

UNIVERSITY OF SUFFOLK

School of Allied Health Sciences

BSc (Hons) Dental Hygiene and Therapy

PLACEMENT HANDBOOK

2024-25

This handbook was compiled in August 2024 and the information is correct as of that date.

Upon request to your course leader this handbook can be produced in a larger font. An electronic copy can be found in the course area on the online learning environment Brightspace

Contents

Purpose of this Handbook	4
Welcome Statement from the Course Team	5
Introduction to the Dental Hygiene and Therapy programme.....	6
Programme aims	6
Programme Learning Outcomes.....	6
University Placement Charter	7
The value of practice placements.....	8
Practice placement structure	9
Placement Allocation	12
Preparing for Placement.....	14
DBS (Disclosing and Barring Service)	14
Mandatory training	15
Attendance at placement	15
Reporting absences	16
During Placement	18
Dress Code and Appearance Standards	18
Supervision of students	21
Patient Specific Direction (PSD)	21
Tutorials	22
Patient and Peer Feedback	22
Action Plan Template	25
Raising Concerns	29
Student Guidance for Raising Concerns	29
Management of Poor Performance by Students	29
Flow chart to summarise the Raising and Escalating Concerns process.....	30
Cause for Concern (CFC) form	30
Placement Assessment.....	31
Summative assessment criteria	31
Formative assessment criteria	32
Student Feedback.....	34
Following Placement.....	35
Evaluation of placement experience	35
Policies and Procedures.....	37
Appendices	38
Appendix 1: Outline of the placement process	38
Appendix 3: Health & Safety Student Induction Checklist	40
RISK ASSESSMENT FORM.....	46

Purpose of this Handbook

This handbook has been written for our students and Placement Supervisors with information required for placements for dental hygiene and therapy, including all policies and procedures that are required by students to adhere to whilst in placement.

It is important that this Placement Handbook is read and understood by all involved in the students placement, prior to students attending their first placement.

This handbook sits alongside other course information that is set out in the Course Area in Brightspace. Please read the accompanying documents to ensure you have all the information relating to your course.

- Course Handbook
- Student Handbook
- Practice Assessment Document (PAD)

Welcome Statement from the Course Team

We are pleased to provide you with the Placement Handbook for the BSc (Hons) in Dental Hygiene and Therapy at the University of Suffolk.

This programme is offered within the School of Allied Health Sciences. The programme has been designed to meet the requirements of the General Dental Council enabling our students on this programme to apply for registration as both a dental hygienist and dental therapist upon satisfactory completion of their studies.

The BSc (Hons) Dental Hygiene and Therapy course provides the educational foundation that is necessary to support dental hygiene and dental therapy theory and practice. This programme will foster key factors for each individual that include ethical and critical thinking, evidence-based practices through interdisciplinary collaboration, and professionalism. The programme is designed to enable oral health advocacy and promotion. The delivery of oral health care and disease prevention are integral aspects for dental hygienists and dental therapists.

Dental hygienists and dental therapists are considered mid-level dental providers and 'up to 75% of a dentist's clinical time is estimated to be spent on work that could be completed by dental care professional'¹; optimising dental hygienists and dental therapists is an effective way to contribute to the dental workforce and be part of the management of primary dental care and oral diseases.

The programme has been developed alongside the University policies and procedures and is aligned with the following General Dental Council documents:

- Standards for the Dental Team (GDC 2013) <https://www.gdc-uk.org/standards-guidance/standards-and-guidance/standards-for-the-dental-team>
- Scope of Practice <https://www.gdc-uk.org/standards-guidance/standards-and-guidance/scope-of-practice>
- The Safe Practitioner Framework (Nov 2023) <https://www.gdc-uk.org/education-cpd/dental-education/quality-assurance/learning-outcomes-and-behaviours#safe>
- The Standards for Educations Framework (May 2015) [https://www.gdc-uk.org/docs/default-source/education-and-cpd/education-provider-guidance/standards-for-education-\(revised-2015\).pdf?sfvrsn=1f1a3f8a_2](https://www.gdc-uk.org/docs/default-source/education-and-cpd/education-provider-guidance/standards-for-education-(revised-2015).pdf?sfvrsn=1f1a3f8a_2)

Introduction to the Dental Hygiene and Therapy programme

Programme aims

In providing this course, the University and the course team aim to:

1. Provide educational opportunities for students to acquire the knowledge, skills and behaviours that are essential for dental hygienists and dental therapists to make a vital contribution to the oral health agenda.
2. Use authentic learning in 'real world' environments, enabling our dental graduates to manage complex oral health needs and challenges by creative thinking and collaborative working.
3. Build opportunities to be a socially responsible citizen, advancing the promotion of oral health through education.
4. Ensure employability through embedding core transferrable skills from the start of the programme.
5. Develop a desire for lifelong learning, creating curious clinicians, researchers, academics and leaders for the future.
6. Fulfil the requirements to be eligible to register with the General Dental Council and practice as a safe, competent and confident dental hygienist and dental therapist.

Programme Learning Outcomes

The learning outcomes for this programme have been mapped to the GDC Safe Practitioner Framework learning outcomes for registration. Students will be able to:

- Demonstrate a comprehensive understanding of the management of individuals with complex health and social needs, integrating theories, principles, and evidence-based practices to deliver effective oral healthcare.
- Synthesise and evaluate research evidence from various sources to support clinical practice, decision-making, and the delivery of personalised oral healthcare.
- Demonstrate adherence to regulatory requirements for professional registration, ensuring ethical and legal compliance in the delivery of oral health services
- Demonstrate competency across the full scope of a dental therapist's role, working effectively as an autonomous clinician within a dental team.
- Engage in shared decision-making with a broad range of patients, fostering inclusivity, diversity, and non-discriminatory practice in oral healthcare.

- Develop, implement, and evaluate management plans for patients in diverse environments, integrating evidence-based practices, research methodologies, and skills in oral health practices and decision-making.
- Critically analyse and interpret evidence to support clinical decision-making, enabling the provision of high-quality oral healthcare to individuals and the wider public.
- Analyse and solve complex problems in oral healthcare using appropriate guidelines, evidence, and applying social, legal, and ethical principles.
- Demonstrate effective communication skills with patients, colleagues, and the public, utilizing IT, problem-solving, teamwork, and reflective skills to facilitate comprehensive oral healthcare.
- Recognize personal limits, engage in continuous professional development (CPD), and plan lifelong learning as a future healthcare professional, embracing an inquiring stance and contributing to the development of new evidence in oral health practice and education.

University Placement Charter

The University has a Placement Charter for all health students which set out the standards expected of both the placement and student. This charter has been adapted to be relevant to dental students from the School of Allied Health Sciences.

<https://www.uos.ac.uk/content/placement-charter>

Students may expect these standards from the placement:	Placements can expect the following standards from the student:
• A placement induction pack will be made available prior to the commencement of the placement • An opportunity to visit the placement prior to commencing at the placement • To meet the assigned supervisor within the first week of placement • During the first day in placement the student can expect to be: ○ orientated around the placement.	• Students to contact the placement prior to the placement and arrange a pre-placement visit. • Students will bring practice assessment documents on the first day of the placement and are made continually available so that progression and skills can be documented. • The placement and University will, in line with current regulations, be informed promptly of any absence from the placement, stating a reason for the absence and an expected return to practice.

