

Education Quality Assurance Inspection Report

Education Provider/Awarding Body	Programme/Award
NCFE CACHE	Level 3 Diploma in the Principles and Practice of Dental Nursing

Outcome of Inspection	Recommended that the Level 3 Diploma (integrated and standalone) continues to be approved for graduates to register as a dental nurse.
-----------------------	--

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

Inspection summary

Remit and purpose of inspection:	Inspection referencing the <i>Standards for Education</i> to determine approval of the award for the purpose of registration with the GDC as a dental nurse. Risk based: focused on requirements 10, 11, 13, 14, 18 and 20.
Learning Outcomes:	Preparing for Practice dental nursing
Programme inspection dates:	23 & 24 May 2023
Inspection team:	Cindy Mackie (Chair and non-registrant Education Associate) Joanne Beveridge (registrant Education Associate) Kerry Tilbury (registrant Education Associate) Amy Mullins-Downes (Operations and Development Quality Assurance Manager) Kathryn Counsell-Hubbard (Quality Assurance Manager)
Report Produced by:	Kathryn Counsell-Hubbard (Quality Assurance Manager)

The inspection of Level 3 Diploma in the Principles and Practice of Dental Nursing (both the standalone award and integrated apprenticeship), awarded by NCFE CACHE (hereafter referred to as the “provider” or “NCFE”), was focussed on areas of development identified during previous inspection activity. The trigger for inspecting those areas now was due to an issue whereby a delivery centre suddenly and unexpectedly closed. This left students with no recourse to complete their qualification. The GDC wanted to understand more about the mechanics of the issue, which had been reported to the GDC by multiple sources, and about the learning taken forward since that time.

The panel were assured that NCFE were diligent in dealing with the issue, based on the invocation of a crisis management strategy and NCFE making contact to students affected by the centre closure to offer support. Evidence was presented that demonstrated changes implemented as a result of the delivery centre issue, and the programme benefits from an exceptionally strong external quality assurance (EQA) team.

The panel did encounter difficulties at times with the segmented organisation of NCFE. The various aspects of the nursing qualifications, such as quality assurance of centres and assessments, are undertaken by different teams, which often meant that there was not one individual or team who could answer questions about the programme as a whole. It must be noted that operating in this way did not appear to adversely affect the delivery centres, and

subsequently the students, to date but should be noted by NCFE for future inspections to ensure that all relevant individuals with engagement and oversight are present.

The GDC wishes to thank the staff and external stakeholders involved with the Level 3 Diploma for their co-operation and assistance with the inspection.

Background and overview of qualification

Annual intake	2021/2022 – 64 2022/2023 – 106 2023/2024 (to date) – 25 registrations so far
Programme duration	601/2251/1 NCFE CACHE LEVEL 3 DIPLOMA IN THE PRINCIPLES AND PRACTICE OF DENTAL NURSING GLH 366 TQT 490 NCFE provide centres with the above Guided Learning Hours and Total Qualification time, as guidance.
Format of programme	<p>Order of delivery and assessment</p> <p>To ensure apprentices are adequately prepared to embark on a qualification leading to professional registration, and in order to meet the GDC's requirements, particularly in relation to patient safety, the underpinning knowledge must be delivered and assessed before skills criteria and observations are assessed. This includes core areas such as health and safety, infection control, ethics and professionalism and dental anatomy. It is paramount that centres structure the delivery and assessment of certain specified learning outcomes and/or units in a way that teaches the underpinning knowledge to apprentices first, to ensure that they – and their patients – are safe. This will ensure that the apprentice has been assessed as being safe to practise and can enter the clinical area. An induction checklist can be found in appendix B (appendices, policies and statements).</p> <p>Please note that unit DNI 3: Reflect on and develop own practice as a dental nurse ensures continual reflective practice throughout the qualification (mandatory assessment method), lending itself to the future requirements of ongoing reflective practice as a GDC registrant. Centres should note that this unit should be referenced throughout the whole qualification, and therefore should be signed off last.</p> <p>Unless stated otherwise in this qualification specification, all apprentices taking this qualification must be assessed in English and all assessment evidence presented for external quality assurance must be in English.</p> <p>NCFE provide the above guidance to centres/providers. Centres/providers are able to then deliver the qualification in whichever format they require, in accordance with the guidance provided by NCFE.</p>
Number of providers delivering the programme	16

