City & Guilds Level 3 Technical Occupational Entry to Professional Practice for Dental Nurses (Diploma)

(5238-30)

Version 1.10 (August 2026)

Qualification Handbook

Qualification at a glance

Subject area	Dental Nursing
City & Guilds number	5238-30
Age group approved	16-18, 19+
Entry requirements	n/a
Assessment	Portfolio of Evidence Practical Observation MCQ tests
Grading	Pass/Fail
Approvals	Fast-track approval
Support materials	Centre Handbook, Sample Assessments, Assessment pack
Registration and certification	Consult the Walled Garden/Online Catalogue for last dates
Occupational Standard(s)	ST1431

Title and level	City & Guilds qualification number	Regulatory reference number	GLH	TQT
City & Guilds Level 3 Technical Occupational Entry to Professional Practice for Dental Nurses (Diploma)	5238-30	610/3909/3	381	501

Version and date	Change detail	Section
1.0 June 2023	Initial version	All
1.1 July 2024	New GDC Framework/ updated Occupational Standard incorporated	Throughout
1.2 June 2025	Minor amendments to unit content	301 (2.1.1) 301 (2.3.1) 301 (2.3.4) 301 (3.2.3) 301 (4.1.4) 302 (1.2.1) 311 (2.5.1) 311 (2.6.1) 311 (2.6.2)
1.3 August 2025	Change to approval type	Centre Requirements
1.4 September 2025	'Why choose this qualification' updated	Introduction
1.5 September 2025	'Information for patients' overview added	Appendix 9
1.6 November 2025	Age range availability updated	Age Restrictions
1.7 March 2026	Assessment specifications (501) and (502) updated with LO breakdown	Assessment
	Summative practical observation information updated with additional guidance	Assessment
	Guidance added on 'sequence of delivery'	Units
	Minor amendments to content	302 (4.1.3) 303 (5.1.1) 308 (3.2.2c)
	Evidence requirements guidance updated	303 (4.1) 305 (3.1) 308 (3.2.1) 309 (2.2.1) 310
1.8 March 2026	Minor typographical amendment	302 (4.1.2 d-f)
1.9 June 2026	Minor content amendments 308 (3.2.2) – amendment to content point 'c' 311 (1.2.1) – removal of content point 'a'	308 (3.2.2) 311 (1.2.1)
1.10 August 2026	Minor content correction	306 (2.1.3a)

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1 Introduction

What is this qualification about?

Area	Description
Who is the qualification for?	This qualification is for learners in England, who are either not eligible for or do not wish to complete an apprenticeship in Dental Nursing. Achievement of the qualification will therefore need to be based on occupational competence and include work-based observation of practice by an occupationally competent assessor, as it is a License to Practice.
What does the qualification cover?	This qualification allows learners to learn, develop and practice the skills required for employment and/or career progression in Dental Nursing. The content covers and is mapped to the Knowledge, Skills and Behaviours (KSBs) within the ST1431 Dental Nurse occupational standard and meets the GDC Learning Outcomes for Dental Nurses.
What opportunities for progression are there?	On gaining further experience as a dental nurse, the learner 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
Why choose this qualification?	City & Guilds has extensive experience of developing qualifications to support dental nurses to apply to the General Dental Council for registration on the professional register. This qualification is primarily for adult learners who are employed in a dental nurse setting and wish to qualify. The qualification is specifically designed for learners who do not wish to participate in an apprenticeship or who are not eligible for apprenticeship funding. **Note**, this qualification is provisionally approved (awaiting full approval) by the General Dental Council and, upon completion, it will enable learners to apply for professional registration with the GDC.

Content coverage and mapping

Occupational standards

This qualification has been developed to cover all of the Knowledge, Skills and Behaviours (KSBs) in the relevant occupational standard. Where KSBs in a relevant occupation standard cannot be reasonably obtained within a course of education or training in an educational setting, City & Guilds seeks the validation from credible employers to ensure that the qualification is fit for purpose.

Assessment of competence must take place in the workplace unless simulation is permitted.

The knowledge and skills content within this qualification has been amplified to reflect the KSBs. High level mapping to the KSBs in the Occupational standard can be found in the Qualification Structure section. Detailed mapping can be found in Appendix 2 within this qualification handbook.

The table below shows the Occupational Standard the qualification aligns to:

Qualification	Occupational Standard title/Reference
City & Guilds Level 3 Technical Occupational Entry to Professional Practice for Dental Nurses (Diploma) (5238-30)	Dental Nurse ST1431

In addition, the qualification content has been mapped to both the:

- **General Dental Council - The Safe Practitioner: A framework of behaviours and outcomes for dental professional education - Dental Nurse (found in Appendix 3)** This is the framework for all UK education and training programmes that lead to registration with the General Dental Council (GDC) as a dental professional. The descriptions under the four domains in the framework together summarise the GDC's expectations for new dental professionals, or 'safe practitioners'

- **Skills for Health National Occupational Standards (found in Appendix 4)** These NOS are developed by Skills for Health for healthcare occupations. NOS describe the skills, knowledge and understanding needed to undertake a particular task or job to a nationally recognised level of competence. They focus on what the person needs to be able to do, as well as what they must know and understand to work effectively. They cover the key activities undertaken within the occupation in question under all the circumstances the job holder is likely to encounter.

Mapping to these additional frameworks ensures the fitness for purpose of this qualification for learners seeking to become registered Dental Nurses and to meet the requirements of professional registration.

2 Employer Engagement

City & Guilds would like to take this opportunity to thank all the employers, trade associations, professional bodies, centres, subject matter experts and consultants who have dedicated time to review and validate this qualification. City & Guilds has worked collaboratively with these stakeholders throughout the development and validation of this qualification to ensure the qualification meets the requirements of the occupational standard and the needs of industry. Employer validation recognises the demand or likely demand for learners who have completed the Level 3 Technical Occupational Entry to Professional Practice for Dental Nurses (Diploma). This collaborative work is to ensure that a learner studying the Level 3 Technical Occupational Entry to Professional Practice for Dental Nurses (Diploma) has the best opportunities available to them as they progress through their career with a solid base as a starting point.

- Kings College Hospital NHS Foundation Trust, Dental Institute, London
- Rodericks Dental

3 Qualification structure

Structure

To achieve the City & Guilds Level 3 Technical Occupational Entry to Professional Practice for Dental Nurses (Diploma) learners must achieve:

City & Guilds unit number	Unit title	GLH
Learners must achieve all **11** mandatory units		
301	Preparing for professional practice in dental nursing	44
302	Health and safety 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	41
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	29
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	25
311	Scientific and practical information to support the patient's oral and physical health	51

Guided Learning Hours (GLH)

Centres are expected to design learning programmes that provide sufficient opportunities to meet the guided learning hours allocation for this qualification. Centres may be asked to share this with their EQA, so that the delivery of GLH can be monitored.

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 comprises 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 centre of education or training.

Title and level	GLH	TQT
City & Guilds Level 3 Technical Occupational Entry to Professional Practice for Dental Nurses (Diploma)	381	501

4 Centre requirements

Age restrictions

This qualification is approved for learners aged 16-18 and 19+.

Approval

Fast-track approval

If your centre is approved to offer the **City & Guilds Level 3 Diploma in Dental Nursing (603/7221/7)** (4238-03) then you can apply for fast-track approval for the new **City & Guilds Level 3 Technical Occupational Entry to Professional Practice for Dental Nurses (Diploma)** (5238-30) using the fast-track approval form, available from the City & Guilds website.

Centres should use the fast-track form if:

- there have been no changes to the way the qualifications are delivered
- they meet all of the approval criteria in the fast-track form guidance notes.

Fast-track approval is available for 12 months from the launch of the qualification. After 12 months, centres will have to go through the standard Qualification Approval Process. The centre is responsible for checking that fast-track approval is still current at the time of application.

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.

Centre Resource requirements

Assessors and Internal Quality Assurers

Centre staff should hold, or be working towards, the relevant Assessor/Internal Quality Assurer TAQA qualification for their role in delivering, assessing and quality assuring this qualification, and/or meet the requirements for assessors and internal quality assurers outlined by the General Dental Council.

Assessors who do not hold the relevant Assessor/TAQA qualification, but have the occupational competence and experience required for delivering the Level 3 Technical Occupational Entry to Professional Practice for Dental Nurses (Diploma), can be supported by a qualified assessor whilst they work towards an assessor qualification. Assessment decisions made by unqualified assessors must be countersigned by an occupationally competent and qualified assessor who meets the assessor requirements below.

Assessor requirements

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 i.e. within the last two years, either as a dental nurse, dental practitioner, 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' 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 Witness's 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, which must be **referenced to the units, learning outcomes and content elements and time stamped, 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.

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 of Recognition. For more

information on both CASS and City and 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 external quality assurance 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 within and between centres by the use of systematic sampling
- provide feedback to centres and to City & Guilds.

Learner entry requirements

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

Learner access to assessment opportunities

City & Guilds recommends as best practice that learners may need to have experience in and possibly be assessed in another dental practice so that they are experienced in a 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 as 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.

It is expected that learners on this qualification will be employed in a dental setting and have the opportunity to carry out the role of a dental nurse under the supervision of a GDC registrant. Where prospective learners are not in employment, centres **must** contact their EQA for advice **before** the learner is enrolled or registered on the qualification.

Access to assessment and special consideration

For information on how to apply for access arrangements please refer to **Access arrangements: When and how applications need to be made to City & Guilds**.

City & Guilds has considered the design of this qualification and its assessments in order to best support accessibility and inclusion for all learners. We understand 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:
http://www.cityandguilds.com/delivering-our-qualifications/centre-development/centre-document-library/policies-and-procedures/access-arrangements-reasonable-adjustments

The requirements of the General Dental Council for the delivery and quality assurance of the City & Guilds Level 3 Technical Occupational Entry to Professional Practice for Dental Nurses.

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 practitioner's 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 Technical Occupational Entry to Professional Practice for Dental Nurses (Diploma) (5238-30).

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 and in any subsequent inspections.

The approval is based on the **GDC document Standards for Education – Standards and requirements for centres,** 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 Technical Occupational Entry to Professional Practice for Dental Nurses (Diploma) 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 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
- 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.

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

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.

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 learner's name and trainee status is to be clear at all times within the clinical workplace. This is a mandatory requirement, and it is a centre's responsibility to ensure adherence at all times. Each centre is to ensure that employers and each clinical workplace are aware of the requirements.

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.

We recommend that centres provide an induction programme, so the learner fully understands the requirements of the qualification, their responsibilities as a learner and the responsibilities of the centre. This information can be recorded on a learning contract.

In addition, centres **must ensure** that the learner completes a dental nursing specific induction as specified in Appendix 1. The induction must be signed off as completed and signed by the learner, the employer representative and the centre, preferably within the first six weeks of training.

Further guidance on the GDC induction requirements can be found on the GDC website www.gdc.org.

5 Delivering the qualification

Duration

The expected duration is between **12 – 18 months**, dependent on the previous experience of the learner and their current level of access to learning within a dental setting.

Inclusion and diversity

City & Guilds is committed to improving inclusion and diversity within the way we work and how we deliver our 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)

Sustainability

City & Guilds are committed to net zero. Our ambition is to reduce our carbon emissions by at least 50% before 2030 and develop environmentally responsible operations to achieve net zero by 2040 or sooner if we can. City & Guilds is committed to supporting qualifications that support our 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:

Our 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 and considering and investing in the use of products that can be decontaminated and reused instead of the use of disposable or single use consumables)
- waste procedures (ensuring that waste is minimised and recycling is in place wherever possible)
- minimising water usage wherever possible.

Assessment approach

The assessment approach 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/**

Simulation

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

- **Unit 305** - Recognising and supporting actions during first aid and medical emergencies,
- **Unit 308** – Provide support during the stages of prosthetic treatments
- **Unit 311** - Scientific and practical information to support the patient's oral and physical health.

For **Unit 301**, one of the required three observations to assess communication may be cross-referenced to the simulated evidence from Unit 311.

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, namely:

- 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
    - where there is a high risk of harm or abuse to the individuals, key people in their lives and others,
    - where events such as medical emergencies (such as cardiac arrest) occur and competence is vital to ensure best practice and results
    - completing manual charting.
- where performance is critical, happens frequently but where there is risk of harm to the learner or patient 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.

For all other units and outcomes, simulation is **not** permitted.

Claiming results

Once the portfolio of evidence has been completed, the assessor **must** conduct a holistic review across all of the candidate evidence to confirm that all content areas covered by the portfolio have been evidenced. Following review of the candidate portfolio, the candidate will undertake the summative practical assessment. Centres should claim for the qualification when the portfolio and summative practical assessment have been completed successfully.

Individual units may **not** be claimed for this qualification. All units must be claimed to achieve the qualification. Certificates of Unit Credit (CUCs) will **not** be available for this qualification.

Candidates will be certificated on claim of all units, and completion of the two externally marked multiple-choice assessments.

Recognition of prior learning (RPL)

Recognition of prior learning (RPL) means using a person's previous experience or qualifications which have already been achieved to contribute to a new qualification. RPL can be used to exempt learners from areas of learning previously achieved but does not exempt them from assessment. RPL is allowed if it is sector-specific.

6 Assessment

Summary of Assessment methods

For City & Guilds Level 3 Technical Occupational Entry to Professional Practice for Dental Nurses (Diploma) learners must successfully complete:

Assessment component	Assessment method	Description and conditions
501	Externally marked exam/MCQ1	This assessment covers units**: 301, 302, 303, 305, 306** The exam is designed to assess the candidate's depth and breadth of understanding across content in the qualification at the end of the period of learning, using a range of question types and will be sat under invigilated examination conditions. See JCQ requirements for details: **http://www.jcq.org.uk/exams-office/ice---instructions-for-conducting-examinations** Live assessment will be delivered by the City & Guilds online platform E-volve. Sample assessment materials can be downloaded from the City & Guilds website. The assessment specification shows the coverage of the assessment across the qualification content, this content is only covered in the MCQ test and **does not need to be evidenced in the Portfolio of Evidence**.
502	Externally marked exam/MCQ2	This assessment covers units: **304, 307, 308, 309, 310, 311** The exam is designed to assess the candidate's depth and breadth of understanding across content in the qualification at the end of the period of learning, using a range of question types and will be sat under invigilated examination conditions. See JCQ requirements for details: **http://www.jcq.org.uk/exams-office/ice---instructions-for-conducting-examinations** Live assessment will be delivered by the City & Guilds online platform E-volve. Sample assessment materials can be downloaded from the City & Guilds website. The assessment specification shows the coverage of the assessment across the qualification content, this content is only covered in the MCQ test and **does not need to be evidenced in the Portfolio of Evidence**.
330	Portfolio of Evidence	This assessment covers units: **301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311**
331	Summative Practical Observation	This assessment covers units: **301, 302, 303, 304, 306, 307, 308, 309, 310**

Scheme of assessment overview

For City & Guilds Level 3 Technical Occupational Entry to Professional Practice for Dental Nurses (Diploma) (5238-30) learners must successfully complete the following:

Assessment component	Method	Duration	Marks	Marking	Grading
501	On demand Evolve online MCQ	45 mins	30	Externally marked	Pass/fail
502	On demand Evolve online MCQ	45 mins	30	Externally marked	Pass/fail
330	Portfolio of Evidence	n/a	n/a	Internally marked	Pass/fail
331	Practical Observation	60 mins	n/a	Internally marked	Pass/fail

Assessment specifications

The assessment specification outlined in the tables below highlights at high level the way that the qualification content will be assessed within the **MCQ assessments**:

Test: 501	**Duration: 45 mins**		
Unit	**Learning outcomes**	**Number of questions/marks**	**Percentage % (approximate)**
301	LO2 – 2.1	1	3.4%
	LO3 – 3.1, 3.2, 3.3	5	16.8%
	LO7 – 7.1	1	3.4%
302	LO1 – 1.1, 1.2	2	6.6%
	LO2 – 2.1	2	6.6%
	LO3 – 3.1, 3.2	3	10%
303	LO1 – 1.1, 1.2, 1.3	3	10%
	LO2 – 2.1	2	6.6%
	LO3 – 3.1	1	3.4%
	LO5 – 5.2	2	6.6%
305	LO1 – 1.1	1	3.4%
306	LO1 – 1.2, 1.3	3	10%
	LO2 – 2.1, 2.2	2	6.6%
	LO3 – 3.1, 3.2	2	6.6%
	Total	30	100%

Graded: pass/fail

Pass mark: the pass mark for this examination is set at approx. **67%**

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

Test: 502	Duration: 45 mins		
Unit	**Learning outcomes**	**Number of questions/marks**	**Percentage % (approximate)**
304	LO1 – 1.1, 1.2, 1.3, 1.4, 1.5	6	20%
	LO2 – 2.3, 2.4	2	6.6%
	LO3 – 3.1, 3.2	3	10%
307	LO1 – 1.1, 1.2, 1.3, 1.4	6	20%
	LO2 – 2.1	1	3.4%
308	LO1 – 1.1	2	6.6%
	LO2 – 2.1	1	3.4%
309	LO1 – 1.1, 1.3	2	6.6%
310	LO1 – 1.4	1	3.4%
311	LO2 – 2.1, 2.2, 2.5	4	13.4%
	LO3 – 3.2, 3.4	2	6.6%

Graded: pass/fail

Pass mark: the pass mark for this examination is set at approx. **67%**

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

Results processing of external MCQ assessments
City and Guilds will always strive to process and issue results as soon as possible. However, when a new version of each assessment is launched, candidate results will be held until we have received a representative number of completed exam scripts and completed an analysis of the live results to ensure that the test is producing valid and reliable outcomes and that the grade boundary is set correctly.

This is an important step to ensure that the pass mark set is a fair and accurate reflection of the pass standard.

As a result of this, please be aware that results may take up 25 working days. Once the pass mark has been confirmed, it will go back to instant results (ie on the Walled Garden within 48 hours).

If you have any specific queries, please contact centresupport@cityandguilds.com for further information.

Assessment objectives

The following assessment objectives are used within the **MCQ assessments**.
The weightings for how the assessment objectives are applied in the assessments are shown in the table below.

Assessment objective	Description	Weighting in Assessment 501	Weighting in Assessment 502
AO1a Demonstrate knowledge of the content	The ability to demonstrate basic recall of relevant knowledge in response to straightforward questioning.	63%	60%
AO1b Demonstrate understanding of the content	The ability to demonstrate understanding of principles and concepts beyond recall of definitions.	37%	40%
AO2 Apply knowledge and understanding of the content to different situations and contexts	The ability to take the understanding of generalities and apply them to specific situations.	0%	0%

Availability of assessments

All assessments that are on evolve are on demand and can be booked by the centre when the candidate is ready to be entered for the assessment.

Re-sits for Multiple Choice Question tests

Learners are permitted a maximum of **four** opportunities to sit each MCQ test within this qualification. These opportunities will be classified as an initial attempt at the test, with a maximum of **three** re-sit attempts per exam. Each re-sit opportunity will be conducted using a different version of the test to that/those which the learner has previously attempted.

Portfolio of Evidence

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.

As part of the portfolio of evidence, there is a minimum requirement of **three** observations of practice in the workplace, which must be carried out by the assessor. The three observations are intended to be holistic in nature - gathering evidence from across multiple units within

each observation where this is possible. Dental procedures not observed within the three holistic observations 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. See the guidance sections below for further information on the practical observations and the use of additional assessment evidence sources as part of the portfolio.

Practical Observations

Assessors must ensure the safeguarding of individuals and candidates remains paramount, and also to make sure that confidentiality and data protection are always followed. The assessor must ensure that consent has been gained prior to commencing any observation activity. All observations must be in a real work environment and simulation is permitted **ONLY** where stated in the unit requirements.

Note, an 'Information for patients' sheet has been provided (Appendix 9) for centres/employers to share with patients who are intended to be part of any observation activity.

