General Dental Council

protecting patients,
regulating the dental team

# Consultation

# on the General Dental Council's education processes

# 1. Background

The General Dental Council (GDC) outlined the following intention in the *Shifting the balance: a better, fairer system of dental regulation (Shifting the balance)* discussion document:

*'Good regulation does not rely on waiting for things to go wrong then taking action after harm has occurred. It focuses effort on reducing the risk of harm occurring in the first place. By shifting the focus of activity towards prevention – 'upstream' – the GDC seeks to move to a more supportive model of regulation, based on providing dental professionals with the information and tools they need to meet and maintain high professional standards.'*

Ensuring that a registrant's education has provided the knowledge and skills to deliver high quality patient care - and to deal with the challenges they may face in a career in a caring profession - is a key part of this prevention agenda.

Two particular areas of focus for the GDC's education function are outlined in Shifting the balance:

1) To undertake a review of the quality assurance (QA) processes currently in place to make greater use of risk indicators to determine the methods, frequency and scope of QA activity for each education and training programme that leads to registration as a dentist or dental care professional (DCP). Since the publication of *Shifting the balance* our thinking has developed and we propose that in the future we could also undertake thematic reviews alongside activities that look at individual programmes.

2) To ensure that the learning outcomes for all registrant groups help enable providers to best prepare new registrants who are ready for current and future practice.

There will be an increased focus on utilising internal and external information and intelligence to inform developments. We intend to share learning with providers to give them greater awareness of issues within dentistry/dental education. This might include: commissioning research in specific areas of dental education, sharing summary fitness to practise data with schools and more widely, general trends that outline what patients (and others) are complaining to the GDC about or research undertaken with patients that helps to identify the most important issues for them.

We will work to foster close and constructive working relationships with education and training providers and others within the sector. These relationships will be essential to the success of the developments we are proposing in this consultation.

# 2. The current system - legal obligations and QA process

Under the Dentists Act 1984 (as amended), the GDC has an overriding statutory duty to *'promote high standards of education at all its stages in all aspects of dentistry'*, in addition to:

- a statutory duty to quality assure awards leading to registration as a dentist (approval of institutions as a 'dental authority' is a function of the Privy Council);

- a statutory duty to determine whether Dental Care Professional (DCP) programmes should be approved for registration;

- an obligation to supervise the European Economic Area (EEA) recognised specialties of oral surgery and orthodontics;

- a duty to determine the content and standard of the education and training (including practical experience) required for DCPs to gain the knowledge and skills to practise competently and safely; and

- appointing 'inspectors' to report to the Council of the GDC (Council) on the 'sufficiency' of the instruction given (and any other matters related to the instruction) as well as to be present at examinations for dentists.

A range of programmes across seven professions lead to registration with the GDC as a dentist or DCP and these are subject to GDC quality assurance. The table below illustrates the number of active programmes across the professions we regulate.

| Qualification type | Number of programmes |
|---|---|
| Clinical Dental Technology | 2 |
| Dental Hygiene and/or Dental Therapy | 21 |
| Dental Nursing | 8 |
| Dental Technology | 12 |
| Dentistry BDS | 17 |
| Orthodontic Therapy | 8 |

The GDC's current QA approach involves an inspection of existing programmes leading to registration on a cyclical basis, approximately every five years. This approach is applied regardless of the size of the programme or the professions trained. In addition, the GDC monitors all programmes between inspections through the regular monitoring process.

More detail can be found on the GDC website, notably in the guidance documents for BDS and DCP providers.

# 3. Drivers for change

Towards the end of this year (2018) we will have inspected all programmes leading to GDC registration against the *Standards for Education*[1]. This means that we will have a baseline assessment of every programme against these standards, which provides a platform to build upon.

Now is the right time to think about where we take this work and whether our current approach is the best one for the future. We are questioning whether the current approach of 'one-size fits all' is the right one. There are a number of questions we are asking ourselves, these include:

- Are we using our resources in the most effective way?

- Does what we do improve dental education and protect patients as well as it could?

- Are we alive to - and focusing on - the real risks and issues?

- Do we have enough intervention early on in a newly established programme?

- Are we sharing our learning and undertaking activities in a way that benefits the widest range of stakeholders?

To address these questions, we have reviewed our quality assurance processes and are proposing, in this consultation, that these processes should be changed in order for the GDC to better fulfil this statutory function and deliver greater benefits to the dental education sector.

