



**Scottish Vocational Qualifications**

**Qualification Verification Summary Report 2018**

**Dental Nursing**

## Introduction

The units verified were contained in the SVQ Dental Nursing: GH0H 23 (SCQF level 7):

H4TR 04	Make Sure Your Own Actions Reduce Risks to Health and Safety
FD42 04	Reflect on, Develop and Maintain Own Skills and Practice in Learning & Development
H4X4 04	Provide Basic Life Support
H4PT 04	Prepare & Maintain Environments, Instruments and Equipment for Clinical Dental Procedures
H4PV 04	Offer Information and Support to Individuals about Dental Services & the Protection of Oral Health
H4PW 04	Provide Chairside Support During the Assessment of Patients' Oral Health
H4PX 04	Contribute to the Production of Dental Images
H4PY 04	Provide Chairside Support During the Prevention and Control of Periodontal Disease and Caries and the Restoration of Cavities
H4R0 04	Provide Chairside Support During the Provision of Fixed and Removable Prosthesis
H4R1 04	Provide Chairside Support During Non-Surgical Endodontic Treatment
H4R2 04	Provide Chairside Support During the Extraction of Teeth and Minor Oral Surgery

All centres achieved overall outcome ratings of 'significant strengths'. This is an improvement from 2017 where 'almost all centres received significant strengths'.

## **Category 2: Resources**

### **Criterion 2.1: Assessors and internal verifiers must be competent to assess and internally verify, in line with the requirements of the qualification.**

Assessors and internal verifier qualifications in all centres comply with the requirements for the current assessment strategy. All staff employed by the centres are required to have General Dental Council (GDC) registration status, registration certificates, copies of assessor and verifier awards, and evidence of ongoing continuing professional development (CPD) available in staff folders. The centres verified had this evidence available in hard copy or electronic folders (both were acceptable).

### **Criterion 2.4: There must be evidence of initial and ongoing reviews of assessment environments; equipment; and reference, learning and assessment materials.**

All centres participated in ongoing reviews following centre policies and procedures. Annual course reviews held in all centres included a review of assessment environment(s), assessment procedures, equipment, learning resources, and assessment materials. This was well documented in the minutes of the team meetings. Evidence of ongoing reflection and improvements was available. Pre-delivery assessment checklists were helpful in mapping assessments to the requirements of an award/unit.

## **Category 3: Candidate support**

### **Criterion 3.2: Candidates' development needs and prior achievements (where appropriate) must be matched against the requirements of the award.**

The recruitment process and entry requirements vary from centre to centre. In some centres this is made clear in the candidate handbook, or discussed at a pre-course candidate interview. The levels of course entry requirements vary.

When a candidate is identified as having development needs, it is apparent that they get good support from the centre tutors/lecturers and from colleges that have specialist units. Verification reports showed good evidence of development reviews and support.

### **Criterion 3.3: Candidates must have scheduled contact with their assessor to review their progress and to revise their assessment plans accordingly.**

All centres had strong evidence of candidate-assessor contact. This varies from one-to-one contact on a scheduled basis, or timetabled contact during the course delivery. All candidates who were interviewed at verification visits were positive about the contact they have with their assessors and spoke about access via phone or e-mail when they had any questions or needed advice.

## **Category 4: Internal assessment and verification**

### **Criterion 4.2: Internal assessment and verification procedures must be implemented to ensure standardisation of assessment.**

All centres were able to show evidence of robust verification procedures. Each centre had documented assessment and verification procedures and comprehensive records were kept. Minutes of standardisation meetings showed how the procedures were implemented and monitored to ensure consistency. The most current unit specifications were being used and assessors were aware of assessment criteria and conditions. Interim internal verification and not just 'end point' is to be encouraged.

### **Criterion 4.3: Assessment instruments and methods and their selection and use must be valid, reliable, practicable, equitable and fair.**

All centres provided evidence of equality of candidate access to assessment, and support was offered to candidates. All instruments of assessment were seen to be of a high standard. This varied from very detailed observation records within candidates' portfolios that were mapped against the PCs of the VQ units assessed, to checklists/tick sheets with narrative of what was observed. Assessment instruments were seen to be valid, reliable, practicable, equitable and fair. Evidence of mapping is very helpful and allows verifiers to see that all requirements of the unit(s)/qualification are being met.

### **Criterion 4.4: Assessment evidence must be the candidate's own work, generated under SQA's required conditions.**

All centres had suitable malpractice and plagiarism policy policies. In all cases, there was good evidence of candidates' declaration that portfolios were their own work. This varied from an overall declaration on the SQA template at the front of the portfolio to a declaration for each individual unit.

Several centres are making good use of the SQA SOLAR e-assessment for the knowledge criteria. This requires a secure password for each learner to access, and e-assessment was carried out in closed-book conditions.

### **Criterion 4.6: Evidence of candidates' work must be accurately and consistently judged by assessors against SQA's requirements.**

All assessors were familiar with the unit specification requirements, and worked to the current assessment strategy. Portfolios show evidence of consistent judgement of assessment decisions.

### **Criterion 4.7: Candidate evidence must be retained in line with SQA requirements.**

All centres were aware of SQA retention guidelines and retain candidate evidence in line with SQA requirements, with the majority of centres retaining evidence for a longer period of time.

**Criterion 4.9: Feedback from qualification verifiers must be disseminated to staff and used to inform assessment practice.**

In most centres, the assessor(s) and internal verifiers as well as the wider team are encouraged to attend the visit feedback sessions. All centres were very effective at circulating the reports and feedback from verifiers. This was evident from staff discussions and notes of staff meetings where reports were shared and discussed.

## **Areas of good practice reported by qualification verifiers**

The following examples of good practice were reported during session 2017–18:

- ◆ The use of social media type group discussion forums were used to share information and raise any concerns whenever assessors/verifiers are situated on different sites.
- ◆ Good comprehensive evidence of CPD in line with GDC requirements.

## **Specific areas for development**

The following areas for development were previously reported during session 2016–17 and still require to be addressed in centres:

- ◆ The use of SQA CPD toolkits for assessors/verifiers who do not hold the most recent awards accredited in 2010 (L&D9 & L&D11). All centres should be aware that, as L&D10 is imported from Learning and Development units, they should also identify and put forward CPD evidence that shows that they are working in line with the L&D10 unit — 'Reflect on, Develop, and Maintain Own Skills and Practice in Learning and Development'. This is a requirement of the Learning and Development Assessment Strategy 2010. A template for this is available from the L&D section of the SQA website.
- ◆ The qualification officer had also circulated the senior external verifier's request and templates to all centre co-ordinators. While some centres have taken this feedback on board and utilised the templates, there are still some centres who continue not to.