

**General
Dental
Council**

Inspection Guidance

For Education Providers

January 2026

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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. The GDC sets out required Standards for Education for all UK programmes that lead to registration as a dental professional. This is one of the GDC's statutory functions and the quality assurance (QA) process is used to fulfil the GDC's primary role to protect patients and the public.

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 term sufficient/sufficiency is set out in the Act, and the GDC are therefore not legally able to state a qualification is 'approved' or 'accredited'. For DCP programmes, the GDC has the authority under the Act to approve qualifications.

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. There are four standards. The first three standards are applicable to organisations that deliver both programmes and examinations. Standard Four is only applicable to organisations that only deliver assessments.

The Standards for Education require that providers only allow students to be awarded a qualification if they demonstrate that they meet a set of learning outcomes, which have been defined by the GDC Safe Practitioner Framework in the following documents: [Learning outcomes review \(gdc-uk.org\)](#)

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

- Dentist
- Dental Therapist
- Dental Hygienist
- Dental Nurse
- Orthodontic Therapist
- Clinical Dental Technician
- Dental Technician

Requirement for student sign-off by the responsible registrant

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 can be awarded the qualification. The GDC understands that each provider has a different approach, and each inspection panel will be briefed on the approach taken prior to the inspection.

Having a senior registrant sign off a student as competent 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.

Sufficiency or approval for graduating cohorts

A decision to grant 'sufficiency' (BDS) or 'approval' (DCP) for the graduating cohorts of **new** programmes must be made by the GDC registrar, who has delegated powers from the Council. The decision will be based on the inspection panel's recommendation. Such a decision is only made 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 practitioner.

Types of inspections

There are several types of inspection which are carried out by the EQA Team, listed below is an overview of each of these activities.

Awarding Organisations (AOs) follow the risk-based and/or new programmes frameworks and are required to demonstrate how they are assured that centres delivering their programme are meeting the Standards for Education.

The remit, scope and duration of the inspection may be based on:

- Monitoring returns
- Previous inspection reports and the progress made against actions
- Complaints received (if any) about the programme/provider
- Issues identified at other programmes offered by the provider.

This information is analysed by the EQA Team and Education Associates. Based on this assessment, the level of QA activity is determined. If inspection activity is the agreed next step, then, the remit, scope and duration of the inspection is also determined.

Programmes will typically be subject to a 1, 1.5 or 2-day programme inspection; for some there will also be an inspection of the examination and/or examination assessment/board arranged for the appropriate time.

Risk-based inspection

The risk-based model is informed by EQA monitoring, inspections, and other intelligence (for example, notifications from Fitness to Practise teams or complaints that identify risks to programmes, patients, and/or students).

New programme inspection

All new programme submissions require a full inspection in the year of the first graduating cohort. This inspection usually takes place over 1-2 days. For organisations that deliver both programmes and examinations, a new programme inspection will cover all 18 requirements in Standards 1-3. For organisations that only deliver examinations, a new programme inspection will cover all 4 requirements in Standard 4. All new programmes will be subject to final examination inspection.

Dependent on timings, new programmes may require short-term sufficiency approval immediately following the inspection to enable the current students to register whilst the inspection report is completed.

Time-elapsed inspection

The time elapsed between inspections can pose a risk of bias as we are gathering information from the provider over a long period without observing the delivery of the programme or speaking to key stakeholders to understand their experience of the programme. Time-elapsed inspections enable us to triangulate an education provider's monitoring responses through discussion with key stakeholders and by a site visit to observe the area of delivery. The focus of the inspection will be on the following requirements:

- Requirement 1
- Requirement 4
- Requirement 5
- Requirement 7
- Requirement 11
- Requirement 15

Urgent inspection

An urgent inspection will take place where there have been significant concerns identified that are either time-critical or of such potential severity that immediate action is required. The inspection will follow the risk-based inspection process, focusing only on the areas of concern and may be followed by a regular inspection in the following academic year to assess progress.

Targeted inspection

If there is a national or international crisis (such as that of the global pandemic 2020), it may be necessary to carry out targeted inspections to ensure that the current cohort of students are graduating at a safe practitioner level. The inspection will be customised to the situation that arises.

Re-inspection

A re-inspection will occur where serious actions were identified at a recent inspection, and which need follow up before the next routine monitoring exercise. The inspection will follow the risk-based inspection process, focusing only on the actions raised in the inspection report.

