General Dental Council

Education Quality Assurance Inspection Report

Education Provider/Awarding Body	Programme/Award
Cardiff University	Bachelor of Dental Surgery (BDS)

Outcome of Inspection	Recommended that the BDS continues to be sufficient for the graduating cohort to register as Dentists.

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 Dentist.
Learning Outcomes:	Preparing for Practice (Dentist)
Programme inspection dates:	Tuesday 27 January – Thursday 30 January 2025
Examination inspection date:	Wednesday 14 May 2025 – BDS
Inspection team:	**Helen Poole** (Chair and non-registrant member) **Andrew Buddle** (Dentist) **Benjamin Tighe** (Dental Therapist) **Alison Brown** (Dental Hygienist) **Toni Wood** (Education & Quality Assurance Officer) **Amy Mullins-Downes** (Operations and Development Quality Assurance Manager)
Report Produced by:	**Toni Wood** (Education & Quality Assurance Officer)

The inspection of the University of Cardiff's Bachelor of Dental Surgery (BDS) programme was conducted using a risk-based approach, focusing on all 21 requirements set out by the GDC. The GDC Quality Assurance Team, supported by a panel of experienced Education Associates, carried out an independent evaluation of all relevant information to determine the scope and content of the inspection.

This evaluation included the annual monitoring submissions, outcomes of previous inspections (including progress against identified actions), responses to recommendations from the GDC Annual Review of Education, Fitness to Practise data, complaints received, and the time elapsed since the last inspection. Based on this review, it was determined that a full inspection covering all 21 requirements was appropriate.

The programme benefits from a committed and dedicated team of staff who work diligently to support students, ensuring a high-quality learning experience that enables them to complete the BDS programme successfully. The panel also noted the excellent facilities available to students and the strong pastoral and academic support offered throughout the course.

Only one area of concern was identified by the Education Associates—student exposure to Paediatric Dentistry. This issue was acknowledged during the inspection, and the

programme team confirmed that they were aware of it and had prioritised addressing the matter.

Overall, the panel found the BDS programme to be well structured and effectively managed, with robust systems in place to assess students across the learning outcomes outlined in the GDC's *Preparing for Practice* guidance. The progressive development of students throughout the course was clearly demonstrated, and the panel was satisfied that graduates were fit to practise as safe beginners.

The GDC extends its thanks to the staff, students, and external stakeholders involved in the BDS programme for their cooperation and support throughout the inspection process.

Background and overview of qualification

Annual intake	X students
Programme duration	X weeks over x months/years
Format of programme	e.g: Year 1: basic knowledge, clinic attendance, shadowing 2: knowledge and simulated clinical experience 3: direct patient treatment 4-5: direct patient treatment, clinic attendance, outreach, placements
Number of providers delivering the programme	(insert number)

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	Partly Met
16	Met
17	Met
18	Met
19	Met
20	Met
21	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)*

Students complete a series of assessments to demonstrate appropriate attitudes, professional behaviour, and preclinical skills. These include summative Gateway Assessments in infection control and year-specific clinical skills, ensuring they are competent and confident before commencing patient care. Student progress is formally reviewed at termly Academic and Professional Progression (APP) panels.

In addition to gateway assessments, students are required to successfully complete multiple summative assessments each academic year.

The panel found the Requirement to be 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)*

During our tour of the University, we observed that all staff and students were required to wear clearly visible name badges displaying their names and roles. At the start of each consultation, all individuals present were introduced, and their respective roles were clearly explained to the patient. Additionally, staff roles and responsibilities were easily identifiable through differentiated attire, with uniform colours indicating specific roles.

Patients were informed via appointment letters that the hospital operates as a teaching facility and that students may participate in their care.

Patients attending the Dental Emergency Clinic (DEC) or outreach clinics are either self-referred or referred by a consultant, having previously consented to student involvement. Prior to treatment, each patient undergoes a comprehensive clinical assessment and is required to sign both a Treatment Plan Summary and a Consent to Student Treatment form.

