

Education processes

Consultation outcome report

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1. Introduction

Earlier this year, the GDC invited views on proposals to change the way it provides quality assurance (QA) for education and training programmes that lead to registration as a dentist or a dental care professional (DCP). The [Consultation on the GDC's education processes](#)¹ was opened on 28 February and closed on 23 May 2018.

The consultation built upon proposals for the future development of QA processes included in [Shifting the balance: a better, fairer system of dental regulation](#)². The proposals aim to use GDC resources more efficiently, supporting education and training providers to drive improvements in dental education.

The consultation asked for views on the integration of an assessment of risk into the quality assurance process, which would be used to determine the focus, type, frequency and scope of activity. It proposed that thematic reviews are introduced as a method for looking at issues that feature across programmes. The consultation also sought views on the merits of establishing a process for regularly updating and reviewing 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 programmes that lead to registration. The GDC learning outcomes are detailed in [Preparing for Practice](#)³.

2. Responses to the consultation

The GDC received 28 responses to the consultation. However, some responses did not include answers or comments for all questions within the consultation.

Responses received	Number
Total number of responses	28
Total received through online form	23
Total received by email	5
Total responses from organisations ⁴	14
Total responses from individuals	14
Anonymous responses	10
Responses from dentists	12
Responses from dental hygienists and/or dental therapists	3
Responses from dental nurses	5
Responses from other registrant groups	0

1 <https://www.gdc-uk.org/api/files/335722> - GDC Consultation Report FINAL.pdf

2 [https://www.gdc-uk.org/api/files/Shifting the Balance.pdf](https://www.gdc-uk.org/api/files/Shifting%20the%20Balance.pdf)

3 [http://www.gdc-uk.org/api/files/Preparing for Practice \(revised 2015\).pdf](http://www.gdc-uk.org/api/files/Preparing%20for%20Practice%20(revised%202015).pdf)

4 One organisation responding was listed as anonymous, as the name of the organisation was not provided

The GDC received responses from the organisations listed below:

- Association of British Academic Oral and Maxillofacial Surgeons (ABAOMS).
- British Association of Dental Nurses (BADN).
- British Dental Association (BDA).
- British Society of Dental Hygiene and Therapy (BSDHT).
- Institute of Dentistry, University of Aberdeen.
- Medical and Dental Defence Union of Scotland (MDDUS).
- Newcastle University, School of Dental Sciences.
- Peninsula Dental School, University of Plymouth.
- Professional Standards Authority (PSA).
- Royal College of Physicians and Surgeons of Glasgow, Dental Faculty.
- Royal College of Surgeons of England, Faculty of Dental Surgery.
- NHS Education for Scotland (NES).
- School of Dental Nursing, Birmingham Dental Hospital.

The GDC contacted all current education providers, as well as a range of other stakeholders, to alert them to the consultation. While the GDC received a limited number of written responses from education providers, extensive discussions with a range of stakeholders, including the Dental Schools Council (DSC), were undertaken before the publication of the formal consultation. The consensus in these discussions assisted the GDC in presenting a set of proposals that took account of stakeholder issues and views.

The GDC would like to thank all the organisations and respondents for their views. The positive feedback and the general support for the proposals is welcomed and provides a strong basis upon which to proceed.

3. The proposed QA of education process

The consultation outlined proposed changes to how the GDC would undertake the statutory function to quality assure education and training programmes, leading to registration in the UK. This included an explanation of how the proposals would affect the various stages of the QA process (see page five of the consultation document for further information). The following provides a summary of the proposals:

- That the frequency, duration, scope and depth of inspections of established programmes would be determined by an assessment of risk, based on a range of factors.
- The annual monitoring process would become a more central element of the GDC's QA of education process and include an enhanced self-assessment, undertaken by providers. GDC education associates would be used to analyse the annual monitoring returns, working in pairs, to provide a short summary report and recommendations to the GDC for each programme.

3.1. Incorporating the assessment of risk in the QA process

Respondents were asked whether they supported the GDC's proposals outlined in the consultation. The responses received were:

Responses received	Number
Yes	25
No	2
No response provided	1

The consultation requested comments on whether the proposals were clear and how the proposed approach could affect each element of the QA process.

