General Dental Council

Quality Assurance Report
Standards for Specialty Education

Training commissioner	Training programmes
Health Education England North East and North Cumbria	Dental & Maxillofacial Radiology Dental Public Health Endodontics Oral & Maxillofacial Pathology Oral Medicine Oral Surgery Orthodontics Paediatric Dentistry Prosthodontics Restorative Dentistry Special Care Dentistry

Outcome of Specialty Training self-assessment against the Standards for Specialty Education.	No GDC actions identified for the training commissioner

Full details of the process can be found in the annex

Summary

Remit and purpose:	To quality assure the specialty training and education being delivered by Health Education England North East and North Cumbria* (HEE NENW).
Standards for Specialty Education:	All
Date of submissions:	14 November 2022
Date of inspection:	19 April 2023
GDC Staff:	Angela Watkins – Quality Assurance Manager Martin McElvanna – Education & Quality Assurance Officer
Education associates:	Gill Jones Richard Cure

This report sets out the GDC's analysis of the self-assessment, evidence submission and inspection of Health Education England (HEE) North-East and North Cumbria (hereafter referred to as "the training commissioner" and "HEENE") against the *Standards for Specialty Education* ("the Standards").

This report should be read in the context of the GDC's policy to develop the quality assurance of specialty training together.

*Since the inspection, Health Education England has merged with NHS England. For the purpose of this report we will continue to use the name that the Training Commissioner was known as at the time of submission and inspection.

Of the 20 Requirements under the Standards, the GDC considers that the submission from the HEE Northeast & North Cumbria team demonstrates:

	No of Requirements	**Requirements**
Met	20	P1 – 20
Partly met	0	P
Not met	0	P

Outcome of relevant Requirements:

Standard One	
P1	Met
P2	Met
P3	Met
P4	Met
P5	Met
P6	Met
P7	Met
Standard Two	
P8	Met
P9	Met
P10	Met
P11	Met
Standard Three	
P12	Met
P13	Met
P14	Met
P15	Met
P16	Met
P17	Met
P18	Met
P19	Met
P20	Met

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 a correct and justifiable standard. Any risk to the safety of patients and their care by specialty trainees must be minimised.

P1: For clinical procedures, the programme provider should be assured that the specialty trainee is safe to treat patients in the relevant skills at the levels required prior to treating patients. (Requirement Met).

The panel are assured that there is a robust recruitment system in place and the training commissioner applies the Health Education England (HEE) National Recruitment has part of this process.

The panel reviewed *Work Schedule Examples* and Senior *Staff Weekly Cover Rota – Paediatric Dentistry* which are both clear and comprehensive and gave reassurance that appropriate supervision and guidance is available for trainees. The forms provide evidence that staff: trainee ratios are being applied and that access to additional consultant support is identified.

The panel saw *SLE Trainee Example* and *Trainee PDP Example* which evidence review of progress and feedback. Progress and trainee issues are also monitored through the Annual Review of Competency Progression (ARCP) and there are systems for reporting concerns with routine incident reporting through the Trusts, as part of governance processes.

TPD reports and clinical incident documentation also reassured the panel that trainees are being supervised at the level required to ensure safe practice from the start of their training.

We consider this Requirement to be Met.

P2: Programme providers must have a policy in place to inform patients that they will be treated by specialty trainees and providers should confirm patient recognition of this policy. (Requirement Met).

The panel were assured that the training commissioner follows the NHS Trust policies and procedures for informing patients that they are being treated by trainees. The panel saw a copy of the *Trust Information Booklet 'Coming to Hospital Outpatients'* which is issued to all patients alongside their initial appointment letter. The panel agreed that the *Patient Consent form Template* is comprehensive.

During induction, trainees are made aware of their responsibility to identify themselves as a trainee and to always wear a name badge. The Trusts has adopted the "Hellomynameis" national campaign. The panel reviewed the *Lanyard Information poster* which is displayed in treatment areas to identify trainees by the colour of their lanyard.

PSQ Process and *PSQ Examples* assured the panel that feedback from patients is obtained and used for trainee development.

We consider this Requirement to be met.

