

General Dental Council

Education Quality Assurance Inspection Report

Education Provider/Awarding Body	Programme/Award	Inspection Date(s)
University of Leeds	BSc (Hons) in Dental Hygiene and Dental Therapy	1 June 2021 – meeting with students 15 & 16 June 2021 – exam inspection 30 July 2021 – Progression & Awards Board meeting

Outcome of Inspection	Recommended that the BSc (Hons) in Dental Hygiene and Dental Therapy is approved (DCP) for graduates to register as dental hygienists and dental therapists
-----------------------	---

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 ongoing approval of the award for the purpose of registration with the GDC as a dental hygienist and therapist
Learning Outcomes:	<i>Preparing for Practice – dental hygiene and therapy</i>
Examination inspection date(s):	15 and 16 June 2021 – unseen case presentations
Inspection team:	Katie Carter (Chair and Non-registrant Member) Marina Harris (DCP Member) James Ashworth-Holland (Dentist Member) Kathryn Counsell-Hubbard (GDC Staff member) Jackie Spencer (GDC Staff member)

The BSc (Hons) in Dental Hygiene and Dental Therapy (hereafter referred to as “the programme”) delivered at and awarded by the University of Leeds (hereafter referred to as “the provider” or “the School”) is a new programme where the first cohort of students graduated in Summer 2020. Due to the COVID-19 pandemic, the inspection that was started in 2019/20 had to be halted, and therefore the final examinations could not be inspected.

The GDC took actions in 2020 to ensure that students had met the level of a ‘safe beginner’ in order to be safely graduated from the programme. Approval was granted for the 2020 completing cohort to be registered by the Registrar. However, as part of the new programme inspection process, the final clinical assessments were still subject to inspection for a decision as to the ongoing approval of the programme to be made. This report reflects that inspection activity as well as noting the changes the programme team have implemented as a result of the 2019/20 report.

In addition to the regular data sets usually requested for examination inspections, the School was also required to provide a standardised selection of evidence as part of a targeted monitoring process. This targeted monitoring formed part of the GDC’s response to the pandemic and the subsequent ongoing issues with students gaining sufficient clinical experience. The evidence provided in respect of targeted monitoring was assessed by a member of the panel in collaboration with another Education Associate, and a decision made that a separate, targeted inspection was not necessary. Thus, the conclusions of this report also encompass the review of some evidence otherwise not normally reviewed as part of the regular exam inspection process.

The panel met with a selection of students, picked at random by the GDC, ahead of the examinations and received excellent feedback on the programme. Students were largely

supportive and understanding of the measures introduced due to COVID-19 and demonstrated enthusiasm and commitment to their studies. Equally, the programme team were fully engaged with the inspection process and clearly share similar enthusiasm as their students. The past two academic years have been exceptionally challenging, but the panel were able to conclude that the School has risen to meet that challenge and have done so successfully.

One general area for improvement remained from the activity carried out in 2019 concerning feedback. Within the various modes of feedback utilised as part of the programme, two main strands were identified by the panel as required attention. These related to the timeliness of feedback to students and feedback about students from patients. The School's ability to take steps to evaluate feedback have been restricted by the pandemic although improvements have been made in other areas, and these are a testament to the hard work of the programme team. The panel are optimistic that feedback as a whole would continue to evolve and improve.

The panel had some concerns, early in the inspection process, about supervision levels in the clinical skills laboratory. Further information received from the provider, and confirmed by students, provided reassurance on this point. However, the panel understood that improved staff-to-student ratios were a feature of supervision during the COVID-19 pandemic and were likely to reduce as measures to mitigate the effects of the pandemic are withdrawn. The GDC would urge the school to continue to monitor supervision levels to ensure that they remain safe and appropriate.

The GDC wishes to thank the staff, students, and external stakeholders involved with the University of Leeds BSc (Hons) in Dental Hygiene and Dental Therapy programme for their co-operation and assistance with the inspection.

NOTE FOR READING THIS REPORT

All Requirements determined to be 'met' during the 2019/20 inspection continue to be met. Commentary has been added for those Requirements directly related to the final clinical examinations or referred to within the actions set down in the previous report. Those Requirements without narrative must be considered to be met and full commentary on those areas can be found in the previous report.