An exemplification of how the three observations can be structured to meet the evidence requirements i provided in Appendix 6.

Additional assessment evidence sources

Some 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 assessment evidence table in each unit shows where additional assessment evidence may be required. Examples of additional assessment evidence may include,

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 audio/digital recording 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 and help prepare the apprentice for their end point assessment.

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 CPR/AED. 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 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.

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.

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

An exemplification of the evidence that may be used for different units and to meet the evidence requirements within the portfolio can be found in Appendix 7.

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. 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.

Recording evidence

Learners 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 candidates' 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. Portfolio recording form can also be found in Appendix 5.

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.

Summative Practical Observation

Full details of the summative practical observation can be found in the Assessment pack.

The summative practical observation is a final assessment that occurs following completion of the three practical observations undertaken as part of the portfolio. A final observation of practice allows the assessor to see the learner during their normal everyday work, applying knowledge, using practical skills, and demonstrating behaviours in real time. This method of assessment in a real work situation is deemed the most appropriate method to use to assess competence due to the practical nature of the occupation.

The final summative practical observation will occur once

- evidence against **all** required content elements has been generated, including evidence from a minimum of three assessor observations.
- the assessor has conducted a holistic review across all of the candidate's evidence to confirm that all content areas covered by the portfolio have been evidenced.

Following review of the candidate portfolio, the candidate will undertake the summative practical assessment.

Note, is it permissible for the summative practical observation to be undertaken prior to full IQA sign-off of the Portfolio, as long as the assessor review has confirmed that the evidence is complete with no gaps, and that interim IQA activity has occurred throughout the assessment period.

Centres should ensure that there is sufficient time to undertake for the assessor to review and confirm the completion of all portfolio evidence and to support the candidate to prepare for the summative practical observation. **Note,** completion of the summative practical assessment can occur before the finalisation of both MCQ assessments.

Patients will **not** be chosen by the assessor but instead are part of the normal workload for the learner. Learners and employers should identify an appropriate time for their observation when they will have maximum opportunity to evidence the required skills. **It is important that at least <u>one</u> treatment procedure (eg restoration) is booked within the 1-hour assessment time, to allow the candidate to meet all evidence requirements.**

Examples of 'workplace' can include a dental practice, dental hospital, or community setting.

The assessor and learner will arrange for the observation to take place, in consultation with the employer. The learner will be observed providing dental nursing care to an individual or succession of individuals. The assessor must be unobtrusive whilst conducting the observation. Patient consent will have been sought on the day of the clinic, prior to treatment.

Simulation is **not** permitted – the summative practical observation assessment must be in a real work environment.

Grading of the summative Practical Observation

The table includes a descriptor of candidate evidence at minimum 'Pass' level and just below pass level 'Fail'. Candidates must achieve **all** requirements of a pass for each criteria to achieve a pass overall.

Graded: pass/fail

Pass mark: learners must achieve all pass criteria to pass the assessment.

Communicate effectively with all service users using a range of communication methods	
Fail	**Pass**
• Lack of communication, repeating messages, or reiterated for understanding. • Communicated with members of the dental team but demonstrated ineffective body language and clarity of speech leading to misunderstandings, need for repetition and/or clarity to be provided.	• Verbal communication is clear and concise, able to communicate well with all service users and colleagues. • Communicated effectively using a range of communication methods – suitable body language, tone of voice, use of technologies (where applicable).
Work safely to protect self, team, and patients	
Fail	**Pass**

• Poor personal presentation: hair not tied back, unkempt nails, incorrect uniform/footwear, excessive makeup/jewellery.
• Used personal protective equipment (PPE) but there were some omissions.
• Worked in a safe manner but used some instruments, equipment incorrectly.
• Incorrect disposal of clinical waste in line with legal and regulatory requirements.
• Ineffective team working demonstrated
	• Suitable personal presentation: hair tied back, clean/short nails, good personal hygiene, correct uniform/footwear, and appropriate makeup/jewellery.
	• Correct use/reuse of personal protective equipment (PPE) for self and patients:
	  ○ Donning and doffing
	  ○ Disposal of single use items
	• Worked in a safe manner and used instruments, equipment correctly.
	• Safe disposal of clinical waste according to legal and regulatory requirements.
	• Worked effectively to contribute to working as a team

Apply standard precautions of infection control for clinical procedures	
Fail	**Pass**

• Used disinfectants but one or more of the following were missed prior to and on completion of all work activities:
  ○ Chair
  ○ Spittoon
  ○ Bracket table
  ○ Overhead light
  ○ Work surfaces
	• Safely used disinfectants, followed appropriate disinfecting protocols prior to and on completion of all work activities:
	  ○ Chair
	  ○ Spittoon
	  ○ Bracket table
	  ○ Overhead light
	  ○ Work surfaces

○ Door handles ○ Equipment	○ Door handles ○ Equipment

Provide the correct patient records for the planned treatment	
Fail	**Pass**
• Provided some records but there were some omissions.	• Provided all the correct patient records needed for the treatment: ○ Clinical notes/charts/patient details ○ Radiographic images ○ Medical history ○ Valid consent

Select equipment, instruments and materials for the treatment to be undertaken	
Fail	**Pass**
• Equipment, instruments and materials were prepared/selected for the planned treatment, but some items were missed and/or prepared incorrectly.	• Worked in a safe manner and prepared/selected the correct equipment, instruments, and materials for the treatment to be undertaken.

Aspirate during the treatment, maintaining a clear field of operation	
Fail	**Pass**
• Low confidence in aspirating skills, patient discomfort/clinician unable to see a clear field of operation.	• Aspirating skills were applied with confidence - maintaining patient comfort and a clear field of operation for the clinician.

Provide support to the clinician during the procedure	
Fail	**Pass**
• Low confidence in practical skills which were carried out with some awkwardness, equipment and instruments were sometimes incorrect for the task and handled inaccurately. • Worked in a safe manner but provided inaccurate quantity and consistency of material(s).	• Practical skills were applied with confidence using four handed dentistry/alternative safe method to provide the clinician with the correct instruments and equipment during the procedure. • Worked in a safe manner and provided the clinician with the correct quantity and consistency of material(s).

Provide patient-centred support support during the procedure	
Fail	**Pass**
• Low confidence in practical skills which were carried out with some awkwardness, patients' interests were put first and monitoring during the procedure but offering reassurance was lacking.	• Practical skills were applied with confidence, putting patients interests first, monitoring the patient during the procedure and offering reassurance when required.

7 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 topics
- content elements
- supporting information
- relationship to occupational standards inc. reference.

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 knowledge and skills that a candidate should possess.

Each **learning outcome** has a set of **topics** (knowledge or skills) that are simple and concise statements that indicates to a learner something specific they will be learning in relation to the learning outcome. It should provide clarity to a learner at a high level on what they should be expecting to learn or be able to do about a specific area of the learning outcome.

Content (What needs to be covered) the content sections define the 'depth and breadth' to which the teaching / learning must be delivered.

It is important that these sections define all the essential content that must be covered for learners to achieve the learning outcome. It is the information in this section that learners will be assessed on.

Evidence requirements

Additional minimum evidence requirements are included in each unit to reflect the minimum requirements required for the portfolio. Where outcomes are not required to be covered by the portfolio, these will be sampled within the MCQ tests – see assessment specification for details.

Sequence of delivery

Note, whilst the content in this qualification handbook has been aimed to support clear sequential and linear delivery, that the order of how content is delivered and assessed is down to the centre. It is therefore permissible to complete units in any order, or learning outcomes within units in any order that best meets the centre and learner delivery approach.

Unit 301 Preparing for professional practice in dental nursing

Unit Level:	3
GLH:	44
Unit 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 skills in reflective practice, communication and patient-centred care that are required throughout their career.
Assessment Method:	Portfolio of evidence Observation Multiple Choice Question (MCQ)
Links to Occupational Standard:	ST1431 (see also KSB mapping document)

Learning outcome 1

Understand the roles and responsibilities of a dental nurse

Topic	Content What needs to be covered:
1.1 Roles and responsibilities of dental nurses	**1.1.1** The core roles and responsibilities of dental nurses: a) Chair side assistance i. Supporting patients ii. Maintaining the clinical environment iii. Recording, updating, and storing patient information iv. Processing and storing radiographs b) Assisting the dentist and other dental team members c) Maintaining stock within the clinical environment d) Undertaking decontamination processes within the practice multi-zone. **1.1.2** The scope of factors that influence the work of dental nurses, and how practise must account for each of the following key requirements: a) Safe working practices b) Patient care, health and well-being i. Treating patients with dignity, integrity and respect ii. Chaperoning iii. Whistleblowing c) Raising concerns i. Safeguarding ii. Where patients cause distress to staff d) Legislative requirements i. Professional indemnity

ii. Current equality legislation and protected characteristics
iii. Annual retention fee
iv. Workplace policies

e) Professional conduct and behaviour
i. Fitness to practise for trainee dental nurse and dental registrant
ii. Equality, equity, diversity and inclusion
iii. Duty of care
iv. Duty of candour
v. Responsibility for own actions
vi. Personal assumptions, biases and prejudices
vii. Treating colleagues with professionalism, dignity, integrity and respect
viii. Acting professionally and ethically
ix. Proactively address all discriminatory language and behaviours
x. Awareness of professional boundaries
xi. Use of social media

f) Workplace procedures and processes
i. Stock rotation and maintenance
ii. Collaborating with other dental professionals
iii. Referral processes

g) Sustainability principles and work practices to support a sustainable dental setting
i. Principles – reduce the consumption of energy, water and resources, and emissions to air and water; follow sustainability policies and processes of the setting
ii. Work practices - reduce waste (improve clinical waste segregation, reduce water and paper consumption, recycle, repair and reuse durable goods, safely dispose of medication and minimise environment impacts from amalgam)
iii. Reasons for sustainability – reduce carbon footprint/combat climate change and environmental and social responsibility.

1.1.3 How the role of the dental nurse is influenced by each of the published principles of the GDC Standards for the Dental Team*

**** Delivery guidance –*** *there is an expectation that learners understand the current principles of the General Dental Council Standards for the Dental Team. As the Standards are potentially subject to revision, it is important that centres refer to the current Standards available on the GDC website to deliver this area of content (General Dental Council (gdc-uk.org)*

Learning outcome 2

Understand industry regulators and the role of the wider dental team

Topic	Content What needs to be covered:
2.1 Dental governing bodies and regulators	**2.1.1** The role of different governing bodies and regulators in the dental sector and how they maintain quality standards: a) General Dental Council (GDC) - promotion of professional standards, industry regulator, investigating complaints and ensuring fitness to practice b) Care Quality Commission (CQC) – inspection and monitoring of the quality of care provided (Assessment framework in England) c) Healthcare Inspectorate Wales (HIW) – inspection and monitoring of the quality of care provided (Wales) d) Regulation and Quality Improvement Authority (RQIA) - inspection and monitoring of the quality of care provided (Northern Ireland)
2.2 Impacts of failing to meet regulatory and professional practices	**2.2.1** The impact on ability to practice: a) General Dental Council's fitness to practice proceedings: i. Additional training ii. Mentoring iii. Sanctioning of the dental registrant iv. Removal from the register. **2.2.2** The impact on the dental practice / wider profession: a) Loss of business b) Loss of trust c) Job losses d) Damage to reputation. **2.2.3** The impact on patients: a) Incorrect/incomplete treatment b) Fear/mistrust c) Financial loss d) Pain.
2.3 The dental team	**2.3.1** The roles of other dental team members in line with the GDC's scope of practice and delegation of work: a) Dentist b) Hygienist/therapist c) Laboratory technician d) Receptionist e) Practice manager and other lead roles **2.3.2** The principle of direct access: a) Accessing dental health care b) The impact on each registrant group and their scope of practice.

	2.3.3 The contribution that team members, effective team working and working as part of a culturally-diverse team make to the delivery of safe and effective high-quality care **2.3.4** The importance of collaboration between different roles within the dental and wider healthcare team and how this benefits individual patients/communities.

Learning outcome 3

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

Topic	**Content** What needs to be covered:
3.1 Consent	**3.1.1** The purpose of gaining valid consent: a) Legal requirement b) Dental nurse role. **3.1.2** The requirements that must be considered by the clinician to obtain valid consent: a) Capacity (Mental Capacity legislation) - principles of the Mental Capacity Act, how it is applied in the dental surgery b) Patients with additional needs - additional support required to ensure the patient understands the treatment proposed c) Gillick consent - age of consent, processes taken to determine Gillick competency d) Providing all treatment options and risks to the patient.
3.2 Information governance	**3.2.1** Key areas of information governance within dental settings: a) Data processing b) Information security c) Record keeping/retention. **3.2.2** Key principles in relation to data and records held within dental settings: a) Used fairly, lawfully and transparently b) Used for specified, explicit purposes c) Used in a way that is adequate, relevant, and limited to only what is necessary d) Kept accurately, and up to date as necessary e) Kept for no longer than is necessary. **3.2.3** The importance of patient confidentiality a) Avoid breaking trust/ damaging patient relationships b) Meet legal requirements (current data protection legislation) / GDC guidelines c) Avoid disclosing sensitive or personal patient information. **3.2.4** How to access and process patient information in a manner that maintains their confidentiality: a) Electronic – password protected

	b) Paper records – lockable fire-resistant storage. **3.2.5** The legal requirement for patients to access their dental records **3.2.6** Legislative requirements when to holding and protecting confidential data in relation to patients and treatments in dental settings. **3.2.7** The importance of maintaining contemporaneous, complete, and accurate patient records.
3.3 Safeguarding	**3.3.1** Key principles of safeguarding and how they apply in a dental setting: a) Empowerment b) Prevention c) Proportionality d) Protection e) Partnership f) Accountability. **3.3.2** The areas of safeguarding concern for dental nurses, and indicators of a potential safeguarding concern: a) Child protection - signs of physical/sexual/emotional abuse, signs of neglect b) Adults at risk – signs of neglect/financial abuse c) Health and well-being - mental health conditions, self-care, neglect of oral health d) Prevent duty - signs of extremism and radicalisation e) Fundamental British values (democracy / Rule of Law / respect and tolerance / individual liberty / mutual respect) – signs of individuals rights to these values being contravened. **3.3.3** The responsibilities of a dental nurse in safeguarding patients a) Safeguarding procedures i. Identification of local safeguarding contact details and the reporting process b) Chaperoning.

Learning outcome 4

Understand the importance of appropriate communication in healthcare and be able to communicate appropriately, effectively and sensitively at all times and through all media

Topic	**Content** What needs to be covered:
4.1 Communication	**4.1.1** Types of communication method and how they are used to effectively and sensitively communicate with all patients: a) Verbal b) Non-verbal c) Written d) Electronic.

	4.1.2 How different methods of communication can be interpreted by the patient. **4.1.3** How different methods of communication can be adapted to meet the patient's needs: a) Use of interpreters b) Use of sign language / gesturing c) Use of larger font sizes / braille d) Avoidance of jargon / rephrasing technical language. **4.1.4** The potential barriers to communication that may exist when supporting different individuals within the dental setting: a) Individuals with additional needs b) Language barriers c) Physical barriers d) Emotional barriers (fear / anxiety / experience / expectation) e) External distractions (personal circumstances) f) Environmental factors g) Use of complex terminology h) Managing patient expectations / breaking bad news **4.1.5** Advantages and disadvantages of different communication methods. **4.1.6** How effective communication within the dental team contributes to the delivery of safe high-quality care.
4.2 Effective communication in practice	**4.2.1** Communicate effectively and sensitively with all service users using a range of communication methods and technologies: Service users a) Patients b) Parents/carers c) Other members of the dental team d) Internal/external parties eg laboratories, company representatives Range of communication methods and technologies e) Written, for example email / letters f) Verbal - tone of voice, clarity, speed of speech, telephone, face to face g) Non-verbal – body language h) Active listening. **4.2.2** Communicate using a patient-centred approach: a) Showing sensitivity to the patient's needs and values b) Showing respect and making provision to support individual preferences and diversity through communication c) Providing opportunity for the patient to comment, ask questions and seek clarification on their treatment (advocation) d) Take appropriate actions when changes in oral health status are reported by the patient.
4.3	

Patient barriers to treatments	**4.3.1** How to recognise patient anxieties and barriers to treatment: a) Fear b) Financial c) Availability of dental services d) Access to dental facilities. **4.3.2** Examples of how patient anxieties over barriers to treatment could be managed. **4.3.3** The current available options for funding of dental healthcare provision for individual patients.

Learning outcome 5

Understand how a Personal Development Plan (PDP) is used to continuously improve professional knowledge, skills and behaviours and to create a PDP for on-going improvement

Topic	**Content** What needs to be covered:
5.1 Development of personal professional practice	**5.1.1** The role and purpose of different tools to assess current capabilities/limitations to aid personal development to ensure high-quality patient care: a) Personal Development Plans (PDPs) b) SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis. **5.1.2** The ways that different tools can be used to support personal development. **5.1.3** The approaches used to support continual professional and personal development: a) Continuing professional development requirements for qualified dental nurses b) Use of self-reflection c) Use of appraisals d) Identification of continuing professional development opportunities e) Feedback to other members of the team. **5.1.4** The reasons different evidence-based approaches are used to support continual professional and personal development: a) Reflection on performance b) Gather a range of feedback c) Set targets. **5.1.5** The importance and use of different types of feedback and how it supports personal professional practice, to ensure high quality safe and effective patient care a) Feedback through formal appraisals b) Internal feedback (colleagues, mentors, clinicians) c) External feedback (patients).

	5.1.6 The role and benefits of reflective practice, and the different reflective models to aid reflection: a) Brookfield's lenses / Gibbs / ERA cycle / Kolb's reflective model b) Reflection in action and reflection on action. **5.1.7** Career pathways available within the dental sector.
5.2 Undertake professional development	**5.2.1** The importance of and requirement for commitment to lifelong learning. **5.2.2** Use tools to review, reflect on and consider own working practice as a dental nurse. **5.2.3** Plan to continually develop as a dental nurse to include emerging technologies.

Learning outcome 6

Understand the importance of promoting and maintaining physical and mental wellbeing

Topic	**Content** What needs to be covered:
6.1 Physical and mental wellbeing	**6.1.1** The systems and personal strategies which promote and maintain physical and mental wellbeing: a) Reflection b) Coping strategies c) Self-care d) Self-acceptance e) Debriefing f) Handing over to another colleague g) Peer support h) Asking for help. **6.1.2** Strategies to identify and manage personal and emotional challenges: a) Work b) Teamwork c) Workload d) Uncertainty e) Change. **6.1.3** When and how to take action if wellbeing is compromised to a point of affecting an individual's role or professional relationships.

Learning outcome 7

Understand the procedure for the handling of complaints in the workplace

Topic	Content What needs to be covered:
7.1 Complaints	**7.1.1** Principles and procedures for good complaints handling in the dental setting: a) Access – readily available/visible to all, accessible to all, all staff fully trained in complaint handling b) Response – prompt and constructive acknowledgement of complaints, keeping the complainant informed/updated, providing timeframes in-line with organisation's complaints procedure c) Reflection - using complaints to constructively drive continuous improvement. **7.1.2** How patients' rights to complaints are respected. ***Delivery guidance*** *– please refer to the GDC complaint handling best practice guidance (Complaint handling (gdc-uk.org)*

Unit 301 Preparing for professional practice in dental nursing

The way the content of this unit is covered by the different assessment approaches is displayed in the table below:

	Portfolio of evidence			
Topic	Obs (1/2/3)	Additional assessment evidence sources	Summative practical Obs	MCQ
1.1 Roles and responsibilities of dental nurses		✓		
2.1 Dental governing bodies and regulators				✓
2.2 Impacts of failing to meet regulatory and professional practices		✓		
2.3 The dental team		✓		
3.1 Consent				✓
3.2 Information governance				✓
3.3 Safeguarding				✓
4.1 Communication		✓		
4.2 Effective communication in practice	✓✓✓		✓	
4.3 Patient barriers to treatments		✓		
5.1 Development of personal professional practice		✓		
5.2 Undertake professional development		✓		
6.1 Physical and mental wellbeing		✓		
7.1 Complaints				✓

Minimum evidence requirements:

Learning outcome 4 (4.2) - observation of practice in the workplace. This outcome should be observed on at least **three** separate occasions by the assessor. For the third observation, it is permissible to cross-reference this to the simulated evidence in Unit 311.

