/05 in Wales and follow this with a professional discussion
- Carry out a professional discussion regarding previous relevant experience of using decontamination equipment (autoclave)

Outcomes assessed in the Synoptic Test:

Learning Outcomes 1, 2, 3 and 4 will be assessed in the synoptic multiple-choice test.

Evidence of learning must also be included in the candidate's portfolio of evidence, to ensure that candidates are suitably prepared for the test and to provide them with revision material

Unit 304

Dental and regional anatomy, oral health assessments and treatment planning

Level:	3
GLH:	40
Assessment type:	Portfolio of evidence Practical demonstration/observation Evolve synoptic multiple choice test
Aim:	This unit introduces learners to dental and regional anatomy. The unit then focuses on preparing the dental environment and supporting the operator during an oral health assessment. Learners will develop understanding of how medical conditions inform treatment planning, and the ability to complete dental charts and maintain contemporaneous records

Learning outcome

The learner will:

LO1 Understand dental and regional anatomy

Assessment criteria

The learner can:

AC1.1 describe the following features of permanent teeth:

- a) Tooth morphology
 - i. Incisor
 - ii. Canine
 - iii. Premolar
 - iv. Molar
- b) usual number of roots
- c) tooth structure and surrounding tissues
 - i. Enamel
 - ii. Amelodentinal junction
 - iii. Primary dentine
 - iv. Secondary dentine
 - v. Odontoblasts
 - vi. Pulp
 - vii. Pulp chamber
 - viii. Pulp / root canal
 - ix. Apical foramen
 - x. Cementum

- xi. Periodontal ligament
 - xii. Gingival crevice / gingival sulcus
 - xiii. Furcation
 - d) Surfaces of anterior and posterior teeth
- AC1.2 compare the morphology of permanent and deciduous teeth.
- AC1.3 describe **head and neck anatomy**.
- AC1.4 describe the anatomy of the temporomandibular joint.
- AC1.5 explain temporomandibular joint movement and **dysfunction**.
- AC1.6 identify the position and function of the **Maxillary and Mandibular** divisions of the Trigeminal nerve.
- AC1.7 identify the position and function of salivary glands:
- a) Parotid
 - b) Submandibular
 - c) Sublingual
- AC1.8 describe the composition and function of saliva.
- AC1.9 describe the effects of the following on the salivary glands:
- a) Ageing
 - b) Mumps
 - c) Mucocoele
 - d) Salivary stone
- AC1.10 identify the position and function of the following muscles:
- a) Masseter
 - b) Temporalis
 - c) Buccinator
 - d) Orbicularis oris
-

Range

AC1.3 Head and neck anatomy

- a) Skull
 - i. Temporal bone
 - ii. Zygomatic arch

AC1.5 Dysfunction

- a) Trismus
- b) Clicking
- c) Crepitus

AC1.6 Maxillary:

- a) anterior
- b) middle
- c) posterior

AC1.6 Mandibular:

- d) Inferior Dental Nerve
- e) Mental Nerve
- f) Lingual Nerve

Learning outcome

The learner will:

LO2 Understand the recording and processing of oral health assessments

Assessment criteria

The learner can:

AC2.1 describe the reasons for carrying out extra-oral and intra-oral **methods** of assessment and diagnosis.

AC2.2 explain the reasons for recording contemporaneous **clinical information**.

AC2.3 explain how to process and store dental records, charts, and images in a manner that maintains their confidentiality.

AC2.4 summarise the legal requirement for patients to access their dental records.

AC2.5 explain **types of charting** used to record oral health assessments.

AC2.6 describe why triaging is necessary.

AC2.7 identify the questions a patient should be asked when making an appointment for an oral health assessment.

AC2.8 describe the signs, symptoms and management of conditions of the oral mucosa that could be identified during a clinical assessment:

- a) acute abscess
- b) denture stomatitis
- c) angular cheilitis
- d) aphthous ulcer / traumatic ulcer
- e) glossitis / fissured / geographic tongue
- f) frictional keratosis
- g) pregnancy epulis

AC2.9 explain how **medical conditions** may affect oral tissues and influence treatment planning.

AC2.10 explain why various antibiotics are prescribed in dentistry.

AC2.11 describe the main side effects of **antibiotics**.

AC2.12 explain the security measures that should be in place when providing the patient with a prescription.

AC2.13 describe National Institute for Health & Care Excellence (NICE) guidelines for recall intervals between oral health assessment reviews / examinations.

Range

AC2.1 Methods

- a) Visual
- b) Palpation
- c) Using probes for hard and soft tissue examinations
 - i. Sickie
 - ii. Straight
 - iii. Briault
 - iv. WHO / BPE
 - v. 6-point pocket chart (Williams)
- d) Transillumination
- e) Vitality testing
 - i. Cold

- ii. Heat
- iii. Electrical
- f) TTP (tender to percussion) technique

AC2.2 **Clinical information**

- a) Dental charts
- b) Basic periodontal examination (bpe) / periodontal chart
- c) Radiographs (to include orthodontics)
- d) Photographs (to include orthodontics)
- e) Study models (to include orthodontics)
- f) Personal details
- g) Social history
- h) Medical history
- i) Consent (with written/signed treatment plan)
- j) Referral letters

AC2.5 **Types of charting**

- a) Palmer Notation charting
- b) FDI (Fédération Dentaire Internationale)
- c) BPE (Basic Periodontal Examination)
- d) Full periodontal charting

AC2.9 **Medical conditions**

- a) Herpes simplex – cold sores
- b) Diabetes: insulin / medication / diet controlled
- c) Epilepsy / anticonvulsant medication
- d) Pregnancy
- e) Bleeding disorders / anticoagulants
- f) Osteoporosis (Bisphosphonate therapy)
- g) Cancer (Head and neck radiotherapy, chemotherapy)

AC2.10 **Antibiotics**

- a) Penicillin
- b) Erythromycin
- c) Clarithromycin
- d) Metronidazole

Learning outcome

The learner will:

LO3 Understand the information required in an orthodontic assessment.

Assessment criteria

The learner can:

AC3.1 define the **terms** that may be used in an orthodontic assessment.

AC3.2 describe the **Index of Orthodontic Treatment Needs (IOTN)** rating system.

AC3.3 describe the purpose of using **orthodontic appliances**.

AC3.4 describe the function of an **orthodontic retainer**

Range

AC3.1 Terms

- a) Overjet
- b) Overbite
- c) Diastema
- d) Spacing
- e) Crowding
- f) Supernumerary tooth
- g) 'Open' bite
- h) Skeletal classification / jaw relationship
 - i. Class i
 - ii. Class ii
 - iii. Class iii
- i) Lip competency
- j) Angle's classification of incisors
 - i. Class i
 - ii. Class ii division 1
 - iii. Class ii division 2
 - iv. Class iii

AC3.2 Index of Orthodontic Treatment Needs (IOTN)

- a) Dental health component
- b) Aesthetic component

AC3.3 Orthodontic appliances: (eg types of tooth movement)

- a) removable appliance
- b) fixed appliance
- c) functional appliance

AC3.4 Orthodontic retainer

- a) removable
- b) fixed

Learning outcome

The learner will:

LO4 Be able to assist during an oral examination and complete dental charts

Assessment criteria

The learner can:

AC4.1 provide clinical notes to assist the clinician when conducting an oral examination.

AC4.2 prepare equipment and instruments for the clinician to:

- a) examine intra-oral soft tissues
- b) complete a dental charting of teeth
- c) complete a gingival periodontal scan/pocket depths

AC4.3 record a permanent dental chart as spoken by the clinician when conducting an oral examination.

AC4.4 update patient records as directed by the clinician (eg social, medical and dental history) and ensure they are stored securely in line with legislation.

Learning outcome

The learner will:

LO5 Be able to complete hand-written Palmer Notation dental charts

Assessment criteria

The learner can

AC5.1 produce a hand-written Palmer Notation chart of:

- a) an adult patient showing common restorative and prosthetic treatments along with decayed, missing and filled anterior and posterior teeth
- b) a child in the mixed dentition stage showing decayed, missing and filled deciduous teeth, and permanent teeth with fissure sealants

Supporting Information

Evidence requirements in each unit must be met.

All competence-based learning outcomes and assessment criteria **must** be evidenced and assessed. The primary source of evidence should be observation by the assessor, where this is specifically stated in the evidence requirements. Expert Witness Testimony may be used, where observation by the assessor is not specified.

Assessment criteria not sufficiently covered during the observation can be assessed by an appropriate secondary method (refer to Section 4 of this document).

Evidence requirements:

Learning Outcomes 2 and 3 – Centres may use professional discussion, assessor devised questions, expert witness testimonies, outcomes of research-based activities, assignments and reflective accounts.

Learning Outcome 4 – minimum of **one** observation by assessor or expert witness (simulation is **not** allowed)

Learning Outcome 5 – To be assessed by simulation (centre resource is available) which **must** be carried out by the assessor to meet the assessment criteria. The learner must complete hand-written Palmer Notation charts to ensure sufficient evidence of competence in this area.

Outcomes assessed in the Synoptic Test:

Learning Outcome 1 will be assessed in the synoptic multiple-choice test. Evidence of learning **must** also be included in the candidate's portfolio of evidence, to ensure that candidates are suitably prepared for the test and to provide them with revision material.

