

Education Quality Assurance Inspection Report

Education Provider/Awarding Body	Programme/Award	Inspection Dates
University of Glasgow	Bachelor of Dental Surgery (BDS)	24 April 2019

Outcome of Inspection	Recommended that the BDS continues to be sufficient for the graduating cohort to register as a 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 as a dentist. Risk based: focused on Requirements 4, 9, 11, 13, 14, 15 and 19
Learning Outcomes:	<i>Preparing for Practice (Dentist)</i>
Programme inspection date:	24 April 2019
Examination inspection date:	17 May 2019 (Exam Board)
Inspection panel:	Ben Walsh (Chair and Non-registrant Member) Fariha Hussain (Dentist Member) Bal Chana (DCP Member)
GDC Staff:	James Marshall (Quality Assurance Manager, Lead) Marlene Ledgister (Education & Quality Assurance Officer)

Executive Summary

The BDS inspection undertaken at the University of Glasgow 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 4, 9, 11, 13, 14, 15 and 19 and specific areas within those Requirements which are detailed below.

It was clear from the outset that the programme team were well prepared and had a good understanding of what was required for the inspection.

The standard and range of information presented both prior to, and on the day of the inspection was impressive, as was the readiness of all staff and students involved on the day.

As in the previous inspection, the programme team demonstrated strong leadership, with good and effective communication structures in place that were clear to managers, staff and students.

Leaders demonstrated the existence of strong partnerships with key parties. These are instrumental to the School's success; the changing face of the NHS and changing social demographics being the driving force for further developments being explored.

Strong leadership was particularly evidenced in the outreach programme, although the team felt that management responsibility of the outreach programme overall, relied heavily on the programme coordinator. During the inspection meetings, students gave very positive feedback about their outreach experience.

Students were well presented, engaging and confidently articulated a good level of understanding of the expectations over the five years of the course.

One of the key strengths highlighted in the inspection was the positive impact of the mentoring programme, which was strengthening relationships and successfully supporting students throughout their programme. The School demonstrated a supportive culture. Students stated that they felt that staff were very approachable for support with academic and pastoral issues.

The team felt that some work should be done to ensure that clinical competencies are standardised to ensure equitable assessment.

The School was able to demonstrate positive evidence of the use and impact of a centralised system being incorporated and used for monitoring students' progress.

Background and overview of Qualification

Annual intake	Current 2019-2020 session: New BDS1 78; BDS2 85; BDS3 74; BDS4 85; BDS5 76. These numbers can increase by 5-10 in BDS3 with intake from international partner Schools.
Programme duration	<p>Weeks of teaching excluding examination blocks:</p> <p>BDS 1 – 22 BDS 2 – 39 BDS 3 – 38 BDS 4 – 30 BDS 5 – 36</p> <p>An average of 36 for the clinical years (BDS 2-5) and 22 weeks for BDS 1</p>
Format of programme	<p>Year</p> <p>1: basic knowledge, clinic attendance, shadowing, communication skills, transitioning and 'principles of professionalism'</p> <p>2: knowledge and simulated clinical experience, introductory clinical experience</p> <p>3: direct patient treatment, clinic attendance (including Paediatric Outreach), further simulated training and knowledge based teaching</p> <p>4: direct patient treatment, clinic attendance, knowledge based teaching, elective project</p> <p>5: direct patient treatment, clinic attendance, outreach, placements, special study modules, knowledge updates</p>
Number of providers delivering the programme	The main provider is the University of Glasgow and we work in partnership with bodies such as NHS secondary care services, Health Boards and NHS Education for Scotland.

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

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
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. Specific Requirements will be examined through inspection activity through identification 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 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)

Staffing changes have been managed well. The School evidenced a good working relationship with the NHS, working to achieve creative solutions to avoid any detrimental impact on students. Gaps have been filled without risks to Individual Learning Outcomes (ILO) or the curriculum. Successful pre-arrangements were also in place to cover an upcoming staffing loss which included sourcing sessional teaching staff to ensure that there was no impact on students.

The oral medicine timetable had been reviewed with funding redirected to support teaching. The School faced a challenge with recruiting to the post of senior lecturer in radiology and the post was re-appointed as a part time teaching consultant in collaboration with the NHS. Recruitment was in progress regarding a replacement.

As a result of extractions going onto the risk register, two additional staff members were allocated across primary care and the oral surgery department.