○ informed of relevant health and safety policies and protocols ○ informed of the educational resources available • An initial meeting will be conducted during the first week at placement • Supervisors will provide written and verbal feedback as required by the documentation. • All documentation will be completed and signed before the end of the placement • Any issues regarding practice will be addressed in a timely manner, appropriately documented • Practice hours will be recorded on PAMS • Students will be provided with the appropriate contact details of the designated practice/ academic link. • Supervisors will have undertaken approved training	• Practice hours will not be changed without negotiation between the practice supervisor and student • Placement will be considered a priority and will not be missed to complete theoretical assignments. • Students will take a pro-active approach to learning. • To negotiate the methods used to achieve the learning outcomes • Any problems / issues concerning the clinical placement will be discussed with an appropriate member of practice/ academic staff. • To complete a practice evaluation and submit this to the designated person • The student will act at all times in a professional manner and comply with the placement provider/University policies, and professional Codes of Conduct. • Students will comply at all times to the placement provider dress code/uniform policy.
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The value of practice placements

The Quality Assurance Agency (QAA) (2017) identified work-based learning as “learning that is integral to a higher education programme and is usually achieved and demonstrated through engagement with a workplace environment, the assessment of reflective practice and the designation of appropriate learning outcomes”. Learning in the workplace, therefore, is a fundamental component of all healthcare professionals.

Clinical placements are a pivotal element of dental education, with literature stating that students generally portrayed positive accounts of placements. These related to the learning environment, the support for learning, real world dentistry and preparation for practice life¹.

Learning in clinical practice is a core component of the BSc (Hons) programme, to support students to develop their professional behaviours and clinical skills, supported by experienced clinicians, who provide timely feedback. The programme is designed to enable students to practise safely, confidently and competently in a variety of relevant clinical settings. All of the placements have been planned to facilitate the best use of clinical practice

time balanced against the academic demands of the programme. There will be a significant amount of clinical experience undertaken in clinical placements; each of our chosen clinical environments enable a diverse patient mix and mimic the type of setting the majority of students will work in on graduation. Although primary dental care will be the most common placement environment students will experience, other clinical settings such as community and hospital environments can also be utilised.

Practice placements run as a fundamental component throughout the curriculum to provide opportunities for students to experience and maximise their full scope of practice. From Year 1 students will commence weekly clinical placements supported by experienced clinical practice educators, who have a background in dental education. The time spent in practice will focus on developing skills, knowledge and competence/proficiency.

Practice placement structure

The placement learning opportunities take place across the three years of the programme and commence in the first year of the programme where students will start by having the opportunity to observe a clinical placement to familiarise themselves with a clinical dental environment. The learning opportunities in practice placements have been structured to reflect the academic studying that students are undertaking at the University. Using a competency framework and spiral curricula approach, learning will build from previously taught modules to help students develop existing knowledge, understanding and skills incrementally. Assessment takes place in both the practice placement and campus settings and will be used as an indicator of student development and progress and is an integral part of the student learning experience.

Students will be placed with a placement for approx. 6 weeks at a time; students will (where possible) be placed with a student colleague, so they may work in a pair to support and learn from each other. Initially this will be peer to peer learning, but as student's progress through the programme this will develop into pairing a more senior student with a junior student, sharing the clinical activity according to ability. Working in clinical pairs within placements will support a sense of safety, student community inclusion and belonging.

The supervisor to student ratio will be no more than 1:5 student operators but more commonly 1:4 to ensure an appropriate level of supervision and support is provided to all students for the stage of the programme.

Following development and assessment of competency of clinical skills in dental simulation, students will be allowed to undertake these skills in their placements. Both students and the placement will be provided details of the competency aspects that can be undertaken under supervision following simulation assessment.

Year 1

Students commence the start of the programme with developing their knowledge of professionalism, communication, teamwork, law and ethics, resilience and well-being and GDC Standards. Alongside this, students will develop foundation skills for patient care in relation to medical and dental histories, intra/extra oral examinations, simple periodontal care and the identification of dental caries and tooth wear.

From 2nd Block when students commence clinical placements on a weekly basis, students should have the appropriate attitudes and behaviours expected of a dental professional, From 3rd block they be able to undertake and interpret a medical, social and pain history; be able to undertake an oral examination and screening for disease; By the end of the 4th Block they should be able to provide preventive care to patients using an evidence base and be able to provide periodontal care. Fissure sealants and simple scaling's (Supra-Professional Mechanical Plaque Removal (PMPR)) will have been assessed in clinical simulation and if deemed competent students will be able to undertake these skills also. Students will require close supervision while they develop these skills.

Year 2

During year 2, students will be expected to continue to develop their clinical skills in periodontology and begin to undertake 'simple' restorative work on both adults and children. Providing local anaesthesia and placing rubber dam skills will be developed, in addition to starting to undertake special tests that include radiography, developing treatment plans and prescribing and reporting on dental radiographs. Primary dental impressions and management of dental implants will also be taught in dental simulation, but it is recognised that these clinical skills may not be sufficiently developed until the 3rd year. The 2nd year will enable students to apply clinical reasoning in practice and students should be able to justify their decision-making skills; the placement supervisor will encourage the student to make judgements on their own performance. Students will still be expected to be supervised but it is acknowledged that some skills will require less supervision than others, as students become more competent.

Year 3

In the 3rd year, students will continue to consolidate their professionalism and behaviours and clinical skills and should be able to undertake and complete many clinical skills more independently, as a future autonomous practitioner. Restorative skills will continue to be developed as the year progresses and specific placements are utilised to hone skills in dental radiography, patients with more complex needs and general anaesthetic clinics.

Aims of practice-based learning

1. To enable students to develop their clinical practice in an authentic clinical environment
2. To provide a supportive learning environment where students can experience and acquire the knowledge, attitudes and skills required to develop the skills required for clinical practice
3. To enable students to identify their learning needs and develop their skills in reflective practice to appraise their clinical practice and build upon these to develop competence
4. To experience a range of individuals presenting with a range of dental diseases from all sections of the population
5. To enhance the preparation of the next generation of dental professionals who will primarily work in primary dental care

Placement staff

It is expected that placements should:

- Provide an appropriate, positive working environment which is conducive to learning and provides opportunities for identifying good practice
- Provide sufficient opportunities for students to demonstrate achievement of the intended learning outcomes
- Have an appropriate number of suitably qualified staff to act as placement supervisors or equivalent
- Have an adequate standard of facilities and physical resources to ensure that the learning needs of students can be met

Placement supervisors come from a range of backgrounds and include GDC registered clinicians that include dental hygienists, dental therapists, dentists and dental nurses. Practice Managers may also be involved in the students training where this is appropriate.

All placement supervisors will have attended an initial training event offered by the University to enable them to undertake the role of supervising and assessing their students in practice. Placement supervisors are required to attend (face to face or virtual) update training on an annual basis.

