

Education Quality Assurance Inspection Report

Education Provider/Awarding Body	Programme/Award	Inspection Date(s)
University of Leeds	Bachelor of Dental Surgery	2 – 3 April 2019

Outcome of Inspection	Recommended that the BChD continues to be sufficient for the graduating cohort to register as dentists
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Full details of the inspection process can be found in the annex

Inspection summary

Remit and purpose of inspection:	Inspection referencing the <i>Standards for Education</i> to determine approval of the award for the purpose of registration with the GDC as a dentist Risk based: focused on 2, 4, 8, 9, 10, 11, 13, 14, 15, 17, 18 and 19.
Learning Outcomes:	<i>Preparing for Practice - Dentist</i>
Programme inspection date(s):	2 – 3 April 2019
Inspection team:	Gail Mortimer (Chair and Non-registrant Member) Joanne Brindley (DCP Member) Heidi Bateman (Dentist Member) Kathryn Eastwood (Dentist Member) Krutika Patel (Quality Assurance Officer) Natalie Watson (Quality Assurance Officer) Matthew Hill (Executive Director, Strategy)

The inspection undertaken at the University of Leeds was risk-based focusing on specific areas of their Bachelor of Dental Surgery (BChD) programme. The GDC quality assurance team and a panel of experienced education associates undertook an independent evaluation of information available to determine the content of each inspection. The information considered included annual monitoring returns, previous inspection reports (including progress against actions), responses to wider recommendations in the GDC Annual Review of Education, Fitness to Practise data and complaints received.

Following this assessment, it was decided that the inspection panel focus on Requirements 2, 4, 8, 9, 10, 11, 13, 14, 15, 17, 18 and 19.

The programme benefits from having dedicated staff who work hard to ensure each student is provided with a learning experience tailored to their individual abilities, so that they are able complete the BChD successfully. The panel also noted the excellent facilities available to the students such as the interactive lecture theatre, and the access to printed teeth so that students can practise caries management prior to treating patients.

In their fourth and final years, students gain a greater understanding of patient care by treating patients at the outreach clinics. The panel was particularly impressed with the strong relationships the centres had with each other and the efforts that had been made to share learning so that student experience at the centres could be further enhanced.

The programme is compromised by the current systems that are in place to record student clinical activity. There are plans to introduce a new system, but at the time of this inspection, the School was unable to provide any documentation explaining how and when this new system would be introduced. The panel considered that a lack of a programme specific risk register, meant risks and their impacts could not be identified or appropriately managed. Subsequently additional information, including a risk register was provided to the panel, who are now assured risks are being sufficiently managed and the GDC will review the programme through its annual monitoring processes.

The panel wishes to thank the staff, students, and external stakeholders involved with the Bachelor of Dental Surgery programme for their co-operation and assistance with the inspection.

Background and overview of qualification

Annual intake	Up to 96 students
Programme duration	<p><u>Year 1</u> 31 weeks over 10 months</p> <p><u>Year 2</u> 34 weeks over 10 months</p> <p><u>Year 3</u> 41 weeks over 11 months</p> <p><u>Year 4</u> 41 weeks over 11 months</p> <p><u>Year 5</u> 36 weeks over 10 months</p>
Format of programme	<p>The programme is modular and the titles are:</p> <p><u>Year 1</u> Anxiety and Pain Management Health and Health Promotion Introduction to the Oral Environment Oral Disease, Defence and Repair Personal and Professional Development 1 Introduction to Clinical Skills and Practice</p> <p><u>Year 2</u> Clinical Skills A Introduction to Biomedical Sciences Social Sciences Related to Dentistry Personal and Professional Development 2 Clinical Practice 2</p> <p><u>Year 3</u> Clinical Skills B Child-Centred Dentistry 1 Illness and Wellbeing Undergraduate Projects Personal and Professional Development 3 Clinical Practice 3</p> <p><u>Year 4</u> Complex Adult Dentistry Child-Centred Dentistry 2 Clinical Medical Sciences 1 Final Year Project Personal and Professional Development 4 Clinical Practice 4</p> <p><u>Year 5</u> Anxiety Management and Sedation Clinical Medical Sciences 2 Final Year Project Personal and Professional Development 5 Clinical Practice 5</p> <p>There is an increasing emphasis on direct patient treatment as students progress through the programme</p>
Number of providers delivering the programme	University of Leeds

