General Dental Council

Education Quality Assurance Inspection Report

Education Provider/Awarding Body	Programme/Award
University of Plymouth	BSc (Hons) Dental Therapy and Hygiene

Outcome of Inspection	Recommended that the qualification continues to be approved for the graduating cohort to register as dental therapists and hygienists.

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

Inspection summary

Remit and purpose of inspection:	**Inspection referencing the *Standards for Education* to determine approval of the award for the purpose of registration with the GDC as a dental therapist and dental hygienist**
Learning Outcomes:	**Preparing for Practice dental hygiene and therapy**
Programme inspection dates:	**25 and 26 February 2025**
Inspection team:	**Jane Andrews (Chair and non-registrant member)** **Rachel McCoubrey (DCP member)** **David Attrill (Dentist member)** **Tom Whiting (GDC, Chief Executive and Registrar)** **Naila Girach (GDC, Education and Quality Assurance Officer)** **Kathryn Counsell-Hubbard (GDC, Quality Assurance Manager)**
Report Produced by:	**Naila Girach and Kathryn Counsell-Hubbard**

This inspection of the BSc (Hons) Dental Therapy and Hygiene (hereafter referred to as "the programme") delivered by Peninsula Dental School (hereafter referred to as "the School" or "the provider"), part of the University of Plymouth, was a risk-based inspection that considered all 21 of the requirements within the Standards for Education. The inspection was triggered by the amount of time since the last inspection, which took place in 2017. All requirements were considered to ensure an appropriate review of the programme.

Upon inspection, the panel found a high quality, exceptionally well-run programme that offers students extensive clinical experience across a range of sites. The governance of these sites, including the consistency of clinical supervisors and the maintenance of equipment, is entirely within the control of the Peninsula Dental Social Enterprise (PDSE) organisation. This is the related business concern of the School that receives its' funding directly and therefore has charge of all facets of the Dental Education Facilities (DEFs) that students visit.

The DEFs are well resourced and effectively operated clinical sites which benefit students and the local community. Within the learning environment itself, students work with a committed programme team, with cohesive structures and processes that ensure that all areas of the programme, including assessment and quality management, are run to a high standard. The panel were impressed with multiple elements of the programme and recognised the dedication of staff in ensuring its' successful delivery.

The GDC wishes to thank the staff and students involved with the programme for their co-operation and assistance with the inspection.

Background and overview of qualification

Annual intake	30 students
Programme duration	97 weeks over 3 years
Format of programme	Year 1: Integrated Dental Science (IDS; Knowledge), Clinical (simulated dental learning environment competencies, medical emergencies competency, clinical capabilities), clinic induction and patient treatment, inter professional engagement, professionalism and lifelong learning 2: Applied Dental Therapy Knowledge (ADTK), Clinical (simulated dental learning environment competencies, medical emergencies competency, clinical capabilities), clinic attendance and patient treatment, outreach placements, inter professional engagement, professionalism and lifelong learning 3: Applied Dental Therapy Knowledge, Clinical (Exit case, clinical minimal requirements, clinical capabilities, OSCE (UPSCE)), clinic attendance and patient treatment, outreach placements, inter professional engagement, professionalism and lifelong learning
Number of providers delivering the programme	1

Outcome of relevant Requirements[1]

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

[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.

Standard 1 – Protecting patients
Providers must be aware of their duty to protect the public. Providers must ensure that patient safety is paramount and care of patients is of an appropriate standard. Any risk to the safety of patients and their care by students must be minimised.

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

A thorough Gateway to Clinic assessment process is in operation for which the School is to be commended. This ensures that Year 1 students have the prerequisite skills and knowledge to safely treat patients when they first attend clinic. The assessment process involves a three-level approach where all modules require a pass mark which cannot be compensated. The Gateway to Clinic process initially begins with a meeting held in February where students will be informed preclinically whether they have been cleared to attend clinic induction. Throughout the first year, students move through each level where various clinical assessments are completed alongside gradual exposure to clinical activity. This allows students to work alongside senior students, which was a facet that students reported enjoying.