P3: Programme providers must ensure specialty trainees provide patient-centred care in a safe learning environment. The provider must comply with relevant legislation, including equality and diversity, and requirements regarding patient care. (Requirement Met).

Individual specialties are subject to Quality Management (QM) Speciality Programme Reviews on a 3-year cycle. The aim of this process is to continuously monitor the quality and delivery of Dental Specialty Training Programmes. The panel reviewed several *QM visit reports and CQC Reports* which confirmed compliance and offered additional information on clinical governance.

The panel reviewed the *DEMQ TOR 2022* which assured the panel that the Dean's Executive Meeting – Quality group has an overarching accountability for ensuring and improving the quality of the education and training within Health Education England Northeast and North Cumbria (HEENE).

DATIX is a comprehensive incident reporting and management system which is used across the Trust. Trainees are encouraged to reflect and identify any learning on any incidents they log. The *Management of Accidents and Incidents Policy* covers the reporting of all incidents, accidents and near misses.

The Trust *Health and Safety Operational Policy* and *Serious Incidents Policy* outlines how communication of issues should be undertaken, including escalation and the range of meeting minutes reviewed by the panel show how this information is shared and acted upon.

The *Mandatory Training Policy* includes EDI training.

We consider this Requirement to be met.

P4: When providing patient care and services, specialty trainees are to be supervised at a level necessary to ensure patient safety according to the activity and the trainee's stage of development. (Requirement Met).

The panel reviewed the *Trainer Validation & Revalidation process* and assured the panel that supervisors are able to support trainees at the appropriate level. Training Programme Directors (TPD) undertake an annual appraisal carried out by the Associate Postgraduate Dental Dean (APGDD) in a reflective and supportive way with the aim of valuing the contribution of the TPD towards Dental Education. The *TPD PDR update 2022* table evidenced this process and demonstrated staff development activity and actions required to meet these development needs.

Supervisory structures are detailed in the *Work Schedules Examples* and timetables show that work is clearly scheduled and that there is adequate supervision.

The panel agreed there is a robust recruitment process for supervisors and standards are maintained through training, audit, feedback and annual appraisals.

The ARCPs demonstrate monitoring of satisfaction and effectiveness of supervision. If there are possible issues identified outside of the ARCP, the escalation process is invoked and the panel had sight of the *Escalation Policy.*

There is a range of support mechanisms in place for trainees and the panel saw the *SuppoRTT Practical Guide*, which is a practical guide to help trainees return to work after absence.

We consider this Requirement to be met.

P5: All educational and clinical supervisors must be appropriately qualified and trained, including training in equality and diversity where relevant to the role. Clinical supervisors must have registration with a UK regulatory body. There must be a clear

rationale underpinning whether individual clinical supervisors are/are not included on a specialist list. (Requirement Met).

The Trusts *Mandatory Training Policy* includes the equality, diversity and inclusion (EDI) training requirement and indicates it is each Trust's responsibility to carry out the appraisal of supervisors.

The panel reviewed the *Trainer Validation & Revalidation process* and assured the panel that supervisors are at the appropriate level.

There is clear corroboration on the *ES GDC Status 2022* that GDC registration status is reported and checked. This was underpinned by the *Appraisal Policy,* where annual appraisals also capture GDC status. Those in a training role must also record their educational Continuing Professional Development (CPD) as part of their appraisal.

We consider this Requirement to be met.

P6: Programme providers must ensure that specialty trainees and all those involved in the delivery of education and training are aware of their duty to be candid in line with the guidance issued by the professional regulator. Specialty trainees must be made aware of their obligation to raise concerns if they identify any risks to patient safety. Programme providers should publish policies so that it is clear to all parties how they can raise concerns and how these concerns will be acted upon. Programme providers must support those who do raise concerns and provide assurance that staff and specialty trainees will not be penalised for doing so. (Requirement Met).

The panel reviewed the *Raising Concerns (Whistleblowing) Policy V4_1* and *Speak Up – We're Listening Policy* document which is in place to support staff and trainees in raising and managing a concern. Each Trust has a named guardian who is identified in the individual trainee work schedules.

The panel were assured on the use of the *Business-as-Usual Logs* system and how it is used to capture, monitor, escalate or resolve all concerns. At the time of the inspection there were no concerns relating to the specialty dental training on the log.

