

# 3134-20 Level 2 Technical Certificate in Working in Dental Settings

2018

**Qualification Report**

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# Introduction

This document has been prepared by the Chief Examiner and Principal Moderator; it is designed to be used as a feedback tool for centres in order to enhance teaching and preparation for assessment. It is advised that this document is referred to when planning delivery and when preparing candidates for City & Guilds Technical assessments.

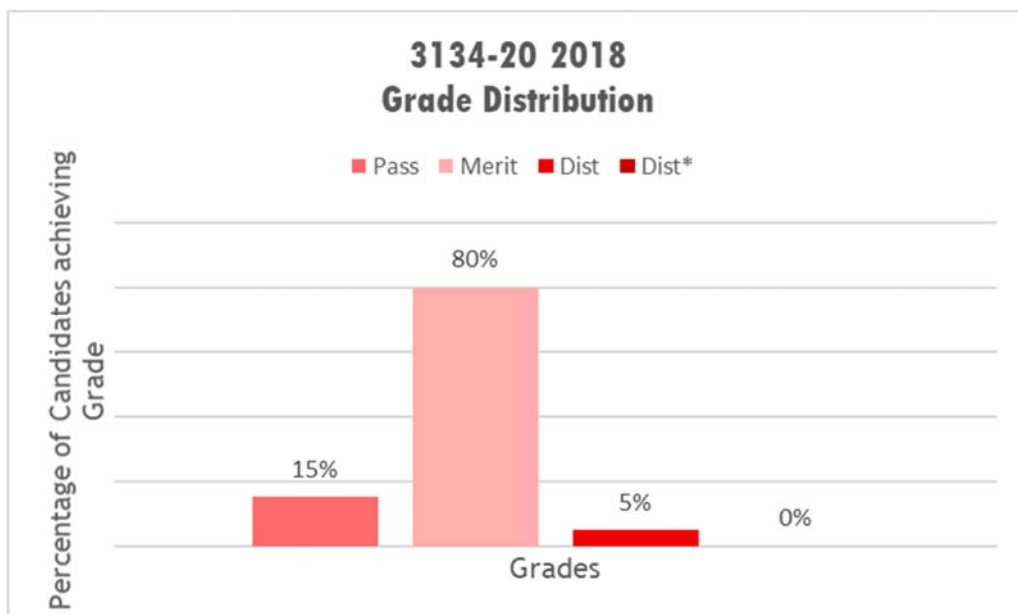
This report provides general commentary on candidate performance in both the synoptic assignment and theory exam. It highlights common themes in relation to the technical aspects explored within the assessment, giving areas of strengths and weakness demonstrated by the cohort of candidates who sat assessments in the 2018 academic year. It will explain aspects which caused difficulty and potentially why the difficulties arose.

The document provides commentary on the following assessments;

- 3134-020/520 Level 2 Dental – Theory Exam
  - March 2018 (Spring)
  - May 2018 (Summer)
- 3134-021 Level 2 Dental Settings – Synoptic Assignment

## Qualification Grade Distribution

The grade distribution for this qualification during the 2017/2018 academic year is shown below;



Please note City & Guilds will only report qualification grades for candidates who have achieved all of the required assessment components, including Employer Involvement, optional units and any other centre assessed components as indicated within the Qualification Handbook.

# Theory Exam

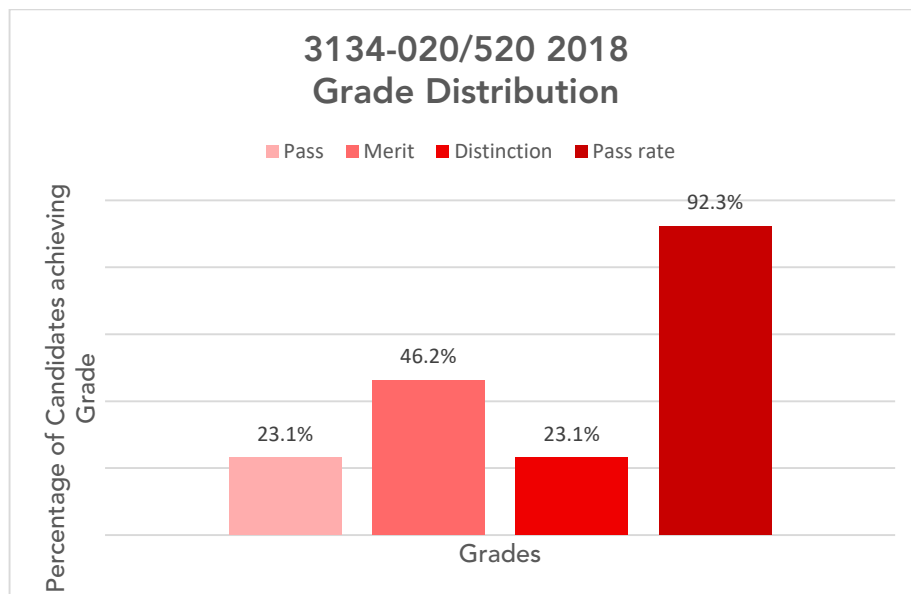
## Grade Boundaries

Assessment: 3134-020/520  
Series: March 2018 (Spring)