Learning outcomes 5 and 6 – learners must complete a PDP to include a reflection activity for each unit in the qualification.

Unit 302 Health and safety practices in the dental setting

Unit Level:	3
GLH:	35
Unit Aim:	This unit introduces learners to the health and safety practices relevant to the dental setting. This includes understanding of the range of health and safety legislation and the impact of legislation on working practices. It also covers the understanding of policies and procedures, and the application of safe working practices in the workplace to support health and safety.
Assessment Method:	Observation Multiple Choice Question (MCQ)
Links to Occupational Standard:	ST1431 (see also KSB mapping document)

Learning outcome 1

Understand health and safety theory

Topic	Content What needs to be covered:
1.1 Health and safety	**1.1.1** The purpose of health and safety legislation, policy and compliance. **1.1.2** Key terminology and how each relates to supporting safe practice in dental settings: a) Hazard b) Risk c) Control measure d) Reasonably practicable e) Near miss f) Incident. **1.1.3** The process for reporting hazards relating to health and safety within the dental setting.
1.2 Health and safety governance	**1.2.1** The roles of governing bodies and regulators in reducing risks to health and safety in the dental sector: a) National sector regulators – inspection framework provision: Care Quality Commission (England), Healthcare Inspectorate Wales (Wales), Regulation and Quality Improvement Authority (Northern Ireland)

	b) Health and Safety Executive – writes law, prosecution for non-compliance, reporting of accidents and incidents, provides generic guidance on health and safety/risk assessments c) Office of the Chief Dental Officer.

Learning outcome 2

Understanding safe working practices in the dental setting

Topic	Content What needs to be covered:
2.1 Safe working practices	**2.1.1** The purpose of risk assessments and the stages of the risk assessment process: Purpose a) Create/maintain a healthier work environment b) Reduce the risk of harm to dental staff and patients c) Meet legal responsibilities. The stages of a risk assessment process a) Identify the hazards b) Assess the risks c) Control the risks d) Record the findings e) Review the controls. **2.1.2** Ergonomics within the dental practice: a) Stock - storage and handling stock/lifting b) Positioning: i. Seating of patient and dental team ii. Instrument passing/four handed dentistry iii. Aspirator tip placement iv. Repetitive strain injuries/musculoskeletal disorders. **2.1.3** Safe working practices and processes and the importance of their use to support health and safety: a) Hazardous substances: chemicals (eg sodium hypochlorite, mercury) i. Safe use of ii. Storage iii. Disposal b) Spillages (eg mercury, body fluids, chemicals): i. Spillage kits ii. Safety signs iii. PPE iv. Ventilation v. Reporting vi. Record keeping c) Fire safety: i. Assembly points ii. Location of extinguishers iii. Types of extinguishers

	iv. Action in the event of fire v. Fire drills and alarm testing d) Maintenance and testing of: i. Autoclaves ii. Compressors iii. Oxygen cylinders iv. Pressure vessel tests e) Infection control: i. Use of barrier techniques including zoning ii. Maintenance and testing 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 f) Actions and behaviour: i. Staff induction/training policy ii. Fitness to practise iii. Physical and mental health iv. Personal hygiene v. Training current, relevant and up to date.

Learning outcome 3

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

Topic	Content What needs to be covered:
3.1 Legislation and policy	**3.1.1** The purpose of the different legal requirements that must be or are recommended to be followed and how they support health and safety in a dental setting a) Health and Safety at Work legislation 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/ WHTM 07-01) on Management and Disposal of Healthcare Waste e) The current Health Technical Memoranda (HTM 01-05/ WHTM 01-05) on Decontamination in Primary Care Dental Practices f) The current Health Technical Memoranda (HTM 03-01/ WHTM 03-01) on Heating and Ventilation of Health Sector Buildings 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). **3.1.2** The consequences if health and safety guidance is not followed to: a) Self - injury or ill health / loss of employment b) Practice - reputation / sanctions / prosecution c) Patients - injury or ill health, loss of trust d) Environment - pollution / deterioration / fly tipping.
3.2 Vaccinations	**3.2.1** The signs and symptoms of disease and the recommended vaccinations for dental nurses: a) Hepatitis B b) Diphtheria c) Varicella (chicken pox) d) Tetanus e) MMR (measles, mumps, rubella) f) Flu g) Covid-19. **3.2.2** The importance of dental nurse vaccinations in prevention and protection against disease transmission.

Learning outcome 4

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

Topic	**Content** What needs to be covered:
4.1 Health and Safety in the workplace	**4.1.1** Manage hazards by completing a risk assessment. **4.1.2** Work is carried out in line with the: a) Health & Safety at Work Act (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) on Management and Disposal of Healthcare Waste d) The current Ionising Radiations Regulations, e) The current Ionising Radiation (Medical Exposures) Regulations f) Local Rules g) Health and Safety (Sharp Instruments in Healthcare) Regulations h) The current Health Technical Memoranda (HTM 01-05/ WHTM 01-05) on Decontamination in Primary Care Dental Practices i) Local practice guidelines, protocols and effective team working expectations. **4.1.3** Personal presentation and PPE protects the health and safety of self and others within the dental setting:

a) Presentation
    i. Aligned to practice-level dress and appearance policies
b) Uses/reuse of Personal protective equipment
    i. Disposal of single use items such as gloves/aprons/bibs
    ii. Disinfection of eye protection
c) Donning and doffing
    i. Correct application and removal of personal protective equipment.

4.1.4 Dispose of waste in a safe manner according to legal and regulatory requirements:

a) Non-hazardous - domestic
b) Hazardous – clinical / chemical
c) Legal and regulatory requirements: The current Health Technical Memoranda (HTM 07-01/ WHTM 07-01) on Management and Disposal of Healthcare Waste and the Environmental Protection Act.

Unit 302 Health and safety practices in the dental setting

The way the content of this unit is covered by the different assessment approaches is displayed in the table below:

	Portfolio of Evidence			
Topic	Obs (1/2/3)	Additional Assessment evidence sources	Summative Practical Obs	MCQ
1.1 Health and safety				✓
1.2 Health and safety governance				✓
2.1 Safe working practices				✓
3.1 Legislation and policy				✓
3.2 Vaccinations				✓
4.1 Health and safety in the workplace	✓✓✓		✓	

Minimum Evidence Requirements:

Learning outcome 4 - minimum of **three** observations and evidence to be gathered holistically on separate occasions by the assessor. Simulation is not allowed.

Unit 303 Prevention and control of infection in the dental setting

Unit Level:	3
GLH:	44
Unit 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.
Assessment Method:	Observation Portfolio of Evidence Multiple Choice Question (MCQ)
Links to Occupational Standard:	ST1431 (see also KSB mapping document)

Learning outcome 1

Understand the significance of micro-organisms

Topic	Content What needs to be covered:
1.1 Types of micro-organisms and prions	**1.1.1** Types of micro-organisms and prions and the dental diseases caused by each: a) Bacteria – dental caries, strep throat b) Viruses – hepatitis C, hepatitis B, HIV, herpes simplex c) Fungi – denture stomatitis, oral candidiasis d) Prions – Creutzfeldt-Jakob disease (CJD). **1.1.2** Differences of different types of micro-organisms and prions: a) Characteristics b) Shape c) Size. **1.1.3** The terms pathogen and non-pathogen.
1.2 The body's reaction to infection	**1.2.1** Factors that impact the host's susceptibility to infection: a) Pregnancy b) If immunocompromised c) Age d) Medical treatment / illnesses. **1.2.2** The body's reaction to inflammation / infection:

	a) Immune system b) Immune response c) Local d) Systemic e) Acute f) Chronic. **1.2.3** The signs and symptoms of infection: a) Swelling b) Erythema c) Pain d) Heat e) Loss of function.
1.3 Infectious conditions caused by micro-organisms and their effect on the body	**1.3.1** How infectious conditions affect the body - signs and symptoms of the disease or condition, methods of transmission, the effect on oral health, the effect on treatment in the surgery and any precautions required: 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) Oral thrush.

Learning outcome 2

Understand the management and processes of infection control

Topic	**Content** What needs to be covered:
2.1 Prevention of disease transmission	**2.1.1** The principles of the chain of infection: a) Infectious agent b) Reservoir c) Portal of exit d) Mode of transmission e) Portal of entry f) Susceptible host. **2.1.2** The routes of transmission of infectious diseases in the dental setting: a) Routes of entry into the body by direct contact – person to person b) Routes of entry into the body by indirect contact – contaminated instruments c) Aerosol generating procedures (AGP).

	2.1.3 The principles of standard (universal) infection control precautions and how these reduce disease transmission: a) Hand hygiene b) Respiratory and cough hygiene c) Personal protective equipment d) Sharps-related safety e) Safe injection practices f) Sterilisation and disinfection of patient-care items and devices g) Environmental infection prevention and control h) Dental unit water quality. **2.1.4** The different types of personal protective equipment (PPE) used in the dental setting, the situations each type is used for and the importance of using each: a) Employee i. Apron ii. Gloves iii. Mask iv. Eye protection v. Uniform vi. Footwear b) Patient i. Eye protection ii. Bib.
2.2 Hand hygiene	**2.2.1** How correct levels of hand hygiene can be achieved following HTM 01-05/ WHTM 01-05: a) Social b) Clinical/hygienic c) Aseptic/surgical d) Timings and examples of when used: i. Start of the day ii. Personal hygiene iii. Pre and post treatment iv. Surgical treatment v. End of the day. **2.2.2** Factors that influence hand hygiene: a) Hand washing products - liquid antibacterial soap/antimicrobial b) Hand cleansing products – sanitisers, alcoholic hand rubs c) Nail hygiene – short, varnish free nails d) Hand care - drying, moisturising, wound management, dermatitis/allergies e) Dispenser requirements - location and type of product dispenser f) Facilities and instructions - hand hygiene instructional poster, separate handwashing sinks g) Jewellery – watches and rings (except for a plain wedding band) removed.
2.3	**2.3.1** The relevance of the following documents for infection control in a dental setting:

Infection control policies and procedures	a) The current Health Technical Memoranda (HTM 01-05/ WHTM 01-05) on decontamination in Primary Care Dental Practices b) The current Health Technical Memoranda (HTM 07-01/ WHTM 07-01) on Management and Disposal of Healthcare Waste c) Staff induction policy d) Practice policies e) Audit records.

Learning outcome 3

Know the various methods of decontamination and sterilisation

Topic	**Content** What needs to be covered:
3.1 The decontamination processes	**3.1.1** Types of decontamination processes used in dental settings: a) Disinfection b) Sterilisation c) Asepsis. **3.1.2** When disinfection is the appropriate method of decontamination. **3.1.3** The reason for pre-cleaning and dismantling instruments prior to sterilisation.
3.2 The decontamination cycle	**3.2.1** The decontamination cycle in line with legal requirements and organisational procedures to include: a) Transportation i. Transportation - to and from the decontamination room ii. The decontamination cycle according to HTM 01-05/ WHTM 01-05 b) Manual scrubbing i. Temperature ii. Sink requirements iii. Long handled brush iv. Heavy duty gloves v. Clean under water vi. Detergent used c) Ultrasonic bath i. Temperature ii. Degassing iii. Placement of instruments iv. Detergent d) Washer disinfector i. Stages ii. Cycle times e) Inspection i. Using magnification/inspection light f) Autoclave i. Cycle ii. Parameters – temperature and operating procedures iii. Timings

	g) Zoning i. Dirty to clean ii. Air flow in the decontamination room h) Storage i. Timescales for clinical and non-clinical environments.

Learning outcome 4

Understand the maintenance and validation required on dental instrument and be able to re-process dental equipment safely in accordance with current legal requirements

Topic	Content What needs to be covered:
4.1 The maintenance of re-processing equipment	**4.1.1** The types of re-processing equipment to be maintained in dental settings: a) Ultrasonic bath b) Washer disinfector c) N-type autoclave (non-vacuum) d) B-type autoclave (vacuum). **4.1.2** Validation checks and stages and how they are used to support the maintenance of re-processing equipment in dental settings: a) Foil ablation test b) Protein tests c) Door seals d) Time, steam, temperature (TST) strips e) Bowie Dick test f) Helix test g) Automatic control test h) Pressure vessel tests i) Servicing j) Printouts k) Data l) Storage of data. **4.1.3** The actions to be taken if validation is unsuccessful – further validation, withdrawal, disposal and replacement. **4.1.4** The importance of documenting validation and maintenance of equipment.
4.2 Re-processing dental instruments and equipment	**4.2.1** Safely transport instruments into the decontamination area. **4.2.2** Prepare instruments and handpieces for sterilisation. **4.2.3** The application of correct decontamination workflow and stages in line with practice policies and procedures and the current Health Technical Memoranda (HTM 01-05/ WHTM 01-05) on Decontamination in Primary Care Dental Practices: a) Use of ultrasonic bath b) Manual cleaning or use of washer disinfector c) Use of inspection light d) Use of autoclave

	e) Correct storage of decontaminated instruments. **4.2.4** Load instruments safely and correctly into the autoclave. **4.2.5** Select the correct autoclave cycle to achieve sterilisation. **4.2.6** Complete and record a validation test (TST/Bowie Dick/Helix test/automatic control test) on the autoclave in line with organisational and legal requirements and document the evidence. **4.2.7** Store re-processed dental instruments in accordance with organisational and legal requirements: a) Package correctly in pouches if not being reused b) Stored correctly in clean box if being used again within that day c) Date and initial pouch d) Pouch sealed across perforation.

Learning outcome 5

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

Topic	**Content** What needs to be covered:
5.1 Personal hygiene and protective equipment	**5.1.1** Professional presentation in the dental setting with the appropriate standard of personal hygiene aligned to practice-level dress and appearance policies. a) Hair – tied back (off the shoulders and face) b) Nails – short, varnish-free and visibly clean c) Jewellery - watches/rings removed (except for plain wedding band) d) Uniform - appropriate practice uniform, bare below the elbow and clean/laundered e) Footwear - closed toe, wipe-clean footwear f) Overall presentation - neat and tidy, no overpowerful perfume and smart. **5.1.2** Select and don the appropriate PPE for the clinical procedure in the correct order and manner: a) Clinical gloves b) Apron/gown c) Goggles/visor d) Face mask e) Heavy-duty gloves. **5.1.3** Provide the correct patient PPE: a) Bib b) Protective glasses c) Communicate their use and purpose. **5.1.4** Follow current guidelines to reduce risks of exposure when doffing PPE to include disinfection, storage and disposal.

5.2 Infection control procedures in the surgery	**5.2.1** The appropriate measures and how they are used to maintain cleanliness, reduce infection risk and cross-contamination for all clinical dental procedures: a) Maintain zoning b) Use of single-use barriers c) Cleaning/disinfectants – clinical wipes/solution sprayed into paper towel. **5.2.2** The appropriate waste classifications and reasons for using each to deal with different types of waste in clinical areas: a) Non-hazardous waste – domestic waste, office waste for recycling, x-ray film and lead foil, offensive waste and medicines (yellow bags/container) b) Hazardous infectious waste – for soft waste (orange bags), routine sharps (yellow containers) c) Hazardous chemical waste – processing chemicals, amalgam waste, teeth with amalgam.

Learning outcome 6

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

Topic	**Content** What needs to be covered:
6.1 Disinfection and validation of dental equipment	**6.1.1** Follow appropriate disinfecting protocols prior on dental equipment to and on completion of work activities in the clinical setting: a) Chair b) Spittoon c) Bracket table d) Overhead light e) Work surfaces f) Door handles g) Equipment. **6.1.2** The safe use of disinfectants in line with current legislation: a) Follow manufacturer's instructions b) Observe COSHH warning symbols. **6.1.3** The validation of equipment: a) Aspirator: (i) Clean and empty filters in the aspirator b) Dental unit water lines (DUWLs): (i) Clean and maintain c) Spittoon: (i) Clean and empty filters in spittoon. **6.1.4** The use of a surgery checklist to: a) Follow set up procedures b) Follow clear down procedures

c) Meet organisation policy and current legal requirements.

Unit 303 Prevention and control of infection in the dental setting

The way the content of this unit is covered by the different assessment approaches is displayed in the table below:

	Portfolio of evidence			
Topic	Obs (1/2/3)	Additional assessment evidence sources	Summative practical obs	MCQ
1.1 Types of micro-organisms and prions				✓
1.2 The body's reaction to infection				✓
1.3 Infectious conditions caused by micro-organisms and their effect on the body				✓
2.1 Prevention of disease transmission				✓
2.2 Hand hygiene		✓		
2.3 Infection control policies and procedures		✓		
3.1 The decontamination processes				✓
3.2 The decontamination cycle		✓		
4.1 The maintenance of re-processing equipment		✓		
4.2 Re-processing dental instruments and equipment	✓			
5.1 Personal hygiene and protective equipment	✓✓✓		✓	
5.2 Infection control procedures in the surgery				✓
6.1 Disinfection and validation of dental equipment	✓✓✓		✓	

Minimum evidence requirements:

Learning outcome 4 - minimum of **one** observation by the assessor; evidence should focus on current legislation, guidance, and good practice.

Centres that cannot meet the content in LO4 due to reliance on off-site/external facilities for instrument decontamination should discuss the following alternatives with their EQA prior to assessment taking place:

1. 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.

2. Carry out a simulated activity, observed by the assessor in a learning environment that has the required equipment.

3. Carry out a professional discussion/oral questioning regarding previous relevant experience of using decontamination equipment (autoclave)

4. Set a project for the learner, which is based on current Health Technical Memorandum 01-05 and follow this with a professional discussion.

Learning outcomes 5 and 6 - minimum of **three** observations; evidence to be gathered holistically on separate occasions by the assessor. Simulation is not allowed.

Unit 304 Dental and regional anatomy, oral health assessments and treatment planning

Unit Level:	3
GLH:	41
Unit 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 will demonstrate the ability to complete dental charts and maintain contemporaneous records.
Assessment Method:	Observation Portfolio of evidence Multiple Choice Question (MCQ)
Links to Occupational Standard:	ST1431 (see also KSB mapping document)

Learning outcome 1

Understand dental and regional anatomy

Topic	Content What needs to be covered:
1.1 Tooth morphology	**1.1.1** The features of permanent teeth: a) Tooth morphology i. incisor ii. canine iii. premolar iv. molar b) Characteristics (mamelons, cusp of carabelli and canine fossa) c) Function d) Position e) Usual number of roots on permanent teeth f) Eruption dates. **1.1.2** The features of deciduous teeth: a) Characteristics (crown size, larger pulp and open apex) b) Function c) Position d) Usual number of roots on deciduous teeth e) Eruption dates. **1.1.3** The features (characteristics and functions) of tooth structure and surrounding tissues:

a) Enamel
b) Amelodentinal junction
c) Primary dentine
d) Secondary dentine
e) Odontoblasts
f) Pulp
g) Pulp chamber
h) Pulp / root canal
i) Apical foramen
j) Cementum
k) Periodontal ligament
l) Gingival crevice / gingival sulcus
m) Furcation.

1.1.4 The surfaces of anterior and posterior teeth:
a) Occlusal
b) Incisal
c) Mesial
d) Distal
e) Buccal
f) Labial
g) Lingual
h) Palatal.

