



# End-point assessment plan for Oral Health Practitioner apprenticeship standard at level 4

Apprenticeship standard reference number	Level of this end point assessment (EPA)	Integrated
ST0542	4	No

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## Introduction and overview

This document sets out the requirements for end-point assessment (EPA) for the Oral Health Practitioner apprenticeship standard. It is for end-point assessment organisations (EPAOs) who need to know how EPA for this apprenticeship must operate. It will also be of interest to Oral Health Practitioner apprentices, their employers and training providers.

Full time apprentices will typically spend 14 months on-programme (before the gateway) working towards the occupational standard, with a minimum of 20% off-the-job training. All apprentices will spend a minimum of 12 months on-programme.

The EPA period should only start, and the EPA be arranged, once the employer is satisfied that the apprentice is consistently working at or above the level set out in the occupational standard, all of the pre-requisite gateway requirements for EPA have been met and that they can be evidenced to an EPAO.

All pre-requisites for EPA assessment methods must also be complete and available for the independent assessor as necessary.

For level 3 apprenticeships and above apprentices without English and mathematics at level 2 must achieve level 2 prior to taking their EPA.

The EPA must be completed within a maximum of 3 month(s), beginning when the apprentice has passed the EPA gateway.

The EPA consists of 3 discrete assessment methods.

The individual assessment methods will have the following grades:

**Assessment method 1:** MCQ exam graded pass, distinction or fail

**Assessment method 2:** Observation of practice graded pass or fail

**Assessment method 3:** Professional discussion graded pass, distinction or fail

Performance in the EPA will determine the overall apprenticeship standard and grade of pass, distinction or fail

## EPA summary table

<b>On-programme</b> (typically 14 months)	Training to develop the occupation standard's knowledge, skills and behaviours.
<b>End-point Assessment Gateway</b>	<ul style="list-style-type: none"> <li>• Employer is satisfied the apprentice is consistently working at, or above, the level of the occupational standard.</li> <li>• English/mathematics Level 2</li> </ul>
<b>End Point Assessment</b> (completed within 3 months of gateway)	<p>Assessment Method 1: MCQ exam</p> <p>With the following grades:</p> <ul style="list-style-type: none"> <li>• Pass</li> <li>• Distinction</li> <li>• Fail</li> </ul> <p>Assessment Method 2: Observation of practice</p> <p>With the following grades:</p> <ul style="list-style-type: none"> <li>• Pass</li> <li>• Fail</li> </ul> <p>Assessment Method 3: Professional discussion</p> <p>With the following grades:</p> <ul style="list-style-type: none"> <li>• Pass</li> <li>• Distinction</li> <li>• Fail</li> </ul>

## Length of end-point assessment period:

The EPA must be completed within an EPA period lasting a maximum of 3 month(s), beginning when the apprentice has passed the EPA gateway.

## Order of assessment methods

The assessment methods can be delivered in any order.

## Gateway

The EPA period should only start once the employer is satisfied that the apprentice is consistently working at or above the level set out in the occupational standard, that is to say they have achieved occupational competence. In making this decision, the employer may take advice from the apprentice's training provider(s), but the decision must ultimately be made solely by the employer.

In addition to the employer's confirmation that the apprentice is working at or above the level in the occupational standard, the apprentice must have completed the following gateway requirements prior to beginning EPA:

- English and mathematics at level 2.
- For those with an education, health and care plan or a legacy statement the apprenticeships English and mathematics minimum requirement is Entry Level 3 and British Sign Language qualification are an alternative to English qualifications for whom this is their primary language.

# Assessment methods

## Assessment Method 1: MCQ exam

### Overview

This assessment will take the form of a multiple-choice question exam, which must be appropriately structured to draw out the best of the apprentice's competence and excellence and cover the KSBs assigned to this assessment method.

The exam paper will be 60 minutes duration under invigilated examination conditions. The MCQ exam will assess the KSBs mapped to this assessment method (see Appendix 1). The exam consists of 40 single best answer questions.

### Delivery

The exam may be online or paper-based. The results of online exams will be delivered immediately. The results of paper-based exams will be returned to the apprentice within two weeks.