Respondents were supportive of the proposals to revise the GDC's quality assurance of education process, adopting the use of risk indicators to determine the level and type of activities to be undertaken.

The BDA emphasised the importance of quality assurance being an open and honest conversation and stated that they saw the proposals as a logical part of right-touch regulation. The PSA recognised that the proposals could help the GDC to take better account of the differences between dentistry and DCP programmes.

There was a call from some respondents to reduce the regulatory burden on education providers, where possible. Suggestions on how to reduce the burden included, using currently available data sources, providing the GDC with evidence produced for internal purposes, and working with others to reduce duplication between regulators in a crowded regulatory landscape.

Respondents also stated that while an enhanced, more focused annual monitoring system would be widely supported, there was still a need to retain inspections, as this was the best way to gain insight into a programme.

Stakeholder comments also included the following points for consideration:

- Support for shorter, concise and focused inspection reports.
- A call for greater support from the regulator during the early stages of new programme development.
- The need for clarity about the decision-making criteria being used by the GDC. The need for clear and detailed guidance was emphasised.
- The provision of a sample annual timetable of activities was suggested.
- The need for the new processes to support patient safety objectives and to ensure it encourages the reporting of incidents as part of a learning-based culture.

GDC response:

While the GDC has tried to keep the regulatory burden within the current system to a minimum, there is more that can be done to explain to providers the type of information that is likely to be needed each year, and why it is required. As the GDC moves to a system based on the assessment of risk, it will make additional efforts to clarify what information held by others is to be routinely requested through the annual monitoring process, and when providers should report exceptions. This should help providers to establish systems that enable them to collect and update their records in a way that is helpful for them and straightforward to share.

The need to identify and benefit from opportunities to work with other organisations to reduce duplication is recognised. Contact has been made with the recently established Office for Students (in England) and the GDC will work to share information and limit regulatory overlap with them and equivalent organisations across the four nations of the UK.

Inspections will continue as an essential part of the QA process. It is possible that the number of inspection visits will increase under the revised system, although the duration of individual inspections is likely to decrease to reflect the more focused nature of the process.

The GDC recognises that the approval process for new programmes could lead to uncertainty for providers, and consequently, students, until an approval decision is made at the point when the first cohort is scheduled to complete the programme. To help reduce the levels of uncertainty, a wider range of options for the QA of new programmes is proposed. The option to be used, will be determined by the risks identified. This will include the potential for inspections before a programme commences, and each subsequent year, until the first cohort graduates. The cost of providing this early QA will be carefully considered when determining the activity to be undertaken and it must be clearly understood that it is not the function of the GDC to provide consultancy services or advice outside the operation of the formal QA process. Providers will continue to be expected to determine how they should develop and run educational programmes.

The GDC agrees with the BDA's view that QA is about an honest and open conversation and hopes to foster an environment focused on learning and continuous improvement. Where mistakes and incidents are acknowledged and addressed, providers should be confident to approach the GDC with any issues they are experiencing, knowing that any action taken will be appropriate and proportionate. A risk-based system will help achieve this, as providers that openly share issues or risks, and can provide details on the action being taken to address or manage them, is more likely to be determined low-risk than a provider that shares few or no issues or risks.

An annual timetable indicating the timings of key activities can be found at Annex A.

3.2. Risks

The consultation paper set out the GDC's interpretation of risk, that is, the likelihood of occurrence and the potential impact of the risk of unnecessary harm to patients arising from arising from a programme not meeting, or not likely to meet, the GDC's Standards for Education, including:

- a programme not producing, or not likely to produce, 'graduates' 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
- a programme is not being well-managed and does not have effective systems in place to identify and address issues.

There may also be wider patient protection and public interest issues that cross several programmes and/or professions that would need to be considered in a risk assessment. There are other risks that apply to students, providers and to the GDC, which may be incorporated into risk assessments, as the process is embedded.

The consultation asked whether there were any other risks that were not included, and any risks the GDC should be concerned with that did not fall under the Standards for Education.

The responses to these questions often focused on risk indicators and/or risk causes, rather than actual risks. This feedback has been considered under other areas of the consultation.

Respondents stated that the GDC should be aware of the pressure from individual stakeholder groups to produce dentists and DCPs that fit in with, for example, NHS structures rather than training dentists and DCPs that are best placed to deliver patient care.