1.1.5 The diversity of anatomy across the patient population
a) Cleft palate
b) Congenitally missing teeth
c) Supernumerary teeth
d) Enamel hypoplasia
e) Enamel hyperplasia.

1.1.6 The relevance of diversity in anatomy in patient management
a) Updating records and dental charts
b) Referral processes.

1.2 Head and neck anatomy	**1.2.1** The structures of the head and neck: a) Temporal bone b) Zygomatic arch c) Maxilla i. Palate ii. Hard palate iii. Soft palate iv. Rugae v. Tuberosity vi. Maxillary air sinus vii. Oropharynx d) Mandible i. Coronoid process ii. Ramus iii. Body. **1.2.2** The features of the tongue: i. Taste buds ii. Speech and swallowing

	iii. Frenum. **1.2.3** The features of bone: i. Lamina dura / compact bone ii. Spongy / cancellous bone iii. Alveolar process. **1.2.4** The temporomandibular joint: a) Anatomy (structure and function) i. Glenoid fossa ii. Sigmoid notch iii. Condyle iv. Articular eminence v. Meniscus b) Joint movement c) Signs and symptoms of joint dysfunction i. Trismus ii. Clicking iii. Crepitus d) Treatment of joint dysfunction.
1.3 Nerves	**1.3.1** The position and function of the Maxillary and Mandibular divisions of the Trigeminal nerve: a) Maxillary i. Anterior superior ii. Middle superior iii. Posterior superior b) Mandibular i. Inferior dental nerve ii. Mental nerve iii. Lingual nerve.
1.4 Salivary glands	**1.4.1** The position of salivary glands: a) Parotid gland b) Submandibular gland c) Sublingual gland. **1.4.2** The features of salivary glands: a) Parotid gland b) Submandibular gland c) Sublingual gland. **1.4.3** The composition and function of saliva. **1.4.4** The effects of the following on salivary glands: a) Ageing b) Mumps c) Mucocele d) Salivary stone.
1.5 Muscles of mastication	**1.5.1** The position of the following muscles: a) Masseter b) Temporalis c) Buccinator d) Orbicularis oris.

	1.5.2 The function of the following muscles: a) Masseter b) Temporalis c) Buccinator d) Orbicularis oris.

Learning outcome 2

Understand oral health assessment methods and how they are recorded

Topic	Content What needs to be covered:
2.1 Oral health assessments	**2.1.1** The reasons for carrying out assessments: a) Extra-oral b) Intra-oral. **2.1.2** The methods of carrying out oral health assessments: a) Visual b) Palpation c) Using probes for hard and soft tissue examinations d) Transillumination e) Vitality testing: cold/heat/electrical f) TTP (tender to percussion) technique. **2.1.3** The dental probes used in intra-oral assessments: a) Sickle b) Straight c) Briault d) World Health Organization (WHO) / basic periodontal examination (BPE) e) Six-point pocket chart (Williams). **2.1.4** The types of charting used to record oral health assessments: a) Palmer Notation charting b) FDI (Fédération Dentaire Internationale) c) BPE d) Full periodontal charting (FPC). **2.1.5** National Institute for Health & Care Excellence (NICE) guidelines for recall intervals*: a) Adult b) Children. **** Delivery guidance –*** *there is an expectation that learners understand the current NICE guidelines for dental recall intervals. As the guidelines are potentially subject to revision, it is important that centres refer to the current guidelines available on the NICE website to deliver this area of content (https://www.nice.org.uk/Guidance/CG19)*

2.2 Record keeping components in relation to oral health assessments	**2.2.1** The importance of and reasons for recording a contemporaneous patient history: a) Personal details b) Social history c) Medical history - medication list and allergies d) BPE/FPC e) Treatment planning f) Radiographs g) Photographs h) Study models i) Dental charts (baseline and planned) j) Consent - written and signed with treatment plan k) Referral letters.
2.3 Conditions affecting the oral mucosa	**2.3.1** 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.
2.4 Medical conditions	**2.4.1** How medical conditions might affect oral tissues and influence treatment planning (cancellation/timings/location of surgery/treatment options): 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 and chemotherapy).

Learning outcome 3

Understand the information required in an orthodontic assessment

Topic	**Content** What needs to be covered:
3.1 Orthodontic terminology and assessment	**3.1.1** Terms that may be used in an orthodontic assessment: 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 (malocclusion) 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. **3.1.2** The Index of Orthodontic Treatment Needs (IOTN) rating system: a) Dental health component (MOCDO – Missing teeth; overjet; crossbite; displacement of contact points; overbite) b) Aesthetic component – (grades 1 – 10).
3.2 Orthodontic treatment	**3.2.1** The purpose of orthodontic appliances and how they are used: a) Removable appliance b) Fixed appliance c) Functional appliance. **3.2.2** The function of retainers: a) Removable b) Fixed.

Learning outcome 4

Be able to assist during oral health assessments and complete dental charts

Topic	**Content** What needs to be covered:
4.1 Record keeping	**4.1.1** Provide patient's records: a) Clinical notes and dental charts – charting, patient details, b) Radiographic images bitewing/periapical/orthopantomography (OPG)/scans c) Medical history – allergies, medication list d) Valid consent. **4.1.2** Update patient records as directed by the clinician (e.g., social, medical and dental history) and ensure they are stored securely in line with legislation. **4.1.3** Record a permanent dental chart as spoken by the clinician when conducting an oral examination. **4.1.4** Contribute to an orthodontic assessment referral.
4.2 Equipment and instruments	**4.2.1** Select equipment and instruments for the clinician to carry out the following oral health assessment: a) Examine intra-oral soft tissues b) Complete a dental charting of teeth c) Complete a gingival periodontal scan/pocket depth.
4.3 Palmer notation charting	**4.3.1** Produce a hand-written Palmer notation chart of:

	a) **Adult** patient - showing common restorative and prosthetic treatments along with decayed, missing, filled anterior and posterior teeth b) **Child** patient - a mixed dentition showing decayed, missing, filled deciduous teeth and permanent teeth with fissure sealants.

Unit 304 Dental and regional anatomy, oral health assessments and treatment planning

The way the content of this unit is covered by the different assessment approaches is displayed in the table below:

	Portfolio of evidence			
Topic	Obs (1/2/3)	Additional assessment evidence sources	Summative practical obs	MCQ
1.1 Tooth morphology				✓
1.2 Head and neck anatomy				✓
1.3 Nerves				✓
1.4 Salivary glands				✓
1.5 Muscles of mastication				✓
2.1 Oral health assessments		✓		
2.2 Record keeping components in relation to oral health assessments		✓		
2.3 Conditions affecting the oral mucosa				✓
2.4 Medical conditions				✓
3.1 Orthodontic terminology and assessment				✓
3.2 Orthodontic treatment				✓
4.1 Record keeping	✓		✓*	
4.2 Equipment and instruments	✓		✓*	
4.3 Palmer notation charting		✓		

** Workplace diary dependent*

Minimum evidence requirements:

Learning outcome 4 - minimum of **one** observation by assessor or expert witness testimony. Simulation for the observation is not allowed.

Note that for 4.1.4, there is **no** expectation that this will be observed – and instead should be covered through additional assessment evidence sources.

For 4.3 Palmer notation charting –this should be prioritised as being generated through performance-based in-situ evidence. However, in circumstances where this is not possible, simulation is acceptable for completion of the Palmer notation chart.

Unit 305 Recognising and supporting actions during first aid and medical emergencies

Unit Level:	3
GLH:	28
Unit Aim:	The aim of the unit is for learners to develop underpinning knowledge to enable the recognition of medical emergencies and demonstrate skills in supporting 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.
Assessment Method:	Portfolio of evidence Multiple Choice Question (MCQ)
Links to Occupational Standard:	ST1431 (see also KSB mapping document)

Learning outcome 1

Understand the human respiratory and circulatory systems and changes that may indicate a medical emergency

Topic	Content What needs to be covered:
1.1 Human respiratory and circulatory systems	**1.1.1** The function of the human respiratory system: a) Responsible for gas exchange in the body (providing oxygen, removing carbon dioxide). **1.1.2** The structure of the human respiratory system: a) Lungs b) Trachea c) Alveoli. **1.1.3** The function of the circulatory system: a) Carries blood away from and towards the heart b) Carries oxygen, nutrients and hormones to cells c) Removes waste products. **1.1.4** The structure of the circulatory system: a) Heart b) Ventricles c) Atria d) Valves e) Coronary arteries f) Pulmonary artery/vein g) Aorta h) Vena cava

	i) Blood vessels i. Arteries ii. Veins iii. Capillaries. **1.1.5** Changes in human respiratory and circulatory systems which may indicate a medical emergency: a) Changes in breathing rate b) Changes in heart rate.

Learning outcome 2

Understand safe working practices and contents of first aid and emergency drug kits

Topic	**Content** What needs to be covered:
2.1 Safe working practices	**2.1.1** The role and limitations of a qualified first aider: a) Manage the incident b) Ensure the continuing safety of themselves, bystanders and the casualty c) Assess the casualty d) Discover the nature and causes of the injury e) Arrange for further medical help (if needed). **2.1.2** Key principles of first aid: a) Preserve life b) Promote recovery c) Prevent from worsening. **2.1.3** Methods to minimise the risk of infection to self and others during first aid and Cardiopulmonary Resuscitation (CPR) procedures. **2.1.4** Methods used to establish consent in a first aid/CPR situation from a: a) Conscious casualty – verbal/non-verbal b) Unconscious casualty - assumed consent. **2.1.5** Examples of when to call for help in a first aid situation. **2.1.6** Safe working practices: a) Training – attendance of mandatory first aid and CPR training b) Record keeping – accident book c) Storage and auditing of emergency equipment/kit – in correct conditions, centrally placed, not locked away, expiry dates checked, older stock used first, O2 checked daily to ensure availability.
2.2 First aid and emergency drug kits	**2.2.1** Recommended contents: a) First aid kit b) Emergency drug kit.

Learning outcome 3

Be able to assess an incident and provide immediate first aid for a casualty who is choking

Topic	Content What needs to be covered:
3.1 Scene survey	**3.1.1** Undertake scene survey to identify potential hazards to others in a choking emergency: a) The first aider themselves b) The casualty c) The bystanders.
3.2 Primary survey	**3.2.1** Undertake initial assessment of a casualty in a choking position a) Check the casualty's response – difficulty breathing, speaking b) Check the casualty's airway – encourage the casualty to cough c) Check the casualty's breathing.
3.3 Choking	**3.3.1** Assist a casualty who is choking: a) Partial obstruction b) Total obstruction.

Learning outcome 4

Be able to manage an unresponsive casualty

Topic	Content What needs to be covered:
4.1 First aid for an unresponsive casualty	**4.1.1** Undertake first aid for an unresponsive casualty: a) Check the casualty's level of consciousness b) Open the airway and check for breathing c) Assess the casualty for any other injuries d) Place an unresponsive casualty in the recovery position.
4.2 Cardio-Pulmonary Resuscitation (CPR)	**4.2.1** Adapt CPR using a manikin for: a) Adult b) Child. **4.2.2** Safely prepare the casualty for Automatic External Defibrillator (AED) a) Turn the defibrillator on and follow the machine's instructions b) Peel off the sticky pads and attach them to the patient's skin (one on each side of the chest) c) Stop CPR and don't touch the patient, the machine will check the patient's heart rhythm and decide if a shock is needed d) If prompted by the machine, press the shock button e) Follow instructions by the machine – shock or continue CPR.

Learning outcome 5

Understand the management of medical emergencies in the dental setting

Topic	Content What needs to be covered:
5.1 Management of medical emergencies	**5.1.1** The current accepted CPR requirements for children and adults as specified by the Resuscitation Council UK. **5.1.2** The signs and symptoms of a range of conditions that contribute to medical emergencies in a dental setting: a) Fainting b) Choking c) Hypoglycaemia/hyperglycaemia d) Asthma attack e) Angina f) Myocardial infarction g) Cardiac arrest h) Epileptic seizure i) Anaphylaxis j) Stroke. **5.1.3** Actions taken/management of the casualty and the use of emergency drugs in the event of medical emergencies that may occur in the dental setting: a) Fainting b) Hypoglycaemia/hyperglycaemia 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

The way the content of this unit is covered by the different assessment approaches is displayed in the table below:

	Portfolio of evidence			
Topic	Obs (1/2/3)	Additional assessment evidence sources	Summative practical obs	MCQ
1.1 Human respiratory and circulatory systems				✓
2.1 Safe working practices		✓		
2.2 First aid and emergency drug kits		✓		
3.1 Scene survey		✓		
3.2 Primary survey		✓		
3.3 Choking		✓		
4.1 First aid for an unresponsive casualty		✓		
4.2 Cardio-Pulmonary Resuscitation (CPR)		✓		
5.1 Management of medical emergencies		✓		

Minimum evidence requirements:

Learning Outcomes 3 and 4 – minimum of **one** simulation.

Note, that the scene survey (3.1) can be covered as part of responding to either a choking incident (LO3) or a first aid incident (LO4). Evidence only needs to be provided for one scene survey.

RPL can be used (CPR/AED certification within one year of completion), along with learner reflection/Expert Witness Testimony confirmation.

Unit 306 The safe use of ionising radiation to produce quality radiographic images

Unit Level:	3
GLH:	32
Unit 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 develop skills on processing methods used in their clinical environment.
Assessment Method:	Portfolio of evidence Observation Multiple Choice Question (MCQ)
Links to Occupational Standard:	ST1431 (see also KSB mapping document)

Learning outcome 1

Understand the regulations and hazards associated with ionising radiation

Topic	Content What needs to be covered:
1.1 Legal requirements for ionising radiation within a dental setting	**1.1.1** The legal requirements in relation to the use of ionising radiation in a dental setting: a) The current Ionising Radiation Regulations b) The current Ionising Radiation (Medical Exposure) Regulations c) Local rules d) Radiation protection file.
1.2 Hazards associated with ionising radiation	**1.2.1** Hazards and methods to reduce the hazards of ionising radiation: a) Primary beam i. Positioning of dental team b) Over exposure i. The use of intensifying screens in extra-oral cassettes ii. As low as reasonably practicable (ALARP) c) Accidental exposure (to patient or self) i. Tests not carried out and the importance of the isolation switch being turned off d) Scatter radiation i. Use of collimator to prevent scatter e) Absorption by the patient i. Importance of lead foil in traditional radiographic film

	f) Equipment failure i. Contingency plan.
1.3 The controlled area	**1.3.1** The requirements of the controlled area a) Controlled area and safety zone distances from the collimator b) Positioning of the dental team in relation to the collimator.

Learning outcome 2

Understand the different radiographic techniques and diagnostic value of images

Topic	**Content** What needs to be covered:
2.1 Diagnostic value of radiographic images	**2.1.1** The structures visible on, and conditions diagnosed, using different types of intro-oral radiographic image: a) Bitewing b) Periapical c) Occlusal. **2.1.2** The structures seen on each type of extra-oral radiographic images/scans: a) Dental pantomograph (DPT)/orthopantomograph (OPG) b) Cephalometric radiograph. **2.1.3** The use of specialist investigations and diagnostic procedures a) a) Cone beam computed tomography scan (CBCT).
2.2 Radiographic techniques	**2.2.1** Advantages and disadvantages of digital and non-digital radiographic techniques a) Digital i. Advantages - lower exposure, better clarity, easier to reproduce for referrals, contrast can be manipulated, faster processing ii. Disadvantages - set up costs (equipment/replacement of old equipment) and images can be manipulated (medicolegal implications) b) Non-digital i. Advantages – reduced costs for additional technology/software ii. Disadvantages - Use of chemicals, dark room required, more prone to user faults.

Learning outcome 3

Understand the different methods of processing radiographs

Topic	Content What needs to be covered:
3.1 Methods of processing radiographs	**3.1.1** Methods: a) Automatic - The four stages (develop/fix/wash/dry) and order of processing, and the equipment/chemicals required – developer, fixer, water b) Manual - The five stages (develop/wash/fix/wash/dry) and order of processing, and the equipment/chemicals required – developer, fixer, water c) Digital i. Direct – solid state sensor ii. Indirect – phosphor storage plate.
3.2 Reasons of visible faults on radiographic images	**3.2.1** Reasons of visible faults for manual, digital and automatic progressing: a) Processing and operator - finger marks, scratches, black lines, fogging, over exposure, under exposure, reduced contrast, blurred b) Patient - accessories c) Chemical - old stock used not changed, stock rotation d) Equipment – faults.

Learning outcome 4

Understand the importance of quality assurance in dental radiography

Topic	Content What needs to be covered:
4.1 Quality control systems	**4.1.1** Quality grading system used (according to current radiographic legislation) and how they support dental radiography. **4.1.2** Quality control systems used: a) Step-wedge test b) Quality assurance of direct and indirect digital X-ray sensors/plates: - pixel count/scratches on sensors c) IRMER operator requirements. **4.1.3** The use of quality control systems to support the principle of ALARP.
4.2 Methods of mounting radiographic images	**4.2.1** Methods used to mount radiographic images: a) Plastic window sheets b) Paper envelopes c) Digital storage.

Learning outcome 5

Be able to provide support and resources for taking radiographic images

Topic	Content What needs to be covered:
5.1 Safe working practices	**5.1.1** Apply safe working practices throughout radiographic imaging procedures: a) Observation of the controlled area b) Identification of the patient c) Communication with the patient to prevent unnecessary exposure d) Decontamination of equipment after use – x-ray unit and processor e) Use of barrier controls to reduce cross contamination f) Support the patient by monitoring them through the procedure, putting their interests first and offering reassurance. * ***Delivery guidance*** *– c.f. LO6 below, learners must be taught how to apply safe working practices when processing radiographic images. Learners need to be able to demonstrate safe working practices when demonstrating competence in processing a minimum of any one image type.*
5.2 Resources required for taking radiographic images	**5.2.1** Prepare and provide resources to the operator: a) Holder and centring ring - periapical and bitewing views b) Sensor c) Phosphor plate d) Traditional film.

Learning outcome 6

Be able to process and store radiographic images

Topic	Content What needs to be covered:
6.1 Radiographic image processing	**6.1.1** Correctly process radiographic images*. * ***Delivery guidance*** *- learners must be taught how to process radiographic images. This could be through the use of manual, automatic, direct digital, or indirect digital images. Learners need to be able to demonstrate competence with a minimum of any one image type.* **6.1.2** Maintain the quality of the radiographic image during processing - correct handling, no light intrusion.

6.2 Radiographic image storage	**6.2.1** Store radiographic images permanently and securely in line with current data protection legislation: a) Digital - correct patient electronic notes and log in/passwords on computers b) Non-digital - correct patient paper notes and locked filing cabinet.

Unit 306 The safe use of ionising radiation to produce quality radiographic images

The way the content of this unit is covered by the different assessment approaches is displayed in the table below:

	Portfolio of evidence			
Topic	Obs (1/2/3)	Additional assessment evidence sources	Summative practical obs	MCQ
1.1 Legal requirements for ionising radiation within a dental setting		✓		
1.2 Hazards associated with ionising radiation				✓
1.3 The controlled area				✓
2.1 Diagnostic value of radiographic images				✓
2.2 Radiographic techniques				✓
3.1 Methods of processing radiographs				✓
3.2 Reasons of visible faults on radiographic images				✓
4.1 Quality control systems		✓		
4.2 Methods of mounting radiographic images		✓		
5.1 Safe working practices	✓✓		✓*	
5.2 Resources required for taking radiographic images	✓✓		✓*	
6.1 Radiographic image processing	✓✓		✓*	
6.2 Radiographic image storage	✓✓		✓*	

** Workplace diary dependent*

Minimum evidence requirements:

Learning outcomes 5 and 6 - minimum of **two** observations in each LO. This must be carried out by the assessor. Simulation is not allowed.