Notification of inspection

As a general rule, providers will be given a minimum of 16 weeks' notice prior to an inspection, unless the programme is subject to an urgent inspection.

Providers will be given a date range for when the inspection could be held and will have two weeks to offer suitable dates within that range. If no dates are offered, the EQA Team will select the inspection dates. Inspection dates should be mid-week dates avoiding Mondays or the day following Bank Holidays.

If applicable, the EQA Team will notify providers of any intention to meet with delivery centres and will request a current list of centres to assist with the sample selection. These meetings may be held remotely, or the panel may carry out an in-person visit. This will be decided at the main inspection and confirmation provided.

Once providers have been notified of an inspection date, an inspection briefing session with the EQA Lead will be offered via MS Teams. The briefing session is purely for the purpose of informing providers of the structure of the inspection and will not delve into the scope of inspection.

Inspection panel

The GDC uses inspection panels to undertake inspections of programmes that lead to registration with the GDC. Panels comprise of members of the GDC Education Quality Assurance team and at least three GDC Education Associates (EA). All EAs are appointed through an open and competitive recruitment exercise, are trained in the GDC EQA process, and receive on-going training throughout their appointment.

Panels typically consist of four to six members and the make-up of these panels is at the discretion of the GDC. Bespoke panels are drawn together by the EQA team for the specific needs of the education provider being inspected, based on their experience and expertise. Inspection panels are always chaired by a non-registrant EA.

Inspection panels will make a recommendation as to whether a programme is 'sufficient' or 'approved' for registration. These recommendations are made to the GDC Registrar, who has delegated powers from GDC Council to make decisions on these matters.

Pre-inspection procedures and documents

Once the date of Inspection has been confirmed we will email a request for information with the following documents:

- Inspection Guidance for Education Providers
- Standards for Education

Forms will need to be completed and returned with supporting evidence:

- Pre-inspection questionnaire
- Inspection Timetable template
- Optional: Annex Two LO Mapping Table (pre-inspection) should the provider's own mapping document be unavailable

For risk-based inspections the EQA lead should identify which requirements form part of the inspection. When completing the pre-inspection questionnaire, providers will be required to write "not applicable" for any questions which are not relevant to the inspection.

Providers will be given a period of 8 weeks to complete and return documentation.

All pre-inspection documents must be submitted using the pre-inspection questionnaire; providers will be given a guidance note on using this system. The survey allows 10 file uploads per requirement. If providers wish to submit additional evidence a GDC secure file link can be used. Providers should zip the folders and clearly reference the files before uploading to GDC Secure file share. Please see Appendix 1 for our GDPR guidance.

Evidence assessment

Once providers have submitted evidence and documents to the GDC, the panel will carry out an assessment and collate its findings in a calibration meeting.

Following the calibration meeting, the EQA Lead will finalise the timetable and confirm any additional information / evidence required.

Where applicable, the inspection will also include:

- Student Interviews – the EQA lead will request anonymised list of cohorts to select a sample of students for interviews. Once the students have been selected by the panel, the school will be notified which students have been selected.
- Awarding Organisation delivery centre visits – the EQA lead will confirm the delivery centres selected for visits.

The EQA lead will also send providers the Inspection Briefing Note to share with staff and students. Additional information and/or inspection arrangements will be made with providers as required.

The programme inspection

For risk-based inspections that are focused on a limited number of requirements, the focus, scope and remit of the inspection will be explained prior to the inspection.

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

The inspection timetable will include the following:

- A private meeting of the inspection panel will take place at the start of the day before any meetings with the team. This will enable the panel to look at any evidence not available prior to the inspection (e.g. confidential and sensitive information). The first meeting with the provider will usually be with the programme leads. This is an introductory meeting and allows the panel to ask some general questions and to explore whether there are issues that are not covered in the paperwork. The programme leads should use this opportunity to ask the panel 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 will focus on the Standards for Education. The provider should ensure relevant staff attend meetings. Standard One covers patient protection. Standard Two covers quality assurance. And Standard Three covers student assessment.
- Despite their numbering, there is no fixed rule regarding the order in which these meetings should appear in the timetable. For inspections that are focused on particular requirements, the EQA team member leading the inspection will contact the provider to discuss the timetable and agree a suitable agenda.
- Meetings should be limited to eight or fewer attendees. The panel will want to hear from everyone during the meetings and may direct questions to particular attendees. The panel reserves the right to request meetings with staff without senior managers or programme leads in attendance.
- The inspection timetable should allow for an early opportunity to meet with final year students and with students from earlier years. These meetings will be run concurrently where possible. Students from different year groups may be asked to attend the same meeting.
- In addition to the staff directly involved with the delivery and assessment of the programme, the panel may also need to speak to any staff involved in programme quality assurance and curriculum development and those working away from the

central site, including outreach tutors. Remote meetings may be used if travel to the main school site is not practical for the inspection.