Below identifies the final grade boundaries for this assessment, as agreed by the awarding panel;

<b>Total marks available</b>	<b>60</b>
Pass mark	30
Merit mark	37
Distinction mark	45

The graph below shows the distributions of grades and pass rate for this assessment;

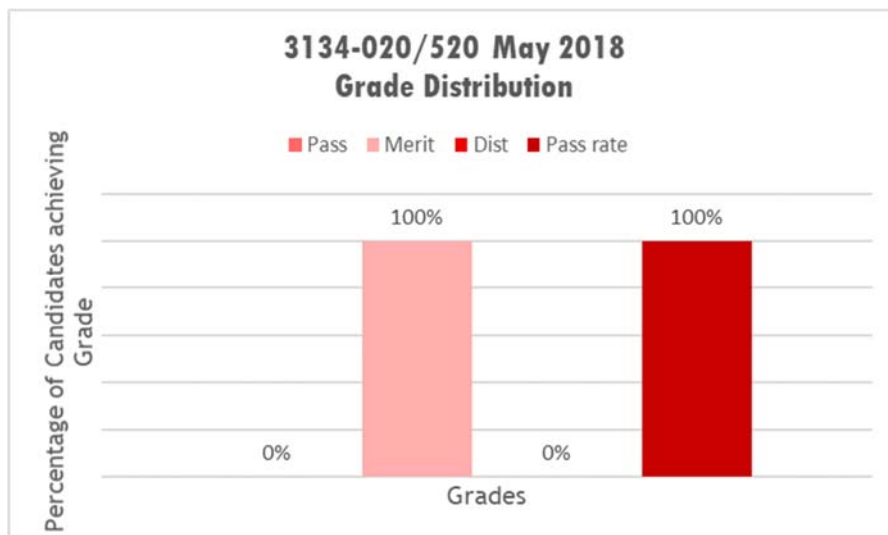


Assessment: 3134-020/520  
Series: May 2018 (Summer)

Below identifies the final grade boundaries for this assessment, as agreed by the awarding panel;

<b>Total marks available</b>	<b>60</b>
Pass mark	30
Merit mark	37
Distinction mark	45

The graph below shows the distributions of grades and pass rate for this assessment;



# Chief Examiner Commentary

## Level 2 Technical Certificate in Working in Dental Settings

### Series 1 – March 2018

This examiner report relates to the first cohort of candidates that sat the Dental March 2018 examination.

Overall, candidates generally performed well across the paper. Candidates demonstrated good breadth of knowledge and showed some depth of understanding in some areas. The extended response question however did not see candidates showcase an integration of their knowledge and understanding across the breadth of the qualification for a given context.

Candidates demonstrated a good level of knowledge and understanding in the following areas:

- Hazards and risks in dental settings
- Pathogenic and non-pathogenic micro-organisms
- Considerations for consent in dental settings
- Principle of confidentiality
- Supporting structures of the teeth
- Principles of dental charting
- Health and safety
- Cross infection control.

Many candidates also demonstrated good depth and breadth of knowledge by making links to the General Dental Council throughout the paper however did not extend this in their answer for the Extended Response Question. Other areas of strength included identification of dental instruments and relating them to relevant dental procedures.

Candidates lacked knowledge on the area of roles and responsibilities related to safeguarding, this was a common area of weakness. Few candidates were able to explain the differences between NHS and private treatments as well as the availability of funding.

Many candidates also did not achieve full marks for questions due to a lack of expansion on answers to show relevant understanding of the topic, for example, where questions asked the candidate to 'explain' they did not interpret the verb correctly in their response.

Generally, candidates did not use dental specific terminology within their responses as expected. It is important candidates are familiar with dental terminology and incorporate the terms within their responses.

Common issues concerning exam technique was identified, for example, candidates did not always read questions carefully and therefore did not answer the focus of the question. It would be beneficial to cover exam techniques and have an understanding of the command verbs so candidates are prepared to provide the level of depth and/or breadth of answers required.

#### **Extended response question**

Generally, candidates did not answer this question well as they did not integrate their knowledge and understanding of topics across the breadth of the units. The majority of candidates achieved marks in Band 1 or 2. Candidates did not provide explanations and justifications to illustrate depth of understanding, which was required to gain marks in the higher band.