Outcome of relevant Requirements¹

Standard One	
1	Met
2	Met
3	Met
4	Met
5	Met
6	Met
7	Met
8	Met
Standard Two	
9	Met
10	Met
11	Met
12	Met
Standard Three	
13	Partly Met
14	Partly Met
15	Partly Met
16	Met
17	Partly Met
18	Met
19	Met
20	Met
21	Met

¹ All Requirements within the *Standards for Education* are applicable for all programmes unless otherwise stated. Specific requirements will be examined through inspection activity and will be identified via risk analysis processes or due to current thematic reviews.

Standard 1 – Protecting patients

Providers must be aware of their duty to protect the public. Providers must ensure that patient safety is paramount and care of patients is of an appropriate standard. Any risk to the safety of patients and their care by students must be minimised.

Requirement 1: Students must provide patient care only when they have demonstrated adequate knowledge and skills. For clinical procedures, the student should be assessed as competent in the relevant skills at the levels required in the pre-clinical environments prior to treating patients. (Requirement Met)

Requirement 2: Providers must have systems in place to inform patients that they may be treated by students and the possible implications of this. Patient agreement to treatment by a student must be obtained and recorded prior to treatment commencing. (Requirement Met)

Evidence of how patients are informed that students are treating them, was provided to the panel in the form of consent documentation. The consent forms used have been amended to ensure readability, of which the suitability has been verified by the NHS Clinical Governance Forum. The School informed the panel that the Waiting List Co-ordinators monitor consent forms and would flag this with the relevant students when the patient is allocated, should this not be in place. During the inspection it was evident that there were clear patient notices on clinics identifying that treatment is being carried out by students. Students are also provided with name badges to be worn whilst treating patients, indicating their student status.

The Leeds Dental Institute website is very clear about the treatment options; whether performed by a student or being referred back to general dental practice. It is evident that patient suitability is assessed prior to receiving treatment from a student. There is also clear evidence on the website that the patients have been informed of longer time scales and that once treatment has been completed, they would be discharged.

The panel was satisfied that consent is being taken at each point of patient contact and is recorded suitably.

Requirement 3: Students must only provide patient care in an environment which is safe and appropriate. The provider must comply with relevant legislation and requirements regarding patient care, including equality and diversity, wherever treatment takes place. (Requirement Met)

Requirement 4: When providing patient care and services, providers must ensure that students are supervised appropriately according to the activity and the student's stage of development. (Requirement Met)

The inspection panel was tasked with looking specifically at staffing levels and whether this had any impact on how this Requirement is met.

Staff to student ratios were deemed sufficient by the panel. The recent development of floating members of staff in the restorative clinics is demonstrating that the School has considered the need for additional support. This is a suitable contingency plan should there be unavoidable staffing issues or particular students requiring additional support. There is a timetable in place to ensure all clinics are covered and there is always suitable student support available. The panel was informed that clinics would be cancelled should the ratios not be achievable on any particular day.

Requirement 5: Supervisors must be appropriately qualified and trained. This should include training in equality and diversity legislation relevant for the role. Clinical supervisors must have appropriate general or specialist registration with a UK regulatory body. (Requirement Met)

Requirement 6: Providers must ensure that students and all those involved in the delivery of education and training are aware of their obligation to raise concerns if they identify any risks to patient safety and the need for candour when things go wrong. Providers should publish policies so that it is clear to all parties how concerns should be raised and how these concerns will be acted upon. Providers must support those who do raise concerns and provide assurance that staff and students will not be penalised for doing so. (Requirement Met)

Requirement 7: Systems must be in place to identify and record issues that may affect patient safety. Should a patient safety issue arise, appropriate action must be taken by the provider and where necessary the relevant regulatory body should be notified. (Requirement Met)

Requirement 8: Providers must have a student fitness to practise policy and apply as required. The content and significance of the student fitness to practise procedures must be conveyed to students and aligned to GDC Student Fitness to Practise Guidance. Staff involved in the delivery of the programme should be familiar with the GDC Student Fitness to Practise Guidance. Providers must also ensure that the GDC's Standard for the Dental Team are embedded within student training. (Requirement Met)

This was not originally identified as a Requirement that was due to be scrutinised during this inspection. However, the panel was provided with evidence of two students who had been identified as being a potential threat to patient safety and were consequently suspended from carrying out clinical activity. Both students are currently subject to the University's student Fitness to Practise policy.

