

Standards for Education

Standards and requirements
for providers



Contents

- Introduction
- Standard 1 - Protecting patients
- Standard 2 - Quality evaluation and review of the programme
- Standard 3 - Student assessment
- Description of terms used

For further information, please contact:

Quality Assurance team
General Dental Council
37 Wimpole Street
London
W1G 8DQ

Email: qualityassurance@gdc-uk.org

Phone numbers

From UK 020 7 167 6110

From abroad +44 20 7167 6110

General Dental Council Standards for Education

The Standards for Education and the requirements that underpin these apply to all UK programmes leading to registration with the General Dental Council (GDC). They cover programmes in dentistry, dental hygiene, dental nursing, dental technology, dental therapy, clinical dental technology and orthodontic therapy¹.

The Standards cover three areas the GDC expects providers to meet in order for training programmes to be accepted for registration. These areas are:

- **Patient protection**
- **Quality evaluation and review**
- **Student assessment**

The following table contains the Standards and associated requirements, accompanied by examples of appropriate types of evidence that the GDC expects to be produced by a provider to demonstrate that a requirement is being met. A provider must make available appropriate evidence for each requirement. Examples of the evidence that the GDC expects to be provided is set out for transparency and clarity for all parties. The Standards for Education are designed to demonstrate a 'right touch' approach and ensure that clear expectations are communicated to providers.

Further guidance on the documents that providers need to complete and the evidence that should be presented to the GDC at different stages of the process is contained in the following documents:

- GDC Quality Assurance Process: Guidance for Providers (versions are available for DCP and BDS providers)
- New Programme Submissions
- Pre-inspection questionnaire
- GDC Standards mapping table
- GDC Learning outcomes mapping table

Providers should decide which documents to use as evidence to demonstrate each requirement under the Standards. If a provider produces similar evidence for other purposes, the GDC will seek to use this to minimise the administrative burden on providers. It may be possible for a provider to use a particular document as evidence across a number of requirements.

¹ This is the second version of the GDC Standards for Education and will be used as the basis for all GDC quality assurance activity from the 2015/16 academic year. It replaces the first version of the Standards, which was published in September 2012. Requirements relating to equality and diversity are now integrated across the Standards for Education, rather than forming a separate standard.

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.

Requirements

Examples of Evidence

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.	Relevant policy and procedures; timetable of assessments; details of clinical and technical 'gateway' assessments; student sign off records; student progression statistics and reasons for not progressing; student portfolio; self-assessment forms; handbooks; student evaluation and reflection documentation
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.	Policy on communicating treatment by students to patients across all clinical areas; evidence of student training in this area; examples of leaflets, letters and consent forms for patients; notices in the clinical environment; examples of recorded consent across departments
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.	Policies on clinical and workplace safety and equality and diversity issues; governance and/or systems regulator reports for clinical locations; audit reports; availability and accessibility of literature on clinical governance and health and safety requirements; incident logs and actions taken; minutes of relevant committee meetings; availability and accessibility of discrimination and equality policy to staff and students; records of complaints received and how they have been addressed
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.	Policy and procedures for supervision of students; staff to student ratios across departments/clinics; records showing who is supervising each clinic

Requirements

Examples of evidence

<p>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.</p>	<p>Relevant policy and procedures; records and content of supervisor training and induction, including equality and diversity training; evidence of registration including UK registration number(s), qualifications and training; timetable showing supervisor allocation</p>
<p>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.</p>	<p>Relevant policy and procedures including demonstration of support provided for those who raise concerns; student and staff training regarding candour and raising concerns; communication mechanisms; records of concerns raised and actions taken; surveys of staff and students; action plan relating to recommendations of the Francis Report</p>
<p>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.</p>	<p>Policies outlining systems in place; process maps; incident logs and records of actions taken; reporting and recording systems for serious untoward incidents; minutes from relevant internal meetings; evidence of notification of regulatory body</p>
<p>8 Providers must have a student fitness to practise policy and apply it 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 the GDC's Standards for the Dental Team are embedded within student training.</p>	<p>Student fitness to practise policy and procedures including thresholds for each stage; method of communication to staff and students; details of student fitness to practise cases; documentation showing where Standards for the Dental Team is embedded within the training</p>

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

Requirements

Examples of Evidence

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 learning outcomes and adapts to changing legislation and external guidance. There must be a clear statement about where responsibility lies for this function.	Relevant policy, procedures and documentation supporting quality management of the programme; review policy and timeline; use of multisource feedback including patient feedback; changes to the programme submitted to the GDC where relevant
10	Any concerns identified through the operation of 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.	Relevant policy and procedures including escalation process; whistleblowing policy; minutes from committee(s) responsible for programme review; audit reports; resulting amendments made to policy and procedures of the programme; risk log with solutions and actions taken; evidence of past notifications to the GDC; reports received and actions taken
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.	Relevant policy and procedures; information on external review bodies e.g. QAA, Ofqual; information about external examiners and verifiers; internal verification/quality assurance reports; details of external examiners; minutes of external examiner meetings; external examiner role profile; details of methods of obtaining patient/customer feedback; feedback forms and details of actions taken
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.	Relevant policy and procedures relating to the quality assurance of placements and the gathering of feedback; feedback from staff, patients and students; audit reports; monitoring reports from the provider and from placement providers

