

# Quality Assurance Process BDS

A guide for providers of education and training  
programmes of dental students



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# 1. Introduction

As part of its role as the regulatory body for dentists and dental care professionals (DCPs), the General Dental Council (GDC) has a statutory responsibility to promote high standards of education in all aspects of dentistry and, consequently, sets out requirements for all UK programmes that lead to registration as a dental professional. The GDC has responsibility for the quality assurance of education and training leading to registration to make sure that each programme meets the requirements that have been set. The purpose of this process is to fulfil the GDC's primary role to protect patients.

This document describes the processes that the GDC uses to quality assure education and training programmes that lead to registration in the UK as a dentist. It contains general information about the process as well as information that will be of particular use to programme providers.

The GDC's interest in programmes leading to registration as a dentist lies in determining whether a programme has reached the required level and that those who are awarded a qualification should be eligible to apply for registration. The GDC does not rank or grade programmes or dental schools.

In order to award qualifications which can lead to registration with the GDC as a dentist, the provider must first hold dental authority status. Dental authority status is a legal status granted to education providers by the Privy Council. Holding dental authority status allows students of the authority to practise dentistry under supervision whilst not registered without committing the offence of illegal practice of dentistry. Also, graduates of dental authorities have qualifications which the GDC recognises as conferring a right to registration in the dentists register (provided, of course, that the other requirements of registration are met).

The GDC's powers under the Dentists Act 1984 uses the term 'sufficiency' to describe the acceptable standard achieved by a programme of a dental authority that will allow graduates to apply for registration as dentists. 'Sufficiency' is granted to individual Bachelor of Dental Surgery (BDS/BChD) and Licence in Dental Surgery programmes where students are deemed to have received the requisite knowledge and skill for the efficient practice of dentistry.

The GDC has published a set of ***Standards for Education***. These standards are the regulatory tool that the GDC uses to ensure that a programme is fit for purpose. The three standards are central to the GDC's Quality Assurance (QA) processes and contain a total of 21 requirements. The standards cover the following areas:

- 1. Patient protection**
- 2. Quality evaluation and review**
- 3. Student assessment**

Equality and diversity requirements are integrated across the standards.

The GDC will assess the demonstration of these standards at all stages of the QA process.

The *Standards for Education* require that providers only allow students to be awarded a qualification if they demonstrate a set of learning outcomes, which have been defined by the GDC in the document:

- **Preparing for Practice (PfP): Dental Team Learning Outcomes for Registration (2011)**

These learning outcomes were designed with a focus on patient protection and future oral health need. *Preparing for Practice* contains learning outcomes for each of the seven professions that are registered with the GDC:

- Dentist;
- Dental Therapist;
- Dental Hygienist;
- Dental Nurse;
- Orthodontic Therapist;
- Clinical Dental Technician and
- Dental Technician.

In 2012 education providers began to review and adapt the programmes that they offered so that in future those who successfully complete the programme will meet the learning outcomes from *Preparing for Practice*. For some providers this may have been a short process, but others have needed to significantly revise their curriculum.

During a period of transition until 2017, and with the prior agreement of the GDC, some education and training programmes will continue to produce professionals who demonstrate the learning outcomes in the previous curricula:

- **The First Five Years (TFFY): A Framework for Undergraduate Dental Education (3<sup>rd</sup> Edition 2008)**

However, all proposals for new programmes must be clearly mapped against the relevant learning outcomes in *Preparing for Practice*. Each submission must also demonstrate how the new programme will meet the *Standards for Education*.

## Inspectors and the Inspection Panel

GDC Quality Assurance inspectors undertake inspections of programmes that lead to registration with the GDC, typically working in panels of four for a BDS award (three dentists from a variety of backgrounds and a lay chair). Inspection panels work alongside members of the GDC's QA team. Inspectors will also undertake evaluations of new programme proposals, or 'submissions'.

Inspectors include GDC registrants and lay people. All Inspectors are appointed through an open and competitive recruitment exercise, are trained in the GDC Quality Assurance process and receive on-going training throughout their appointment.

