

General Dental Council

Quality Assurance Report Standards for Specialty Education

Training commissioner	Training programmes
<p>Health Education England North West</p> <p>Since the inspection Health Education England has merged with NHS England and is now known as NHSE North West. However, for the purposes of this report we will continue to use HEE North West which is the name the training commissioner was known by at the time of the submission and inspection.</p>	<p>Dental & Maxillofacial Radiology Dental Public Health Endodontics Oral & Maxillofacial Pathology Restorative Dentistry Oral Medicine Oral Surgery Orthodontics Paediatric Dentistry Prosthodontics Restorative Dentistry Special Care Dentistry</p>
Outcome of Specialty Training self-assessment against the Standards for Specialty Education.	No GDC actions identified for the training commissioner.

Full details of the process can be found in the annex

Summary

Remit and purpose:	To quality assure the specialty training and education being delivered by Health Education England North West
Standards for Specialty Education:	All
Date of submission:	11 November 2022
GDC Staff:	Martin McElvanna, Education Quality Assurance Officer Angela Watkins, Quality Assurance Manager
Education associates:	Gill Jones Richard Cure

This report sets out the GDC's analysis of the self-assessment and evidence submission by Health Education England North West (hereafter referred to as "HEE NW") against the *Standards for Specialty Education* ("the Standards").

This report should be read in the context of the GDC's policy to develop the quality assurance of specialty in collaboration with training commissioners and specialty examination providers.

Of the 20 Requirements under the Standards, the GDC considers that the submission from HEE NW team demonstrates:

	No of Requirements	Requirements
Met	20	P1-P20
Partly met	0	N/A
Not met	0	N/A

Outcome of relevant Requirements:

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

STANDARD 1 – PROTECTING PATIENTS. Providers must be aware of their duty to protect the public. Providers must ensure that patient safety is paramount and care of patients is of a correct and justifiable standard. Any risk to the safety of patients and their care by specialty trainees must be minimised.

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

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

HEE NW explained that in line with the NHS Education Contract and HEE Quality Framework, all of their trainees have a clinical induction at the beginning of their programme. The panel saw evidence that statutory and mandatory training is structured as written in the *National UK Core Skills Framework*, which sets out minimum learning outcomes for training and CPD.

The panel reviewed the *ARCP Guidance & Checklist*, which demonstrated the use of Annual Review of Competency Progression (ARCP) reviews to monitor trainee progress and issues. During Year One, HEE NW carries out an interim 6-month ARCP.

We consider this Requirement to be Met.

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

The panel were assured that HEE NW follows the NHS Trust policies and procedures for informing patients that they are being treated by trainees. The panel reviewed the *Induction Checklist – StRs* which is a Specialty Registrar Induction Checklist used to ensure that all the major areas of the induction process are covered.

Patients are informed of the trainees' training level and asked to sign a consent form which was presented to the panel. The panel reviewed the *Consent to Examination and Treatment Policy EQMS 1880 V19* which includes an *internal consent audit proforma* used for internal auditing of patient files.

During induction, trainees are made aware of their responsibility to identify themselves as a trainee and to always wear a name badge. The panel reviewed the *Example of Uniform Identifier poster* which is displayed in treatment areas to identify trainees by the colour of their uniform.

We consider this Requirement to be Met.

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

Trainer revalidation information and educational supervisors' status was provided with a wide range of information confirming the quality management processes. This included details of how issues are captured and shared appropriately.

The panel had sight of the latest *CQC Report for Liverpool University Hospitals NHS Foundation Trust* which confirmed compliance and offered additional information on clinical governance.

The panel saw a range of meeting minutes including *M + M meeting – StR presentation – DOC and raising concerns* and the *Morbidity and Mortality meeting 171016* which evidenced how information is discussed and shared.

The *Mandatory Training* policy and the *Educator Development Programme 2022* which the panel reviewed, included EDI training.