The panel reviewed the *Policy for the Escalation of Quality Concerns to HEE* which demonstrated how reported concerns feed into HEE's national and regional quality management processes. This includes the triangulation of concerns with other sources of data and intelligence.

HEENE have developed a Dental Specialty Trainee Forum and the *DST Trainee Forum* - ToR sets out the objectives of the forum.

The panel felt that the *Trainee Annual survey results – 2022* demonstrated that feedback data is comprehensive. The panel were assured that the *You Said, We listened document* demonstrates feedback to trainees on issues raised.

We consider this Requirement to be met.

P7: Programme providers must have mechanisms to identify patient safety issues. Should a patient safety issue arise, action must be taken by the provider with a clear rationale for the extent of the action including, where necessary, informing the relevant regulatory body. (Requirement Met).

HEENE follow the NHS Trust framework for managing complaints including the use of PALS for patient concerns and incident reporting.

The panel reviewed *IDT SOP dental-specific 19.8.*21 which demonstrated Dean to Dean Transfer arrangements and examples provided show how the arrangements can work. The *DET ToRs*, agenda example and *DET Action Tracker 17.05.2022* gave the panel reassurance that the *DMDE incident log* is reviewed monthly at these meetings. The panel noted that the attendees listed demonstrates very good practice.

We consider this Requirement to be 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 leading to recommendation for issue of a certificate of completion of specialist training.

P8: Programme providers must have a quality framework in place that details how the quality of the programme/examination is managed. This will include ensuring necessary development to programmes that maps across to the GDC approved curriculum/latest learning outcomes for the relevant specialty and adapts to changing legislation and external guidance. There must be a clear statement about where responsibility lies for this quality function. (Requirement Met).

Nationally, HEE provide a Quality Framework which the training commissioner adopts.

The panel reviewed the *SAC External Feedback Form* (Oral Surgery and Paediatric Dentistry) which reinforces that appropriate reviews are undertaken following the ARCP.

Trainees regularly meet with their Education Supervisor to review their progress, which includes identifying SLEs and curriculum requirements.

The panel saw several meeting agendas that demonstrated that all dental specialties have regular Trainer Group meetings (Specialty Trainer Group) to discuss trainee progression and achievements. Exam pass rates and training issues are discussed and documented. These meetings are attended by the Assistant Postgraduate Dental Dean and Trainee Representatives.

The panel agreed a range of processes are in place and are successfully implemented through review, evaluation, and monitoring of outcomes. Therefore, we consider this Requirement is met.

P9: Providers must address any concerns identified through the operation of this quality framework, including internal and external reports relating to quality, as soon as possible. (Requirement Met).

The panel reviewed the HEENE *DST Committee ToR updated Jan 21 and Dental STC minutes – 9.3.22.* and felt that the value of the Regional STC and the Trainer Group meetings in discussing issues is to be commended. The meeting is attended by all TPDs, Trainee Representatives and chaired by the APGDD for Specialty Training. This committee allows all the Dental Specialties to discuss training issues across all specialties as well as sharing best practice.

We consider this Requirement is met.

P10: Quality Frameworks must be subject to rigorous internal and external quality management procedures. External assessors must be utilised and must be familiar with GDC approved curriculum/latest learning outcomes and their context. (Requirement Met).

Complaints and concerns are risk assessed and dealt with through the *Intensive Support Framework* (ISF) to ensure that each one is dealt with at the appropriate level and escalated appropriately.

The programme of quality assurance visits is to be commended and the externality of the process is guaranteed by the external *Specialty Advisory Committees* (SAC) and *Lay Representations*. The panel saw evidence of *Lay report – Oral Surgery ARCP Sept 22 and Lay rep Panel Observation report 02.09.2022*

Lay Representatives are offered training to familiarise themselves with their roles and responsibilities.

We consider this Requirement to be met.

P11: The programme provider must have systems in place to ensure the quality of placements/rotations to ensure that patient care and assessment in all locations meets these Standards. The quality management systems should include the regular collection of specialty trainee and patient feedback relating to treatment provided within placements/rotations. (Requirement Met).