Outcome of relevant Requirements¹

Standard One	
1	Met
2	Met
3	Met
4	Met
5	Met
6	Met
7	Met
8	Met
Standard Two	
9	Met
10	Partly Met
11	Partly Met
12	Met
Standard Three	
13	Partly Met
14	Met
15	Met
16	Met
17	Met
18	Partly Met
19	Met
20	Partly Met
21	Met

Standard 1 – Protecting patients

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

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

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

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

Requirement 3: Students must only provide patient care in an environment which is safe and appropriate. The provider must comply with relevant legislation and requirements regarding patient care, including equality and diversity, wherever treatment takes place. *(Requirement Met)*

Requirement 4: When providing patient care and services, providers must ensure that students are supervised appropriately according to the activity and the student's stage of development. *(Requirement Met)*

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

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

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

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

Standard 2 – Quality evaluation and review of the programme

The provider must have in place effective policy and procedures for the monitoring and review of the programme.

Requirement 9: The provider must have a framework in place that details how it manages the quality of the programme which includes making appropriate changes to ensure the curriculum continues to map across to the latest GDC outcomes and adapts to changing legislation and external guidance. There must be a clear statement about where responsibility lies for this function.

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

The programme benefits from a strong team of external quality assurers (EQAs). These EQAs cultivate and maintain positive relationships with their allocated centres and are supported by guidance documents as well as six-weekly calibration sessions. It is within their remit to increase or decrease centre visits as appropriate to that centre's risk RAG (red, amber, green) rating. Two EQAs (out of a team of three) were spoken with and both were able to detail not only their processes but where they would go for additional support and describe the reasons why a centre's RAG rating might change.

The EQA team is further supported by policies and procedures, all of which were made available to the panel. The quality assurance of placements is the remit of the delivery centres, but centres must confirm to NCFE that their placements meet the standards required by NCFE.

EQAs have the authority to prioritise actions imposed on centres and when a follow-up visit, or meeting will take place to gauge progress against the action. However, there does not appear to be an underlying process or agreed standard that helps the EQA determine which actions should be prioritised or exactly when these should be followed-up with regard to timelines. These are decisions the EQAs can make in isolation. The panel appreciated that there is regular calibration and standardisation, but the introduction of some underlying guidance to ensure such decisions are standardised, and therefore consistency is achieved across centres, would be useful particularly as a new EQA has recently joined the team. This would also assist future training and development of the EQA team.

The panel also saw evidence of EQA reports not being fully completed and minutes of meetings with centres varied, as to the level of detail. Furthermore, one of the centres with which the panel met reported that they often don't know the structure of an EQA visit until just before or the day of the visit. Providing agendas for these visits well in advance would allow centres to better prepare their evidence and support a robust EQA process.

The Requirement is found to be partly met. NCFE must introduce some form of formal written guidance about frequency of EQA visits in relation to the level of risk indicated, to standardise how and when visits are imposed across all centres. The provider must also ensure that EQA reports are fully completed to a standard level of detail and that EQA visit agendas are provided to centres in advance of visits as to allow those centres to collate and prepare evidence. A revised report template may benefit the process, particularly for new EQA members.

Requirement 11: Programmes must be subject to rigorous internal and external quality assurance procedures. External quality assurance should include the use of external examiners, who should be familiar with the GDC learning outcomes and their context and QAA guidelines should be followed where applicable. Patient and/or customer

feedback must be collected and used to inform programme development. (*Requirement Partly Met*)

NCFE utilise multiple methods to ensure the ongoing quality of the programme. EQAs provide externality for the centres and work with centres to improve their delivery. Internally, NCFE utilise subject matter experts, assessment writers, checkers and scrutineers for their assessments, which are employed by the provider. Specialist teams within the organisation take responsibility for individual areas, such as quality oversight, customer services and examinations. Feedback is also gathered informally from centres and used to make changes to the programme.