We are not saying that the current process is not fit for purpose. The current process allows us to share comprehensive findings with providers, including clear actions and an explanation of these. However, we believe that the system could be improved to make it more robust and it could potentially lead to better outcomes for patients, students, new registrants and education providers.

We acknowledge that the benefits of any changes that we make might not be seen for some time and that they may not always be clearly attributable to the revised process.

We are also conscious that education and training providers face many challenges and often have limited resources. We want to ensure that our processes are streamlined and that we assist these providers by, for example, sharing the information we hold and identifying opportunities for good practice, and do not introduce additional burdens.

Implementing a new process will involve some risks and there will be a transition period as parts of the process are changed.

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[1] The GDC developed the *Standards for Education* as a basis for all GDC quality assurance activity. The requirements apply to all UK programmes leading to registration with the GDC. They cover programmes in dentistry, dental hygiene, dental nursing, dental technology, dental therapy, clinical dental technology and orthodontic therapy. They are available here: https://www.gdc-uk.org/professionals/education The Standards for Education contain 21 individual requirements that are contained within three overarching Standards: Patient Protection, Quality Evaluation and Review and Student Assessment. These are the regulatory tool that the GDC uses to assure the quality of education and training programmes leading to registration.

# 4. The proposed approach

We have considered a number of options. The proposed approach which is detailed here has been developed further in discussions with internal and external stakeholders.

## The proposed QA of education process:

**Submissions** – The future process for considering submissions for new programmes should include greater flexibility to better handle the range of proposals received because not all new programmes carry the same level of risk. New proposals would be risk-assessed, based on factors such as the size of the cohort (initial and projected), the profession being trained, quality of submission, experience of training provider, staff in post, etc. The GDC would ask QA inspectors to provide a view on appropriate QA methods for the proposal and these would be considered by the GDC Registrar on behalf of Council.

**Regular monitoring** – At present this is a paper-based exercise where the QA team collects information from most programme providers annually. The proposal is to develop this monitoring process to be a more effective tool to determine and maintain our knowledge of each programme leading to registration.

Providers will be asked to self-assess against the *Standards for Education,* highlighting good work they have been doing, as well as identifying issues and challenges, in addition to providing an update on how they are addressing any actions required of them. Self-assessments will help to determine the focus of inspection activity in a given period, including helping to identify themes for review.

Getting the monitoring part of the process right will be key to the success of the proposed changes. Integral to this will be to ensure that providers are aware that returns will be examined more thoroughly than before. Of crucial importance will be asking a limited number of the right questions, in addition to keeping these consistent from year to year to help providers develop systems that allow them to keep and update the information we want.

We currently use QA Inspectors to provide expert professional input at the submission and inspection stages of the QA process. We propose to use these individuals to provide expert advice for ongoing monitoring of programmes. We have seen that other UK regulators use their inspectors to review regular monitoring returns and produce a short summary report for each. We are proposing that the GDC mirrors this approach within these revisions, to ensure that expert professional and educational input is received within this part of the process. QA Inspectors would be asked to look behind the information provided and generate follow-up questions and requests for additional information and evidence.

We propose that, for most programmes, the monitoring exercise is undertaken every two years, with the introduction of annual declarations that a programme is continuing to meet the *Standards for Education.* This would be a more cost-effective option, as requiring a declaration in alternate years would greatly reduce costs and this would align with a risk-based approach.

**Inspections** – We propose that the inspection activity undertaken each year will be determined by a range of factors, including the information obtained through the monitoring process to determine who we inspect, how often and when; in addition to themes that may require standalone activity or be integrated across inspections.

The scope of inspections should be reduced due to a level of assurance based on the documentation received prior to the inspection. Therefore, reports will likely be shorter and more focused. We hope that this will significantly reduce the production time for reports.

We believe that the approach we are proposing provides the greatest flexibility to deploy resources where risks and issues are identified.

Please note, all consultation questions will be collated at the end of the document.

