

Education Quality Assurance Inspection Report

Education Provider/Awarding Body	Programme/Award	Inspection Date
University of Sheffield	Bachelor of Dental Surgery (BDS)	19 March 2019

Outcome of Inspection	Recommended that the BDS continues to be sufficient for the graduating cohort to register as dentist.
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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 General Dental Council (GDC) as a dentist. Risk based inspection focussed on Requirements 3, 4, 9, 10, 11, 13, 15 and 19
Learning Outcomes:	<i>Preparing for Practice (Dentist)</i>
Programme inspection date:	19 March 2019
Inspection team:	Sarah Hamilton (Chair and Non-registrant Member) Kamran Ali (Dentist Member) Tom Thayer (Dentist Member) Martin McElvanna (GDC Education & Quality Assurance Officer) Rachael Mendel (GDC Quality Assurance Officer)

The BDS inspection undertaken at the University of Sheffield was a risk-based inspection looking at specific areas of focus identified by the GDC's Education & Quality Assurance team in 2018. Information considered when identifying potential or actual risks included annual monitoring returns, previous inspection reports (and progress against any actions) and responses to wider recommendations in the GDC Annual Review of Education.

The inspection focused on Requirements 3, 4, 9, 10, 11, 13, 15 and 19 and specific areas within those Requirements which are detailed below.

The education associates comprising the inspection panel were grateful that the documentation received in advance of the inspection was comprehensive and the evidence demonstrating the Requirements being considered was easy to find. Requests for additional information during the inspection were provided quickly.

The panel was impressed by the strong leadership skills evident within the School, together with a cohesive team approach amongst all of the staff involved in the delivery of the learning outcomes, assessment and administration of the programme. The panel also noted from students that there is a good relationship between staff and students.

The panel agreed that the outreach placement opportunities enabled the students to gain a broad range of experience in a number of clinical settings. It also noted positive student feedback with regard to the programme in terms of support, supervision and action within the school following review feedback from student representatives.

The education associates had no major concerns with the programme and agreed it was well organised and ensures thorough assessment of students across the learning outcomes contained within the GDC publication 'Preparing for Practice'.

The development of students as they moved through the programme stages was clearly evidenced and the panel was satisfied that upon graduation the students were fit to practise as safe beginners.

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

Background and overview of qualification

Annual intake	71 students
Programme duration	201 weeks over 5 years
Format of programme	<p>Year 1 Lectures on the structure and function of cells, the chemical reactions within cells and the major systems of the human body. The cardiovascular, respiratory, nervous and renal systems are studied but particular attention is paid to relating these systems to clinical practice, especially in experimental physiology classes. The structure and function of the healthy mouth and structures of the head and neck relevant to the practice of clinical dentistry. Some of the common diseases affecting the head, neck, teeth and oral cavity. Studying the development, structure and function of teeth and their supporting tissues through lectures and practical microscopy classes. Practical dissection sessions enhance anatomy teaching and virtual microscopy classes help to clarify the relationship between structure and function. Teaching on the concept of professionalism which is expected to be developed by students throughout the curriculum. Clinical teaching on how to take case histories and perform dental charting, clinical photography, impression taking and an intensive course on some basic restorative dental techniques which will reinforce much of the study of structure and function already studied including clinical training in both laboratory and clinical environments on scaling and polishing. Virtual reality suite training, providing a computer-generated mouth, to learn core clinical skills with full, simulated visual, auditory and tactile sensory feedback.</p> <p>Year 2 Lectures, tutorials and practicals on the basic biological principles governing growth, development, ageing and nutrition at different stages during life and basic oral and dental care. Lectures and tutorials on the scientific basis of clinical work including dental materials and wound healing. Clinical practice to undertake basic oral and dental procedures, including simulated clinical training in a laboratory environment to introduce a range of skills (Basic Clinical Skills). Direct patient treatment to undertake basic oral and dental procedures in restorative dentistry, periodontology, complete dentures, oral surgery and radiography.</p> <p>Year 3 Lectures, practicals and clinical skills teaching on human disease to integrate elements of anatomy, physiology, biochemistry, pathology, medicine, surgery, pharmacology, immunology and microbiology within the dental undergraduate curriculum. Teaching extends the understanding of diseases of the teeth and supporting tissues learnt in years 1 and 2, and introduces a wider number of disciplines for direct patient treatment including restorative dentistry, orthodontics, paediatric dentistry, oral surgery, complete dentures and radiography. In the second semester the theme includes simulated clinical training in a laboratory environment to enhance students' range and accomplishment of skills.</p> <p>Years 4-5</p>