Inspection panels make recommendations regarding whether a dentistry programme is 'sufficient' for registration. Inspectors also make recommendations about proposals for new programmes. These recommendations are made to the GDC registrar, who has delegated powers from Council to make decisions on these matters.

## 2. New Programme Submissions

### Dental Authority status

As outlined in the introduction, in order to award qualifications leading to registration as a dentist, the provider must first hold dental authority status. Becoming a Dental Authority protects students from the risk of prosecution for illegal practice when treating patients. **It is the responsibility of the education provider and/or awarding body offering the qualification to ensure that dental authority status is held.**

Contact should be made directly with the Privy Council in regards to obtaining dental authority status, with the GDC notified at the same time of the provider's intention to deliver a BDS programme. To avoid delays, we advise you to contact our QA Team on 020 7167 6110 or by emailing [qualityassurance@gdc-uk.org](mailto:qualityassurance@gdc-uk.org) as soon as you know you are planning to design a BDS programme. You can also contact us at any time during the submissions process for advice and guidance.

### Submission Documents

If they have not been incorporated within the application to become a Dental Authority, the following three documents need to be completed. These are available via the GDC website:

#### Submissions questionnaire

The submissions questionnaire contains general questions about the programme, including questions about relevant staffing and staffing structures, the delivery of the programme and the assessment strategy. The aim of this form is to give an overview of the proposed programme, its set up and general structure.

#### Annex One – Standards for Education mapping table (submissions)

The mapping table must be completed in as much detail as possible to describe how each of the requirements will be met. The provider is required to set out the evidence available to demonstrate that the requirements will be met. It is understood that some evidence will not be available until the programme begins. Providers must also state the evidence which will be available in future. There are three standards (listed on page 2), containing a total of 21 requirements, which are central to the GDC's quality assurance processes. The *Standards for Education* document contains examples of the types of evidence that providers may elect to use to demonstrate how each of the requirements under each standard will be met

#### Annex Two – Learning outcomes mapping table (submissions)

A key part of the submission is the completion of a mapping of assessment against the learning outcomes. The mapping explains how the provider is assured that

students will demonstrate the learning outcomes by the end of the programme through appropriate assessment.

You should make sure that you have answered all the questions and supplied adequate information and/or evidence to support your submission. Without this we will not be able to process your submission. The completed questionnaire and supporting documentation should be supplied electronically to the QA Team. An extranet facility to enable the uploading of submissions direct to the GDC is currently in development.

## Evaluation of Submissions

The QA Team will complete an initial evaluation of the submission documentation to ascertain whether the material is of an appropriate standard and the plans have been developed in enough detail to be sent to the subject-specific inspectors for a fuller evaluation. The QA Team may request additional information from you at this stage.

Once satisfied with the documentation, the QA Team will approach two or more inspectors to evaluate the submission. The inspectors who undertake the evaluation will be appropriate for the submission in terms of the registration category, specialty or other area of expertise. Should an inspector have a conflict of interest with the programme, he/she is expected to declare it at this point.

The inspectors will evaluate whether they are assured that the plans for the programme outlined in the submission documentation indicate that all of the requirements of the *Standards for Education* are likely to be met by the programme. The evaluation is based on their professional judgement.

If an inspector considers that there are deficiencies in the submission (e.g. plans indicate that some learning outcomes may not be met or the assessment of them will be inadequate), they will make it clear in their evaluation what these are. The evaluation may indicate steps the provider might take to address the deficiencies; however the onus is on the provider to address these in the best way they see fit. Inspectors will also identify any risks that need to be addressed within the submission which could impact upon the achievement of learning outcomes, for example, an uncertain patient supply, over-reliance on one teaching or assessment mode or a lack of staff in post.

If there is insufficient detail in the submission for the inspectors to complete their evaluation, or if aspects are unclear, they will highlight the areas where additional information or clarification is needed. The QA team will approach the prospective provider for this information and forward it to the inspectors upon receipt.