The panel noted that the School had in place a robust student Fitness to Practise policy that aligned with the GDC's guidance. However, when informing these students that they were now being referred into the student fitness to practise procedure, there was no indication of how long this process was likely to take. Further information was provided to the inspectors following the programme inspection. However, this still did not clarify if students were adequately informed as to what the timeframes would be, should they be referred into the student Fitness to Practise procedure. Similarly, it was not clear whether, in the flow diagram setting out the process, the School were adhering to calendar days as per the policy or weekdays.

Standard 2 – Quality evaluation and review of the programme

The provider must have in place effective policy and procedures for the monitoring and review of the programme.

Requirement 9: The provider must have a framework in place that details how it manages the quality of the programme which includes making appropriate changes to ensure the curriculum continues to map across to the latest GDC outcomes and adapts to changing legislation and external guidance. There must be a clear statement about where responsibility lies for this function. (Requirement Met)

The panel was tasked with looking specifically at staffing levels and whether this has any impact on how this Requirement is met.

The panel was of the view that the structure of the programme was a confused landscape. The evidence provided regarding issues being addressed at various committees was not clear, specifically, about where responsibility lies.

The school did satisfy the panel with regards to types of assessment used aligning to the GDC outcomes. It was evident that the modular curriculum structure allowed module leads to ensure that the GDC learning outcomes are covered within the programme.

It became apparent during the inspection that when the school revise modules for the programme, patient safety is not being considered suitably and the panel considered that this should be one of the criteria when any revisions to modules happen.

During the programme inspection, the panel was presented with their risk register. However, upon scrutinising this document, it was clear this was instead an action log, with no deadlines of when these actions were supposed to have been addressed.

Following the programme inspection, the School did produce their risk register, and this clearly laid out timeframes and who was responsible for monitoring and meeting deadlines. The panel is now assured that the School is aware of the potential risks to the programme and have built in contingencies to mitigate should they struggle to address any deadlines.

The panel concluded that current staffing was sufficient to support the framework and that the current staff had knowledge to understand when changes or decisions need to be considered by certain committees and when. The panel were also informed of the induction process for the new Dean of the Dental School and considered this process robust enough to ensure the necessary information was being cascaded to ensure continuity of all work in relation to the running of the BChD.

Requirement 10: Any concerns identified through the Quality Management framework, including internal and external reports relating to quality, must be addressed as soon as possible and the GDC notified of serious threats to students achieving the learning outcomes. The provider will have systems in place to quality assure placements. (Requirement Met)

The School's annual monitoring return indicated there was an issue with the delivery of orthodontic teaching, and the panel was tasked to ascertain whether this had now been resolved.

The School stated that a Consultant Orthodontist had now been appointed to co-ordinate and manage the theoretical teaching sessions. To gain clinical experience, the students are in specialist orthodontic practices for two-half day visits to observe management of referral, diagnosis, treatment and review. In addition, the School are currently implementing a course on orthodontic emergencies.

The panel was assured that the measures being taken to address orthodontic teaching was sufficient.

Requirement 11: Programmes must be subject to rigorous internal and external quality assurance procedures. External quality assurance should include the use of external examiners, who should be familiar with the GDC learning outcomes and their context and QAA guidelines should be followed where applicable. Patient and/or customer feedback must be collected and used to inform programme development. (Requirement Met)

The inspection panel was tasked with looking specifically at how the School use student feedback to inform the development of the programme, and whether this has any impact on whether this Requirement is met.

The panel was informed that the Student Staff Forum (SSF) is the primary means by which students are informed about all changes to the dentistry programme. Representatives from all the five years are on the SSF and liaise with their peers to discuss what issues are affecting them.

