

Education Quality Assurance Inspection Report

Education Provider/Awarding Body	Programme/Award
King's College London	Bachelor of Dental Surgery (BDS)

Outcome of Inspection	Recommended that the BDS continues to be sufficient for the graduating cohort to register as Dentists.
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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 Dentist.
Learning Outcomes:	Preparing for Practice (Dentist)
Programme inspection dates:	Tuesday 17 March 2026 – Wednesday 18 March 2026 Pre-Exam Board - Wednesday 1 April 2026 BDS Sub Board Meeting – Thursday 2 April 2026
Examination inspection date:	N/A
Inspection team:	Gillian Mawdsley (Chair and non-registrant member) Kathryn Fox (Dentist) Bhavini Webb (Dentist) Pamela Ward (Dentist) Toni Wood (Education & Quality Assurance Officer) James Marshall (Education & Quality Assurance Manager)
Report Produced by:	Toni Wood (Education & Quality Assurance Officer)

The inspection of King's College London's Bachelor of Dental Surgery (BDS) programme was conducted using a risk-based approach, focusing on Requirements 1, 4, 7, 9, 11, 12, 13, 15, 16, and 19 of the General Dental Council's (GDC) Standards for Education. The GDC Quality Assurance Team, supported by a panel of experienced Education Associates, undertook an independent evaluation of all relevant information to determine the scope and focus of the inspection.

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

The programme benefits from a committed and dedicated staff team that works collaboratively to support students and deliver a high-quality educational experience, enabling students to successfully complete the BDS programme. The panel also noted the excellent facilities available to students, together with the strong pastoral and academic support provided throughout the programme.

King's College London is currently undertaking a comprehensive review of the educational

aspects of the BDS programme. This includes restructuring the curriculum and revising its governance arrangements, timetabling, attendance monitoring, and assessment processes. A key component of this work is the introduction of a new longitudinal clinical assessment system, CAFS, which will replace the existing competency-based assessment model. Elements of this approach have already been implemented in Years 1 and 2, with the school reporting positive early outcomes. However, the new assessment model has not yet been fully implemented across Years 3, 4, and 5.

The panel discussed these developments in detail and was assured that the proposed changes have been carefully planned and are likely to achieve their intended objectives. However, as the curriculum and assessment reforms are still being implemented, it has not yet been possible to review evidence demonstrating the effectiveness of all aspects of the new approach. The GDC will continue to work closely with King's College London to monitor the implementation of these changes and to ensure they deliver the intended educational benefits.

Overall, the panel found the BDS programme to be well structured, with a clear commitment to continuous improvement and the ongoing enhancement of programme delivery. Robust systems are in place to assess students against the learning outcomes set out in the GDC's *Preparing for Practice* guidance. The appointment of a new Dean for Education, together with a comprehensive review of the school's governance committee structure, is expected to further strengthen oversight and support the successful embedding of the planned changes. The panel observed clear evidence of students' progressive development throughout the programme and was satisfied that graduates are prepared to practise safely as competent beginners.

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

Background and overview of qualification

Annual intake	158 students (108 A205, 20 GPEP, 20 ESDP, 10 DPMG)
Programme duration	42 weeks
Format of programme	BDS 1: basic knowledge, clinic attendance, shadowing, nursing skills, cross infection, dental anatomy, Epidemiology and public health BDS 2: Clinical theory, Ethics and Law, Sociological and psychological aspects of patient's care, simulated clinical experience and direct patient treatment BDS 3: Advanced simulation, Direct patient care, Human diseases BDS 4, Direct patient care including oral medicine and human diseases BDS 5: Direct patient treatment, clinic attendance, outreach, placements
Number of providers delivering the programme	3: GSTT, KCH and Portsmouth

Outcome of relevant Requirements¹

Standard One	
1	Met
2	Not Inspected
3	Not Inspected
4	Met
5	Not Inspected
6	Not Inspected
7	Met
8	Not Inspected
Standard Two	
9	Partly Met
10	Not Inspected
11	Partly Met
12	Met
Standard Three	
13	Partly Met
14	Not Inspected
15	Partly Met
16	Met
17	Not Inspected
18	Not Inspected
19	Met
20	Not Inspected
21	Not Inspected

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)

Faculty of Dentistry, Oral & Craniofacial Sciences (FoDOCS) ensures that students deliver patient care only after demonstrating the requisite knowledge, clinical skills, and professional behaviours necessary to do so safely. Patient safety and public protection are embedded throughout the BDS programme via a structured and progressive framework of simulated learning, competence assessment, remediation, and ongoing oversight.

