

# General Dental Council

## Education Quality Assurance Inspection Report

Education Provider/Awarding Body	Programme/Award
Cardiff Metropolitan University	FdSc Dental Technology

Outcome of Inspection	Recommended that the FdSc Dental Technology continues to be approved for the graduating cohort to register as Dental Technician.
-----------------------	--

**\*Full details of the inspection process can be found in Annex 1\***

## Inspection summary

<b>Remit and purpose of inspection:</b>	<b>Inspection referencing the <i>Standards for Education</i> to determine approval of the award for the purpose of registration with the GDC as a Dental Technician.</b>
<b>Learning Outcomes:</b>	<b>Preparing for Practice (Dental Technician)</b>
<b>Programme inspection dates:</b>	<b>7 &amp; 8 February 2023</b>
<b>Inspection team:</b>	<b>Jim Hurden (Chair and non-registrant member) Chris Parker (DCP member) James Ashworth-Holland (Dentist member) Scott Wollaston - GDC Staff member – Quality Assurance Manager</b>
<b>Report Produced by:</b>	<b>Scott Wollaston GDC Staff member (Quality Assurance Manager)</b>

Cardiff Metropolitan University (“the university”) run both a BSc course and a Foundation Degree (FdSc) course in Dental Technology. The courses are delivered by the Cardiff School of Sport and Health Sciences (“the school”). This report focuses on the FdSc course. The inspection was carried out over two full days and focussed on all 3 standards and 21 requirements.

The inspection was conducted as a risk-based inspection following the 2021 annual monitoring return.

The FdSc Dental Technology programme has met 15 requirements, partly met 4 requirements, and not met 2 requirements, which has resulted in 3 actions which should be addressed by the next round of monitoring activity.

The inspection team (“the panel”) were pleased to see progress had been made by the school since the last inspection, with another full-time member of staff being recruited. There has also been a new Dean and restructure within the school and the programme team have worked very closely with them over the last few years to accommodate this.

The university has also funded the school getting a new computer-aided design/computer-aided manufacturing (CAD/CAM) suite, where students are introduced to using digital technology.

The GDC wishes to thank the staff, students, and external stakeholders involved with the FdSc course for their co-operation and assistance with the inspection.

## Background and overview of qualification

Annual intake	20 students
Programme duration	72 weeks over 3 years
Format of programme	Year: 1: basic knowledge, fundamental skills, simulated cases, work based learning 2: knowledge, more complex simulated cases, work based learning 3: knowledge, advanced simulated cases, work based learning
Number of providers delivering the programme	One

## Outcome of relevant Requirements<sup>1</sup>

<b>Standard One</b>	
1	Met
2	Met
3	Not Met
4	Met
5	Partly Met
6	Met
7	Met
8	Met
<b>Standard Two</b>	
9	Met
10	Partly Met
11	Partly Met
12	Not Met
<b>Standard Three</b>	
13	Partly Met
14	Met
15	Met
16	Met
17	Met
18	Met
19	Met
20	Met
21	Met

---

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

### **Standard 1 – Protecting patients**

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

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

The FdSc programme is a part time, remote learning programme, where students are working in dental laboratories, and asked to dedicate one day a week to the course. These students have a “mentor” within their own lab, a registered Dental Technician or Clinical Dental Technician (“DT/CDT”), who supervises their work.

The FdSc students enrolled on this course, work on devices that are for patients within their existing employment in dental laboratories. During the course of their studies, students do not make devices for real patients, they use simulation models which they are assessed on. The students’ work and learner journey is monitored by school staff through their online portfolio system. They upload photos and videos of cases they have worked on, whether this is part or a whole device. The school hold a tripartite workplace educational agreement with the mentors and students, which outlines the responsibilities of each party, the school relies on the mentors and this agreement to ensure that they make devices for patients once they are competent to do so.

The school told the panel that all of the laboratories where students work are regulated by the Medicines and Healthcare products Regulatory Agency (MHRA).