The detailed requirements of the exam are as follows:

#### Questions

- A total of 40 single best answer questions.
- Each question will have four options. The apprentice will select one option.
- It must include 5 diagram-based questions.
- Each question answered correctly must be assigned 1 mark. Incorrect or missing answers will be assigned 0 marks.
- Each exam paper will have a good distribution of questions across all the KSBs mapped to this method to ensure that all the areas are covered

#### Time and conditions

- 60 minutes (1 hour). Further time may be granted for apprentices with appropriate needs, in-line with the EPAOs Reasonable Adjustments Policy.
- The exam must be delivered in controlled conditions, free from interruption and distractions
- The exam can take place at the apprentice's workplace or any other venue determined as appropriate by the EPAO

#### Invigilation and marking

- The exam must be invigilated and marked in line with the EPAO invigilation and marking policy
- The exam is closed book (ie the apprentice cannot refer to reference books or materials)
- Marking will be carried out by EPAO administrators/examiners following a marking guide produced by the EPAO. Electronic marking is also permissible.

#### Grading

- The following grading boundaries will apply

- Distinction: 32 or more correct answers
- Pass: 20 to 31 correct answers
- Fail 19 or below correct answers

#### Additional requirements

- It is recommended that EPAOs develop exam questions by working with representative employers and experts in the field.
- EPAOs must ensure the examination is available for apprentices within the set EPA period, allowing for both assessments and marking to take place
- EPAOs must develop question banks of sufficient size to prevent predictability and review them regularly to ensure they are fit for purpose.
- EPAOs must ensure that apprentices have different questions in the case of re-sits or re-takes.
- The EPAO is responsible for setting and marking the MCQ exam and constructing an answer marking guide. Prior to administering the exam, the paper and answer guide must be reviewed by an external examiner appointed by the EPAO to assure external benchmarking and consistency.
- The exam will be marked by the independent assessor who will indicate a pass, distinction or fail.

The rationale for this assessment method is:

An MCQ exam is a well-recognised method of assessing underpinning knowledge and understanding. This method is widely used within the health sector and forms an appropriate companion to the other method selected to ensure that the apprentices are given the best opportunity to demonstrate the full range of KSBs.

## Assessment Method 2: Observation of practice

### Overview

Apprentices must be observed by an independent assessor completing work in their normal workplace, in which they will demonstrate the KSBs assigned to this assessment method. The EPAO will arrange for the observation to take place, in consultation with the employer.

One independent assessor may observe up to a maximum of 1 apprentice at any one time, to allow for quality and rigour.

The rationale for this assessment method is:

An observation of practice allows the independent assessor to see an apprentice during their normal every day work, carrying out the KSBs in real time. This method of assessment in a real work situation is the most appropriate method due to the practical nature of the occupation.

## Delivery

The live observation of practice is undertaken in the apprentice's workplace and must last for 90 minutes (+ 10% at the discretion of the independent assessor). There are two parts to the assessment: a 60 minutes observation followed by 30 minutes question and answer session to check knowledge and understanding relating to the skills observed.

In advance of the observation, apprentices must be provided with information on the format of the observation, including timescales.

The following KSBs will be observed or, when not seen, covered by question and answer during the observation. See the mapped KSBs in appendix 1.

The independent assessor must be unobtrusive whilst conducting the observation.

The observation should be conducted in the following way, to take account of the occupational context in which the apprentice operates:

The apprentice will be observed in providing oral health care to an individual or succession of individuals. As the apprentice will be carrying out their everyday work with patients, the number of patients and precise activity cannot be determined in advance. These patients will not be chosen for the end-point assessment but are part of the normal workload of the apprentice. Examples of 'workplaces' can include a dental practice, dental hospital or community setting.

The Independent Assessor will only observe one apprentice at a time.

The observation must provide evidence of the apprentice demonstrating the knowledge, skills and behaviours mapped to this assessment method.

The observation will be followed by a question and answer session to clarify what has been seen during the observation and the choices or actions taken by the apprentice and to cover any unobserved KSBs or evidence gaps identified. It will also cover any of the requirements that did not occur naturally during the 90-minute observation. The question and answer session is 10 minutes (+10% at the discretion of the independent assessor to allow the apprentice to finish answering a question). The independent assessor will generate their own questions and follow up questions based on the exemplar questions provided by the EPAO and listed within the observation of practice marking template. The EPAO will develop a suitable 'bank of exemplar questions' exemplar set of open questions which the assessors can use as a basis for devising their own follow up questions based on what has or has not been observed.