For placement learning each student will be allocated a *Placement Supervisor* who:

- Will act as a role model
- Have relevant knowledge and experience of the clinical environment and be experienced regarding the scope of practice of both dental hygienists and dental therapists
- Will provide appropriate supervision while in placement
- Provide feedback that will support students to continue to learn and develop their knowledge and skills
- Will consider the views of other placement staff who have worked with and alongside the student to ensure that an objective evidence base assessment has been made
- Will conduct continuous assessment of clinical skills and professional behaviours, to confirm achievement of proficiency, through documented evidence of the students performance in placement

The placement supervisor will work with the student and provide opportunities for practice. It is expected that they will work and supervise students no less than 1 day per week, and when they are not available, another member of staff must be assigned to work with and supervise the students. Students must not be left unsupervised at any point during their training. The placement supervisor is the responsible individual for signing off the students competencies within their placement.

At all practice placements informal and formal feedback will be provided by staff to ensure that students are continuing to develop their clinical practice. There will be provision for students to reflect on feedback provided during practice placements to allow for individual progression and development for subsequent placements.

The Placement Coordinator is the member of University or partner institution staff responsible for agreeing, organising and managing the work-based or placement learning in line with this framework and associated University policies and procedures. This will normally be the relevant Course or Module Leader.

The *Link Lecturer* is an academic member of staff that is assigned to students during their placement. The role of the link lecturer is to ensure there is clear communication between the University and the practice placement; they are the first point of contact for placement supervisors and students regarding placements if there are any queries or issues related to the learning experience on placement. The link lecturer will also be responsible for liaising with both the student and the placement to make a placement visit at the halfway point in the placement.

The Module Specifications can be found at the end of this Handbook. (Appendix 4)

Placement Allocation

Placements will take place across Suffolk and the East of England and will be primarily undertaken in a general dental practice environment, supported by more 'specialised' placements that may include environments to develop dental radiography, dental theatres for GA primary extractions and the community dental services.

These placements will provide students with the opportunity to develop their understanding of a variety of dental environments, assisting students with developing the broad range of skills that are required to be a registered dental professional.

Placement allocation is a complex process influenced by a number of variables including the range of placements available, students previous placement experiences and the identified training needs of the student. Students will be able to view their placements electronically through the Placements at PAMS system.

There is minimal flexibility to change a placement although a case for a change can be requested to the Programme Lead. Requests will be considered in the context of individual and wider needs and will need authorisation by the placement host/s; changes cannot be guaranteed. If you experience a change of personal circumstances during the year which may impact on location of your placement, you must speak to your personal tutor.

Students role and responsibilities

It is expected that students should:

Being a professional:

- act as if students were a GDC registered dental professional
- be aware of their role and responsibilities in raising concerns and the mechanisms for this.
- ensure that they have knowledge of the requirements of the GDC (2016) *Duty of Candour* and act upon this accordingly at all times.

Learning:

- take a proactive approach to practice and personal learning by developing learning plans.
- practice safely and to reflect on learning needs, confidence and competence.
- identify support if lacking in confidence or competence to enable further support and supervision until the skill can be undertaken safely without compromising patient outcomes or experience
- always seek consent from patients prior to any treatment or provision of advice and you must respect the rights of them to decline your participation in their care.
- seek supervision if they feel unsafe to undertake a skill under direct supervision, even if they have been shown the skill or task required previously.

PAD:

- provide access to your PAD on the 1st day and thereafter, so that your Placement Supervisor can review your progress. Failure to do so may result in a delay to completing the relevant assessments.
- identify experiences and learning opportunities with the Placement Supervisor to enable the achievement of practice learning outcomes
- demonstrate their ability to integrate theoretical learning with practice.
- share with their Placement Supervisor any evidence of learning and development to inform their assessment of students performance.
- Ensure that all elements of the assessment process are completed fully and signed before students leave their placement for the final time.

Preparing for Placement

Professionalism in practice

While students are on the BSc programme, they are not only representing the university but also the dental profession. This is of particular importance in relation to practice placements. Patients and their families will see students as the 'face' of oral health care and their conduct, attitude, communication and clinical skills will have a lasting impact. It is therefore essential that they adhere to programme, professional and placement policies, standards and guidelines as well as demonstrating compassionate care and safe practice. This includes any interaction with the public, professional colleagues and fellow students.

Students are also reminded of the importance of confidentiality as they have privileged access to individuals and their personal circumstances. They need to be mindful of the importance of not sharing confidential information in inappropriate locations (e.g. cafes, public transport, social networking) or with individuals who do not have the right to know. This extends to discussing their own views on placement areas, staff or fellow students.

During practice placements students will be expected to adhere to:

- Standards for the Dental Team (GDC 2013) <https://www.gdc-uk.org/standards-guidance/standards-and-guidance/standards-for-the-dental-team>

Prior to placement weeks, clinical and mandatory skills are taught and practiced in order to prepare students and to ensure they are ready to commence their first placement. They will have had all the theoretical instruction (academic and clinical simulation) to enable them to apply relevant theory to practice and care delivery, and this will be continuously developed throughout the programme.

DBS (Disclosing and Barring Service)

All students are required to have Enhanced DBS as part of the enrolment process at the outset of the programme. The check must be required prior to the students first placement. The DBS certificate is valid for the three years of study. Students are required to complete a Declaration each year to confirm nothing has changed regarding their criminal status.

Should students receive a caution or criminal offence while on the programme, this must be declared as soon as possible to the Programme Lead. The University has a responsibility to investigate this further and consider whether this could jeopardise registration with the GDC.

Annual declaration of good health and character

Students are required to provide a signed Annual Declaration of Good Health and Good Character before they can commence their placement experience.

Occupational health clearance

Students will have been assessed by the Occupational Health team at the outset of the programme, and students should keep the team informed if their health circumstances change.

Indemnity

Placements providers and University will have indemnity cover for Students student's work.

Mandatory training

All mandatory training is completed prior to students attending their first practice placement; this is verified by academic staff. This training includes:

- Raising Concerns
- Mental Capacity and Consent
- CPR
- Health, safety and welfare
- Fire safety
- Infection prevention and control
- Prevent basic awareness and awareness of Prevent
- Safe-guarding children and vulnerable adults
- Equality, diversity, and human rights
- Data security and awareness
- Conflict resolution

Attendance at placement

Students are advised to prepare for their placement by ensuring they know the location, contact details, travel arrangements and the time this takes, who they need to meet on the first day and at what time, and an understanding of the dental placement.

To develop the appropriate professional behaviours and skills for employment, students are expected to attend placements as if they were a qualified registered clinician. This means abiding by the GDC Standards and include being punctual, appropriately attired in clinical uniform and being engaged with the placement opportunities.

Hours

To achieve the necessary clinical experience, students are expected to be in clinical placements approx. for 15-hours per week. The arrangements of these hours is at the discretion of the placement supervisor and may include working beyond the traditional 9-5 working day; no more than 8 hours of activity can be completed in a day to ensure students do not become fatigued.

It is expected that students attend their placement for 100% of the required time unless there is a good reason not to, such as a pre-planned event or sickness. If students are not present

at placements, short notice cancellations disrupts patient attendance who may need to be cancelled; it also increases the workload of other practice staff cancelling appointments or arranging transferral to another clinician for planned treatment. Non-attendance should be kept to a minimum and any missed clinical time will be expected to be made up before the end of the placement.

Students are expected to record their attendance in placement electronically, through PAMS; the placement supervisor will verify the hours that have been undertaken.