The students sit Objective Structured Practical Examinations (OSPEs); during the first semester of each academic year a remote OSPE takes place, followed by a face-to-face OSPE in the second semester.

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

During the inspection we spoke to an array of mentors of the FdSc students, who told us that there is no process within their laboratories which informs patients that their devices may be made, either wholly, or part worked on by students. Some of the mentors informed us that they have Dental Appliance Manufacturers Audit Scheme (DAMAS) numbers, so there is always traceability back to the student and their work.

The panel was provided with information on the different theoretical modules delivered to students and was satisfied that this topic was covered adequately and as much as was practicable. We therefore consider this requirement to be met.

**Requirement 3: Students must only provide patient care in an environment which is safe and appropriate. The provider must comply with relevant legislation and requirements regarding patient care, including equality and diversity, wherever treatment takes place. (Requirement Not Met)**

The FdSc students are all based within their own dental laboratories. Often dental laboratories specialise in a certain area of dental technology work. Where a student needs to gain experience in another area of work, the student and the mentor have the responsibility of identifying a nearby laboratory who does undertake work in the area they need, and make their own arrangements to attend that laboratory to gain the experience needed. If they are unable to source any local capacity, students can attend the school to gain experience in any area of work.

During the inspection, both the school and the mentors confirmed that no audit or inspection of the workplace takes place, either before the student is accepted on the course or during their studies. The school is reliant again upon the tripartite agreement with mentors and students. The tripartite agreement does contain a workplace checklist, which asks the mentor to confirm they have sufficient policies in place to assure themselves that students are working in an environment which is safe and appropriate. It also asks that the MHRA certificate is available, but there is no requirement for a copy to be provided to the school. During the inspection, we did not see any signed copies of tripartite agreements.

We would expect that the school conducts an audit of all workplaces to ensure the safety and appropriateness of the environment and obtains copies of relevant documents contained within the checklist. It is appreciated that these workplaces are often spread across a wide geographical area, so it may not be suitable to conduct in person checks, however we would expect that technology is utilised and the school should conduct remote or face to face visits which comprehensively ensure the suitability of the workplaces.

**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)**

The school run an induction event at the start of the course, which is mandatory for both first year students and mentors. They also offer those students and mentors in the second and third year of the course to attend as refresher training. During the inspection, the school told the panel that the curriculum is designed in a way in which it develops practical and theoretical skills incrementally as the student progresses.

All mentors are registered DT/CDTs, and where a student cannot gain experience in a certain area of dental technology in their own laboratory, they seek experience from other local specialist laboratories. The school told us that when a student attends another laboratory for this purpose, an agreement is signed to ensure they are appropriately supervised. From speaking with a selection of students and mentors from the FdSc programme during the inspection, the panel were satisfied that the students are appropriately supervised.

**Requirement 5: Supervisors must be appropriately qualified and trained. This should include training in equality and diversity legislation relevant for the role. Clinical supervisors must have appropriate general or specialist registration with a UK regulatory body. (Requirement Partly Met)**

As above, it is a requirement of entry to the programme that all mentors are registered with the GDC as DT/CDTs. The school have an array of courses on an online portal, including equality and diversity, and whilst this is available for mentors to utilise, it is not required. From speaking with the school and mentors, it is understood that there has not been much uptake of this training by the mentors. The school staff complete the same training, and it is mandatory for them.

The school should maintain a record of up-to-date training for mentors, which should include equality and diversity.

**Requirement 6: Providers must ensure that students and all those involved in the delivery of education and training are aware of their obligation to raise concerns if they identify any risks to patient safety and the need for candour when things go wrong. Providers should publish policies so that it is clear to all parties how concerns should be raised and how these concerns will be acted upon. Providers must support those who do raise concerns and provide assurance that staff and students will not be penalised for doing so. (Requirement Met)**

With the pre-inspection information the school provided the GDC, the panel saw whistleblowing policies for both staff and students, which outlines how to raise a concern and the university's roles and responsibilities in that process. This is also covered within the Professional Practice modules delivered by the school.

