

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

(5238-30)

Version 0.1 (May 2024)

Qualification Handbook

Qualification at a glance

Subject area	Dental Nursing
City & Guilds number	5238-30
Age group approved	19+
Entry requirements	n/a
Assessment	Portfolio of Evidence Practical Observation MCQ tests
Grading	Pass/Fail
Approvals	Full approval required
Support materials	Centre Handbook, Sample Assessments, Assessment pack
Registration and certification	Consult the Walled Garden/Online Catalogue for last dates
Occupational Standard(s)	ST0113

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	369	479

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1 Introduction

What is this qualification about?

Area	Description
Who is the qualification for?	<p>This qualification is for adult learners in England, who are either not eligible for or do not wish to complete an apprenticeship in Dental Nursing.</p> <p>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.</p>
What does the qualification cover?	<p>This qualification allows learners to learn, develop and practice the skills required for employment and/or career progression in Dental Nursing.</p> <p>The content covers and is mapped to the Knowledge, Skills and Behaviours (KSBs) within the ST0113 Dental Nurse occupational standard and meets the GDC Learning Outcomes for Dental Nurses.</p>
What opportunities for progression are there?	<p>On gaining further experience as a dental nurse, the learner may then progress onto the following City & Guilds qualifications:</p> <ul style="list-style-type: none">6317 Assessment qualifications6502 Education and Training qualificationsILM Coaching and Mentoring qualificationsILM Leadership and Management qualifications
Why choose this qualification?	<p>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. Our Dental Nursing qualifications are approved by the General Dental Council. 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 adult learners who do not wish to participate in an apprenticeship or who are not eligible for apprenticeship funding.</p>

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 ST0113

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

- General Dental Council Learning Outcomes (found in Appendix 3)
- Skills for Health National Occupational Standards (found in Appendix 4).

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

TO BE CONFIRMED

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	38
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	40
305	Recognising and supporting actions during first aid and medical emergencies	28
306	The safe use of ionising radiation to produce quality radiographic images	32
307	Provide support for the control of periodontal disease and caries, and the restoration of cavities	28
308	Provide support during the stages of prosthetic treatments	28
309	Provide support during the stages of endodontic procedures	24
310	Provide support during extractions and minor oral surgery	24
311	Scientific and practical information to support the patient's oral and physical health	48

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
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4 Centre requirements

Age restrictions

This qualification is approved for learners aged 19 or above.

Approval

Full approval

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

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

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

The role of the EQA is to:

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

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 External Quality Assurer 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.**

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

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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 regarding patients' safety and treatment, this needs to be raised with the IQA or External Quality Assurer either verbally or in writing. The IQA or EQA must act upon this knowledge following City & Guilds quality assurance procedures.

In addition to the written agreement with the learner's employers, centres must be able to evidence their commitment to delivering training which will equip the dental nurse with the

core skills required to work safely in a dental setting. Core skills will include health and safety, infection control and aspects of the role and responsibilities of the dental nurse (including patient care). The core skills should feature in the first four months of a learning programme.

Centres must have a 'Fitness to Practise' policy based on the GDC document Student Fitness to Practise which can be located on the GDC website [General Dental Council \(gdc-uk.org\)](http://www.gdc-uk.org)

Implementation of professionalism and codes of conduct is imperative and underlie 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 staff behaviour, attitude, and conduct whilst in training. Centres are required to record all concerns and have transparent procedures in place. It is expected that Fitness to Practice policies will run alongside centre procedures when raising concerns. All records must be made available at each activity completed by External Quality Assurers. In event of escalated concerns, centres must contact their allocated External Quality Assurer for advice and guidance.

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.

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 \(cityandguilds.com\)](https://www.cityandguilds.com/uk/qualifications/inclusion-and-diversity)

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 \(cityandguilds.com\)](https://www.cityandguilds.com/uk/qualifications/our-pathway-to-net-zero)

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

- reviewing purchasing and procurement processes (such as buying in bulk to reduce the amount of travel time and energy, considering and investing in the use of products that can be decontaminated and reused, instead of the use of disposable or single use consumables)
- waste procedures (ensuring that waste is minimised, 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 311** - Scientific and practical information to support the patient's oral and physical health.

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

- where performance is critical but events occur infrequently and yet a high degree of confidence is needed that the learner would act appropriately - for example (i) where there is a high risk of harm or abuse to the individuals, key people in their lives and others, (ii) where events such as medical emergencies (such as cardiac arrest) occur and competence is vital to ensure best practice and results (iii) completing manual charting.
- where performance is critical, happens frequently but where there is risk of harm to the learner or 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 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 sector specific.

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6 Assessment

Summary of Assessment methods

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

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Assessment component	Assessment method	Description and conditions
501	Externally marked exam/MCQ1	<p>This assessment covers units: 301, 302, 303, 305, 306</p> <p>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</p> <p>Live assessment will be delivered by the City & Guilds online platform E-volve.</p> <p>Sample assessment materials can be downloaded from the City & Guilds website.</p> <p>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.</p>
502	Externally marked exam/MCQ2	<p>This assessment covers units: 304, 307, 308, 309, 310, 311</p> <p>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.</p> <p>See JCQ requirements for details: http://www.jcq.org.uk/exams-office/ice---instructions-for-conducting-examinations</p> <p>Live assessment will be delivered by the City & Guilds online platform E-volve.</p> <p>Sample assessment materials can be downloaded from the City & Guilds website.</p> <p>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.</p>
n/a	Portfolio of Evidence	<p>This assessment covers units: 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311</p>
n/a	Summative Practical Observation	<p>This assessment covers units: 301, 302, 303, 304, 306, 307, 308, 309, 310</p>

Scheme of assessment overview

For Level 3 Technical Occupational Entry to Professional Practice for Dental Nurses (Diploma) 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
n/a	Portfolio of Evidence	n/a	n/a	Internally marked	Pass/Fail
n/a	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 %
301	LO2 – 2.1 LO3 – 3.1, 3.2, 3.3 LO6 – 6.1	7	24%
302	LO1 – 1.1, 1.2 LO2 – 2.1 LO3 – 3.1, 3.2	7	24%
303	LO1 – 1.1, 1.2, 1.3 LO2 – 2.1 LO3 – 3.1 LO5 – 5.2	8	26%
305	LO1 – 1.1	1	2%
306	LO1 – 1.2, 1.3 LO2 – 2.1, 2.2 LO3 – 3.1, 3.2	7	24%
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 %
304	LO1 – 1.1, 1.2, 1.3, 1.4, 1.5 LO2 – 2.3, 2.4 LO3 – 3.1, 3.2	11	36%
307	LO1 – 1.1, 1.2, 1.3, 1.4 LO2 – 2.1	7	24%
308	LO1 – 1.1 LO2 – 2.1	3	10%
309	LO1 – 1.1, 1.3	2	6%
310	LO1 – 1.4	1	4%
311	LO2 – 2.1, 2.2, 2.5 LO3 – 3.2, 3.4	6	20%
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.

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.	66%	63%
AO1b Demonstrate understanding of the content	The ability to demonstrate understanding of principles and concepts beyond recall of definitions.	34%	37%
AO2 Apply knowledge and understanding of the content to different situations and contexts	Applying knowledge and understanding taking the understanding of generalities and applying 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. 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.

Practical Observations

Assessors must ensure the safeguarding of individuals and candidates remains paramount, and 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.

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

Additional evidence sources

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

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

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

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

Professional Discussion: This should be in the form of a structured review of the learner's practice with the outcomes captured by means of 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

The summative practical observation is a final assessment that occurs following completion of all observation/evidence requirements in 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.

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 one 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

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
<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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.

Apply standard precautions of infection control for clinical procedures

Fail	Pass
<ul style="list-style-type: none"> Used disinfectants but one or more of the following were missed prior to and on completion of all work activities: <ul style="list-style-type: none"> Chair Spittoon Bracket table Overhead light Work surfaces Door handles Equipment 	<ul style="list-style-type: none"> Safely used disinfectants, followed appropriate disinfecting protocols prior to and on completion of all work activities: <ul style="list-style-type: none"> Chair Spittoon Bracket table Overhead light Work surfaces Door handles Equipment

Provide the correct patient records for the planned treatment

Fail

- Provided some records but there were some omissions.

Pass

- Provided all the correct patient records needed for the treatment:
 - Clinical notes/charts/patient details
 - Radiographic images
 - Medical history

Select equipment, instruments and materials for the treatment to be undertaken

Fail

- Equipment, instruments and materials were prepared/selected for the planned treatment, but some items were missed and/or prepared incorrectly.

Pass

- 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

- Low confidence in aspirating skills, patient discomfort/clinician unable to see a clear field of operation.

Pass

- 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

- 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).

Pass

- 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 support to the patient during the procedure

Fail

- 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.

Pass

- 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.