Background and overview of qualification

Annual intake	25 students										
Programme duration	104 weeks over 3 years										
Format of programme	<p>The structure of the BSc Dental Hygiene and Dental Therapy programme integrates closely with the existing Dental Surgery programme. Thus, offering students from both programmes the opportunity to be trained alongside each other, undertaking shared modules and patient care.</p> <p>The programme is delivered in a modular format with students being required to pass all modules for the award of the qualification and all modules must be passed within each year of the programme to allow progression into the following year. A total of 6 common modules are co-delivered/shared with the Dental Surgery programme (5 within year 1 and 1 within year 2). The theme of collaborative delivery and shared teaching continues through the second and third year thus helping the development of the dental team. All the modules within the programme have been developed to align fully to the GDC learning outcomes for registration.</p> <p>The students clinical experience increases in volume and complexity as they progress through the course. Commencing with preventive treatments and progressing to comprehensive care of both adults and children. Outreach teaching is utilised to prepare the students for practice in the primary dental care setting. The students also undertake oral health promotion within the community setting.</p> <p>The academic components of the programme utilise a variety of teaching methods (lectures, seminars, tutorials, problem based learning and online learning) using a blended learning approach.</p> <p>The programme requires students to work independently and hone the knowledge and skills necessary for graduation and lifelong learning. A research theme flows through the programme and develop the students' ability to critically find, summarise and communicate evidence-based dentistry. Within year 3 all students undertake an individual Final Year Research Project utilising the scientific research skills they have developed over the previous years.</p> <p>Graduates will be well prepared to embark on a future career whether as a clinician, educator or researcher, with the ability to apply their knowledge of research-based learning to their future careers and continue with lifelong learning.</p> <table border="1" data-bbox="566 1832 1294 2011"> <thead> <tr> <th colspan="2">YEAR 1</th> </tr> </thead> <tbody> <tr> <td>DSUR1127</td> <td>Health and Health Promotion</td> </tr> <tr> <td>DSUR1128</td> <td>Introduction to the Oral Environment</td> </tr> <tr> <td>DSUR1130</td> <td>Anxiety and Pain Management</td> </tr> <tr> <td>DSUR1230</td> <td>Oral Diseases, Defence and Repair</td> </tr> </tbody> </table>	YEAR 1		DSUR1127	Health and Health Promotion	DSUR1128	Introduction to the Oral Environment	DSUR1130	Anxiety and Pain Management	DSUR1230	Oral Diseases, Defence and Repair
YEAR 1											
DSUR1127	Health and Health Promotion										
DSUR1128	Introduction to the Oral Environment										
DSUR1130	Anxiety and Pain Management										
DSUR1230	Oral Diseases, Defence and Repair										

	DSUR1250	Personal and Professional Development 1
	DSUR1146	Developing Clinical Practice 1
	YEAR 2	
	DSUR2000	Applied Dental Hygiene
	DSUR2010	Clinical Skills
	DSUR2118	Personal and Professional Development 2
	DSUR2146	Developing Clinical Practice 2
	YEAR 3	
	DSUR3000	Applied Dental Therapy
	DSUR3110	World of Work and the Dental Team
	DSUR3130	Final Year Research Project
	DSUR3146	Developing Clinical Practice 3
		Co-delivered/ Shared modules
Number of providers delivering the programme	1	

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	Partly Met
18	Met
19	Met
20	Met
21	Met

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

Standard 1 – Protecting patients

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

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

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

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

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

Recommendation from previous report: *The provider should review the SSR policy and consider auditing the staff to student ratio in the phantom head laboratory.*

While the Requirement was found to be met at the 2019/20 inspection, the panel recommended that the School undertake the above action. Within the evidence provided ahead of the examination inspection in June 2021, the School provided an updated Student Clinical Supervision Policy that demonstrated a change in the staff-to-student ratio (SSR) in the phantom head laboratory. The students who met with the panel at the student meeting on 1 June 2021 reported that this was a positive change and their waiting time for having work assessed had greatly reduced.