KSBs observed, and answers to questions, must be documented by the independent assessor in the grading matrix.

## Other relevant information

The assessment must be terminated if at any time during the 90-minute assessment the independent assessor observes unsafe practice. The employer will decide when the apprentice is ready to attempt the end-point assessment again. The employer may gather views from the training provider and the apprentice to inform their decision.

Should an unexpected event occur, for example a fire alarm, the observation will be paused and re-started to ensure that the apprentice is observed providing oral health care for the full 90 minutes.

The observation may be observed for quality assurance purposes by the EPAO or the EQA. In these instances, the apprentice will be advised beforehand.

### Support material

EPAOs will produce the following material to support this assessment method:

- Observation template indicating areas to be covered
- Template for the independent assessor to capture the evidence
- Question bank
- Grading matrix

### Venue

The observation can take place in:

- employer's premises eg the dental surgery, *community clinic, hospital or dental teaching facility*

### Question development

EPAOs will create an exemplar of open questions covering all KSBs which can be used by assessors to devise their own questions. They must develop 'banks' of sufficient size to prevent predictability and review them regularly (and at least once a year) to ensure they, and the questions they contain, are fit for purpose.

## Assessment Method 3: Professional discussion

### Overview

This assessment will take the form of a professional discussion, which must be appropriately structured to draw out the best of the apprentice's competence and excellence and cover the KSBs assigned to this assessment method. It will focus on analysis of given scenarios, via scenario-based questions, to ensure coverage of prior learning or activity.

The professional discussion can take place in any of the following:

- employer's premises
- a suitable venue selected by the EPAO (e.g. a training provider's premises)

### Rationale

The rationale for this assessment method is:

A professional discussion is not simply a question and answer session but a two-way dialogue between the apprentice and independent assessor. It allows the apprentice to use standardised 'scenarios' as a starting point to explore their own practice and experiences with the independent assessor. A



professional discussion is a well-recognised method of checking knowledge, skills and behaviours and is widely used within the health sector.

## Delivery

The independent assessors will conduct and assess the professional discussion individually.

The professional discussion must last for 45 minutes. The independent assessor has the discretion to increase the time of the professional discussion by up to 10% to allow the apprentice to complete their last answer. Further time may be granted for apprentices with appropriate needs, for example where signing services are required.

The professional discussion will allow the apprentice to demonstrate the depth and breadth of their oral health practitioner knowledge, skills and behaviours required to practice both safely and effectively. As a structured, in-depth two-way conversation between the independent assessor and apprentice, the professional discussion will provide an effective holistic assessment of complex understanding and knowledge. This is valuable in determining not only what and how an apprentice is performing, but also:

- how they work in line with General Dental Council standards for the dental team
- how they provide programmes of care and support to individuals and groups
- how they work as an effective member of the wider health and social care team

The discussion format is an excellent method intended to cover the range of knowledge, skills and behaviours required. The apprentice will be assessed on how they have worked both in group settings and with individual patients. The apprentice will bring with them a copy of their clinical activity log and their enhanced CPD professional development plan to refer to and provide evidence of their practice during the discussion.

The Professional Discussion will assess the KSBs mapped to the following discussion areas using scenario-based questioning:

- Care of the Individual
- Clinical Practice
- Community Based Oral Health
- Communication
- Professional Development

The EPAO will develop an exemplar set of scenario-based questions targeting all of the KSBs mapped to this assessment, which the assessors can use as the basis for developing their own questions.

The professional discussion will be conducted as set out here:

The professional discussion will enable the apprentice to evidence the KSBs assigned to the professional discussion assessment. See grading section for the mapped KSBs.

The professional discussion is led by the independent assessor with the apprentice on an individual basis. Video conferencing can be used to conduct the professional discussion, but the EPAO must have processes in place to verify the identity of the apprentice and ensure the apprentice is not being aided in some way.

The independent assessor must use the assessment tools and procedures that are set by the EPAO to record the professional discussion.

The independent assessor will make all grading decisions.

## Venue

The professional discussion should take place in a quiet room, free from distractions and influence.