Unit 301

Preparing for professional practice in dental nursing

Unit Level:	3
GLH:	38
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:	ST0113 (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	<p>1.1.1 The core roles and responsibilities of dental nurses:</p> <ul style="list-style-type: none">a) Chair side assistance<ul style="list-style-type: none">i. Supporting patientsii. Maintaining the clinical environmentiii. Recording, updating, and storing patient informationiv. Processing and storing radiographsb) Assisting the dentist and other dental team membersc) Maintaining stock within the clinical environmentd) Undertaking decontamination processes within the practice multi-zone <p>1.1.2 The scope of factors that influence the work of dental nurses, and how practice must account for each of the following key requirements:</p> <ul style="list-style-type: none">a) Safe working practicesb) Patient care, health and well-being<ul style="list-style-type: none">i. Treating patients with dignity, integrity and respectii. Chaperoningiii. Safeguarding/raising concernsiv. Whistle blowingc) Legislative requirements<ul style="list-style-type: none">i. Professional indemnityii. Current equality legislation and protected characteristicsiii. Annual retention fee

- iv. Workplace policies
- d) Professional conduct and behaviour
 - i. Fitness to practise
 - ii. Equality, equity, diversity and inclusion
 - iii. Duty of care
 - iv. Duty of candour
 - v. Responsibility for own actions
 - vi. Treating colleagues with professionalism and dignity, integrity and respect
 - vii. Acting professionally and ethically
 - viii. Awareness of professional boundaries
- e) Workplace procedures and processes
 - i. Stock rotation and maintenance
 - ii. Collaborating with other dental professionals
 - iii. Referral processes
- f) 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, minimise environment impacts from amalgam)
 - iii. Reasons for sustainability – reduce carbon footprint/combat climate change, 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 \(gdc-uk.org\)](http://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: <ul style="list-style-type: none"> a) General Dental Council (GDC) - promotion of professional standards, industry regulator, investigating complaints and ensuring fitness to practice

	<ul style="list-style-type: none"> b) Care Quality Commission (CQC) – inspection and monitoring of the quality of care provided (Key lines of enquiry)
<p>2.2 Impacts of failing to meet regulatory and professional practices</p>	<p>2.2.1 The impact on ability to practice:</p> <ul style="list-style-type: none"> a) General Dental Council fitness to practice proceedings: <ul style="list-style-type: none"> i. Additional training ii. Mentoring iii. Sanctioning of the dental registrant iv. Removal from the register <p>2.2.2 The impact on the dental practice / wider profession:</p> <ul style="list-style-type: none"> a) Loss of business b) Loss of trust c) Job losses d) Damage to reputation <p>2.2.3 The impact on patients:</p> <ul style="list-style-type: none"> a) Incorrect/incomplete treatment b) Fear/mistrust c) Financial loss d) Pain
<p>2.3 The dental team</p>	<p>2.3.1 The roles of other dental team members in line with the GDC scope of practice:</p> <ul style="list-style-type: none"> a) Dentist b) Hygienist/Therapist c) Laboratory technician d) Receptionist e) Practice Manager <p>2.3.2 The principle of direct access:</p> <ul style="list-style-type: none"> a) Accessing dental health care

Learning outcome 3

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

Topic	Content
	What needs to be covered:
<p>3.1 Consent</p>	<p>3.1.1 The purpose of gaining valid consent:</p> <ul style="list-style-type: none"> a) Legal requirement b) Dental nurse role <p>3.1.2 The requirements that must be considered by the clinician to obtain valid consent:</p> <ul style="list-style-type: none"> 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 / 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 in relation 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 and ill health; 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
 - 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	<p>4.1.1 Types of communication method and how they are used to effectively and sensitively communicate with all patients:</p> <ul style="list-style-type: none"> a) Verbal b) Non-verbal c) Written d) Electronic <p>4.1.2 How different methods of communication can be interpreted by the patient</p> <p>4.1.3 How different methods of communication can be adapted to meet the patient's needs:</p> <ul style="list-style-type: none"> a) Use of interpreters b) Use of sign language / gesturing c) Use of larger font sizes / braille d) Avoidance of jargon / rephrase technical language <p>4.1.4 The potential barriers to communication that may exist when supporting different individuals within the dental setting:</p> <ul style="list-style-type: none"> a) Individuals with additional needs b) Language barriers c) Physical barriers d) Emotional barriers (fear / anxiety / perception) e) External distractions (personal circumstances) f) Environmental factors g) Use of complex terminology <p>4.1.5 Advantages and disadvantages of different communication methods</p> <p>4.1.6 How effective communication within the dental team contributes to the delivery of safe high-quality care</p>
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 eg Email / letters
- f) Verbal - tone of voice / clarity / speed of speech. Telephone / face to face
- g) Non-verbal – body language

4.2.2 Communicate using a patient-centred approach:

- a) Showing sensitivity to patients 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 (advocacy)

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 alleviated

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 analyse current capabilities/limitations to aid personal development:

- 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

	<p>d) Identification of continuing professional development opportunities</p> <p>5.1.4 The reasons different evidence-based approaches are used to support continual professional and personal development:</p> <ol style="list-style-type: none"> Reflection on performance Set targets Gather a range of feedback <p>5.1.5 The importance and use of different types of feedback and how it supports personal professional practice:</p> <ol style="list-style-type: none"> Feedback through formal appraisals Internal feedback (colleagues, mentors, clinicians) External feedback (patients) <p>5.1.6 The role and benefits of reflective practice, and the different reflective models to aid reflection:</p> <ol style="list-style-type: none"> Brookfield's lenses / Gibbs / ERA cycle / Kolb's reflective model Reflection in action and reflection on action <p>5.1.7 Career pathways available within the dental sector</p>
5.2 Undertake professional development	<p>5.2.1 Use tools to review, reflect on and consider own working practice as a dental nurse</p> <p>5.2.2. Plan to continually develop as a dental nurse</p>

Learning outcome 6

Understand the procedure for the handling of complaints in the workplace

Topic	Content
6.1 Complaints	<p>What needs to be covered:</p> <p>6.1.1 Principles in relation to complaints procedures in the dental setting:</p> <ol style="list-style-type: none"> Access – readily available/visible to all, accessible to all, all staff fully trained in complaint handling <p>6.1.2 How patients' rights to complain are respected</p> <p>6.1.3 The timeframe for dealing with written patients' complaints</p> <p>6.1.4 How complaints can be used constructively to drive continuous improvement</p> <p>Delivery Guidance – please refer to the GDC complaint handling best practice guidance (Complaint handling (gdc-uk.org))</p>

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:

Topic	Portfolio of Evidence			
	Obs (1/2/3)	Additional Assessment Methods	Summative Practical Obs	MCQ 1
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 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.

Learning Outcome 5 – 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, 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:	ST0113 (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: Care Quality Commission (England) - inspection framework 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.

Learning outcome 2

Understanding safe working practices in the dental setting

Topic	Content
2.1 Safe working practices	What needs to be covered: <hr/> 2.1.1 The purpose of risk assessments and the stages of the risk assessment process: Purpose <ol style="list-style-type: none"> 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 risk assessment process <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> a) Stock - Storage and handling stock/lifting b) Positioning: <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> a) Hazardous substances: chemicals (eg sodium hypochlorite, mercury) <ol style="list-style-type: none"> i. Safe use of ii. Storage iii. Disposal b) Spillages (eg mercury, body fluids, chemicals): <ol style="list-style-type: none"> i. Spillage kits ii. Safety signs iii. PPE iv. Ventilation v. Reporting vi. Record keeping c) Fire safety: <ol style="list-style-type: none"> 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
3.1 Legislation and policy	What needs to be covered: 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: <ul style="list-style-type: none"> a) Health & 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) on Management and Disposal of Healthcare Waste e) The current Health Technical Memoranda (HTM 01-05) on Decontamination in Primary Care Dental Practices f) The current Health Technical Memoranda (HTM 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:

	<ul style="list-style-type: none"> 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	<p>3.2.1 The signs and symptoms of disease and the recommended vaccinations for dental nurses:</p> <ul style="list-style-type: none"> a) Hepatitis B b) Diphtheria c) Varicella (Chicken Pox) d) Tetanus e) MMR (Measles, mumps, rubella) f) Flu g) Covid-19 <p>3.2.2 The importance of dental nurse vaccinations in prevention and protection against disease transmission</p>

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	<p>4.1.1 Manage hazards by completing a risk assessment</p> <p>4.1.2 Work is carried out in line with the:</p> <ul style="list-style-type: none"> 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) on Management and Disposal of Healthcare Waste d) Ionising Radiations Regulations, Ionising Radiation (Medical Exposures) e) Regulations and Local Rules f) Health and Safety (Sharp Instruments in Healthcare) Regulations g) The current Health Technical Memoranda (HTM 01-05) on Decontamination in Primary Care Dental Practices <p>4.1.3 Personal presentation and PPE protects the health and safety of self and others within the dental setting:</p> <ul style="list-style-type: none"> a) Presentation <ul style="list-style-type: none"> i. hair ii. nails iii. personal hygiene iv. uniform v. footwear vi. appropriate makeup and jewellery, false eye lashes, extreme makeup 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) on Management and Disposal of Healthcare Waste, 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:

Topic	Portfolio of Evidence			
	Obs (1/2/3)	Additional Assessment Methods	Summative Practical Obs	MCQ 1
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, 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:	ST0113 (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) Immunocompromised c) Age d) Medical treatment / illnesses