The panel saw evidence of how feedback is collated, and information is shared. This was then reflected in the ARCPs. Trainees have the opportunity to provide anonymised feedback on their training programme as part of the ARCP process.

The panel reviewed the *DST Exit Interview template* and *Exit interview* process which demonstrated HEENE annual trainee survey/exit interview feedback processes. This allows all specialty trainees the opportunity to feedback their experiences.

The panel felt that the programme of audit visits is very good practice.

We consider this Requirement to be 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.

P12: To make a recommendation for the award of a Certificate of Completion of Specialist Training (CCST), programme providers must be assured that specialty trainees have demonstrated achievement across the full range of learning outcomes in the relevant specialty curriculum approved by the GDC, and that they are fit to practise at the level of a specialist in the relevant specialty. This assurance should be underpinned by a coherent approach to the principles of assessment referred to in these standards. (Requirement Met).

The panel reviewed examples of trainee *ARCPs* which gave assurance that trainees have demonstrated they are fit to practice at the appropriate level on completion of training. The

ARCP documentation also provided reassurance of the effectiveness of the process. The robust process assured the panel that trainees will not progress unless compliant with assessments.

There are robust processes in place to manage extensions to training.

We consider this Requirement to be met.

P13: Programme providers must demonstrate that assessments are fit for purpose and deliver results which are valid and reliable. Assessment conclusions should include more than one sample of performance. (Providers must demonstrate a rationale for any divergence from this principle.) Non-summative assessments must utilise feedback collected from a variety of sources, which may include other members of the dental team, peers, patients and/or customers. (Requirement Met).

All trainees are advised of the numerical number of Workplace-based Assessments (WBAs) and other benchmarks, including reflective pieces, that they are expected to achieve on an annual basis.

We consider this Requirement to be met.

P14: Assessment must involve a range of methods appropriate to the learning outcomes and these should be in line with current and best practice and be routinely developed, refined, monitored and quality managed. (Requirement Met).

The panel are assured that HEENE uses a range of methods to carry out assessments including evidence of SLE, WBA, DOPS, PBAs, CBD, CEX and the use of PDPs, global objectives, academic reports, and multisource feedback. All assessments are managed via portfolio platforms and ARCP processes.

We consider this Requirement to be met.

P15: The programme provider must have in place management systems to plan, monitor and record the assessment of specialty trainees throughout the programme against each of the learning outcomes. (Requirement Met).

The panel are assured that a robust central system is in place to plan and monitor progression.

During COVID-19, the region created and implemented a trainee support document to highlight the impact of the pandemic and asked whether the trainee needed to be redeployed or required additional time. This was inclusive for the trainee and any decisions were jointly made and reflected on individual pathways.

We consider this Requirement to be met.

P16: Specialty trainees 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 competence to achieve the relevant GDC-approved learning outcomes. (Requirement Met).

All trainees are advised of the numerical number of Workplace-based Assessments (WBAs) and how they are required to link their WBAs and clinical training against the approved GDC curriculum. This ensures that they have achieved the correct level of experience across the breadth of patients and procedures against the curriculum.

The panel noted that TPDs develop the annual work schedules which provided reassurance that a review of previous achievement of breadth and range of patients has been reflected.

Evidence that the external SAC representative scrutinises the logbooks to assess outputs and experience is noted in the ARCP documentation.

We consider this Requirement to be met.

P17: The programme provider should support specialty trainees to improve their performance by providing regular feedback and by encouraging trainees to reflect on their clinical and professional practice. (Requirement Met).

The panel reviewed the *Dental Regional Teaching Programme 2022* which details various training events available to key staff to deliver appropriate and effective feedback.

The panel were provided a link to HEENE FAST system programme, which provides trainees with the opportunity to attend a wide range of courses that assist with giving and receiving feedback and providing self-reflection.

During SuppoRTT meetings trainees are encouraged to reflect on their time spent out on placement and on return to training. This is a mechanism for Trainees to suggest any areas where they feel they have de-skilled and may require additional clinical and professional support.

We consider this Requirement to be met.

P18: Examiners/assessors must have appropriate skills, experience and training to undertake the task of assessment, including appropriate registration with a regulatory body. (Requirement Met).

The panel reviewed relevant person specifications and were assured that robust criteria are in place to ensure new recruits have the appropriate skills, training and registration.