Practice placement hours can include:

- Pre-placement visits
- Placement visits from the Link Lecturer
- Engagement with tutorials undertaken within the placement by the placement supervisor or nominated other staff member.

Undertaking entries for the students Practice Assessment Document (PAD), writing reflective logs etc are expected to be undertaken outside of the placement hours. This ensures that hours spent at placement are utilised appropriately with the priority being to provide patient care and learn from these clinical experiences.

Reporting absences

If for any reason students are unable to attend their practice placement they must:

1. Email the Placements Administration team at the following address placementadmin@uos.ac.uk.

Students need to ensure they leave their name, student number and location of their practice placement. Their absence will be recorded by the Placements Allocations Team.

2. It is the students responsibility to call their placement supervisor, or nominated staff member, prior to the start of the working day, to inform them of their absence or if they are unable to attend placement for any other reason. If students are going to be late for the start of the day, they also are required to inform the practice. Where possible, the student should indicate when they are likely to return to their placement following sickness. The student is expected to contact their placement each day they are off sick from their placement.

Where possible and appropriate, students should address the shortfall in hours at the same placement. Agreeing to extra hours to address this shortfall should be made with the Placement Supervisor and student; these hours may be during reading weeks or undertaking an additional day during the same week, but must not encroach on academic teaching hours, as students would be missing vital teaching and classroom-based activities, potentially disadvantaging them.

Any unavoidable planned absence, i.e., unavoidable health related appointments, or attending a special event, must be discussed with the Placement Supervisor and Link

Lecturer in a professional manner before making any arrangements. Any significant periods of absence during a placement may compromise the student's practice education.

The assessment of each placement module is designed to assess the students practice ability and will identify any student who requires additional time in the practice setting to gain competence. Any such requirement would be at the discretion of the Assessment Board when they consider results.

Unauthorised absence

Unauthorised absence for any reason is considered unprofessional behaviour and is not tolerated by academic or placement staff; persistent unauthorised absences could jeopardise placement opportunities for the student and could result in a referral to the Student Fitness to Practice Panel.

Any unauthorised absence will be reported by the Placement Supervisor to the University; this will be followed up with the student to establish the cause of the absence, and whether support is needed to resolve any issues.

Holidays

Holiday breaks are set at the outset of the programme and holidays planned outside of the academic calendar could affect progression on the programme. Students are strongly encouraged not to plan any holidays during term time as they may not be honoured.

Study leave

Study leave prior to any summative examinations have been considered within the programme timetable and placements are also aware of the dates for study leave. Therefore, there should be no reason why students would be taking leave from placement to take additional study leave.

During Placement

Scope of Practice

Students are expected to complete clinical tasks that are in the scope of practice of a registered dental hygienist or dental therapist but not tasks that require additional training or are classed as an extended skill (Appendix 2). They should be conducted under supervision and at the direction of the registered dental professional.

Dress Code and Appearance Standards

Appearance and behaviour of students reflects on both the University and practice placements. Students should adhere to the guidance regarding appropriate attire for practice placements and failure to comply may result in a referral to the Student Fitness to Practice panel.

In order to work in practice placements, students are required to adhere to the standards and expectations outlined below:

1. The University Practice Placement Charter states: "That the learner will comply at all times to the placement provider dress code/uniform policy."
<https://www.uos.ac.uk/content/placement-charter>
2. The University of Suffolk Uniform and Dress Code Policy
3. Within dentistry, The *Health Technical Memorandum (HTM) 01-05* (Department of Health (DH), 2009) gives specific guidelines on uniforms.
https://www.england.nhs.uk/wp-content/uploads/2021/05/HTM_01-05_2013.pdf
4. Uniforms and workwear: guidance for NHS employers states "Patients and the wider public should have complete confidence in the cleanliness and hygiene of their healthcare environment. The way staff dress is an important influence on people's overall perceptions of the standards of care they experience"
<https://www.england.nhs.uk/wp-content/uploads/2020/04/Uniforms-and-Workwear-Guidance-2-April-2020.pdf>

The BSc (Hons) programme has a gender neutral uniform policy for practice placements.

General standards of dress

- Students should present themselves as neat, tidy and professional for placement activity and working with the public. Dress in a manner which inspires patient and public confidence. Patients may equate untidy appearance with low professional competence and poor infection control standards.
- Freshly laundered scrubs should be worn every day and changed daily. Scrubs that become contaminated with blood or body fluids should be changed immediately.

- Students are expected to maintain a high level of personal hygiene at all times. Deodorants and perfumes can be used however should not be so strongly scented as to exacerbate patients' conditions.
- Tattoos which may be deemed offensive to others must be covered using an appropriate method. However, tattoos on the forearms and hands must be left uncovered for hand hygiene during direct patient care activity. A common sense approach should be taken in what could be deemed offensive.
- Students must not wear scrub uniform when travelling to and from placement and should change out of scrubs prior to leaving the clinical area. Students should ensure they have spare clean scrubs available in case of an emergency.
- Scrubs should be carried separately from other items. Clean and dirty scrubs must not be transported together due to cross contamination. Scrubs must be transported home in a polythene or canvas bag.
- Students must not smoke in their scrubs as the effects of smoke clings to fabric and is unpleasant for non-smokers.

Placement dress expectations

Item	Standard	Rationale
Scrub top (only worn in clinical areas)	Short sleeved	Bare below the elbow must be adhered to prior to any clinical contact. Facilitates the washing of forearms as part of the hand hygiene routine.
Scrub trousers (only worn in clinical areas)	Trousers must cover the ankle and not to be tight fitting	Need to be able to perform role comfortably and protect the legs and ankles from spills and needle stick injuries.
Footwear (only worn in clinical areas)	Plain black shoe: • encloses toe and foot • non-slip sole • must be wipeable (not canvas). • No visible logos or shoelaces	To offer protection from spills and dropped objects; open-toed shoes risk injury or potential contamination
Name badges	Need to be worn when in practice placements	Patients are entitled to know the names and roles of professionals who are caring for them.
Cardigans	Not worn in clinical area	Hinders infection control measures

Headscarves	• Unadorned and secured neatly. • Black or navy colour	Must not compromise infection control and need to be changed daily due to possible contamination
Underwear	Plain, short sleeves and neutral colour	Tee shirts under uniforms must not be visible
Hair	Neat and tidy; long hair tied back	Operator hair needs to be kept away from the patients face.
Socks	Plain, dark coloured socks	
Fingernails	• Short • Unpainted, • Clean • No gel fingernails	Nails need to be short to not puncture gloves. Gel and painted nails harbour micro-organisms and make effective hand hygiene more difficult.
False eyelashes	No false eyelashes	Can become loose and dislodge during treatments and when placing own protective glasses. The attachment glue can also harbour bacteria around the eye.
Jewellery	Not to be worn	Necklaces, long or hoop earrings and rings present possible hazards for patients and affect infection control practices
Wedding rings	A plain wedding band (i.e. without inset stone(s)) only is acceptable in clinical areas.	Other jewellery such as wrist watches may harbour bacteria and prevent effective hand hygiene.
Religious bracelets	Need to be pushed up the arm and secured in place	To prevent contamination and allow for effective hand hygiene.
Make up	Should be discreet	

Some students may request to wear disposable over-sleeves – elasticated at the wrist and elbow – to cover forearms during patient care activity. Disposable over-sleeves can be worn where gloves are used, but strict adherence to washing hands and wrists must be observed

before and after use. Oversleeves must be discarded in exactly the same way as disposable gloves.