1.2.2 The body's reaction to inflammation / infection:

- a) Immune system
- b) Immune response
- c) Inflammation / infection
- d) Local
- e) Systemic
- f) Acute
- g) 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) Candida albicans

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 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 HTM01-05:

- 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 removed, rings (except for a plain wedding band) removed

2.3

Infection control policies and procedures

2.3.1 The relevance of the following documents for infection control in a dental setting:

- a) The current health technical memoranda (HTM01-05) on decontamination in primary care dental practices
- b) The current health technical memoranda (HTM07-01) 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
3.1 The decontamination processes	<p>What needs to be covered:</p> <p>3.1.1 Types of decontamination processes used in dental settings:</p> <ol style="list-style-type: none">a) Disinfectionb) Sterilisationc) Asepsis <p>3.1.2 When disinfection is the appropriate method of decontamination</p> <p>3.1.3 The reason for pre-cleaning and dismantling instruments prior to sterilisation</p>
3.2 The decontamination cycle	<p>3.2.1 The decontamination cycle in line with legal requirements and organisational procedures to include:</p> <ol style="list-style-type: none">a) Transportation<ol style="list-style-type: none">i. Transportation - to and from the decontamination roomii. The decontamination cycle according to HTM01-05b) Manual scrubbing<ol style="list-style-type: none">i. Temperatureii. Sink requirementsiii. Long handled brushiv. Heavy duty glovesv. Clean under watervi. Detergent usedc) Ultrasonic bath<ol style="list-style-type: none">i. Temperatureii. Degassingiii. Placement of instrumentsiv. Detergentd) Washer disinfectant<ol style="list-style-type: none">i. Stagesii. Cycle timese) Inspection<ol style="list-style-type: none">i. Using magnification/inspection lightf) Autoclave<ol style="list-style-type: none">i. Cycleii. Parameters – temperature, operating proceduresiii. 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
<p>4.1 The maintenance of re-processing equipment</p>	<p>What needs to be covered:</p> <p>4.1.1 The types of re-processing equipment to be maintained in dental settings:</p> <ul style="list-style-type: none"> a) Ultrasonic bath b) Washer disinfecter c) N-type autoclave (non-vacuum) d) B-type autoclave (vacuum) <p>4.1.2 Validation checks and stages and how they are used to support the maintenance of re-processing equipment in dental settings:</p> <ul style="list-style-type: none"> a) Foil ablation test b) Protein tests c) Door seals d) 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 <p>4.1.3 The actions to be taken if validation is unsuccessful – further validation, withdrawal, disposal, replacement</p> <p>4.1.4 The importance of documenting validation and maintenance of equipment</p>
<p>4.2 Re-processing dental instruments and equipment</p>	<p>4.2.1 Safely transport instruments into the decontamination area</p> <p>4.2.2 Prepare instruments and handpieces for sterilisation</p> <p>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) on Decontamination in primary care dental practices:</p> <ul style="list-style-type: none"> a) Use of ultrasonic bath b) Manual cleaning or use of washer disinfecter 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	<p>5.1.1 Professional presentation in the dental setting with the appropriate standard of personal hygiene:</p> <ul style="list-style-type: none"> a) Hair – tied back (off the shoulders and face) b) Nails – short/varnish free/visibly clean c) Jewellery - watches/rings removed (except for plain wedding band) d) Uniform - appropriate practice uniform / bare below the elbow / clean / laundered e) Footwear - closed toe, wipe clean footwear f) Overall presentation - neat and tidy, no overpowerful perfume, smart <p>5.1.2 Select and don the appropriate PPE for the clinical procedure in the correct order and manner:</p> <ul style="list-style-type: none"> a) Clinical gloves b) Apron/gown c) Goggles/visor d) Face mask e) Heavy-duty gloves <p>5.1.3 Provide the correct patient PPE:</p> <ul style="list-style-type: none"> a) Bib b) Protective glasses c) Communicate their use and purpose <p>5.1.4 Follow current guidelines to reduce risks of exposure when doffing PPE to include disinfection, storage and disposal</p>
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, medicines – yellow bag/container
- b) Hazardous infectious waste – Soft waste – orange bag, routine sharps – yellow container
- 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	<p>6.1.1 Follow appropriate disinfecting protocols prior on dental equipment to and on completion of work activities in the clinical setting:</p> <ol style="list-style-type: none">a) Chairb) Spittoonc) Bracket tabled) Overhead lighte) Work surfacesf) Door handlesg) Equipment <p>6.1.2 The safe use of disinfectants in line with current legislation:</p> <ol style="list-style-type: none">a) follow manufacturer's instructionsb) observe COSHH warning symbols <p>6.1.3 The validation of equipment:</p> <ol style="list-style-type: none">a) Aspirator:<ol style="list-style-type: none">(i) clean and empty filters in the aspiratorb) Dental unit water lines (duwls):<ol style="list-style-type: none">(i) clean and maintainc) Spittoon:<ol style="list-style-type: none">(i) clean and empty filters in spittoon <p>6.1.4 The use of a surgery checklist to:</p> <ol style="list-style-type: none">a) Follow set up proceduresb) Follow clear down proceduresc) Meet organisation policy and current legal requirements

DRAFT

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:

Topic	Portfolio of Evidence			
	Obs (1/2/3)	Additional Assessment Methods	Summative Practical Obs	MCQ 1
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 which 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 & 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:	40
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:	ST0113 (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: <ul style="list-style-type: none">a) Characteristics (mamelons, cusp of carabelli, canine fossa)b) Functionc) Positiond) Usual number of roots on permanent teeth 1.1.2 The features of deciduous teeth: <ul style="list-style-type: none">a) Characteristics (crown size, larger pulp, open apex)b) Functionc) Positiond) Usual number of roots on deciduous teeth 1.1.3 The features (characteristics and functions) of tooth structure and surrounding tissues: <ul style="list-style-type: none">a) Enamelb) Amelodentinal junctionc) Primary dentined) Secondary dentinee) Odontoblastsf) Pulpg) Pulp chamberh) Pulp / root canal

- i) Apical foramen
- j) Cementum
- k) Periodontal ligament
- l) Gingival crevice / gingival sulcus
- m) Furcation

1.1.4 Surfaces of anterior and posterior teeth:

- a) Occlusal
- b) Incisal
- c) Mesial
- d) Distal
- e) Buccal
- f) Labial
- g) Lingual
- h) Palatal

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) The anatomy (structure, 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
 - ii. Middle
 - iii. Posterior
- 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
- c) Diagnosis

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) Sickie
- b) Straight
- c) Briault
- d) WHO / BPE
- e) 6-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 (Basic Periodontal Examination)
- d) Full periodontal charting

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 in relation to oral health assessments

2.2.1 The reasons for recording contemporaneous clinical information:

- a) Personal details
- b) Social history
- c) Medical history - medication list and allergies
- d) Basic periodontal examination: 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, 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	<p>3.1.1 Terms that may be used in an orthodontic assessment:</p> <ul style="list-style-type: none">a) Overjetb) Overbitec) Diastemad) Spacinge) Crowdingf) Supernumerary toothg) 'Open' biteh) Skeletal classification / jaw relationship<ul style="list-style-type: none">i. Class iii. Class iiiii. Class iiii) Lip competencyj) Angle's classification of incisors<ul style="list-style-type: none">i. Class iii. Class ii division 1iii. Class ii division 2iv. Class iii <p>3.1.2 The Index of Orthodontic Treatment Needs (IOTN) rating system:</p> <ul style="list-style-type: none">a) Dental health component (MOCDO – Missing teeth; Overjet; Crossbite; Displacement of contact points; Overbite)b) Aesthetic component – (grades 1 – 5)
3.2 Orthodontic treatment	<p>3.2.1 The purpose of orthodontic appliances and how they are used:</p> <ul style="list-style-type: none">a) Removable applianceb) Fixed appliancec) Functional appliance <p>3.2.2 The function of retainers:</p> <ul style="list-style-type: none">a) Removableb) Fixed

Learning outcome 4

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

Topic	Content
4.1 Record keeping	<p>What needs to be covered:</p> <p>4.1.1 Provide patient's records:</p> <ul style="list-style-type: none">a) Clinical notes and dental charts: charting, patient details,b) Radiographic images: Bitewing/periapical/OPG/scansc) Medical history: allergies, medication list <p>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</p> <p>4.1.3 Record a permanent dental chart as spoken by the clinician when conducting an oral examination</p>
4.2 Equipment and instruments	<p>4.2.1 Select equipment and instruments for the clinician to carry out the following oral health assessment:</p> <ul style="list-style-type: none">a) Examine intra-oral soft tissuesb) Complete a dental charting of teethc) Complete a gingival periodontal scan/pocket depth
4.3 Palmer notation charting	<p>4.3.1 Produce a hand-written Palmer Notation chart of:</p> <ul style="list-style-type: none">a) Adult patient - showing common restorative and prosthetic treatments along with decayed, missing, filled anterior and posterior teethb) 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:

Topic	Portfolio of Evidence			
	Obs (1/2/3)	Additional Assessment Methods	Summative Practical Obs	MCQ 1
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 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 is not allowed.