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

Requirements

Examples of Evidence

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.	Assessment strategy for the programme(s); assessment timetable; assessment records/central recording system; assessment mapping document; student portfolio; student progression policy and procedures; student progression statistics; exit strategy; minutes of progression boards including 'sign-up' and/or 'sign-off' decision meetings; blueprint demonstrating the links between assessments and learning outcomes
14	The provider must have in place effective 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.	Central recording and monitoring system; relevant policy and procedures including those relating to setting assessments; external examiner reports; records of student clinical and/or technical experience; minutes of assessment planning and progression meetings; blueprint demonstrating the links between assessments and learning outcomes
15	Students must have exposure to an appropriate breadth of patients and 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 learning outcomes.	Relevant policy and procedures; summary of individual students' clinical experience; central recording system; clinical treatment records; assessment records; competency sign off policy and procedures; student portfolio; policy relating to the use of transferrable skills and evidence of related discussions
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.	Mapping and description of assessments; remit and minutes of responsible groups or committees; internal programme review process; access to assessments used on a programme; external examiner feedback; internal and external reviews; psychometric analysis of assessments

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.	Relevant policy and procedures; feedback forms or equivalent for patients and colleagues for individual students; patient/peer/customer comments; relevant assessment records; patient guidance/systems for giving feedback; records showing continuous assessment
18	The provider must support students to improve their performance by providing regular feedback and by encouraging students to reflect on their practice.	Student portfolio; relevant training in reflection and receiving feedback; evidence of reflection; evidence of mentoring sessions and feedback; relevant policy and procedures
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.	List of assessors/examiners showing qualifications and registration details; evidence of training specific to the assessment of students and relevant experience; recruitment and appointment policy and procedures; assessor calibration and recalibration training; external examiner/verifier reports
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.	External examiners reports; records showing responses to external examiner input and any actions taken; documentation, training and guidance provided to external examiners; external examiner role profile
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.	Marking/assessment criteria and guidance for staff and students including for continuous assessments; relevant policy and procedures including managing bias; standard setting procedures; evidence of the range of assessors used in setting the standard; arrangements for failed candidates; appeals process; student and staff handbooks; evidence of the communication mechanisms used; records of assessment review meetings

Description of terms used

Assessment

There are many references to 'assessment' in the GDC documents 'Preparing for Practice', 'The First Five Years', 'Developing the Dental Team' and 'Standards for Education'. Assessment is the process or exercises which measure and record a student's progress towards achieving the learning outcomes necessary for completion of their programme and registration as a dental professional.

Assessment means those forms of assessment which enable staff involved in the delivery of a programme to form an opinion of student performance. A wide variety of assessment methods are commonly used and these might include continuous assessments, student portfolio, case presentations, written exercises, research exercises, peer feedback etc., as well as summative end of module/year/programme examinations. Assessments should have clear criteria for success and examiners and assessors should be properly trained and briefed to carry out assessments. Each individual learning outcome does not necessarily require its own assessment; one assessment may cover several learning outcomes and some learning outcomes will be assessed many times in many different ways throughout a training programme. A provider should be able to demonstrate to the GDC how a student has achieved the learning outcomes throughout the duration of the programme. A central system that records student performance would be expected to provide evidence of how successful students have been assessed in the relevant learning outcomes.

Safe Beginner, Independent Practice

Preparing for Practice defines the terms 'safe beginner' and 'independent practice'.

External Examiners

These are usually experienced GDC registrants who are not affiliated with the provider. There may be situations where there are exceptions to this, where external examiners are affiliated to the awarding body, but not the organisation delivering the programme. The term includes all external assessors and verifiers. Some programmes will use external examiners who are not registered with the GDC. This is acceptable if the external examiner is appropriately qualified for the section of the programme they will be assessing.

Equality and Diversity

In England, Wales and Scotland, the Equality Act 2010 places responsibilities on further and higher education institutions not to discriminate against, harass or victimise:

- prospective students
- students at the institution
- in some limited circumstances, former students and
- disabled people who are not students at the institution but who hold or have applied for qualifications conferred by the institution.

Institutions may also have responsibilities as employers, bodies that carry out public functions and as service providers.

The Equality Act protects students from discrimination and harassment based on 'protected characteristics'. The protected characteristics for the further and higher education institutions provisions are age, disability, gender reassignment, pregnancy and maternity, race, sex, religion or belief and sexual orientation.

Being married or in a civil partnership is not a protected characteristic for the further and higher education institutions provisions.

The law that applies in Northern Ireland is different from that cited above. Individuals in Northern Ireland are protected against discrimination on the grounds of age, disability, race, religious belief, political opinion, sex or sexual orientation.

All institutions, where ever they are based, have a responsibility to know what their equality and diversity responsibilities are and to comply with them.

Patients

A patient means any individual treated by students and includes other students if treated by their colleagues.

Placements

Placements are all places where a student will work clinically outside the provider's main clinic(s), or vocationally in the workplace and away from the central education institution.

Programme

A programme is the entire qualification that leads to registration. This incorporates the taught course and assessments and includes the final assessment.

Provider

A provider is the organisation or organisations who are responsible for delivery of the programme and assessment. If the awarding body is not the same as the organisation responsible for the delivery of the programme, this will not make a difference to the approach of the GDC as all providers will be treated as one organisation. It is the responsibility of the lead organisation to liaise with the GDC and to obtain information from other organisations involved when information is requested.

Staff

This means all staff involved with the quality management, delivery and assessment of the programme.

Students

This means all students enrolled on the programme.

Supervisors

Supervisors are those responsible for students working clinically or overseeing practical work.