The panel were assured that there are robust processes in place to ensure the suitability and appropriateness of the examiners and assessors.

Therefore, we consider this Requirement to be met.

P19: Programme providers must document external examiners/assessors reports on the extent to which examination and/or assessment processes are rigorous, set at the correct standard, ensure equity of treatment for specialty trainees and have been fairly conducted. (Requirement Met).

The panel saw several *Lay Reports* and an example of a *SAC External Assessor Report*. This clearly demonstrated that a rigorous process is in place to ensure the correct standards and equity of all examinations and assessments.

External representatives give feedback to the Specialty Advisory Committee and the Chair of the ARCP panel.

We consider this Requirement to be met.

P20: Assessment must be fair and undertaken against clear criteria. The standard expected of specialty trainees in each area to be assessed must be clear and trainees

and staff involved in assessment must be aware of this standard. A recognised standard setting process must be employed for assessments. Exceptions from this principle must be clearly justified. (Requirement Met).

During the Inspection the panel were assured by the comprehensive overview of how the training commissioner carries out their standard setting locally and nationally.

The panel were informed that assessments are a function of the ISCP, with assessment structure and content being determined by the SAC.

Assessments have set criteria and descriptors written into the assessment form which assist the assessors with standardisation and fairness. Peer review of trainers' assessments is carried out to help standardise scoring.

Trainees issued with a developmental or non-progressive outcome are required to meet with their TPD to receive formal feedback. During the feedback, trainees are also provided with information on the professional support available to them. The Professional Support and Wellbeing Unit was established to provide advice to trainees working across HEENE who may experience difficulties impacting on their training i.e., difficulties passing examinations.

The panel noted that there is an appeals process in place.

We consider this requirement to be met.

Summary of Actions HEE NE.

Req. number	Action	Observations & response from HEE NE	Due date
	No actions		

Observations from HEE NENC on the content of the report

Annex 1: Education Quality assurance process and purpose of activity

1. As part of its duty to protect patients and promote high standards within the professions it regulates, the General Dental Council's (GDC) Strategic Review of Education (2008) recommended that the Council should actively quality assure all training and awards which lead to entry to all GDC registers and listings (Dentist, Dental Care Professionals (DCP) and Specialist).

2. The aim of this quality assurance activity is to ensure that dentist registrants, at the point of inclusion upon one of the GDC's specialist lists, have demonstrated, on completion of their training, that they have met the outcomes required for specialist listing on the dentists register with the GDC. This will underpin and add value to the GDC's responsibility in issuing a Certificate of Completion of Specialist Training (CCST) as part of the listing process.

3. Consideration and development of our quality assurance processes therefore apply to training programmes in all 13 current specialties. Whilst our statutory responsibilities (see section 17 below) focus on orthodontics and oral surgery we do not currently possess an evidence base, drawing upon public protection arguments to differentiate between the specialties in quality assurance activity.

Specialty training

4. The primary route by which specialists join the Specialist lists, and the route upon which the GDC focusses its quality assurance activity, is successful completion of a national training programme in the individual UK specialties, where training is based upon a GDC-approved curriculum[1], overseen by the regional training commissioner, and where the trainee also passes the relevant Royal College examination.

5. Following these successes, the trainee is recommended for entry to the GDC Specialist Lists by award of a Certificate of Completion of Specialist Training (CCST). The regional training commissioner recommend the award and the GDC awards the CCST.

6. Training in the dental specialties under the route described above is, typically, a three-year full-time hospital-based programme. This can involve trainees receiving training in a variety of hospital settings and other clinical environments. This form of delivery, together with the provision of exit examinations by a further examination provider has required changes to the GDC's model of pre-registration QA inspection which is typically based on a single training centre under the auspices of a university or other educational body.

The GDC's powers

7. The GDC's powers in relation to specialist education and training differ from its powers for pre-registration training:

8. The Dentist Act 1984 (the Act) restricts our ability to require training commissioners to provide information to those with Dental Authority (DA) Status. Of postgraduate providers, the Royal Colleges possess dental authority status as do universities undertaking postgraduate or specialist dental training. We can request information from other postgraduate training providers such as training commissioners who do not hold such status in connection with section 1(2)(a) of the Act.