The panel felt that the *Learner Support and Faculty Development Newsletter* is an example of good practice in relation to Equality, Diversity, and Inclusion (EDI).

EDI training is delivered by providers as part of mandatory training and is supported by HEE NW.

We consider this Requirement to be Met.

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

Examples of timetables show that work is clearly scheduled and that there is adequate supervision. During the inspection, HEE NW confirmed that Supervisor: Trainee ratios are 1:4. Comparisons between polyclinic environments and one-to-one supervision are considered when applying these ratios.

The panel reviewed the *Educator Development Programme 2022* which identified a number of training opportunities which are available to staff and these are recorded and reviewed during staff appraisals. The panel were presented with a good example of the *What's on Guide September 2022* which shares up and coming training with staff.

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

The ARCPs demonstrate monitoring of satisfaction and effectiveness of supervision. There is a range of support mechanisms in place for trainees, including access to SuppoRTT.

The panel were shown an example of an incident which demonstrated appropriate care and support was provided to a trainee following an incident.

We consider this Requirement to be Met.

P5: All educational and clinical supervisors must be appropriately qualified and trained, including training in equality and diversity where relevant to the role. Clinical supervisors must have registration with a UK regulatory body. There must be a clear rationale underpinning whether individual clinical supervisors are/are not included on a specialist list. (Requirement Met).

The Trust's *Induction and Mandatory Training Policy – Jan 2019 v1* includes the EDI training requirement and indicates it is each Trust's responsibility to carry out the appraisal of supervisors.

There is clear corroboration that registration status is reported and checked. The panel found that appropriate CPD is also recorded and checked at appraisals.

The panel saw an extensive range of evidence relating to training and development for educational supervisors and clinical supervisors.

The panel reviewed the *ACRP briefing slides 2021* in which panel members were informed of their obligation to complete a *Panel E&D Declaration form* which includes details of EDI training and the reading of relevant documents. This process is monitored to ensure that this is completed.

We consider this Requirement to be Met.

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

The panel reviewed the *Raising Concerns at work and Whistleblowing Policy V1* and *raising-concerns-chart-v4* document which is in place to support staff and trainees in raising and managing concerns.

During the inspection, HEE NW gave an overview of the bespoke *Business as Usual logs* system which is used to log low to medium risks. The panel were assured on the use of this system and how it is used to capture, monitor, escalate or resolve all concerns. At the time of the inspection there were no concerns relating to the specialty dental training on the log.

The panel were informed that reported concerns feed into HEE's national and regional quality management processes. This includes the triangulation of concerns with other sources of data and intelligence.

HEE NW has developed a Trainee Support Network and gave an overview of the objectives of the network. The online presence has currently been expanded to signpost trainees to relevant services such as bereavement, domestic abuse and mental health.

The panel were assured that there were robust policies and processes in place and that trainees have the necessary support and awareness to raise concerns.

The panel consider this Requirement to be Met.

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

During the inspection the panel were assured that a clear structure is in place to identify and action patient safety issues. HEE NW uses a scale of Level 1 to Level 3 to identify and categorise patient safety issues, which are reviewed and discussed at internal meetings such as the *Doctors and Dentists Review Group* and *Responsible Officer Advisory Group*. Where serious issues are identified, these are notified to the Regional Director.

HEE NW follows the NHS Trust framework for managing complaints including the use of PALS for patient concerns and incident reporting.

We consider this Requirement to be Met.

STANDARD 2 – QUALITY EVALUATION AND REVIEW OF THE PROGRAMME. The provider must have in place effective policy and procedures for the monitoring and review of the programme leading to recommendation for issue of a certificate of completion of specialist training.

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

Nationally HEE provide a *Quality Strategy and Framework* which HEE NW adopts. This sets out HEE's priorities, principles and processes.