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:	ST0113 (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
1.1 Human respiratory and circulatory systems	What needs to be covered: 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

1.1.2 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
2.1 Safe working practices	<p>What needs to be covered:</p> <p>2.1.1 The role and limitations of a qualified first aider:</p> <ul style="list-style-type: none"> 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) <p>2.1.2 Key principles of first aid:</p> <ul style="list-style-type: none"> a) Preserve life b) Promote recovery c) Prevent from worsening <p>2.1.3 Methods to minimise the risk of infection to self and others during first aid and Cardiopulmonary Resuscitation (CPR) procedures</p> <p>2.1.4 Methods used to establish consent in a first aid/CPR situation from a:</p> <ul style="list-style-type: none"> a) Conscious casualty – verbal/non-verbal b) Unconscious casualty - assumed consent <p>2.1.5 Give examples of when to call for help</p> <p>2.1.6 Safe working practices:</p> <ul style="list-style-type: none"> 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	<p>2.2.1 Recommended contents:</p> <ul style="list-style-type: none"> 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) 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 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
5.1 Management of medical emergencies	What needs to be covered: 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: <ul style="list-style-type: none"> 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 and the use of emergency drugs in the event of medical emergencies that may occur in the dental setting: <ul style="list-style-type: none"> 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:

Topic	Portfolio of Evidence			
	Obs (1/2/3)	Additional Assessment Methods	Summative Practical Obs	MCQ 1
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.

RPL can be used (CPR/AED certification within 1 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:	ST0113 (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: <ul style="list-style-type: none">a) The current Ionising Radiation Regulationsb) The current Ionising Radiation (Medical Exposure) Regulationsc) Local rulesd) Radiation protection file
1.2 Hazards associated with ionising radiation	1.2.1 Hazards and methods to reduce the hazards of ionising radiation: <ul style="list-style-type: none">a) Primary beam:<ul style="list-style-type: none">i. Positioning of dental teamb) Over exposure:<ul style="list-style-type: none">i. The use of intensifying screens in extra-oral cassettesii. ALARPc) Accidental exposure (to patient or self):<ul style="list-style-type: none">i. Tests not carried out; importance of the isolation switch being turned offd) Scatter radiation:<ul style="list-style-type: none">i. Use of collimator to prevent scattere) Absorption by the patient:<ul style="list-style-type: none">i. Importance of lead foil in traditional radiographic film

	<ul style="list-style-type: none"> f) Equipment failure: <ul style="list-style-type: none"> i. Contingency plan
1.3 The controlled area	1.3.1 The requirements of the controlled area: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> a) Bitewing b) Periapical c) Occlusal 2.1.2 The structures seen on each type of extra-oral radiographic images/scans: <ul style="list-style-type: none"> a) Dental pantomograph (DPT) / orthopantomograph (OPG) b) Cephalometric radiograph c) Cone beam computer tomography scan (CBCT)
2.2 Radiographic techniques	2.2.1 Advantages and disadvantages of digital and non-digital radiographic techniques <ul style="list-style-type: none"> a) Digital <ul style="list-style-type: none"> 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), images can be manipulated (medicolegal implications) b) Non-digital <ul style="list-style-type: none"> 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:

	<ul style="list-style-type: none"> a) Automatic - The 4 stages (develop/fix/wash/dry) and order of processing, and the equipment/chemicals required – developer, fixer, water b) Manual - The 5 stages (develop/wash/fix/wash/dry) and order of processing, and the equipment/chemicals required – developer, fixer, water c) Digital <ul style="list-style-type: none"> i. Direct – solid state sensor ii. Indirect – phosphor storage plate
3.2 Reasons of visible faults on radiographic images	3.2.1 3.2.1 Reasons of visible faults for manual, digital and automatic progressing: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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) Observe 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

5.2 Resources required for taking radiographic images	5.2.1 Prepare and provide resources to the operator: <ul style="list-style-type: none"> a) Holder and centring ring - periapical and bitewing views b) Sensor c) Phosphor plate d) Traditional film
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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* <i>* 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.</i> 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: <ul style="list-style-type: none"> a) Digital - correct patient electronic notes, log in/passwords on computers b) Non-digital - correct patient paper notes, 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:

Topic	Portfolio of Evidence			
	Obs (1/2/3)	Additional Assessment Methods	Summative Practical Obs	MCQ 1
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 & 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.

Unit 307

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

Unit Level:	3
GLH:	28
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:	ST0113 (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 and signs of how the disease progresses: a) Oral disease b) Gingivitis c) Periodontal disease d) Acute necrotising ulcerative gingivitis (ANUG) Causes - ineffective brushing and oral hygiene techniques, smoking/tobacco use, genetic predisposition, health conditions making oral disease more prevalent Progression – inflammation, irritation, bleeding, bone loss, halitosis, tooth mobility, tooth loss

	1.1.3 The signs and symptoms of gingival inflammation
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
1.4 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 - as acts as a plaque retentive factor b) To maintain gum health - 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:

	<ul style="list-style-type: none"> 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 Restorative materials and lining materials	3.3.1 Advantages and disadvantages of different types of restorative materials and lining materials used: <ul style="list-style-type: none"> a) Restorative materials: <ul style="list-style-type: none"> i. Amalgam ii. Composite iii. Glass ionomer b) Lining materials <ul style="list-style-type: none"> i. Zinc-based liners ii. Zinc oxide eugenol iii. Zinc phosphate iv. Zinc polycarboxylate v. Calcium hydroxide vi. Glass ionomer
3.4 Dental materials and equipment used in restorative procedures	3.4.1 Reasons for the use of dental materials and equipment: <ul style="list-style-type: none"> a) Etchant - preparation of the tooth surface, microscopic retention b) Bonding agent - adhesion of restorative materials to the tooth surface c) Curing light - polymerisation of the composite material, setting the material d) Dental amalgamator - safe mixing of restorative materials
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 materials

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: <ul style="list-style-type: none">a) Clinical notes and dental charts - charting, patient detailsb) Radiographic images - Bitewing/periapical/OPG/scansc) Medical history - allergies, medication list
4.2 Equipment, instruments, and materials for the periodontal treatment	4.2.1 Select equipment, instruments, and materials for the treatment to be undertaken: <ul style="list-style-type: none">a) Handpiece - slow speed handpieceb) Hand instruments as required by the clinicianc) Ultrasonic scaler - cavitron insert/piezod) Items required for finishing - polishing brushes/cups, prophylaxis paste 4.2.2 Treatment: <ul style="list-style-type: none">a) Scalingb) Polishing
4.3 Patient and clinician support	4.3.1 Aspirate during the periodontal treatment, maintaining a clear field of operation: <ul style="list-style-type: none">a) Wide bore and saliva ejectorsb) Soft tissue protectionc) Aspirator tip placementd) Seating position 4.3.2 Provide and support the clinician with the correct: <ul style="list-style-type: none">a) Instrumentsb) Equipmentc) Quantity and consistency of materiald) Four handed dentistry method or alternative safe method 4.3.3 Provide support to the patient during the treatment through: <ul style="list-style-type: none">a) Monitoring the patient throughout the procedureb) Identifying the patient interests, and putting the patient firstc) 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: <ul style="list-style-type: none">a) Clinical notes and dental charts - charting, patient detailsb) Radiographic images - Bitewing/periapical/OPG/scansc) Medical history - allergies, medication list
5.2 Equipment, instruments, and materials	5.2.1 Select the equipment, instruments, and materials for the planned restorative treatment: <ul style="list-style-type: none">a) Curing light - barrier sleeves, light shieldb) Handpiece - fast and slow handpiecesc) Hand instruments - mirror, probe, tweezers, dycal applicator/thymocin, packers, flat plastic, wards carver, burnishersd) Matrix system - siqveland/tofflemire/disposablee) Restorative materialf) Items required for finishing - burs, strips, discs, articulating paper 5.2.2 Treatment: <ul style="list-style-type: none">a) Amalgam restorationsb) Composite restorationsc) Glass ionomer restorations
5.3 Patient and clinician support	5.3.1 Aspirate during the treatment, maintaining a clear field of operation: <ul style="list-style-type: none">a) Wide bore and saliva ejectorsb) Soft tissue protectionc) Aspirator tip placementd) Seating position 5.3.2 Provide and support the clinician with the correct: <ul style="list-style-type: none">a) Instrumentsb) Equipmentc) Quantity and consistency of materiald) Four handed dentistry method or alternative safe method 5.3.3 Provide support to the patient during the treatment through <ul style="list-style-type: none">a) Monitoring the patient throughout the procedureb) Identifying the patient interests, and putting the patient firstc) 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:

Topic	Portfolio of Evidence			
	Obs (1/2/3)	Additional Assessment Methods	Summative Practical Obs	MCQ 1
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 Restorative materials and lining materials		✓		
3.4 Dental materials 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.