Levels of supervision were found to be variable. In restorative main clinics the groups are supervised by a mixture of General Dental Practitioners (GDP) and School staff with a ratio of around 4-6 students to one member of staff. For non-surgical extractions the ratio is 1:4 and for minor oral surgery the ratio is 1:1. For non-surgical oral surgery the ratio is 1:2-4 students. Students go to outreach in groups of 5 or 6. Student-staff ratio in outreach is good at 1:3-4. Good nursing support is available with two supervisors on clinic.

However, the inspection team concluded that that outreach cover was not well structured or planned. Arrangements for planned leave were not in place, with the outreach coordinator being the main source of cover. This should be addressed with more robust contingency planning.

During the inspection meetings, students reported that overall they were happy with the level of supervision that they received. Supervision has allowed them to understand their limits, not take risks and understand that some tasks need to be checked. Students stated that supervision supported them to identify areas where they might struggle, with LIFTUPP Review panels with targeted training if needed. Intensive sessions are put in place for students who are behind. Students also reported that staff are open regarding concerns, operating an open-door policy. Students expressed that the induction set clear expectations and prepared them well for the course. They spoke positively about the Vocational Training Graduate Interface meeting. When asked what they might improve about the programme, the only negative feedback was that some lecture recordings were not always available on Moodle.

The School delivers a well-structured and developed mentor programme whereby the allocated mentors stay with the student throughout training. There has been an introduction of Year 4 student mentors to the BDS1 mentor programme. It was also reported that student support committees are also in place. When questioned during the inspection meetings, students provided very positive feedback about the impact of the mentoring programme on their learning experience.

It was evident that the mentoring programme has a positive impact on the student experience. Each mentor is allocated five students and student-mentor meetings take place three times per year throughout the BDS programme. This gives an opportunity for a longitudinal view of students' development throughout the BDS programme. The mentoring programme places an emphasis on reflection which supports students in their academic development as they progress through the Programme.

There were many applications from BDS4 students for peer mentoring positions; the mentor role includes a strong pastoral element as students identified mentors as the first port of call when any issues arise. This also contributes to the personal development of the teaching staff and aids their reflection. There is also a programme of peer assisted learning, enabling junior year groups to learn from senior years. Mentor meetings are conducted as a group, but one to one sessions can take place if requested. Where issues are identified, mentors signpost to the most appropriate sources for support.

During the meeting with students, they explained their awareness of who to go to for support if they are struggling with any aspect of the programme. Students stated that they can meet with School staff to discuss progress in every clinic, and again there is an option for a formal meeting if requested. Heads of Year are also supportive with any problems.

A range of support mechanisms are in place for students who are struggling with either academic or pastoral and social issues.

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 programme leader reported that the School undertakes regular '*horizon scanning*' to maintain an awareness of changes in education. The Head of School also sits on the Board for Academic Dentistry in Scotland which informs the School's response to the changing external landscape. For example, responding to changes in regulations regarding the Test of Knowledge as part of vocational training posts.

The programme leader was also able to demonstrate that programme changes have been made in response to changes in legislation. When Fitness to Practice (FtP) was implemented, significant steps were taken to apply the necessary greater emphasis on professionalism. The Medical Ethicist provides this teaching for dentistry, medicine and nursing. Speciality leads also inform the programme team of upcoming changes, who then disseminate this information to other staff.

Regarding recent classification changes in periodontal classification guidelines, this year students will be taught within the new guidelines, but marks will be awarded for both periodontal classification schemes. Students were informed of the changes, and online webinar sessions were delivered. Teachers were made aware and training sessions were arranged and attended.

As part of the School's quality assurance process, annual course monitoring also ensures that changes are implemented in the curriculum.

The inspection team found that there was good evidence of communication structures in place for escalation of concerns. The School has responded to external examiner feedback in relation to the BDS2 preclinical skills assessment. External examiners wanted students to re-sit all 3 parts of the assessment if they failed one or more of the three parts. This is now in place.

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 School demonstrated a range of ongoing internal and external quality assurance procedures. The Dental Education Committee meeting takes place every two months with all Year Leads attending and tabling papers. The Annual Monitoring Report is presented to formally report on the previous year's performance across the course, and patient feedback is also considered at this meeting. This meeting also receives input from the Quality Assurance Officer, and Education Leads present reports about their specific areas.

The Quality Assurance Board meets to identify issues and good practice. There is a programme of University-led internal Periodic Subject Review every five years, and also External Examiner reports, NSS reports and various mechanisms for gathering feedback. In addition to this, the University requires the School to report on attrition and progression data.