Unit 305

Recognising and supporting actions during first aid and medical emergencies

Level:	3
GLH:	28
Assessment type:	Portfolio of evidence Practical demonstration/observation Evolve synoptic multiple-choice test
Aim:	The aim of this unit is for learners to demonstrate underpinning knowledge and skills to enable the recognition of medical emergencies and to support effective first aid and treatment of medical emergencies. Learners will develop an understanding of the role of trained responders including the administration of emergency drugs, use of emergency equipment, record keeping and infection control.

Learning outcome

The learner will:

- LO1 Understand the human respiratory and circulatory systems and potential impacts in a medical emergency

Assessment criteria

The learner can:

AC1.1 describe the function of the human **respiratory and circulatory systems**

AC1.2 describe the **components** of blood.

AC1.3 identify **changes in human respiratory and circulatory systems** which may indicate a medical emergency.

Range

AC1.1 **Respiratory and circulatory systems**

- a) Heart
 - i. Ventricles
 - ii. Atria
 - iii. Valves
 - iv. Coronary arteries
 - v. Pulmonary artery / vein
 - vi. Aorta
 - vii. Vena Cava

- b) Lungs
 - i. Trachea
 - ii. Alveoli
- c) Blood vessels
 - i. Arteries
 - ii. Veins
 - iii. Capillaries

AC1.2 Components of blood

- a) Plasma
- b) Red blood cells / haemoglobin
- c) White blood cells / immune system

AC1.3 Changes in human respiratory and circulatory systems

- a) Breathing rate
- b) Heart rate

Learning outcome

The learner will:

LO2 Understand the role and responsibilities of a first aider.

Assessment criteria

The learner can:

AC2.1 summarise the role and responsibilities of a qualified first aider.

AC2.2 describe methods to minimise the risk of infection to self and others during first aid and Cardiopulmonary Resuscitation (CPR) procedures.

AC2.3 describe how to **establish consent** to provide first aid and CPR.

AC 2.4 identify the contents of the first aid kit.

AC2.5 describe the **safe working practices** for first aid and medical emergencies in line with organisational and legal requirements

Range

AC2.3 Establish consent

- a) Conscious patient
- b) Unconscious patient

AC2.5 Safe working practices

- a) Training
- b) Accident record keeping
- c) Storage and auditing of emergency drugs

Learning outcome

The learner will:

LO3 Be able to assess an incident.

Assessment criteria

The learner can:

AC 3.1 conduct a scene survey.

AC3.2 conduct a primary survey of a casualty.

AC3.3 give examples of when to call for help

Learning outcome

The learner will:

LO4 Be able to manage an unresponsive casualty who is breathing normally.

Assessment criteria

The learner can:

AC4.1 assess a casualty's level of consciousness.

AC4.2 open a casualty's airway and check breathing.

AC4.3 assess the casualty for any other injuries.

AC4.4 demonstrate placing an unresponsive casualty in the recovery position

Learning outcome

The learner will:

LO5 Be able to manage an unresponsive casualty who is not breathing normally

Assessment criteria

The learner can:

AC5.1 demonstrate Cardio-Pulmonary Resuscitation (CPR) using a manikin.

AC5.2 identify the accepted CPR requirements for children and adults as specified by the Resuscitation Council UK.

AC5.3 demonstrate how to safely prepare the casualty for Automatic External Defibrillator (AED).

AC5.4 demonstrate how to assist a casualty who is choking

Learning outcome

The learner will:

LO6 Understand the management of medical emergencies in the dental setting.

Assessment criteria

The learner can:

AC6.1 explain the signs and symptoms of **medical emergencies**.

AC6.2 describe how to manage **medical emergencies** that may occur in the dental setting.

AC6.3 identify the uses of emergency drugs to treat **medical emergencies**.

AC6.4 describe the hazard associated with treating a patient in the supine position with an unprotected airway.

AC6.5 describe how to assist a patient who is choking.

Range

AC6.1, 6.2, 6.3 **Medical emergencies**

- a) Fainting
- b) Hypoglycemia/hyperglycemia
- c) Asthma attack
- d) Angina
- e) Myocardial infarction
- f) Cardiac arrest
- g) Epileptic seizure
- h) Anaphylaxis
- i) Stroke

Unit 305

Recognising and supporting actions during first aid and medical emergencies

Supporting Information

Evidence requirements in each unit must be met.

All competence-based learning outcomes and assessment criteria **must** be evidenced and assessed. The primary source of evidence should be observation by the assessor, where this is specifically stated in the evidence requirements. Expert Witness Testimony may be used, where observation by the assessor is not specified.

Assessment criteria not sufficiently covered during the observation can be assessed by an appropriate secondary method (refer to Section 4 of this document).

Evidence requirements:

Learning Outcomes 3, 4 and 5 – minimum of **one** simulation. RPL can be used (EFAW/FAW training and assessment within 1 year of completion).

Learning Outcomes assessed in the Synoptic Test

Learning Outcomes 1, 2 and 6 will be assessed in the synoptic multiple-choice test. Evidence of learning **must** also be included in the candidate's portfolio of evidence, to ensure that candidates are suitably prepared for the test and to provide them with revision material.

Unit 306

The safe use of ionising radiation to produce quality radiographic images

Level:	3
GLH:	32
Assessment type:	Portfolio of evidence Practical demonstration/observation Evolve synoptic multiple-choice test
Aim:	The aim of the unit is to enable the learner to develop the knowledge and skills needed to carry out their duties relating to dental radiography. Learners will understand current legislation relating to radiography in addition to the principles and techniques of taking, processing, storing and quality assuring radiographs. Learners will also demonstrate the processing method used in their clinical environment

Learning outcome

The learner will:

LO1 Understand the regulations and hazards associated with ionising radiation

Assessment criteria

The learner can:

AC1.1 describe the **legal requirements** for ionising radiation within a dental setting.

AC1.2 summarise the **risks** associated with ionising radiation.

AC1.3 state the purpose of the controlled area.

AC1.4 state the importance of an isolation switch.

AC1.5 state the purpose of lead foil in a traditional radiographic film.

Ac1.6 state the purpose of an intensifying screen in an extra-oral cassette.

Range

AC1.1 Legal requirements

- a) The current Ionising Radiation Regulations
- b) The current Ionising Radiation (Medical Exposure) Regulations
- c) Local rules
- d) Radiation protection file

AC1.2 Risks

- a) Primary beam

- b) Scatter radiation
 - c) Absorption by the patient
 - d) Equipment failure
 - e) Accidental exposure (to patient or self)
-

Learning outcome

The learner will:

LO2 Understand the different radiographic images and their diagnostic value.

Assessment criteria

The learner can:

AC2.1 explain the diagnostic value of **intra-oral radiographic images**.

AC2.2 explain the diagnostic value of **extra-oral radiographic images**.

AC2.3 evaluate the advantages of using digital radiography in the dental setting.

Range

AC2.1 **Intra-oral radiographic images**

- a) Bitewing
- b) Periapical

AC2.2 **Extra-oral radiographic images**

- a) Dental pantomograph (DPT) / orthopantomograph (OPG) / panoramic
-

Learning outcome

The learner will:

LO3 Understand the processing methods and faults that can occur when processing radiographs.

Assessment criteria

The learner can:

AC3.1 explain **methods** for processing radiographs.

AC3.2 describe the **reasons** for faults visible on radiographic images.

Range

AC3.1 **Methods**

- a) automatic film processing
- b) digital
 - i. direct
 - ii. indirect

AC3.2 **Reasons**

- a) operator error
 - b) processing error
 - c) patient error and accessories (eg. dentures, glasses)
 - d) equipment error
-

- e) storage of materials
-

Learning outcome

The learner will:

LO4 Understand the importance of quality assurance in dental radiography.

Assessment criteria

The learner can

AC4.1 describe the quality control systems used in dental radiography.

AC4.2 explain how **quality control systems** are carried out to comply with the principle of ALARP (radiation dose to be As Low As Reasonably Practicable).

AC4.3 explain the methods of mounting radiographic images.

Range

AC4.2 **Quality control systems**

- a) Radiographic image grading process
 - b) Step-wedge test
 - c) Quality assurance of direct and indirect digital X-ray sensors/plates
 - d) IRMER operator requirements
-

Learning outcome

The learner will:

LO5 Be able to provide support and resources for taking radiographic images.

Assessment criteria

The learner can:

AC5.1 maintain safe working practices throughout radiographic imaging procedures.

AC5.2 provide the correct **resources** required by the operator for taking radiographic images.

AC5.3 decontaminate radiographic equipment after use.

Range

AC5.2 **Resources**

- a) Holder
 - b) Sensor or phosphor plate or film
-

Learning outcome

The learner will:

LO6 Be able to process a radiographic image

Assessment criteria

The learner can

AC6.1 process a radiographic image.

AC6.2 maintain the quality of the radiographic image during processing.

AC6.3 store the radiographic image permanently and securely

Unit 306

The safe use of ionising radiation to produce quality radiographic images

Supporting information

Evidence requirements in each unit must be met.

All competence-based learning outcomes and assessment criteria **must** be evidenced and assessed. The primary source of evidence should be observation by the assessor, where this is specifically stated in the evidence requirements. Expert Witness Testimony may be used, where observation by the assessor is not specified.

Assessment criteria not sufficiently covered during the observation can be assessed by an appropriate secondary method (refer to Section 4 of this document).

Evidence requirements:

Learning Outcomes 5 and 6 – minimum of **one** observation. This **must** be carried out by the assessor. Simulation is **not** allowed.