- Where relevant, there will be time allocated for the panel to review evidence provided in the base room.
- The inspection panel will continuously review its findings throughout the inspection. On occasion, the timetable may need to be revised at short notice.
- The panel will hold a private meeting ahead of the final meeting with programme leads. Should the panel agree that there are urgent issues that need to be addressed immediately, the panel will inform providers at the end of the inspection and send written feedback within a week of the inspection. The panel may also make an urgent recommendation to the GDC registrar regarding the sufficiency of the programme for registration.

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 typically be scheduled. However, there may be occasions where it would be helpful for the inspection panel to meet with senior individuals or those responsible for specific issues and so these might be included. Visits to outreach facilities will also not usually be conducted, unless there is evidence to suggest it is necessary to do so.

Closing the inspection

The inspection will be formally closed by the Chair, who will outline next steps.

Where serious concerns have been identified requiring immediate action, this will be communicated to the provider, indicating what actions are required.

The panel will also confirm its intention to inspect any future examinations and/or Examination/Assessment Board.

General comments regarding any areas of notable practice will be made. Final questions will be invited from the provider.

If there are serious concerns about the delivery of a programme leading to registration as a Dentist, the Privy Council will be contacted following the Inspection.

The panel will hold a post-inspection meeting to make a provisional judgement as to which Requirements have been met, partly met, or not met.

The inspection panel will determine that an individual requirement has been **met** if:

“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 determine 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 determine 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.”

Assessment / examination inspection and exam board meetings

This will not be relevant for all providers.

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. The EQA lead will advise providers whether some of the panel will attend any ‘sign-up’ meeting that determines whether students should be permitted to sit the final

assessments. They will also confirm which inspections will be in person and which will be carried out remotely.

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

- Case Presentations
- Objective Structured Clinical Exams (OSCEs)
- Unseen case exams
- Clinical Scenario Papers
- 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 adverse impact on students, the panel members, where necessary, will rotate observations 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 where requested. Meetings with staff or with students do not normally take place at this point but the panel will meet with external examiners and the programme leads.

In the panel's base room, the inspection team will review records of the clinical work that has been completed, student logbooks and grades, written papers and model answers, and work contributing to final marks (including exam scripts and projects).

The inspection panel may attend the final assessment meeting and exam 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 panel at this meeting, unless the panel have serious concerns which must be raised where it considers that the graduating cohort of students are not sufficiently trained or assessed to be classed as 'safe practitioners'. Concerns arising from this meeting will be included in the inspection report.

Short term panel decisions

It can take several 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. Therefore, a decision for "short term" sufficiency (dentists) or "short term" approval (DCPs) can be made in advance of the production of the final inspection report, so graduates may apply for registration with the GDC without delay.

If serious deficiencies have been identified, a decision may apply to the current graduation cohort of students only and a re-inspection will be required the following academic year.

The inspection panel's recommendation is presented to the Registrar for a decision. The decision will be communicated to the provider within 10 working days of the inspection.

Inspection reports

Where multiple programmes have been inspected, separate reports will be written.

Inspection reports contain commentary on the rationale for GDC Requirements being deemed “met”, “partly met”, or “not met” and will commend good practice where this is identified. Reports also contain actions required of the provider. These actions primarily focus on Requirements that 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 the 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 timescale 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.

The inspection report will contain the final recommendation to the GDC Registrar regarding the sufficiency of a programme and is based on the Standards for Education. Reports highlight where there is insufficient, contradictory, or inadequate evidence to demonstrate a requirement. Comments on library facilities or funding are not usually discussed in reports unless these relate directly to any failure to meet a Requirement under the Standards. The Registrar has delegated powers from the GDC Council to make a decision taking into account the EQA team’s recommendation.