## Consultation questions

### Question 1
**Do you support the GDC's proposals as outlined? Please provide comments.**

### Question 2
**Are the proposals clear? Please provide comments.**

### Question 3
**Do you have any comments on how the proposed approach could affect each element of the QA process as outlined above?**

The closing date for the consultation is Wednesday 23 May 2018.
Responses can be sent to: qualityassurance@gdc-uk.org and the online consultation is available at:
https://www.gdc-uk.org/about/what-we-do/consultations

# 5. Incorporating the assessment of risk in the QA process

## What are the risks?

When we talk about risks we primarily mean the likelihood and possible impact of the risk of unnecessary harm to patients arising when a programme is not meeting, or is not likely to meet, the GDC's *Standards for Education*. This includes:

- a programme is not producing, or is not likely to produce, new registrants who are fit to practise as a 'safe beginner';

- the care and treatment of patients by those students enrolled on a programme is not at the required level; and

- a programme is not well-managed and does not have effective systems in place to identify and address issues.

The risk assessment will also consider if there are wider patient protection and public interest issues that cross several programmes and/or professions, as well as other risks that apply to students, providers and also to the GDC.

It is important to note that a programme being identified as higher risk, will not necessarily mean that the education and training delivered by the provider concerned is not of a high standard, but that the programme meets particular criteria relating to risk, examples of which are outlined below.

## Examples of data sources and indicators of risk

The size of a programme and the profession(s) trained will be considered as part of the risk assessment, as the number of patients coming into contact with students, and the complexity of treatment provided, will be affected by these factors. This would affect the impact and likelihood of a risk being realised.

Possible indicators of increased likelihood of risk occurring, or the GDC having less confidence in the absence of risk, may include the following factors. These could be collected, either immediately or with limited resource:

- The scope of practice of the profession being trained

- The number of patients being treated or coming into contact with registrants holding a specific academic qualification, or students training for that qualification, i.e. the size of the cohort on a training programme

- How many standards are currently met, partly met or not met – gathered through:

    o performance at previous inspection

    o annual monitoring/self-evaluation (including timeliness and quality)

- Time elapsed since previous inspection

- Self-declaration of concerns by a provider

- Complaints and whistleblowing

- Evidence of monitoring and taking action in relation to professionalism, capability and conduct issues, including outliers in student fitness to practise cases/issues reported and recorded

- External reports (e.g. CQC, other regulators)

- New/inexperienced providers

- New programmes

Further indicators that could be informative, but will require greater resource to collect or will be more difficult to analyse, include:

- Internal and external surveys

- Qualitative research with foundation dentists and education supervisors

- Fitness to practise data

- Staffing levels/ratios and changes to staffing

- Major and minor changes to a programme

- Changes to funding streams and facilities

- Student recruitment

These lists are indicative, rather than comprehensive. Any list of risk indicators would be fluid and subject to change as the GDC's intelligence about factors that are more likely to indicate increased risk improves.

## Assessment of risk

As the information we hold - and our understanding of risks grows - we will develop the criteria we use further. We propose that this approach commences with a limited set of criteria which will be added to, with the option of removing some criteria if they are not proving to be indicative of risk.

In addition to using risk to determine which aspects of programmes to inspect in a particular year, the GDC may also elect to undertake sampling inspections of programmes whose risk assessment is lower.

We will use the risk indicators that we already have information about, including information that we can collect and analyse through the regular monitoring exercise.

The greater the likelihood of a risk occurring and the higher its impact, the more likely it is that a programme is would be considered high risk. For example, if the risk that assessments are not effective at determining achievement of the required learning outcomes was realised for a BDS programme, due to the scope of practice of a dentist, the impact of this would potentially be greater than for other registrant categories.

We are proposing that a risk assessment would be undertaken at each stage of the QA process. This is likely to mean an increased focus on the evaluation of documentation and providers' self-assessments, which may subsequently lead to further activity that will be determined by our knowledge of the programme.

## Consultation questions

### Question 4
Are there other risks that we have not included?

### Question 5
Are there any risks that the GDC should be concerned with that do not fall under the *Standards for Education?*

### Question 6
Do you agree with the indicators of risk that might feed into a risk assessment?

### Question 7
Are there other indicators of risk that the GDC could or should consider?

### Question 8
Are there areas that we should explore collecting information about, to use in the longer term? Please provide comments.

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# 6. Thematic QA/reviews

QA activity is currently limited in scope to the assessment of an individual programme's performance. However, there will be some issues that would be best explored without using a process focused on individual programmes. They may relate to issues that run across more than one programme, or more than one profession, and relate to the GDC's overriding statutory duty 'to promote high standards of education at all its stages in all aspects of dentistry'. This development would also mark a movement to a closer and more collaborative approach with stakeholders providing the opportunity to undertake joint-working as well as informing and providing guidance to the sector.