The inspectors will recommend whether or not the submission gives assurance that the programme is likely to meet the *Standards for Education* and will recommend one of the following statements to the GDC:

- **A** From the information provided in the submission documentation, the proposed programme and examination strategy is likely to meet all of the required *Standards for Education*; or
- **B** From the information provided in the submission documentation, the proposed programme and examination strategy will not, or is unlikely to meet, the required *Standards for Education* and requires further development and reconsideration; or
- **C** There is insufficient information available, within the submission documentation, to determine whether or not the *Standards for Education* are likely to be met and requires significant further development and reconsideration.

Should the inspectors recommend option A (which may occur after additional information or clarification is obtained, or deficiencies are addressed and considered by inspectors), then the submission and the inspectors' comments will be presented to the GDC registrar for a decision.

Should the inspectors recommend option B or option C, the QA Officer will review the comments provided from each of the inspectors before extracting the key issues and forwarding these to the provider. Additional material will be requested from the provider where it is required. The provider's response and additional material provided will be forwarded to the inspectors for further evaluation.

The provider may request that the submission is sent to the GDC registrar for a decision at any point after the inspectors' initial evaluation.

The QA Team aims to notify providers of the decision of a submission within six to eight weeks of its receipt.

## Registrar Consideration

Using delegated powers from the Council of the GDC, the registrar will consider the programme submission material and the inspectors' recommendations before deciding whether there is sufficient evidence and information to make a decision.

The QA Team will notify the provider and the inspectors of the registrar's decision. Should option A be decided, the GDC will communicate to the Privy Council that the proposed programme should entitle students who hold the BDS qualification to apply for registration as a dentist, pending a successful series of on-site inspections.



**Please note:** BDS programmes will be inspected throughout their lifespan, with particular attention during the first cycle of delivery. The award will be subject to on-site inspections every year until the first cohort of students has been successfully graduated. This includes a full programme and examination inspection against *The Standards for Education* in the year when the first cohort of students completes their final group of assessments.

For transparency, the GDC expects providers of new BDS qualifications to appropriately highlight that ‘sufficiency’ for registration with the GDC is dependent on maintaining dental authority status. All literature and online content should make it clear to students and stakeholders that the necessary standard to retain dental authority status will be scrutinised by the GDC through the first cycle of delivery.

If, in the GDC’s view, the course of study or examinations to qualify for a degree in dentistry granted by a dental authority are not such as to give the graduates the necessary knowledge and skill for the efficient practice of dentistry, the GDC may inform the Privy Council of this. The Privy Council may then order that any degree granted by that dental authority after a time specified in the order shall not give any right to be registered in the dentists register. The outcome of this would be that any student holding the award from the point where it was not deemed sufficient would have no route to registration with the GDC and could not work as a dentist in the UK.

Every UK dental programme leading to registration is listed on the GDC website with the status of new programmes clearly indicated.

The GDC expects providers to inform the QA Team if changes are made to a new programme at any stage. This includes (but is not exclusive to) changes to the title, structure, content, quality assurance mechanisms or awarding body. If the changes are significant, the GDC may require the provider to re-submit the programme submission for a further evaluation of patient safety risks and consideration for whether a re-inspect may be required.

### 3. Inspections

Dental authorities offering established programmes which lead to registration as a dentist will be inspected on a periodic basis. The GDC will typically inspect programmes on a five year cycle. Inspections of programmes may be brought forward if a programme undergoes major changes (see section 5 on Major Changes and Threats to Delivery), if annual monitoring of programmes indicates potential risks, or where the GDC becomes aware of concerns about a programme through monitoring or whistleblowing and/or complaints. The QA policy on whistleblowing and complaints can be found on the GDC website.

The GDC is continuing to develop the QA process to include a greater focus on risk in determining the frequency and type of inspection and QA activity required.

#### Pre-inspection procedures & documents

The GDC QA Team contact the provider approximately six months before the proposed inspection, indicating suitable dates for the programme inspection and requesting dates of final assessments and examination board meetings. Programme inspections last at least two days and examination inspections will depend on the duration of the final assessments. Examination inspections usually involve attendance at the examination board meeting.

Once inspection dates are agreed for both the programme and examination inspections the QA Team will approach the panel of inspectors for their availability. The same panel will normally attend all elements of the inspection where this is possible.

All inspection panels will include a lay inspector (chair) and will be accompanied by a GDC QA Team member (QA Officer).