Learning Outcomes assessed in the Synoptic Test

Learning Outcomes 1, 2, 3 and 4 will be assessed in the synoptic multiple-choice test. Evidence of learning **must** also be included in the candidate's portfolio of evidence, to ensure that candidates are suitably prepared for the test and to provide them with revision material.

Unit 307

Provide support for the control of periodontal disease and caries, and the restoration of cavities

Level:	5
GLH:	28
Assessment type:	Portfolio of evidence Practical demonstration/observation Evolve synoptic multiple-choice test
Aim:	This unit will enable learners to gain the knowledge and skills required to prepare the clinical environment and assist with various periodontal and restorative procedures to provide appropriate patient care

Learning outcome

The learner will:

- LO1 Understand the range of procedures, materials, instruments and equipment available for periodontal treatments.

Assessment criteria

The learner can:

- AC1.1 explain the importance of removing supra-gingival and sub-gingival calculus by a clinician
- AC1.2 describe the **equipment, instruments and materials** used for removing
- supra-gingival calculus
 - sub-gingival calculus and infected cementum
- AC1.3 explain using examples, the term 'plaque trap' / 'stagnation area'.

Range

AC1.2 Equipment, instruments and materials

- Hand scalers
 - Push scaler
 - Periodontal hoe
 - Curette
 - Jacquette/Sickle
- Prophylaxis paste
- Prophylaxis applicator
- Ultrasonic scaler

Learning outcome

The learner will:

LO2 Understand the range of procedures, materials, instruments and equipment available for restorative treatments.

Assessment criteria

The learner can:

AC2.1 describe Black's Classification of Cavities

AC2.2 describe the **equipment and instruments** used in the preparation of cavities

AC2.3 describe the different types of **matrix system** and how they are used

AC2.4 explain the advantages, disadvantages and restrictions associated with **restorative materials** and **lining materials**.

AC2.5 describe the reasons for the use of

- a) etchant
- b) bonding agent
- c) curing light
- d) dental amalgamator

AC2.6 describe the purpose and procedure for placing a fissure sealant.

AC2.7 explain the importance of effective moisture control throughout restorative treatments.

Range

AC2.2 Equipment and instruments

- a) Curing light
- b) Handpiece
 - i. High speed
 - ii. Slow speed
- c) Types of Bur
 - i. Friction grip/latch grip
 - ii. Diamond/steel
 - iii. Cylinder/tapered/rose-head
- d) Hand instruments
 - i. mirror
 - ii. probes
 - iii. tweezers
 - iv. excavator
 - v. flat plastic
 - vi. wards carver
 - vii. packer/plugger/condenser
 - viii. burnishers
 - ix. lining applicators
- e) Restorative material applicators (eg amalgam carrier, composite gun, glass ionomer dispenser)
- f) Items required for finishing (eg stones, strips, discs, articulating paper)

AC2.3 Matrix system

- a) Tofflemire matrix holder and band

- b) Siqveland matrix holder and band
- c) Wedges
- d) Transparent strips
- e) Single-use assembled matrix systems

AC2.4 Restorative materials

- a) Amalgam
- b) Composite
- c) Glass ionomer
- d) Temporary cement

AC2.4 Lining materials

- e) Zinc-based liners
- f) Calcium hydroxide
- g) Glass ionomer

Learning outcome

The learner will:

LO3 Be able to support the patient and clinician before, during and after periodontal treatment

Assessment criteria

The learner can:

AC3.1 provide the clinician with the **patient's records** for the planned treatment

AC3.2 select the **equipment, instruments and materials** for the planned **treatment**

AC3.3 aspirate during the treatment, maintaining a clear field of operation.

Range

AC3.1 Patient's records

- a) clinical notes and dental charts
- b) radiographic images
- c) medical history
- d) valid consent

AC3.2 Equipment, instruments and materials

- a) handpiece
- b) hand instruments
- c) ultrasonic scaler
- d) items required for finishing (eg polishing brushes/cups, prophylaxis paste)

AC3.2 Treatment

- e) scaling
- f) polishing

Learning outcome

The learner will:

LO4 Be able to support the patient and clinician before, during and after restorative treatment

Assessment criteria

The learner can:

AC4.1 provide the clinician with the **patient's records** for the planned treatment.

AC4.2 select the **equipment, instruments and materials** for the planned **treatment**.

AC4.3 aspirate during the treatment, maintaining a clear field of operation.

AC4.4 provide the clinician with the correct quantity and consistency of restorative material.

AC4.5 support the patient by monitoring them through the procedure, putting their interests first and offering reassurance.

Range

AC4.1 Patient's records

- a) clinical notes and dental charts
- b) radiographic images
- c) medical history
- d) valid consent

AC4.2 Equipment, instruments and materials

- a) curing light
- b) handpiece
- c) hand instruments
- d) matrix system
- e) restorative material
- f) items required for finishing (eg burs, strips, discs, articulating paper)

AC4.2 Treatment

- g) amalgam restorations
- h) composite restorations
- i) glass ionomer restorations

Unit 307

Provide support for the control of periodontal disease and caries, and the restoration of cavities

Supporting information

Evidence requirements in each unit must be met.

All competence-based learning outcomes and assessment criteria **must** be evidenced and assessed. The primary source of evidence should be observation by the assessor, where this is specifically stated in the evidence requirements. Expert Witness Testimony may be used, where observation by the assessor is not specified.

Assessment criteria not sufficiently covered during the observation can be assessed by an appropriate secondary method (refer to Section 4 of this document).

Evidence requirements:

Learning Outcome 3 – Minimum of **one** observation by the assessor.

Learning Outcome 4 – Minimum of **one** observation* of **one of the treatments from the range** by the assessor. The restorative treatments that are not observed by the assessor should be evidenced in the learner's portfolio. This evidence may include: expert witness testimony / professional discussion / question and answer / assignments / reflective account.

*The primary method of assessment **must** be observation. Assessment criteria not sufficiently covered during the observation can be assessed by an appropriate secondary method.

Learning outcomes assessed in the Synoptic Test

Learning Outcomes 1 and 2 will be assessed in the synoptic multiple-choice test. Evidence of learning **must** also be included in the candidate's portfolio of evidence, to ensure that candidates are suitably prepared for the test and to provide them with revision material.

Unit 308

Provide support during the stages of prosthetic treatments

Level:	3
GLH:	28
Assessment type:	Portfolio of evidence Practical demonstration/observation Evolve synoptic multiple-choice test
Aim:	The aim of this unit is for the learner develop the knowledge and skills to understand the range of fixed and removable appliances, when and how these are used in dentistry. This unit will also reflect the learner's practical skills and understanding of how to prepare the clinical environment for the stages of fixed and removable prostheses, and the appropriate support for patient- centred care

Learning outcome

The learner will:

- LO1 Know the purpose of fixed prostheses used in dentistry and the equipment, instruments and materials used in their construction.

Assessment criteria

The learner can:

- AC1.1 explain the difference between fixed and removable prostheses, and why they are used in dentistry.
- AC1.2 describe fixed prosthetic **treatments available to replace missing teeth.**
- AC1.3 describe why a clinician may choose to carry out a preparation for a **permanent restorative fixed prostheses.**
- AC1.4 explain the use of equipment, instruments, burs and materials during the preparation of a permanent restorative fixed prostheses.
- AC1.5 explain the purpose of a gingival retraction cord.
- AC1.6 describe the different types and purposes of **temporary fixed prostheses**
- AC1.7 explain the equipment and materials used in the construction of a **temporary fixed prostheses.**
- AC1.8 explain the purpose of a temporary luting cement.
- AC1.9 outline the advice which should be given to a patient with a **temporary fixed prostheses.**
- AC1.10 explain the different types of permanent luting cements for cementation of **permanent fixed prostheses.**
- AC1.11 describe the equipment, instruments and materials used in the

fitting of a permanent fixed prostheses.

AC1.12 outline the CAD/CAM process used to produce a fixed prosthesis, including capturing the data and production of the prosthesis.

Range

AC1.2 Treatments available to replace missing teeth

- a) Implants
- b) Bridges
 - i. Conventional retainer / pontic
 - ii. Adhesive (maryland)

AC1.3 Permanent restorative fixed prostheses

- a) Jacket crown (anterior and posterior)
- b) Post crown
- c) Veneer
- d) Inlay / onlay

AC1.6, 1.7 Temporary fixed prostheses

- a) Pre-formed temporary crown
- b) Chairside-constructed temporary crown
- c) Veneer
- d) Inlay / onlay

AC1.10 Permanent fixed prosthesis

- a) Crown
 - b) Veneer
 - c) Inlay/onlay
 - d) Bridge
 - i. Conventional
 - ii. Adhesive
-

Learning outcome

The learner will:

LO2 Be able to select and prepare equipment, instruments and materials for fixed prostheses

Assessment criteria

The learner can:

AC2.1 provide the clinician with the **patient's records** for the planned treatment

AC2.2 prepare **equipment**, instruments and **materials** for preparation of a permanent fixed prosthesis to include fitting and adjustment of the temporary fixed prosthesis

AC2.3 maintain a clear field of operation by applying moisture control and protect soft tissues during the clinical procedure

AC2.4 monitor the patient and provide support to the patient and clinician during the clinical procedure

Range

AC2.1 Patient's records

- a) Clinical notes and dental charts
- b) Radiographic images
- c) Medical history
- d) Valid consent

AC2.2 Equipment

- a) Aspirator
- b) Hand instruments
- c) Shade guide
- d) Handpieces

AC2.2 Materials

- e) Temporary crown material
- f) Temporary luting cement
- g) Permanent adhesive / luting cement
- h) Articulating paper

Learning outcome

The learner will:

LO3 Know the purpose of removable prostheses used in dentistry and the equipment, instruments and materials used in their construction.