Respondents questioned whether the focus should be primarily on the risk to patients. It was suggested that there should be equal focus on the risk to dental professionals.

A key risk raised by Newcastle University related to the learning outcomes and patient demographics and/or clinical need being mismatched, and therefore, potentially delivering new registrants that were not as well placed, as they could be, to meet the needs of the population.

One response suggested that using inspectors, who often work in dental schools, was a risk, as they were effectively policing themselves. Several other risks were identified by respondents, related to wider issues not directly within the influence of the GDC e.g. student debt and losses within the workforce.

GDC response:

The GDC recognises that those qualifying from UK education and training programmes may work in private or NHS practice. The learning outcomes set by the GDC are designed so that those who meet them are well placed for a career in dentistry, within, or outside the NHS. For some professions, for example, dentistry, nearly all new UK qualified graduates work within the NHS after they register. This may mean that in order to best prepare them to commence work, the education provider will prepare the students for NHS practice.

The GDC does not consider that the risks listed in the consultation regarding patients are fully distinct to the risks to professionals. If new registrants are not fit to practise as a safe beginner, programmes are not well-managed, and treatment is not of the required level, there will be risks for students and new registrants, as well as patients.

As part of the learning outcomes review, discussed in the following section, the GDC will consider evidence (or seek evidence from providers) that the learning outcomes meet the requirements of patients and practice.

While using people employed in dental education, within the team that quality assures dental education programmes, might be considered a conflict of interest, the GDC has mitigated this in several ways. These include a non-registrant inspector, with a breadth of expertise drawn from outside the dental sector, chairing inspection panels and the use of general dental practitioners on Bachelor in Dental Surgery (BDS) inspections. In addition, the GDC QA team provides management and support for all QA activity and plays an important role in the calibration of findings across programmes.

A list of possible indicators of risk that the GDC was considering using as part of the risk assessment of programmes, was provided within the consultation document, respondents were asked whether they agreed with them:

Responses received	Number
Yes	18
No	6
No response provided	4

The GDC also asked whether there were other indicators of risk that it could or should consider, and about other areas that information should be collected, for use in the longer term.

Respondents commented that there was a good range of indicators provided, and some of these were very important, for example, internal reviews. Several respondents agreed that low levels of student clinical and practical experience posed a risk that the GDC should be concerned with and work to address.

Further responses stated that the information education providers supplied must be clear, that the GDC must be careful to not attach too high a risk to some areas, as this could reduce the likelihood of providers being open and honest and/or raising concerns.

The PSA suggested that it may be helpful for the GDC to consider whether there was further intelligence that could be gathered from patients and the public to identify risks.

Additional areas suggested for further exploration ranged widely and included:

- minimum clinical experience targets
- feedback from foundation/vocational trainees
- infrastructure funding and financial pressures
- patient complaints
- incident reports
- vacancy rates and job descriptions
- commitment to research at the expense of teaching
- pressure from universities
- low numbers of students failing finals
- an annual student and teaching staff survey
- lack of support for trainee dental nurses, in some practices
- changes in staff and resource
- challenges in recruiting staff, including staff with ‘real world’ experience
- student selection
- identifying risks through a national dental survey.

Respondents suggested that feedback from dental patients and the public is not being effectively utilised by programme providers, and that public/patient perspectives should be sought and considered by the GDC when quality assuring programmes.

GDC response:

Responses to these questions contained a range of possible sources of intelligence and indicators of risk, as well as issues that the GDC might need to be aware of but are not easily incorporated into risk assessment.

The GDC agrees that the information provided by programmes must be clear. This will involve the GDC being very specific about the data required and relies on providers being candid in the information they share.

With regard to the call for minimum targets for clinical treatment and consideration of student clinical and practical experience, as an indicator of risk, evidence concerning these areas is reviewed at inspections in the current process and will continue to be considered within any revised process.

However, having considered this on a number of previous occasions, the GDC is aware that while it is important for a student to have had the opportunity to develop and practise the skills they acquire, there is a distinction between becoming a competent practitioner and having simply undertaken a particular procedure on many occasions. For these reasons, setting minimum treatment numbers has been resisted and the focus has instead been on requiring providers to demonstrate how they are assured that those who are awarded a qualification have demonstrated attainment of the learning outcomes, including being able to confidently and competently carry out a range of clinical procedures. This approach will be re-evaluated following the thematic review scheduled for 2019 (see section 9).