The *Dental Therapy & Hygiene Programme, Handbook for Assessment of the Clinical Practice Modules* document contains key information for students regarding each element of clinical practice, including the steps required to pass the Gateway to Clinic. Failure of one element of the gateway significantly limits the clinical activity within which students can participate. Some students reported that they weren't fully aware of the criteria and felt that they were "left behind" by having their clinical activity curtailed. While assessments must discern between safe and potentially unsafe students, the panel felt that some enhanced messaging to students about the importance of all assessments, and the potential consequences, is necessary (discussed further under Requirement 21).

The panel also noted that there may be an opportunity to improve and strengthen the Gateway to Clinic module specifically in relation to the adaptation of school leavers entering the programme. Students are divided into pairs in clinical practice, one student nursing for the operative partner, and for those students coming from a dental nursing background the transition into this way of learning is easier than those students who need to acquire nursing skills for the first time. The induction to nursing session is a useful opportunity to assist those students who are new to nursing, although some students reported still feeling unsure as to what to do despite that session. The panel recommends that the programme team ensure that these sessions are taking place consistently and that additional support can be provided if required by individual students.

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

During the inspection and according to the documentation provided it was evident that the programme has multiple points and opportunities for patients to state their consent during treatment. The patient receives a copy of the consent form and a leaflet outlining their treatment and what to do if they have any further issues. The patient is also reminded of their option to decline treatment during this process and will be advised and signposted to an alternative dental care provider. The consent process has been thoroughly considered at each check point.

In terms of risk planning for the future, it is recommended that the programme team look into ensuring that copies of valid consent forms are saved electronically. This will ensure that there is a database of treatment information available for reference if required.

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)***

The programme adheres to legislation and requirements regarding patient care and are continuing to meet the standards across numerous regulatory requirements. The Care Quality Commission's (CQC) recent inspection reported the programme as exhibiting 'exemplary practice' in several areas. The panel saw good incident log maintenance where student incidents are audited by placement supervisors with actions detailing timeframes for review following the incident. There is also a monthly incident report released which is discussed widely throughout the School.

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

The programme team recognises the importance of Student Staff Ratio (SSR), and the panel were content with the level of supervision available to students. The programmes baseline for SSR is generally 2:8 which is in line with the expected level of supervision. It is also important to note that there are multiple avenues of supervision support available, including dentists, dental therapists and dental hygienists. If there are any further issues with availability of support, the students can refer to the deputy clinic and the clinic lead for support.

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)***

The School offers resources for enhancing the skills of clinical supervisors and conducts regular training sessions for both staff and employees. This includes mandatory training in health and safety, GDPR, diversity in the workplace, mental health awareness, safeguarding including Prevent, and unconscious bias. There are also a wide range of opportunities for staff to engage with in relation to CPD including The Oliver McGowan Mandatory Training on Learning Disability and Autism.

New supervisors undertake a formal induction to introduce them to the clinical area followed by a review with the clinical lead after the induction period. This is underpinned by an annual training day and team meetings every six months to ensure consistency across supervisors.

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)***

The Raising Concerns policy is a clear and detailed process that allows students and all parties associated with the programme to feed back any issues that may arise during the course. There are numerous points throughout the academic year when students are

reminded of this process, such as induction, during enquiry-based learning (EBL) sessions and any other situations where professionalism needs to be highlighted. There are resources allocated towards this process and a dedicated email address which helps to streamline action. The process feeds into the Fitness to Practise (FtP) policy where relevant, and works alongside the University student support processes, including a fitness to study process.

The student feedback also stated that there are many mechanisms of support available for feedback other than the general personal tutor system. Students reported regular interactions with programme leads, clinic leads, and staff for any queries that they may have regarding academic support and professionalism.

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)***

Clinical incidents are submitted and monitored through an electronic, system Ulysses risk management software. This is a centralised system run by the Clinical Governance and Compliance Lead at PDSE. All students and staff are registered allowing incidents to be recorded by students, though prior to submission this is checked by a registrant member of staff. Once submitted, root cause analysis is carried out and follow up carried out as appropriate.