Assessment criteria

The learner can:

AC3.1 describe the types of removable prostheses available:

- a) Partial
 - i. Acrylic
 - ii. Cobalt-chrome
- b) Full
- c) Immediate

AC3.2 explain the **stages** and the use of **equipment, instruments and materials** required when constructing a full acrylic denture.

AC3.3 explain how the stages would differ when constructing a partial cobalt-chrome or immediate prosthesis.

AC3.4 describe the benefits of a cobalt-chrome partial denture when compared with an acrylic partial denture.

AC3.5 explain the additional information the patient will require when an immediate denture is fitted.

Range

AC3.2 Stages

- a) primary impressions
- b) secondary impressions
- c) bite (occlusal) registration
- d) try in
- e) retry
- f) fit
- g) review

AC3.2 Equipment, instruments and materials

- h) Stock impression trays
- i) Alginate impression material
- j) Shade guide
- k) Special trays
- l) Elastomer impression material
- m) Wax knife
- n) Willis bite gauge
- o) Le Cron carver
- p) Patient mirror
- q) Articulating paper
- r) Fox's occlusal plane guide
- s) Heat source
- t) Wax
- u) Acrylic trimming burs
- v) Straight handpiece

Learning outcome

The learner will:

LO4 Be able to select and prepare the equipment, instruments and materials for removable prostheses

Assessment criteria

The learner can:

AC 4.1 provide the clinician with the **patient's records** for the planned treatment.

AC4.2 prepare equipment, instruments and materials for a stage in the construction of a removable prosthesis.

AC4.3 monitor the patient and provide support to the patient and clinician during the clinical procedure

Range

AC4.1 Patient's records

- a) clinical notes and dental charts
- b) radiographic images
- c) medical history
- d) consent

Learning outcome

The learner will:

LO5 Understand the materials and equipment used for fixed and removable prostheses

Assessment criteria

The learner can:

AC5.1 define the terms 'working arch' and 'opposing arch'.

AC5.2 explain why different **impression materials** are used in the fabrication of prostheses.

AC5.3 summarise the use of an articulator.

AC5.4 explain the purpose of the laboratory prescription for a prosthesis.

AC5.5 explain the relevance of the term 'custom made device'.

AC5.6 explain the importance and the process of taking an accurate shade for prostheses.

AC5.7 explain the disinfection and storage requirements for **impression materials**

Range

AC5.2, 5.7 **Impression materials**

- a) Alginate
 - b) Elastomer
-

Learning outcome

The learner will:

LO6 Be able to select, prepare and mix materials for fixed and removable prostheses

Assessment criteria

The learner can:

AC6.1 prepare **impression materials** to the correct ratio, consistency and quantity, within handling and setting times relative to the material.

AC6.2 load **impression materials** on the impression tray.

AC6.3 disinfect impressions upon removal from the patient's mouth and prepare for transportation to the laboratory, in line with current legal guidelines and practice policy.

AC6.4 record appropriate and sufficient information on laboratory prescription.

AC6.5 hand mix a powder/liquid permanent luting cement to the required consistency expected when fitting a crown.

Range

AC6.1, 6.2 **Impression Materials**

- a) Alginate
 - b) Elastomer
-

Unit 308

Provide support during the stages of prosthetic treatments

Supporting information

Evidence requirements in each unit must be met.

All competence-based learning outcomes and assessment criteria must be evidenced and assessed. The primary source of evidence should be observation by the assessor, where this is specifically stated in the evidence requirements. Expert Witness Testimony may be used, where observation by the assessor is not specified.

Assessment criteria not sufficiently covered during the observation can be assessed by an appropriate secondary method (refer to Section 4 of this document).

Evidence requirements:

Learning Outcomes 2 and 4 – must be observed as separate procedures.

LO2: one observation* carried out by the assessor to cover one of the below preparations:

One of:

- Crown
- Conventional bridge
- Veneer

LO4: one observation* by the assessor or expert witness to cover one of the removable prosthesis stages below:

One of:

- Primary / secondary impressions
- Bite
- Fit

*The primary method of assessment must be observation. Assessment criteria not sufficiently covered during the observation can be assessed by an appropriate secondary method.

Learning Outcome 6 – Assessment criteria 6.1 – 6.4 may be observed during assessment of outcomes 2 and 4. Any assessment criteria not observed can be assessed by simulation. Assessment criteria 6.5 may be assessed during observations in

the workplace by an assessor or expert witness, where this is not possible, then it may be assessed using a simulated activity.

Learning Outcomes assessed in the Synoptic Test

Learning Outcomes 1, 3 and 5 will be assessed in the synoptic multiple-choice test. Evidence of learning must also be included in the candidate's portfolio of evidence, to ensure that candidates are suitably prepared for the test and to provide them with revision material.

Unit 309

Provide support during the stages of endodontic procedures

Level:	3
GLH:	24
Assessment type:	Portfolio of evidence Practical demonstration/observation Evolve synoptic multiple-choice test
Aim:	The unit aim is to understand the various types of endodontic treatment and their application. Learners will gain an understanding of the possible complications associated with providing endodontic treatment. This unit will also reflect the learner's practical skills and understanding of how to prepare the clinical dental environment for endodontic treatment and the appropriate support for patient-centred care.

Learning outcome

The learner will:

LO1 Understand endodontic treatments.

Assessment criteria

The learner can:

AC1.1 explain the reasons for performing **endodontic treatment**

AC1.2 describe the procedures undertaken when performing **endodontic treatment**

AC1.3 describe the **stages** of pulpectomy treatment

AC1.4 describe the functions of **equipment, instruments and materials** used in pulpectomy treatment

AC1.5 explain the **complications** that could occur during pulpectomy treatment, safety measures and your actions

AC1.6 describe why moisture control is required in endodontic treatment

AC1.7 describe the potential **consequences** following endodontic treatment

Range

AC1.1, 1.2 **Endodontic treatment**

- a) Indirect pulp capping
- b) Direct pulp capping
- c) Pulpotomy
- d) Pulpectomy
- e) Apicectomy

AC1.3 Stages

- a) Isolation
- b) Access and location
- c) Measurement and working length
- d) Preparation
- e) Irrigation
- f) Obturation

AC1.4 Equipment, instruments and materials

- a) Dental dam kit
- b) Apex locator
- c) Endodontic handpiece
- d) Irrigation needle and syringe
- e) Sodium Hypochlorite irrigation solution
- f) Lubricant
- g) Barbed broaches
- h) Gates-Glidden drills
- i) Endodontic files
- j) Paper points
- k) Medicaments for temporisation
- l) Gutta percha points
- m) Canal sealant
- n) Finger spreader/lateral condenser

AC1.5 Complications

- a) Instrument separation (fracture)
- b) Inhalation
- c) Ingestion
- d) Perforation of the apex
- e) Lateral canal
- f) Sclerosis

AC1.7 Consequences

- a) Re-treatment
- b) Tooth fracture
- c) Tooth discolouration
- d) Treatment failure

Learning outcome

The learner will:

LO2 Be able to prepare the clinical environment for the assistance of the clinician and support of the patient during a pulpectomy procedure

Assessment criteria

The learner can:

AC2.1 provide the clinician with the **patient's records** for the planned treatment.

AC2.2 prepare and provide the clinician with equipment, instruments and materials for **stages** of a pulpectomy.

AC2.3 monitor, support and reassure the patient throughout the treatment, ensuring patient centred care.

AC2.4 aspirate during the treatment, maintaining a clear field of operation.

Range

AC2.1 Patient's records

- a) Clinical notes
- b) Radiographic images
- c) Medical history
- d) Valid consent

AC2.2 Stages

- a) Access
- b) Isolation
- c) Pulp extirpation
- d) Measurement
- e) Preparation
- f) Irrigation
- g) Restoration (temporary or permanent)

Unit 309

Provide support during the stages of endodontic procedures

Supporting information

Evidence requirements in each unit must be met.

All competence-based learning outcomes and assessment criteria **must** be evidenced and assessed. The primary source of evidence should be observation by the assessor, where this is specifically stated in the evidence requirements. Expert Witness Testimony may be used, where observation by the assessor is not specified.

Assessment criteria not sufficiently covered during the observation can be assessed by an appropriate secondary method (refer to Section 4 of this document).

Evidence requirements:

Learning Outcome 2 - Minimum of **one** observation to be carried out by the assessor. The primary method of assessment **must** be observation.

Assessment criteria not sufficiently covered during the observation can be assessed by an appropriate secondary method.

Simulation is **not** allowed.

Learning Outcomes assessed in the Synoptic Test

Learning Outcome 1 will be assessed in the synoptic multiple-choice test.

Evidence of learning **must** also be included in the candidate's portfolio of evidence, to ensure that candidates are suitably prepared for the test and to provide them with revision material.

Unit 310

Provide support during extractions and minor oral surgery

Level:	3
GLH:	24
Assessment type:	Portfolio of evidence Practical demonstration/observation Evolve synoptic multiple-choice test
Aim:	The unit aim is to is to understand extractions and the various types of minor oral surgery including the possible complications associated with providing these treatments. This unit will also reflect the learner's practical skills and understanding of how to prepare the clinical dental environment for extractions and the appropriate support for patient-centred care.