Staff reported that feedback is included in the quality management framework and collected from students through staff-student liaison committees, patients and via outreach. Feedback is ongoing and feeds into the annual course review. The Staff Student Liaison Committee (SSLC) provided feedback that is used to inform programme development. The SSLCs across all years prepare a report which feeds into the Annual Monitoring Report.

The inspection highlighted several examples where feedback had informed changes to the programme. For example, feedback from BDS1 students about mentor training led to a review of the mentor programme; this resulted in changes to the content and delivery of this programme and the inclusion of Year 4 student peer mentors. Other examples included changes to a Year 4 exam as a result of student feedback. Feedback received about missing nutrition lectures was also addressed, resulting in remedial teaching. The School sought feedback to determine how to address student concerns about preparation for a Year 4 case presentation exam. The suggestion to reduce the importance of the case presentation and introduce an additional assessment was then explored.

Additionally, the School is making changes to the online transition course for incoming BDS1 students to increase its relevance and specificity to the BDS programme. Modifications to Moodle are also in progress with the aim of making the site more user-friendly for students.

All students are encouraged to take part in the National Student Survey (NSS) and the School has one of the highest feedback returns. There is an open forum for class representatives, who feed into the SSLC. Class representatives demonstrated a good insight into the feedback reporting structure.

Feedback from External Examiners (EE) is acted upon. For example, EEs had recommended that the number of examiners carrying out final assessments in the Case Presentation Exam should be reduced to reduce the risk of disparity between assessors. The number was reduced to six, the minimum needed for the cohort size. EEs also contributed to the review of the case presentation process.

Outreach provision operates with strong partnerships within the School, Deaneries and Trusts. When setting up new outreach centres, a gateway process was put in place to ensure that the needs of the area were reflected.

Quality assurance of outreach provision starts with a good induction. Staff are invited to the School's internal training day to support integration into the in-house systems. There are two to three outreach study days per year to ensure consistency between staff. Outreach staff are also invited to attend the education days and attend the School to examine.

LIFTUPP allows every patient interaction to be recorded with feedback. The School identified that the language was not particularly friendly for patients, so wording was amended and presented to them. Feedback is positive; complaints are infrequent but used as learning points.

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 School is making effective use of LIFTUPP, evidencing good tracking and monitoring of learner performance and progression, with action planning to address issues where identified.

Students undertake a number of competency tests throughout the years. Information regarding this is given to students at the start of the year. The assessment is carried out by one assessor in the clinical setting, and there is a detailed list of criteria for each competency assessment. However, it was reported that there are no criteria or standardisation for the types of treatments.

The decision regarding students' completion of clinical attainment is a little vague, as there does not appear to be any specific baseline measure, and therefore some decisions may not be reliable. In cases where the number of clinical attainments has not met the threshold, the overall performance of the student is analysed. The outcome would be agreed at the Clinical Development Panel.

Supervisors are trained in the competencies, and support for assessor calibration includes a film of a competence assessment simulation. Staff added that despite calibration it is difficult to standardise. The inspection team were told that the use of two assessors had been considered, but the number of staff required is too high for the School.

The School added that the EE would not be present for any in-course assessment.

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)

The previous inspection of the programme identified that the programme would benefit from a centralised system for longitudinal assessment. As a result, LIFTUPP has been successfully incorporated as a summative tool for assessment, following University approval and a gradual implementation process. School leaders are now exploring the development of a Scottish Dental School's users' group.

During the inspection the School were able to demonstrate that they are now making good progress in the use of LIFTUPP as recommended. Some minor technical issues have been overcome and use of the centralised system is now transitioning into a tool for summative assessment.

Staff stated that they are seeing the value of the system in both quality and consistency. Students are very much encouraged to sign in and engage with the system supporting with their target setting and monitoring achievement. LIFTUPP gives students a longitudinal view of their developments and guides teachers to give both qualitative and quantitative feedback on student performance. During the meetings with students, they said that they were seeing what a valuable tool it is. LIFTUPP user groups include staff from a range of roles.

Outreach staff were finding the use of LIFTUPP reliable and valuable in supporting them to monitor and track individual student progress.