All incidents are collated monthly, and clinical, near miss, inoculation injuries and complaint incidents and subsequent learning points are reported in the monthly Patient Safety & Quality Bulletin (PS&QB). This is displayed in the DEFs, as well as being emailed directly to staff, students and supervisors. A breakdown of incidents by cohort is included in the monthly Clinical Dashboard which is distributed alongside the Bulletin.

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)***

The Fitness to Practise (FtP) policy is introduced to students early on during the induction sessions of the programme. The introductory session outlines programme skills and capabilities, scope of practice and limitations. This information is also available on the virtual learning environment (VLE) and handbook.

The panel had some queries over when FtP issues involving registrant students should be referred to the GDC given that around 50% of each cohort are qualified dental nurses and already registered with the GDC. Inclusion of the regulator is not clearly defined within the student FtP process, so staff may be unsure when such referral is necessary. The provider is urged to consider when any such referrals should be made within the process and formalise this into policy.

Standard 2 – Quality evaluation and review of the programme
The provider must have in place effective policy and procedures for the monitoring and review of the programme.

Requirement 9: The provider must have a framework in place that details how it manages the quality of the programme which includes making appropriate changes to ensure the curriculum continues to map across to the latest GDC outcomes and adapts

to changing legislation and external guidance. There must be a clear statement about where responsibility lies for this function. ***(Requirement Met)***

The programme benefits from a comprehensive management structure where roles for each part of the course from development to assessment clearly delineated. The School Review Process and School Integrated Periodic Review Process brings a clear structure of oversight that involves quality and curriculum design as well as change processes. Handbooks, case studies for EBL and Daybooks are also utilised to guide learning and ensure quality in each facet of the programme.

The Dental Committee is the main School quality committee and is a route of escalation. The Dental Committee is overseen by Faculty through their Teaching, Learning and Quality Committee which in turn feeds into the University Teaching, Learning and Quality Committee. Information flows between all groups and is disseminated as required to programme staff.

In relation to the transition to Safe Practitioner framework, which follows with the Transition Action Plans, the amendments to the programme are currently underway and on target to meet requirements to implement the new curriculum.

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 Met)***

The provider has submitted evidence through annual External Examiner reports where student feedback has been considered, and amendments have been actioned sufficiently. Responses to external examiner reports were also provided and demonstrated appropriate consideration of any recommendations. The programme is not subject to a periodic review by the University until 2027, but the last review in 2022 did not identify any significant issues. The quality management structure demonstrates how such issues could be discussed and escalated as appropriate, and the programme lead is in regular contact with the GDC.

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 Met)***

The role of the external examiners (EEs) is well defined and include a blended approach. EEs review a sample of student work and attend both Subject Assessment Panels and Award Assessment Boards. They also complete an “interim engagement” each year, either in person or virtually, and undertake at least one in-person visit during their term to obtain staff and student feedback. The EE findings are distilled into a report, and this is formally responded to by the provider.

The provider is currently implementing a change suggested by one of their EEs to use unseen case presentations alongside some traditional OSCE stations to create an UPSCE (unseen presentation structured clinical exam). The move to this assessment modality is ongoing but the provider was confident that the change would result in more effective outcomes for students.

The EE process, along with periodic reviews, provide the required external quality assurance. The provider also gathers feedback from patients and utilises patient-focussed events, such as

focus groups, to better understand the patient experience. Such feedback features as a standing agenda item for the Dental Committee.

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)***

Clinical placements are owned and operated through PDSE. Funding comes directly through this organisation allowing for all facets of the clinical areas, from staffing to instrument decontamination, to be run by the provider. The dental education facilities (DEFs) are therefore centrally controlled meaning that they are all operated to the same standard and with appropriate supervisor to student ratios. The risks inherent with traditional outreach do not exist for the provider, and the panel found the placements that they were able to view to be exemplary both in terms of facilities and their effectiveness in supervising and supporting students.