Given the number of assessments, including ongoing or continuous assessment, that students are subject to throughout a programme, it is not surprising that only a small number of students fail final assessments. From GDC QA activity, it can be verified that many of the students who do not meet the required standard either leave a programme prior to the final year or are given additional support and training to reach the required standard.

The GDC is developing more effective ways to engage with patients, particularly through research, and will seek to use the outcomes from work with dental patients to help inform education policy and operations.

The GDC has recently launched a joint survey of Foundation Dentists with the Advisory Board for Foundation Training in Dentistry (ABFTD) and will use the results of this survey to inform education providers on the views of recent graduates on their studies and how well it has prepared them for their first year of registration. This information will feed into the QA process, providing inspection panels with an indication of where there may be issues for a programme. This information will also be very valuable for the proposed thematic review regarding new dentists' preparedness for practice.

Over recent years, the GDC has operated a policy of not asking for details of admissions procedures and requirements, focusing on a provider's delivery of the outcomes of education. However, the GDC is now actively considering a review of this policy and will be undertaking further investigation and research in this area to gain assurance that those entering dentistry are selected based on a range of factors. In addition, there has been a slight increase in new programmes, which may need to offer reduced entry requirements in order to be commercially viable. The early closure of new programmes has the potential to create difficulties for students who may not be well-placed to transfer to other programmes.

4. Thematic reviews

The consultation asked whether respondents agreed that thematic reviews would be beneficial for the exploration of issues and to help inform programme development.

Responses received	Number
Yes	24
No	2
No response provided	2

Respondents were asked to provide comments, including how they believed the GDC should seek information to inform the subjects for thematic review.

There was strong support from respondents for the introduction of thematic reviews. The sharing of experiences across providers, through thematic reviews, was seen as potentially beneficial.

Some respondents stated that it would be important to involve stakeholders in the selection of topics and to ensure that reviews were tightly focused, ensuring resources were used carefully. The introduction of thematic reviews to explore and share issues and to inform programme development was highlighted as being potentially helpful.

One respondent suggested that a standardised thematic review could cross over to other healthcare professional programmes.

There was support for the suggested sources of evidence listed in the consultation document, particularly the preparedness for practice of new registrants.

Further suggestions included the need for the GDC to review information it holds in relation to fitness to practise, the information gathered through annual monitoring of education programmes, as well as establishing a research programme linked to this activity. There was also a call to use patient engagement work to consider the wider issues that could be the basis for a thematic review.

The Royal College of Surgeons (England), the BDA and others stated that external stakeholders should be involved in selecting the topics for thematic review. Others suggested that there should be widespread consultation and qualitative research to determine the issues for review.

One suggestion for a thematic review was to consider the issues that new education providers or programmes faced. It was suggested that an outcome might be for an experienced provider to work with the GDC to produce a guidance document for new providers.

GDC response:

This GDC is exploring how it can work with other regulators through the education inter-regulatory group. The suggestion for a shared thematic review across regulators is an interesting one, as there are themes that will run across most or all healthcare professions. This idea will be taken to the education inter-regulatory group for discussion.

When determining whether a thematic review should take place, the GDC will give significant consideration to the resources required to undertake the review and the benefits expected. Consideration will also be given to how the review would assist the GDC in achieving its statutory remit to promote high standards in dental education.

Further consideration is being given to how the research function within the GDC can support thematic reviews, as part of a wider structured programme of research.

Based on the consultation feedback, and with consideration of the current programme of work being undertaken by the education and policy teams at the GDC, the first thematic review will look at new dentists' preparedness for practice. This will commence in late 2018 and a report will be published by the end of 2019. The GDC executive will propose a strategic programme of reviews over a two to three-year period for approval by the Council. These will be based on costed plans with options that are developed with input from a range of sources, including stakeholder views, research and internal data and intelligence.

5. Learning outcomes review process

To ensure the learning outcomes remain fit for purpose, it was proposed in *Shifting the balance* to establish a regular review of the learning outcomes, in consultation with stakeholders. This approach is intended to keep the outcomes up to date, ensuring they reflect current practice and are evidence based. This approach should also reduce the burden on education providers adapting to change, compared to the current system of, infrequent, fundamental reviews.