We were also provided with a comprehensive handbook, which included fitness to study and fitness to practise policies. The mentors also attend the induction event and the school deliver presentations to them where the role and remit of all parties is reiterated.

The school also operates a student representative system, and concerns can be raised through this process, or directly to the personal tutor assigned to each student.

**Requirement 7: Systems must be in place to identify and record issues that may affect patient safety. Should a patient safety issue arise, appropriate action must be taken by the provider and where necessary the relevant regulatory body should be notified. (Requirement Met)**

From the discussion with the mentors, some of them told the panel that their laboratories are registered to the DAMAS scheme, and any patient safety issues are logged there. There were no patient safety issues that had been reported, but the system was in place for some laboratories, should it need to be used.

The panel were assured that the registered DT/CDT mentors closely supervise and check all work produced by the students.

**Requirement 8: Providers must have a student fitness to practise policy and apply as required. The content and significance of the student fitness to practise procedures must be conveyed to students and aligned to GDC Student Fitness to Practise Guidance. Staff involved in the delivery of the programme should be familiar with the GDC Student Fitness to Practise Guidance. Providers must also ensure that the GDC's Standard for the Dental Team are embedded within student training. (Requirement Met)**

As noted under requirement 6, the panel were provided with copies of suitable fitness to practise and fitness to study policies, and the panel were assured these procedures are applied appropriately. The GDC's standards for the dental team document is taught to the students and the policies are covered with the students across all three years of the course.

## **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 school provided us with a copy of their Academic Handbook, which covers overall quality assurance of the programme, modifications, evaluation and periodic reviews. The responsibility for this sits with the university's Quality Enhancement Directorate. They conduct a quinquennial review of the programme.

Since the school's restructure, the dental technology department now falls under the health sciences directorate, and the quinquennial review was of the whole of health sciences, to ensure a consistent approach across all programmes. The panel were provided with a copy of the latest quinquennial review, which is dated October 2021. It is a detailed document which highlights areas for improvement and suggestion of changes to ensure all programmes are mapped appropriately to learning outcomes.

Furthermore, during the inspection the school told the panel that they produce module review summaries at the end of each module, and it is formed from a survey completed by the students.

**Requirement 10: Any concerns identified through the Quality Management framework, including internal and external reports relating to quality, must be addressed as soon as possible and the GDC notified of serious threats to students achieving the learning outcomes. The provider will have systems in place to quality assure placements. (Requirement Partly Met)**

The university requires all programmes to undergo an annual Programme Enhancement Plan (PEP), which utilises all forms of feedback collated over the year, from committee minutes, student feedback and external examiner reports. The school told the panel that any concerns that arise from the PEP are reported to the GDC in the annual monitoring return.

Within the quinquennial review report, the comments identify that a suggested change that was highlighted with the course was not responded to by the programme team. These were only minor suggestions and not major action issues. The report does identify that although the team did not respond to the issues through the process as expected, there were discussions held with the team. However, the programme team should ensure that they formally respond to and address issues raised through this procedure.

**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 Partly Met)**

With the above-mentioned quinquennial review processes, the panel were satisfied that the internal quality framework is robust. The school provided copies of various minutes from the Programme Committee and Learning and Teaching Committee. The programme does benefit from the use of an external examiner (EE), and the panel have seen copies of the latest EE reports, which are produced annually. The EE is a GDC registrant, however the programme team were unable to tell the panel if the EE had had an induction with the university.

In the latest EE report in 2022, the EE commented within this document that they were not invited to the awarding board for this programme. Also, within this report, the programme team had not responded to any of the comments or actions set by the EE.

The school also hold regular meetings with the mentors. From speaking with the mentors at the inspection, the panel were provided with an example of when a mentor had provided feedback to the programme team on the order in which the modules were completed on the



programme, and this had led to the course being updated as suggested. We also asked the mentors about patient feedback during the session with them, and the panel were advised that this was not obtained routinely. They said that with the DAMAS system, they have to hand out sporadic feedback forms, and this goes out randomly to patients, and the individual who worked on that device would get feedback.