A detailed overview of the Quality Management Framework was given as part of the inspection. This has been updated in 2021, with more emphasis on equality, diversity and inclusion, learner wellbeing and embedding the role of Integrated Care Systems. The framework is made up of 6 *Quality Domains* and 49 *Quality Standards*, this is underpinned by *Quality Descriptors* which give additional guidance on how to use the framework.

The panel reviewed the *Internal and System Governance chart* which clearly detailed accountability and reporting structure. We saw a list of several committees, groups and forums which underpin the overall quality assurance framework.

The panel reviewed the *SAC External Feedback Form – DPH SAC Report 1 Feb 21* which reinforces that appropriate reviews are undertaken following the Annual Review of Competency Progression (ARCP).

The panel agreed a range of processes are in place and are successfully implemented through review, evaluation and monitoring of outcomes.

We consider this Requirement is Met.

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

During the Inspection the panel were assured by the use of the *Intensive Support Framework (ISF)*. If trainee concerns are identified, the ISF enables the level of risk to be rated. The levels range from 0 (no concerns) to 4 (training suspended). The panel was informed that the escalation of concerns will also lead to issues being raised on a national level.

HEE NW explained there is a National Education & Training Survey as well as various other targeted and external surveys and learner forums where concerns could be flagged.

We consider this Requirement is Met.

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

The panel agreed that the *NW Regional Quality Scrutiny Forum* fulfils an invaluable role in maintaining quality and the minutes reviewed are comprehensive yet focused and confirmed that issues and concerns are reviewed and managed.

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

Concerns are also logged on HEE's Quality Improvement Register (QIR) which records all education quality concerns that meet certain criteria.

National Education Training Survey (NETS) results are monitored to identify concerns and the *Northwest Local Oversight Group* (LOG) offers an opportunity to share information and good practice.

During the inspection, HEE NW explained the Quality Risk Management Process and Policy. The process is intended to ensure that there is a clear audit trail and is evidence based. We had sight of the five risk levels and escalation points.

The panel agreed that the externality of the quality framework process is ensured by the external representative through the *Specialty Advisory Committees* (SAC) and the *Lay Representations*.

We consider this Requirement to be Met.

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

The panel saw evidence of how feedback is collated, and information is shared. This was then reflected in the ARCPs.

HEE NW explained that the Oral Surgery and Oral Medicine specialties collect patient feedback as part of their training programme and this will now be implemented across all specialties.

The panel were given an example of how feedback had been collated, considered and implemented. The example followed the feedback from a trainee on concerns about a split site programme. It was agreed that the programme would be amended, and the placement would be based at one site only. This has shown benefit in the trainee progress, and this was captured in the reflective log.

HEE NW explained that all dental trainees must undertake annual Specialty Surveys. We consider this Requirement to be Met.

STANDARD 3 – STUDENT ASSESSMENT. Assessment must be reliable and valid. The choice of assessment method must be appropriate to demonstrate achievement of the GDC learning outcomes. Assessors must be fit to perform the assessment task.

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

The panel reviewed examples of trainee *ARCPs* which gave assurance that trainees have demonstrated they are fit to practice at the appropriate level on completion of training. The *ARCP* also provided reassurance of the effectiveness of the process. The robust process assured the panel that trainees will not progress unless compliant with assessments.

This approach is specified in the curricula and through the *ISCP* portfolio platform and is the single nationally established mechanism for this process.

There are robust processes in place to manage extensions to training. There is also an established appeal process, ensuring fairness, equitability and transparency.

We consider this Requirement to be Met.

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

Portfolio based training is provided for both trainees and trainers in order to follow processes as well as training on systems. This follows the nationally established process which is embedded within portfolios by way of a guided narrative.

All trainees must be compliant with each component in the portfolios, otherwise they cannot progress with their training.

The panel reviewed a selection of *PDPs* which contained fully completed assessments. The panel also saw samples of *Intercollegiate Surgical Curriculum Programme (ISCP)* journal entries, which demonstrated how trainees use reflection. These both indicated a high level of individual reflection and support provided to trainees.