The GDC consultation proposed the following changes:

- To institute a process for the regular review of the learning outcomes, to occur, at most, every two years, but with flexibility to enact urgent changes with implications for patient safety.
- To conduct ongoing evidence gathering to inform and support changes to the learning outcomes, including research, calls for evidence, and views from stakeholders.
- That evidence for changes would be formally reviewed on an annual basis by a newly constituted GDC reference group, resulting in proposals for changes that would then be subject to consultation.

- To distinguish between ‘major’ and ‘minor’ changes to the learning outcomes and publish its operating definitions of each type.
- To, alongside any consultation on proposed changes to the learning outcomes, indicate an implementation schedule for providers that is clear on which cohort of students the changes are to apply.
- That, following consultation with stakeholders, any changes to the learning outcomes would be determined by Council.

The consultation asked about any practical issues with the proposed process, whether there were any further sources of evidence to be considered and asked for views on the differences between ‘major’ and ‘minor’ changes to the learning outcomes.

Overall, the responses indicated support for the proposals, but many shared the significant concern that a two-year review period would be challenging or undesirable. Respondents noted that significant changes to learning outcomes have correspondingly significant resource implications, requiring a lengthy planning and implementation process. Any required changes to curricula can take up to a year to implement and that a regular review period of two years would allow neither providers, or the GDC, the time needed to assess the effectiveness of any changes made, before again being scheduled for review. Respondents did generally agree that urgent changes concerning patient safety could be progressed more quickly but urged the GDC to exercise discretion in progressing such changes.

Respondents suggested a number of additional sources of evidence that the GDC could consider using to inform proposed changes to the learning outcomes, including stakeholder views. Respondents asked the GDC to be clear about how the many and varied sources of evidence, cited in the original proposal, would translate into the review process.

Respondents asked for clarity about who would sit on a reference or advisory group providing advice or making recommendations for changes to the learning outcomes to the Council, and what expertise it would collectively provide.

There was broad agreement on the distinction between a ‘major’ and a ‘minor’ change to the learning outcomes. A ‘minor’ change would be to the language of an outcome, but not its meaning. A ‘minor’ change would also allow a training programme to continue its delivery without alteration. A ‘major’ change would alter the meaning of a learning outcome, add or delete an outcome, introduce new skills or requirements, or have implications for a registrant’s scope of practice.

GDC response:

The GDC accepts that a regular review cycle of two years may be too short a period to enable effective revision of the learning outcomes, although urgent changes with patient safety implications can and should be progressed more frequently. The proposals will be revised in light of the comments received to offer a more flexible approach that may mean updates to the outcomes do not happen on a cyclical basis but are updated dependent on the urgency and number of changes required.

The GDC agrees with the suggested definitions of 'major' and 'minor' changes, and commits to publishing operating definitions of both, as well as defining what would constitute an 'urgent' change with patient safety implications.

The GDC agrees that any proposed process of regular review should be clear about what kind of expertise would be represented on a reference group and how any that group would function. The necessary expertise may be found within the current group of education associates and in the proposed advisory group (see section 6).

In 2019, further information will be provided about how evidence for change is to be gathered, including engagement activities and frequency. This information will also detail how the GDC will consider patient expectations, oral health needs, current practice, and preparedness for practice (including student and new registrant input, workforce needs, and team and wider healthcare/inter-professional considerations). Information outlining how the evidence for proposed changes will be reviewed, as well as the process for approving any changes to the learning outcomes will be published following further discussions with education providers.

6. Decision making: advisory group

The consultation proposed to form an expert group to advise Council on the decisions it will make on the QA activity to be undertaken within a specific period, the themes to be subject to review and information to be considered in a risk assessment. The consultation asked for comments about the expertise required for this group.

Responses received provided a range of suggestions regarding the expertise that it would be beneficial to draw on for the group. These included providing for a mix of dentists, DCPs and lay people, drawing on those in practice and in academia/education, patient representatives, royal colleges, national policy makers, trainers, representatives from other regulators and other healthcare professions, commissioners, those with research and educationalist backgrounds, specialists in dental public health, legal and safety experts, recent graduates, postgraduate deans, and employers.

