

# **Assessment Strategy for N/SVQ in Dental Nursing Level 3**

## **Skills for Health – August 2007**

### **1. Introduction**

This strategy relates to the assessment of the N/SVQs in Dental Nursing. It deals with assessment, evidence and quality control under the following headings:

- Assessment
- Sources of Evidence
- External Quality Control.

The strategy is based on the Assessment Strategy for Health N/SVQ Awards at levels 2 and 3 (December 2004) developed by Skills for Health in conjunction with its standard setting and awarding body partners. It has been adapted in order to highlight the particular requirements of the Oral Healthcare sector.

### **2. Assessment**

#### **2.1 Access to Assessment**

- All candidates should have equal access to assessment regardless of geographical location, work setting and patterns of work.
- Candidates must be enabled and supported to undertake awards.
- In Wales, support should include the opportunity to undertake the award through the medium of Welsh or bilingually, including knowledge acquisition, assessment and internal and external verification.
- The needs of under-represented groups should be addressed including those from ethnic minority communities, those experiencing disability, and those experiencing sensory impairment.
- All individuals involved in the process (i.e. assessors, expert witnesses, verifiers,) should clearly demonstrate their commitment to equality of opportunity.

#### **2.2 Assessment Methods**

It is expected that a range of different assessment methods will be used:

- direct observation of practice by a qualified assessor
- testimony of occupationally specific competences by an expert witness
- inference of knowledge from direct observation / expert witness testimony
- direct questioning and assignments
- assessment of products
- simulation
- APEL
- professional discussion

## **2.3 Roles and Responsibilities in the Assessment Process**

### **2.3.1 Assessors**

#### **Occupational Expertise**

Assessors should be identified from 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 ongoing occupational competence
- Professionals Complementary to Dentistry (PCDs) who are competent in the area of practice to which the particular national occupational standards apply and who hold a qualification recognised by the GDC for enrolment or statutory registration when it comes into effect (e.g. dental hygienists, dental therapists, dental technologists)
- professionals who are competent in the area of practice to which the particular national occupational standards apply and who hold a qualification recognised by another UK regulatory body in health and social care (e.g. anaesthetists, radiographers).

Assessors must hold or be working towards the appropriate assessor qualification, as agreed with the qualifications regulators.. For assessors who hold a D32/ 33 they must be able to demonstrate via Continuing Professional Development that they are now A1 compliant.

Assessors who are not yet qualified against the appropriate 'A' competences but have the necessary occupational competence and experience, can be supported by a qualified assessor who does not necessarily have the occupational expertise or experience, but must have occupational competence across some competences, a relevant occupational background, an appropriate assessor qualification as agreed with the qualifications regulators..

### **2.3.2 Internal Verifiers**

Internal verifiers must:

- be occupationally knowledgeable in respect of the competences they are going to verify prior to commencing the role. It is crucial that internal verifiers understand the nature and context of the assessors' work and that of their candidates due to the critical nature of the work and the legal and other implications of the assessment process
- have working knowledge of dental settings, the regulation, legislation and codes of practice for the service (where applicable), and the requirements of national standards at the time any assessment is taking place
- occupy a position that gives them authority and resources to co-ordinate the work of assessors, provide authoritative advice, call meetings as appropriate, visit and observe assessments and carry out all the other internal verification roles as defined by the relevant national occupational standard
- hold, or be working towards, the appropriate IV qualification as agreed with the qualifications regulators - achievement of the qualification must be within appropriate timescales.

Internal verifiers who are not yet qualified against the appropriate V1 competences but have the necessary occupational competence and experience, can be supported by a qualified internal verifier who does not necessarily have the particular occupational expertise or experience. However, the supporting internal verifier must have relevant occupational expertise as a practitioner, manager or trainer. This can also be used as a method of supporting the accreditation of trainee internal verifiers.

#### **2.3.4 Expert Witnesses**

The use of Expert Witnesses is encouraged as a contribution to the provision of performance evidence presented for assessment

The expert witness must have:

- the same vocational expertise as required for assessors
- a working knowledge of NOS for the competences on which their expertise is based
- current expertise and occupational competence either as a dental nurse, dental practitioner or oral health manager. 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 candidate in meeting the National Occupational Standards identified in any given unit. This testimony must directly relate to candidate performance in the work place which has been seen by the expert witness.