Health & Safety Student Induction Checklist is presented in Appendix 3.

Students should complete the induction checklist with support from the placement staff who is responsible for the student when in placement. This will assist the student to learn how to assess and manage risk as an integral part of their learning and development experience while on placement; it will also ensure that students are aware of the need to act appropriately to protect their own health and safety and that of others in the workplace.

Supervision of students

Supervision from a suitably qualified dental professional can take the form of direct or indirect based on each student's capabilities and learning opportunities. Supervisors will need to make judgements as to whether they should be:

- Present in the same room as the person being supervised, providing direct supervision (direct supervision) particularly for invasive clinical procedures that include PMPR, the administration of local analgesia and restorative work
- Nearby and immediately available to come to the aid of the person being supervised (immediately available supervision); examples may be undertaking a patient history and the provision of preventive advice to patients, but not invasive clinical procedures

Students are required to undertake a proportion of their working day with their placement supervisor under direct supervision, however the rest of time may be spent with other dental professionals who are suitably experienced to take responsibility for the students clinical activity.

Demonstration of clinical skills will be expected to escalate as the programme progresses; with direct supervision, complexity, and increasing autonomy, while maintaining patient safety, up to the final placement.

Risk of bias in practice

Dentistry is a small community and students may encounter colleagues who are now placement supervisors. Students must not have a practice supervisor who is a relative, close friends, previous or current employer or well-known to them. If this occurs, they must inform the link lecturer and personal academic coach. If students are in a placement where they find their family is being treated, they should make this known to the placement staff.

Patient Specific Direction (PSD)

A Patient Specific Direction (PSD) is an instruction to administer a medicine to a list of individually named patients where each patient on the list has been individually assessed by that prescriber; in this case this is the dentist who takes overall responsibility for the named patient. The prescriber, in this case the dentist, must have adequate knowledge of the patient's health, and be satisfied that the medicine to be administered serves the individual

needs of each patient on that list. The medicines that require a PSD for BSc students is usually sodium fluoride and local anaesthetic agents.

A patient specific direction requires a dentist to record - in the patient's clinical records - the local anaesthetic to be administered, the treatment for which it is to be used, the dose or maximum dose, and the route(s) to be used (i.e., infiltration and/or inferior dental block).

Students must not administer LA or apply POM Fluoride without a written PSD in the patients notes. This is a legal requirement.

Needlestick policy

As part of the placement induction, the needlestick policy that is in place within the placement should be discussed and the immediate action required is understood by the student. If a student is subject to a needlestick injury, do ensure that all local practice protocols and policies are followed and following the incident are reported to the University Placement Administration Team for support and monitoring.

Tutorials

Students should be engaging with placement based tutorials on a weekly basis with their placement supervisor or other named member of staff. A suggested list of topics is offered but placements are encouraged to utilise students experiences of their patients as a basis to stimulate discussion and learning; placement supervisors may wish to add to the list of tutorial topics to reflect their personal experiences and areas of expertise.

Additional templates to support learning

Students and placement staff are provided with a number of templates to support student learning and development.

These include:

- Patient and Peer feedback
- Record of communication / additional feedback
- Action Plan Template
- Reflective Learning Log

Patient and Peer Feedback

Feedback from patients and carers (where appropriate consent is given) on a student's ability to provide person-centred care will contribute to your formative reflections and learning development.

The Placement Supervisor will select, approach and obtain feedback from people that students have seen throughout their placement; there is no specified number of feedback forms that is required but there is an expectation that a minimum of three pieces of feedback will be obtained. The Practice Supervisor will emphasise that any feedback given by a person who you have seen will not impact on their care in any way. It is the students responsibility to remind your placement supervisor of the need for feedback from patients so you can learn and develop from this.

The placement may have their own feedback forms they wish to use, but one is provided below, should this be required.

Patient feedback

How happy are you with...	Satisfied 	Acceptable 	Unhappy 	Prefer not to say
how you were treated overall?				
listened to you?				
talked to you?				
the respect provided?				
the treatment and advice provided?				
Please state ONE aspect the student did well				
Please state ONE aspect the student needs to develop				

Peer – to – Peer feedback

Peer feedback is when students provide one another with feedback on their work or performance. It is useful to both the person providing the feedback but also to the individual receiving it, as it enables students to better self-assess themselves, as well as exposing them to consider different ways of approaching a task and helps both individuals with their own development.

There are a number of skills that students learn when undertaking peer-to-peer feedback; these include developing constructive feedback skills that are developmental and not constructive, and being a motivational tool as one is being judged by their peers, who can relate and understand their challenges of learning new material and skills.

Peer feedback

Name:	Signature:	Date:

360° Feedback

Students need to consider the feedback from all sources and reflect on what has been provided and how it assists with their development.

Reflection on collated feedback		
What has the feedback taught you about yourself and how do you plan to utilise this feedback moving forwards?		
Name:	Signature:	Date:

Record of communication / additional feedback

These records can be completed by the placement supervisor or any other member of the placement team if they wish to record a conversation with the student regarding any aspect of their placement

Communication/ additional feedback

Name:	Signature:	Date:

Action Plan Template

The action plan is for use by the placement supervisor (with support from the academic staff as necessary) and should be completed when required; this may be following the Mid-point Review or at any point in the placement when a written record would be of benefit.

Actions should be specific, measurable, achievable, relevant and timely.

It is useful to share this with the academic staff so the student continues to be supported.

ACTION PLAN		
Standard or competency No	Action (SMART goals)	Support required
	Specific: Measurable: Attainable: Relevant: Time/date to achieve:	
	Specific:	

	Measurable: Attainable: Relevant: Time/date to achieve:	
	Specific: Measurable: Attainable: Relevant: Time/date to achieve:	
	Specific: Measurable: Attainable: Relevant: Time/date to achieve:	

Reflective Learning Log

There is no right or wrong way to reflect on your practice as individuals learn in different ways; using a reflective model helps the process.

Students may find it useful to reflect on a positive outcome while others may need to make sense of a more challenging encounter. This may be:

- Observation of practice

- A personal experience (clinical or otherwise)
- On receipt of feedback

Date:	
What happened (Give a brief description. You don't need to give all the details, but rather focus on the event itself.)	
What happened subsequently (e.g. How did you feel and respond during the event and after)	
What have you learnt through your reflection?	
What will you do differently in the future?	

What further learning needs have you identified and how and when will you address these?

Raising Concerns

Student Guidance for Raising Concerns

Students on placement have a responsibility to raise a concern; this means reporting situations that may put patients, colleagues or the public at risk. Our responsibilities as a dental professional are clearly stated in the GDC Standards for the Dental Team- Principle 8.

GDC Standard 8.1.1 explains that *"Your duty to raise concerns overrides any personal and professional loyalties or concerns you might have (for example, seeming disloyal or being treated differently by your colleagues or managers)."*

In the first instance, students will usually be expected to raise concerns locally using the established procedure; this could be with the placement supervisor or a member of the academic team. It would be helpful to raise any concerns they may have with their personal academic coach (PAC) so they can guide and support the student through the process.