	<p>Lectures, tutorials and practicals on oral diseases of the mouth, face and jaws, their causes, how they develop, and how to recognise, diagnose and prevent them. How to manage these diseases and how they respond to treatment, in particular the surgical procedures of exodontia and minor oral surgery and the use of drugs in their treatment and prevention.</p> <p>Outreach Placements in a variety of primary care and community practices. Elective study, Regional Hospital Attachments.</p> <p>Lectures, tutorials and practicals on understanding and management of diseases and conditions of the teeth and supporting tissues in patients of all ages; and enables an evidence-based and holistic approach to the management of patients of all ages and needs. Direct patient treatment to integrate management of oral and dental conditions in patients of all ages, in primary and secondary care settings. Management of more complex oral and dental conditions in secondary and tertiary care settings within the Charles Clifford Dental Hospital, the Royal Hallamshire Hospital and the Sheffield Children's Hospital.</p>
Number of providers delivering the programme	1 – The University of Sheffield

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	Met
14	Met
15	Met
16	Met
17	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)

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)

The inspection panel was provided with substantial documentation ahead of the programme inspection demonstrating how the School meets this Requirement. This evidence was satisfactorily triangulated during the inspection through meetings held with various staff and students.

The majority of clinical training for students takes place at the Charles Clifford Dental Hospital (CCDH), which is part of the Sheffield Teaching Hospital NHS Foundation Trust (STH). The panel noted that the Care Quality Commission (CQC) reports that the CCDH and Outreach practices were found to be satisfactory.

There are two policies relating to Equality and Diversity for staff entitled Equal Opportunities Policy and Code of Practice for Staff and one for students entitled Equality, Diversity and Inclusion Policy for Students. The panel saw evidence that all university staff have Equality and Diversity training upon induction which is also reviewed at the point of appraisal and monitored on an ongoing basis using two systems, both at NHS and university level. University staff record this training as evidence of continuing professional development for registered dentists. Non clinical staff keep a record. All training is also recorded through the programme of appraisals with the use of forms to record dates of training that has been undertaken. Emails are sent to staff members to remind them of attendance in advance and there is an electronic system used for logging mandatory training.

Having inspected the paperwork relating to Outreach and spoken to students, Outreach and programme staff, the panel was content that there were no issues with Outreach placements and that a solid supportive network is in place.

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

Although the School does not have a policy regarding the staff to student ratio, the panel heard evidence that the staff to student ratios were appropriate. This was also confirmed by students who considered that they were well supported and appropriately supervised and that their levels of supervision decreased appropriately during their progression. It was noted that the majority of supervisors have some form of formal postgraduate training in education and that the School invests in leadership training.

Staffing ratios were particularly good in Oral Surgery. It was noted that supervisors do not carry out their own treatment when supervising students. There are robust contingency plans for cover if required.

Support from qualified dental nurses was evidenced across all clinical sites. Students highlighted a concern that nursing support could be better organised and that there is a lack of continuity and nurse's breaks were sometimes disruptive. However, the panel recognises that this is a wide-scale challenge. We encourage the School to continue to monitor the situation.

The School indicated that they have plans over the next few months for succession planning and have a system in place for upskilling existing staff. Discussions take place every year to identify staff who are retiring and posts that need to be filled. There is both a formal and informal process. The School is encouraged to continue to manage staffing levels and succession planning.

The panel was satisfied that staffing levels are adequate and do not pose any threat to meeting this Requirement.

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)

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 School has a Quality Management framework within the University's Learning and Teaching Strategy (2016-2021). The panel saw evidence of a well-defined and clear committee structure to monitor the quality of the programme.

Overall responsibility for the curriculum rests with the Dean who is supported by the Teaching Committee. The curriculum has been mapped to Preparing for Practice since 2012 using a database that records all teaching. The panel had sight of the School's online databases for blueprinting. Changes to the curriculum can be automatically modified in the database.