The panel found the Requirement to be 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)*

Health, safety, wellbeing, and environmental considerations are covered in all staff and student inductions, with ongoing training provided annually. The joint Dental Hospital–University

Occupational Health and Safety Advisory Group (OHSAG) meets quarterly, and Health and Safety is a standing item on key governance committees.

The University Dental Hospital undergoes regular internal and external audits. A full range of clinical policies was available and reviewed by the panel. The School has also established the Wellbeing, Inclusivity, Diversity, Equity, and Respect (WIDER) Committee to lead and support EDI initiatives.

Patients attending Dental Education Clinics (DECs) are screened to ensure their treatment needs are appropriate for student care. Clinical supervision is guided by the School of Dentistry's Clinical Supervision Policy, ensuring safe and appropriate oversight. All clinic staff are GDC-registered and complete a structured induction.

Patient feedback is collected via QR codes displayed in the hospital and analysed by the Health Board Patient Experience team.

The panel found the Requirement to be 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)*

All student clinical and non-clinical activities are staffed appropriately, considering the nature of the clinical task, the student's stage of training, and the specific learning environment. This approach ensures a safe and supportive setting for both patients and students. All clinical teaching staff are registered with the General Dental Council (GDC) and are assigned supervisory responsibilities in accordance with their scope of practice.

In restorative clinics, the maximum staff-to-student ratio is 1:8, with a typical ratio of 1:6. Oral surgery clinics maintain a ratio of 1:2 for routine extractions and 1:1 for surgical extractions. Paediatric clinics generally operate with a 1:3 supervision ratio, while orthodontic patient clinics also follow a 1:3 ratio. In cases where students provide emergency care for patients with fixed appliances, a 1:1 supervision ratio is maintained.

The panel found the Requirement to be 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)*

Appointments to roles within the School of Dentistry are made through formal appointment panels, which include representatives from both the NHS and the University. Candidates invited for interview for clinical positions must demonstrate appropriate registration with the GDC.

All staff are required to complete mandatory training as stipulated by both the University and the NHS. In addition, the School of Dentistry organises regular all-staff training days, which are open to employees based both within the School and at outreach placement sites.

New staff assigned to outreach placements, particularly those involving student participation in clinical care, are provided with shadowing opportunities. This supports consistency in teaching and clinical assessment standards through benchmarking and calibration.

As part of the School's oversight and quality assurance measures, site visits are normally conducted on an annual basis by the Director of Student Placements (DSP), with remote visits occurring every six months. Visitation reports are jointly prepared by the DSP and the Placement Lead. At the conclusion of each academic year, the Placement Lead submits an Annual Quality Report to the DSP.

The panel found the Requirement to be 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)*

Cardiff and Vale University Health Board has established clear, published policies and procedures outlining how concerns may be raised and subsequently managed. There is a culture of open and transparent communication between clinical and managerial teams to proactively identify, and address issues related to patient care.

All staff are required to report clinical incidents and near misses regardless of whether harm occurred using the Datix online risk management system.

From Year 1, students are introduced to the principles of duty of candour and the process of raising concerns, with further reinforcement in Year 2. The School's Student Raising Concerns Policy, co-developed with the student body, outlines the procedures for students to report concerns. The policy is accessible in the Student Handbook and is highlighted during annual induction sessions. It is aligned with Cardiff University's Whistleblowing Policy.

The panel found the Requirement to be 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)*

The University Dental Hospital (UDH) utilises the Datix system, an IT-based platform designed for the systematic reporting of adverse events and near misses related to patient safety and experience. This system facilitates the detailed documentation of all incidents.

Reported incidents are reviewed by the Dental Hospital and School OHSAG and/or the Quality and Safety Committee. Where necessary, appropriate actions are implemented to address identified issues.

CAFS is an ePortfolio system used by all undergraduate students in the School. It was successfully launched in January 2024 replacing the previous system LiftUpp. It also provides a confidential reporting platform for both students and staff to raise serious concerns, including those that may impact patient safety. Submissions are reviewed by the Senior Education Team

and the Academic Progress and Performance (APP) Committee to determine suitable follow-up actions.