As a student there are a number of people available to students. They can speak with their personal academic coach, or a member of the academic team, who can advocate for and support them. In addition, if students feel comfortable, they should raise their concern with the clinical manager or their Placement Supervisor. If students are concerned at any point about who to approach, please speak to a member of the academic staff. The concerns should be addressed through the appropriate policies for the individual clinical area and the academic staff should be included in all steps of the process.

The role of the academic staff is to support students in raising their concerns, escalating if required, supporting them in the process of any outcome (such as investigation, or provision of statements) and to assist the feedback to students to ensure resolution of their concern, at whichever level it has been escalated to. In some instances, concerns may be escalated from the clinical areas to the appropriate professional bodies and students may be required to support this process. They will be supported by the academic staff and we always ask that if a student raises a concern, that they do not submit any form of statement, either written or verbal, without the presence of an appropriate member of academic staff.

The University Fitness to Practice Policy and Reporting a Cause for Concern Form can be read via the link below for more information. It gives the student a process to raise that concern appropriately, and to escalate if they feel it is required.

<https://brightspace.uos.ac.uk/d2l/lp/navbars/78353/customlinks/external/5192>

Management of Poor Performance by Students

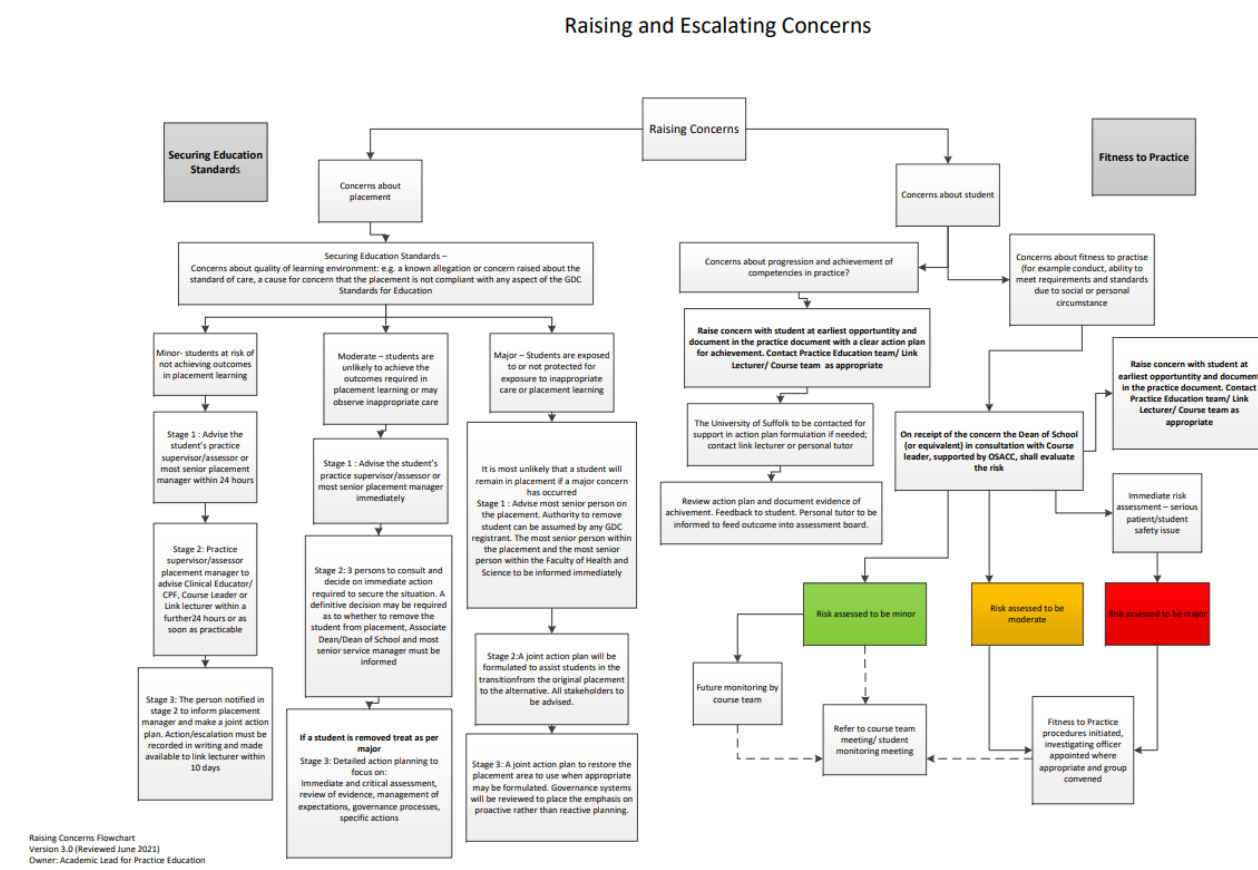
Poor behaviour by students in placement is uncommon, however this may arise. These may include:

- Not responding appropriately to constructive feedback
- Appears to be unable to make changes following constructive feedback
- Inconsistency in or sustained clinical performance

- Experiences poor health over time affecting clinical development and progression

If a student has an occasional lapse, this is to be expected as they are developing their professional and clinical skills. However, should the issues be sustained over time and not significantly improving, Placement Supervisors are expected to follow the Raising and Escalating Concerns flow chart.

Flow chart to summarise the Raising and Escalating Concerns process

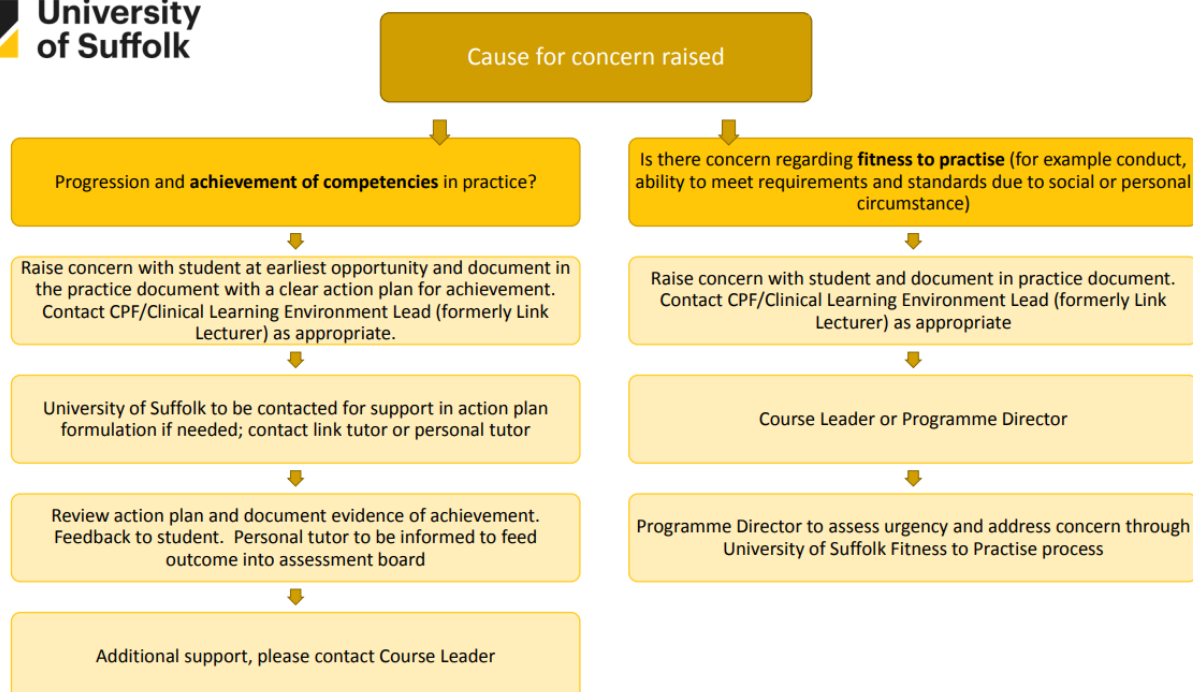


Cause for Concern (CFC) form

This form should be used to report any cause for concern regarding a University of Suffolk student and forms part of the Fitness to Practise Procedure.