*The primary method of assessment must be observation. Content elements not sufficiently covered during the observation can be assessed by an Expert Witness Testimony or through other valid additional assessment sources.

Unit 307 Provide support for the control of periodontal disease and caries, and the restoration of cavities

Unit Level:	3
GLH:	29
Unit Aim:	This unit introduces the learner to the theory of causes, progression, and management of oral disease. This unit will also 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.
Assessment Method:	Portfolio of evidence Observation Multiple Choice Question (MCQ)
Links to Occupational Standard:	ST1431 (see also KSB mapping document)

Learning outcome 1

Understand the scientific basis of oral health and the progression of dental diseases

Topic	Content What needs to be covered:
1.1 Periodontal disease	**1.1.1** The composition and development of plaque: a) Pellicle formation b) Toxin/acid production c) Calcification of soft plaque. **1.1.2** Types of oral disease, their causes (aetiology) and signs of how the disease progresses (pathogenesis): a) Oral disease b) Gingivitis c) Periodontal disease d) Acute necrotising ulcerative gingivitis (ANUG) Aetiology - ineffective brushing and oral hygiene techniques, smoking/tobacco use, genetic predisposition and health conditions making oral disease more prevalent Pathogenesis – inflammation, irritation, bleeding, bone loss, halitosis, tooth mobility and tooth loss.

	1.1.3 The signs and symptoms of gingival inflammation. **1.1.4** Epidemiological trends of oral disease and their application to patient management.
1.2 Periodontium	**1.2.1** The differences between gingivitis and periodontitis. **1.2.2** The terms 'false pocket' and 'true pocket'.
1.3 Dental Caries	**1.3.1** The causes of dental caries: a) Susceptible tooth b) Bacterial plaque c) Fermentable carbohydrate d) Time. **1.3.2** The Stephan Curve and how it supports the avoidance of caries. **1.3.3** The progression, signs and symptoms of dental caries from demineralisation to a pulpal exposure. **1.3.4** How the following influence the formation of dental caries: a) Pits and fissures b) Proximal surfaces c) Smooth surfaces d) White spot lesion e) Remineralisation (arrested caries) f) Gingival recession. **1.3.5** Types and location of different cavities on the tooth surface - Black's classification of cavities: a) Class I b) Class II c) Class III d) Class IV e) Class V. **1.3.6** Epidemiological trends of dental disease and their application to patient management.
1.4 Non-carious tooth surface loss/wear	**1.4.1** The types and causes of non-carious tooth surface loss/wear: a) Erosion – acid erosion b) Abrasion – mechanical c) Attrition – Bruxism.

Learning outcome 2

Understand the range of materials, instruments, and equipment available for periodontal treatments

Topic	Content What needs to be covered:
2.1 Periodontal treatments	**2.1.1** The clinical reasons for and importance of removing supra-gingival and sub-gingival calculus a) To remove plaque - acts as a plaque retentive factor b) To maintain gum health – if untreated can lead to serious gum disease. **2.1.2** The terms 'plaque trap' and 'stagnation area' and areas of mouth at risk.
2.2 Equipment, instruments, and materials	**2.2.1** The purpose of the equipment, instruments and materials used for removing supra-gingival calculus, sub-gingival calculus, and staining: a) Hand scalers b) Push scaler c) Periodontal hoe d) Curette e) Jacquette/sickle f) Ultrasonic scaler g) Prophylaxis paste h) Prophylaxis applicator.

Learning outcome 3

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

Topic	Content What needs to be covered:
3.1 The preparation of cavities	**3.1.1** The purpose of equipment and instruments used in the preparation of cavities: a) Handpiece i. High speed ii. Slow speed b) Types of burs i. Friction grip/latch grip ii. Diamond/steel iii. Cylinder/tapered/rose-head c) 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 d) Restorative material applicators i. Amalgam carrier ii. Composite gun iii. Glass ionomer dispenser e) Curing light f) Items required for finishing i. Stones ii. Strips iii. Discs iv. Articulating paper.
3.2 Matrix systems	**3.2.1** The use of matrix systems and the materials they are used with: a) Tofflemire matrix holder and band b) Siqveland matrix holder and band c) Wedges d) Transparent strips e) Single-use assembled matrix systems.
3.3 Scientific principles of using restorative biomaterials and lining biomaterials	**3.3.1** Advantages and disadvantages of different types of restorative biomaterials and lining biomaterials used: a) Restorative biomaterials: i. Amalgam ii. Composite iii. Glass ionomer b) Lining biomaterials i. Zinc-based liners ii. Zinc oxide eugenol iii. Zinc phosphate iv. Zinc polycarboxylate v. Calcium hydroxide vi. Glass ionomer.
3.4 Dental biomaterials and equipment used in restorative procedures	**3.4.1** Reasons for the use of dental biomaterials and equipment: a) Etchant - preparation of the tooth surface, microscopic retention b) Bonding agent - adhesion of restorative biomaterials to the tooth surface c) Curing light - polymerisation of the composite biomaterial, setting the biomaterial d) Dental amalgamator - safe mixing of restorative biomaterials.
3.5 Fissure sealants	**3.5.1** The purpose for placing a fissure sealant - prevention of caries, protection of fissures, improved oral hygiene.
3.6 Moisture control	**3.6.1** The importance of moisture control during restorative treatments - patient comfort, visibility, prevention of contamination of the biomaterials.

Learning outcome 4

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

Topic	Content What needs to be covered:
4.1 Record keeping	**4.1.1** Provide patient's records: a) Clinical notes and dental charts - charting, patient details b) Radiographic images - bitewing/periapical/OPG/scans c) Medical history - allergies, medication list d) Valid consent.
4.2 Equipment, instruments, and materials for the periodontal treatment	**4.2.1** Select equipment, instruments, and materials for the treatment to be undertaken: a) Handpiece - slow speed handpiece b) Hand instruments as required by the clinician c) Ultrasonic scaler - cavitron insert/piezo d) Items required for finishing - polishing brushes/cups, prophylaxis paste. **4.2.2** Treatment: a) Scaling b) Polishing.
4.3 Patient and clinician support	**4.3.1** Aspirate during the periodontal treatment, maintaining a clear field of operation: a) Wide bore and saliva ejectors b) Soft tissue protection c) Aspirator tip placement d) Seating position. **4.3.2** Provide and support the clinician with the correct: a) Instruments b) Equipment c) Quantity and consistency of material d) Four-handed dentistry method or alternative safe method. **4.3.3** Provide patient-centred support during the treatment through: a) Monitoring the patient throughout the procedure b) Identifying the patient interests, and putting the patient first c) Offering reassurance.

Learning outcome 5

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

Topic	Content What needs to be covered:
5.1 Record keeping	**5.1.1** Provide patient's records: a) Clinical notes and dental charts - charting, patient details b) Radiographic images - bitewing/periapical/OPG/scans c) Medical history - allergies, medication list d) Valid consent.
5.2 Equipment, instruments, and materials	**5.2.1** Select the equipment, instruments, and materials for the planned restorative treatment: a) Curing light - barrier sleeves, light shield b) Handpiece - fast and slow handpieces c) Hand instruments - mirror, probe, tweezers, dycal applicator/thymocin, packers, flat plastic, wards carver, burnishers d) Matrix system - siqveland/tofflemire/disposable e) Restorative biomaterial f) Items required for finishing - burs, strips, discs, articulating paper. **5.2.2** Treatment: a) Amalgam restorations b) Composite restorations c) Glass ionomer restorations.
5.3 Patient and clinician support	**5.3.1** Aspirate during the treatment, maintaining a clear field of operation: a) Wide bore and saliva ejectors b) Soft tissue protection c) Aspirator tip placement d) Seating position. **5.3.2** Provide and support the clinician with the correct: a) Instruments b) Equipment c) Quantity and consistency of material d) Four-handed dentistry method or alternative safe method. **5.3.3** Provide patient-centred support during the treatment through: a) Monitoring the patient throughout the procedure b) Identifying the patient interests, and putting the patient first c) Offering reassurance.

Unit 307 Provide support for the control of periodontal disease and caries, and the restoration of cavities

The way the content of this unit is covered by the different assessment approaches is displayed in the table below:

	Portfolio of evidence			
Topic	Obs (1/2/3)	Additional assessment evidence sources	Summative practical obs	MCQ
1.1 Periodontal disease				✓
1.2 Periodontium				✓
1.3 Dental Caries				✓
1.4 Non-carious tooth surface loss/wear				✓
2.1 Periodontal treatments				✓
2.2 Equipment, instruments, and materials		✓		
3.1 The preparation of cavities		✓		
3.2 Matrix systems		✓		
3.3 Scientific principles of using restorative biomaterials and lining biomaterials		✓		
3.4 Dental biomaterials and equipment used in restorative procedures		✓		
3.5 Fissure sealants		✓		
3.6 Moisture control		✓		
4.1 Record keeping	✓		✓*	
4.2 Equipment, instruments and materials for the periodontal treatment	✓		✓*	
4.3 Patient and clinician support	✓		✓*	
5.1 Record keeping	✓✓		✓*	
5.2 Equipment, instruments and materials	✓✓		✓*	
5.3 Patient and clinician support	✓✓		✓*	

** Workplace diary dependent*

Minimum evidence requirements:

Learning outcome 4 - minimum of **one** observation by assessor or expert witness testimony.

Learning outcome 5 - minimum of **two** observations* from the treatment list (5.2.2) by the assessor. The restorative treatment that is not observed by the assessor should be evidenced in the learner's portfolio of evidence. This evidence may include Expert Witness Testimony.

Simulation is not allowed.

Unit 308 Provide support during the stages of prosthetic treatments

Unit Level:	3
GLH:	28
Unit Aim:	The aim of this unit is for the learner develop the knowledge and skills to understand the range of fixed and removable prostheses, 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.
Assessment Method:	Portfolio of evidence Observation Multiple Choice Question (MCQ)
Links to Occupational Standard:	ST1431 (see also KSB mapping document)

Learning outcome 1

Understand the materials and equipment used for fixed and removable prostheses

Topic	Content What needs to be covered:
1.1 Construction of fixed and removable prostheses	**1.1.1** The difference between fixed and removable prostheses and why they are used in dentistry. **1.1.2** The different types of impression materials and the advantages and disadvantages of impression materials: a) Alginate Advantages - inexpensive, can produce impressions with reasonable surface detail Disadvantages - will distort if kept too moist, requires good mixing (no air bubbles), poor dimensional stability b) Elastomer Advantages - less distortion on removal, good dimensional stability, short working and setting time Disadvantages - slightly more expensive, stiffness required, blocking of undercuts. **1.1.3** The terms working arch and opposing arch.

	1.1.4 The purpose of a laboratory prescription when making a custom-made device. **1.1.5** The importance and the process of taking an accurate shade for prostheses.
1.2 Infection control and storage of impressions	**1.2.1** Infection control applied when constructing fixed and removable prostheses: a) Outgoing disinfectant bath/sprays b) Confirmation of disinfection c) Incoming disinfection. **1.2.2** Methods of storage: a) Alginate – moist to prevent distortion b) Elastomer – dry.

Learning outcome 2

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

Topic	**Content** What needs to be covered:
2.1 Permanent fixed prostheses	**2.1.1** Differences between permanent fixed prostheses: a) Implants b) Bridges i. Conventional retainer/pontic ii. Adhesive (Maryland). **2.1.2** Reasons why permanent fixed prostheses may be provided to a patient: a) Jacket crown (anterior and posterior) b) Post crown c) Veneer d) Inlay/onlay.
2.2 Equipment, instruments, and materials (preparation)	**2.2.1** The purpose of equipment, instruments, burs, and materials used during the preparation of a permanent fixed prostheses: a) Syringe, needle, local anaesthetic equipment b) Handpiece c) Hand instruments d) Burs e) Aspirators f) Gingival retraction cord/liquid g) Impression material h) Impression tray(s) i) Bite registration material j) Shade guide k) Temporary crown material l) Temporary cement m) Beebee crown shears n) Rubber dam.

	2.2.2 The computer-aided design and computer-aided manufacturing (CAD/CAM) process including data capture and production in the preparation of permanent fixed prostheses.
2.3 Temporary fixed prostheses	**2.3.1** The purpose of temporary fixed prostheses: a) Pre-formed temporary crown b) Chairside-constructed temporary crown/veneer/inlay/onlay. **2.3.2** Materials used in the cementation of temporary fixed prostheses: a) Luting cement - zinc oxide eugenol preparations.
2.4 Post operative advice following preparation	**2.4.1** The post-operative advice that should be provided to patients following preparation: a) Oral hygiene information b) Protect preparation c) Awareness of possible sensitivity and how to manage this d) Advice on diet (avoidance of hard/sticky food).
2.5 Equipment, instruments, and materials (fit)	**2.5.1** The purpose of the equipment, instruments, burs, and materials used in the fitting of a permanent fixed prostheses: a) Syringe, needle, local anaesthetic equipment b) Handpiece c) Hand instruments d) Burs e) Aspirators f) Articulating paper g) Luting cement h) Glass slab/paper pad i) Mixing spatula j) Floss.

Learning outcome 3

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

Topic	**Content** What needs to be covered:
3.1 Record keeping	**3.1.1** Provide patient's records: a) Clinical notes and dental charts - charting, patient details b) Radiographic images - bitewing/periapical/OPG/scans c) Medical history - allergies, medication list d) Valid consent.
3.2 Equipment, instruments, and materials	**3.2.1** Select equipment, instruments, and materials for the preparation of permanent fixed prostheses: a) Syringe, needle, local anaesthetic equipment b) Hand instruments - as requested by the clinician c) Aspirators - wide bore and saliva ejector d) Shade guide e) Handpieces and burs

	f) Retraction cord and liquid g) Impression material and CAD/CAM equipment. **3.2.2** Select equipment, instruments and materials for fitting and adjustment of temporary fixed prostheses: a) Temporary crown material b) Temporary luting cement c) Temporary adhesive d) Articulating paper.
3.3 Patient and clinician support	**3.3.1** Aspirate during the treatment, maintaining a clear field of operation: a) Wide bore and saliva ejectors b) Soft tissue protection c) Aspirator tip placement d) Seating position. **3.3.2** Provide and support the clinician with the correct: a) Instruments b) Equipment c) Quantity and consistency of material d) Four-handed dentistry method or alternative safe method. **3.3.3** Provide support to the patient during the treatment through: a) Monitoring the patient throughout the procedure b) Identifying the patient interests, and putting the patient first c) Offering reassurance. **3.3.4** Prepare impression materials to the correct ratio, consistency, and quantity, within handling and setting times relative to the material: a) Alginate i. Following manufacturer's instructions ii. Aerating alginate impression material iii. Measure accurately b) Elastomer i. Following manufacturer's instructions ii. Measuring accurately. **3.3.5** Load impression materials on the impression tray (avoiding air bubbles): a) Alginate b) Elastomer. **3.3.6** Record appropriate and sufficient information on laboratory prescription. **3.3.7** Hand mix a powder/liquid permanent luting cement to the required consistency expected when fitting a crown.
3.4 Infection control procedures	**3.4.1** 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: a) Type of disinfectant

	b) Timing c) Following manufacturer's instructions.

Learning outcome 4

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

Topic	Content What needs to be covered:
4.1 Removable prostheses materials and designs	**4.1.1** The types of removable prostheses available to replace missing teeth: a) Partial b) Full c) Immediate Materials: a) Acrylic b) Chrome cobalt. **4.1.2** Advantages and disadvantages of chrome cobalt over acrylic dentures a) Advantages – more precise fit, secure and last longer b) Disadvantage – high costs and difficult to adjust and add extra teeth (if required).
4.2 Constructing a denture	**4.2.1** The stages of construction and the purpose of equipment, instruments, and materials used at each stage: a) Primary impressions i. Stock impression trays ii. Alginate impression material b) Secondary impressions i. Shade guide ii. Special trays iii. Elastomer impression material c) Bite (occlusal) registration i. Wax knife ii. Willis bite gauge iii. Le Cron carver d) Try in i. Patient mirror ii. Articulating paper iii. Fox's occlusal plane guide iv. Heat source v. Wax e) Retry f) Fit i. Acrylic trimming burs ii. Straight handpiece g) Review i. Pressure indicator paste. **4.2.2** The difference in stages when constructing a partial chrome cobalt or immediate prosthesis.

Learning outcome 5

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

Topic	Content What needs to be covered:
5.1 Record keeping	**5.1.1** Provide patient's records: a) Clinical notes and dental charts - charting, patient details b) Radiographic images - bitewing/periapical/OPG/scans c) Medical history - allergies, medication list d) Valid consent.
5.2 Equipment, instruments, and materials	**5.2.1** Select the equipment, instruments, and materials for removeable prosthetic treatment: a) Primary impressions i. Stock impression trays ii. Alginate impression material b) Secondary impressions i. Shade guide ii. Special trays iii. Elastomer impression material c) Bite (occlusal) registration i. Wax knife ii. Willis bite gauge iii. Le Cron carver d) Try in i. Patient mirror ii. Articulating paper iii. Fox's occlusal plane guide iv. Heat source v. Wax e) Retry f) Fit i. Acrylic trimming burs ii. Straight handpiece.
5.3 Patient and clinician support	**5.3.1** Provide and support the clinician with the correct: a) Instruments b) Equipment c) Quantity and consistency of material d) Fourhanded dentistry method or alternative safe method. **5.3.2** Provide patient-centred support during the treatment through: a) Monitoring the patient throughout the procedure b) Identifying the patient interests, and putting the patient first c) Offering reassurance.

	5.3.3 Prepare impression materials to the correct ratio, consistency, and quantity, within handling and setting times relative to the material: a) Alginate i. Following manufacturer's instructions ii. Aerating alginate impression material iii. Measuring accurately b) Elastomer i. Following manufacturers instructions ii. Measuring accurately. **5.3.4** Load impression materials on the impression tray (avoiding air bubbles): a) Alginate b) Elastomer. **5.3.5** Record appropriate and sufficient information on laboratory prescription.
5.4 Infection control procedures	**5.4.1** 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: a) Type of disinfectant b) Timing c) Following manufacturer's instructions.

Unit 308 Provide support during the stages of prosthetic treatments

The way the content of this unit is covered by the different assessment approaches is displayed in the table below:

	Portfolio of evidence			
Topic	Obs (1/2/3)	Additional assessment evidence sources	Summative practical obs	MCQ
1.1 Construction of fixed and removable prostheses				✓
1.2 Infection control and storage of impressions		✓		
2.1 Permanent fixed prostheses				✓
2.2 Equipment, instruments, and materials (preparation)		✓		
2.3 Temporary fixed prostheses		✓		
2.4 Post operative advice following preparation		✓		
2.5 Equipment, instruments, and materials (fit)		✓		
3.1 Record keeping	✓		✓*	
3.2 Equipment, instruments, and materials	✓	✓	✓*	
3.3 Patient and clinician support	✓		✓*	
3.4 Infection control procedures	✓		✓*	
4.1 Removable prostheses materials and designs		✓		
4.2 Constructing a denture		✓		
5.1 Record keeping	✓✓		✓*	
5.2 Equipment, instruments, and materials	✓✓		✓*	
5.3 Patient and clinician support	✓✓		✓*	
5.4 Infection control procedures	✓✓		✓*	

** Workplace diary dependent*

Minimum evidence requirements:

Learning outcome 3 - minimum of **one** observation* carried out by the assessor to cover one of the preparations given below:

- Crown
- Conventional bridge
- Veneer
- Inlay

*The primary method of assessment must be observation. Content elements not sufficiently covered during the observation can be assessed by an expert witness testimony.

Note, for 3.2.1, where any item of equipment is not available or used within a specific setting, then additional assessment evidence sources may be used to demonstrate understanding of how this equipment would be used.