Before undertaking any clinical procedure on patients, students must successfully complete defined competence assessments, both pre-clinical gateway assessments and Clinical Competency Assessments within a simulated or controlled environment. These assessments are aligned with GDC learning outcomes and include explicit, standardised criteria. Students must achieve a passing standard before being authorised to perform corresponding procedures in clinic. Those who do not meet the required threshold undergo mandatory remediation and reassessment to ensure competence prior to progression.

Clinical performance is continuously monitored through portfolio systems such as Clinical Assessment Feedback System (CAFS), Student Teacher Observation of Clinical Activity with Feedback (STOCAF), and Kaizen, alongside reflective practice and regular progress reviews. During the inspection, the panel reviewed these systems and found them to be very effective.

Assessment across the programme is integrated and programme-wide, incorporating written examinations, simulation-based assessments, workplace-based clinical assessments, OSCEs, and structured practical examinations.

Formal Progress Committees and Assessment Sub-Boards review student performance, attendance, professionalism, and welfare information at defined points throughout the academic year. External Examiners attend Assessment Sub-Boards and ratify outcomes. Entry to final examinations is permitted only following a formal review confirming that all academic, clinical, and professional requirements have been met.

Throughout the inspection process, the provider supplied extensive evidence demonstrating that students are permitted to provide patient care only once they have shown adequate knowledge, skills, and professional readiness. For all clinical procedures, students must be assessed as competent in the relevant skills within pre-clinical environments before treating patients.

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/Partly Met/Not 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/Partly Met/Not 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)

Students undertake patient care activities only after receiving appropriate training and while working under suitable supervision. All clinical activity is delivered within established governance frameworks designed to minimise risk and maintain consistently high standards of care.

Clinical supervision is provided by a multidisciplinary team that includes consultants, specialist clinicians, specialty registrars, and trained clinical tutors. Staff deployment is planned according to clinic type, student numbers, and identified learning needs, ensuring an appropriate skills mix across all settings. All supervising staff are GDC registered dental professionals and therefore maintain full professional accountability and regulatory compliance.

Students typically attend clinics in pairs, with one acting as the clinician and the other as the dental nurse. Senior students undertake independent clinical activity within integrated care and oral surgery settings, supported by qualified dental nurses.

All clinical teaching staff complete a structured induction and shadowing period before supervising independently. This is supported by buddy schemes and access to training resources. Induction covers key areas including clinical governance, patient safety, infection control, assessment processes, escalation pathways, and digital systems. Students also receive comprehensive induction prior to outreach and community placements, including named contacts, local protocols, and expectations for professional conduct. The panel reviewed the Staff Induction (Clinical and Non-Clinical), Induction Checklist, Induction for Staff and Students: Portsmouth, Induction for Students (West Norwood), and Induction for Staff (West Norwood), all of which outline the induction policies in place. The panel were satisfied with the evidence provided.

Outreach placements at Portsmouth and the West Norwood Maurice Wohl Dental Centre offer structured, supervised clinical experience within NHS and community settings. Both sites operate additional documented induction processes for students and staff, supported by handbooks, checklists, and ongoing monitoring.

Placement quality is assured through formal agreements, quality assurance reviews, CQC checks, confirmation of indemnity, and documented governance oversight. Samples of these policies and checks were provided to the panel and were deemed sufficient.

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/Partly Met/Not 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/Partly Met/Not 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)*

King's College London maintains comprehensive and integrated patient safety systems across all clinical environments to ensure that safety concerns are identified, recorded, escalated, and addressed effectively. These systems minimise risks to patients, support proportionate incident management, embed organisational learning, and ensure compliance with regulatory requirements.