LIFTUPP review provides early identification of at-risk students who are falling short in a particular area, and steps can be put in place to address these. Student progression is formally reviewed by the Clinical Development Panel (CDP). Coordinators will be issued with a list of students whose progress requires discussion. Tracking was demonstrated as part of the inspection. Using LIFTUPP enables staff to see how other staff members are scoring. Staff reported that they use multiple sources of data to get an overall picture of students' performance and whether they are fit to graduate. Students are clearly advised that they may pass exams and still not be able to graduate if for example adequate experience and attendance are not evidenced.

Data from different subject areas is reviewed by the LIFTUPP Development Panel (LDP), with discussion around performance and scores. Consistency in the type and number of procedures completed by each student is then compared with the guidance and class averages. If a student is below average, this will be flagged before the next LIFTUPP panel. Targeted training will be put in place and monitored for improvement.

The School have target numbers of procedures, but these are not absolute and act only as guidelines. Setting minimum absolute numbers had been considered in the past, but the School felt that this would not adequately allow for differentiation of student competence. The LIFTUPP panel and the year teams consider all three aspects – numbers, level and quality of performance and consistency of performance.

Concerns raised at the CDP are relayed to tutors, year team leads or the Director of Education in accordance with the level and severity of risk. This might result in informal FtP meetings or more formal warnings. Action plans are drawn up and monitored for improvement.

Some pre-clinical skills training is done with other members of the dental team. An element of shared care is performed in the Coatbridge Outreach Centre. The School is looking at how periodontology teaching can be shared between the hygiene therapy and BDS programmes.

Students said that they felt that they were assessed fairly both in the hospital and in outreach; LIFTUPP is standardised and marking must be agreed by both student and supervisor before being signed off. Students expressed that they had occasionally felt that their marks did not accurately reflect the standard of their work, but such instances were minor, infrequent and had not impacted on outcomes. Students said they felt able to challenge feedback or grades with the Year Lead and assessor. Competency tests are designed to be standardised as much as possible; however, this is more of a challenge in outreach with a greater range of assessors and supervisors.

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*)

Challenges exist with patient supply from particular groups of patients and the impact of changing social demographics. A range of strategies are in place to ensure patients are available. Programme leaders regularly meet with senior management to discuss patient supply, operating within strict guidelines for what is appropriate for students. The School liaises with local GPs and dentists, achieving positive results in patient uptake. Advertising within the University is also undertaken to obtain new patients from staff and students. Securing sufficient numbers of patients for oral surgery, especially with extractions, is always a common problem.

The Oral Health Improvement Student Society visits colleges etc to provide oral health advice and information on services offered at the dental hospital.

Staff stated that students would know well in advance if they were falling short of clinical experience. It is very rare that students are unable to graduate due to shortages in clinical experience.

In outreach, staff reported that there were issues in flow of appropriate patients, but that the School was on the whole looking at innovative and targeted ways to address this. Obtaining patients for extractions was problematic in the early year groups, but procedures are in place to manage the situation. Access to the emergency treatment centre is available in the final year and the School has put on additional endodontic clinics for students who are struggling.

An extended induction includes involvement in clinical work. In Year 2 students undertake simulated work and some assessment takes place with Hygiene Therapy students, with an introduction to patients at the end of this period. Extractions are undertaken at the end of year 2 and beginning of Year 3, and students experience their own patients, specialist clinics and paediatric outreach during Year 4. Learning is consolidated in Year 5 which includes attendance at primary care emergency clinics and outreach clinics where they build up experience of extractions, gaining in confidence and competency. OSCE exams are taken before graduation, along with mentorship sign off. The 'yellow card' flag system is used to flag up issues that are not included on the OSCE mark sheet to enable discussion at the Board of Examiners.

Students report that the outreach programme is well-structured, and the combination of theory and practical work builds knowledge and provides a lot of experience. There is a good focus on reflection and they take responsibility for their own work. Latter year students are given more independence and feel prepared. The written examination at the end of Year 4 reduces the pressure and allows students to focus on clinical work in Year 5. The outreach experience allows the students to follow a patient through treatment, giving a good view of the patient's journey as opposed to the individual treatment at the hospital. The student to staff ratio is smaller in outreach and things tend to run faster. Outreach also gives opportunities to work with different people, developing relationships and teamwork skills.

Students shared that they are given plenty of opportunity to work with other groups of students, especially in outreach. They regularly work with other dental team members and have received talks from different technicians. Students shared that they are taught about the roles of other members of the dental team via Scope of Practice lectures.