Learning outcome 5 - minimum of **two** observations* by the assessor or expert witness to cover **two** of the removable prosthesis stages below:

- Primary / secondary impressions
- Bite
- Fit

* Stages that are not observed by the assessor should be evidenced in the learner's portfolio of evidence. This evidence may include Expert Witness Testimony.

In circumstances where direct observation or competence-based evidence through Expert Witness Testimony is not possible, simulation can be accepted for the following specified Learning outcomes and content areas,

Learning outcome 3 – 3.3 (3.3.4, 3.3.5, 3.3.6, 3.3.7), 3.4 (3.4.1)

Learning outcome – 5 – 5.3 (5.3.3, 5.3.4, 5.3.5), 5.4 (5.4.1)

Unit 309 Provide support during the stages of endodontic procedures

Unit Level:	3
GLH:	24
Unit Aim:	The unit aim is to understand the various types of endodontic treatments and their application. Learners will gain an understanding of the possible complications associated with providing endodontic treatments. 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.
Assessment Method:	Portfolio of evidence Observation Multiple Choice Question (MCQ)
Links to Occupational Standard:	ST1431 (see also KSB mapping document)

Learning outcome 1

Understand endodontic treatments and potential complications that may occur

Topic	Content What needs to be covered:
1.1 Endodontic treatments	**1.1.1** The reasons for performing different types of endodontic treatments - to preserve the tooth and prevent discomfort: a) Pulp capping i. Exposure of pulp ii. Promote pulp healing iii. Protect a healthy dental pulp iv. Avoid the need for endodontic treatment v. Accidental b) Pulpotomy i. Preserve deciduous tooth ii. Remove infected portion of pulp iii. Emergency procedure if pulp exposed through decay/trauma c) Pulpectomy i. Treatment of a permanent tooth ii. Trauma

	iii. Through decay iv. Periapical abscess d) Apicectomy i. Failed pulpectomy. **1.1.2** Procedures undertaken when performing endodontic treatment: a) Pulp capping i. Indirect pulp cap ii. Direct pulp cap b) Pulpotomy i. Removal of infected portion of pulp c) Pulpectomy i. Isolation ii. Access and location iii. Measurement and working length iv. Preparation v. Irrigation vi. Obturation d) Apicectomy i. Raising flap ii. Access through bone iii. Removal of apex iv. Retrograde root filling v. Suture of flap.
1.2 Equipment, instruments and materials	**1.2.1** The purpose of the equipment, instruments and materials used in endodontic treatments: a) Equipment i. Dental dam kit ii. Apex locator iii. Aspirator tips b) Instruments i. Endodontic handpiece ii. Irrigation needle and syringe iii. Barbed broaches iv. Gates-Glidden drills v. Endodontic files vi. Finger spreader/lateral condenser vii. Scalpel viii. Periosteal elevator ix. Soft tissue retractor x. Spencer Wells xi. Scissors xii. Suture with suture needle xiii. Surgical aspirator tip xiv. Surgical hand piece xv. Surgical burs xvi. Hand instruments xvii. Three in one tip xviii. Fast and slow handpieces c) Materials i. Sodium hypochlorite irrigation solution

	ii. Lubricant iii. Paper points iv. Medicaments for temporisation v. Gutta percha points vi. Canal sealant vii. Restoration material (temporary or permanent) viii. Irrigation solution for surgical procedures ix. Gauze pack x. Cotton wool rolls xi. Cotton wool pledget.
1.3 Complications and consequences	**1.3.1** The possible complications, consequences of those complications and the actions that should be taken should they arise during endodontic treatment: a) Complications i. Instrument separation (fracture) ii. Inhalation iii. Ingestion iv. Perforation of the apex (sinus) v. Lateral canal vi. Sclerosis b) Consequences i. Re-treatment ii. Tooth fracture iii. Tooth discolouration iv. Treatment failure c) Actions i. Record keeping ii. Referral iii. Follow up and review.

Learning outcome 2

Be able to prepare the clinical environment and provide support to the clinician during endodontic procedures

Topic	**Content** What needs to be covered:
2.1 Record keeping	**2.1.1** Provide patient's records: a) Clinical notes and dental charts - charting, patient details b) Radiographic images - bitewing/periapical/OPG/scans c) Medical history - allergies, medication list d) Valid consent.
2.2 Equipment, instruments and materials	**2.2.1** Prepare and provide the clinician with equipment, instruments and materials used during pulpectomy treatment: a) Equipment i. Dental dam kit ii. Apex locator iii. Aspirator tips b) Instruments i. Endodontic handpiece

	ii. Irrigation needle and syringe iii. Barbed broaches iv. Gates-Glidden drills v. Endodontic files vi. Finger spreader/lateral condenser vii. Hand instruments viii. Three in one tip ix. Fast and slow handpieces c) Materials i. Sodium hypochlorite irrigation solution ii. Lubricant iii. Paper points iv. Medicaments for temporisation v. Gutta percha points vi. Canal sealant vii. Restoration material (temporary or permanent) viii. Cotton wool rolls ix. Cotton wool pledget d) Stages i. Access ii. Isolation iii. Pulp extirpation iv. Measurement v. Preparation vi. Irrigation vii. Restoration (temporary or permanent).
2.3 Patient and clinician support	**2.3.1** Aspirate during the endodontic treatment, maintaining a clear field of operation: a) Wide bore and saliva ejectors b) Soft tissue protection c) Aspirator tip placement d) Seating position. **2.3.2** Provide and support the clinician with the correct: a) Instruments b) Equipment c) Quantity and consistency of material d) Four handed dentistry method or alternative safe method. **2.3.3** Provide patient-centred support during the treatment through: a) Monitoring the patient throughout the procedure b) Identifying the patient interests, and putting the patient first c) Offering reassurance.

Unit 309 Provide support during the stages of endodontic procedures

The way the content of this unit is covered by the different assessment approaches is displayed in the table below:

	Portfolio of evidence			
Topic	Obs (1/2/3)	Additional assessment evidence sources	Summative practical obs	MCQ
1.1 Endodontic treatments				✓
1.2 Equipment, instruments and materials		✓		
1.3 Complications and consequences				✓
2.1 Record keeping	✓		✓*	
2.2 Equipment, instruments and materials	✓	✓	✓*	
2.3 Patient and clinician support	✓		✓*	

* *Workplace diary dependent*

Minimum evidence requirements:

Learning outcome 2 - minimum of **one** observation to be carried out by the assessor (**to include at least stages 1 and 2**). Any other stages not observed should be evidenced by Expert Witness Testimony. Simulation is not allowed.

Note, for 2.2.1, where any equipment, instrument or material is not available or used within a specific setting, then additional assessment evidence sources may be used to demonstrate understanding of how this equipment would be used.

Unit 310 Provide support during extractions and minor oral surgery

Unit Level:	3
GLH:	25
Unit 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 minor oral surgeries, understanding the appropriate support for patient-centred care.
Assessment Method:	Portfolio of evidence Observation Multiple Choice Question (MCQ)
Links to Occupational Standard:	ST1431 (see also KSB mapping document)

Learning outcome 1

Understand extraction and minor oral surgery treatment and potential complications that may occur

Topic	Content What needs to be covered:
1.1 Extractions of erupted teeth and minor oral surgeries	**1.1.1** The reasons for performing: a) Extractions of erupted teeth b) Frenectomy c) Extraction of impacted/unerupted teeth d) Retained/buried roots e) Operculectomy f) Implants. **1.1.2** The use of specialist investigations and diagnostic procedures: a) Biopsies i. Incisional ii. Excisional. **1.1.3** The purpose of raising a mucoperiosteal flap and bone removal during minor oral surgery.

1.2 Equipment, instruments, and materials	**1.2.1** The purpose of the equipment, instruments and materials used during extractions and minor oral surgery procedures: a) Topical anaesthetic b) Local anaesthetic c) Suitable needle and syringe for the procedure d) Luxators e) Elevators f) Extraction forceps g) Scalpel h) Periosteal elevator i) Soft tissue retractor j) Spencer Wells k) Scissors l) Suture (resorbable and non-resorbable) with suture needle m) Surgical aspirator tip n) Surgical hand piece o) Saline solution p) Surgical burs q) Irrigation syringe/needle r) Haemostatic agents s) Gauze pack.
1.3 Pre- and post-operative instructions	**1.3.1** The types of pre-operative instructions that need to be provided: a) Prescribed and non-prescribed medications taken or stopped as advised b) Food/drink intake c) No smoking before treatment. **1.3.2** The purpose for giving post-operative guidance and instructions to patients following treatment: a) Provides instructions on when to eat/smoke/consume alcohol/exercise b) Identifies actions to take in the event of a haemorrhage c) Provides emergency contact details d) Side effects and contraindications of non-prescribed analgesics e) Advice on saline mouthwashes.
1.4 Complications and actions to take	**1.4.1** The complications and risks that may occur during extraction or minor oral surgery procedures and reasons why: a) Haemorrhage b) Localised osteitis c) Nerve damage d) Oro-antral communication e) Anatomical differences. **1.4.2** Methods and actions to take to mitigate complications and risks occurring during extraction or oral surgery procedures in relation to: a) Haemorrhage b) Localised osteitis c) Nerve damage d) Oro-antral communication e) Anatomical differences.

	1.4.3 Actions to take in the event of complications arising: a) Emergency contact b) Referral to maxillofacial department. c) Antibiotic prescription if appropriate d) Review. **1.4.4** Common complications which may arise from dental implant therapy.

Learning outcome 2

Prepare the clinical environment and support the patient and clinician during the extraction of permanent teeth

Topic	**Content** What needs to be covered:
2.1 Record keeping	**2.1.1** Provide patient's records: a) Clinical notes and dental charts: charting, patient details b) Radiographic images: bitewing/periapical/OPG/scans c) Medical history: allergies, medication list d) Valid consent.
2.2 Equipment, instruments, and materials	**2.2.1** Prepare and provide the clinician with equipment, instruments and materials used during the extraction of erupted teeth: a) Suitable local anaesthetic syringe, needle, and cartridge b) Appropriate instruments as requested by the clinician c) Luxators and/or elevator d) Extraction forceps e) Gauze/haemostatic sponge.
2.3 Patient and clinician support	**2.3.1** Aspirate during the treatment, maintaining a clear field of operation: a) Wide bore and saliva ejectors b) Soft tissue protection and retraction c) Aspirator tip placement d) Seating position. **2.3.2** Provide and support the clinician with the correct: a) Instruments b) Equipment c) Four-handed dentistry or alternative safe method. **2.3.3** Provide patient-centred support during the treatment through: a) Monitoring the patient throughout the procedure b) Identifying the patient interests, and putting the patient first c) Offering reassurance.

2.4 Post-operative instructions	**2.4.1** Provide the patient with appropriate post-operative instructions: a) Oral instructions b) Written instructions. **2.4.2** Post-operative instructions to cover: a) Instructions on when to eat/smoke/consume alcohol/exercise b) Actions to take in the event of haemorrhage c) Emergency contact details d) Explanation of analgesics, if required e) Advice on saline mouthwashes. **2.4.3** Confirm with the clinician that the patient is fit to leave the surgery following the procedure.

Unit 310 Provide support during extractions and minor oral surgery

The way the content of this unit is covered by the different assessment approaches is displayed in the table below:

	Portfolio of evidence			
Topic	Obs (1/2/3)	Additional assessment evidence sources	Summative practical obs	MCQ
1.1 Extractions of erupted teeth and minor oral surgeries		✓		
1.2 Equipment, instruments and materials		✓		
1.3 Pre-and post-operative instructions		✓		
1.4 Complications and actions to take				✓
2.1 Record keeping	✓✓		✓*	
2.2 Equipment, instruments and materials	✓✓		✓*	
2.3 Patient and clinician support	✓✓		✓*	
2.4 Post-operative instructions	✓✓		✓*	

** Workplace diary dependent*

Minimum evidence requirements:

Learning outcome 2 – evidence of a minimum of **two** extractions must be provided. A minimum of one extraction must be observed by the assessor. The second extraction may be evidenced through assessor observation or Expert Witness Testimony. Simulation is not allowed.

Unit 311 Scientific and practical information to support the patient's oral and physical health

Unit Level:	3
GLH:	51
Unit Aim:	This unit develops knowledge of providing patients with oral hygiene information and looks at how national campaigns and communication can be applied 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.
Assessment Method:	Portfolio of evidence Observation Multiple Choice Question (MCQ)
Links to Occupational Standard:	ST1431 (see also KSB mapping document)

Learning outcome 1

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

Topic	Content What needs to be covered:
1.1 Providing patients with evidence-based oral health information	**1.1.1** Reasons for providing patients with evidence-based oral health information: a) Regional and demographic trends including variations in oral health in the UK and internationally b) Cultural, epidemiological and social trends, including variations in oral health in the UK and internationally c) Restricted access to oral healthcare d) National initiatives/guidelines (eg Public Health England / Department of Health / National Institute for Health and Care Excellence (NICE)) e) Standardising evidence-based patient information. **1.1.2** Recognised national oral health campaigns. **1.1.3** How national oral health campaigns can be implemented, measured and reviewed locally within a dental setting to deliver health gains a) Benefits b) Limitations.

	1.1.4 Application - the impact on provision of oral health on patient management: a) Attitude to own health b) Health belief c) Social support d) Peer influence e) Social environment factors i. mass media ii. accessibility of facilities.
1.2 Communication methods	**1.2.1** The methods used to deliver oral health messages in line with ethical responsibilities: a) Models/demonstration pieces - toothbrush, mouth model b) Oral hygiene aids - floss/tape/interdental brushes c) Visual aids - images/photographs (use of technology) d) Leaflets e) Media educational tools.

Learning outcome 2

Understand factors that influence oral and general health

Topic	Content What needs to be covered:
2.1 Preventative oral care	**2.1.1** The principles and types of preventative oral care and treatment that will combat: a) Caries - regular dental examinations, topical fluoride, brushing twice a day, use of fluoride mouthwash/toothpaste, use of interdental aids b) Periodontal disease - regular hygienist visits (as prescribed by the clinician), brush twice a day, use of interdental aids, antibacterial mouth rinses c) Non-carious tooth surface loss/wear (erosion/abrasion/attrition) - identify and monitoring tooth wear/loss, limit acidic foods/drinks, use of correct oral hygiene products, custom made mouthguard. **2.1.2** Types of food and drink that can negatively impact oral health: a) Sugars - intrinsic, extrinsic, if hidden, frequency, snacking between meals/nutritional balance b) Acidic drinks - carbonated/non-carbonated c) Acidic foods - vinegar/citrus fruits. **2.1.3** The impacts of food and drink on oral health: a) Increase risk of caries b) Enamel erosion.
2.2 Health factors	**2.2.1** How general and systemic diseases, and psychological conditions can affect a patient's oral health: a) Pregnancy b) Arthritis - manual dexterity c) Cancer

	d) Diabetes e) Medications - side effects of medication on oral health/medicines containing sugar f) GORD (gastro-oesophageal reflux disease) g) Eating disorders - anorexia/bulimia h) Xerostomia i) Mental health conditions, self-care, oral neglect. **2.2.2** The impact of health factors on patient compliance, clinical treatment and outcomes.
2.3 Social history	**2.3.1** How social history affects a patient's oral health: a) Lifestyle/attitude b) Smoking c) Alcohol d) Recreational drugs e) Dental education f) Dietary preferences/restrictions g) Religious beliefs and cultural practices: i. Betal nut ii. Paan iii. Fasting h) Socio-economic factors: i. Finances ii. Private vs NHS. **2.3.2** The risks associated with using and misusing: a) Prescribed medication b) Non-prescribed medication c) Recreational drugs.
2.4 Physical health	**2.4.1** How physical health can be affected by: a) Diet i. Portion size ii. Nutritional balance iii. Sugar consumption b) Alcohol c) Smoking.
2.5 Pre-malignant and malignant lesions	**2.5.1** The appearance, location and associated symptoms of types of lesions in the oral cavity and when they should be of concern: a) Lichen planus b) Leukoplakia c) Erythroplakia d) Aphthous ulcer e) Squamous cell carcinoma. **2.5.2** How pre-malignant and malignant lesions are diagnosed: a) Diagnosis tools: i. Photographs ii. CT scan iii. Radiograph (presence of abnormality).

	2.5.3 How patients are supported when pre-malignant and malignant lesions are diagnosed through referral and support: a) Referral tools: i. Forms ii. Email iii. NHS secure referral system b) Management of patient expectation: i. Referral time ii. Two-week pathway iii. Review and follow up.
2.6 Provision of care decisions	**2.6.1** Appropriate use, advice and support relating to referrals: a) Signposting to the patient b) Treatment options available in primary and secondary care. **2.6.2** How patients' support sustainable oral health care: a) Reducing the burden on healthcare services b) Patients' role in care decisions.

Learning outcome 3

Understand the prevention and management of oral diseases

Topic	**Content** What needs to be covered:
3.1 Oral hygiene techniques	**3.1.1** Oral hygiene techniques and aids used to prevent oral disease: a) Toothbrushing techniques: i. Electric vs manual toothbrush ii. Duration of brushing time and times of day to brush iii. Bass technique iv. Stillman technique b) Use of appropriate toothpastes according to patient's needs: i. 'Over the counter' toothpastes ii. Prescription only toothpaste iii. Age restrictions iv. 'Spit no rinse'. c) Interdental cleaning aids: i. Interdental brushes ii. Floss tape d) Disclosing agents e) Mouthwashes: i. Fluoride ii. Antibacterial.
3.2 Fluoride	**3.2.1** The advantages and disadvantages of using fluoride: a) Advantages - strengthen enamel, reduced caries rate b) Disadvantages – discolouration, fluorosis. **3.2.2** Methods of administering fluoride both systemically and topically

	a) Topical - professionally applied varnish (including parts per million (PPM)), full-mouth gels b) Systemic - water supply (including PPM), tablets. **3.2.3** Considerations when administering fluoride, both systemically and topically: a) Recommended PPM in topical and systemic b) Fluoride usage c) Signs of fluorosis.
3.3 Oral hygiene advice for prostheses, orthodontic appliance, and an immediate denture	**3.3.1** How to clean and care for prostheses - cleaning aids, interdental aids and solutions for disinfecting: a) Dentures i. Full ii. Partial (acrylic, cobalt-chrome) iii. Immediate b) Bridges c) Implants. **3.3.2** How to clean and care for fixed and removable orthodontic appliances: a) Caries risk b) Stagnation areas c) Maintain regular appointments d) Advice if appliance breaks e) Diet advice. **3.3.3** Considerations when fitting an immediate denture: a) First 24 hours - keep denture in for a full 24 hours following extraction(s) b) Initial healing phase c) Longer terms problems d) Oral hygiene information.
3.4 Antibiotics	**3.4.1** Reasons for prescribing different antibiotics: a) Penicillin b) Erythromycin c) Clarithromycin d) Metronidazole. **3.4.2** The main side effects and contraindications of antibiotics according to the British National Formulary: a) Penicillin b) Erythromycin c) Clarithromycin d) Metronidazole.

Learning outcome 4

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

Topic	Content What needs to be covered:
4.1 Oral health information	**4.1.1** Undertake an oral health consultation with a patient to support them to develop their skills, knowledge, and behaviour for the prevention of oral disease: a) Introduce themselves b) Confirm purpose of visit c) Check identity of the patient d) Provide information to the patient that is accurate, consistent and in line with evidence-based guidelines, as set out in their treatment plan e) Deliver information in a sensitive way to meet patient needs. **4.1.2** Give the patient the opportunity to discuss their oral health problems and ask questions. **4.1.3** Interact with and encourage the patient according to their needs.
4.2 Resources for providing oral health information	**4.2.1** Use a range of resources to assist with the delivery of oral health information: a) Models/demonstration pieces - toothbrush, mouth model b) Oral hygiene aids - floss/tape/interdental brushes c) Visual aids - images/photographs (use of technology) d) Leaflets e) Media educational tools.