DRAFT

Unit 308

Provide support during the stages of prosthetic treatments

Unit Level:	3
GLH:	28
Unit Aim:	<p>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.</p> <p>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.</p>
Assessment Method:	<p>Portfolio of evidence</p> <p>Observation</p> <p>Multiple Choice Question (MCQ)</p>
Links to Occupational Standard:	ST0113 (see also KSB mapping document)

Learning outcome 1

Understand the materials and equipment used for fixed and removable prostheses

Topic	Content
1.1 Construction of fixed and removable prostheses	<p>What needs to be covered:</p> <p>1.1.1 The difference between fixed and removable prostheses and why they are used in dentistry</p> <p>1.1.2 The different types of impression materials and the advantages and disadvantages of impression materials:</p> <ul style="list-style-type: none">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 stabilityb) Elastomer Advantages - less distortion on removal, good dimensional stability, short working & setting time Disadvantages - slightly more expensive, stiffness required, blocking of undercuts <p>1.1.3 The terms working arch and opposing arch</p>

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	<p>2.1.1 Differences between permanent fixed prostheses:</p> <ul style="list-style-type: none">a) Implantsb) Bridges<ul style="list-style-type: none">i. Conventional retainer/ponticii. Adhesive (Maryland) <p>2.1.2 Reasons why permanent fixed prostheses may be provided to a patient:</p> <ul style="list-style-type: none">a) Jacket crown (anterior and posterior)b) Post crownc) Veneerd) Inlay/onlay
2.2 Equipment, instruments, and materials (preparation)	<p>2.2.1 The purpose of equipment, instruments, burs, and materials used during the preparation of a permanent fixed prostheses:</p> <ul style="list-style-type: none">a) Syringe, needle, local anaesthetic equipmentb) Handpiecec) Hand instrumentsd) Burse) Aspiratorsf) Gingival retraction cord/liquidg) Impression materialh) Impression tray(s)i) Bite registration materialj) Shade guidek) Temporary crown materiall) Temporary cementm) Beebee crown shearsn) Rubber dam

	2.2.2 CAD/CAM process including data capture and production in the preparation of permanent fixed prostheses
2.3 Temporary fixed prostheses	<p>2.3.1 The purpose of temporary fixed prostheses:</p> <ol style="list-style-type: none"> Pre-formed temporary crown Chairside-constructed temporary crown/veneer/inlay/onlay <p>2.3.2 Materials used in the cementation of temporary fixed prostheses:</p> <ol style="list-style-type: none"> Luting cement - zinc oxide eugenol preparations
2.4 Post operative advice following preparation	<p>2.4.1 The post-operative advice that should be provided to patients following preparation:</p> <ol style="list-style-type: none"> Oral hygiene information Protect preparation Awareness of possible sensitivity and how to manage this Advice on diet (avoidance of hard/sticky food)
2.5 Equipment, instruments, and materials (fit)	<p>2.5.1 The purpose of the equipment, instruments, burs, and materials used in the fitting of a permanent fixed prostheses:</p> <ol style="list-style-type: none"> Syringe, needle, local anaesthetic equipment Handpiece Hand instruments Burs Aspirators Articulating paper Luting cement Glass slab/paper pad Mixing spatula 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	<p>3.1.1 Provide patient's records:</p> <ol style="list-style-type: none"> Clinical notes and dental charts - charting, patient details Radiographic images - Bitewing/periapical/OPG/scans Medical history - allergies, medication list
3.2 Equipment, instruments, and materials	<p>3.2.1 Select equipment, instruments, and materials for the preparation of permanent fixed prostheses:</p> <ol style="list-style-type: none"> Syringe, needle, local anaesthetic equipment Hand instruments: as requested by the clinician Aspirators: wide bore/saliva ejector Shade guide Handpieces/burs Retraction cord/liquid Impression material/CADCAM equipment

	<p>3.2.2 Select equipment, instruments and materials for fitting and adjustment of temporary fixed prostheses:</p> <ul style="list-style-type: none"> a) Temporary crown material b) Temporary luting cement c) Permanent adhesive / luting cement d) Articulating paper
<p>3.3 Patient and clinician support</p>	<p>3.3.1 Aspirate during the treatment, maintaining a clear field of operation:</p> <ul style="list-style-type: none"> a) Wide bore and saliva ejectors b) Soft tissue protection c) Aspirator tip placement d) Seating position <p>3.3.2 Provide and support the clinician with the correct:</p> <ul style="list-style-type: none"> a) Instruments b) Equipment c) Quantity and consistency of material d) Four handed dentistry method or alternative safe method <p>3.3.3 Provide support to the patient during the treatment through:</p> <ul style="list-style-type: none"> a) Monitoring the patient throughout the procedure b) Identifying the patient interests, and putting the patient first c) Offering reassurance <p>3.3.4 Prepare impression materials to the correct ratio, consistency, and quantity, within handling and setting times relative to the material:</p> <ul style="list-style-type: none"> a) Alginate <ul style="list-style-type: none"> i. Following manufacturers instructions ii. Aerate alginate impression material iii. Measure accurately b) Elastomer <ul style="list-style-type: none"> i. Following manufacturers instructions ii. Measure accurately <p>3.3.5 Load impression materials on the impression tray (avoiding air bubbles):</p> <ul style="list-style-type: none"> a) Alginate b) Elastomer <p>3.3.6 Record appropriate and sufficient information on laboratory prescription</p> <p>3.3.7 Hand mix a powder/liquid permanent luting cement to the required consistency expected when fitting a crown</p>
<p>3.4 Infection control procedures</p>	<p>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:</p> <ul style="list-style-type: none"> 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
4.1 Removable prostheses materials and designs	<p>What needs to be covered:</p> <p>4.1.1 The types of removable prostheses available to replace missing teeth:</p> <ul style="list-style-type: none">a) Partialb) Fullc) Immediate <p>Materials:</p> <ul style="list-style-type: none">a) Acrylicb) Chrome Cobalt <p>4.1.2 Advantages and disadvantages of Chrome Cobalt over acrylic dentures</p> <ul style="list-style-type: none">a) Advantages – more precise fit, secure, last longerb) Disadvantage – cost, difficult to adjust and add extra teeth (if required)
4.2 Constructing a denture	<p>4.2.1 The stages of construction and the purpose of equipment, instruments, and materials used at each stage:</p> <ul style="list-style-type: none">a) Primary impressions<ul style="list-style-type: none">i. Stock impression traysii. Alginate impression materialb) Secondary impressions<ul style="list-style-type: none">i. Shade guideii. Special traysiii. Elastomer impression materialc) Bite (occlusal) registration<ul style="list-style-type: none">i. Wax knifeii. Willis bite gaugeiii. Le Cron carverd) Try in<ul style="list-style-type: none">i. Patient mirrorii. Articulating paperiii. Fox's occlusal plane guideiv. Heat sourcev. Waxe) Retryf) Fit<ul style="list-style-type: none">i. Acrylic trimming bursii. Straight handpieceg) Review<ul style="list-style-type: none">i. pressure indicator paste <p>4.2.2 The difference in stages when constructing a partial Chrome Cobalt or immediate prosthesis</p>

Learning outcome 5

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

Topic	Content
5.1 Record keeping	What needs to be covered: 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
5.2 Equipment, instruments, and materials	5.2.1 Select the equipment, instruments, and materials for removable 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) Four handed dentistry method or alternative safe method 5.3.2 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 5 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. Aerate alginate impression material iii. Measure accurately b) Elastomer i. Following manufacturers instructions ii. Measure accurately

3.3.4 Load impression materials on the impression tray (avoiding air bubbles):

- a) Alginate
- b) Elastomer

3.3.5 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:

Topic	Portfolio of Evidence			
	Obs (1/2/3)	Additional Assessment Methods	Summative Practical Obs	MCQ 1
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 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.

Unit 309

Provide support during the stages of endodontic procedures

Unit Level:	3
GLH:	24
Unit Aim:	<p>The unit aim is to understand the various types of endodontic treatments and their application.</p> <p>Learners will gain an understanding of the possible complications associated with providing endodontic treatments.</p> <p>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.</p>
Assessment Method:	<p>Portfolio of evidence</p> <p>Observation</p> <p>Multiple Choice Question (MCQ)</p>
Links to Occupational Standard:	ST0113 (see also KSB mapping document)

Learning outcome 1

Understand endodontic treatments and potential complications that may occur

Topic	Content
1.1 Endodontic treatments	<p>What needs to be covered:</p> <p>1.1.1 The reasons for performing different types of endodontic treatments - to preserve the tooth and prevent discomfort:</p> <ul style="list-style-type: none">a) Pulp capping<ul style="list-style-type: none">i. Exposure of pulpii. Promote pulp healingiii. Protect a healthy dental pulpiv. Avoid the need of endodontic treatmentv. Accidentalb) Pulpotomy<ul style="list-style-type: none">i. Preserve deciduous toothii. Remove infected portion of pulpiii. Emergency procedure if pulp exposed through decay/traumac) Pulpectomy<ul style="list-style-type: none">i. Treatment of a permanent tooth

- ii. Trauma
- iii. Through decay
- 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. 3 in 1 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 (temp or permanent)
- viii. Irrigation solution for surgical procedures
- ix. Haemostatic agents
- x. Gauze pack
- xi. Cotton wool rolls
- xii. 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: <ul style="list-style-type: none"> a) Clinical notes and dental charts - charting, patient details b) Radiographic images - Bitewing/periapical/OPG/scans c) Medical history - allergies, medication list
2.2 Equipment, instruments and materials	2.2.1 Prepare and provide the clinician with equipment, instruments and materials used during pulpectomy treatment: <ul style="list-style-type: none"> a) Equipment <ul style="list-style-type: none"> 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. 3 in 1 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 (temp or permanent)
 - viii. Irrigation solution for surgical procedures
 - ix. Haemostatic agents
 - x. Gauze pack
 - xi. Cotton wool rolls
 - xii. 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 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
-

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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:

Topic	Portfolio of Evidence			
	Obs (1/2/3)	Additional Assessment Methods	Summative Practical Obs	MCQ 1
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 at least stage 2**). Any other stages not observed should be evidenced by expert witness testimony. Simulation is not allowed.