For inspections of dentistry programmes (BDS/BChD) the panel will include three dentists: one with significant experience in general dental practice and two with significant experience of undergraduate dental education.

The demonstration of the achievement of the *Standards for Education* by providers is central to the GDC QA process. The role of the inspectors is to evaluate the evidence supplied by a provider and determine whether each requirement in the *Standards for Education* has been met, partly met, or not met. These decisions will be based on the collective judgement of the inspectors triangulating the evidence supplied and the information that they gather at the inspection.

The QA Team will send pre-inspection documentation to the programme provider at least four months before the date of the programme inspection. This documentation contains the following documents:

**Covering questionnaire:** This includes general questions about the programme and provider.

**Standards for Education mapping table:** This table should tell the inspectors how the programme meets the *Standards for Education* and what evidence is available to demonstrate this.

**Learning outcomes mapping table:** This table should demonstrate where and how students are assessed against the relevant learning outcomes.

**Sample inspection timetable:** The timetable for the programme inspection should be based on the GDC template, although reasonable variation will be allowed for practical reasons.

The provider is asked to return the questionnaire to the GDC with the accompanying documentation two months in advance of the inspection. The QA Team checks that the information is complete and then forwards it to the inspection panel.

The inspectors will consider the evidence, including the comprehensiveness and the content of the mapping of the programme against the *Standards for Education* and the learning outcomes.

The inspectors may require additional information at this stage and request further information from the provider prior to the inspection or to be made available at the inspection.

## A) The Programme Inspection:

During inspections, the inspection panel meets with staff involved with the management and delivery of the programme and with students enrolled on it.

The inspection timetable should be designed to accommodate the following:

- A private meeting of the inspectors will take place before any meetings with the provider take place. This will enable the inspectors to look at the evidence not available prior to the inspection (e.g. confidential and sensitive information).
- The inspectors' first meeting with the provider will be with the programme leads. This is an introductory meeting and allows the panel to ask some general questions and to set the scene for the inspection. The programme leads should use this opportunity to ask the inspectors questions about any aspect of the inspection they are unsure about and to raise issues at the outset of the process.
- The core inspection meetings should be separated into individual Standards from the *Standards for Education*. So the meeting in relation to Standard One

will require all relevant personnel to be in attendance to discuss Patient Protection. For Standard Two, all key personnel involved in the programme's Quality Evaluation and Review will be needed. Finally for Standard Three, all staff with responsibilities in Student Assessment should attend. Despite their numbering, there is no fixed rule specifying/dictating the order in which these meetings should come/appear in the timetable.

- Where practical, meetings should be limited to 8 or fewer attendees. The panel will want to hear from everyone during the meetings. The panel reserves the right to speak to staff without senior managers or programme leads in attendance.
- The inspection timetable should allow for an early opportunity to meet with final year students, followed by meetings with students from all earlier years through the course of the visit. The QA Team will advise on the number and selection process of the students.
- In addition to the staff directly involved with the delivery and assessment of the programme, the inspectors will also need to speak to any staff involved in QA and curriculum development and those working away from the central site, including outreach tutors. Videoconference or teleconference may be used if travel to the main school site is not practical for the inspection.
- There will be time allocated in the timetable for the panel to spend some time looking at the evidence provided in the meeting room.
- On the first day, the inspectors may have a short tour of the clinical facilities to look at where the programme is delivered. (Other inspectorates, such as the CQC in England, are responsible for assessing clinical facilities.)
- The inspection panel will review their findings throughout the inspection. On occasion the timetable may need to be revised at short notice if additional meetings or an opportunity for inspectors to discuss findings in private is required.

Meetings with senior university/NHS personnel (e.g. vice-chancellors/principals, faculty deans, chief executives) or administrative staff (e.g. finance officers, library/IT staff) will not normally be scheduled. However, there may be occasions where it would be helpful for the inspection panel to meet with senior administrative staff or those responsible for programme specific software. Visits to outreach facilities will also not usually be conducted.

At the programme inspection, the inspection panel will make a provisional judgement as to whether requirements have been met, partly met, or not met.