GDC response:

It will be a challenge to establish a group, of reasonable size, that is able to provide the range of perspectives suggested by the consultation feedback. However, the GDC will be able to draw on education associates to provide a range of views from experienced practising dentists and DCPs (both in general practice and in academia), lay people, trainers, and those with research and educationalist backgrounds.

Comments received about the learning outcomes suggested that the GDC uses an expert group to consider any proposed changes. Further consideration will be given to this suggestion and the remaining suggestions on the constitution of the advisory group. Additional details regarding this group, or groups, will be provided in 2019, in advance of the planning period for the 2019/20 academic year.

7. Sharing information and engagement

Each year, the GDC publishes an Annual Review of Education, which summarises the findings across a specific period of QA activity, as well as providing updates about other developments.

During the consultation, views were sought about the usefulness of the review. The GDC also invited comments about integrating the annual review into a wider 'state of the nation' report, to be published annually by the GDC.

The consultation asked how useful people found the Annual Review of Education, the responses were as follows:

Responses received	Number
Very useful	6
Useful	10
Neutral	6
Not useful	1
No response provided	5

Respondents were asked for their views about the Annual Review of Education being integrated into a wider ranging publication, or, 'state of the nation' report. In addition, views were sought on the type of information that should be included in future reports.

The GDC's efforts to share information and data were welcomed by some respondents. The potential benefits of the annual report, to assist a range of stakeholders by identifying good practice and the prevention of harm, were recognised.

Responses to the proposal to integrate the two reports were mixed. There was concern that education information would be lost, or reduced in detail, if presented in the context of wider policy developments and fitness to practise findings.

Respondents were broadly content with the existing subject matter within the annual review report, although there was a suggestion that the length of the report could be reduced, or a summary document (or presentation) provided. It was also suggested that the annual review could be more focused on areas for programmes to develop to improve education, common challenges, solutions and encourage providers to learn from each other.

There was a suggestion that the annual review could be used to compare programmes, in a range of areas, including student performance, numbers of procedures undertaken and the success of assessments. These comparisons could include a narrative about how disparities can be reduced.

The BDA asked that the annual review report should be a practical, reflective document examining challenges in a serious way. They warned against including superficial performance indicators for providers and felt it would be important to explore why different schools were taking different approaches.

Further suggestions for report content included standard setting, how providers could evidence competence and achievement of the learning outcomes, and barriers to accessing education and CPD for some DCP groups.

GDC response:

The concerns about the proposal to amalgamate the Annual Review of Education into a wider report are noted. The GDC will publish the annual review as a standalone document in early 2019. However, when the 'state of the nation' report is established the GDC will review again whether there would be any benefit in combining the two publications.

The GDC does not have a statutory role to rank or grade education programmes. This type of activity would be a distraction from the fulfilment of the statutory role of promoting high standards of education in dentistry. There is no compelling argument for establishing league tables of education and training programmes. Further, there is a concern that to do so might encourage providers to focus on a single set of measures, when designing or updating programmes, rather than looking holistically at the education and training of new dentists and DCPs.

The annual review should be a tool for sharing notable practice observed. However, it is recognised that caution should be used when identifying excellence or good and/or best practice, as what might work for one programme might be only because of the environment in which that programme operates, and it may not work for all programmes.

It is agreed that there is more that could be included within the report to help providers understand where things are working well and to assist them with the development of their own programmes.

8. Engaging with students

The consultation asked what type of engagement with students would be most beneficial to students and education providers.

The importance of the engagement with students being two-way was stressed by several stakeholders. Others questioned why the GDC was seeking to engage with students. The GDC was urged to consider whether it was well placed to deliver content to students, or if it should be left to educators.

Online materials produced by the GDC were seen as being valuable to students and some suggested expanding these and developing new online content, including videos. Respondents stated it was important to promote these materials through social media. Having the GDC undertake annual face-to-face interaction with students was seen as positive development by many respondents, and if undertaken in the right way, would help build good relationships with future registrants.

Some respondents stressed the importance of ensuring any interaction with students was as integrated as possible within training programmes, to best support providers.

GDC response:

It is important for the GDC to listen to student voices, both as part of the QA of an education and training programme, and to gather more general feedback about dental education. It is also important for the GDC to put a human face to the organisation and to act to minimise any unfounded negative perceptions about the risks involved in a career in dentistry.