Incidents occurring at outreach locations are managed locally. These incidents are reviewed and addressed in alignment with the processes used at UDH, ensuring consistent application of learning and safety improvements across all clinical settings.

The panel found the Requirement to be 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)*

In Year 1, students engage in dedicated professionalism teaching sessions aimed at introducing and reinforcing the GDC's Standards for the Dental Team.

At the start of each academic year, students from all cohorts participate in an induction week, which includes briefings on Fitness to Practise (FTP) and Academic Misconduct. As part of this process, students are required to review and commit to the Dental School Student Code of Conduct. This serves as a guiding framework throughout their clinical education, supporting the development of safe and professional practice.

The School formally reports to the GDC any students who have been subject to FTP proceedings, as part of the University Declaration Pass List submission each summer.

The panel found the Requirement to be 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 Met)*

The University maintains a comprehensive Education Governance framework, comprising a range of committees and sub-committees responsible for overseeing programme quality and shaping educational policy.

The BDS programme is governed by a dedicated Board of Studies (BoS) and chaired by the Programme Lead. This Board is responsible for the academic and administrative management of the programme and plays a key role in enhancing the overall student experience.

The University's Quality and Academic Standards team provides support to Schools in the design, approval, implementation, monitoring, and routine modification of academic programmes, ensuring alignment with institutional policies and expectations.

The School participates in the University's periodic programme revalidation process. This review, conducted every five years, ensures that programmes remain current, academically robust, and compliant with institutional and regulatory standards. At present, the School is undertaking proposed revisions to all undergraduate programmes to ensure alignment with the GDC's Safe Practitioner Framework.

The panel found the Requirement to be met.

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 University's Quality Management framework includes ongoing processes for monitoring and evaluating programmes to maintain high quality and standards, while also identifying and addressing any concerns.

The University has a long-established Annual Review and Enhancement (ARE) Process which is a key source of evidence to enable the University's Academic Standards and Quality Committee to provide assurance to Senate and Council on academic standards and the quality of the student experience. To simplify and streamline the approach, the University approved a new Programme Review and Enhancements (PRE) for 2024/25 in July 2024. PRE combines the annual cycle of business and the ARE process to embed continuous review and enhancement in the education governance arrangements. Rather than producing one School PRE report each year, the Action Plans are live documents and are continually updated.

The School Risk Register is monitored and updated monthly via the Senior Leadership Team. It is also reported quarterly to the College of Biomedical and Life Sciences. These practices are in line with the University's Risk Management Policy and Guidance.

The panel found the Requirement to be met.

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)*

Cardiff University submits a regular Institutional Review to the Quality Assurance Agency for Higher Education (QAA), the independent body overseeing UK higher education standards and quality.

The University's External Examiner Policy defines the roles and responsibilities of External Examiners (EEs). The School currently appoints 10 EEs for its undergraduate programmes. Upon appointment, EEs receive an overview of the relevant programmes, assessments, and the School.

Student input informs programme development through multiple channels, including:

- Student-Staff Panels
- Monthly Student Representative meetings
- Committees
- Module enhancement
- Curriculum and Timetabling Group consultations
- National Student Survey
- The School is regularly monitored by Health Education and Improvement Wales (HEIW), primarily for its Dental Therapy and Dental Hygiene programmes, with consistent practices applied across all three programmes.

The panel found the Requirement to be met.

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)*

Students deliver direct patient care to both adults and children at St David's Hospital and the Mountain Ash Clinic which are the two main outreach sites for Cardiff University. In addition, BDS students undertake clinical placements at Community Dental Service (CDS) centres and attend Maxillofacial units at District General Hospitals (DGH) in an observational capacity.

In September 2023, the School established a dedicated Working Group to review and enhance the quality assurance (QA) procedures for student outreach placements. As a result of this review, the group revised the QA documentation and recommended the consolidation of the School Placement Lead roles into a single, overarching Dental Student Placement (DSP) position. This role is responsible for overseeing all outreach placements and for identifying and developing new placement opportunities. The new DSP position was appointed in September 2024.