Unit 311 Scientific and practical information to support the patient's oral and physical health

The way the content of this unit is covered by the different assessment approaches is displayed in the table below:

	Portfolio of evidence			
Topic	Obs (1/2/3)	Additional assessment evidence sources	Summative practical obs	MCQ
1.1 Providing patients with evidence-based oral health information		✓		
1.2 Communication methods		✓		
2.1 Preventative oral care				✓
2.2 Health factors				✓
2.3 Social history		✓		
2.4 Physical health		✓		
2.5 Pre-malignant and malignant lesions				✓
2.6 Provision of care decisions		✓		
3.1 Oral hygiene techniques		✓		
3.2 Fluoride				✓
3.3 Oral hygiene advice for prostheses, orthodontic appliance, and an immediate denture		✓		
3.4 Antibiotics				✓
4.1 Oral health information		✓		
4.2 Resources for providing oral health information		✓		

Minimum evidence requirements:

Learning outcome 4 – 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: adults, children/young people, seniors or those with additional individual needs (capacity).

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

Appendix 1 Learner Induction Checklist

Name of Employer	
Name of Learner	
Start date of Employment/Placement	

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 Airder		
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		

Inclusion and Diversity training		
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.

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

Appendix 2 Qualification content mapping to Occupational Standard (ST)

The table below contain the mapping of the occupational standard ST1431 Knowledge, Skills and Behaviours (KSBs) to the Level 3 Technical Occupational Entry to Professional Practice for Dental Nurses (5238-30)

The KSB reference to each unit in this document are not exhaustive.

The KSB reference to each unit in this document are not exhaustive.

Unit	Knowledge, Skills, and Behaviours (KSBs) reference
301 - Preparing for professional practice in dental nursing	K13, K15, K20, K22, K24 – K48, K50, K55 – K72 S17, S27 – S30, S32 – S35, S37 – S38, S40, S45 – S50, S52, S54, S56, S59 – S65, S67 – S73 B1 - B5, B7 - B8
302 - Health and safety practices in the dental setting	K9, K23, K48, K69 S21, S36, S38, S40 – S44, S47 B2 – B3, B7
303 - Prevention and control of infection in the dental setting	K8 – K9 S22 B1 – B3, B7
304 - Dental and regional anatomy, oral health assessments and treatment planning	K2, K5 – K6, K14, K22, K27 S1, S5, S8, S10 – S13, S23, S31
305 - Recognising and supporting actions during first aid and medical emergencies	S24 B1, B3, B5, B7
306 - The safe use of ionising radiation to produce quality radiographic images	K12 S6 – S7, S9, S13 – S16 B1 – B3, B5, B7
307 - Provide support for the control of periodontal disease and caries, and the restoration of cavities	K1 – K2, K11 S3 – S4, S6, S9, S13, S15 – S16, S19 – S20 S23, S26, S31, S39 B1 – B3, B5, B7
308 - Provide support during the stages of prosthetic treatments	S1, S4, S6, S9, S13, S15 – S16, S19 – S20, S23, S26, S31, S39 B1 – B3, B5, B7
309 - Provide support during the stages of endodontic procedures	S1, S4, S6, S9, S13, S15 – S16, S19 – S20, S23, S26, S31, S39 B1 – B3, B5, B7

Unit	Knowledge, Skills, and Behaviours (KSBs) reference
310 - Provide support during extractions and minor oral surgery	K21 S1, S4, S6 – S7, S9, S13, S15 – S16, S18 – S20, S23, S26, S31, S39 B1 – B3, B5, B7
311 - Scientific and practical information to support the patient's oral and physical health	K3 – K4, K7, K10, K16 – K19, K49, K51 – K54 S2, S25, S28, S49, S51, S53, S55, S57 – S58, S66 B1 – B3, B5, B7

Appendix 3 Qualification content mapping to General Dental Council (GDC) Safe Practitioner Framework for Dental Nurses

The table below maps the City & Guilds Level 3 Technical Occupational Entry to Professional Practice for Dental Nurses (Diploma) (5238-30) to the **GDC The Safe Practitioner: A framework of behaviours and outcomes for dental professional education - Dental Nurse**.

The unit references to each outcome in this document are not exhaustive.

Domain A: Clinical Knowledge and Skills		
Description Possesses the skills and underpinning knowledge to undertake routine clinical and technical procedures and tasks. This includes the ability to apply that knowledge and those skills to specific contexts and situations, patients and stages of treatment including, where relevant, assessment, diagnosis, treatment planning and onward referral		
Learning Outcomes		
Clinical knowledge and its application to patient management		5238-33/34 Coverage
C 1.1	Explain the aetiology, pathogenesis and epidemiological trends of oral and dental disease and their application to patient management	307 – LO1 311 – LO1
C 1.2*	Describe and identify the clinical presentations of oral and dental diseases relevant to the role of a dental nurse and explain the principles underpinning their diagnosis, prevention and treatment	304 – LO2 - 307 – LO1 - 311 – LO1, LO2
C 1.3	Explain the variance in disease presentation across diverse cultural and social groups, and those with protected characteristics and how this impacts diagnosis, prevention and treatment	307 – LO1, 311 – LO1,
C 1.4*	Explain general and systemic diseases and psychological conditions and their relevance to oral health and impact on clinical treatment, patient compliance, self-care and outcomes	307 – LO1, 311 – LO1, LO2
C 1.5	Identify relevant and appropriate dental, oral, craniofacial, and general anatomy (recognising the diversity of anatomy across the patient population) and explain their relevance to patient management	304 – LO1, LO3 307 – LO1 311 – LO1, LO2
C 1.6	Describe relevant physiology and discuss its application to patient management	304 – LO1 307 – LO1 311 – LO1, LO2
C 1.7*	Describe psychological and sociological concepts and theoretical frameworks of health, illness, behavioural change and disease and how these can be applied in clinical practice	311 – LO1, LO2
C 1.8	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	303 – LO2, LO3, LO5, LO6 311 – LO1

C 1.9	Explain the need for effective recorded maintenance and testing of equipment and requirements for appropriate storage, handling and use of materials	302 – LO2, LO3 303 – LO4, LO6 311 – LO1
C 1.13	Evaluate the health risks of prescribed, non-prescribed and recreational drug use and misuse on oral and general health and how to provide appropriate advice and support including signposting or referral	304 – LO2, 310 – LO1, 311 – LO2, LO3
C 1.14	Describe the scientific principles underpinning the use of materials and biomaterials and evaluate their limitations and selection with emphasis on those used in dentistry	307 – LO3,
C 1.15	Explain the scientific principles of medical ionizing radiation and statutory regulations and how these are applied to clinical practice	306 – LO1,
C 1.16	Explain the principles of obtaining valid patient consent	301 – LO3,
C 1.17	Discuss the importance of each component of the patient assessment process	304 – LO2, LO3, LO4
C 1.23	Identify the signs of abuse, neglect or emotional trauma, explain local and national systems that safeguard the welfare of children and adults and understand how to raise concerns and act accordingly	301 – LO1, LO2, LO3
C 1.24*	Explain the principles of preventive care	311 – LO2
C 1.25	Underpin all patient care with a preventive approach that takes account of patient compliance and self-care to contribute to the patient's long-term oral and general health	311 – LO1, LO2, LO3, LO4
C 1.27	Explain how diet and nutritional status can influence oral and general health and how to provide appropriate advice and support	311 – LO2, LO4
C 1.31*	Describe the common signs and symptoms of oral cancer and explain the importance of raising a concern and early referral	311 – LO2
C 1.32	Identify the signs of normal and abnormal facial growth, physical, mental and dental development milestones and explain their significance	304 – LO1, 307 – LO1, 311 – LO1, LO2
C 1.38	Explain the roles and organisation of various referral networks, clinical guidelines and policies and local variation	301 – LO1, LO2 304 – LO2 310 – LO1 311 – LO2
C 1.40	Explain the responsibilities of the dental team as an access point to and from wider healthcare	301 – LO1, LO2 311 – LO1, LO2, LO4
C 1.43*	Describe the common conditions and complications that may arise following dental implant therapy	310 – LO1
C 1.44*	Explain the importance and components of a comprehensive and contemporaneous patient history	301 – LO3 304 – LO2,
C (B)1	Adopt an evidence-based approach to clinical practice	301 – LO5 311 – LO1
Assessment, diagnosis and treatment planning		
C 2.1.3	Assess patients' levels of anxiety, experience, and expectations in respect of dental care and oral health	301 – LO4,

C 2.1.5*	Contribute to relevant special investigations and diagnostic procedures	304 – LO2, 306 – LO2 310 – LO1
C 2.1.6	Undertake an orthodontic assessment	304 – LO3, LO4
C 2.1.10*	Obtain valid consent from patients explaining all the relevant factors and taking into account the legal requirements where appropriate within scope of practice	301 – LO3 304 – LO4, 307 – LO4, LO5 308 – LO3, LO5 309 – LO2 310 – LO2
C 2.1.12*	Record an accurate and contemporaneous patient history	301 – LO3, 304 – LO2, LO4
C 2.1.13*	Accurately record an oral health assessment	301 – LO3, 304 – LO2, LO4
C 2.1.14*	Accurately record dental charting as carried out by other appropriate registrants	304 – LO2, LO4
C 2.1.15*	Prepare records, images, equipment and materials for clinical assessment	304 – LO4, 307 – LO4, LO5 308 – LO3, LO5 309 – LO2 310 – LO2
C 2.1.16*	Process and manage dental radiographs and images	306 – LO6
Patient Management		
C 2.2.2*	Manage patient anxiety appropriately, effectively, and safely	301 – LO4,
C 2.2.6*	Monitor, support and reassure patients through effective communication and behavioural techniques	306 – LO5 307 – LO4, LO5 308 – LO3, LO5 309 – LO2 310 – LO2
C 2.2.7*	Identify changes in the patient's reported oral health status and take appropriate action	301 – LO4
C 2.2.8*	Make arrangements for follow-up care as prescribed by the operator	304 – LO2, 311 – LO2
C 2.2.9*	Provide chairside support to the operator during treatment	307 – LO4, LO5 308 – LO3, LO5 309 – LO2 310 – LO2
C 2.2.10*	Prepare, mix and handle dental materials	307 – LO4, LO5 308 – LO3,

		LO5 309 – LO2
Safe Clinical Environment		
C 2.3.1	Identify and explain the risks within and around the clinical environment and manage these in a safe and effective manner	302 – LO2, LO4
C 2.3.2	Implement, perform and manage effective decontamination and infection control procedures according to current guidelines	302 – LO2, LO4 303 – LO3, LO4, LO5, LO6
C 2.3.3*	Prepare and maintain the clinical environment including the instruments and equipment	302 – LO2, 304 – LO4 307 – LO5 308 – LO3, LO5 309 – LO2 310 – LO2
Acute Conditions		
C 2.4.1	Identify, assess and manage medical emergencies	305 – LO2, LO3, LO4, LO5
C 2.4.2*	Support the management of patients with acute oral conditions ensuring involvement of appropriate dental team members	304 – LO2,
Oral Health / Prevention		
C 2.5.1	Provide patients/carers with comprehensive, personalised preventive advice, instruction and intervention in a manner which is accessible, promotes self-care and motivates patients/carers to comply with advice and take responsibility to maintain and improve oral health	311 – LO4

Domain B: Interpersonal skills

Description

Uses interpersonal skills and emotional awareness to enable effective communication with all patients and colleagues which is underpinned by behaving in a caring, compassionate, empathetic and respectful way. Demonstrates effective team working and helps foster wellbeing of others.

Learning Outcomes		
Effective Communication		5238-33/34 Coverage
I 1.1	Describe the use of a range of communication methods and technologies and their appropriate application in support of clinical practice	301 - LO4
I 1.2	Describe the importance of non-verbal communication, including listening skills, and the barriers to effective communication	301 – LO4
I 1.3	Communicate effectively and sensitively, tailoring to context, by spoken, written and/or electronic means with all patients, including patients whose first language is not English (using representatives or interpreters where necessary), in relation to:	301 – LO4 311 – LO4
	• patients with anxious or challenging behaviour or special considerations such as emotional trauma	301 – LO4
	• difficult circumstances, such as breaking bad news or discussing issues such as alcohol consumption, smoking or diet	301 – LO4 311 – LO2
I 1.4	Communicate effectively and sensitively by spoken, written and electronic means with the public	301 – Lo4
I 1.5	Communicate effectively by spoken, written and electronic means with colleagues from dental and other healthcare professions in relation to:	301 – LO4
	• the direct care of individual patients	301 – LO4
	• oral health promotion	301 – LO4 311 – LO4
	• raising concerns when problems arise, including where patients cause distress to staff	301 – LO1, LO44
I 1.7	Communicate appropriately and effectively in professional discussions and transactions	301 – LO4 311 – LO4
I 1.8	Give feedback effectively to other members of the team	301 – LO5
I 1.9	Explain the professional expectations, potential impact and consequence of using social media as a communication tool	301 – LO1
Behaviours		
I (B)1	Communicate with care, compassion, empathy and respect in all professional interactions with patients, their representatives, the public and colleagues	301 – LO4 311 – LO4
Teamwork and Wellbeing of Others		

I 2.1	Explain the responsibilities and limitations of delegating to other members of the dental team	301 – LO2
I 2.2	Explain the role and professional responsibilities associated with appraisal; training and review of colleagues; provision of and receipt of effective feedback in the context of developing members of the dental team	301 – LO5
I 2.3	Describe the roles of dental and other healthcare professionals in the context of learning and working in a dental and wider healthcare team	301 – LO2
I 2.4	Explain the contribution that team members and effective team working makes to the delivery of safe and effective high-quality care, including the benefits of working in culturally diverse teams	301 – LO1, LO2, LO5
I 2.5	Describe the team working guidance provided by the GDC and other relevant bodies	301 – LO1, LO2
I 2.6	Describe the impact of Direct Access on each registrant group and the impact on the application of each group's scope of practice	301 – LO2
I 2.7	Describe the scope of practice of each member of the dental team and how the roles interact for effective teamwork and patient care	301 – LO1
I 2.8	Explain the need to ensure that those who raise concerns are protected from discrimination or other detrimental effects	301 – LO1, LO2
Behaviours		
I (B)2	Respect the roles of dental and other healthcare professionals in the context of learning and working in a dental and wider healthcare team	301 – LO2
I (B)3	Demonstrate effective team working	301 – LO1, LO2 302 – LO4
I (B)4	Contribute to your team in providing dental care for patients	301 – LO2 302 – LO4 303 – LO4 304 – LO4 307 – LO4, LO5 308 – LO3 309 – LO2 310 – LO2
I (B)5	Take a patient-centred approach to working with the dental and wider healthcare team	307 – LO5 308 – LO5 309 – LO2 310 - LO2
I (B)6	Where appropriate manage and refer/delegate work according to the scope of practice of members of the dental team, in line with competence and professional practice	301 - LO2

Domain C: Professionalism

Description

Demonstrates professionalism and integrity by behaving ethically, shows leadership and social accountability. Is committed to advocating for oral health, promoting good oral health and understands the importance of sustainable service provision in the population and across communities and addressing priority health needs for the communities.

Learning Outcomes		
Ethics and Integrity		5238-33/34 Coverage
P 1.1	Explain the importance of contemporaneous, complete and accurate patient records in accordance with legal requirements and best practice	301 – LO3, 302 – LO2,
P 1.2	Describe the legal responsibilities of maintaining and protecting patients' information	301 – LO1, 306 – LO6,
P 1.3	Describe diversity, equality, inclusion and discrimination and the underpinning legislation and explain how to apply these principles to manage patients with protected characteristics and work within the dental team (noting that this legislation may differ in England, Scotland, Wales and Northern Ireland)	301 – LO1
P 1.4	Explain cultural competence and its relevance in assessing the needs and planning care for patients from diverse backgrounds	311 – LO1, LO2
P 1.5	Describe the GDC's expectations and requirements as set out in regulations and guidance and other relevant laws, ethical guidance and systems (In addition to the above legal frameworks)	301 – LO1, 302 – LO1, LO3, LO4, 306 – LO1, LO6
P 1.6	Explain the importance of having appropriate indemnity arrangements in place for both the professional and patient	301 – LO1,
P 1.7	Explain the importance of candour and effective communication with patients when things go wrong or when dealing with a complaint	301 – LO1, LO4, LO7,
P 1.8	Explain how and where to report any patient safety issues which arise	301 – LO1,
P 1.9	Explain the personal responsibility and the mechanisms for raising concerns about your own or others' health, behaviour or professional performance as described in GDC guidance	301 – LO1
P 1.10	Explain the attributes of professional attitudes and behaviour in all environments and media, including interaction with social media	301 – LO1, LO4
P 1.11	Explain the principles and procedures for good complaints handling	301 – LO7
P 1.12	Describe the responsibility that dental practices and individual practitioners have in compliance with legal and regulatory frameworks	301 – LO1 302 – LO1 LO3, LO4, 306 – LO1, LO4
Behaviours		
P (B)1	Treat your patients, members of the public and your colleagues with dignity and respect and without discrimination	301 – LO1
P (B)2	Support patients to make informed decisions about their care, making their interests your first concern	301 – LO4

P (B)3	Demonstrate cultural competence, accepting and respecting the diversity of patients and colleagues	301 – LO1 311 – LO2
P (B)4	Provide the best possible outcome for your patients by using your knowledge and skills, acting as an advocate for their needs where appropriate	301 — LO1 LO2, LO4,
P (B)5	Speak up to protect others from harm	301 – LO1, LO3, LO4,
P (B)6	Raise concerns where appropriate about your own or others' health, behaviour or professional performance	301 – LO1, LO4
P (B)7	Comply with systems and processes to support safe patient care	301 – LO1 302 – LO3, LO4
P (B)8	Act in accordance with current best practice guidelines	301 – LO1, LO2, LO5 302 – LO2, LO3, LO4, 311 – LO1
P (B)9	Act in accordance with national and local clinical governance and health and safety requirements	302 – LO2
P (B)10	Act within the legal frameworks which inform personal behaviour, the delivery of healthcare and the protection and promotion of the health of individual patients	301 – LO1 302 – LO2
P (B)11	Maintain contemporaneous, complete and accurate patient records in accordance with legal requirements and best practice	301 – LO3 304 – LO2, LO4
P (B)12	Act with integrity and ensure your actions maintain the trust of colleagues, patients and the public in you, your team, and the profession across all environments and media	301 – LO1
P (B)13	Proactively address discriminatory language, behaviour and microaggressions from colleagues, patients and other professionals	301 – LO1
P (B)14	Demonstrate personal accountability to patients, the regulator, the team and wider community	301 – LO1, LO5
P (B)15	Work in partnership with colleagues to develop and maintain an effective and supportive environment which promotes the safety and wellbeing of the patient and dental team	301 – LO1, LO3
Leadership		
Learning Outcomes		
P 2.1	Describe the differences between management and leadership	301 – LO2
P 2.2	Describe own management and leadership role and the range of skills and knowledge required to do this effectively	Unit 301 – LO1, LO2, LO5, LO6, Unit 304 – LO4
P 2.3	Describe how to take responsibility for the quality of services and devices provided to the patient as relevant to your scope of practice	301 – LO1, LO5
Behaviours		

P (B)16	Where appropriate lead, manage and take professional responsibility for the actions of colleagues and other members of the team involved in patient care	Unit 301 – LO1, LO3, Unit 302 – LO4
Social Accountability		
Learning Outcomes		
P 3.1	Discuss 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, and the ways in which these are measured and current patterns	311 – LO1
P 3.2	Describe the dental and wider healthcare systems dental professionals work within including local and national health policy and organisations, delivery of healthcare and equity	301 – LO1, LO2 304 – LO2, LO4 306 – LO1, LO5 309 – LO2 310 – LO2 311 – LO1
P 3.3	Describe and evaluate the role of health promotion in terms of the changing environment, community and individual behaviours to deliver health gain	311 – LO1
P 3.4	Describe methods of evidence-based prevention at a community / population level and evaluate their effectiveness	311 – LO1
P 3.5	Explain the principles of planning oral health care for communities to meet needs and demands	311 – LO1
P 3.6	Describe the principles and limitations of the currently available options for funding of dental healthcare provision for individual patients	301 – LO4
P 3.7	Discuss the ethical challenges associated with providing patient care within the current dental healthcare systems	301 – LO4
P 3.8	Describe the considerations of the management of resources in provision of care decisions including appropriate use of primary and secondary care networks	301 – LO2 311 – LO2
P 3.9	Describe the importance of collaboration across the health and social care sector for the benefit of communities and individual patients	301 – LO2
P 3.10	Describe and where appropriate support patients to negotiate the barriers and challenges which prevent sections of the population accessing oral healthcare, including patients from marginalised populations and patients with protected characteristics	301 – LO4 311 – LO2
P 3.11	Describe the main principles relating to sustainable oral health care, both environmentally and in terms of patient compliance, and the factors that might affect implementing a sustainable approach	301 – LO1 311 – LO2
P 3.12	Evaluate and apply the evidence base in relation to the environmental impacts of common treatment methods and approaches to the delivery of oral healthcare	301 – LO1
Behaviours		
P (B)17	Contribute positively to the healthcare communities of which you are a part	301 – LO1, LO2, LO3, LO4, LO5

Domain D: Self-management

Description
Can self-manage, adapt and respond to different situations using insight and reflection. Plans and manages their time and keeps up to date with continued learning and development.