The professional discussion can take place in any of the following:

- employer's premises
- a suitable venue selected by the EPAO (e.g. a training provider's premises)

Video conferencing can be used to conduct the professional discussion, but the EPAO must have processes in place to verify the identity of the apprentice and ensure the apprentice is not being aided in some way.

The professional discussion must take place in a quiet room, free from distractions, including when being conducted via video conferencing.

## Scenario based questions

The assessor will ask a range of scenario-based questions based on a range of example questions developed by the EPAO. The assessor will also generate further questions themselves to cover any gaps. The questions will be designed to explore both how the apprentice has worked with an individual patient and in a group setting.

Scenario-based questions based will draw out the KSBs for this method through the discussion. The independent assessor will have a discussion template and a grading matrix to use during the assessment.

The independent assessor will use these discussion points to provide the apprentice with the opportunity to evidence the required skills, knowledge and behaviours using a range of examples from their own practice.

Below are some examples of the types of scenario-based questions that may be used (one scenario could cover more than one area):

- Professional conduct
- Planning, preparing and running sessions or activities
- Referrals
- Safeguarding
- Health and safety
- Ethical dilemmas
- Teamwork

These examples are just illustrative, it is up to the EPAO to develop a suitable 'bank of scenario-based questions' of this type to be used during the professional discussion to enable the apprentice to evidence their KSBs for this method. The independent assessor will record the marks within the grading matrix.

## Clinical Activity Log

Apprentices will have completed a clinical activity log on-programme which includes:

- Details of patients seen
- Oral Hygiene Instruction (carried out with individuals)
- Topical Fluoride application
- Details of at least one group session delivery
- Details of at least one display

The clinical activity log is not assessed as part of the EPA but brought along to evidence and underpin the professional discussion.

## Enhanced CPD PDP

The general dental council requires all registered professionals to have an Enhanced CPD professional development plan. Oral Health Practitioners must already be dental nurses or other appropriate registered dental care profession so they will all have one of these are part of their existing registration.

The plan must include:

- CPD undertaken that is relevant to the field of practice
- Anticipated development outcomes linked to each activity
- Timeframes within which it will be completed

The plan must include at least one planned or completed activity mapped to each of the following outcomes:

- A. Effective communication with patients, the dental team, and others across dentistry, including when obtaining consent, dealing with complaints, and raising concerns when patients are at risk;
- B. Effective management of self, and effective management of others or effective work with others in the dental team, in the interests of patients at all times; providing constructive leadership where appropriate;
- C. Maintenance and development of knowledge and skill within your field of practice;
- D. Maintenance of skills, behaviours and attitudes which maintain patient confidence in you and the dental profession and put patients' interests first

The enhanced CPD PDP is not assessed as part of the EPA but brought along to evidence and underpin the professional discussion.

## Other relevant information

A structured discussion template, and scenario-based question bank must be developed by EPAOs. The 'bank' must be of sufficient size to prevent predictability and review it regularly (and at least once a year) to ensure that it, and its content, are fit for purpose. The scenario-based questions relating to the underpinning knowledge, skills and behaviours, must be varied yet allow assessment of the relevant KSBs.

EPAOs must ensure that apprentices have a different set of scenario-based questions in the case of re-sits/re-takes.

Independent assessors must be developed and trained by the EPAO in the conduct of professional discussion and reaching consistent judgement.

The professional discussion may be observed for quality assurance purposes by the EPAO or the EQA. In these instances, the apprentice will be advised beforehand.

EPAOs will produce the following material to support this assessment method:

- Bank of scenario-based questions
- Discussion template including discussion areas to be covered
- Grading matrix

## **Weighting of assessment methods**

All assessment methods are weighted equally in their contribution to the overall EPA grade.

# Grading

## Assessment method 1: MCQ exam

KSBs	Fail	Pass	Distinction
K1 K2 K3 K4 K8 K9 K10 K12 K13 K14 K15 K16 K17 K18 K19 K21 K22 K23 K24 K25 K27 K28	19 or below correct answers	20 to 31 correct answers	32 or more correct answers