However, feedback is not routinely gathered from patients. Gathering such feedback would present a challenge given the removed nature of NCFE to patients, but the panel were told about a QR code that had worked to good effect at some of the learners' placements. Rolling out such a scheme to centres as a requisite for delivering the qualification would be beneficial.

Equally, some external oversight of NCFE itself would benefit the programme as one of the delivery centres reported to the GDC that the sample tasks provided by NCFE for their students to complete, were not fully mapped to the educational requirements of the module. The panel accepted NCFE's remarks that there might be differences of opinion between professionals as to how something such as sample clinical tasks are written, but the use of an independent third party to validate elements of the curriculum would assist in dispelling such concerns and would go some way to meeting the Requirement.

The Requirement is currently partly met because of the inconsistent gathering of patient feedback and the absence of external oversight of the qualification. NCFE should also consider formalising the way in which feedback is obtained from delivery centres to make sure accurate records of programme changes are maintained. The GDC would also encourage a review of the sample tasks to ensure adherence to the appropriate standards.

Requirement 12: The provider must have effective systems in place to quality assure placements where students deliver treatment to ensure that patient care and student assessment across all locations meets these Standards. The quality assurance systems should include the regular collection of student and patient feedback relating to placements. (*Requirement Met*)

Standard 3– Student assessment

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

Requirement 13: To award the qualification, providers must be assured that students have demonstrated attainment across the full range of learning outcomes, and that they are fit to practise at the level of a safe beginner. Evidence must be provided that demonstrates this assurance, which should be supported by a coherent approach to the principles of assessment referred to in these standards. (*Requirement Partly Met*)

NCFE were able to demonstrate a comprehensive EQA process which assures the quality of training and attainment in the delivery centres. Sampling, learner interviews and observations are all employed by EQAs to determine whether the students are reaching the level required, with further checks completed against internal quality assessor data once centres apply for their learners to complete the programme.

Internally, the panel heard and received evidence of the mechanisms with which assessments are created and reviewed, including the use of subject matter experts and scrutineers. NCFE provide a multiple-choice question (MCQ) paper in addition to the end-point assessment and also determine what should be covered in centre-specific assessments. The mode of assessment is for the centre to determine but these are reviewed during EQA visits. The MCQ seeks to test knowledge that otherwise might not be tested on placement, such as recalling relevant legislation.

The panel were concerned that the level of support and guidance provided to delivery centres varies based on meetings with four centres. This could mean that not all learners are being tested to the same level as some centres may be better informed than others as to what standard their learners need to meet. Feedback was received from the four centres that there was on occasion little to no preparation as to the standards of assessments and completion of sample tasks before the centres had to deliver these. The format of the EQA visits were also not well communicated in all cases. Sample tasks in particular were highlighted by one centre as not being properly mapped to the GDC's learning outcomes, as well as the standard required of the tasks not being of a quality to properly test and progress learners.

As mentioned under Requirement 11, the panel accepted that there will be disagreements as to how programmes should be run and assessed between awarding organisations and delivery centres. However, due to the segmented organisation of NCFE, the panel considered that there could be gaps in delivery. The advice from an EQA might not be the same as that received from a member of the examinations team, who are generic to the provider and therefore not dentally trained. This also requires some additional focus with regard to internal communication process and procedure.

Sufficiency of the learner assessments used was a concern in the 2022 inspection report, and while this specific issue has not been highlighted during this inspection, feedback pertaining to the standards of the sample tasks, coupled with this previous issue suggests that NCFE should consider how all of their processes can be brought into alignment, to ensure that there is an individual or team with ultimate responsibility for the qualification as a whole, as opposed to different facets of it. Similarly, external oversight would provide regular accountability to ensure that issues are identified and dealt with at an early point.

The Requirement is found to be partly met. The provider must implement a system to ensure that centres are given detailed and timely assessment guidance with additional co-ordinated advice and support when required. The standard to which assessments and the sample tasks are set must be reviewed as a matter of urgency, including by a dental registrant, and the outcome of that review recorded, with any relevant learning disseminated.