The panel saw minutes of student representative meetings and there was clear evidence that student feedback was being used to inform programme development.

After meeting various staff, the panel was satisfied with the quality framework functions and where responsibility lies. The panel was provided with evidence of minutes from the various committees within the quality framework and could see clearly that the School manages any issues relating to the quality of the programme efficiently and effectively.

The panel concluded that there is no impact on this Requirement from staffing levels and was satisfied with the quality management procedures in place.

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 panel was tasked with looking specifically at recruitment, placements and basic science teaching and whether this has any impact on how this Requirement is met.

The School acknowledges that recruiting high quality teaching staff is a challenge given external factors, but it considers that the School is well placed to deal with these challenges into the longer term. The University has a dedicated online recruitment portal.

For commentary regarding placements, please refer to Requirement 4.

Since the last Annual Monitoring return for 2017/2018, the School made the decision to bring the teaching of basic sciences in-house. The panel noted that this was now being managed better and it is clear that the School is aware of the importance of managing staffing in this area and has made comprehensive efforts to manage the issues it was facing.

The feedback from students regarding basic sciences, particularly years 1 and 2, was positive and they felt that it is more relevant with more hands on and practical learning and that the teaching is always delivered in the context of dentistry. Although some students indicated they did not directly know the Raising Concerns policy, they knew how to access it and felt that personal tutors and staff were approachable for any concerns. Students indicated that they

were clear about whistleblowing and the duty of candour. They confirmed that professionalism is embedded in teaching from year 1.

The panel noted that External Examiner reports were positive.

The panel concluded that the School has robust systems in place to meet this Requirement.

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

The panel saw evidence that student feedback is obtained using a variety of methods. For example, once a term during lectures students have the facility to use handsets to give feedback on aspects of the programme and teaching. Students can also provide specific student evaluations which are fed back through student year working parties to Teaching Committee. Students can also approach personal tutors informally. The panel saw clear evidence of the collection of student feedback and that modifications had been made to the programme as a result.

The panel noted that in the Trainee Survey 2018, some concerns and weaknesses were identified by students, for example issues regarding patient management and complaints. The School recognises this and is planning on addressing the issues raised. There has already been an increase in training around complaints.

Students considered that clinical feedback was being given more frequently rather than in recorded form and tended to be better than academic feedback.

With regard to patient feedback, the panel saw evidence that this is being collected in a variety of different methods, for example when patients have been seen at the finals examination and the use of student specific Patient Questionnaire Feedback forms.

The School indicated that it is continuing the principle of using patients as educators and this has been expanded to the Objective Structured Clinical Examination (OSCE). The panel noted that patients mark students as well as examiners as a measure of student assessment. Although patient feedback forms part of student assessment, the panel noted that it was not being collected in a manner which is being used to inform student progression and was being done on an ad hoc basis. The School recognises that it is difficult to integrate this into overall student performance in a formal sense. The team considers that this could be developed further and more structured, but recognise this will be an evolutionary process requiring significant investigation into how it can inform and enhance student assessment.

The panel noted that there is particular emphasis on feedback from both student and patients being collected in an anonymous manner and online where possible.

The panel concluded that the School has rigorous systems in place to meet this Requirement.

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 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.

There is evidence that the programme is being fully blueprinted to the GDC learning outcomes and this was clearly demonstrated during the presentation of the Timetable database. The BDS programme is mapped to the current GDC Preparing for Practice learning outcomes and during the inspection the panel had the opportunity to scrutinise the School's central database, which gives further detail as to the mapping of the curriculum and assessments.

The panel was satisfied that the School has robust procedures for student sign-up to final examinations. The panel noted how the School takes a collegiate view on sign-up with all departments being involved in the process. The panel saw evidence that by the time the finals sign-up process takes place, students will have built up a longitudinal record of clinical competence and knowledge over the previous 4 years through a variety of assessment methods including practical assessments, OSCEs and clinical placements. The panel heard evidence that, during the sign-up process, some students who had low clinical experience were required to supplement this prior to written finals. Other students are sometimes required to undertake supplementary training in the form of additional classes, repeat clinical assessments or resit examinations. In some cases, students may not be permitted to proceed to finals.