The students the panel met with, were positive about the SSF and felt listened and responded to. Students mentioned the SSF was very good at finding solutions to issues raised and gave examples of certain lectures being rescheduled, teaching of courses being amended to make

the subject matter more accessible and additional clinical sessions being arranged if students were concerned about not being proficient in carrying out particular clinical procedures.

Students are also able to utilise feedback forms relating to their experiences at outreach clinics.

Both the staff and students who met with the panel, spoke of a culture where feedback is constantly being given, not just for personal development, but so that the programme remains relevant, and this was evidenced by the selection of SSF minutes made available to the panel.

Requirement 12: The provider must have effective systems in place to quality assure placements where students deliver treatment to ensure that patient care and student assessment across all locations meets these Standards. The quality assurance systems should include the regular collection of student and patient feedback relating to placements. (Requirement Met)

Standard 3– Student assessment

Assessment must be reliable and valid. The choice of assessment method must be appropriate to demonstrate achievement of the GDC learning outcomes. Assessors must be fit to perform the assessment task.

Requirement 13: To award the qualification, providers must be assured that students have demonstrated attainment across the full range of learning outcomes, and that they are fit to practise at the level of a safe beginner. Evidence must be provided that demonstrates this assurance, which should be supported by a coherent approach to the principles of assessment referred to in these standards. (Requirement Partly Met)

The panel was tasked with looking specifically at the process of sign-up for final examinations and access to a range and number of patients and whether this has any impact on how this Requirement is met.

Student development throughout the programme is overseen by the School's Clinical Progress Committee which reviews each student's:

- Professionalism;
- Health and conduct: and
- Clinical experience

Students lacking the experience required to demonstrate 'safe beginner' level are informed what additional procedures must be carried out within the School's simulated clinical skills environment by a specified date.

To be considered a safe beginner for the purposes of being eligible to sit finals, students must have:

- Been graded satisfactory or excellent in the continuous assessment of clinical knowledge and treatment;
- Completed and passed all clinical practice module progressional assessments;
- Engaged in the clinical review process;
- Provided evidence of satisfactory preparation for final summative case presentations
- Demonstrated clinical experience across the full range of clinical areas.

The panel was informed that clinical targets are set for each year, dependent on patient availability. Students stated that they were informed on what they needed to achieve and spoke of being able to request patients or have time in the phantom head laboratory to meet these targets.

Although the panel considered the sign-up procedure to be robust in identifying those students who needed additional support in attaining their clinical targets, there was concern over the clinical data presented to the panel. The data grouped together certain procedures making it

difficult to ascertain what individual students had carried out, particularly in relation to paediatrics. Following the programme inspection, the panel was provided with further data and evidence demonstrating that those students who do have shortfalls, did carry out additional clinical tasks to meet the set targets and were subsequently able to sit finals.

As mentioned, the School is fully aware that the current systems to monitor student progression are inadequate and are in the process of implementing a new system. The panel was also provided with an implementation plan for the new system and the panel are assured that this is being introduced appropriately. Following scrutiny of the current clinical data, the panel are of the view that students have carried out enough clinical practise to be deemed safe beginners, and hope the introduction of the new system will ensure student data is managed efficiently and it will be easier to identify where students may require additional support.

Requirement 14: The provider must have in place management systems to plan, monitor and centrally record the assessment of students, including the monitoring of clinical and/or technical experience, throughout the programme against each of the learning outcomes. (Requirement Partly Met)

As discussed under Requirement 13, the current recording systems are not fit for purpose, and the School will be introducing a new system in the next academic year. The panel did struggle to determine what clinical experience the students had gained, but this was made clearer by the School submitting further data, which helped the education associates to understand what was being carried out.

Currently not all the data is held centrally, but the panel concluded that students were being monitored robustly as the Clinical Progress Committee reviews all student information from various sources, at a number of points during the academic year, therefore ensuring that students are meeting the necessary learning outcomes.