Learning outcome

The learner will:

- LO1 Know the processes, equipment, instruments and materials for extractions and minor oral surgery

Assessment criteria

The learner can:

- AC1.1 explain the reasons for performing extractions and **minor oral surgery**
- AC1.2 explain the purpose of raising a mucoperiosteal flap and bone removal during oral surgery
- AC1.3 describe the functions of **equipment, instruments and materials** required for extraction and minor oral surgery
- AC1.4 explain pre-operative instructions that may need to be followed by the patient prior to treatment
- AC2.5 explain why post-operative instructions need to be followed by the patient after treatment
- AC1.6 identify the causes of post-operative **complications** following extraction or minor oral surgery

Range

AC1.1 Minor oral surgery

- a) Implants
- b) Fraenectomy
- c) Biopsy
- d) Impacted teeth/retained roots
- e) Operculectomy

AC1.3 Equipment, instruments and materials

- a) Luxators
- b) Elevators
- c) Extraction forceps
- d) Scalpel
- e) Periosteal elevator
- f) Soft tissue retractor
- g) Spencer Wells
- h) Scissors
- i) Suture with suture needle
- j) Surgical aspirator tip
- k) Surgical hand piece
- l) Surgical burs
- m) Irrigation solution for surgical procedures
- n) Haemostatic agents
- o) Gauze pack

AC1.6 Complications

- a) Haemorrhage
- b) Localised osteitis
- c) Nerve damage
- d) Oro-antral communication

Learning outcome

The learner will:

- LO2 Prepare the clinical environment and support the patient and clinician during the extraction of a permanent tooth.

Assessment criteria

The learner can:

- AC2.1 provide the clinician with the **patient's records** for the planned treatment
- AC2.2 Provide the **equipment, instruments and materials** required for the extraction
- AC2.3 support the patient during the administration of local anesthetic
- AC2.4 monitor the patient during the procedure
- AC2.5 assist the clinician during the procedure

Range

AC2.1 Patient's records

- a) clinical notes and dental charts
- b) radiographic images
- c) medical history
- d) valid consent

AC2.2 Equipment, instruments and materials

- a) Local anaesthetic syringe, needle and cartridge
- b) Luxator and/or elevator
- c) Extraction forceps
- d) Gauze

Learning outcome

The learner will:

LO3 Be able to assist the clinician and support the patient following extractions.

Assessment criteria

The learner can:

AC3.1 provide the patient with appropriate **post-operative instructions** following the procedure.

AC3.2 check that the patient is fit to leave the surgery following the procedure

Range

AC3.1 Post-operative instructions

- a) Oral
- b) Written

Unit 310

Provide support during extractions and minor oral surgery

Supporting information

Evidence requirements in each unit must be met.

All competence-based learning outcomes and assessment criteria **must** be evidenced and assessed. The primary source of evidence should be observation by the assessor, where this is specifically stated in the evidence requirements. Expert Witness Testimony may be used, where observation by the assessor is not specified.

Assessment criteria not sufficiently covered during the observation can be assessed by an appropriate secondary method (refer to Section 4 of this document).

Evidence requirements:

Learning Outcomes 2 and 3 – Minimum of **one** observation* to cover learning outcomes 2 and 3. Can be carried out by the assessor or an Expert Witness. For outcome 3 simulation is allowed where observation is not possible.

*The primary method of assessment **must** be observation. Assessment criteria not sufficiently covered during the observation can be assessed by an appropriate secondary method.

Learning Outcomes assessed by the Synoptic Test

Learning Outcome 1 will be assessed in the synoptic multiple-choice test. Evidence of learning **must** also be included in the candidate's portfolio of evidence, to ensure that candidates are suitably prepared for the test and to provide them with revision material.

Unit 311

Scientific and practical information to support the patient's oral and physical health

Level:	3
GLH:	48
Assessment type:	Portfolio of evidence Practical demonstration/observation Evolve synoptic multiple-choice test
Aim:	This unit focuses on the theory of causes, progression and management of oral disease, and how this knowledge can be applied in order to provide information to support patients. Learners will develop the knowledge and skills required to provide patients with health information and advice tailored to their needs.

Learning outcome

The learner will:

- LO1 Understand the reasons for providing patients with oral health information in response to promotional campaigns.

Assessment criteria

The learner can:

- AC1.1 explain the **reasons** for providing patients with oral health information
AC1.2 explain methods for delivering oral health messages in line with ethical responsibilities
AC1.3 identify recognised national oral health campaigns and describe how they can be implemented to a **target audience**

Range

AC1.1 Reasons

- a) Regional, cultural and social trends, including variations in oral health in the UK
- b) Restricted access to oral healthcare
- c) National initiatives/guidelines (eg Public Health England / Department of Health/National Institute for Health and Care Excellence (NICE))
- d) Standardising patient information

AC1.3 Target audience

- a) Patients in the dental setting
- b) Dental care professionals
- c) Other healthcare professionals

Learning outcome

The learner will:

LO2 Understand the scientific basis of oral health

Assessment criteria

The learner can:

AC2.1 explain the composition and **development of plaque**

AC2.2 describe the structure and function of the periodontium

AC2.3 explain the causes and progression of **oral disease**

AC2.4 identify the signs and symptoms of gingival inflammation

AC2.5 summarise the differences between gingivitis and periodontitis

AC2.6 describe the terms 'false pocket' and 'true pocket'

AC2.7 describe the causes of dental caries

AC2.8 describe the progression, signs and symptoms of dental caries from demineralisation to a pulpal exposure

AC2.9 describe how the following influence dental caries

- a) pits and fissures
- b) proximal surfaces
- c) smooth surfaces
- d) white spot lesion
- e) remineralisation (arrested caries)
- f) gum recession.

AC2.10 describe the **causes** of non-carious tooth surface loss

Range

AC2.1 **Development of plaque**

- a) pellicle
- b) toxins/acids
- c) calcification

AC2.3 **Oral disease**

- a) gingivitis
- b) periodontal disease
- c) acute necrotising ulcerative gingivitis (ANUG)

AC2.10 **Causes**

- a) erosion
- b) abrasion
- c) attrition

Learning outcome

The learner will:

LO3 Understand factors that influence oral and general health

Assessment criteria

The learner can:

AC3.1 describe the principles of preventative oral care when combating

- a) caries
- b) periodontal disease
- c) non-carious tooth surface loss (erosion / abrasion / attrition)

AC3.2 explain the **impact of diet on oral health**

AC3.3 explain the **impact of diet on physical health**

AC3.4 explain how **medical history** affects a patient's oral health

AC3.5 explain how **social history** affects a patient's oral health

AC3.6 explain how **lifestyle** affects a patient's oral health

AC3.7 describe pre-malignant and malignant **lesions**.

AC3.8 describe how pre-malignant and malignant lesions are

- a) diagnosed
- b) referred
- c) managed

Range

AC3.2 **Impact of diet on oral health**

- a) Sugars: intrinsic, extrinsic, hidden
- b) Sugars: frequency - stephan's curve
- c) Acidic drinks eg. Carbonated / non-carbonated
- d) Acidic foods eg. Vinegar / citrus fruits

AC3.3 **Impact of diet on physical health**

- a) Portion size
- b) Nutritional balance
- c) Sugar consumption

AC3.4 **Medical history**

- a) Medication (include medicines containing sugar)
- b) Medical conditions
 - i. GORD (gastro-oesophageal reflux disease)
 - ii. Pregnancy
- c) eating disorders
- d) Xerostomia
 - i. Medication
 - ii. Head and neck radiation therapy following oral cancer

AC3.5 **Social history**

- a) Family background
- b) Culture
- c) Socio-economic factors

AC3.6 Lifestyle

- a) Environmental issues (include fluoridated water supply)
- b) Habits and recreational activities (include mouthguard)
- c) Sugar-free chewing gum
- d) Alcohol use
- e) Tobacco use
- f) Betel nut / pan habit
- g) Exposure to ultra-violet radiation

AC3.7 Lesions

- a) Lichen planus
- b) Leukoplakia
- c) Erythroplakia
- d) Non-healing ulcer
- e) Squamous cell carcinoma

Learning outcome

The learner will:

LO4 Understand the prevention and management of oral diseases.

Assessment criteria

The learner can:

AC4.1 explain **oral hygiene techniques and aids** used to prevent oral disease

AC4.2 explain methods of administering **fluoride** both systemically and topically

AC4.3 explain the advantages and disadvantages of administering fluoride (topically / systemically including overdose / fluorosis)

AC4.4 describe enamel hypoplasia

AC4.5 explain how to clean and care for **prostheses**

AC4.6 explain **post-operative advice** given to patients who have received a fixed or removable orthodontic appliance

Range

AC4.1 Oral hygiene techniques and aids

- a) Toothbrushing
- b) Use of appropriate toothpastes according to patient's needs
 - i. 'over the counter' toothpastes
 - ii. Prescription only medicines
- c) Interdental cleaning aids
- d) Disclosing agents
- e) Mouthwashes
 - i. Fluoride
 - ii. Antibacterial

AC4.2 Fluoride

- a) Professionally applied
 - i. Varnish
 - ii. Full-mouth gels
- b) Water supply
- c) Tablets

AC4.5 **Prostheses**

- a) Dentures
 - i. Full
 - ii. Partial (acrylic, cobalt-chrome)
- b) Bridges
- c) Implants

AC4.6 **Post-operative advice**

- a) Care and maintenance of
 - i. Removable appliance
 - ii. Fixed appliance
- b) Caries risk

Learning outcome

The learner will:

LO5 Be able to communicate with patients to deliver standardised oral health information

Assessment criteria

The learner can:

AC5.1 plan to provide information to a patient on means of developing their skills, knowledge and behaviours for the prevention of oral disease

AC5.2 check the identity of the patient, introduce themselves and the purpose of the visit

AC5.3 provide information to the patient that is accurate, consistent, and in line with organisational/evidence-based guidelines, as set out in their treatment plan

AC5.4 use a range of **resources** to assist with the delivery of the oral health **information**.