All clinical areas within the Dental Institute operate within clearly defined patient safety frameworks supported by mandatory training, including induction, safeguarding, incident reporting, and statutory updates. Both University and NHS Trust staff actively contribute to patient safety monitoring, reinforcing a shared culture of vigilance, accountability, and continuous improvement. NHS partner Trusts employ formal online incident reporting platforms Radar at Guy's and St Thomas' NHS Foundation Trust (GSTT) and InPhase at King's College Hospital NHS Foundation Trust to ensure that all incidents, near misses, and clinical concerns are systematically recorded, investigated, and reviewed.

Serious or critical incidents are escalated promptly to senior management within the relevant NHS Trust and the Dental Institute, in accordance with Trust Standard Operating Procedures. Clinical teachers receive incident-reporting training at induction, with regular refreshers provided through inset days, annual communications, and the Dental Quality and Safety Newsletter. Following any incident, appropriate action plans are implemented to safeguard patients and prevent recurrence.

Governance oversight is delivered through established Quality and Safety structures. The GSTT Quality and Safety Audit Committee meets quarterly to review incident data, complaints, infection control updates, and the risk register, with joint representation from GSTT and King's College London. Additionally, the Dental Directorate Quality & Safety Meeting convenes monthly to monitor performance, identify improvement actions, and ensure consistent standards of care across dental services. Actions arising from these forums are tracked through formal logs to ensure accountability and timely completion.

Student competence is closely aligned with patient safety. After each clinical session, student performance and reflective practice are documented through the STOCAP. Summative competence assessments confirm readiness for independent clinical activity. Students who do not meet required competence thresholds undertake structured, time-limited remediation with defined limits on attempts. Those unable to demonstrate safe practice are withdrawn from clinical activity to protect patients and uphold professional standards.

Clear processes are in place for raising concerns about student fitness to practise. The Faculty's Raising Concerns procedure enables staff and students to initiate investigations where patient safety may be at risk, including suspension from clinical activity where appropriate. Additional support mechanisms include the Student of Concern process, Occupational Health referrals, and the King's College London Report Support system, which also allows anonymous reporting.

There have been no student incidents requiring referral to the General Dental Council (GDC).

Any staff related concerns are managed in accordance with university procedures and reported to the GDC where required.

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/Partly Met/Not 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 Partly Met*)

King's College London uses a multi-layered quality assurance framework to maintain academic standards, ensure regulatory compliance, and support continuous improvement across programmes.

Quality oversight is shared between central University committees and Faculty structures. Within the Faculty, responsibility sits with the Dean for Education, supported by the Programme Director, Year Leads, and the Faculty Quality Assurance Manager. Strategic oversight is provided by the Faculty Education and Quality Assurance Committee (FEQAC), while operational delivery is managed through the Undergraduate Curriculum and Assessment Committee (UGFCAC), ensuring alignment with GDC learning outcomes.

In response to an external governance review, the faculty's formal committee structure was reorganised. As a result, there were limited historical committee minutes available for the panel to review. The panel was also advised that further refinements to the governance structure may be required as implementation progresses. The GDC will continue to work closely with King's College London to monitor the implementation, effectiveness, and ongoing development of these governance arrangements.

Programme changes follow a formal approval route: UGFCAC review, FEQAC approval, and escalation to PDASC for University-level sign-off where required. The BDS curriculum itself has been approved through this process and has now been fully mapped to the GDC Safe Practitioner framework.

Ongoing quality monitoring includes external examiner reports, module evaluations, NSS data, student-staff liaison feedback, patient feedback, clinical placement reviews, and assessment performance data. The Continuous Enhancement Review Processes (CERP) document also supports continuous year-round enhancement.

External examiners provide independent oversight of academic standards, participate in

assessment boards, and submit annual reports, which are formally responded to by the Faculty under University supervision.

Student and patient input are embedded through committees, SSLCs, surveys, focus groups, and NHS-based feedback systems, with structured processes to ensure feedback is acted upon (“closing the loop”).