The panel saw evidence that there were robust systems in place to monitor student progression. It noted progress meetings and the use of ePortfolio and academic databases to allow a holistic approach to reviewing a student's overall progression. The ePortfolio database allows clear visual identification of students' overall performance and highlights those struggling. For example, the panel saw evidence of one particular student with low clinical experience being appropriately monitored and addressed. Practical remediation options are offered to students who are low on clinical experience, for example, supplementary sessions on phantom heads. Borderline students may be supported with additional feedback from clinical teachers and theme leaders. Struggling students are supported more informally with personal tutors and supervisors. Failing students are dealt with more formally and may be invited to meet the Theme Leader and/or the Director of Student Affairs.

The panel noted that students upload their own clinical data in clinical feedback books and then replicate this data into their ePortfolio accounts using Student Clinical Treatment Records. There is an expectation that students act honestly in doing so, embedding an ethos of trustworthiness and placing the onus on the student to act professionally. The data entered by

students is audited at random once a semester. All staff are trained how to manage an audit which is usually done by the Academic Leads to compare the paper and electronic logs of clinical procedures. After audits have been completed, students are informed by email that they have been audited and the result. The panel noted that there are consequences under the student fitness to practice procedures if this is not being done correctly and the panel saw evidence of this. Major and systematic errors may lead to formal proceedings and would be reported to the Progress Committee as an issue of professionalism and a range of final sanctions may be applied.

For commentary regarding access to patients, please refer to Requirement 15.

The panel therefore concluded that the curriculum was suitably mapped to the learning outcomes with an appropriate range of assessments and that there are robust monitoring systems for student progression and sign up. This ensured that students were fit to practise as safe beginners.

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 Met)

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 Met)

The panel was tasked with looking specifically at access to a range and number of patients and whether this has any impact on how this Requirement is met.

The panel noted that the majority of clinical training for students takes place at the Charles Clifford Dental Hospital (CCDH). Students gave feedback that they felt fortunate in Sheffield to have access to a good range of patients and had an appropriate range and breadth of experience. However, they indicated that they would like to see more Endodontics patients but felt assured that they have sufficient access. This was confirmed by the School which indicated that Endodontics patients are harder to source. Students also indicated that the booking and cancellation of clinics was sometimes problematic, and that they could do with greater and more consistent nursing support.

The panel noted the use of ePortfolio as a means of checking the range and number of clinical procedures undertaken by students, as well as the School's database to check students' attendance at clinics. The panel was provided with a comprehensive set of clinical attainment data for all of the students, identifying the number of procedures that students have carried out.

The panel noted the variety of ways in which students can access patients in primary and secondary care routes. Patients also attend self-referral clinics and are screened for suitability for students. Students can also take patients from waiting lists and the panel noted that students were often resourceful in finding patients.

The School explained that students who are low on targets are able to attend additional clinics during February and March.

The panel concluded that students had a good range of experience in both the CCDH and in their Outreach placements. As a result, the graduating students had gained sufficient

experience with an appropriate breadth of patients and procedures to ensure that they were safe beginners.

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 Met)

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)

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

The panel heard evidence that a significant number of people are involved in assessment and had appropriate registration and qualifications. Most have some form of educational training. Supervisors are trained on giving feedback to students at multiple levels. This is also covered at induction by each academic unit and at an annual Outreach training day.

The panel heard evidence that new members of staff undertake a mandatory induction and training programme, which includes the supervision (for clinical staff) and assessment of students. New staff members are also required to shadow more experienced colleagues during this induction period.

The School recognises that feedback to students could be improved. Although it would be ideal to provide feedback to every student after every assessment, the panel recognises the practical challenges in doing this. The panel noted that the ePortfolio database is used as a tool for monitoring feedback on clinical performance and professionalism.

For training on Equality and Diversity, please see commentary under Requirement 3.

The inspection panel concluded that staffing levels were appropriate and there were effective systems in place to monitor the training of new and existing staff, examiners and supervisors.

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

Observations from the provider on content of report

Refer to guidance

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 regular 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.