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

We consider this Requirement to be Met.

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

The panel learnt about the various assessment methods currently in use, such as directly observed practical skills, case-based discussions, mini clinical evaluation exercises, multi-source feedback and critical incident reviews.

All assessments are managed via portfolio platforms and ARCP processes.

We consider this Requirement to be Met.

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

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

The panel reviewed *ARCP Data reports* from 2019, 2020, 2021 and 2022. The statistics clearly demonstrated that the data is monitored regularly.

The *Final STC Minutes 09032022* demonstrate that ARCPs are used as part of discussion to plan and monitor assessments and that action is taken accordingly.

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

We consider this Requirement to be Met.

P16: Specialty trainees must have exposure to an appropriate breadth of patients/procedures and should undertake each activity relating to patient care on sufficient occasions to enable them to develop the skills and the level of competence to achieve the relevant GDC-approved learning outcomes. (Requirement Met).

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

We consider this Requirement to be Met.

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

The panel reviewed the *HEE NW Educators Development Programme V1.3* and *Dental Educators 5 September Programme* agenda. This demonstrated how dental educators are given an insight into the use of feedback and practical training on how feedback should be delivered.

HEE NW offers Postgraduate Certificates, which has a module on how to provide feedback.

Confirmation that internal reflection and constructive feedback between trainees and trainers is recorded in trainee portfolio. Examples of assessments and reflection in the portfolio demonstrated attention to detail and comprehensive support for the trainees to use reflection.

We consider this Requirement to be Met.

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

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

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

Therefore, we consider this Requirement to be Met.

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

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

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

It is a requirement of HEE NW that a locally appointed Lay Representative is in attendance at ARCPs to ensure fairness and consistency.

The contact details for external assessors are shared with trainees and they are invited to contact them directly if they wish to discuss their training.

We consider this Requirement to be Met.

P20: Assessment must be fair and undertaken against clear criteria. The standard expected of specialty trainees in each area to be assessed must be clear and trainees and staff involved in assessment must be aware of this standard. A recognised standard setting process must be employed for assessments. Exceptions from this principle must be clearly justified. (Requirement Met).

During the inspection the panel were assured by the comprehensive overview of how HEE NW carries out their standard setting locally and nationally.

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

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

The panel noted that there is an appeals process in place, however, HEE NW informed us that there had not been any appeals to date for the specialty training.

We consider this requirement to be Met.

Summary of Actions for HEE NW

Req. number	Action	Observations & response from HEE NW	Due date
	No actions	N/A	N/A

Observations from HEE NW on the content of the report

Contents of the report are a true reflection of the process undertaken, discussions and evidence provided.

Annex 1: Education Quality assurance process and purpose of activity

1. As part of its duty to protect patients and promote high standards within the professions it regulates, the General Dental Council's (GDC) Strategic Review of Education (2008) recommended that the Council should actively quality assure all training and awards which lead to entry to all GDC registers and listings (Dentist, Dental Care Professionals (DCP) and Specialist).
2. The aim of this quality assurance activity is to ensure that dentist registrants, at the point of inclusion upon one of the GDC's specialist lists, have demonstrated, on completion of their training, that they have met the outcomes required for specialist listing on the dentists register with the GDC. This will underpin and add value to the GDC's responsibility in issuing a Certificate of Completion of Specialist Training (CCST) as part of the listing process.
3. Consideration and development of our quality assurance processes therefore apply to training programmes in all 13 current specialties. Whilst our statutory responsibilities (see section 17 below) focus on orthodontics and oral surgery we do not currently possess an evidence base, drawing upon public protection arguments to differentiate between the specialties in quality assurance activity.