## Assessment method 2: Observation of practice

KSBs	Fail	Pass
<b>K7K11</b>  <b>S1 S2 S3</b> <b>S4 S6 S7</b> <b>S8 S9 S11</b> <b>S12 S13</b> <b>S14 S15</b> <b>S19 S24</b>  <b>B1 B2 B3</b>	<p>The Apprentice does not meet all of the knowledge, skill and behaviour requirements listed in Appendix 1 and fails to meet the pass criteria</p>	<ol style="list-style-type: none"> <li>1. Puts the patient's interest first by treating them as individuals, listening to their concerns and treating them with kindness and compassion (S1)</li> <li>2. Treats people with dignity and respect (B1, S2)</li> <li>3. Gains valid consent for all treatments (S2)</li> <li>4. Selects and uses the correct personal oral care tools (S4)</li> <li>5. Safely and appropriately prepares and maintains the clinical equipment and environment (S6, S7, K7)</li> <li>6. Prepares, mixes and handles the correct bio-materials safely and appropriately (S8)</li> <li>7. Works autonomously in the patient's mouth to takes dental bacterial plaque indices and food debris scores accurately and safely, recording accurately and respecting confidentiality (S2, S3, S9)</li> <li>8. Undertakes a general health screening check including asking a range of suitable questions that could lead to diet and tobacco cessation advice (S11, S19)</li> <li>9. Undertakes further screening checks including checking for diabetes, taking blood pressure readings and finger-prick blood tests or explains the process, equipment and safety precautions required for each one (S11)</li> <li>10. Applies topical fluoride in line with the prescription or describes how they would apply it, including listing the key precautions and safety steps (S13)</li> <li>11. Carries out oral photography or describes the process, equipment and key precautions (S14)</li> <li>12. Communicates effectively and appropriately by providing accurate and concise information and advice to the patient and colleagues, checking they have been understood (S19, S24)</li> <li>13. Works as part of a team in line with evidence based best practice and in accordance with all policies and procedures (B2)</li> <li>14. Is reliable and consistent, taking responsibility for the integrity of their own actions and completed work (B3)</li> <li>15. Gives examples of the importance of accurate recordkeeping, including x-rays and photos (K7)</li> <li>16. Refers or gives examples of when they have referred an individual to another appropriate available service (S12, K11)</li> <li>17. Responds to or gives an example of how to respond appropriately and safely to a medical emergency (S15)</li> </ol>

## Assessment method 3: Professional discussion

KSBs	Fail	Pass	Distinction
<b>K5 K6</b> <b>K12 K20</b> <b>K26 K29</b> <b>K30</b>  <b>S5 S10</b> <b>S16 S17</b> <b>S18 S20</b> <b>S21 S22</b> <b>S23 S25</b> <b>S26 S27</b> <b>S28</b>  B2	The Apprentice does not meet all of the knowledge, skill and behaviour requirements listed in Appendix 1 and fails to meet the pass criteria	<ol style="list-style-type: none"> <li>1. Describes the steps to take when planning a practice session in the community to achieve a specific outcome, justifying the approach taken in relation to that outcome (S5)</li> <li>2. Describes how a preventative strategy can be used and adapted to provide appropriate patient care, providing a valid rationale for the approach and the adaptations used (S10, K5, K6)</li> <li>3. Outlines legislation on prescription-only medicines (K12)</li> <li>4. Explains how they have encouraged an individual or group to increase their motivation and self-care, describing the way the session was planned, the advice they gave and how they measured their success acting in accordance with the limits of their role and in line with GDC requirements (S16, S17, S18, K20).</li> <li>5. Describes when they have prepared, delivered or evaluated oral health messages to a group or an individual (S20)</li> <li>6. Describes when they have supported an individual or group to change their behaviour (S21, S22)</li> <li>7. Explains when they have been involved in implementing a strategy for</li> </ol>	As for pass, plus the apprentice: <ol style="list-style-type: none"> <li>1. Demonstrates an integration of oral health knowledge and how they have evaluated and applied it in practice to improve patient outcomes (S5, K5, K6)</li> <li>2. Explains how they have evaluated a range of strategies or techniques and identified solutions to problems and selected those to implement which benefit the practice or improve individual care (K6)</li> <li>3. Shows how they have behaved as a reflective practitioner using evaluation of their own learning to improve their practice and patient outcomes (S28, K29)</li> <li>4. Explains how they have evaluated a screening programme, identified a gap, possible solutions and selected what to implement to improve outcomes for the practice and individuals (S23)</li> <li>5. Give examples that show how they have worked with a complex case where the patient did not want to take ownership of their care and onward wellbeing (S21, S22)</li> </ol>