Requirement 14: The provider must have in place management systems to plan, monitor and centrally record the assessment of students, including the monitoring of clinical and/or technical experience, throughout the programme against each of the learning outcomes. (Requirement Met)

Delivery centres are at liberty to use their own recording systems. The EQAs require access to these systems, and other requisite documents, as part of their visits. Sampling is also employed to ensure that a spread of student data, including portfolios, is reviewed. The EQA process is well documented, and templates are used to allow for standardisation. The team has also recently expanded meaning that the provider can better monitor their centres.

NCFE set one of the assessments for learners which is accessed through an online platform. All other assessments are set by delivery centres but have to adhere to the General Approval

Requirements set down by NCFE, that adherence then being checked as part of the EQA process. The provider utilises specialist teams within its' organisation with the expertise to set and standardise not only the internal assessment but to determine the Requirements for the delivery centres. As stated above, although this requirement has been met, an individual or team with overall responsibility would benefit oversight of the process.

The Requirement was found to be met.

Requirement 15: Students must have exposure to an appropriate breadth of patients/procedures and should undertake each activity relating to patient care on sufficient occasions to enable them to develop the skills and the level of competency to achieve the relevant GDC learning outcomes. (*Requirement Met*)

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

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

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

Reflection and feedback are woven throughout the qualification. Reflection is included within multiple modules and evidence of this is noted within the student portfolios. The portfolios are intended to be informational not only for the learners to note and reflect on their progression, but to allow employers, supervisors, and assessors to check in on the learner and tally their own experiences with the feedback noted. This provides a crucial piece of evidence for EQAs when they conduct centre visits.

The provider does not provide feedback directly to learners as they are the awarding organisation, but the need to provide feedback is included within the learning contracts made with delivery centres. The feedback learners can obtain from patients is variable due to the inconsistency with which it is collected across sites. A formalised process to allow this to be consistently collected from patients, peers, assessors and employers must be implemented.

The panel recognises the processes involved in and requirements of the delivery centres to give feedback for learner development. Reflection was also found to be embedded positively. However, while there is no guarantee that patient feedback would be provided after each interaction, nor as to the usefulness of such feedback, the absence of a formalised process means that the Requirement is partly met.

Requirement 19: Examiners/assessors must have appropriate skills, experience and training to undertake the task of assessment, including appropriate general or specialist registration with a UK regulatory body. Examiners/ assessors should have received training in equality and diversity relevant for their role. (*Requirement Met*)

Requirement 20: Providers must ask external examiners to report on the extent to which assessment processes are rigorous, set at the correct standard, ensure equity of

treatment for students and have been fairly conducted. The responsibilities of the external examiners must be clearly documented. (*Requirement Partly Met*)

External examiners are not utilised by the provider. The EQAs provide externality to the delivery centres by gathering evidence to sample student attainment and checking progression against the curricula. Internal to NCFE, subject matter experts and scrutineers are utilised for assessments but as these individuals are employed by the provider, they are not considered by the panel to be fully impartial.

The previous inspection report from 2022 highlighted this issue. The panel at this inspection were content that a level of externality existed in terms of the assessments utilised due to the use of some external experts who are GDC registered. There is no evidence, however, that any external person or organisation reviews the programme as a whole to ensure that mapping, sample tasks, record templates and equity and fairness of treatment for students, is both correct and robust.

While it is acknowledged that an awarding organisation of this kind may not utilise an external examiner in the same way as a university, for example, a level of externality must be sought, especially following significant issues such as delivery centres closing unexpectedly and the potential for subsequent impact on students.

The Requirement is found to be partly met.