The GDC is commencing a programme of work to improve engagement with students, starting with a pilot programme speaking to first year students at seven BDS programmes. If successful, the programme will be extended in future years to engage directly with as wide a range of students as possible. Interacting with as many students as possible will be a resource challenge for the GDC, and consideration will need to be given to a range of methods or approaches.

9. 2018/19: The first year of transition

The consultation stated that the 2018/19 academic year would be a year of transition, with a proposal to focus on the quality assurance of all UK BDS programmes during this period. The scope and focus of these inspections would be determined by the information reported through annual monitoring, the performance at the previous inspections, and other issues raised outside the QA processes. The GDC would also consider undertaking at least one thematic review.

The consultation asked respondents to comment on the GDC's plans for the 2018/19 academic year and suitable subjects for a thematic review in 2018/19.

There was general support for the GDC's plans outlined in the consultation document, including the initial focus on BDS programmes. Respondents asked for clarity on how the 2018/19 BDS inspections would differ from previous inspection rounds. Risks relating to the ambition of the timescale and the size of the inspection programme and the potential for the activity to be more superficial than it should be were raised.

Regarding subjects for a thematic review, the PSA suggested that thematic reviews should be shaped by downstream issues, for example, those that arise through fitness to practise. This would be designed to mitigate the chance of future registrants being subject to complaints and fitness to practise proceedings.

There were many other areas for thematic review listed, several of which were focused around clinical skills acquisition in training. These ranged from communication skills, notetaking, and clinical experience in fixed and removable prosthodontics. A common theme throughout many of the responses was around new dentists' clinical experience, in general, or in relation to specific areas of dentistry. Further topics for thematic review included the teaching of the impact and support of oral health on general health, team-working, mental health awareness and wellbeing amongst students and recent graduates, barriers to accessing learning, the use of patient feedback in assessment, and new registrants' preparedness for lifelong learning.

More substantial reviews were also suggested including 'the future of dentistry', 'national challenges in patient supply' and 'challenges facing recent graduates'.

GDC response:

The need for greater clarity and support for providers to successfully adapt to the revised process was noted. As a result of these views, the GDC held a workshop with all BDS providers on 10 July 2018. Feedback was positive with over 90% of attendees indicating that the presentations and sessions on the revised processes were either 'good' or 'excellent'.

The GDC intends to undertake a programme of inspections of BDS programmes in the 2018/19 academic year. Inspections will vary in duration, according to the range of areas to be covered. The duration will be determined by reviewing annual monitoring returns, previous inspection reports and other information that the GDC holds in consultation with a group of experienced education associates. BDS providers have been contacted with a request for inspection dates.

Regarding the thematic review for the 2018/19 academic year, based on the responses and discussions with stakeholders, the GDC intends to undertake a review of new dentists' preparedness for practice. The review will gather evidence to provide an accurate picture of the issues, and identify areas where the GDC can work with others to take forward findings or recommendations. Input will be sought from a wide range of stakeholders as part of this review. As this will be a substantial review, requiring significant internal resource, there are no plans for any further thematic reviews until the 2019/20 academic year. Future thematic reviews will run across both dentist and DCP education and training.

10. Next steps

- A** The GDC intends to develop the risk-based process for quality assurance activity in preparation for full implementation in the 2019/20 academic year.
- B** The GDC intends to undertake inspections of UK BDS providers in the 2018/19 academic year.
- C** Scoping work for a thematic review into new dentists' preparedness for practice will commence immediately, and work will continue throughout 2019, before a report is published in late 2019.
- D** The GDC intends to publish an approach for reviewing and updating the learning outcomes in mid-2019 following further discussions with education providers.
- E** Additional expertise, to provide advice to the GDC on education matters, will be sought from GDC associates and stakeholders in early 2019.

Annex A

Draft timetable of annual education and quality assurance activity

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Risk-based inspections & inspections of new programmes	→			→
Thematic review activity	←→			
Assessment of submissions for new programmes	←→			
Activities	<p>Analysis of risks and themes identified in annual monitoring</p> <p>Annual Review of Education published</p>	<p>Inspection plans released for following academic year</p> <p>Thematic activity for following academic year announced</p>	<p>Engagement with education providers</p>	<p>Information collected through annual monitoring</p>

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