Unit 310

Provide support during extractions and minor oral surgery

Unit Level:	3
GLH:	24
Unit Aim:	The unit aim 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:	ST0113 (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) Fraenectomy c) Biopsy d) Extraction of impacted/unerupted teeth e) Retained/buried roots f) Operculectomy 1.1.2 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) 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 haemorrhage
- c) Provides emergency contact details
- d) Explanation of analgesics, if required
- 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

Learning outcome 2

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

Topic	Content
2.1 Record keeping	What needs to be covered: 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
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 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
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

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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:

Topic	Portfolio of Evidence			
	Obs (1/2/3)	Additional Assessment Methods	Summative Practical Obs	MCQ 1
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 - minimum of **two** observations* (adult and child patient) to be carried out by the assessor. The primary method of assessment must be observation. Content elements not sufficiently covered during the observation can be assessed by an 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:	48
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:	ST0113 (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
1.1 Providing patients with oral health information	What needs to be covered: 1.1.1 Reasons for providing patients with evidence-based oral health information: a) Regional, cultural and social trends, including variations in oral health in the UK b) Restricted access to oral healthcare c) National initiatives/guidelines (eg Public Health England / Department of Health / National Institute for Health and Care Excellence (NICE)) d) Standardising evidence-based patient information 1.1.2 Recognised national oral health campaigns 1.1.3 How national oral health campaigns can be implemented locally within a dental setting
1.2 Communication methods	1.2.1 The methods used to deliver oral health messages in line with ethical responsibilities: a) Leaflets and visual aids b) Models/demonstration pieces - toothbrush, mouth model

- c) Oral hygiene aids - floss/tape/interdental brushes
- d) Visual aids - images/photographs (use of technology)
- e) Leaflets
- f) 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	<p>2.1.1 The principles and types of preventative oral care and treatment that will combat:</p> <ul style="list-style-type: none"> 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 <p>2.1.2 Types of food and drink that can negatively impact oral health:</p> <ul style="list-style-type: none"> a) Sugars: intrinsic, extrinsic, hidden, frequency, snacking between meals/nutritional balance b) Acidic drinks: carbonated/non-carbonated c) Acidic foods: vinegar/citrus fruits <p>2.1.3 The impacts of food and drink on oral health:</p> <ul style="list-style-type: none"> a) Increase risk of caries b) Enamel erosion
2.2 Health factors	<p>2.2.1 How medical conditions can affect a patient's oral health:</p> <ul style="list-style-type: none"> 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
2.3 Social history	<p>2.3.1 How social history affects a patient's oral health:</p> <ul style="list-style-type: none"> a) Lifestyle/attitude b) Smoking c) Alcohol d) Dental education e) Dietary preferences/restrictions f) Religious beliefs and cultural practices: <ul style="list-style-type: none"> i. Betal nut

	<ul style="list-style-type: none"> ii. Paan iii. Fasting <p>f) Socio-economic factors:</p> <ul style="list-style-type: none"> i. Finances ii. Private vs NHS
<p>2.4 Physical health</p>	<p>2.4.1 How physical health can be affected by:</p> <ul style="list-style-type: none"> a) Diet <ul style="list-style-type: none"> i. Portion size ii. Nutritional balance iii. Sugar consumption b) Alcohol c) Smoking
<p>2.5 Pre-malignant and malignant lesions</p>	<p>2.5.1 The appearance, location and types of lesions in the oral cavity and when they should be of concern:</p> <ul style="list-style-type: none"> a) Lichen planus b) Leukoplakia c) Erythroplakia d) Aphthous ulcer e) Squamous cell carcinoma <p>2.5.2 How pre-malignant and malignant lesions are diagnosed:</p> <ul style="list-style-type: none"> a) Diagnosis tools: <ul style="list-style-type: none"> i. Photographs ii. CT scan iii. Radiograph (presence of abnormality) <p>2.5.3 How patients are supported when pre-malignant and malignant lesions are diagnosed through referral and support:</p> <ul style="list-style-type: none"> a) Referral tools: <ul style="list-style-type: none"> i. Forms ii. Email iii. NHS secure referral system b) Management of patient expectation: <ul style="list-style-type: none"> i. Referral time ii. 2-week pathway iii. Review and follow up

Learning outcome 3

Understand the prevention and management of oral diseases

Topic	Content
	What needs to be covered:
<p>3.1 Oral hygiene techniques</p>	<p>3.1.1 Oral hygiene techniques and aids used to prevent oral disease:</p> <ul style="list-style-type: none"> a) Toothbrushing techniques: <ul style="list-style-type: none"> 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
- 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 PPM), full-mouth gels
 - b) Systemic - water supply (including PPM), tablets

- 3.2.3** Considerations when administering fluoride, both systemically and topically:
- a) Recommended Parts Per Million 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 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	<p>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:</p> <ul style="list-style-type: none">a) Introduce themselvesb) Purpose of visitc) Check identity of the patientd) Provide information to the patient that is accurate, consistent and in line with evidence-based guidelines, as set out in their treatment plan <p>4.1.2 Give the patient the opportunity to discuss their oral health problems and ask questions</p> <p>4.1.3 Interact with and encourage the patient according to their needs</p>
4.2 Resources for providing oral health information	<p>4.2.1 Use a range of resources to assist with the delivery of oral health information:</p> <ul style="list-style-type: none">a) Models/demonstration pieces - toothbrush, mouth modelb) Oral hygiene aids - floss/tape/interdental brushesc) Visual aids - images/photographs (use of technology)d) Leafletse) 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:

Topic	Portfolio of Evidence			
	Obs (1/2/3)	Additional Assessment Methods	Summative Practical Obs	MCQ 1
1.1 Providing patients with 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				✓
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, 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 COSHH policies and procedures		
Waste disposal training including hazardous waste and disposal of sharps		
Prevention and control of infection control policy		
Personal Protective Equipment (PPE)		
Hand washing		

Decontamination/sterilisation workplace procedures and policies		
Sharps injury protocol		
Reporting of injuries, accidents, hazards and risks, and records required		
Fire procedure		
Radiation protection policy and procedures		
Patient care		
Professionalism		
Confidentiality/data protection		
Patient consent		

Student identification		
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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 (ST0113)

The table below contain the mapping of the occupational standard ST0113 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.

Unit	Knowledge, Skills, and Behaviours (KSBs) reference
301 - Preparing for professional practice in dental nursing	K1, K3, K4, K5, K6, K9, K10 K12, K13, K14, K17, K25, K26, K35, K36, K37, K38, K40 S1, S2, S8, S9, S10, S11, S23, S24, S25, S26 B1, B2
302 - Health and safety practices in the dental setting	K2, K16, K17, K24, K28, K39 S27, S28 B1, B2
303 - Prevention and control of infection in the dental setting	K18, K19, K20, K21 S3, S6, S12, S14, S15, S28 B1, B2
304 - Dental and regional anatomy, oral health assessments and treatment planning	K7, K15 S4, S5, S6, S11, S13, S16, S17, S28 B1, B2
305 - Recognising and supporting actions during first aid and medical emergencies	K8, K31, K32, K33, K34 S4, S21, S22
306 - The safe use of ionising radiation to produce quality radiographic images	K27, K28, K29 S4, S5, S6, S12, S13, S17, S18, S19, S27, S28 B1, B2
307 - Provide support for the control of periodontal disease and caries, and the restoration of cavities	K15, K22, K23 S4, S5, S6, S7, S13, S16, S17, S28 B1, B2
308 - Provide support during the stages of prosthetic treatments	K15, K21, K22, K23 S3, S4, S5, S6, S7, S13, S16, S17, S28 B1, B2
309 - Provide support during the stages of endodontic procedures	K15, K22, K23 S4, S5, S6, S7, S13, S16, S17, S28 B1, B2
310 - Provide support during extractions and minor oral surgery	K15, K22, K23 S4, S5, S6, S7, S13, S16, S17, S28 B1, B2

Unit**Knowledge, Skills, and Behaviours (KSBs) reference**

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

K4, K11, K30
S4, S5, S8, S20
B1, B2

DRAFT

Appendix 3

Qualification content mapping to General Dental Council (GDC) Learning Outcomes

The table below contains the mapping of the GDC Learning Outcomes to the Level 3 Technical Occupational Entry to Professional Practice for Dental Nurses (5238-30)

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

Overarching outcomes

There are **7 overarching outcomes** which should be demonstrated throughout education and training. These form the key principles of effective and professional practice, running through all domains (clinical, communication, professionalism, management, and leadership), and are the same for all registrant categories.