Service Level Agreements (SLAs) and Health and Safety Declarations are reviewed annually and signed by both the School of Dentistry and the relevant Health Boards hosting placements. Outreach providers are required to submit an Annual Quality Report at the conclusion of each academic year.

Students are also required to complete placement feedback questionnaires upon completion of each placement. These are reviewed by the DSP and Placement Leads to inform ongoing quality assurance and improvement efforts.

The panel found the Requirement to be 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 Met)*

Each unit of study delivered within the School comprising topics is supported by a comprehensive topic or module guide. These guides outline the learning outcomes for each learning event, enabling students to monitor their progress and effectively prepare for both teaching sessions and assessments.

Additionally, each undergraduate cohort receives an Assessment and Feedback Handbook, which provides a detailed schedule of all formative and summative assessments for the academic year.

The programme is fully aligned with the current GDC learning outcomes and is also in the process of being mapped to the new Safe Practitioner Framework of learning outcomes and behaviours, effective from 1 August 2025. The curriculum is structured into modules, each overseen by a designated coordinator responsible for the module guide and associated assessments.

During the inspection, clinical progression data, assessment timetables, module guides, and examples of student portfolios were made available for review.

The panel found the requirement to be met.

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)*

Assessment grades and outcomes are recorded on the University's central recording system, SIMS.

CAFS is used in all clinical placements within, and outside the dental hospital. A programme of training for staff and students was undertaken prior to the launch and remains available for reference.

The panel found the Requirement 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 Partly Met)*

Patients are recruited to the adult restorative undergraduate clinics through a variety of pathways. The waiting list of screened patients is regularly reviewed by the Clinical Academic Lead and the Undergraduate Programme Leads to ensure an appropriate number and mix of cases are available to support students' educational development.

Paediatric patients are referred from the Paediatric Consultant Clinic to the student-led Paediatric Clinic for the completion of treatment in accordance with a predetermined consultant-approved treatment plan. In instances where treatment plans require modification,

students are appropriately supported and supervised by qualified clinical staff. Additionally, students are given the opportunity to observe the Paediatric Emergency Clinic as part of their training.

Students are actively encouraged to engage in shared care across different year groups and programmes, facilitated through the Adult Student Treatment List form.

Recent student feedback has highlighted concerns regarding limited clinical exposure to paediatric patients. This is partly due to inconsistent patient attendance, often caused by difficulties in contacting parents or guardians for appointment reminders. Additionally, students have limited opportunities to provide ongoing care, which restricts their ability to observe the outcomes of their efforts in acclimatising and managing anxious child patients.

Although Cardiff University has established procedures intended to support this aspect of clinical education, students report that these measures are not consistently providing the necessary level of exposure. As a result, some students feel inadequately prepared to manage paediatric cases upon graduation.

The panel found the Requirement to be partly 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)*

During the inspection, examinations were observed to gain a deeper understanding of the process. Pre-examination briefings were conducted, and clear instructions were provided to ensure consistency across all activities.

In discussions with the EEs, it became evident that feedback had been both provided and acted upon effectively. The EEs expressed their appreciation for the school's operational standards and responsiveness to feedback, noting that improvements were implemented promptly. They also reported that student feedback was overwhelmingly positive.

The following University and School policies ensure that assessments are fit for purpose: the University Marking and Moderation Policy, the University Academic Feedback Policy, the University Assessment and Examining Board Regulations, the University Examination and Assessment Policy and Procedure, and the DENTL Assessment Coordinators Handbook.

These documents were readily available to the panel members and after reviewing the evidence, the panel deem this requirement to be 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)*

CAFS facilitates the collection of longitudinal feedback for students across all clinical encounters and simulation-based teaching sessions. Dentists, therapists, hygienists, and nursing staff are able to provide feedback to students through the platform. Additionally, they can raise concerns regarding a student or submit evidence of exemplary behaviour, which is subsequently reviewed through the APP process.