9. We have powers under Section 9 of the Act to appoint visitors to inspect programmes and examinations of both undergraduate and postgraduate/specialist programmes. However, the concept of “sufficiency” applies only to DAs and there is no formal mechanism to approve or withdraw approval from postgraduate/specialist training providers who do not possess such status.
10. The Specialist List Regulations provide us with powers to determine who is eligible to join the lists.
11. The GDC is, in relation to specialist dental qualifications in orthodontics and oral surgery, the competent authority in the United Kingdom for the purposes of the Recognition Directive and the Dental Training Directive. The Council has a statutory duty to supervise training in these two specialties.
12. We have taken legal advice and have established that our statutory duty to supervise training in orthodontics and oral surgery can support quality assurance activity across the 13 specialties.

Annex 2: The EQA Process

13. The education quality assurance activity focuses on three Standards for training commissioners, with a total of 20 underlying requirements. These are contained in the document *Standards for Specialty Education* (current iteration published 2019 and available here.

General Principles

14. Our historic consultation and stakeholder engagement on the Standards signalled the GDC’s expectations in relation to specialty education. Publishing the first iteration of Standards for Specialty Education in 2015 was seen to send a clear message to the sector about the quality the GDC expects in order to protect patients and the public.

15. In addition to publishing the GDC standards, we recognised that the UK Committee of Postgraduate Dental Deans and Directors (COPDEND) already publishes a quality management tool in the form of *The Gold Guide.* We also recognised that specialty trainees are in the main already GDC registrants; and that we needed to be sensitive to the fact that specialty training (where it takes place in NHS Trusts and roles) operates in an already highly regulated environment.

16. We have been mindful that that our regulatory approach, both in its piloting and in its current operational introduction, must not introduce disproportionate or unnecessary burdens on providers.

17. The second iteration of Standards for Dental Education, referenced above, maintains this proportionate approach whilst also containing two major developments:

    a. Separating the Standards so there are discrete requirements for training commissioners and examination providers.

    b. Introducing an overarching requirement to provide evidence (of the provider’s choosing) to support their self-assessment.

Collection of evidence

18. Therefore, the process remains based upon moderated self-assessment and includes:

    a. a data set that profiles specialty trainees and scrutinises key data including information about the trainees' progression rate through programmes and exit examinations.

    b. a self-assessment questionnaire giving training commissioners the opportunity to indicate their performance in the context of the Standards and requirements.

    c. the requirement to provide illustrative and supporting evidence to support the contents of the completed self-assessment questionnaire.

19. The following descriptors are employed as a means of reference for establishing a training commissioner's compliance with the individual requirements.

    A Requirement is **Met** if:

    There is sufficient appropriate evidence derived from the pilot process. This evidence provides the GDC with broad confidence that the training commissioner demonstrates compliance with the requirement. The training commissioner's narrative and documentary 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 pilot process is either incomplete or lacks detail and, as such, fails to convince the GDC that the training commissioner fully demonstrates compliance with the requirement. 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 follow-up processes.

    A Requirement is **Not Met** if:

    The training commissioner cannot provide evidence to demonstrate compliance with a requirement or the narrative and evidence provided are not convincing.

    The evidence is inconsistent and/or incompatible with other findings. The deficiencies identified are such as to give rise to concern and will require an action plan from the training commissioner.

    Other:

    Use of this descriptor is exceptional and will usually be applied if the training commissioner's narrative and evidence would be considered **Partly Met** but it appears to the GDC that evidence and/or indications across the breadth of the submission mean that during the observations period of the EQA process this requirement can be **Met**.

20. The significance of not demonstrating compliance with a requirement will depend upon the compliance of the training commissioner across the range of requirements and any possible implications for public protection.

21. Outcomes from the pilot specialty EQA exercise typically fell into two categories of follow-up action:

    a. Where requirements were not fully met, the need for follow-up action (either submission of further evidence or clarification of self-assessment) that could normally be addressed by ongoing further specialty monitoring.

    b. Joint action between the training commissioner and the GDC to capture good practice (where requirements were met) to further inform the evidence prompts within the Standards and so to provide additional guidance for future specialty EQA activity.