There are ongoing developments to the curriculum to ensure alignment with the new Safe Practitioner Framework. While significant progress has been made, the curriculum does not yet fully meet all of the new learning outcomes. The panel reviewed both the current provision and the planned developments and was satisfied with the progress achieved to date.

The panel noted that curriculum developments are evident in Years 1 and 2. However, further work is required in Years 3, 4, and 5, particularly in relation to the longitudinal monitoring of clinical competence. During the inspection, the panel observed multiple clinical assessment systems operating within the same curriculum, together with some confusion among staff and students regarding the transition from the previous assessment approach to the new CAFS system. The panel therefore considers it essential that the transition is clearly communicated and implemented to ensure a robust, transparent, and consistent assessment framework for both staff and students.

The panel acknowledged that the implementation of the new CAFS system is expected to address the identified gaps, particularly within the later years of the programme. The new system is intended to strengthen governance, support continuous quality review, enhance stakeholder engagement, and ensure continued alignment with regulatory requirements. Collectively, these developments will help maintain the quality, safety, and relevance of the BDS programme. The panel was therefore assured that both the current provision and the planned developments represent positive and appropriate progress.

The panel further noted that the existence of multiple clinical assessment systems within the BDS programme had resulted in inconsistent terminology and some uncertainty among both staff and students. The panel was reassured that the assessment processes are being streamlined and that the introduction of a single, unified CAFS system will provide greater clarity, consistency, and transparency across the programme.

The panel found the Requirement to be partly met.

Requirement 10: Any concerns identified through the operation of 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. (*Requirement Met/Partly Met/Not 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 Partly Met*)

The BDS programme at King’s College London is supported by an internal and external quality assurance framework that ensures academic standards, regulatory compliance, and continuous enhancement in line with GDC’s requirements. Oversight is provided through the Faculty of Dentistry, Oral & Craniofacial Sciences, led by the Dean for Education and supported by programme leads, the Quality Assurance Manager, and professional services staff.

King's College London advises that student feedback is central to programme enhancement and is collected through tutorials, module evaluations, Staff–Student Liaison Committees, open forums, placement surveys, and other formal and informal mechanisms. Feedback from students and External Examiners informs curriculum development, with resulting actions incorporated into module reviews and Faculty Education Plans and communicated back to students via KEATS and email.

During the inspection, limited evidence was found of patient feedback in Years 3, 4, and 5. However, the panel reviewed plans to implement new systems to strengthen the collection of patient feedback and was reassured that these developments would address the requirement. It was also noted that the External Examiner was newly appointed to the role and had identified this area as a priority for further development.

NSS results are reviewed annually and benchmarked against both previous performance and national data. The findings are used to identify priorities for enhancement through student focus groups and the Faculty NSS Board. The school is aware of the areas in which its performance falls significantly below the national benchmark and has developed action plans to address these areas.

Educational quality is overseen strategically by the FEQAC, while the UGFCAC is responsible for curriculum delivery, assessment, and student progression, ensuring continued alignment with GDC learning outcomes. CERP provides annual institutional oversight, complemented by regular meetings between staff and student representatives to support timely improvements.

Assessment quality is assured through rigorous review, moderation, second marking, and standard-setting processes to ensure validity, fairness, and alignment with learning outcomes. Outcomes inform curriculum development, staff training, and improvements to the clinical learning environment.

External quality assurance is supported through annual review by External Examiners, oversight by the Faculty Chief External Examiner and an External Peer Reviewer, as well as periodic University-level review. Patient feedback, collected via NHS mechanisms and CAFS, also informs programme evaluation and student development.

Although the External Examiners were involved in all aspects of the academic examinations and Assessment Board meetings, there was no evidence that they were provided with access to students' clinical experience data. As a result, they may not have had a comprehensive overview of the clinical contexts in which competency assessments were undertaken.

The CAFS system has already been embedded into years 1 and 2 and has shown to have made a large improvement, the system is scheduled to be implemented across Years 3, 4 and 5 in September 2026. This development is expected to strengthen compliance with the relevant requirements and support progression from “partly met” to “met.”