The current staff-to-student ratio in the clinical skills laboratory has increased, as demonstrated by an updated policy document, and supervision ratios for specific types of procedure have increased within the clinics. The programme team were unable to clarify when or how such increased levels of supervision may change, particularly as these will depend on COVID-19 measures or the reduction for such measures. While resources are finite, the panel would support the increased levels of supervision to continue for as long as possible.

The panel are still satisfied that the Requirement is met and commend the School for implementing this change despite other pressures brought about by COVID-19.

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)*

Recommendation from previous report: *The provider should include the provision for removing students from the clinical area immediately upon a relevant student fitness to practise issue being raised.*

The Health & Conduct (Fitness to Practise) policy was provided as part of the pre-inspection documentation and demonstrated that the School had completed the recommended action set down in the 2019/20 report. The policy was updated in September 2020. The Requirement continues 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.

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)*

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)*

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)*

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)

This Requirement was of particular concern to the panel due to the difficulties encountered by all dental education providers since March 2020. Specifically, the ability for the full range of learning outcomes to be delivered and for students to demonstrate their safe beginner level has been limited due to the closures of clinical areas in March 2020 and the restrictions imposed since that time.

The School provided examples of student portfolios from high, mid, and low-achieving students alongside evidence of assessments and clinical experience data. Numerical targets are utilised on the programme, and data was provided both in advance of the inspection, and ahead of the Progression and Awards Board at the end of July, which acted as a 'sign-off' point.

The data demonstrated that students have been able to achieve numbers and types of clinical interactions sufficient to demonstrate competency for a range of skills. The assessment evidence demonstrated coverage of learning outcomes for summative assessment, with tutor meetings and feedback via CAFS (the e-portfolio system encompassing recording of clinical interactions) providing formative assessment.

Oral evidence was provided by the programme team as to the consideration of transferable skills and how identifying the individual parts of a larger clinical task can help to demonstrate whether a student has the requisite experience. The integrity of qualifications is of paramount importance to the University, and this is the principle by which the programme team have assessed their students.

The sign-up process utilised for the final summative assessments allows the students to have dedicated clinical time between those assessments and the formal end point of the programme. This is mirrored in the new sign-off point which was introduced to ensure that students are assessed in the round before being awarded their qualification. Contingencies are in place for those students who may not pass the final examinations or meet the criteria to be signed-off the programme, including the option to repeat the entire third year of the course.

The panel were not only able to review evidence and speak with students and staff, but also observed the Progression and Awards Board. Evidence of academic attainment, clinical targets and professionalism was reviewed.

The panel were satisfied that the Requirement was met not only in terms of ongoing approval for the programme but also in respect to the targeted monitoring process. This means that the current graduating cohort are deemed to have met the safe beginner standard to be graduated, and subsequently registered, and also that the programme has met the standard of approval.

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)

Ahead of the inspection and receipt of targeted monitoring evidence, the GDC met with the School to discuss changes introduced as a result of COVID-19. The provider utilises the dental hospital and external outreach clinics. Social distancing, micro motor hand pieces and FFP3 masks had all been introduced to protect staff, students and patients. The School purchased a number of new micro motor handpieces in February 2021, with students having returned to the clinical environment in October 2020 after a period of practise and formative assessment on clinical skills in the phantom head laboratory beforehand.

The evidence reviewed demonstrated that patient flow was no more of an issue than in pre-pandemic times. For those procedures difficult to find in clinic, the School had utilised the simulated environment and identified appropriate transferable skills from other procedures that could be used in the consideration of the students' overall experience. Enhanced monitoring of student attainment was introduced, and the sharing of patients was allowed to ensure that students had access, where possible, to the types of procedures required.

These measures in conjunction with the final clinical data seen at the Progression and Awards Board assured the panel that the students had the level of competency required. The procedures implemented to support clinical attainment also assured the panel that the Requirement is met for future cohorts.

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)

The previous inspection report found the Requirement to be met. The panel, having observed the final clinical assessments, agreed that this finding was still appropriate.

In observing the examinations, the panel saw that examiner pairs were well-briefed and consistent. Students' numbers were checked, and the same guidance given to each student observed irrespective of the examiner pair. The exams were run to time and security measures used to ensure that students could not confer prior to being examined.