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 Met)***

The programme is comprehensively mapped to GDC learning outcomes as evidenced through module handbooks. Assessments comprising a range of methods are tailored to each module and clearly show which outcome is being tested. A central recording system called PULSE is utilised to record clinical interactions for which minimum numbers of procedures are required to ensure progression through, and graduation from, the programme. These minimum numbers are encapsulated as Clinical Proficiency Assessments (CPAs) and can be accrued throughout the programme although only those graded as satisfactory or excellent will be counted towards a student's overall CPA total.

The sign-up process for the final assessments is a regular process throughout Year 3 involving Dental Clinical Experience Committee meetings every two weeks. This allows for struggling students to be identified early on so that "rapid remediation" can be implemented. Academic tutors are also involved, and signposting can be given to Student Services for additional support. Students who are struggling to meet their CPA targets are asked to explain how they will address their shortfall with their current case mix, and the patient co-ordinator will be involved to allocate additional patients should the current case mix not provide the required experience.

The programme team are continuing to transition the programme onto the Safe Practitioner Framework, and the panel were assured that the existing processes will ensure the same high level of mapping and progress monitoring as is currently demonstrated.

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)*

The programme team demonstrated the PULSE system to the panel who found this to be a comprehensive system with an excellent level of detail. An in-house IT technician is available to support with any modifications and to liaise with the external hosting company Salesforce. PULSE allows for clinical interactions to be graded as red or green which gives an indication of student progression at a glance. All student assessment data is also stored on PULSE which allows for reports to be created and collated.

PULSE is supported by the bi-weekly performance meetings (as mentioned under Requirement 13). The system is available across all clinical sites meaning that there are no issues with migrating data across from different recording systems.

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)*

Patient recruitment for the programme's clinics operates on a self-referral basis. Recruitment is continually reviewed, and the website is updated regularly to reflect which DEF is taking on new patients. The recruitment pathway often has to be closed because the high uptake of places. DEFs are not specific to particular patient groups, but the case mix is reviewed to make sure an appropriate mix of patients and procedures is in place for students. A patient coordinator is in place to assist with this.

At the time of the inspection, students were not able to use one of the DEFs due to an increased BDS cohort arising from prior COVID-19 restrictions. This was not evidenced as impacting the students negatively although the panel recognised that students being able to use that site in future would be useful. One of the DEFs is in Cornwall which requires the students to travel although a bus is provided. While the travel was a more difficult element of the programme for students, the need to travel is outlined when students join the programme. The panel were content that the remaining DEF sites do offer the range of patient experience required and noted that improvements have been made in this area since the last inspection in 2017.

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)*

Assessments are created based on the learning outcomes being tested. The programme is supported by a psychometrics team who oversee both the standard setting for the assessments and also analyse the performance of each part of the assessment. Final summative assessments are standard set and double marked, and students must pass every part of the programme to progress.

EEs review and comment on assessments, and it is as a result of such commentary that the final clinical examination has been changed to a new format. The quality of assessments is also formally reviewed through the quality management framework involving the Dental Committee, Faculty Teaching and Learning Quality Committee and the Assessment Working Group.

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)***

Feedback is a strong facet of the programme. Feedback about students is gathered from patients, peers and other members of the dental team with whom the students interact through multiple mechanisms. All feedback is analysed, and findings are disseminated to staff and students. The School monitors the amount students are expected to provide feedback to ensure that this is not overly burdensome. Joint teams from the School and the wider University structure oversee clinical feedback, particularly from patients, and highlight any emerging patterns with the University Dental Committee.

The School has enjoyed positive results from the National Student Survey (NSS) which reflect the effective use of their feedback mechanisms and highlight student satisfaction with the programme overall.

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

Students are required to reflect on multiple occasions. Each CPA must include clinical reflection, and a reflective log is kept while at community-based clinical placements. EBL requires reflection to work through scenarios and team working exercises, and reflection on professionalism is part of the Regular Portfolio Appraisal.

In terms of feedback to students, this has been highly rated by students in recent NSS results. Formal feedback on written assessments is provided by email and is also available on PULSE. Feedback is also given on clinical performance directly onto PULSE as well as oral on-the-spot feedback being a feature in all the clinical learning environments. The students with whom the panel met were content with the feedback received and also felt that reflection was a strong part of the programme.