In order to find that an individual requirement has been **met** the inspection panel must agree that:

“There is sufficient appropriate evidence derived from the inspection process. This evidence provides the inspectors with broad confidence that the provider demonstrates the requirement. Information gathered through meetings with staff and students is supportive of documentary evidence and the evidence is robust, consistent and not contradictory. There may be minor deficiencies in the evidence supplied but these are likely to be inconsequential.”

The inspection panel will agree that an individual requirement has been **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.”

The inspection panel will agree that an individual 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.”

The inspection will end with an extended private meeting of the inspection panel.

Should the inspection panel agree that there are urgent issues that need to be addressed immediately; written feedback will be given to the provider within a week of the inspection. At this stage, the panel may also make an urgent recommendation to the GDC registrar regarding the sufficiency of the programme for registration. The panel will not provide oral feedback at the end of the inspection as it is important for any messages given to be clear and transparent and the panel will require sufficient time to reflect on the findings of the inspection. Oral feedback carries a high risk of misinterpretation.

## B) The Examination Inspection

This is undertaken at the point in the programme where key assessments are completed and the judgement is made as to whether students have achieved the learning outcomes to qualify and seek to register with the GDC.

During the inspection, the panel will observe assessments such as:

- Case Presentations;
- Objective Structured Clinical Exams (OSCEs);
- Unseen case exams;
- Clinical Scenario Papers and
- Integrated Structured Clinical Exams (ISCEs)

It is understood that it is often impractical for the entire panel to attend individual assessments. Therefore, to avoid overcrowding and any potential negative impact on students, the inspectors may take it in turns to observe parts of the assessments.

The inspection panel will not normally attend written paper sittings, but the provider should make the question papers and completed answer scripts available to the inspection team. Meetings with staff or with students do not normally take place at this point, but the inspectors will meet with external examiners and the programme leads.

In the inspectors' meeting room, the inspection team will audit the clinical or technical work that has been completed. The panel will also review student logbooks and grades, written papers and model answers, and work contributing to final marks (including exam scripts and projects). The panel will attend board meetings where student performance is discussed.

At the conclusion of the inspection, the panel will undertake the following actions:

- Finalise the panel's decision regarding whether each requirement has been met, partly met or not met
- Summarise the findings of the panel for the inspection report
- Agree the actions required by the provider (some additional information may be required following the inspection before these are finalised)
- Agree the 'sufficiency' for registration recommendation to the GDC
- Decide how the requirements in the action plan should be monitored and what the timescales for fulfilment of each requirement should be.

## Exam Board Meeting

Representatives of the inspection panel will normally attend the final examination/assessment board meeting (the forum for the verification of the final pass list) as observers. Attendance is to ensure that due process has been followed and that there are no irregularities in the establishment of the pass list.

There is usually no input from the inspectors at this meeting. On occasion, issues arising from this meeting will be included in the inspection report.

## Sufficiency for graduating cohort

Sufficiency for the graduating cohorts may first be decided by the registrar following a recommendation by the inspection panel in advance of the production of the inspection report. This means that if the inspectors recommend that the graduating cohort should be able to apply for registration, the registrar may make a decision about sufficiency for that cohort only, pending completion of the full inspection report.

The purpose of such a decision is to avoid a long delay between a student completing a programme and becoming eligible to register. It can take between two and five months after an inspection for the final report to be compiled, which could result in the holder of an award de-skilling or missing out on work opportunities. The inspection panel will therefore make a recommendation to the GDC regarding the graduating cohort following the final inspection, which will be limited to that specific year of cohort.

Such an award is only granted if the inspection panel agree that the cohort completing the programme has reached the required standard and are fit to practise at the level of a safe beginner. This recommendation is applicable to the graduating cohort of students only. The inspection panel's recommendation is relayed immediately to the registrar for a decision. The decision is communicated to the provider in writing within five working days of the inspection.

Should serious shortcomings which might compromise the safety of dental patients be identified at any stage, the inspectors may recommend that sufficiency for the current graduating cohort should not be granted. Alternatively, a positive recommendation may be contingent on the provider undertaking certain actions within a defined timescale.