Requirement 15: Students must have exposure to an appropriate breadth of patients/procedures and should undertake each activity relating to patient care on sufficient occasions to enable them to develop the skills and the level of competency to achieve the relevant GDC learning outcomes. (Requirement Partly Met)

The current recording of student clinical data made it difficult to establish whether a breadth of experience was being carried out by each of the students on the programme. As discussed under both Requirements 13 and 14, the School provided further clinical data for the panel in order to provide clarity regarding the number of paediatric procedures the students had carried out. This was subsequently reviewed by the panel and it became apparent that there is variation in experience gained by the students.

The clinical data provided to the panel, highlighted that there is a shortfall in experience, specifically with regard to paediatric treatment. Otherwise the panel found that experience appears to be at a minimally acceptable level for some students in this area. It was not made clear whether the School have robust systems in place to monitor and address this variation across students. However, this is something that is likely to be achieved more easily with the implementation of the new recording system.

Assurance was provided as the students are unable to sit finals unless they have met all the criteria in terms of clinical activity, as stated under Requirement 13. The School provided two examples involving students that did not meet the necessary targets, and so were issued with a detailed plan, with timeframes setting out what was needed to be completed at a satisfactory level before they could progress through the programme. Students who fall into this category are managed by a Clinical Mentor, and this assured the panel no student would exit this programme without meeting the necessary learning outcomes.

Requirement 16: Providers must demonstrate that assessments are fit for purpose and deliver results which are valid and reliable. The methods of assessment used must be appropriate to the learning outcomes, in line with current and best practice and be routinely monitored, quality assured and developed. (*Requirement Met*)

Requirement 17: Assessment must utilise feedback collected from a variety of sources, which should include other members of the dental team, peers, patients and/or customers. (*Requirement Partly Met*)

The inspection panel was tasked with looking specifically at how the School are utilising feedback in assessment and reflection.

The panel was informed the School has strengthened its end of term Clinical Review Process, which included piloting a peer review process. However, it was unclear as to whether this feedback made any impact on the programme or any of the assessments.

There is also a peer feedback form enabling students to identify areas of strength and areas for improvement but again it was unclear as to how this contributed to assessment process specifically.

During clinical sessions, dental nurses are able to raise concerns they have about any student with the supervising tutor. These concerns are noted informally unless they are serious, but the education associates were told that they may impact on the student's grade for that procedure. The panel considered it would be helpful for nurse feedback to be collected formally, as this could be used to identify patterns of unprofessionalism and this data could contribute to the assessment process.

Whilst at outreach, feedback is recorded in the logbooks which feeds in to the Clinical Progress Committee. Students are also able to feedback on their experiences at outreach using specific evaluation forms.

Evidence of patient feedback identified that the responses are not attributed to individual students. The panel were advised that the feedback collected from patients is reviewed during the end of term reviews. The panel reviewed the patient feedback forms and found them to be very generic and recommend that these are revised to enable meaningful feedback to be collected in order for this information to contribute to the programme as well as assist in individual student development.

As mentioned under Requirement 11, the panel was informed that feedback provided by students had resulted in changes, but the panel saw no evidence during this inspection that any of the feedback collected from the various sources, resulted in contributing to the development of assessments.

Requirement 18: The provider must support students to improve their performance by providing regular feedback and by encouraging students to reflect on their practice. (*Requirement Met*)

From the documentation provided, it is clear that reflection is heavily embedded in the programme and students understand how and when to reflect, and the role that reflecting plays in their journey to become registered dentists.

Reflection is raised during the beginning of the programme and students have the additional resource of the 'Denstudy Team', who are available to help students on how to reflect and the different models that they are able to utilise in order to do this. The students spoken to, were very complimentary of the team and the service they provide to the student body.

Students also reflect on their performance when they meet with their designated personal tutor. During these meetings, student reflections can also help their tutor in identifying areas that their student may require additional support – both pastorally or academically.

Students also informed the panel that feedback was mostly given in a timely manner, meaning that they were able to address issues quickly, and not jeopardise their progression through the programme.

The panel had no concerns regarding feedback and reflection, other than the current monitoring system not being able to record any feedback, which is done in logbooks. However, as already mentioned, it is anticipated the new system will be configured to allow the recording of feedback.