The panel found the Requirement to be partly 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*)

Quality assurance of outreach placements is supported through a structured programme of site visits using standardised Faculty documentation. These visits evaluate patient flow, clinical

supervision, facilities, infection prevention and control, student professionalism, induction processes, escalation pathways, and alignment of educational delivery with the curriculum. Findings are used to inform action plans and drive continuous quality improvement. Community Special Care Dentistry and Portsmouth placements are subject to the same rigorous approval, monitoring, and review processes. Student activity is documented through Dentally and STOCAP records, while structured feedback is systematically collected from both students and clinical supervisors. King's College London, where able to provide a substantial amount of evidence to support this, and the panel was assured.

Monitoring reports from NHS providers, including incident reporting data, are reviewed centrally to identify trends, inform targeted remedial teaching where appropriate, and ensure the continued maintenance of patient safety and educational standards. Student feedback is gathered through the National Student Survey (NSS), module evaluations, Staff–Student Liaison Committees (SSLCs), and CERP, with established mechanisms in place to ensure that actions taken in response to feedback are communicated effectively. Patient feedback also plays an increasingly important role in curriculum enhancement through NHS reporting mechanisms and the implementation of a new CAFS-based patient feedback tool.

The panel are assured that collectively, these arrangements demonstrate robust governance, comprehensive quality assurance, and a strong commitment to continuous enhancement across all clinical placements. They ensure consistency of educational experience, uphold high standards of patient safety, and support the delivery of high-quality clinical education across a diverse range of practice settings.

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 Partly Met*)

The BDS programme within the FoDOCS ensures that students graduate only after demonstrating achievement of all academic, clinical, and professional learning outcomes required by the General Dental Council (GDC). This is supported by a programme-wide framework for assessment, progression, and professional development, with patient safety and public protection at its core.

Assessment is integrated across the five-year programme, using a range of methods including written examinations, simulation, workplace-based assessments, OSCEs, unseen cases, and live patient competency sign-offs. All assessments are mapped to programme learning outcomes and GDC "safe beginner" standards, with students required to demonstrate competence in simulation before treating patients and to meet defined clinical thresholds before progressing.

However, the current single, competency-based assessment system does not facilitate the

effective monitoring of longitudinal development in competence and experience across a range of clinical contexts. Students reported that, on occasion, their competency assessment represented the first time they had completed a particular procedure independently from start to finish, and they felt that additional opportunities for practice prior to assessment would have been beneficial. This finding was also reflected within the experience data. While significant efforts have been made by King's College to increase the availability of student patients, closer monitoring of students' clinical exposure and experience would further support their development. The panel was assured that plans are in place for this to be implemented in the forthcoming academic year.

Although communication and professionalism are assessed through the STOCAPS, and a Fitness to Practice process is established, the current longitudinal assessment framework does not consistently identify persistent low-level concerns or inappropriate behaviours at an early stage. By Year 5, opportunities for timely intervention and support may have been missed, highlighting the need for earlier recognition and remediation throughout the programme. The effective implementation of the CAPS system is anticipated to address this gap by providing a more comprehensive approach to monitoring student development and supporting early intervention where required.

Recent enhancements, including expanded simulation, structured workplace-based assessments, viva examinations, improved digital tracking, and the transition to CAPS, have strengthened preparedness for practice and the early identification of students requiring additional support. The panel is assured that these developments are positive and are likely to achieve the intended improvements in the early identification and monitoring of professionalism concerns.

Progression to the final BDS examination is subject to a comprehensive review of academic, clinical, attendance, and professional requirements. Fitness to Practise processes operate in line with GDC guidance and may affect eligibility for graduation where concerns remain unresolved.

The FoDOCS provides assurance through integrated assessment, continuous monitoring, and strong governance that graduates achieve all GDC learning outcomes and are prepared to practise safely as newly qualified dental professionals. The panel considers that, once the recommended changes have been implemented, the programme will provide sufficient assurance that this requirement is met.