		<p>improving oral health in the community (S23)</p> <p>8. Describes when they have escalated an issue or complaint outside of their scope of practice appropriately (S25, S26, K26)</p> <p>9. Explains how they have managed their own time, resources or personal behaviour to meet the requirements of the role and in line with GDC requirements (S27, K30)</p> <p>10. Describe how a CPD activity has supported their development showing an understanding of the consequences of their actions, attitude and behaviour (S28, K29)</p> <p>11. Explains the importance of having the courage to challenge areas of concern giving examples from across their role of where they have been able to do this (B2)</p>	
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## Overall EPA grading

All EPA methods must be passed for the EPA to be passed overall.

Grades from individual assessment methods should be combined in the following way to determine the grade of the EPA as a whole:

Assessment method 1 Observation of practice	Assessment method 2 Professional discussion	Assessment method 3 MCQ	Overall grading
Fail	Fail	Fail	Fail
Fail	Fail	Pass	Fail
Fail	Pass	Fail	Fail
Fail	Pass	Fail	Fail
Pass	Fail	Fail	Fail
Pass	Pass	Fail	Fail
Pass	Fail	Pass	Fail
Fail	Pass	Pass	Fail
Pass	Pass	Pass	Pass
Pass	Pass	Distinction	Pass
Pass	Distinction	Pass	Pass
Pass	Distinction	Distinction	Distinction

## Roles and responsibilities

Role	Responsibility
Apprentice	<ul style="list-style-type: none"> <li>• participate in development opportunities to improve their knowledge skills and behaviours as outlined in the standard</li> <li>• meet all gateway requirements when advised by the employer</li> <li>• understand the purpose and importance of EPA and undertake EPA</li> </ul>
Employer	<ul style="list-style-type: none"> <li>• support the apprentice to achieve the KSBs outlined in the standard to their best ability</li> <li>• determines when the apprentice is working at or above the level outlined in the standard and is ready for EPA</li> <li>• select the EPAO</li> <li>• confirm all EPA gateway requirements have been met</li> <li>• confirm arrangements with EPAO for the EPA (who, when, where) in a timely manner</li> <li>• ensure apprentice is well prepared for the EPA</li> </ul>
EPAO	<p>As a minimum EPAOs should:</p> <ul style="list-style-type: none"> <li>• understand the occupational role</li> <li>• appoint administrators/invigilators and markers to administer/invigilate and mark the EPA</li> <li>• appoints independent assessors</li> <li>• provide training and CPD to the independent assessors they employ to undertake the EPA</li> <li>• provide adequate information, advice and guidance documentation to enable apprentices, employers and providers to prepare for the EPA</li> <li>• deliver the end-point assessment outlined in this EPA plan in a timely manner</li> <li>• prepare and provide all required material and resources required for delivery of the EPA in-line with best practices</li> <li>• use appropriate assessment recording documentation to ensure a clear and auditable mechanism for providing assessment decision feedback to the apprentice</li> <li>• have no direct connection with the apprentice, their employer or training provider i.e. there must be no conflict of interest</li> </ul>

	<ul style="list-style-type: none"> <li>• maintain robust internal quality assurance (IQA) procedures and processes, and conducts these on a regular basis</li> <li>• conform to the requirements of the nominated external quality assurance body</li> <li>• organise standardisation events and activities in accordance with this plan's IQA section</li> <li>• organise and conduct moderation of independent assessors' marking in accordance with this plan</li> <li>• have, and operate, an appeals process</li> <li>• arrange for certification with the relevant training provider</li> <li>• Provides gradings templates for the independent assessor to use</li> <li>• Creates and maintains banks of questions, discussion points and scenarios</li> </ul>
Independent assessor	<ul style="list-style-type: none"> <li>• As a minimum an Independent assessor should:</li> <li>• understand the standard and assessment plan</li> <li>• deliver the end-point assessment in-line with the EPA plan</li> <li>• comply to the IQA requirements of the EPAO</li> <li>• be independent of the apprentice, their employer and training provider(s) i.e. there must be no conflict of interest</li> <li>• satisfy the criteria outlined in this EPA plan</li> <li>• hold or be working towards an independent assessor qualification e.g. A1 and have had training from their EPAO in terms of good assessment practice, operating the assessment tools and grading</li> <li>• have the capability to assess the apprentice at this level</li> <li>• attend the required number of EPAOs standardisation and training events per year (minimum 1 per year)</li> </ul>
Training provider	<p>As a minimum the training provider should:</p> <ul style="list-style-type: none"> <li>• work with the employer to ensure that the apprentice is given the opportunities to develop the KSBs outlined in the standard and monitor their progress during the on-programme period</li> <li>• advise the employer, upon request, on the apprentice's readiness for EPA prior to the gateway</li> <li>• plays no part in the EPA itself</li> </ul>