Requirement 19: Examiners/assessors must have appropriate skills, experience and training to undertake the task of assessment, including appropriate general or specialist registration with a UK regulatory body. Examiners/ assessors should have received training in equality and diversity relevant for their role. (*Requirement Met*)

Under this Requirement, the inspection panel was tasked with looking specifically at staffing levels and whether this has any impact on how this Requirement is met.

The School provided a current staff list including qualifications, GDC registration numbers and whether equality and diversity training had been completed. Policies are reviewed every year, and staff are asked to confirm if they have read or carried out training where necessary. This is monitored and staff are contacted if it is found they have not been reading the updated information or attending the required training.

In addition, there is a Staff Away Day, which is filmed so that topics covering reflection, assessment and professionalism can be viewed by those staff not able to attend.

New examiners shadow experienced colleagues and the School also run briefing sessions covering the aim and purpose of that assessments; marking guidance and their role as an examiner. A similar briefing is held for those marking the written papers, and this includes a section on standard setting as well.

The panel saw no evidence which suggested current staffing provision was having a negative impact on the assessment process.

Requirement 20: Providers must ask external examiners to report on the extent to which assessment processes are rigorous, set at the correct standard, ensure equity of treatment for students and have been fairly conducted. The responsibilities of the external examiners must be clearly documented. (*Requirement Met*)

Requirement 21: Assessment must be fair and undertaken against clear criteria. The standard expected of students in each area to be assessed must be clear and students and staff involved in assessment must be aware of this standard. An appropriate standard setting process must be employed for summative assessments. (*Requirement Met*)

Summary of Action

Req. number	Action	Observations & response from Provider	Due date
8	The School must ensure it makes clear whether the timeframes for the student fitness to practise process are specified in calendar days or weekdays and ensure that all documentation relating to this process is consistent.	<p>The 'fitness to practise' process has been reviewed and will be presented for approval at the School Taught Student Education Committee on 3 October 2019. The revised draft policy is attached (Appendices 1a and 1b). Timeframes have been clarified, as has reference to working days' notice.</p> <p>Documentation is consistent and students will be fully aware of deadlines.</p>	Annual monitoring 2020
13/14	The School must provide an update as to the progress of the implementation of their new monitoring system.	<p>Implementation of the new monitoring system is on schedule for use in the clinics of the Leeds Dental Institute and in outreach centres from the beginning of the 2019-20 academic session. Teaching clinics have been suspended in the first week of term (2-6 September 2019) to enable staff and students to undertake training in the new system. Work is ongoing to ensure successful roll-out to the clinical skills classrooms.</p> <p>We are currently exploring options for the migration of previous data into the system with the provider.</p>	Annual monitoring 2020
15	The School should review monitoring of paediatric dentistry experience to ensure a suitable breadth of experience is achieved.	The new clinical monitoring system has been configured to allow more detailed recording of experience across all departments, including Paediatric Dentistry. Staff and students will have the ability to review student experience in real time and be better placed to understand progress. The Clinical Progress Committee meets regularly to review student progress in all areas. Where there is concern regarding levels of clinical experience gained, this is followed up directly	Annual monitoring 2020

		via the Departmental Head or representative and an action plan set up to address any shortcomings.	
17	The School should review the processes it currently utilises to collect feedback, to assess whether they can be improved to enable meaningful feedback to be collected which can then be used to contribute to the assessment process.	<p>The School Taught Student Education Committee will undertake a review of existing processes in relation to the collection of feedback and its use in the assessment process, as part of the ongoing review and development of the curriculum. We acknowledge the need to enhance our patient feedback documentation and to develop the use of peer and dental nurse feedback.</p> <p>The School recognises that patient, peer and dental nurse assistant feedback have a prominent part to play in the formative scheme of assessment, rather than in summative assessment. To encourage detailed student reflection on this feedback, we use our Clinical Review Process which forms part of our 'Clinical Practice' modules. We intend to continue this scheme but to enhance its scope and detail to ensure that it is as meaningful as possible to us and our students.</p>	Annual monitoring 2020

Observations from the provider on content of report

The School thanks the inspection team for their overall professionalism, commitment and engagement with staff, students and stakeholders.