Thematic reviews will allow the GDC, with others, to research or investigate an identified subject or issue. Themes might be based on emerging - or longstanding issues - where, for example, there is a concern that external obstacles are hindering training or there is an area of underperformance across several providers or within a profession. Themes for review could also be areas where education providers tell us that clarity and guidance is needed.

Thematic reviews need not always be about big issues and may focus on specific areas which we have seen to be challenging for many or all providers. They could result in possible actions or recommendations for providers or to the GDC producing, or commissioning the production of, supplementary guidance.

The methodology of a thematic review might vary according to the theme. The tools we use may include research, literature reviews, workshops and surveys, as well as information gathered through the GDC's quality assurance activity. For some reviews, we will seek to work with providers and others in the sector to pursue a review as a joint or co-production exercise, where some of the activities are not undertaken by the GDC, but by other bodies with an interest in dental education.

Some examples of potential areas of focus are:

- Preparedness for practice of new registrants

- Foundation/vocational training[2]

- Student fitness to practise

- The teaching of professionalism and assessment

- Calibration or standardisation of assessments

- Feedback and reflection – preparing professionals for lifelong learning

Sources of information that could help identify themes for a review include:

- GDC QA activity picks up common issues, reported in our *Annual Review of Education*

- Fitness to practise data

- Internal and external surveys

- Qualitative research with new registrants, employers and trainers

- External reports

- Changes to the law/scope of practice

- Provider workshops

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[2] The GDC currently has limited powers in relation to Foundation Training – and we have no power to require FT 'programmes' to remedy issues found. However, with our overriding statutory duty to 'promote high standards of education at all its stages in all aspects of dentistry' it could be argued that it would be within the GDC's remit to undertake a thematic review of FT.

A thematic review will usually result in a report containing findings and recommendations that apply to all or across a range of providers. Supplementary guidance documents may also be produced. The learning from the review would feed into the GDC's *Annual Review of Education* reports and may inform the risk indicators considered.

## Consultation questions

### Question 9
**Do you agree that thematic reviews would be beneficial for the exploration of issues and to help inform programme development? Please provide comments.**

### Question 10
**How do you believe the GDC should seek information to inform the subjects for thematic review? Please provide comments.**

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# 7. Learning outcomes review process

The learning outcomes – the knowledge, skills, attitudes and behaviours a registrant must have to practise safely, effectively and professionally in the relevant registration category – for all courses that lead to registration with the GDC are outlined in the document, *Preparing for Practice,* and were last reviewed in 2015. However, there is no formal, regular review process in place.

To ensure the learning outcomes remain fit for purpose we proposed in *Shifting the balance,* that a regular review of the learning outcomes in consultation with stakeholders is required. This approach is intended to keep the outcomes up to date, ensuring they reflect current practice, are based on evidence, and that it will be less onerous for education providers in adapting to the changes than infrequent fundamental reviews.

To inform the development of the process and strategy we have looked at how other regulators approach updating their learning outcomes and we have spoken to some training providers about practical issues we might need to consider in developing such a process. We have also asked providers how they think they can most effectively contribute to any engagement and evidence gathering work we carry out to make future changes to the learning outcomes.

The aim is to move towards a process that embraces gradual evolution of the learning outcomes while also making sure this new process works for all education providers. To achieve this, we propose that:

- To balance the responsiveness of the learning outcomes with the resources required to implement changes they will happen, at most, every two years. However, there will be flexibility in the process to make urgent changes.

- Evidence gathering for changes will be an ongoing exercise and would include:

    o patient research;

    o annual call for evidence on GDC website and through regular monitoring of education providers;

    o GDC or other health policy changes e.g. a change to NHS policy;

    o survey of new registrants and students;

    o oral health needs research;

    o workshops with education providers;

    o employer views; and

    o GDC *State of the Nation report.*

- Evidence for changes will be formally reviewed by a reference group annually and proposals for changes will be put forward as a result.

- All proposed changes will be subject to consultation.

- All changes will be approved by the Council of the GDC.

- Thresholds that determine what constitutes a major or minor change will be published.

- The implementation schedule will need to reflect whether changes are major or minor and be clear to which cohorts of students the changes apply.

## Benefits

The anticipated benefits are as follows:

- The GDC's role in patient protection is supported by ensuring new registrants obtain pre-registration qualifications which are fit for modern dentistry.