Dental nurses participating in undergraduate clinics access CAFS via a generic nurse login and typically provide feedback through the 'significant event' system, highlighting particularly

positive or negative occurrences. This feedback is integrated into the APP process. For routine feedback, all nurses are encouraged to communicate directly with clinical supervisors, who then document it on CAFS as part of the student's clinical feedback and reflective practice.

A similar process is available in the Outreach sites, where the students are working with experienced support staff who are encouraged to provide feedback on the students. The Panel were able to talk to this cohesive, professional team during their visits to the Outreach providers during the inspection.

Patient feedback is also collected through CAFS. Each clinical encounter generates a unique patient feedback code, enabling patients to provide anonymous feedback via designated tablets or desktop computers within the clinic.

Students also participate in peer-to-peer feedback throughout the programme, tailored to the specific topic, module, or placement. This feedback can be delivered in various formats, including face-to-face interactions, group settings, or through the CAFS system.

The panel found the Requirement to be 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. (*Requirement Met)*

Ongoing feedback and reflective practice are integral to the Programme. Students receive frequent feedback across assessments and clinical/pre-clinical activities, with regular reflection expected throughout.

All assessments include feedback. Students who fail are offered additional guidance and remediation by the relevant lead before resitting the assessment and are encouraged to consult their Personal Tutors. Those repeating a year or withdrawing are provided with comprehensive information on University support services.

The School also offers 'Edubites', these are monthly CPD events for teaching and scholarship staff, occasionally featuring student-led sessions.

Feedback and reflection are systematically integrated into CAFS and are consistently practised during all clinical and the majority of pre-clinical sessions. Students are reminded that while the CAFS platform provides detailed feedback, the primary mode of clinical feedback is verbal, delivered during and after sessions. Written feedback and grades within CAFS are intended to supplement this verbal feedback.

The panel found the Requirement to be 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)*

All External Examiners (EEs) possess appropriate qualifications relevant to the assessments they oversee and hold either an Honorary title or a formal contract with Cardiff University. As part of their role, all EEs are required to complete Equality, Diversity, and Inclusion (EDI) training. This training is included in the mandatory induction package for both Cardiff University and NHS staff.

Placement staff are invited to participate in all staff development days, including a dedicated outreach placement study day. This outreach-specific event provides an opportunity for calibration and training on the longitudinal monitoring system (CAFS), as well as discussion of student feedback and other topics of interest or relevance to placement providers.

The panel found the Requirement to be 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 Met)*

The roles, duties, and responsibilities of External Examiners (EEs) are clearly outlined in the External Examiner Policy, Procedure, and Handbook. EEs are also given the opportunity to engage directly with students to discuss the programme and its assessment. These interactions can help identify potential areas for enhancement and offer EEs a comprehensive understanding of the quality and standards of the student experience, thereby strengthening their contribution to Examining Board deliberations.

Each EE submits an Annual Report using templates provided by Cardiff University. These reports require EEs to evaluate whether the academic standards set for the awards are appropriate, whether student performance is comparable with similar programmes, and whether assessment, examination, and award processes are rigorous and conducted equitably.

The panel found the Requirement to be 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)*

All assessments are marked and moderated in accordance with the University’s Marking and Moderation Policy, which ensures transparency, consistency, and fairness throughout the assessment process. Students are made aware of the marking and moderation procedures during their assessment induction briefings.

The panel reviewed substantial evidence demonstrating Cardiff University's compliance with this requirement and, accordingly, concluded that the requirement is met.

Summary of Action

Requirement number	Action	Observations & response from Provider	Due date
15	1. To ensure that students receive adequate exposure to paediatric patients, thereby fostering their clinical competence and confidence by the time of graduation. 2. To increase opportunities for BDS students to follow a care pathway for their paediatric patients, so they can see their behaviour-management and acclimatisation strategies work.		

Observations from the provider on content of report

Recommendations to the GDC

Education Associates' recommendation	The Bachelor of Dental Surgery (BDS) continues to be approved for holders to apply for registration as a Dentist with the General Dental Council.

Date of next regular monitoring exercise	2026/2027

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.