## Senior Registrant student sign-off

Before students can qualify for an award, the senior registrant member of staff involved in the delivery/management of the programme (or awarding body, if it is

different) is responsible for signing off each student as 'fit to practise at the level of a safe beginner'. This means that the student should be awarded the qualification.

Having a senior registrant sign off a student is an important part of the process in terms of fulfilling the GDC role of protecting patients. The responsible registrant must consider carefully, taking into account the evidence from the education and training process, whether each student is safe to practise. This registrant will also normally be the character reference on the student's application to register as a dentist with the GDC. **If the student is signed off as safe to practise at the level of the safe beginner, without having fulfilled the necessary requirements, the registrant who signed off the student may be at risk of GDC fitness to practise proceedings.**

## 4. Inspections Reports and Registrar's Decision

Final reports will contain a recommendation to the GDC from the inspection panel regarding the sufficiency of a programme for registration of future graduating cohorts. The GDC registrar has delegated powers from the Council to make a decision taking into account the inspectors' recommendation.

GDC inspection reports are centred on the achievement of the *Standards for Education*. Reports highlight where there is insufficient, contradictory or inadequate evidence to demonstrate a requirement. Inputs such as staffing and recruitment, IT and library facilities, funding, admissions will not be discussed in reports unless these relate directly to any failure to meet a requirement under the Standards.

### Timescale

The draft inspection report will be compiled by the inspection panel and will include the findings from both the programme and the examinations inspections. As mentioned in the information contained in A) The Programme Inspection (page 10), should the inspection panel agree that there are urgent issues that need to be addressed immediately, written feedback will be given to the provider within a week of the first inspection.

Every effort will be made to complete a draft report within two to three months of the completion of the inspection though competing operational commitments and inspector availability over the summer months can extend this timeframe.

### Factual Corrections and Observations

Once the inspection panel has completed their final draft, the report is sent to the provider asking for any factual corrections on the content to be provided within ten working days. The changes made here are purely factual and will be approved by the inspectors. Once approved, the provider will then be asked to provide any



observations or objections on the content of the factually corrected report within one month of receipt. The observations and/or objections must address the content of the report and the actions required.

**Please note:** Providers will be given deadlines for when their factual corrections, observations and/or objections are due. Extensions to either deadline require a formal request to the GDC QA Team. There is a minimum of one calendar month statutory period afforded to providers for their observations and/or objections under the Dentists Act. Once this has elapsed, the GDC could take the decision to publish the report without observations and/or objections being included.

## Achievement of Requirements and Actions

Inspection reports contain commentary on the rationale for requirements being deemed met, partly met or not met and will commend notable or best practices where they are identified. Reports also contain actions required of the provider. These actions focus on areas that impact upon the achievement of the *Standards for Education*, particularly where it has been determined that requirements have been partly met or not met.

Where an action is needed for a requirement to be met, the term 'must' is used within the inspection report to describe the obligation on the provider to undertake this action. For such actions a specific timescale will be stipulated by which the action must be completed, or when an update on progress must be provided to the GDC. In their observations on the content of the report, the provider should confirm the anticipated date by which these actions will be completed.

Where an action would improve how a requirement is met, the term 'should' is used and for these actions there will be no due date stipulated. Providers will be asked to report on the progress in addressing the required actions through the annual monitoring process. Serious concerns about a lack of progress may result in further inspections or other quality assurance activity.

## Inspectors' Recommendation to the Registrar

Demonstration of the *Standards for Education* and underlying requirements is central to the inspection panel's recommendation regarding the sufficiency of a programme for registration. However, the recommendation will not be solely based on a provider meeting a specific number of requirements; it will be made with consideration of the programme as a whole. The recommendation will be made with particular regard to the safety of patients: either those treated by students on the programme or implications for future patients of those who pass the programme.

The inspection panel will recommend that a programme is either:

- A** 'Sufficient' for registration, with or without some actions required;
- B** 'Sufficient' for registration, for one cohort only, pending further actions and further quality assurance activity, including re-inspection or programme re-submission; or
- C** Not 'sufficient' for registration

By recommending option A, that a programme is sufficient for registration, the inspection panel has agreed that those who successfully complete the programme are fit to practise and that the *Standards for Education* have been met, or will be met subject to the addressing of a number of actions required. The inspection panel is assured that patient safety will not be compromised by the programme.