GDC outcomes	Unit references
Practise safely and effectively, making the high quality long term care of patients the first concern	301-311
Recognise the role and responsibility of being a registrant and demonstrate professionalism throughout education, training, and practice in accordance with GDC guidance	301
Demonstrate effective clinical decision making	311
Describe the principles of good research, how to access research and interpret it for use as part of an evidence-based approach to practice	301, 303, 311
Apply an evidence-based approach to learning, practice, clinical judgment, and decision making and utilise critical thinking and problem solving skills	301, 303, 305, 311
Accurately assess own capabilities and limitations, demonstrating reflective practice, in the interest of high-quality patient care and act within these boundaries	301, 305
Recognise the importance of lifelong learning and apply it to practice	301, 305

CLINICAL

1. Individual patient care

1.1 Foundations of practice

The Registrant will be able to apply to the practice of dental nurse principles that derive from the biomedical, behavioural and materials sciences

The registrant will recognise and take account of the needs of different patient groups including children, adults, older people, and those with special care requirements throughout the patient care process

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

CLINICAL

of patient anxiety, experience, and expectations in respect of dental care

1.2.7 Discuss the importance of each component of the patient assessment process	Unit 301 LO4 Unit 311 LO4
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1.5 Responding to the treatment plan

1.5.1 Explain the principles of obtaining valid patient consent	Unit 301 LO3 Unit 305 LO2
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1.5.2 Discuss the role of the dental nurse and other members of the dental team in the treatment plan	Unit 301 LO1 LO2
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1.7 Patient management

1.7.1 Treat all patients with equality, respect and Dignity	Unit 301 LO1 LO4 LO6
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1.7.2 Explain the impact of medical and psychological conditions in the patient	Unit 311 LO2
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1.7.3 Monitor, support and reassure patients through effective communication and behavioural techniques	Unit 306 LO5 Unit 307 LO4 LO5 Unit 308 LO3 LO5 Unit 309 LO2 Unit 310 LO2
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1.7.4 Advise patients on oral health maintenance	Unit 308 LO2 Unit 311 LO3 LO4
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1.7.5 Recognise the need for and make arrangements for follow-up care as prescribed by the operator	Unit 301 LO1 Unit 304 LO2 Unit 309 LO1 Unit 310 LO1 Unit 311 LO2
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1.7.6 Describe the role of the dental nurse and other members of the dental team in the patient management process	Unit 301 LO1 LO2
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1.8 Patient and public safety

1.8.1 Use the working and clinical environment in a safe and efficient manner	Unit 302 LO2 LO4 Unit 303 LO4 LO5 LO6 Unit 306 LO4 LO5 LO6 Unit 307 LO4 LO5 Unit 308 LO3 LO5 Unit 309 LO2 Unit 311 LO2
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1.8.2 Perform effective decontamination and infection control procedures	Unit 303 LO3 LO4 LO5 LO6 Unit 308 LO3 LO5
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1.8.3 Comply with current best practice guidelines	Unit 302 LO5 LO6 Unit 304 LO2 Unit 308 LO3 LO5
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CLINICAL	
	Unit 311 LO1 LO4
1.8.4 Recognise and manage medical emergencies	Unit 305 LO2 LO3 LO4 LO5
1.8.5 Explain the importance of contemporaneous, complete, and accurate patient records in accordance with legal requirements and best practice	Unit 301 LO3 Unit 304 LO2
1.8.6 Recognise the signs of abuse or neglect and describe local and national systems and raise concerns where appropriate	Unit 301 LO1 LO3
1.9 Treatment of acute oral conditions	
1.9.1 Recognise and manage patients with acute oral conditions ensuring involvement of appropriate dental team members	Unit 304 LO2 Unit 307 LO1 Unit 311 LO2
1.10 Health promotion and disease prevention	
1.10.1 Describe the principles of preventive care	Unit 311 LO2
1.10.2 Provide patients with accurate and effective preventive information in a manner which encourages self-care and motivation	Unit 311 LO4
1.10.3 Discuss the health risks of diet, drugs and substance misuse, and substances such as tobacco, alcohol, and drugs on oral and general health	Unit 311 LO4
1.11 Contributing to treatment	
1.11.1 Prepare and maintain the clinical environment including the instruments and equipment	Unit 304 LO4 Unit 307 LO4 LO5 Unit 308 LO3 LO5 Unit 309 LO2 Unit 310 LO2
1.11.2 Provide chairside support to the operator during treatment	Unit 307 LO4 LO5 Unit 308 LO3 LO5 Unit 309 LO2 Unit 310 LO2
1.11.3 Prepare, mix, and handle dental materials	Unit 307 LO4 LO5 Unit 308 LO3 LO5 Unit 309 LO2
1.11.4 Process and manage dental radiographs	Unit 306 LO5 LO6
2 Population-based health and care	
2.1 Describe the basic principles of a population health approach including demographic and social trends, UK and international oral health trends, determinants of health and inequalities in health, the ways in which these are measured and current patterns	Unit 311 LO1

CLINICAL

2.2 Describe the dental and wider healthcare systems dental professionals work within including health policy and organisation, delivery of healthcare and equity

Unit 301 LO1 LO2
Unit 311 LO2

2.3 Describe and evaluate the role of health promotion in terms of the changing environment, community, and individual behaviours to deliver health gain

Unit 311 LO1

2.4 Describe evidence-based prevention and apply appropriately

Unit 311 LO1 LO4

2.5 Describe the principles of planning oral health care for communities to meet needs and demands

Unit 311 LO1 LO4

COMMUNICATION

The Registrant must recognise the importance of appropriate communication in healthcare at all times and through all media

3 Patients, their representatives, and the public

3.1 Communicate effectively and sensitively with and about patients, their representatives, and the general public

Unit 301 LO4
Unit 303 LO5
Unit 311 LO4

3.2 Communicate effectively and sensitively to provide reassurance and information on oral hygiene to patients and their representatives

Unit 301 LO4
Unit 307 LO4 LO5
Unit 308 LO3 LO5
Unit 309 LO2

3.3 Explain the purpose and process of informed consent

Unit 301 LO3
Unit 304 LO2
Unit 305 LO2

4 Team and the wider healthcare environment

4.1 Communicate effectively with colleagues from dental and other healthcare professions in relation to the direct care of individual patients, including oral health promotion

Unit 301 LO1 LO4
Unit 309 LO1
Unit 310 LO1
Unit 311 LO2

4.2 Explain the role of appraisal, training, and review of colleagues, giving and receiving effective feedback

Unit 301 LO5

4.3 Give and receive feedback effectively to and from other members of the team

Unit 301 LO5

5 Generic communication skills

5.1 Communicate effectively and sensitively by spoken, written and electronic methods and maintain and develop these skills

Unit 301 LO3 LO4

5.2 Explain the importance of and maintain contemporaneous, complete, and accurate patient records in accordance with legal requirements and best practice

Unit 301 LO3
Unit 304 LO2

COMMUNICATION

5.3 Recognise the use of a range of communication methods and technologies and their appropriate application in support of clinical practice* Unit 301 LO3 LO4

5.4 Recognise and act within the principles of information governance Unit 301 LO4

PROFESSIONALISM

6 Patients and the public

6.1 Put patients' interests first and act to protect them Unit 306 LO5
Unit 307 LO4 LO5
Unit 308 LO3 LO5
Unit 309 LO2
Unit 310 LO2

6.2 Be honest and act with integrity Unit 301 LO1

6.3 Respect patients' dignity and choices Unit 301 LO1

6.4 Protect the confidentiality of all personal Information Unit 301 LO3

6.5 Recognise and respect the patient's perspective and expectations of dental care and the role of the dental team taking into account current equality and diversity legislation, noting that this may differ in England, Scotland, Wales, and Northern Ireland Unit 301 LO1

7 Ethical and legal

7.1 Be familiar with and act within the GDC's standards and within other professionally relevant laws, ethical guidance, and systems Unit 301 LO1 LO2
Unit 302 LO3

7.2 Recognise and act upon the legal and ethical responsibilities involved in protecting and promoting the health of individual patients Unit 301 LO1

7.3 Act without discrimination and show respect for patients, colleagues and peers and the general public Unit 301 LO1

7.4 Recognise the importance of candour and effective communication with patients when things go wrong, knowing how and where to report any patient safety issues which arise Unit 301 LO1

7.5 Take responsibility for and act to raise concerns about your own or others' health, behaviour or professional performance as described in Standards for the Dental Team, Principle 8 Raise concerns if patients are at risk Unit 301 LO1, LO3