## Internal Quality Assurance (IQA)

Internal quality assurance refers to the requirements that EPA organisations must have in place to ensure consistent (reliable) and accurate (valid) assessment decisions. EPA organisations for this EPA must:

- appoint independent assessors who are occupationally competent across the whole occupational standard i.e. a General Dental Council (GDC) registrant with appropriate post-registration clinical experience
- appoint independent assessors who have recent relevant experience of the occupation/sector at least the same level as the apprentice gained in the last two years or significant experience of the occupation/sector.
- The independent assessor will have the following minimum skills, knowledge and occupational competence:
  - hold or be working towards an assessor qualification
  - have experience of assessing at this level
- provide training for independent assessors in terms of good assessment practice, operating the assessment tools and grading
- have robust quality assurance systems and procedures that support fair, reliable and consistent assessment across the organisation and over time.
- operate induction training and standardisation events for independent assessors when they begin working for the EPAO on this standard and before they deliver an updated assessment method for the first time

## Re-sits and re-takes

Apprentices who fail one or more assessment method will be offered the opportunity to take a re-sit or a re-take. A re-sit does not require further learning, whereas a re-take does.

Apprentices should have a supportive action plan to prepare for the re-sit or a re-take. The apprentice's employer will need to agree that either a re-sit or re-take is an appropriate course of action.

An apprentice who fails an assessment method, and therefore the EPA in the first instance, will be required to re-sit any failed assessment methods only.

Any assessment method re-sit or re-take must be taken during the maximum EPA period, otherwise the entire EPA must be taken again, unless in the opinion of the EPAO exceptional circumstances apply outside the control of the apprentice or their employer.

Re-sits and re-takes are not offered to apprentices wishing to move from pass to distinction.

Where any assessment method has to be re-sat or re-taken, the apprentice will be awarded a maximum EPA grade of pass, unless the EPAO determines there are exceptional circumstances requiring a re-sit or re-take.

## Affordability

Affordability of the EPA will be aided by using at least some of the following practices:

- the apprentice will be assessed in their normal place of work.

## Professional body recognition

Professional body recognition is not relevant to this occupational apprenticeship although, as part of a dental team, apprentices will be expected to abide by the General Dental Council “standards for the dental team.”

## Reasonable adjustments

The EPAO must have in place clear and fair arrangements for making reasonable adjustments for this apprenticeship standard. This should include how an apprentice qualifies for Reasonable Adjustment and what Reasonable Adjustments will be made. The adjustments must maintain the validity, reliability and integrity of the assessment methods outlined in this assessment plan.

# Appendix 1

## Mapping of knowledge, skills and behaviours (KSBs)

### Assessment method 1: MCQ exam

Knowledge
<b>K1</b> How to apply the legislation, policies and local ways of working related to your role
<b>K2</b> What person centred care, valid consent, duty of care, safeguarding, diversity, equality and inclusion mean and why they are important
<b>K3</b> Relevant dental oral and craniofacial anatomy and physiology and their application to patient management
<b>K4</b> The range of normal human structures and functions, with particular reference to dental caries, oral medicine, periodontal disease and dental treatment and how this relates to working in the mouth
<b>K8</b> A range of general health screening activities related to your role and the population you work with eg recognising an abnormality and referring appropriately
<b>K9</b> Normal parameters associated with blood pressure and blood sugar levels. How to carry out physiological measurements and what steps to take if results are outside the norm
<b>K10</b> How, why and when to take and process finger-prick blood samples
<b>K12</b> Legislation on prescription-only medicines
<b>K13</b> The types of medical emergency that may arise and ways to address them.
<b>K14</b> General health systems and be able to review their relationship to oral health using high quality evidence such as research documents
<b>K15</b> How to outline the basic principles of population health, including demographic, social, UK and international oral health trends; a range of common risk factors
<b>K16</b> Determinants of health inequalities and how they are measured
<b>K17</b> Guidelines for best practice including national and local health initiatives
<b>K18</b> The needs of different patient groups you work with across the age range including those who, have learning disabilities, have mental health m, require palliative care or have cognitive impairment such as dementia
<b>K19</b> How diet, nutrition and hydration link with systemic and oral health including obesity
<b>K21</b> Behavior change and the theories that underpin models of learning in individuals and groups to change behavior
<b>K22</b> Theories and concepts of motivational interviewing; different ways to support behavior change according to whether you are working with an individual (e.g. in dental surgery) or with carers (in schools, homes or care homes) or on a group basis
<b>K23</b> A range of methods of communicating with individuals across the age range.
<b>K24</b> How to check you have been understood.