AC5.5 give the patient the opportunity to discuss their problems, treatment plan and ask questions

AC5.6 interact with and motivate the patient according to their needs

Range

AC5.4 **Resources**

- a) Models / demonstration pieces
- b) Oral hygiene aids
- c) Visual aids
- d) Leaflets
- e) Media educational tools

AC5.4 **Information**

- f) to address the problems the patient is experiencing.
- g) to explain the consequences if the problems are not addressed.

Unit 311

Scientific and practical information to support the patient's oral and physical health

Supporting information

Evidence requirements in each unit must be met.

All competence-based learning outcomes and assessment criteria **must** be evidenced and assessed. The primary source of evidence should be observation by the assessor, where this is specifically stated in the evidence requirements. Expert Witness Testimony may be used, where observation by the assessor is not specified.

Assessment criteria not sufficiently covered during the observation can be assessed by an appropriate secondary method (refer to Section 4 of this document).

Evidence requirements:

Learning Outcome 1 - Centres may use professional discussion, assessor devised questions, expert witness testimonies, outcomes of research-based activities, assignments and reflective accounts.

Learning Outcome 5 – minimum of **one** simulation* to cover this learning outcome. The role of the patient must **not** be played by the assessor. The simulated scenario should cover **one** of the following patient types:

- children / young people
- adults
- seniors
- those with additional individual needs (capacity)

*The primary method of assessment **must** be simulation. Assessment criteria not sufficiently covered during the simulation can be assessed by an appropriate secondary method.

Learning Outcomes assessed in the Synoptic Test

Learning Outcomes 2, 3 and 4 will be assessed in the synoptic multiple-choice test. Evidence of learning **must** also be included in the candidate's portfolio of evidence to ensure that candidates are suitably prepared for the test and to provide them with revision material

Appendix 1

Learner Induction Checklist

Name of Employer			
Name of Learner			
Start date of Employment			
Please confirm that the learner has received the following training and information during the workplace induction period	Date of Completion	Signed by Employer/ Workplace Supervisor /Mentor	
Immunisation protocols			
Workplace health and safety policies and procedures.			
Workplace Medical Emergency Procedure/location of the Emergency First Aid Kit Workplace Named First Aider			
Workplace COSHH policies and procedures			
Waste disposal training including hazardous waste and disposal of sharps			
Prevention and control of infection control policy			
Personal Protective Equipment (PPE)			
Hand washing			
Decontamination/sterilisation workplace procedures and policies			
Sharps injury protocol			
Reporting of injuries, accidents, hazards and risks, and records required			

Fire procedure		
Radiation protection policy and procedures		
Patient care		
Professionalism		
Confidentiality/data protection		
Patient consent		
Student identification		
Student fitness to practise policy		
Duty of Candour and Raising concerns		
Patient safety		

I confirm that the learner has an allocated workplace supervisor/mentor. The supervisor/mentor will be

GDC Number.....

All of the above listed activities and training have been completed during the workplace induction. I confirm that records of training completed during the induction process have been maintained and can be presented if requested and are available for external audit.

The above named learner is ready to provide chair side support during general dental procedures and provide support to the operator and patients during general dental procedures.

The learner's access to work activities has been reviewed and discussed with the mentor to ensure that the learner has the potential to achieve the full qualification.

Where this is not the case an agreement is in place to support the learner to access these activities/equipment.

Signed by Employer/Workplace Supervisor/Mentor	GDC Number:	Date:
Signed by learner:		Date:
Centre Signature:	Position:	Date:

Appendix 2 – Mapping to Standards

Skills for Health National Occupational Standards (NOS)

The tables below contain the mapping of the NOS to the Level 3 Extended Diploma in Dental Nursing (4238-12)

Unit Title	Links to NOS
Unit 301 Preparing for professional practice in dental nursing	SFHGEN Make Use of Supervision SFHGEN22 Communicate effectively with individuals SFHGEN1 Ensure personal fitness for work
Unit 302 The impact of health and safety legislation on working practices in the dental setting	SFHGEN22 Communicate effectively with individuals SFHOH1 Prepare and maintain environments, instruments, and equipment for clinical dental procedures SFHIPC7 Safely dispose of healthcare waste, including sharps, to prevent the spread of infection SFHIPC2 Perform hand hygiene to prevent the spread of infection SFHGEN1 Ensure personal fitness for work
Unit 303 Prevention and control of infection in the dental setting	SFHGEN22 Communicate effectively with individuals SFHGEN2 Prepare and dress for work in healthcare settings SFHDEC3 Prepare, load and operate decontamination equipment SFHIPC1 Minimise the risk of spreading infection by cleaning, disinfecting and maintaining environments SFHIPC4 Minimise the risk of spreading infection by cleaning, disinfection and storing care equipment SFHIPC5 Minimise the risk of exposure to blood and body fluids while providing care SFHGEN1 Ensure personal fitness for work SFHIPC6 Use personal protective equipment to prevent the spread of infection SFHIPC7 Safely dispose of healthcare waste, including sharps, to prevent the spread of infection SFHIPC2 Perform hand hygiene to prevent the spread of infection

Unit Title	Links to NOS
Unit 304 Dental and regional anatomy, oral health assessments and treatment planning	SFHGEN22 Communicate effectively with individuals SFHOH3 Provide chairside support during the assessment of patients' oral health
Unit 305 Recognising and supporting actions during first aid and medical emergencies	SFHGEN22 Communicate effectively with individuals
Unit 306 The safe use of ionising radiation to produce quality radiographic images	SFHGEN22 Communicate effectively with individuals SFHOH1 Prepare and maintain environments, instruments, and equipment for clinical dental procedures SFHOH4 Contribute to the production of dental images SFHIPC6 Use personal protective equipment to prevent the spread of infection SFHIPC2 Perform hand hygiene to prevent the spread of infection
Unit 307 Provide support for the control of periodontal disease and caries, and the restoration of cavities	SFHGEN22 Communicate effectively with individuals SFHOH1 Prepare and maintain environments, instruments, and equipment for clinical dental procedures SFHOH5 Provide chairside support during the prevention and control of periodontal disease and caries and the restoration of cavities SFHIPC6 Use personal protective equipment to prevent the spread of infection SFHIPC2 Perform hand hygiene to prevent the spread of infection
Unit 308 Provide support during the stages of prosthetic treatments	SFHGEN22 Communicate effectively with individuals SFHOH1 Prepare and maintain environments, instruments, and equipment for clinical dental procedures SFHOH6 Provide chairside support during the provision of fixed and removable prostheses SFHOH09 Take a direct oral impression of an individual to produce an analogue or cast SFHIPC6 Use personal protective equipment to prevent the spread of infection SFHIPC2 Perform hand hygiene to prevent the spread of

Unit Title	Links to NOS
	infection
Unit 309 Provide support during the stages of endodontic procedures	SFHGEN22 Communicate effectively with individuals SFHOH1 Prepare and maintain environments, instruments, and equipment for clinical dental procedures SFHOH7 Provide chairside support during non-surgical endodontic treatment SFHIPC6 Use personal protective equipment to prevent the spread of infection SFHIPC2 Perform hand hygiene to prevent the spread of infection
Unit 310 Provide support during extractions and minor oral surgery	SFHGEN22 Communicate effectively with individuals SFHOH1 Prepare and maintain environments, instruments, and equipment for clinical dental procedures SFHOH8 Provide chairside support during the extraction of teeth and minor oral surgery SFHIPC6 Use personal protective equipment to prevent the spread of infection SFHIPC2 Perform hand hygiene to prevent the spread of infection
Unit 311 Scientific and practical information to support the patient's oral and physical health	SFHGEN22 Communicate effectively with individuals SFHOH2 Offer information and support to individuals about dental services and the protection of oral health SFHGEN32 Search information, evidence and knowledge resources and communicate the results SFHOH3 Provide chairside support during the assessment of patients' oral health SFHIPC2 Perform hand hygiene to prevent the spread of infection

General Dental Council (GDC) Learning Outcomes

The tables below contain the mapping of the GDC Learning Outcomes to the Level 3 Extended Diploma in Dental Nursing (4238-12)

The unit references to each outcome in this document are not exhaustive.	
Overarching Outcomes	
<i>There are 7 overarching outcomes which should be demonstrated throughout education and training. These form the key principles of effective and professional practice, running through all the domains (Clinical, Communication, Professionalism, Management and Leadership), and are the same for all registrant categories.</i>	
GDC Outcomes	Unit references
Practise safely and effectively, making the high quality long term care of patients the first concern	Units 301-310
Recognise the role and responsibility of being a registrant and demonstrate professionalism throughout education, training and practice in accordance with GDC guidance	Units 301, 305
Demonstrate effective clinical decision making	Unit 311
Describe the principles of good research, how to access research and interpret it for use as part of an evidence based approach to practice	Units 301, 303, 311
Apply an evidence-based approach to learning, practice, clinical judgment and decision making and utilise critical thinking and problem solving skills	Units 301, 303, 305, 311
Accurately assess own capabilities and limitations, demonstrating reflective practice, in the interest of high quality patient care and act within these boundaries	Units 301, 305
Recognise the importance of lifelong learning and apply it to practice	Units 301, 305
CLINICAL	
1. Individual patient care 1.1 Foundations of practice <i>The Registrant will be able to apply to the practice of dental nurse principles that derive from the biomedical, behavioural and materials sciences</i> <i>The registrant will recognise and take account of the needs of different patient groups including children, adults, older people, and those with special care requirements throughout the patient care process</i>	