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)***

All assessors hold the requisite registration and receive a thorough induction and mentoring programme. This is then supported by annual mandatory training on a range of topics including life support and health and safety. All staff participate in an annual training day and the School also provides annual training days on IRMER and disinfection and decontamination.

Compliance with mandatory training is overseen by the Dental Clinical Liaison team who are proactive in ensuring that staff are within the compliance range of 95%. Those staff assessing students are provided with mandatory calibration sessions which include the use of recorded assessments to assist with benchmarking. For OSCEs, a full afternoon of calibration is set aside to ensure consistency. Benchmarking and calibration of assessors is overseen by the psychometrics team.

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

EEs are a critical part of the assessment process. Any new or changed assessments must be reviewed by the EEs, as well as being approved by the Dental Committee, before the assessments can be used. EEs then receive samples of student work throughout the year before the Subject Assessment Panels and the Award Assessment Boards, at which EEs must be present.

The EEs are recruited to be either a Subject External Examiner or an Award External Examiner. Both types are required to submit an annual report using a University template. The panel had sight of recent reports and found these to be comprehensive. Responses to the reports are composed and reviewed centrally within the quality management structure. The level of detail required in the reports is defined in EE guidance and was found to be followed.

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 Partly Met)*

The provider makes substantial use of module guides, assessment specifications and handbooks to communicate expected standards with staff and students alike. Standard setting including Angoff and Hofstee is undertaken for every summative assessment. As mentioned previously, a psychometrics team and comprehensive quality management structure are in place to support and validate all elements of the assessment process.

Students receive information about assessment criteria in the documentation mentioned above which is also available on their VLE. This is supported through academic tutor meetings and a robust, year-long approach to sign-up. However, multiple students advised that they had been unaware of the gravity of failing one part of the Gateway to Clinic, which can restrict the amount of clinical activity that students can undertake. Some students reported that such restrictions can lead to them feeling disadvantaged in Year 2 because they have less experience, and that they struggle to catch-up with their peers.

While it was understood that all elements of the programme must be passed, the panel found that communication regarding the importance of the gateway could be strengthened to ensure that students are not disadvantaged. It is recognised that this is an exceptionally strong programme with robust management and leadership, and that additional clarity in this area would complete the high standard of education that the School already provide.

Summary of Action

Requirement number	Action	Observations & response from Provider	Due date
1	The provider should consider how to ensure readiness of students to nurse within student pairs where there is no prior experience of dental nursing.	Thank you for this constructive feedback, we will look to enhance this element at clinical inductions.	Monitoring 2025/26
2	The provider should consider recording all consent forms electronically to ensure that these records can be access when required.	Thank you, we will discuss with our clinical placement provider and look to enhance this area.	Monitoring 2025/26
8	The provider should consider formalising into policy when the regulator should be informed of student fitness to practice if that student is already a registrant.	Thank you, we will look to enhance this in conjunction with Faculty compliance team.	Monitoring 2025/26
21	The provider must ensure that the consequences of failing any part of the Gateway to Clinic examination are fully understood by students prior to completing the assessment.	Thank you, we have already implemented change in this area following your constructive feedback, and have no doubt actioning this will improve the student experience and clinical governance.	Monitoring 2025/26

Observations from the provider on content of report

Sincere thanks for the comprehensive and thorough nature of the inspection. We are extremely grateful for the expert scrutiny of our programme, and we look forward to acting on the constructive recommendations.

We are grateful that the hard work and commitment of staff at every level of the school was recognised:

Upon inspection, the panel found a high quality, exceptionally well-run programme that offers students extensive clinical experience across a range of sites.

Recommendations to the GDC

Education associates' recommendation	The BSc (Hons) in Dental Therapy and Hygiene continues to be approved for holders to apply for registration as a (dental hygienist and therapist with the General Dental Council.
Date of next regular monitoring exercise	October 2025

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.