- A framework for up-to-date and evidence-based learning outcomes which will evolve over time.

- Learning outcomes that keep pace with changes within dentistry and patient needs/expectations.

- Students are well prepared for current and future practice.

- A clear engagement strategy that uses evidence to inform changes to the learning outcomes.

## Approach and plan

The published process will include:

- A summary of the range of expertise required to review and gather evidence for changes; engagement approaches and frequency (around patient expectations, oral health needs, current practice, preparedness for practice – including student and new registrant input, workforce needs, team and wider healthcare/inter-professional considerations etc).

- A proposal for a reference or advisory group to review evidence for proposed changes, assist with horizon scanning, and the ongoing development of the strategy that would meet at least annually once the process is implemented. Creating or accessing other fora that could feed in to the work will also be considered.

A medium-term plan of work drawn from initial engagement and thinking will be developed. Some elements will be things we can resource quickly, others may need further planning and development for introduction in the longer term.

## Consultation questions:

### Question 11
**Are there any practical issues with the proposed process, including the two-year period proposed? Please provide comments.**

### Question 12
**Are there potential sources of evidence that are not included in the above list, that should be considered?**

### Question 13
**What do you understand to be the difference between a minor and major change to the learning outcomes?**

The closing date for the consultation is Wednesday 23 May 2018.
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# 8. Decision making

At present, the GDC QA team presents inspection findings in a report to the GDC Registrar who, on behalf of Council, considers the recommendations and decides whether to approve the inspectors' findings. Should an inspection panel recommend that a programme should not be approved (or is not sufficient for registration) the final decision will be made by the Council of the GDC.

The proposed revisions to the QA process outlined in this consultation will mean that there will be additional decisions and recommendations that need to be made. These will include:

- The programme of QA activity for a specific time period (academic year), including:

  o Which programmes we inspect based on an assessment of risk and the aspects of these programmes to focus on

  o The themes identified that should be subject to a review

- The data and intelligence that will inform any risk assessment

- Data and intelligence that should be collected in future, including the commissioning of surveys and other research

- The information collected that should be shared publicly and that which should be shared only with individual programmes or groups

We propose to form an expert group to provide advice to Council in the following areas:

- Determining the activity to be undertaken within a specific period, including the programmes to be inspected and the scope of these inspections.

- Establishing the themes that should be subject to investigation and review.

- The information we hold that should be considered in a risk assessment.

- The information that should be collected in future to inform a risk assessment.

## Consultation questions:

Question 14
**What expertise do you believe should be sought for this group? Please provide comments.**

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# 9. Sharing information and engagement

These proposed changes will indicate a move towards the GDC being a more intelligent and enabling organisation that shares information with those delivering education and training to drive forward positive changes.

We currently produce our *Annual Review of Education*[3], which has become more informative in each of its iterations. *Shifting the balance* outlined the GDC's intention to produce a *State of the Nation* report on dentistry that would outline the data that the GDC holds on the dental sector, covering a range of matters (page 21, *Shifting the balance*). We anticipate that the Annual Review of Education could be integrated into this report to provide a more definitive and holistic document.

Over time it is the GDC's intention to play a wider role in dental education. We have begun to organise workshops with education providers, where issues can be discussed outside the environment of an inspection. These workshops have also included sessions aimed at helping providers with those GDC requirements that they have found difficult to meet. It is our intention to continue with these.

Our future engagement activities will be likely to include an increasing level of interaction with students. Current resources do not allow us to undertake face-to-face engagement with all students on education programmes, however, the Council is supportive of building student engagement, be it GDC staff delivering sessions to students or online resources and webinars.

A 'gold standard' level of engagement might involve the GDC identifying issues that are of particular concern to patients or that are related to common fitness to practise issues, developing workshops (possibly with external experts) and delivering these to student cohorts. Staff at providers could then be given the materials to deliver these sessions in future years, as well as the GDC making resources, such as recordings of these sessions, available online.

## Consultation questions:

**Question 15**
How useful do you find the *Annual Review of Education*? Do you have any comments about this review being integrated into a wider ranging publication – or *State of the Nation* report? Please provide comments.

**Question 16**
What educational information would you wish to see in future annual reviews (or *State of the Nation* report)? Please provide comments.

**Question 17**
What engagement with students do you think would be most beneficial to students and education providers? Please provide comments.