The draft report will be shared with providers for observations regarding actions and regarding the report as a whole. The provider may also suggest factual corrections to the body of the report. The correction made here must be purely factual and approval of these will be made by the panel. The observations must address the content of the report and the actions required.

Providers will be given deadlines for when their factual corrections and observations are due. Extensions to the deadline requires a formal request to the EQA Lead. There is a maximum of one calendar month statutory period afforded to providers for their observations under the Dentists Act 1984. Once this has elapsed, the GDC could take the decision to publish the report without observations being included.

If exam and/or Exam Board inspection activities are still outstanding, and timescales do not allow for the inspection report process to be fully completed prior to student graduation, the report will not be presented to the Registrar, but a decision will be sought to gain short-term sufficiency (for dentistry) or approval (for DCP) to allow the current cohort to register.

Final reports will contain a recommendation to the GDC Registrar from the Education Associates regarding the sufficiency or approval of a programme for registration of future graduating cohorts. Final reports will be published on the GDC's website.

Associates' recommendation to the Registrar

Demonstration of the Standards for Education and underlying requirements is central to the inspection panel's recommendation regarding the ongoing approval/sufficiency of a programme. 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 complete the programme.

The inspection panel will recommend that a programme is either:

- 'Approved/Sufficient' for registration, with or without some actions required
- 'Approved/Sufficient' for registration, for one cohort only, pending further actions and further quality assurance activity, including additional inspection(s) or programme resubmission
- Not 'approved/sufficient' for registration

By recommending that a programme is sufficient/approved, 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.

If the panel find that a programme is sufficient for registration, the provider will be subject to post-inspection monitoring of any actions noted in the report.

The inspection panel may recommend that a programme is sufficient for one cohort only. This option is recommended if the inspection panel has reached the conclusion that, while the graduating cohort is deemed to have reached the level of safe beginner, future cohorts may not. The provider is required to address a number of actions to provide further assurances.

The recommendation that a programme is not sufficient for registration will be made if the inspection panel has serious concerns. These might relate to patient safety, and/or that the provider has not demonstrated that the Standards for Education have been sufficiently met, and/or the provider has not responded effectively to concerns raised during the inspection process.

If the panel finds serious issues, they will set out clear actions to allow the current cohort of students to graduate. The type of action will depend upon the issues identified. Most commonly, this will be remedial work or additional clinical activity.

Registrar's decision

The Registrar may seek further information and advice from the provider or the EQA team (including EAs) before deciding the sufficiency of a programme. Where serious concerns have arisen, the registrar may highlight that risks remain high and further inspections of a programme are required. If the inspection panel recommends that a programme is not sufficient for registration as a dentist, the registrar will refer the decision to the GDC Council with a view to making a representation to the Privy Council. For DCP programmes, the GDC retains the power to remove approval under the Dentists Act 1984.

The provider and the inspection panel will be notified of the Registrars' decision.

Publication of Report and Observations

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

Progress Monitoring

Where actions were identified as part of the inspection, the EQA lead will continue to monitor.

Providers will be asked to update on their progress regarding the actions, in line with the timescales noted. The provider will be given two weeks to respond and may be asked to provide evidence.

Feedback

The EQA team are committed to improving the way we work with providers and would greatly appreciate any ideas you may have of how our procedures, documentation and communication methods can be improved. Providers are sent a feedback survey asking to provide comment on the inspection process and the panel as a whole.

If the education provider would like to give feedback on a member of the panel or member of the EQA team, they should contact the Head of Education Quality Assurance or the EQA Operations and Development Quality Assurance Manager.

Providers can email the EQA team at qualityassurance@gdc-uk.org or telephone on 020 7167 6110.

Appendix 1 – GDPR

When providing documentation, please ensure that any documentation relating to individual members of staff, students and/or patients is anonymised where possible.

Any documentation provided that is not anonymised or cannot be for purposes of ensuring specific staff competency (for example, to demonstrate that an individual has a particular qualification or has undertaken appropriate training), will be held and processed in accordance with the General Data Protection Regulation 2016 and the Data Protection Act 2018. The basis on which the GDC processes personal data in connection with quality assuring education programmes is that the processing is necessary for the exercise of the GDC's statutory functions regarding dental education.

Such documentation that is not anonymised without any mitigating reason will be dealt with in line with our internal data breach procedure.

For full information, please visit the GDC website.

General Dental Council

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General Dental Council
37 Wimpole Street
London W1G 8DQ
020 7167 6000