The panel considered that the EE reporting process was not robust and therefore consider this requirement to be partly met.

**Requirement 12: The provider must have effective systems in place to quality assure placements where students deliver treatment to ensure that patient care and student assessment across all locations meets these Standards. The quality assurance systems should include the regular collection of student and patient feedback relating to placements. (Requirement Not Met)**

As already highlighted in this report, the school do not conduct any audits to assess the suitability of the work places. They rely upon the tripartite workplace agreement and the fact that the mentors are GDC registrants, however this does not check or ensure the quality of the environment in which the students are working. There should be checks to ensure that the laboratories the students are working in have the capacity and the equipment to fully support them.

### **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 Partly Met)**

The school provided the panel with their blueprinting document which mapped their modules to the dental technicians' learning outcomes. During the inspection the school told the panel that they ensure that all learning outcomes are met and that all students' work is signed off as clinically presentable by a registered dental technician. Within their blueprinting document, all the learning outcomes were mapped, with the exception of "Demonstrate effective clinical decision making".

The panel also received a demonstration and access to the school's e-portfolio system during the inspection, where we were able to see evidence of students completing and uploading photos and videos of their work and the course tutors marking and providing feedback along with feedback from their mentors. The students have a maximum of three attempts at any assessment, and if they fail three times they will be withdrawn from the course.

As not all of the GDC's learning outcomes are mapped, the panel consider this requirement to be partly met. The school should ensure that they map all the dental technician learning outcomes to the curriculum.

**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)**

As well as the e-portfolio system mentioned above, the school make use of other online systems to set work, and for the students to upload their completed written assessments to. The students' marks are then integrated across all modules and assessments using an online system. This system allows the school to check and monitor the students on an ongoing basis.

With regards to practical work, the school send out the materials to students to complete their practical assignments, and once the device is made, this is posted back to the school for assessment. Should a device get lost in the post, new materials are sent to the student and they have to recomplete the work and post it back.

Results are centrally recorded and presented at the examination board at the end of the academic year. The panel were assured that the school has appropriate systems in place.

**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)**

With the remote way in which the FdSc course is run at Cardiff Metropolitan University, all of the students are at individual dental laboratories, all of which may specialise in a specific area of dental technology. The school advised the panel during the inspection, that the mentors are encouraged to support the students in obtaining experience at other laboratories nearby, who specialise in different areas.

Having spoken to some of the students during the inspection, it was evident that some students did struggle to obtain experience in particular areas of dental technology. If the students are unable to find a local laboratory who will support them in a different area of dental technology, the school provides the option for them to attend on site at Cardiff to gain the knowledge and skills they need. The school provide simulation cases and send out any required materials and models for students to work on a particular area also.

During the inspection, the school also made us aware of an initiative which is currently being developed; a network amongst the dental laboratory mentors, to share knowledge and best practice, and this will allow the opportunity to reach out to other mentors for support in a certain area, if needed.

The school does provide the opportunity to all students to use their facilities, should they need to, however the panel felt more could be done to formalise a process which ensures students do have exposure to all types of dental technology by identifying gaps early in the course and remediating appropriately.

**Requirement 16: Providers must demonstrate that assessments are fit for purpose and deliver results which are valid and reliable. The methods of assessment used must be appropriate to the learning outcomes, in line with current and best practice and be routinely monitored, quality assured and developed. (Requirement Met)**

As mentioned above, the school is subject to a quinquennial review by the university, which ensures that the assessments are in line with the rest of the Cardiff School of Sport and Health Sciences and in line with best practice. There is also a separate modifications process that can facilitate changes in the intervening period. Any changes through this process are required to be approved by the programme committee, EE, and deputy dean.

The school also blind mark students' written assessments, with a second assessor counter marking for the top, bottom, middle (and borderline when applicable) assessments.