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

Summary of Action

Requirement number	Action	Observations & response from Provider	Due date
10	The provider must introduce policy that gives guidance as to how often a centre should be visited in relation to the level of risk that centre poses.	NCFE will commit to a review of processes to ensure explicit coverage of this action.	April 2024
10	The provider must ensure that all EQA reports, and any related documents are fully completed.	NCFE believe this is already complete but will commit to a full review of all reports for compliance with this action.	April 2024
11 & 18	The provider must introduce a consistent method across all sites that allows for the collection of patient feedback.	NCFE are working on this and have made improvements to this within the updated qualification which is with GDC for review and approval for delivery.	April 2024
11	The provider must obtain external, impartial oversight of the programme and implement a process that defines how often such oversight is sought, how the feedback obtained is used and that records any resulting changes and or developments.	NCFE will commit to utilise external scrutineer within the development and review of the qualification; however, NCFE are not able to enforce with the delivery centres that their delivery is externally scrutinised beyond the external monitoring conducted by NCFE. All NCFE EQAs for this qualification are GDC registered Dental Nurses. We will ensure that any feedback sought on the NCFE programme is being consistently delivered by the delivery centres.	April 2024
13	The provider must standardise the way in which support and guidance is given to delivery centres to ensure that this is equitable and provided as required by the centre.	NCFE believes this is an action which is already complete however will commit to conduct further review as we accept perception from delivery centres is important in relation to the understanding of information provided.	April 2024
13	The provider must review their assessments and sample tasks as soon as possible and formally record their findings.	NCFE will commit to conducting a review of these materials, although we would like to make clear that all materials are regularly reviewed by GDC registrants as part of scheduled review and maintenance of the qualifications.	April 2024

Observations from the provider on content of report

On page 2 of the report it is stated, "The panel did encounter difficulties at times with the segmented organisation of NCFE. The various aspects of the nursing qualifications, such as quality assurance of centres and assessments, are undertaken by different teams, which often meant that there was not one individual or team who could answer questions about the programme, as a whole." Where we do not disagree with this summation, we would like to again reiterate that we are required under Ofqual condition G4.3 we must ensure that assessment materials are secure, and that the integrity of these assessments must be maintained by keeping a level of independence from anyone who may provide support to learners or delivers of training. Therefore, where we accept, we can ensure all relevant parties are present in future reviews, we are required to maintain the degree of separation from assessment and delivery teams.

Requirement 10:

Paragraph 3 suggests that there is no underlying process to support EQAs determining what action should be prioritised or exactly when these should be followed up with regards to timelines. NCFE believes that process QMS 2.11 and QMS 2.15, along with the EQA sampling strategy which was provided to the GDC provides the guidance required to support EQAs apply their professional judgement in relation to the specific requirements of the centre and the status or impact to learners. This is then supported through regular standardisation activity and regular meetings with managers to discuss centre visits and actions taken. This was outlined during the visit, although NCFE does accept that there is potential for improvement and will continue to work towards this moving forward.

Paragraph 4 of this section states *"The panel also saw evidence of EQA reports not being fully completed and minutes of meetings with centres varied, as to the level of detail."* NCFE disagree with this statement and have subsequently reviewed the EQA reports that were provided to GDC both prior to the visit as well as during the reviews. Although we acknowledge there are varying depths of information within reports this is due to the outcomes experienced during the reviews and are not representative of incomplete reports. The detail of the reports is determined in large by the type of review taking place, learner progress at the time of the review and centre status. The system used by NCFE to record EQA records does not allow for data to be submitted without the content being fully completed. In relation to minutes of meetings varying in depth, we disagree with the EQA reports being referred to as minutes of meetings. They are a record of the centre visit, but with the content focus being the learner and centre status.

Requirement 18:

NCFE does not disagree with the GDC report findings that patient feedback varies; however, we disagree that this is an essential element to be able to fully meet requirement 18. As outlined in the report it has been determined that the lack of formal process for patient feedback is responsible for this requirement being only partially met. The requirement states the provider must support learners to improve via regular feedback and encouraging reflection. As stated within the report it was the view of the GDC during the visit that both actions happen consistently, there is a formal requirement for feedback to be provided to learners and reflection is embedded positively within the

qualification. There is also a unit within the qualification specifically focusing on reflective practice; in the standalone qualification for example this is unit DN3 *“Reflect on and develop own practice as a dental nurse”*. NCFE acknowledges potential for improvement in relation to supporting ways to obtain patient feedback, however we disagree with the interpretation that this prevents NCFE from being fully compliant with this requirement.