The closing date for the consultation is Wednesday 23 May 2018.
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[3] The Annual Review of Education is designed to provide an overview of dental professionals' education. The review also serves to stimulate wider debate about what is working well and those areas where providers find it more challenging to fully meet the GDC's requirements.

Each year the annual review is presented to Council and circulated to providers and bodies concerned with the education of dental professionals.

To read the Annual Review of Education visit: https://www.gdc-uk.org/professionals/education

# 10. 2018/19: the first year of transition

We intend to use the information available to us to determine, by the end of June 2018, the activity to be undertaken in the 2018/19 academic year. There is likely to be a focus on BDS programmes as most of these have not been inspected for some time and the scope of practice of dentists - and often large numbers of students in a cohort - would affect the impact within an assessment of risk.

The scope and focus of individual inspections will be determined in the lead-up to that inspection. The information used to determine the focus and duration will be gathered through regular monitoring returns, the performance of the provider at the previous inspection and issues raised about that programme outside the QA processes.

The GDC may also undertake at least one thematic review in the 2018/19 academic year.

## Consultation question:

**Question 18**
**Do you have any comments regarding the GDC's plans for the 2018/19 academic year? Please provide comments.**

**Question 19**
**What do you believe would be suitable subjects for a thematic review in 2018/19? Please provide comments.**

The closing date for the consultation is Wednesday 23 May 2018.
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# 11. Implications for QA of Specialty Training

We are considering the implications of the risk-based approach for our future QA of specialty training. The GDC has a published set of *Standards for Specialty Training* and there are published curricula for each specialty. Consideration will be given to using the risk-based QA process for specialty training programmes.

It is likely that, as those training to become a specialist are already GDC registrants, this will be a mitigating factor in the risk assessment. Our pilot activity and subsequent consideration of the implementation of a QA process for specialty training, has been on the basis that the majority of QA takes place as a desk-based exercise, with inspection activity to be reserved as an exception and only undertaken where significant issues are identified.

When we consult upon the revised specialty QA standards this year, it will parallel these proposals in suggesting QA inspectors will have a role to play in looking behind information provided from specialty providers, and supporting the GDC in identifying areas where additional information and evidence may be required.

There will be further consultation in 2018 on the GDC's approach to QA of specialty training.


# 12. Next steps

Consultation responses will be considered in May and June 2018 and a summary of responses will be published in the summer.

Subject to the feedback received in the consultation, inspections of BDS/BChD programmes will take place in the 2018/19 academic year. These will be likely to include a thematic review of a particular issue or area within dental education, which will be reported on in a standalone document.

# 13. Consultation Questions

**Question 1**
Do you support the GDC's proposals as outlined? Please provide comments.

**Question 2**
Are the proposals clear? Please provide comments.

**Question 3**
Do you have any comments on how the proposed approach could affect each element of the QA process as outlined above?

**Question 4**
Are there other risks that we have not included?

**Question 5**
Are there any risks that the GDC should be concerned with that do not fall under the *Standards for Education*?

**Question 6**
Do you agree with the indicators of risk that might feed into a risk assessment?

**Question 7**
Are there other indicators of risk that the GDC could or should consider?

**Question 8**
Are there areas that we should explore collecting information about, to use in the longer term? Please provide comments.

**Question 9**
Do you agree that thematic reviews would be beneficial for the exploration of issues and to help inform programme development? Please provide comments.

**Question 10**
How do you believe that the GDC should seek information to inform the subjects for thematic review? Please provide comments.

**Question 11**
Are there any practical issues with the proposed process, including the two-year period proposed? Please provide comments.

**Question 12**
Are there potential sources of evidence that are not included in the above list, that should be considered?)

**Question 13**
What do you understand to be the difference between a minor and major change to the learning outcomes?

### Question 14

What expertise do you believe should be sought for this group? Please provide comments.

### Question 15

How useful do you find the *Annual Review of Education*? Do you have any comments about this review being integrated into a wider ranging publication – or *State of the Nation* report? Please provide comments.

### Question 16

What educational information would you wish to see in future annual reviews (or *State of the Nation* report)? Please provide comments.

### Question 17

What engagement with students do you think would be most beneficial to students and education providers? Please provide comments.

### Question 18

Do you have any comments regarding the GDC's plans for the 2018/19 academic year? Please provide comments.

### Question 19

What do you believe would be suitable subjects for a thematic review in 2018/19? Please provide comments.

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