The panel were assured that the results of the assessments were valid and saw these triangulated at the Progression and Awards Board meeting. The Requirement continues to be met.

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

Action from previous report: *The provider must review the method by which patient feedback is gathered to ensure that meaningful information is captured. The provider must introduce measures, such as peer feedback, to ensure that feedback about students plays a key role in their assessment.*

Feedback remains an area that would benefit from further scrutiny. The School have taken significant steps in changing the method by which patient feedback is gathered but this has brought about some issues as well. Patients now complete a feedback form online, potentially allowing a patient more freedom to give critical feedback on a student's performance due to not having to hand their written feedback directly back to that student. However, the students with whom the panel met advised that even though this feedback is available via a QR code, they have yet been able to access it or make the code work.

COVID-19 counter-measures have included increased levels of monitoring of students along with a higher frequency of meetings with personal tutors. Added to this is a change to the timetabling of clinical supervisors meaning that a potentially greater working relationship is established because students are with the same supervisor more often. These elements have increased the opportunities for students to give and receive feedback, and the panel would recommend that these measures are made permanent, if possible, to continually allow for close interaction and feedback.

The Requirement remains partly met while the issues surrounding access to patient feedback are resolved. The School should continue to evaluate opportunities for feedback and introduce additional opportunities for peer feedback outside of the World of Work module in Year 3.

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)

Recommendation from previous report: *The provider should consider reviewing patient feedback and time within which feedback is given to students to ensure that there is no delay.*

Students present at the meeting on 1 June reported that there delays in receiving feedback from tutors on summative assessments persist. Students did confirm that feedback is being provided for every assessment.

The School should review the feedback process and identify the reasons why summative assessment feedback is being provided late.

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)

This Requirement was found to be met during the previous programme inspection. Based on the findings in respect of Requirement 16 and the conduct of the examiners, the panel were assured that this Requirement continues to be met.

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)

The panel were able to meet with the external examiner after the final clinical examinations. The examiner was content with the examinations and their running, having no concerns to report. When asked, the examiner confirmed that they felt able to approach the School with any concerns and that there is an effective level of contact. Their role is not confined to

providing oversight of exams but to commenting on assessments prior to being approved for use with students. The external examiner was also present at the Progression and Awards Board meeting and had opportunity to report their findings.

The Requirement continues to be 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*)

The panel found this Requirement to be met at the previous programme inspection. The panel met with a selection of students ahead of the final examinations where they reported being clear about what they needed to achieve in order to complete the programme. The students had been briefed ahead of the exams themselves and were given further information by the examiners.

The Requirement continues to be met.

Summary of Action

Req. number	Action	Observations & response from Provider	Due date
17	The provider must resolve the issues preventing students from accessing feedback from their patients. The provider should also identify opportunities where peer feedback can be introduced earlier in the programme.	The School recognises that resolution of these issues needs to be prioritised and is working with the CAFS development team to provide functionality which allows students to access patient feedback in a timely way. It is also important that students are supported in understanding the feedback they may receive from patients and how this is used to inform their development. Additionally, the identification of opportunities to incorporate peer feedback in earlier years of the programme, to inform student development will be undertaken.	Monitoring 2022/23
18	The provider should review the feedback process and identify the reasons why summative assessment feedback is being provided late.	The School will review the feedback process as part of the School Assessment and Standards Board with the aim of ensuring meaningful and timely feedback is provided.	Monitoring 2022/23

Observations from the provider on content of report

The School of Dentistry, University of Leeds would like to thank the inspection panel once again for their professionalism throughout the process and for this considered and constructive report. In relation to the recommended actions set down in the 2019/20 report, we were particularly pleased to read the positive comments and recognition of the School's achievements in these areas, despite the pressures brought about by the COVID-19 pandemic. As providers and regulators, we share a common purpose in ensuring that graduates are prepared for practice. The School is proud of the assurance that the inspection process as given.

Recommendations to the GDC

Education associates' recommendation	The programme continues to be approved for holders from the graduating cohort to apply for registration as a dental hygienist and therapist with the General Dental Council
---	---

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.