Learning Outcomes		
Insight		5238-33/34 Coverage
S 1.1	Explain what is meant by the term insight in the context of professional practice	301 – LO5
S 1.2	Explain why insight is important in ensuring safe and effective patient care and to personal development	301 – LO5
Behaviours		
S (B)1	Accurately assess your own capabilities and limitations in the interest of high-quality patient care and seek advice from supervisors or colleagues where appropriate	301 – LO5
S (B)2	Recognise personal assumptions, biases and prejudices and manage the impact of these on patient care and professional behaviour with colleagues, patients and wider society	301 – LO1
S (B)3	Recognise the impact of contextual factors on the health care environment and patient safety and manage this professionally	301 – LO1, LO4, 311 – LO1
Reflection, Continued and Self-Directed Learning		
Learning Outcomes		
S 2.1	Explain the principles of an evidence-based approach and evaluate an evidence base	311 – LO1
S 2.3	Describe an appropriate model for self-reflection and how this process can be used to inform personal development, viewpoint, preconceptions, bias and behaviour	301 – LO5–
S 2.4	Explain the importance of assessment, feedback, critical reflection, identification of learning needs and appraisal in personal development planning	301 – LO5
S 2.5	Explain the importance of and requirement for commitment to lifelong learning	301 – LO1, LO2, LO5,
S 2.6	Utilise the receipt of effective feedback in the professional development of self	301 – LO5
S 2.7	Describe the principles of and demonstrate personal development planning, recording of evidence, and reflective practice	301 – LO5
S 2.8	Evaluate the impact of new techniques and technologies as they relate to dental nurse practice	301 – LO5
S 2.9	Describe opportunities for improvement of a clinical service or to manage / mitigate risks	301 – LO7 302 – LO2
Behaviours		
S (B)4	Demonstrate own professional responsibility in the development of self	301 – LO5
S (B)5	Develop and maintain professional knowledge and competence	301 – LO5
S (B)6	Demonstrate appropriate continuous improvement activities	301 – LO5
Adaptability, Wellbeing and Personal Growth		

Learning Outcomes		
S 3.1	Describe ways of self-monitoring, self-care and routes of seeking appropriate advice in terms of personal wellbeing	301 – LO6
S 3.2	Describe strategies to identify and manage the personal and emotional challenges of work, teamwork and workload	301 – LO6
S 3.3	Describe strategies to identify and manage the personal and emotional challenges of uncertainty and change	301 – LO6
S 3.4	Explain the role of coping strategies for practice, such as reflection, self-acceptance, debriefing, handing over to another colleague, peer support and asking for help in responding to challenges and setbacks	301 – LO6
Behaviours		
S (B)7	Demonstrate engagement with systems and personal strategies which promote and maintain physical and mental wellbeing	301 – LO1, LO5, LO6
S (B)8	Recognise when and how to take action if wellbeing is compromised to a point of affecting an individual's role or professional relationships	301 – LO6
Organisation and Time Management		
Behaviours		
S (B)9	Effectively manage your own time and resources	301 – LO1, LO2, LO5, LO6

Appendix 4 Mapping to Skills for Health National Occupational Standards (NOS)

Skills for Health National Occupational Standards (NOS).

The tables below contain the mapping of the NOS to the City & Guilds Level 3 Technical Occupational Entry to Professional Practice for Dental Nurses (Diploma) (5238-30)

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 SFHGEN22 Communicate effectively with individuals
Unit 302 Health and safety practices in the dental setting	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

Unit Title	Links to NOS
	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 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

Unit Title	Links to NOS
	SFHIPC6 Use personal protective equipment to prevent the spread of infection SFHIPC2 Perform hand hygiene to prevent the spread of 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

Appendix 5 Portfolio Recording Form

			(x) assessment method used						
Unit	**Learning Outcomes / Content Elements**	**Portfolio Reference**	**Observation (1/2/3)**	**Project/ Assignment**	**Reflective Account**	**Expert Witness Testimony**	**Simulation**	**Professional Discussion / Questioning**	**Other**
301	LO1 - 1.1								
	LO2 - 2.2, 2.3								
	LO4 - 4.1, 4.2, 4.3								
	LO5 - 5.1, 5.2								
	LO6 – 6.1								
302	LO4 - 4.1								
303	LO2 - 2.2, 2.3								
	LO3 – 3.2								
	LO4 – 4.1, 4.2								
	LO5 – 5.1								
	LO6 – 6.1								
304	LO2 – 2.1, 2.2								
	LO4 – 4.1, 4.2, 4.3								
305	LO2 – 2.1, 2.2								
	LO3 – 3.1, 3.2, 3.3								
	LO4 - 4.1, 4.2								
	LO5 – 5.1								
306	LO1 – 1.1								
	LO4 – 4.1, 4.2								
	LO5 – 5.1, 5.2								
	LO6 – 6.1, 6.2								

307	LO2 – 2.2								
	LO3 – 3.1, 3.2, 3.3, 3.4, 3.5, 3.6								
	LO4 – 4.1, 4.2, 4.3								
	LO5 – 5.1, 5.2, 5.3								
308	LO1 – 1.2								
	LO2 – 2.2, 2.3, 2.4, 2.5								
	LO3 – 3.1, 3.2, 3.3, 3.4								
	LO4 – 4.1, 4.2								
	LO5 – 5.1, 5.2, 5.3, 5.4								
309	LO1 – 1.2								
	LO2 – 2.1, 2.2, 2.3								
310	LO1 – 1.1, 1.2, 1.3								
	LO2 – 2.1, 2.2, 2.3, 2.4								
311	LO1 – 1.1, 1.2								
	LO2 – 2.3, 2.4, 2.6								
	LO3 – 3.1, 3.3								
	LO4 – 4.1, 4.2								

Appendix 6 Practical Observations structure

The table below shows how the **three** observations can be structured to meet the evidence requirements:

Unit	Learning Outcomes	Minimum Evidence requirements	Obs 1	Obs 2	Obs 3
301	LO4 – 4.2	LO4 - minimum of **three** observations, evidence to be gathered holistically on separate occasions. *Note, one of the observations can be cross-referenced to simulated evidence from Unit 311.*	✓	✓	✓
302	LO4 – 4.1	LO4 - minimum of **three** observations, evidence to be gathered holistically on separate occasions.	✓	✓	✓
303	LO4 – 4.1, 4.2 LO5 – 5.1 LO6 – 6.1	LO4 - minimum of **one** observation, evidence should focus on current legislation, guidance, and good practice. LO5 & 6 - minimum of **three** observations, evidence to be gathered holistically on separate occasions.	✓	✓	✓
304*	LO4 – 4.1, 4.2	LO4 - minimum of **one** observation by assessor or expert witness testimony.	✓		

306*	LO5 – 5.1, 5.2 LO6 – 6.1, 6.2	LO5 & 6 - minimum of **two** observations in each LO. This must be carried out by the assessor.		✓	✓
307*	LO4 – 4.1, 4.2, 4.3	Learning outcome 4 - minimum of **one** observation by assessor.	✓		
307*	LO5 – 5.1, 5.2, 5.3	LO5 - minimum of **two** observations* from the treatment list (5.2.2) by the assessor. The restorative treatment that is not observed by the assessor should be evidenced in the learner's portfolio of evidence. This evidence may include expert witness testimony/reflective account.		✓	✓
308*	LO3 – 3.1, 3.2, 3.3, 3.4	LO3 - minimum of **one** observation* carried out by the assessor to cover one of the below preparations: Crown, Conventional bridge, Veneer, Inlay.		✓	
308*	LO5 – 5.1, 5.2, 5.3, 5.4	LO5 - minimum of **two** observations* by the assessor to cover two of the removable prosthesis stages - Primary / secondary impressions, Bite, Fit. ***Note**, for 3.2.1, where any item of equipment is not available or used within a specific setting, then additional assessment evidence sources may be used to demonstrate understanding of how this equipment would be used.*		✓	✓

309*	LO2 – 2.1, 2.2, 2.3	LO2 - minimum of **one** observation to be carried out by the assessor **(to include at least stages 1 and 2).** Any other stages not observed should be evidenced by expert witness testimony/reflective account/learner statement. ***Note**, for 2.2.1, where any equipment, instrument or material is not available or used within a specific setting, then additional assessment evidence sources may be used to demonstrate understanding of how this equipment would be used.*			✓
310*	LO2 – 2.1, 2.2, 2.3, 2.4	LO2 – evidence of a minimum of **two** extractions must be provided. A minimum of one extraction must be observed by the assessor. The second extraction may be evidenced through assessor observation or Expert Witness Testimony. Simulation is not allowed.			✓

*** Surgery procedure units can be observed in any order – workplace diary dependent**

Appendix 7 Portfolio of Evidence

The table below gives an example of how the evidence that may be used for different units and to meet the evidence requirements within the portfolio:

Unit	Learning Outcomes	Recommended Assessment Method	Minimum Evidence Requirements
301	LO1 – 1.1 LO2 – 2.2, 2.3 LO4 – 4.1, 4.2, 4.3 LO5 – 5.1, 5.2 LO6 – 6.1	LO1 and LO2 - Assignment/Project LO4 – Reflective Account/Observation LO5 – Professional Discussion/Product Evidence LO6 – Professional Discussion/Product Evidence	Learning Outcome 4 (4.2) - observation of practice in the workplace. This outcome should be observed on at least **three** separate occasions by the assessor. For the third observation, it is permissible to cross-reference this to the simulated evidence in Unit 311. Learning Outcomes 5 and 6 – Learners must complete a PDP to include a reflection activity for each unit in the qualification.
302	LO4 – 4.1	LO4 - Observation	Learning Outcome 4 - minimum of **three** observations, evidence to be gathered holistically on separate occasions by the assessor. Simulations is not allowed.
303	LO2 – 2.2, 2.3 LO3 – 3.2 LO4 – 4.1, 4.2 LO5 – 5.1 LO6 – 6.1	LO2 and 3 - Assignment/Project LO4 (4.1) – Additional evidence LO4 (4.2) - Observation LO5 – Observation LO6 – Observation	Learning Outcome 4 - minimum of **one** observation by the assessor; evidence should focus on current legislation, guidance, and good practice. Learning Outcomes 5 & 6 - minimum of **three** observations, evidence to be gathered holistically on separate occasions by the assessor. Simulations is not allowed.

304	LO2 – 2.1, 2.2 LO4 – 4.1, 4.2, 4.3	LO2 - Assignment/Project LO4 – Observation/Simulation	Learning Outcome 4 - minimum of **one** observation by assessor or expert witness testimony. Simulation is not allowed. For 4.3 Palmer notation charting –this should be prioritised as being generated through performance-based in-situ evidence. However, in circumstances where this is not possible, simulation is acceptable for completion of the Palmer notation chart.
305	LO2 – 2.1, 2.2 LO3 – 3.1, 3.2, 3.3 LO4 - 4.1, 4.2 LO5 – 5.1	LO2 - Assignment/Project LO3 and 4 – Simulation LO5 - Assignment/Project	Learning Outcomes 3 and 4 – minimum of **one** simulation. RPL can be used (CPR/AED certification within 1 year of completion), along with learner reflection/expert witness testimony confirmation.
306	LO1 – 1.1 LO4 – 4.1, 4.2 LO5 – 5.1, 5.2 LO6 – 6.1, 6.2	LO1 and 4 - Assignment/Project LO5 and LO6 - Observation	Learning Outcomes 5 & 6 - minimum of **two** observations in each LO. This must be carried out by the assessor. Simulation is not allowed. **The primary method of assessment must be observation. Content elements not sufficiently covered during the observation can be assessed by an Expert Witness Testimony or through other valid additional assessment methods.*
307	LO2 – 2.2 LO3 – 3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7 LO4 – 4.1, 4.2, 4.3 LO5 – 5.1, 5.2, 5.3	LO2 and LO3 - Assignment/Project LO4 and LO5 - Observation	Learning Outcome 4 - minimum of **one** observation by assessor or expert witness testimony. Simulation is not allowed. Learning Outcome 5 - minimum of **two** observations* from the treatment list (5.2.2) by the assessor. The restorative treatment that is not observed by the assessor should be evidenced in the learner's portfolio of evidence. This evidence may include expert witness testimony. Simulation is not allowed.

308	LO1 – 1.2 LO2 – 2.2, 2.3, 2.4, 2.5 LO3 – 3.1, 3.2, 3.3, 3.4 LO4 – 4.1, 4.2 LO5 – 5.1, 5.2, 5.3, 5.4	LO1 and LO2 and LO4 - Assignment/Project LO2 – 2.4 – Reflective Account LO3 and LO5 - Observation	Learning Outcome 3 - minimum of **one** observation* carried out by the assessor to cover one of the below preparations – one of the following: • Crown • Conventional bridge • Veneer • Inlay *The primary method of assessment must be observation. Content elements not sufficiently covered during the observation can be assessed by an expert witness testimony. Learning Outcome 5 - minimum of **two** observations* by the assessor or expert witness to cover two of the removable prosthesis stages below: • Primary / secondary impressions • Bite • Fit * Stages that are not observed by the assessor should be evidenced in the learner's portfolio of evidence. This evidence may include expert witness testimony. ***Note**, for 3.2.1, where any item of equipment is not available or used within a specific setting, then additional assessment evidence sources may be used to demonstrate understanding of how this equipment would be used.*
309	LO1 – 1.2 LO2 – 2.1, 2.2, 2.3	LO1 - Assignment/Project LO2 - Observation	Learning Outcome 2 - minimum of **one** observation to be carried out by the assessor (to include at least stages 1 and 2). Any other stages not

			observed should be evidenced by expert witness testimony. Simulation is not allowed. ***Note**, for 2.2.1, where any equipment, instrument or material is not available or used within a specific setting, then additional assessment evidence sources may be used to demonstrate understanding of how this equipment would be used.*
310	LO1 – 1.1, 1.2, 1.3 LO2 – 2.1, 2.2, 2.3, 2.4	LO1 - Assignment/Project LO2 - Observation	Learning outcome 2 – evidence of a minimum of **two** extractions must be provided. A minimum of one extraction must be observed by the assessor. The second extraction may be evidenced through assessor observation or Expert Witness Testimony. Simulation is not allowed.
311	LO1 – 1.1, 1.2 LO2 – 2.3, 2.4 LO3 – 3.1, 3.3 LO4 – 4.1, 4.2	LO1, LO2, LO3 - Assignment/Project LO4 - Simulation	Learning Outcome 4 – 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: adults, children/young people, seniors, those with additional individual needs (capacity). *The primary method of assessment must be simulation. Content elements not sufficiently covered during the simulation can be assessed by an appropriate secondary method.

Appendix 8 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 our 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 our 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 our expectations for centre internal quality assurance and the external quality assurance methods we use 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 our 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, **Contact us.**

Suggested learning resources

This list is not exhaustive and is current as of July 2024. 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
- Basic Guide to Dental Procedures, Carole Hollins
- Radiography and Radiology for Dental Care Professionals, Eric Whaites
- 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, 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.

Appendix 9 Information for patients

You have been asked today if you would be willing to allow an assessor to be present in the room to observe your dental nurse whilst undertaking your dental appointment. This fact sheet is provided to support you to understand the assessment process and why this is happening.

What is the dental nurse studying?

Your dental nurse is a trainee dental nurse studying a City & Guilds Level 3 Dental nursing qualification. The qualification is a competency-based qualification that allows the trainee dental nurse to register with the General Dental Council and perform as a dental nurse.

The qualification is a competency-based qualification that allows the trainee to work towards qualifying as a dental nurse and then register as a Dental Care Professional, within the scope of a dental nurse. It is a mandatory requirement for all dental care professional's to be registered with the General Dental Council in order to work within the UK.

You can find out more about these qualifications by visiting the City & Guilds website:

Diploma for Dental Nursing Practitioners qualifications and training courses | City & Guilds

What is the General Dental Council (GDC)?

The General Dental Council (GDC) is the UK-wide statutory regulator of more than 120,000 members of the dental team.

Their primary purpose is to protect patient safety and maintain public confidence in the dental professions. To achieve this, they are responsible for registering qualified dental professionals, setting standards for the dental team, investigating complaints about dental professionals' fitness to practise, and working to ensure the quality of dental education.

You can find out more about the work of the GDC by visiting their website:

General Dental Council

What is the purpose of the assessor's presence?

The assessor is present today to observe the dental nurse and how they perform whilst supporting your appointment.

Why is it important for the assessor to observe the dental nurse during my appointment?

It is integral to the valid collation of assessment evidence for the trainee dental nurse to be observed in a realistic dental environment. Observation of this nature provides rich feedback on the trainee dental nurse's level of performance and their level of competence in the role, as well as any developmental requirements needed to support the trainee on their journey to successfully achieve the qualification.

What should I do to support this process?

You do not need to do anything specific to support this process.

You will have been asked by your Dental Practice to sign a consent form or to provide verbal consent to allow the assessor to observe the trainee dental nurse during your appointment. If you have any further questions with regards to this activity or are not comfortable for this to proceed, then please discuss this directly with the practice receptionist. Please note that it is your decision and choice to provide consent. If you would rather the assessor not be present during your appointment, please be assured that this will not affect your treatment in any way.

Feedback on your experience

If you have any comments or feedback on this experience or would like to raise anything further with us, please do contact City & Guilds using the following email address:

Feedback and Escalations feedbackandescalations@cityandguilds.com

For any correspondence with us, please quote '**5238 Dental Nursing'** to assist us to feedback to you as promptly as possible.

City & Guilds

City & Guilds is the global skills partner, empowering people, organisations and economies to develop the skills they need for growth. With almost 150 years of trusted expertise, we support people into work, help them develop on the job and move into the next job.

We work with Governments, employers, training providers, colleges and industry stakeholders to design and deliver high-quality training, qualifications, assessments and credentials that lead to meaningful career progression. We understand the life changing link between skills development, social mobility and success. Our solutions span critical sectors including construction, engineering, transport, energy and electrical, serving over 1 million learners annually.

Through our comprehensive portfolio of brands and trusted global network, we set industry-wide standards for technical, behavioural and commercial skills to improve performance and productivity. We believe you can achieve your potential - and we're here to help make it happen.

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