Candidate responses mainly focused on only part of the question and did not take a holistic approach. For instance, many candidates did not provide answers on the dental treatment, which limited their marks.



## Series 2 – May 2018

This examiner report relates to the second examination series for the Level 2 Technical Certificate in Working in Dental Settings qualification. This series only had one candidate sit the exam; therefore, it is difficult to draw a conclusion about the general performance of the paper.

Overall, the responses demonstrated good depth and breadth of knowledge and understanding across the paper. This was particularly evident in the candidate's response on explaining the health and safety protocol for an inoculation injury where they achieved full marks. However, in other aspects of health and safety where simple recall of knowledge was required the candidate was not able to achieve full marks.

Areas of strengths demonstrated throughout the paper are:

- Legislation relating to safeguarding
- The role of the General Dental Council and consequences of non-compliance
- Structure and function of the oral cavity to include the salivary gland and the tongue
- Identifying instruments

A lack of a good level of knowledge and understanding was displayed in the following areas:

- The function of the temporomandibular joint
- Causes and prevention of accidents and injury
- **Infection prevention with regards to hand-washing**
- **Properties of bacteria**

Extended response question

The extended response question carries the highest marks within the paper. The candidate's response was at a basic level, which limited marks to band 1. The information provided showed a lack of understanding with regards to the NHS banded charges and exemptions as well as dealing with the risk of cross-infection. However, the candidate did identify the need to put the patient's interests first and associated this with the General Dental Council.

To access higher marks, the candidate was required to show greater depth of their knowledge and understanding across the qualification content and integrating this together to respond to the situation presented to them.

# Synoptic Assignment

## Grade Boundaries

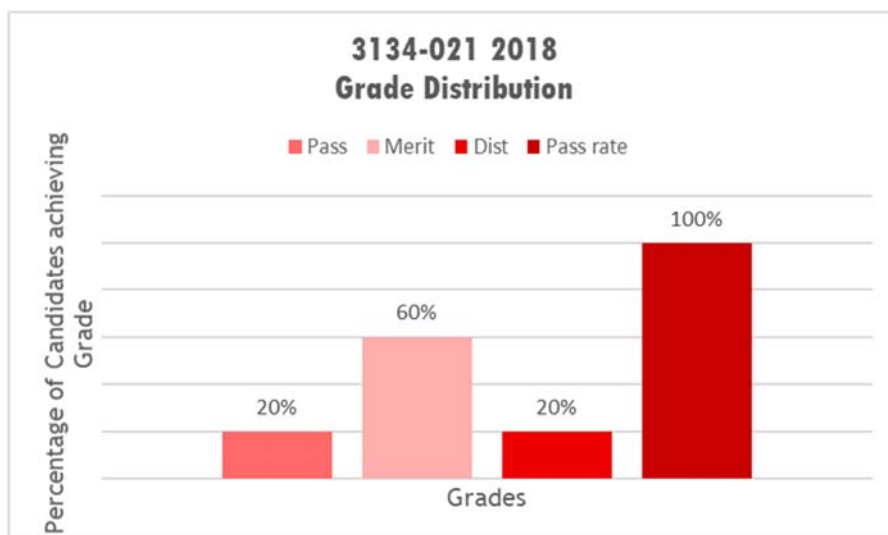
Below identifies the final grade boundaries for this assessment, as agreed by the awarding panel;

Assessment: 3134-021

Series: 2018

<b>Total marks available</b>	<b>60</b>
Pass mark	22
Merit mark	30
Distinction mark	39

The graph below shows the distributions of grades and pass rate for this assessment;



## Principal Moderator Commentary

This is the first year the synoptic assignment was undertaken. Overall, candidates showed fundamental knowledge of dental settings, but it was immediately apparent that many candidates applied a 'broad brush' approach to their answers rather than focusing on the information requested in the questions. Higher scoring candidates gave consideration to what the question was asking, and were confident to give specific in-depth information relevant to the task.

Although all candidates were able to apply some basic knowledge to the scenarios, those that achieved lower marks had difficulty providing a link between this knowledge and justifying how they indicated it should be used; the evidence they had included being rather vague – this was particularly apparent in Task 3 when identifying hazards.

It was apparent where candidates had limited knowledge then this generally affected their marks for all the Assessment Objectives. Candidates that were nervous during the practical 'role play' tasks, used the opportunity to write a reflection and justify not only what they did, but what they should have done but did not. This showed good reflection and helped the candidates to achieve further marks. Candidate tended to list bullet points within their written tasks which may help the candidate to provide structure and stop repetition, however which was a consistent problem.