<https://www.uos.ac.uk/sites/default/files/Reporting-a-Cause-for-Concern-Form.pdf>

https://www.uos.ac.uk/sites/default/files/Cause%20for%20Concern_1.pdf



Placement Assessment

Assessment takes place in both the practice placement and campus settings. To be assessed within the practice placement students are expected to attend a minimum of 90% of the available contact hours for the placement; this will ensure that the placement supervisor has adequate time with the student to assess their performance. Below this percentage could jeopardise assessment of skills being assessed due to the lack of opportunities available for assessments to take place.

Placement supervisors are responsible for the formative, and specialist GDC registered academic tutors for the summative assessment of student learning using the students Practice Assessment Document (PAD).

Students will be assessed both formatively and summatively for their clinical placements. The summative assessments will be graded as PASS / FAIL; the formative assessment will be graded using a developmental indicator rubric to enable students to learn from their feedback and support them in their learning journey.

Summative assessment criteria

By the end of the placement, students must achieve a PASS in each area to pass overall,

If a FAIL is anticipated at any stage, the Placement Supervisor should contact the University link lecturer for support and direction regarding how to appropriately support the student.

Grade awarded	Knowledge	Skill	Attitude & behaviours
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PASS	Is able to discuss the knowledge underpinning the proficiency	Under supervision, demonstrates appropriate skills for the stage of the programme to ensure safe care	Adheres to GDC Standards for the Dental Team and proactively takes ownership of own learning
FAIL	Is not able to discuss the knowledge underpinning the proficiency	Under supervision, is unable to demonstrate appropriate skills for the stage of the programme to ensure safe care	Is unable to adhere to GDC Standards for the Dental Team and does not take ownership of own learning

Formative assessment criteria

The formative assessment criteria will differ across the three years to recognise the increasing level of knowledge, skills and professional behaviours as students progress through the programme.

The formative assessment provides both the student and the Placement Supervisor with feedback on how well an element of practice is being undertaken and can inform them as to how to develop, or maintain future practice, to achieve competency.

It is important to demonstrate the assessment has been continuous, is evidence based and reliable and maintains public protection. Therefore, evidence to support the assessment can be gathered from a variety of sources, that includes:

- direct observation of practice by the placement supervisor, or nominated other, within the placement
- communication that includes questioning or discussions with the placement supervisor or nominated other
- student's reflections
- patient and peer feedback, and students 360° reflective narrative

The students will be graded according to the formative marking criteria.

Formative Rubric

	Grade awarded	Knowledge	Skill	Attitude & behaviours
4	PASS	Apply to correctly apply knowledge to the clinical situation consistently.	Able to undertake clinical skills independently at the required quality for the stage of the programme.	Consistently demonstrates appropriate attitudes and behaviours and is proactive in identifying and managing learning needs
3		Apply to correctly apply knowledge to the clinical situation in most situations or with minor help.	Able to undertake clinical skills independently at the required quality for the stage of the programme, with minor help (verbal or intervention)	Mostly demonstrates appropriate attitudes and behaviours and is generally proactive in identifying and managing learning needs.
2	FAIL	On occasions, able to apply knowledge to the clinical situation with help.	Unable to undertake clinical skills independently but able to complete with significant help (verbal or intervention)	Occasional lapses in demonstration of appropriate attitudes and behaviours and not proactive in identifying or managing learning needs
1		Unable to apply knowledge to the clinical situation on many occasions, and requires significant help.	Unable to undertake clinical skills independently; majority completed by supervisor and has caused harm.	Regular lapses in demonstration of appropriate attitudes and behaviours and unable to identify learning needs without help from others

Student Feedback

There will be many opportunities for students to receive feedback on their clinical practice when undertaking practice placements. During all practice placements, informal and formal feedback will be provided by staff to ensure students are continuing to develop their clinical practice.

There will be provision for students to reflect on feedback provided during practice placements, to allow students to consider how they can progress and develop during the next placement.

Following Placement

Evaluation of placement experience

Feedback from students and Placement Providers will be collected at the end of each placement, via the PamS (Placements at my Suffolk) platform. An example of the questions is provided here.

Pre-Placement Preparation	Yes	No	Comment
Did you receive the relevant information from the university about who to contact prior to commencing my placement?			
Did you understand how the 'Preparation for Practice' module learning outcomes would be linked to practice?			
Did you receive information from the placement prior to commencing the placement (eg; information pack, shifts)?			
I notified the placement of any requirements that would need to be put into place to support me during my placement?			
Placement Induction			
Were you given a comprehensive induction?			
Did you meet with the Practice Supervisor and Practice Assessor / Practice Educator within the first week?			
Were you made to feel welcome and part of the team?			
Learning Environment			
Did you receive regular support and feedback during your placement?			
Were the roles and tasks you were required to undertake during the placement appropriate?			
Were you aware of who to contact at the university and the placement if you needed support?			
Learning Opportunities			
Do you feel that you have sufficient learning opportunities whilst on placement to achieve the learning objectives?			
Were you encouraged to participate in discussions and ask questions?			
Do you feel that you had adequate supervision and assessment during your placement?			
Was your preferred learning style taken into account by the placement?			

Support			
I was aware of how to ask for additional support from the university and the placement if required?			
I feel that there were sufficient resources available whilst on placement to support my learning; ie books, journals, internet etc.?			
I received feedback in a timely manner?			
Did you have any issues with the electronic timesheet process; authorising, submitting etc?			
What did you enjoy most about the placement?			
What did you least enjoy about the placement?			
Would you recommend this placement to other students?			
Are there any further comments you would like to add?			
Have you experienced discrimination whilst on this placement? If you answered, please explain what happened and what led you to think that you were discriminated against.			

Policies and Procedures

This Placement Handbook makes reference to other University policies and procedures which define particular University functions and processes. Key policies and procedures include:

- Code of Practice on Reasonable Adjustments for Students
- Equality, Diversity and Inclusion Policy
- Fitness to Practise Procedure
- Safeguarding Policy
- Student Complaints Procedure

References

1. Wanyonyi KL, Radford DR, Harper PR, Gallagher JE. Alternative scenarios: harnessing mid-level providers and evidence-based practice in primary dental care in England through operational research. Hum Resour Health. 2015;13(78):1-12.