Specialty training

4. The primary route by which specialists join the Specialist lists, and the route upon which the GDC focusses its quality assurance activity, is successful completion of a national training programme in the individual UK specialties, where training is based upon a GDC-approved curriculum¹, overseen by the regional training commissioner, and where the trainee also passes the relevant Royal College examination.
5. Following these successes, the trainee is recommended for entry to the GDC Specialist Lists by award of a Certificate of Completion of Specialist Training (CCST). The regional training commissioner recommend the award and the GDC awards the CCST.
6. Training in the dental specialties under the route described above is, typically, a three-year full-time hospital-based programme. This can involve trainees receiving training in a variety of hospital settings and other clinical environments. This form of delivery, together with the provision of exit examinations by a further examination provider has required changes to the GDC's model of pre-registration QA inspection which is typically based on a single training centre under the auspices of a university or other educational body.

The GDC's powers

7. The GDC's powers in relation to specialist education and training differ from its powers for pre-registration training:
8. The Dentist Act 1984 (the Act) restricts our ability to require training commissioners to provide information to those with Dental Authority (DA) Status. Of postgraduate providers, the Royal Colleges possess dental authority status as do universities undertaking postgraduate or specialist dental training. We can request information from other postgraduate training providers such as training commissioners who do not hold such status in connection with section 1(2)(a) of the Act.

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

Annex 2: The EQA Process

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

General Principles

14. Our historic consultation and stakeholder engagement on the Standards signalled the GDC’s expectations in relation to specialty education. Publishing the first iteration of Standards for Specialty Education in 2015 was seen to send a clear message to the sector about the quality the GDC expects in order to protect patients and the public.
15. In addition to publishing the GDC standards, we recognised that the UK Committee of Postgraduate Dental Deans and Directors (COPDEND) already publishes a quality management tool in the form of *The Gold Guide*. We also recognised that specialty trainees are in the main already GDC registrants; and that we needed to be sensitive to the fact that specialty training (where it takes place in NHS Trusts and roles) operates in an already highly regulated environment.
16. We have been mindful that that our regulatory approach, both in its piloting and in its current operational introduction, must not introduce disproportionate or unnecessary burdens on providers.
17. The second iteration of Standards for Dental Education, referenced above, maintains this proportionate approach whilst also containing two major developments:
 - a. Separating the Standards so there are discrete requirements for training commissioners and examination providers.
 - b. Introducing an overarching requirement to provide evidence (of the provider’s choosing) to support their self-assessment.

Collection of evidence

18. Therefore, the process remains based upon moderated self-assessment and includes:
- a. a data set that profiles specialty trainees and scrutinises key data including information about the trainees' progression rate through programmes and exit examinations.
 - b. a self-assessment questionnaire giving training commissioners the opportunity to indicate their performance in the context of the Standards and requirements.
 - c. the requirement to provide illustrative and supporting evidence to support the contents of the completed self-assessment questionnaire.
19. The following descriptors are employed as a means of reference for establishing a training commissioner's compliance with the individual requirements.

A Requirement is **Met** if:

There is sufficient appropriate evidence derived from the pilot process. This evidence provides the GDC with broad confidence that the training commissioner demonstrates compliance with the requirement. The training commissioner's narrative and documentary evidence is robust, consistent and not contradictory. There may be minor deficiencies in the evidence supplied but these are likely to be inconsequential."

A Requirement is **Partly Met** if:

Evidence derived from the pilot process is either incomplete or lacks detail and, as such, fails to convince the GDC that the training commissioner fully demonstrates compliance with the requirement. There may be contradictory information in the evidence provided.

There is, however, some evidence of compliance and it is likely that either (a) the appropriate evidence can be supplied in a short time frame, or, (b) any deficiencies identified can be addressed and evidenced in follow-up processes.

A Requirement is **Not Met** if:

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

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

Other:

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

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

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

- a. Where requirements were not fully met, the need for follow-up action (either submission of further evidence or clarification of self-assessment) that could normally be addressed by ongoing further specialty monitoring.
- b. Joint action between the training commissioner and the GDC to capture good practice (where requirements were met) to further inform the evidence prompts within the Standards and so to provide additional guidance for future specialty EQA activity.