8 Teamwork

8.1 Describe and respect the roles of dental and other healthcare professionals in the context of learning and working in a dental and wider healthcare team Unit 301 LO1 LO2 LO4
Unit 311 LO2

PROFESSIONALISM

8.2 Ensure that any team you are involved in works together to provide appropriate dental care for patients

Unit 301 LO1 LO2 LO4
Unit 311 LO2

8.3 Explain the contribution that team members and effective team working makes to the delivery of safe and effective high-quality care

Unit 301 LO1 LO2 LO4
Unit 311 LO2

9 Development of self and others

9.1 Recognise and demonstrate own professional responsibility in the development of self and the rest of the team

Unit 301 LO5

9.2 Utilise the provision and receipt of effective feedback in the professional development of self and others

Unit 301 LO5

9.3 Develop and maintain professional knowledge and competence and demonstrate commitment to lifelong learning

Unit 301 LO5

9.4 Recognise the impact of new techniques and technologies in clinical practice

Unit 306 LO2
Unit 311 LO1 LO4

9.5 Accurately assess own capabilities and limitations in the interest of high quality patient care and seek advice from supervisors or colleagues where appropriate

Unit 301 LO5
Unit 305 LO2

9.6 Describe and demonstrate the attributes of professional attitudes and behaviour in all environments and media

Unit 301 LO4
Unit 311 LO1 LO4

MANAGEMENT AND LEADERSHIP

10 Managing self

10.1 Put patients' interests first and act to protect them

Unit 306 LO5
Unit 307 LO4 LO5
Unit 308 LO3 LO5
Unit 309 LO2
Unit 310 LO2

10.2 Effectively manage own time and resources

Unit 301 LO1
Unit 306 LO5
Unit 311 LO4

10.3 Recognise the impact of personal behaviour and manage this professionally

Unit 301 LO2

10.4 When appropriate act as an advocate for patient needs

Unit 301 LO4

10.5 Take responsibility for personal development planning, recording of evidence and reflective practice

Unit 301 LO5

10.6 Ensure that all aspects of practice comply with legal and regulatory requirements

Unit 301 LO1 LO2 LO3
Unit 302 LO1 LO2 LO3 LO4
Unit 303 LO3 LO4 LO6
Unit 308 LO3 LO5

10.7 Demonstrate appropriate continuous improvement activities

Unit 301 LO5

MANAGEMENT AND LEADERSHIP

11 Working with others

11.1 Take a patient-centred approach to working with the dental and wider healthcare team

Unit 306 LO5
Unit 307 LO4 LO5
Unit 308 LO3 LO5
Unit 309 LO2
Unit 310 LO2

11.2 Recognise and respect own and others' contribution to the dental and wider healthcare team and demonstrate effective team working

Unit 301 LO1 LO2 LO4
Unit 311 LO2

11.3 Recognise and comply with the team working requirements in the Scope of Practice and Standards documents

Unit 301 LO1 LO2 LO4
Unit 311 LO2

11.4 Describe the impact of Direct Access on each registrant group's scope of practice and its effect on dental team working

Unit 301 LO2

11.5 Recognise, take responsibility for and act to raise concerns about own or others' health, behaviour or professional performance as described in The Principles of Raising Concerns

Unit 301 LO1 LO3

12 Managing the clinical and working environment

12.1 Recognise and comply with systems and processes to support safe patient care

Unit 306 LO5
Unit 307 LO4 LO5
Unit 308 LO3 LO5
Unit 309 LO2
Unit 310 LO2

12.2 Recognise the need for effective recorded maintenance and testing of equipment and requirements for appropriate storage, handling and use of materials

Unit 302 LO2 LO3
Unit 303 LO4 LO6

12.3 Recognise and demonstrate the procedures for handling of complaints as described in Standards for the Dental Team, Principle 5

Unit 301 LO6

12.4 Describe the legal, financial and ethical issues associated with managing a dental practice

Unit 301 LO1 LO2 LO3

12.5 Recognise and comply with national and local clinical governance and health and safety requirements

Unit 301 LO1 LO2 LO3 LO6
Unit 302 LO1 LO2 LO3 LO4

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 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 SFHIPC7 Safely dispose of healthcare waste, including sharps, to prevent the spread of infection

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

Unit Title	Links to NOS
Unit 309 Provide support during the stages of endodontic procedures	<p>SFHIPC2 Perform hand hygiene to prevent the spread of infection</p> <p>SFHGEN22 Communicate effectively with individuals</p> <p>SFH0H1 Prepare and maintain environments, instruments, and equipment for clinical dental procedures</p> <p>SFH0H7 Provide chairside support during non-surgical endodontic treatment</p> <p>SFHIPC6 Use personal protective equipment to prevent the spread of infection</p> <p>SFHIPC2 Perform hand hygiene to prevent the spread of infection</p>
Unit 310 Provide support during extractions and minor oral surgery	<p>SFHGEN22 Communicate effectively with individuals</p> <p>SFH0H1 Prepare and maintain environments, instruments, and equipment for clinical dental procedures</p> <p>SFH0H8 Provide chairside support during the extraction of teeth and minor oral surgery</p> <p>SFHIPC6 Use personal protective equipment to prevent the spread of infection</p> <p>SFHIPC2 Perform hand hygiene to prevent the spread of infection</p>
Unit 311 Scientific and practical information to support the patient's oral and physical health	<p>SFHGEN22 Communicate effectively with individuals</p> <p>SFH0H2 Offer information and support to individuals about dental services and the protection of oral health</p> <p>SFHGEN32 Search information, evidence and knowledge resources and communicate the results</p> <p>SFH0H3 Provide chairside support during the assessment of patients' oral health</p> <p>SFHIPC2 Perform hand hygiene to prevent the spread of infection</p>

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								
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, 2.3, 2.4								
	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, 3.7								
	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								
	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.	✓	✓	✓
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.		✓	✓
309*	LO2 – 2.1, 2.2, 2.3	LO2 - minimum of one observation to be carried out by the assessor (to at least stage 2). Any other stages not observed should be evidenced by expert witness testimony/reflective account/learner statement.			✓
310*	LO2 – 2.1, 2.2, 2.3, 2.4	LO2 - minimum of two observations* (adult & child patient) to be carried out by the assessor.			✓

* 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	LO1 & 2 - Assignment/Project LO4 – Reflective Account/Observation LO5 – 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. Learning Outcome 5 – 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 & 3 - Assignment/Project LO4 - 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, 2.3, 2.4 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.
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 & 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 & 4 - Assignment/Project LO5 & 6 - Observation	Learning outcomes 5 & 6 - minimum of two observations in each LO. This must be carried out by the assessor. Simulation is not allowed.
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 & 3 - Assignment/Project LO 4 & 5 - 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 & 2 & 4 - Assignment/Project LO2 – 2.4 – Reflective Account LO3 & 5 - Observation	<p>Learning outcome 3 - minimum of one observation* carried out by the assessor to cover one of the below preparations – one of the following:</p> <ul style="list-style-type: none"> • Crown • Conventional bridge • Veneer • Inlay <p>*The primary method of assessment must be observation. Content elements not sufficiently covered during the observation can be assessed by an expert witness testimony.</p> <p>Learning outcome 5 - minimum of two observations* by the assessor or expert witness to cover two of the removable prosthesis stages below:</p> <ul style="list-style-type: none"> • Primary / secondary impressions • Bite • Fit <p>* 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.</p>
309	LO1 – 1.2 LO2 – 2.1, 2.2, 2.3	LO1 - Assignment/Project LO2 - Observation	<p>Learning Outcome 2 - minimum of one observation to be carried out by the assessor (to at least stage 2). Any other stages not observed should be evidenced by expert witness testimony. Simulation is not allowed.</p>
310	LO1 – 1.1, 1.2, 1.3 LO2 – 2.1, 2.2, 2.3, 2.4	LO1 - Assignment/Project LO2 - Observation	<p>Learning outcome 2 - minimum of two observations* (adult and child patient) to be carried out by the assessor. The primary method of assessment must be observation. Content elements not sufficiently covered</p>

			during the observation can be assessed by an expert witness testimony. Simulation is not allowed.
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311	LO1 – 1.1, 1.2 LO2 – 2.3, 2.4 LO3 – 3.1, 3.3 LO4 – 4.1, 4.2	LO1, 2, 3 - Assignment/Project LO4 - Simulation	<p>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).</p> <p>*The primary method of assessment must be simulation. Content elements not sufficiently covered during the simulation can be assessed by an appropriate secondary method.</p>
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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 2023. 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.

City & Guilds

For over 140 years, we have worked with people, organisations and economies to help them identify and develop the skills they need to thrive. We understand the life-changing link between skills development, social mobility, prosperity and success. Everything we do is focused on developing and delivering high-quality training, qualifications, assessments and credentials that lead to jobs and meet the changing needs of industry.

We partner with our customers to deliver work-based learning programmes that build competency to support better prospects for people, organisations and wider society. We create flexible learning pathways that support lifelong employability because we believe that people deserve the opportunity to (re)train and (re)learn again and again – gaining new skills at every stage of life, regardless of where they start.

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