It appeared all candidates felt comfortable with Task 1, and approached the scenario well by understanding the differences in dental materials; NHS and Private treatments; and the reasons why X-rays needed to be taken. However, this task required the candidate to bring together knowledge from various units and apply it in a systematic way; attention to detail was fundamental to achieve high marks.

In Task 2 the information provided to the candidate, in summary form, included: the dentist asked the candidate to discuss with the patient the effects of smoking on the patient's oral health; so this should have been the candidate's primary focus, and all other information should relate or show a link to this. Many candidates gave voluminous, in-depth information about oral health and caries, which included a lot of knowledge but was inappropriate when answering the question, thus losing the candidate time and not really gaining them marks. Those candidates that gained higher marks brought in knowledge from many areas as this was a complex scenario that allowed the candidate to consider many perspectives, and not just being clinically specific, such as the patient's demeanour and how this impacted on communication, record keeping, and confidentiality. However, a 'strong' candidate would be expected to include clinically specific information and discuss a link between smoking and periodontal disease, staining, halitosis, oral cancer, etc.. They may have also expanded by giving consideration to general health, and the effect of smoking during pregnancy – which, in a dental practice, is an excellent opportunity to 'get the message across' to the patient – in order to offer smoking cessation. .

**AO1** – Knowledge - most candidates showed fundamental knowledge across a reasonable breadth of the qualification. The higher scoring candidates gaining additional marks from covering a greater depth of knowledge. Any knowledge inaccuracies had subsequently impacted on other Assessment Objectives, particularly the marks achieved for AO2. Some candidates became confused when analysing charting, mixing up the patient's left and right sides of the mouth in Tasks 1 and 2;wWhen recommending the use of mouthwash (suggesting fluoride rather than antibacterial) and also when considering the use of a tourniquet, which is no longer considered best practice. There was also significant omission of the use of Personal Protective Equipment in Task 4.

AO2 – Understanding of concepts, theories and processes – some candidates struggled because their knowledge was lacking and thus found it difficult to make all of the necessary links to practical application during the observed scenarios and written tasks. Strong candidates were able to make these links in several different ways, demonstrating good depth of understanding, and could further support the patients by approaching the problems in various ways.

AO3 – Application of practical/technical skills – Assessors indicated candidates were generally attentive with good listening and communication skills. Working in dental settings requires skills involving a good level of communication, and the marks achieved for AO3 demonstrated that candidates, on the whole, displayed these skills. Overall, most candidates attempted to engage with the patients and were aware of the patients' needs; those that did not, made reference to what they should have done, acknowledging weaknesses, showing good evaluation skills and thus encouraging further development within their reflections.

Although many candidates used the resources provided to back up the information they were giving to the patient, those with lower marks did not use them to best effect. All candidates with various abilities scored well on this Assessment Objective. Those candidates that were struggling with the other Assessment Objectives were able to gain good marks here.

AO4 – Bringing it all together – candidates that scored well in Task 1 and 2 AO1 and AO2 did exceptionally well in this AO and would extend to achieving marks for AO4. Detailed steps of logical procedures were important when describing 'dealing with hazards' in Task 3 such as short and long-term solutions, and 'dealing with the casualty' in Task 4.

AO5 – Attending to detail/perfecting – candidates lost marks on this Assessment Objective if they did not have the knowledge to ensure they had fully covered all elements of the task practically. Attention to detail requires a good understanding of the whole picture so there is not repetition, just reiteration of the salient points for the benefit of the patient, or when answering written scenario questions. This Assessment Objective carried less weight than others towards the overall mark, so became more significant for those candidates aiming for a Distinction grade who displayed the ability to 'sum up' coherently.

### **Risks/issues**

Although marks are not awarded for spelling and grammar, those who scored highly had fewer errors, and their sentences flowed as they justified their actions or comments. It was also apparent that they had checked their work before it had been presented for marking. Fundamental errors, which impacted considerably on marking due to the significant ramifications when working in dental settings, included mixing up the patient's left and right sides of the mouth, as well as omissions of basic points for Task 4 (gaining verbal consent; wearing PPE, etc.). Many candidates provided an in-depth account of how to carry out CPR, but consideration and focus should have been made on the far more likely procedures/outcomes of the incident.

Some of the typed candidate responses was difficult to understand, it is not clear whether this was due to 'predictive word/text' correction or whether this was as the candidate had intended however, candidates should read their work again prior to completing their task to ensure the content is coherent. Candidates should carefully read the question and plan their approach to improve on content, as well as make use of the suggested word count.

Knowledge was paramount in order to perform well across the assessment, and the distinction candidate was expected to show a higher standard of answer and consistency across all of the tasks. Overall, a pleasing standard was reached by candidates from all centres.