1.1.1 Describe the principles of an evidence- based approach to learning, clinical and professional practice and decision making	Unit 301 LO6 Unit 304 LO2
1.1.2 Recognise the range of normal human structures and functions with particular reference to oral disease and treatment	Unit 303 LO1 Unit 304 LO1 Unit 305 LO1
1.1.3 Recognise abnormalities of the oral cavity and the rest of the patient and raise concerns where appropriate	Unit 304 LO1, LO2 Unit 307 LO1, LO2
1.1.4 Explain the aetiology and pathogenesis of caries and periodontal disease	Unit 307 LO1 Unit 311 LO2
1.1.5 Describe relevant dental and oral anatomy and their application to patient management	Unit 304 LO1 Unit 311 LO2, LO3, LO4
1.1.6 Describe relevant and appropriate physiology and its application to patient management	Unit 305 LO1
1.1.7 Explain the potential routes of transmission of infectious agents in dental practice, mechanisms for the prevention of infection, the scientific principles of decontamination and disinfection and their relevance to health and safety	Unit 303 LO1, LO2
1.1.8 Describe commonly used dental biomaterials and their application	Unit 308 LO1
1.1.9 Describe psychological and sociological aspects of health, illness, behaviour change and disease	Unit 311 LO3
1.2 Contribution to patient assessment	
1.2.1 Explain the need for and record an accurate and contemporaneous patient history	Unit 304 LO2
1.2.2 Accurately describe and record and oral health assessment	Unit 304 LO4
1.2.3 Accurately record dental charting as carried out by other appropriate registrants	Unit 304 LO4, LO5
1.2.4 Recognise the significance of changes in the patient's reported oral health status and take appropriate action	Unit 304 LO2
1.2.5 Prepare records, images, equipment and materials for clinical assessment	Unit 306 LO5 Unit 307 LO3, LO4 Unit 308 LO2, LO4 Unit 309 LO2 Unit 310 LO2 Unit 311 LO1, LO2, LO3, LO4, LO5,

1.2.6 Recognise and describe the varying levels of patient anxiety, experience and expectations in respect of dental care	Unit 301 LO3 LO5
1.2.7 Discuss the importance of each component of the patient assessment process	Unit 304 LO2
1.5 Responding to the treatment plan	
1.5.1 Explain the principles of obtaining valid patient consent	Unit 301 LO4
1.5.2 Discuss the role of the dental nurse and other members of the dental team in the treatment plan	Unit 301 LO4
1.7 Patient management	
1.7.1 Treat all patients with equality, respect and dignity	Unit 301 LO4 Unit 305 LO2 Unit 308 LO2, LO4 Unit 310 LO2
1.7.2 Explain the impact of medical and psychological conditions in the patient	Unit 305 LO1 Unit 311 LO2, LO3
1.7.3 Monitor, support and reassure patients through effective communication and behavioural techniques	Unit 301 LO7 Unit 305 LO3, LO4, LO5, LO6 Unit 310 LO2
1.7.4 Advise patients on oral health maintenance	Unit 308 LO1, LO3 Unit 310 LO3 Unit 311 LO4, LO5
1.7.5 Recognise the need for and make arrangements for follow-up care as prescribed by the operator	Unit 311 LO4, LO5
1.7.6 Describe the role of the dental nurse and other members of the dental team in the patient management process	Unit 311 LO1, LO4, LO5
1.8 Patient and public safety	
1.8.1 Use the working and clinical environment in a safe and efficient manner	Unit 302 LO4 Unit 303 LO6, LO7 Unit 306 LO5, LO6 Unit 307 LO3, LO4 Unit 308 LO2, LO4, LO6 Unit 310 LO2, LO3

1.8.2 Perform effective decontamination and infection control procedures	Unit 303 LO3, LO4, LO5, LO6, LO7 Unit 306 LO5 Unit 308, LO6
1.8.3 Comply with current best practice guidelines	Unit 301 LO3 Unit 302 LO1, LO2, LO4 Unit 303 LO1, LO2, LO3, LO4, LO5, LO6, LO7 Unit 306 LO5, LO6 Unit 307 LO3, LO4 Unit 308, LO2, LO4, LO6 Unit 310 LO2, LO3
1.8.4 Recognise and manage medical emergencies	Unit 305 LO1, LO2, LO3, LO4, LO5, LO6
1.8.5 Explain the importance of contemporaneous, complete and accurate patient records in accordance with legal requirements and best practice	Unit 301 LO5 Unit 304 LO2
1.8.6 Recognise the signs of abuse or neglect and describe local and national systems and raise concerns where appropriate	Unit 301 LO4
1.9 Treatment of acute oral conditions	
1.9.1 Recognise and manage patients with acute oral conditions ensuring involvement of appropriate dental team members	Unit 309 LO1 Unit 310 LO1 Unit 311 LO1, LO2, LO3, LO4, LO5
1.10 Health promotion and disease prevention	
1.10.1 Describe the principles of preventive care	Unit 309 LO1 Unit 310 LO1 Unit 311 LO1, LO2, LO3, LO4, LO5
1.10.2 Provide patients with accurate and effective preventive information in a manner which encourages self-care and motivation	Unit 311 LO1, LO4, LO5
1.10.3 Discuss the health risks of diet, drugs and substance misuse, and substances such as tobacco, alcohol and drugs on oral and general health	Unit 311 LO3, LO4
1.11 Contributing to treatment	
1.11.1 Prepare and maintain the clinical environment including the instruments and equipment	Unit 303 LO6, LO7 Unit 307 LO3, LO4 Unit 308 LO2, LO4, LO6 Unit 309 LO2 Unit 310 LO2, LO3

1.11.2 Provide chairside support to the operator during treatment	Unit 307 LO3, LO4 Unit 308 LO2, LO4, LO6 Unit 309 LO2 Unit 310 LO2
1.11.3 Prepare, mix and handle dental materials	Unit 307 LO4 Unit 308 LO2, LO4, LO6 Unit 309 LO2 Unit 310 LO2
1.11.4 Process and manage dental radiographs	Unit 306 LO5, LO6
2 Population-based health and care	
2.1 Describe the basic principles of a population health approach including demographic and social trends, UK and international oral health trends, determinants of health and inequalities in health, the ways in which these are measured and current patterns	Unit 311 LO1, LO3, LO5
2.2 Describe the dental and wider healthcare systems dental professionals work within including health policy and organisation, delivery of healthcare and equity	Unit 301 LO3 Unit 311 LO1
2.3 Describe and evaluate the role of health promotion in terms of the changing environment, community and individual behaviours to deliver health gain	Unit 311 LO1
2.4 Describe evidence-based prevention and apply appropriately	Unit 311 LO1, LO2, LO3, LO4, LO5
2.5 Describe the principles of planning oral health care for communities to meet needs and demands	Unit 311 LO1, LO4
COMMUNICATION	
<i>The Registrant must recognise the importance of appropriate communication in healthcare at all times and through all media</i>	
3 Patients, their representatives and the public	
3.1 Communicate effectively and sensitively with and about patients, their representatives and the general public	Unit 301 LO5, LO7 Unit 309 LO2 Unit 310 LO3 Unit 311 LO5
3.2 Communicate effectively and sensitively to provide reassurance and information on oral hygiene to patients and their representatives	Unit 301 LO5, LO7 Unit 310 LO1, LO3 Unit 311 LO5
3.3 Explain the purpose and process of informed consent	Unit 301 LO4
4 Team and the wider healthcare environment	

4.1 Communicate effectively with colleagues from dental and other healthcare professions in relation to the direct care of individual patients, including oral health promotion	Unit 301 LO5, LO7 Unit 304 LO4, LO5 Unit 306 LO5 Unit 310 LO2
4.2 Explain the role of appraisal, training and review of colleagues, giving and receiving effective feedback	Unit 301 LO2
4.3 Give and receive feedback effectively to and from other members of the team	Unit 301 LO1
5 Generic communication skills	
5.1 Communicate effectively and sensitively by spoken, written and electronic methods and maintain and develop these skills	Unit 301 LO2, LO5, LO7 Unit 304 LO4, LO5 Unit 307 LO3, LO4 Unit 310 LO2 Unit 311 LO5
5.2 Explain the importance of and maintain contemporaneous, complete and accurate patient records in accordance with legal requirements and best practice	Unit 302 LO5 Unit 304 LO2 Unit 311 LO5
5.3 Recognise the use of a range of communication methods and technologies and their appropriate application in support of clinical practice*	Unit 301 LO5, LO7 Unit 304 LO4, LO5 Unit 311 LO5
5.4 Recognise and act within the principles of information governance	Unit 301 LO4 Unit 304 LO2 Unit 306 LO6
PROFESSIONALISM	
6 Patients and the public	
6.1 Put patients' interests first and act to protect them	Unit 301 LO2, LO5, LO7 Unit 302 LO2, LO4 Unit 305 LO3, LO4, LO5, LO6 Unit 308 LO2, LO4, LO6 Unit 309 LO2 Unit 310 LO2 LO3
6.2 Be honest and act with integrity	Unit 301 LO2, LO4 Unit 305 LO3, LO4, LO5, LO6 Unit 308 LO2, LO4, LO6 Unit 309 LO2 Unit 310 LO2, LO3
6.3 Respect patients' dignity and choices	Unit 301 LO3, LO4, LO5, LO7 Unit 305 LO3, LO4, LO5, LO6 Unit 308 LO2, LO4, LO6 Unit 309 LO2 Unit 310 LO2, LO3