All expert witnesses must be inducted by the centre so that they are familiar with the standards for those units for which they are to provide expert witness testimony. They must also understand the centre's recording requirements and will need guidance on the skills required to provide testimony for the National Occupational Standards.

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.

#### **2.3.5 Co-ordinating Assessors**

In order that the requirements for occupational competence of assessors and Expert Witnesses can be met while allowing flexibility of delivery, candidates 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 candidate.

Co-ordinating assessors will be responsible for integrating, 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, occupationally experienced and experienced in the assessment of S/NVQs.

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

### **2.3.6 Assessment Centres**

Assessment centres will be responsible for maintaining up-to-date information on assessors, internal verifiers and expert witnesses.

## **3. Sources of Evidence**

Evidence of candidates' performance will be drawn primarily from work activities that take place under normal working conditions in a normal work environment.

The sources of evidence will include:

- direct observation of candidate performance
- expert witness testimony
- products from the candidate's own work and contributions they have made such as: treatment plans, project reports, etc.
- case studies
- answers to oral and written questions
- written assignments and projects
- previous experience and learning
- candidate's reflective account/practice journal
- simulation (see 3.1).
- professional discussion

Direct Observation by the assessor or Expert Witness Testimony is an evidence requirement for all units.

Performance evidence should be gathered wherever possible from naturally occurring evidence collected in the work place. Knowledge to support performance should be based on practice evidence and reflection.

It is recognised that, in the future, alternative forms of recording assessment evidence will evolve using information and communications technologies. Regardless of the form of recording used, the guiding principle must be that information relating to practice information must comply with legal requirements and best practice in the sector in relation to confidentiality of information, and must be trackable for internal and external verification purposes.

Where candidates have particular needs the evidence required may vary, provided that any alternative evidence demonstrates the standards of competence as identified in the unit or any part of the unit.

### **3.1 Simulation**

The use of simulation is permitted only in Units CHS 36 and OH2

Simulations should only be undertaken in the minority of cases i.e.

- Where performance is critical but events occur infrequently and yet a high degree of confidence is needed that the candidate 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) where cash is being handled when this does not happen routinely in the workplace.
- Where performance is critical, happens frequently but where there is risk of harm to the candidate 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.

## **4. External Quality Control**

### **4.1 External Verification**

The standard external verification model will apply to the qualifications. Awarding bodies must require external verifiers to monitor centres' performance in accordance with SQA/QCA requirements, sampling all aspects of the qualifications' delivery. External verification will include both assuring the quality of the centre that is responsible for making the assessment and sampling from the judgments made on a number of candidates to ensure they are of consistent quality. Skills for Health works with awarding bodies to ensure that:

- the level of sampling undertaken in external verification is sufficient to guarantee consistently high standards between different centres and between different awarding bodies
- there is a comprehensive strategy for sampling assessment which is applied across the UK
- external verification takes place using scrutiny of documents and observation of assessment / verification practice in assessment centres subject to the need for confidentiality of patient information
- external verification is planned and linked to intelligence about assessment centre functioning and abilities - awarding bodies routinely look at and evaluate compliance and then alter the level of activity accordingly.

Awarding bodies must require external verifiers to take part in regular standardisation activities (with a minimum of at least once a year).

### **4.2 External Verifiers**

The external verifier is the key link for awarding bodies in the quality assurance and verification of the assessment of candidates' performance in the workplace. External verifiers must:

- be occupationally knowledgeable and have gained their knowledge through working within the sector or appropriate professional/occupational area and demonstrate updating through CPD activities
- hold, or be working towards, the appropriate EV qualification as agreed with the qualifications regulators. Achievement of the qualification must be within appropriate timescales
- have a working knowledge of dental care settings, the regulation, legislation and codes of practice (where applicable) for the service, and the requirements of national standards at the time any assessment is taking place.

External verifiers who are not yet qualified against the appropriate V2 competences but have the necessary occupational competence and experience, can be supported by a qualified external verifier who does not necessarily have the occupational expertise or experience. This can also be used as a method of supporting the qualification of trainee external verifiers.