Recommendations to the GDC

Education associates' recommendation	The Level 3 Diploma in the Principles and Practice of Dental Nursing continues to be approved for holders to apply for registration as a dental nurse with the General Dental Council.
Date of monitoring	September 2024

Annex 1

Inspection purpose and process

1. As part of its duty to protect patients and promote high standards within the professions it regulates, the General Dental Council (GDC) quality assures the education and training of student dentists and dental care professionals (DCPs) at institutions whose qualifications enable the holder to apply for registration with the GDC. It also quality assures new qualifications where it is intended that the qualification will lead to registration. The aim of this quality assurance activity is to ensure that institutions produce a new registrant who has demonstrated, on graduation, that they have met the learning outcomes required for registration with the GDC. This ensures that students who obtain a qualification leading to registration are fit to practise at the level of a safe beginner.

2. Inspections are a key element of the GDC's quality assurance activity. They enable a recommendation to be made to the Council of the GDC regarding the 'sufficiency' of the programme for registration as a dentist and 'approval' of the programme for registration as a dental care professional. The GDC's powers are derived under Part II, Section 9 of the Dentists Act 1984 (as amended).

3. The GDC document 'Standards for Education' 2nd edition¹ is the framework used to evaluate qualifications. There are 21 Requirements in three distinct Standards, against which each qualification is assessed.

4. The education provider is requested to undertake a self-evaluation of the programme against the individual Requirements under the Standards for Education. This involves stating whether each Requirement is 'met', 'partly met' or 'not met' and to provide evidence in support of their evaluation. The inspection panel examines this evidence, may request further documentary evidence and gathers further evidence from discussions with staff and students. The panel will reach a decision on each Requirement, using the following descriptors:

A Requirement is met if:

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

A Requirement is partly met if:

"Evidence derived from the inspection process is either incomplete or lacks detail and, as such, fails to convince the inspection panel that the provider fully demonstrates the Requirement. Information gathered through meetings with staff and students may not fully support the evidence submitted or there may be contradictory information in the evidence provided. There is, however, some evidence of compliance and it is likely that either (a) the appropriate evidence can be supplied in a short time frame, or, (b) any deficiencies identified can be addressed and evidenced in the annual monitoring process."

A Requirement is not met if:

“The provider cannot provide evidence to demonstrate a Requirement or the evidence provided is not convincing. The information gathered at the inspection through meetings with staff and students does not support the evidence provided or the evidence is inconsistent and/or incompatible with other findings. The deficiencies identified are such as to give rise to serious concern and will require an immediate action plan from the provider. The consequences of not meeting a Requirement in terms of the overall sufficiency of a programme will depend upon the compliance of the provider across the range of Requirements and the possible implications for public protection”

5. Inspection reports highlight areas of strength and draw attention to areas requiring improvement and development, including actions that are required to be undertaken by the provider. Where an action is needed for a Requirement to be met, the term ‘must’ is used to describe the obligation on the provider to undertake this action. For these actions the education associates must stipulate a specific timescale by which the action must be completed or when an update on progress must be provided. In their observations on the content of the report, the provider should confirm the anticipated date by which these actions will be completed. Where an action would improve how a Requirement is met, the term ‘should’ is used and for these actions there will be no due date stipulated. Providers will be asked to report on the progress in addressing the required actions through the monitoring process. Serious concerns about a lack of progress may result in further inspections or other quality assurance activity.

6. The Education Quality Assurance team aims to send an initial draft of the inspection report to the provider within two months of the conclusion of the inspection. The provider of the qualification has the opportunity to provide factual corrections on the draft report. Following the production of the final report the provider is asked to submit observations on, or objections to, the report and the actions listed. Where the inspection panel have recommended that the programme is sufficient for registration, the Council of the GDC have delegated responsibility to the GDC Registrar to consider the recommendations of the panel. Should an inspection panel not be able to recommend ‘sufficiency’ or ‘approval’, the report and observations would be presented to the Council of the GDC for consideration.

7. The final version of the report and the provider’s observations are published on the GDC website.