Appendices

Appendix 1: Outline of the placement process

Stage	Guidance	√
First contact	1. The student is required to access their placements electronically through Placements at My Suffolk 2. Students are advised to prepare for their placement by ensuring they know the location, contact details, travel arrangements and the travelling time	
Orientation	3. Students should complete the Health & Safety Student Induction Checklist 4. Students can expect to undertake an orientation to the placement within 48 hours of commencing 5. Arrange a time for the preliminary meeting to take place 6. It may be useful for the student to undertake a SWOC (strengths, weaknesses, opportunities and challenges) analysis to inform the focus of their learning prior to the Statement of intent meeting	
Initial meeting	7. Discuss the range of learning opportunities and competencies required by the student with regard to year of study with placement supervisor 8. Set and record learning objectives for the 1st month in placement 9. Set date for the mid-point review	
Mid-point review (week to be undertaken on Brightspace)	10. Discuss progression towards identified learning and developmental goals, reflection, creation of action plans, opportunity for feedback from both supervisor and student on learning and progression 11. Should concern about student progress be identified, an action plan is developed and implemented. 12. Discuss hours undertaken in placement to date	

	13. The supervisor and student should negotiate assessments of essential skills assessment if deemed appropriate 14. The outcomes of the review must be documented 15. Set date for the final review	
Final review & statement of achievement (week to be undertaken on Brightspace)	16. The final review and assessment must be undertaken at the end of the practice experience 17. Ensure placement hours have been completed or exceeded; if not, plan to address deficient hours 18. The supervisor should have discussed with staff to gain feedback on students capabilities and competence 19. The student and supervisor should document a summary of the learning experience and achievements following the final review within the practice document. 20. Students are encouraged to plan and identify further developmental needs to ensure competencies can be met in the following placement.	
Post placement	21. Student to complete feedback form on their placement	

Appendix 3: Health & Safety Student Induction Checklist (Sample) (to be completed by the student)

Apprentice/Student name		Apprentice/Student ID	
Course			
Employer/Placement Provider <i>Please provide name and address</i>		Employer/Placement start date	
		Employer/Placement end date	
Employer/Placement Supervisor		Contact phone number	
		Contact email address	

The following items should be included in your induction into your placement, preferably on your first day. Please check off the items below when they occur and inform your University of Suffolk / partner institution Placement Coordinator of any items not covered within one week of the start of the placement.

	Date covered
Relevant risk assessments and safe systems of work discussed	
Emergency procedures, including fire arrangements discussed	
Safety policy received or location known	
First aid arrangements (including names of first-aiders) discussed	
Accident reporting and location of accident book discussed	
Harmful substances discussed (COSHH regulations) (if relevant)	
Display screen equipment procedures (safe workstations) discussed	
Manual handling procedures discussed	
Protective clothing arrangements (if relevant)	
Instruction on equipment student will be using (list equipment)	
Other issues	

Employer/Placement Details:

Checklist

2	Health & Safety	Yes/No/ N/A	Evidence/Comments
2 . 1	Do you have 5 or more employees?		
2 . 2	Do you have a written health and safety policy?		
2 3	Have you carried out health and safety risk assessments and noted the significant findings? (<i>Cross reference to standard 10 for risk assessments</i>)		
2 . 4	Does your existing risk assessment include Apprentices/Work Placements?		
2 . 5	Have you had any Health and Safety breaches within the last 3 years? (If yes, please provide details)		
2 . .	Safeguarding Do you have appropriate procedures and policies in place for		

6	safeguarding?		
2 . 7	Are you aware of Prevent? (Safeguarding people and communities from the threat of terrorism)		
2 . 8	Do you have a fully operational equal opportunities policy in place that ensures compliance with relevant legislation, including the Equality Act (2010)?		

3	Accidents, Incidents and First Aid	Yes/ No/N /A	Evidence/Comments
3 .1	Are there adequate arrangements for first aid equipment /facilities?		
3 .2	Have adequate arrangements for first aiders and/or appointed persons been made?		
3 .3	Are accidents and first aid treatment appropriately recorded?		
3 .4	Are/will all RIDDOR reportable events be reported to the enforcing authority and to the University of Suffolk/partner institution? Will the Employer/Placement Provider investigate the accidents and take suitable action?		

4	Supervision, Information, Instruction and Training	Yes/ No/N /A	Evidence/Comments
4 .1	Are employees/placement students adequately supervised?		
4 .2	Is initial induction and ongoing health and safety information, instruction and training given to all employees/placement students?		

5	Work Equipment and machinery	Yes/ No/N /A	Evidence/Comments
5 .1	Where machinery and work equipment is provided, is it to appropriate standards, including satisfactory guards and other control measures?		
5 .2	Is machinery and work equipment adequately maintained?		
5 .3	Are safe electrical systems and electrical equipment provided and maintained?		

6	Personal Protective Equipment and Clothing (PPE/C)	Yes/No/ N/A	Evidence/Comments
6 .1	Is PPE/C provided, free of charge, to employees/apprentices/students as determined through the risk assessments?		
6 .2	Where PPE/C is required, what arrangements are in place to ensure that it is used and stored correctly?		

7	Fire and Emergencies	Yes/No/ N/A	Evidence/Comments
7 .1	Are adequate arrangements in place for dealing with fires and other emergencies?		

8	Safe and Healthy Working Environment	Yes/No/ N/A	Evidence/Comments
8 .1	Are the premises and working environment safe and healthy?		
8 .2	Are there adequate welfare facilities and arrangements provided?		
8 .3	Will the Employer/Placement provider inform the University of Suffolk of any significant changes in the working environment or working practices?		

8 . 4	Are you happy for University of Suffolk/partner institution placement staff to undertake site visits before and/during the placements?		
8 . 5	Do you have a suitable Occupational Health provision and comply with statutory health surveillance requirements?		

Action Plan should there be any policies or procedures needed to met by the Employer/Placement Provider				
R e f	Action Required	By Who	Target Date	Completed (signed off)

Authorisation by Employer/Placement Provider	
The above statements are true to the best of my knowledge and belief.	
Name	
Signature:	
Position/Title	
Date	

RISK ASSESSMENT FORM

(to be completed by the University of Suffolk / partner institution Placement Coordinator)

Employer/Placement Provider		Apprentice/Student or student group	Start and end dates
Company:			
Location:			
1. General control measures		Action necessary?	Action completed?
Has the Employer/Placement Provider confirmed receipt and acceptance of your written communication?	Yes / No		
Has this Employer/Placement Provider been used before and been reviewed with regard to health and safety?	Yes / No		
If yes, do any concerns remain unresolved?	Yes / No		
Does the Employer/Placement Provider have a health and safety advisor?	Yes / No		
Have the apprentice(s)/student(s) received sufficient briefing?	Yes / No		

2. Risk assessment and further specific actions necessary	Risk profile (high, medium, low)	Action necessary?	Action completed?
Work factors			
Travel and transportation factors			
Location and/or regional factors			
General/environmental health factors			
Individual apprentice/student factors			
Insurance limitations			

3. Conclusions		Action necessary?	Action completed?
Is a site safety visit required before placement is approved?	Yes / No		
Are the risks tolerable such that the placement can be approved?	Yes / No		

Have the above actions been completed? Yes / No

I [print name] approve this Employer/Placement Provider.

Signed:

Date:

Signed:

Date:

Please return to the University of Suffolk / partner institution Placement Coordinator or relevant Tutor as soon as possible.