Recommendations to the GDC

Education associates' recommendation	Qualification continues to be sufficient for holders to apply for registration as a dentist with the General Dental Council
Date of next monitoring exercise	2020

Annex 1

Inspection purpose and process

1. As part of its duty to protect patients and promote high standards within the professions it regulates, the General Dental Council (GDC) quality assures the education and training of student dentists and dental care professionals (DCPs) at institutions whose qualifications enable the holder to apply for registration with the GDC. It also quality assures new qualifications where it is intended that the qualification will lead to registration. The aim of this quality assurance activity is to ensure that institutions produce a new registrant who has demonstrated, on graduation, that they have met the learning outcomes required for registration with the GDC. This ensures that students who obtain a qualification leading to registration are fit to practise at the level of a safe beginner.
2. Inspections are a key element of the GDC's quality assurance activity. They enable a recommendation to be made to the Council of the GDC regarding the 'sufficiency' of the programme for registration as a dentist and 'approval' of the programme for registration as a dental care professional. The GDC's powers are derived under Part II, Section 9 of the Dentists Act 1984 (as amended).
3. The GDC document 'Standards for Education' 2nd edition¹ is the framework used to evaluate qualifications. There are 21 Requirements in three distinct Standards, against which each qualification is assessed.
4. The education provider is requested to undertake a self-evaluation of the programme against the individual Requirements under the Standards for Education. This involves stating whether each Requirement is 'met', 'partly met' or 'not met' and to provide evidence in support of their evaluation. The inspection panel examines this evidence, may request further documentary evidence and gathers further evidence from discussions with staff and students. The panel will reach a decision on each Requirement, using the following descriptors:

A Requirement is met if:

"There is sufficient appropriate evidence derived from the inspection process. This evidence provides the inspectors with broad confidence that the provider demonstrates the Requirement. Information gathered through meetings with staff and students is supportive of documentary evidence and the evidence is robust, consistent and not contradictory. There may be minor deficiencies in the evidence supplied but these are likely to be inconsequential."

A Requirement is partly met if:

"Evidence derived from the inspection process is either incomplete or lacks detail and, as such, fails to convince the inspection panel that the provider fully demonstrates the Requirement. Information gathered through meetings with staff and students may not fully support the evidence

submitted or there may be contradictory information in the evidence provided. There is, however, some evidence of compliance and it is likely that either (a) the appropriate evidence can be supplied in a short time frame, or, (b) any deficiencies identified can be addressed and evidenced in the annual monitoring process.”

A Requirement is not met if:

“The provider cannot provide evidence to demonstrate a Requirement or the evidence provided is not convincing. The information gathered at the inspection through meetings with staff and students does not support the evidence provided or the evidence is inconsistent and/or incompatible with other findings. The deficiencies identified are such as to give rise to serious concern and will require an immediate action plan from the provider. The consequences of not meeting a Requirement in terms of the overall sufficiency of a programme will depend upon the compliance of the provider across the range of Requirements and the possible implications for public protection”

5. Inspection reports highlight areas of strength and draw attention to areas requiring improvement and development, including actions that are required to be undertaken by the provider. Where an action is needed for a Requirement to be met, the term ‘must’ is used to describe the obligation on the provider to undertake this action. For these actions the inspectors may stipulate a specific timescale by which the action must be completed or when an update on progress must be provided. In their observations on the content of the report, the provider should confirm the anticipated date by which these actions will be completed. Where an action would improve how a Requirement is met, the term ‘should’ is used and for these actions there will be no due date stipulated. Providers will be asked to report on the progress in addressing the required actions through the annual monitoring process. Serious concerns about a lack of progress may result in further inspections or other quality assurance activity.

6. The QA team aims to send an initial draft of the inspection report to the provider within two months of the conclusion of the inspection. The provider of the qualification has the opportunity to provide factual corrections on the draft report. Following the production of the final report the provider is asked to submit observations on, or objections to, the report and the actions listed. Where the inspection panel have recommended that the programme is sufficient for registration, the Council of the GDC have delegated responsibility to the GDC Registrar to consider the recommendations of the panel. Should an inspection panel not be able to recommend ‘sufficiency’ or ‘approval’, the report and observations would be presented to the Council of the GDC for consideration.

7. The final version of the report and the provider’s observations are published on the GDC website.