The inspection panel may recommend that a programme is sufficient for one cohort only (option B). This option is recommended if the inspection panel has reached the conclusion that while the graduating cohort is indeed fit to practise, future cohorts may not reach this standard and the provider is required to address a number of actions to provide further assurances.

The recommendation that a programme is not sufficient for registration (option C) will be made if the inspection panel has serious concerns related to patient safety and the programme/provider has not demonstrated a number of the *Standards for Education* and has been unable to respond effectively to concerns raised during the inspection process.

## Registrar's Decision

The registrar may seek further information and advice from the provider or the inspectors before making a decision about the sufficiency of a programme. Where serious concerns have arisen, the registrar may sanction further inspections of a programme. If the inspection panel recommends that a programme is not sufficient for registration, the registrar will refer the decision to the Council of the GDC with a view to making a representation to the Privy Council.

Following consideration by the registrar, the provider and the inspection panel are notified of the sufficiency decision.

## Publication of Report and Observations

The inspection report and the provider's observations and/or objections on the content of the report are published on the GDC website once a final decision has been made by the registrar.

## 5. Major Changes or Threats to Delivery

Under the *Standards for Education*, there is an expectation that providers have a framework in place to manage the quality of their programme(s). This includes making appropriate changes to ensure the curriculum continues to map across to the latest GDC learning outcomes and adapts to changing legislation and external guidance.

In circumstances where a revision of a qualification will involve a major change or a significant restructure of the delivery of the award, the GDC must be contacted and advised of the changes being made in writing. A risk assessment will then be undertaken as to whether a further paper-based GDC assessment is required by subject-specific inspectors to assure the registrar that the relevant standards are being maintained.

In addition, the *Standards for Education* include a requirement for providers to contact the GDC should any serious threats to delivery of the programme be identified.

Major changes and/or threats to delivery of the programme may include the following:

- Significant curriculum alterations;
- Significant increase or decrease in student numbers;
- Significant decrease in staff;
- Revised time frame for delivery (increasing or decreasing weeks of study by more than 10%);
- Remodelling a course from a part time design to a full time one;
- The adoption of a new assessment strategy and
- The implementation or removal of work/placement based modules or significant revising of outreach provision.

If you are unsure at any stage about what might constitute a major change or threat, the QA Team advise you to contact them on 020 7167 6110 or by emailing [qualityassurance@gdc-uk.org](mailto:qualityassurance@gdc-uk.org) to seek clarification.

## 6. Monitoring

The findings contained within reports will be recorded centrally for the following purposes:

- Identification of the areas to be monitored (undertaken by the QA Officer responsible for the inspection);
- General and specific learning points about the QA process to consider for future improvements;

- Findings to be included in the annual QA report – this will include areas of best or notable practice and areas in need of development and national/local issues.

In the years when a programme has not undergone an inspection, the GDC will undertake a paper-based annual monitoring exercise of all programmes that are sufficient for registration. This will involve all programme providers being asked a series of generic questions about the programmes they offer. There may be additional questions on the monitoring forms that seek specific information about a particular programme, including questions that seek information about actions required from inspection reports. Student fitness to practise data will also be requested at this time.

In future, the GDC QA Process will be developed so that programmes are monitored to assist the GDC in determining the risk profile of programmes, which will help inform future QA activity.

## **7. Feedback**

Please contact the QA Team to seek clarification or further information on any aspect of the QA Process. The QA Team value your input to the GDC's work and welcome any comments you may have on procedures, documentation and the service you have received from the team. Your feedback will enable the GDC to strengthen the QA process. You can email the team at [qualityassurance@gdc-uk.org](mailto:qualityassurance@gdc-uk.org) or telephone on 020 7167 6110.

Feedback forms will be sent to you after an inspection. Any feedback received will be analysed by QA staff and fed into development areas. This information is often of particular value when used to direct training days and inform calibration of inspectors and QA staff. A summary of the feedback collated and actions taken will form part of the GDC Annual Review of Education.