6.4 Protect the confidentiality of all personal information	Unit 301 LO4, LO5 Unit 304 LO4 Unit 306 LO6
6.5 Recognise and respect the patient's perspective and expectations of dental care and the role of the dental team taking into account current equality and diversity legislation, noting that this may differ in England, Scotland, Wales and Northern Ireland	Unit 301 LO3, LO4 Unit 310 LO3
7 Ethical and legal	
7.1 Be familiar with and act within the GDC's standards and within other professionally relevant laws, ethical guidance and systems	Unit 301 LO3 Unit 302 LO1, LO3 Unit 306 LO1, LO4
7.2 Recognise and act upon the legal and ethical responsibilities involved in protecting and promoting the health of individual patients	Unit 301 LO3, LO5 LO7 Unit 302 LO3
7.3 Act without discrimination and show respect for patients, colleagues and peers and the general public	Unit 301 LO3, LO5, LO7 Unit 305 LO4, LO5, LO6 Unit 308 LO4, LO5, LO6 Unit 309 LO2 Unit 310 LO3
7.4 Recognise the importance of candour and effective communication with patients when things go wrong, knowing how and where to report any patient safety issues which arise	Unit 301 LO3, LO5, LO7
7.5 Take responsibility for and act to raise concerns about your own or others' health, behaviour or professional performance as described in <i>Standards for the Dental Team, Principle 8 Raise concerns if patients are at risk</i>	Unit 301 LO3 Unit 302 LO2, LO3 Unit 305 LO1, LO2, LO3, LO4, LO5, LO6 Unit 309 LO1
8 Teamwork	
8.1 Describe and respect the roles of dental and other healthcare professionals in the context of learning and working in a dental and wider healthcare team	Unit 301 LO3
8.2 Ensure that any team you are involved in works together to provide appropriate dental care for patients	Unit 302 LO4 Unit 304 LO4, LO5 Unit 305 LO1, LO2, LO3, LO4, LO5, LO6 Unit 306 LO5 Unit 308 LO2, LO4, LO6 Unit 309 LO2 Unit 310 LO2, LO3

8.3 Explain the contribution that team members and effective team working makes to the delivery of safe and effective high quality care	Unit 301 LO5
9 Development of self and others	
9.1 Recognise and demonstrate own professional responsibility in the development of self and the rest of the team	Unit 301, LO1, LO2
9.2 Utilise the provision and receipt of effective feedback in the professional development of self and others	Unit 301, LO1, LO2
9.3 Develop and maintain professional knowledge and competence and demonstrate commitment to lifelong learning	Unit 301, LO1, LO2
9.4 Recognise the impact of new techniques and technologies in clinical practice	Unit 301, LO1, LO2 Unit 305 LO1
9.5 Accurately assess own capabilities and limitations in the interest of high quality patient care and seek advice from supervisors or colleagues where appropriate	Unit 301, LO1, LO2 Unit 305 LO2, LO3
9.6 Describe and demonstrate the attributes of professional attitudes and behaviour in all environments and media	Unit 301 LO3, LO5, LO6 Unit 311 LO5
MANAGEMENT AND LEADERSHIP	
10 Managing self	
10.1 Put patients' interests first and act to protect them	Unit 302 LO4 Unit 306 LO4 Unit 308 LO2, LO4, LO6 Unit 309 LO2 Unit 310 LO2 Unit 311 LO5
10.2 Effectively manage own time and resources	Unit 308 LO2, LO4, LO6 Unit 309 LO3 Unit 310 LO3
	Unit 311 LO5
10.3 Recognise the impact of personal behaviour and manage this professionally	Unit 301 LO2 Unit 302 LO2, LO3
10.4 When appropriate act as an advocate for patient needs	Unit 301 LO7
10.5 Take responsibility for personal development planning, recording of evidence and reflective practice	Unit 301 LO1, LO2

10.6 Ensure that all aspects of practice comply with legal and regulatory requirements	Unit 301 LO1, LO2, LO3, LO4, LO5, LO6, LO7 Unit 302 LO4 Unit 303 LO1, LO2, LO3, LO4, LO5, LO6 LO7 Unit 306 LO1, LO4 Unit 308 LO2, LO4, LO6 Unit 309 LO2 Unit 310 LO3
10.7 Demonstrate appropriate continuous improvement activities	Unit 301 LO1 LO2 Unit 305 LO1, LO2, LO3, LO4, LO5, LO6
11 Working with others	
11.1 Take a patient-centred approach to working with the dental and wider healthcare team	Unit 301 LO7 Unit 309 LO2, LO4, LO6 Unit 309 LO2 Unit 310 LO2, LO3 Unit 311 LO5
11.2 Recognise and respect own and others' contribution to the dental and wider healthcare team and demonstrate effective team working	Unit 301 LO3 Unit 304 LO4 Unit 306 LO5, LO6 Unit 309 LO2 Unit 310 LO2, LO3
11.3 Recognise and comply with the team working requirements in the <i>Scope of Practice</i> and <i>Standards</i> documents	Unit 301 LO3 Unit 304 LO4
11.4 Describe the impact of Direct Access on each registrant group's scope of practice and its effect on dental team working	Unit 301 LO3
11.5 Recognise, take responsibility for and act to raise concerns about own or others' health, behaviour or professional performance as described in <i>The Principles of Raising Concerns</i>	Unit 301 LO3 Unit 302 LO2
12 Managing the clinical and working environment	
12.1 Recognise and comply with systems and processes to support safe patient care	Unit 302 LO1, LO2, LO3, LO4 Unit 303 LO1, LO2, LO3, LO4, LO5, LO6, LO7 Unit 306, LO5, LO6 Unit 307 LO3, LO4 Unit 309 LO2 Unit 310 LO1, LO2, LO3
12.2 Recognise the need for effective recorded maintenance and testing of equipment and requirements for appropriate storage, handling and use of materials	Unit 303 LO1, LO2, LO3, LO4, LO5, LO6, LO7 Unit 306 LO5

12.3 Recognise and demonstrate the procedures for handling of complaints as described in <i>Standards for the Dental Team, Principle 5</i>	Unit 301 LO6
12.4 Describe the legal, financial and ethical issues associated with managing a dental practice	Unit 301 LO3, LO4, LO6 Unit 302 LO2, LO3 Unit 303 LO2, LO3, LO4, LO5
12.5 Recognise and comply with national and local clinical governance and health and safety requirements	Unit 302 LO1, LO2, LO3, LO4 Unit 303 LO1, LO2, LO3, LO4, LO5, LO6, LO7 Unit 304 LO1, LO2, LO3, LO4, LO5 Unit 305 LO1, LO2, LO3, LO4, LO5, LO6 Unit 306 LO1, LO2, LO3, LO4, LO5, LO6

Appendix 3 Sources of general information

The following documents contain essential information for centres delivering City & Guilds qualifications. They should be referred to in conjunction with this handbook. To download the documents and to find other useful documents, go to the **Centre document library** on **www.cityandguilds.com** or click on the links below:

Centre Handbook: Quality Assurance Standards

This document is for all approved centres and provides guidance to support their delivery of City & Guilds qualifications. It includes information on:

- centre quality assurance criteria and monitoring activities
- administration and assessment systems
- centre-facing support teams at City & Guilds/ILM
- centre quality assurance roles and responsibilities.

The Centre Handbook should be used to ensure compliance with the terms and conditions of the centre contract.

Centre Assessment: Quality Assurance Standards

This document sets out the minimum common quality assurance requirements for regulated and non-regulated qualifications that feature centre-assessed components. Specific guidance will also be included in relevant qualification handbooks and/or assessment documentation.

It incorporates City & Guilds' expectations for centre internal quality assurance and the external quality assurance methods City & Guilds uses to ensure that assessment standards are met and upheld. It also details the range of sanctions that may be put in place when centres do not comply with City & Guilds' requirements or actions that will be taken to align centre marking/assessment to required standards. Additionally, it provides detailed guidance on the secure and valid administration of centre assessments.

Access arrangements: When and how applications need to be made to City & Guilds

provides full details of the arrangements that may be made to facilitate access to assessments and qualifications for candidates who are eligible for adjustments in assessment.

The **Centre document library** also contains useful information on such things as:

- conducting examinations
- registering learners
- appeals and malpractice.

Useful contacts

Please visit the **Contact us** section of the City & Guilds website **City & Guilds**

For almost 150 years, City & Guilds has worked with people, organisations and economies to help them identify and develop the skills they need to thrive. City & Guilds understands the life-changing link between skills development, social mobility, prosperity and success. Everything City & Guilds does is focused on developing and delivering high-quality training, qualifications, assessments and credentials that lead to jobs and meet the changing needs of industry.

City & Guilds partners with its customers to deliver work-based learning programmes that build competency to support better prospects for people, organisations and wider society. City & Guilds creates flexible learning pathways that support lifelong employability because it believes that people deserve the opportunity to (re)train and (re)learn again and again – gaining new skills at every stage of life, regardless of where they start.

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