With regard to practical assessments, the panel saw evidence during the inspection of a recording of online OSPEs, where an assessor sits and observes several students constructing devices. There are strict rules in place for these assessments, where the student must show the environment on camera before the assessment, and then the camera is focussed on their hands, to ensure it is their own work. There was no evidence of calibration meetings between different assessors, to ensure scoring was fair amongst all. The panel would suggest that the school formalise and keep a record of calibration of assessors.

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

During the demonstration of the e-portfolio system, the panel could see that for each piece of work the student uploads, the mentors are able to provide feedback, as well as the course tutors. The panel were assured that the assessment process is robust and that this requirement is met.

**Requirement 18: The provider must support students to improve their performance by providing regular feedback and by encouraging students to reflect on their practice. (Requirement Met)**

The online portfolio system has a section for the students to include their reflections with each piece of work they upload. The tutors also provide feedback to students after each piece of work. From meeting with the students, they told the panel they can be waiting several weeks sometimes to receive the feedback. The school have said they provide the written feedback in 20 working days, in line with the university policy.

Each student is provided with a personal tutor, who is there as a point of contact for students to reach out to if they are struggling with any aspect of their work. There is no formal process for these meetings and the panel would encourage the school to formalise a set number of meetings to establish engagement, progress and academic or pastoral needs between the personal tutors and their students throughout the year.

**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)**

Within the information provided to the panel prior to the inspection, we saw evidence of all school staff CVs, which showed they were all appropriately registered and undertook regular CPD and training. All teaching staff are also affiliated with the Higher Education Academy (HEA). The panel were assured that assessors have appropriate skills and experience needed to undertake their roles.

**Requirement 20: Providers must ask external examiners to report on the extent to which assessment processes are rigorous, set at the correct standard, ensure equity of treatment for students and have been fairly conducted. The responsibilities of the external examiners must be clearly documented. (Requirement Met)**

As highlighted above, the course benefits from an external examiner, who produces a report each year. The panel were provided with copies of reports from the last three academic years.

The reports are comprehensive and covered a range of topics such as staffing, academic standards and assessment processes. The panel were satisfied this requirement is met.

**Requirement 21: Assessment must be fair and undertaken against clear criteria. The standard expected of students in each area to be assessed must be clear and students and staff involved in assessment must be aware of this standard. An appropriate standard setting process must be employed for summative assessments. (*Requirement Met*)**

During the inspection the panel were provided with evidence of students' practical work and the marking with each device. This demonstrated clear marking rubrics and schemes for grading of students' work.

From our discussion with the students, the panel were satisfied that the students were aware of the standard expected of them. The school run plenty of practical demonstrations before assessments, and these are recorded and uploaded online, so students can revisit them at any point.

## Summary of Action

Requirement number	Action	Observations & response from Provider	Due date
3	The school should conduct audits of the workplaces and obtain copies of mandatory policies and documentation, to ensure the suitability of the environment	CMU will undertake virtual workplace visits – during the first semester All MDHRA docs to us as part of tripartite agreement.	December 2023
5	The school should maintain a record of up-to-date training for mentors, which should include equality and diversity.	Induction week to explicitly include Mentor training and Equality and Diversity training.	December 2023
13	The school must ensure that they map all the dental technician learning outcomes to the curriculum.	New mapping doc attached	4 <sup>th</sup> April 2023

## Observations from the provider on content of report

<p>The team were happy with the event and the manner in which it was conducted. Points have been emailed regarding Req 15 and as such no further observations are to be included.</p>
---

## Recommendations to the GDC

<b>Education associates' recommendation</b>	The Foundation Degree in Dental Technology continues to be approved for holders to apply for registration as a Dental Technician with the General Dental Council.
<b>Date of next regular monitoring exercise</b>	2023/24

# 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 edition<sup>1</sup> 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 education associates 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 education associates must 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 monitoring process. Serious concerns about a lack of progress may result in further inspections or other quality assurance activity.

6. The Education Quality Assurance 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.