<b>K25</b> Barriers to communication and a range of ways to overcome them.
<b>K27</b> GDC Guidelines for handling complaints
<b>K28</b> The principles relating to evidence-based approaches to learning, clinical and professional practice and decision making; including using a range of sources of evidence.



## Assessment method 2: Observation of practice

Knowledge
<b>K7</b> How to maintain a clinical environment. How to control and prevent infection. The x-rays, photos and records you are required to take and keep
<b>K11</b> Which other services are available in your area, what they provide and how people can access them

Skills
<b>S1</b> Put patient's interests first, maintaining a caring approach towards them
<b>S2</b> Treat people with dignity, respecting their choices, gaining valid consent for all treatments and respecting confidentiality
<b>S3</b> Work autonomously in people's mouths to take dental bacterial plaque indices and food debris scores
<b>S4</b> Use a range of personal oral care tools
<b>S6</b> Prepare the clinical equipment and records for each session
<b>S7</b> Prepare and maintain a clinical environment, adhering to infection control and prevention
<b>S8</b> Prepare, mix and handle bio-materials
<b>S9</b> Take dental bacterial plaque indices and food debris scores in the mouth of individuals
<b>S11</b> Undertake general health screening including checking for diabetes, taking blood pressure readings and taking finger-prick blood for blood tests
<b>S12</b> Refer individuals to other services if necessary
<b>S13</b> Apply topical fluoride under prescription in the mouth
<b>S14</b> Carry out intra and extra oral photography
<b>S15</b> Recognise and manage medical emergencies
<b>S19</b> Provide oral and general systemic advice e.g. tobacco cessation or diet advice
<b>S24</b> Communicate effectively with and about patients, their representatives and the dental team, and with carers, other healthcare workers or schoolteachers

Behaviours
<b>B1</b> You will treat people with dignity and respect
<b>B2</b> You will work as part of a team, having the courage to challenge areas of concern and working to evidence based best practice
<b>B3</b> You will be reliable and consistent, taking responsibility for the integrity of your own actions and completed work

## Assessment method 3: Professional discussion

Knowledge
K5 The role of the Dental Technician and other dental team members in management and leadership, professionalism and communication
K6 How to adapt your techniques and solve problems to suit individuals with special requirements, within your area of competence
K20 Ways to encourage self-care and motivation
K26 When to refer or escalate if something is outside of your scope of practice
K29 The consequences of your actions, attitude and behavior
K30 How to assess and reflect upon your own capabilities and limitations

Skills
S5 Autonomously plan practice sessions in the community
S10 Select preventative strategies that are appropriate to the individual and adapt appropriately for individuals with special requirements
S16 Plan clinical preventative session
S17 Deliver brief clinical preventative advice interventions to targeted groups
S18 Encourage self-care and motivation
S20 Prepare, deliver and evaluate oral health messages to groups or individuals
S21 Support individuals and groups to change their behavior
S22 Provide motivational interviews
S23 Determine and implement strategies for improving oral health in the community
S25 Escalate any issues when they are outside your scope of practice
S26 Handle complaints effectively and within GDC guidelines.
S27 Manage your own time, resources and personal behavior
S28 Be proactive in your own development, commit to lifelong learning by use of a Personal Development Plan (PDP), personal reflection and continuous improvement

Behaviours
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**B2** You will work as part of a team, having the courage to challenge areas of concern and working to evidence based best practice