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)

The School evidences that staff have access to a range of training and development activities. Education days take place bi-annually at the School and attendance is mandatory for all University staff. It is also strongly encouraged for honorary staff. GDPs and outreach staff are invited to attend, with Vocational Trainers (VT) invited as speakers. Staff reported that these days are also used for calibration, thus maximising the benefit of attendance of the range of delivery staff.

Restorative training days are arranged which ensure that staff are kept up to date with (any changing) technical skills and requirements. Training and mentorship are put in place for new staff members. Leading up to assessments, examiners have access to training exercises. Education training sessions include the principles of learning and assessments with material on the Virtual Learning Environment (VLE), together with standard setting training and assessor training. On occasion where a variation in marking was identified, remedial training was put in place to address this.

University staff are required to gain the Postgraduate Certificate in Teaching, which is facilitated by the University. In addition, training and mentorship is put in place for new staff and study days are included in the scheduled timetable. The Deanery introduced a scheme for VT trainers called 'How we teach it' where staff from different Schools go to speak with VT trainers.

Outreach staff are very much involved in the education days and feel supported by the School. In-house training for the outreach staff is also arranged, with the inclusion of calibration exercises and is recorded as CPD. Staff are also invited into the School to observe students in Years 2-5, which supports calibration. The outreach coordinator explained that an outreach peer observation process had been piloted, which now needs to be rolled out which will also support calibration and development.

Outreach staff demonstrated cohesion and were very positive about training and development, which was reported to include both formal and informal induction and a period shadowing an experienced tutor.

School leaders reported that equality and diversity training is mandatory for all staff.

Summary of Action

Req. number	Action	Observations & response from Provider	Due date
4	The School should ensure that plans are put in place for a more formalised approach to providing cover in outreach.	This is being taken forward with NHS Education for Scotland (NES) and the clinical directors of the Health Boards. It was discussed at a meeting with the Dental School and the Clinical Directors from the outreach centre health boards on 6/8/2019. Discussions will continue.	Annual Monitoring 2020/2021
9	Examples of Annual Course Monitoring reports to be submitted for additional supporting information.	<p>The Annual Course Monitoring Reports for each year from the 2017-18 academic session are attached. The overarching Dental School report, prepared by the Quality Assurance Officer, that summarises all five of the individual year reports and is submitted to the School of Medicine, Dentistry and Nursing, is also included for that academic session.</p> <p>The Annual Course Monitoring Reports for each year from the 2018-2019 academic session are attached. These are labelled draft at present as they require ratification at the next Dental Education Committee in August 2019 and the following Dental School Executive Committee meeting. The overarching summary report, prepared by the Quality Assurance Officer, is also included in draft ready for presentation at the next Dental Education Committee in August. Following this it will be ratified at the Dental School Executive Committee before submission to the School of Medicine, Dentistry and Nursing.</p>	Annual Monitoring 2020/2021
13	Copy of 2019 Progression Meeting to be submitted in order to verify that tracking and monitoring of learner progression is robust, ensuring that all students are 'safely' going through. This is the first year of using	The minutes from the Clinical Development and Progression Panel meeting 1 May 2019 to look at LIFTUPP data (which includes the final panel meeting for BDS5) are attached. Names of students have been redacted but we can supply the original minutes including names if required.	Annual Monitoring 2020/2021

	LIFTUPP to do this, so it would be good to see this.	Following this, final checks were made on actions from the CDP meeting prior to the exam board meetings.	
19	The School should review processes to ensure consistency of assessors, especially with the inclusion of outreach provision.	This will be reviewed as part of our quality assurance process and will be looked at in more detail via Dental Education Committee and the Course/Year Teams group.	Annual Monitoring 2020/2021

Observations from the provider on content of report

We would like to thank the inspection team for their approach to our inspection. Whilst it was thorough, the team conducted the inspection in a way that was supportive to both staff and students. The content of the report is positive and encouraging. It will allow us, in turn, to encourage staff in areas where good practice has been highlighted. We welcome review of our programme and find the comments about areas for action very useful. We can use these to focus on activities within all the different committees and groups within our structure to further enhance the course. The action for a more formalised approach to providing cover in outreach is very helpful for us as we liaise with NES and Outreach Health Boards who provide this service.

Recommendations to the GDC

Education associates' recommendation	BDS qualification continues to be sufficient for holders to apply for registration as a dentist with the General Dental Council.
Date of reinspection / next regular monitoring exercise	Annual Monitoring 2020/2021

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.