The panel found the Requirement to be partly 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/Partly Met/Not 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)

King's College London students undertake a progressive five-year BDS clinical education programme, gaining experience across a broad range of patient groups, procedures, specialties, and care settings. Clinical responsibility increases in complexity and autonomy throughout the programme, ensuring that graduates develop the skills, knowledge, and professional behaviours required for safe beginner practice. Students are required to achieve defined clinical and professional outcomes prior to progression and final BDS sign-off.

Clinical development is monitored through structured electronic assessment systems. In BDS Years 3–5, STOCAFS records clinical activity, procedural experience, and supervisor assessments across specialties, enabling a level of longitudinal monitoring of competence, professionalism, and patient safety. In September 2025, BDS Years 1–2 transitioned to CAFS, enhancing the documentation of clinical exposure, attendance, feedback, and professional development. Implementation of CAFS is being extended across the senior clinical years to provide improved monitoring, oversight, and support for both students and staff.

The panel identified limited evidence of longitudinal monitoring of competence within the current systems. However, the panel is assured that this will be addressed through the full implementation and embedding of the CAFS system, which is expected to provide a more comprehensive approach to tracking student development over time.

Feedback is provided to students regarding their clinical practice; however, the panel noted that this feedback was not consistently delivered in a timely manner or with sufficient detail. Consequently, this limited students' ability to engage effectively in reflective learning and apply feedback to support their ongoing development.

Prior to treating patients, students must complete gateway competencies demonstrating readiness for clinical practice. These include simulation-based assessments in areas such as infection prevention, clinical record-keeping, restorative dentistry, crown preparation, and endodontics. Further progression competencies are undertaken on patients under appropriate supervision, with structured feedback and opportunities for improvement.

Students undertake clinical procedures only once supervisors have confirmed their readiness, with continued development encouraged beyond competency completion to enhance confidence, clinical judgement, and professional capability.

During the inspection, feedback highlighted concerns regarding the level of student exposure to phantom head exercises and simulation-based learning. This will require further review to ensure that students have sufficient opportunities to develop and consolidate essential clinical skills prior to patient care. In particular in situations when there are a significant time gap between a simulated competency assessment and first clinical encounter of such an item of treatment.

FoDOCS maintains oversight of clinical experience and patient access through collaboration with NHS partners, including Guy's and St Thomas' NHS Foundation Trust and King's College Hospital NHS Foundation Trust, alongside outreach clinical sites. Regular partnership meetings monitor patient availability, staffing, and clinical capacity. Targeted measures, including strengthened referral pathways from urgent care services, postgraduate clinics, and general dental practitioners, have improved patient flow and supported student experience across key specialties. However, students reported that in certain areas they would have greatly benefitted from more clinical experience prior to undertaking their competency assessments.

Student progression and professional conduct are monitored through formal Progress Committees, which review evidence including attendance, STOCAFS/CAFS outcomes, competency completion, professionalism, and welfare information. Where concerns are identified, early intervention, support plans, and appropriate referrals are implemented. Students' progress and graduate only when they have met all academic, clinical, attendance, and professional requirements. There was evidence of previous difficulties in ensuring

accurate attendance records, but the panel were assured that the new systems in place were remedying this.

The panel found that evidence of effective monitoring and oversight was apparent within BDS Years 1 and 2; however, this was less evident within Years 3–5. The panel is assured that the planned implementation and refinement of the updated systems will strengthen monitoring across all clinical years. Until sufficient evidence demonstrates that these changes are fully implemented and embedded, the panel cannot provide complete assurance that the requirement has been met. Progress against these actions will continue to be monitored over the coming year to ensure sustainable implementation and effectiveness.

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*)

At FoDOCS, King's College London, assessment is competence-based and aligned with the GDC *Preparing for Practice* outcomes. It evaluates holistic clinical performance, professionalism, clinical reasoning, and decision-making to reflect real clinical practice and the expectations of a safe beginner. A mix of formative and summative assessment supports development, with formative elements enabling reflection, early identification of learning needs, and timely support.

Assessment is designed developmentally, progressing from foundational knowledge in early years to integrated clinical assessment in senior years, ensuring appropriate challenges while supporting safe progression towards independent practice.

Validity and reliability are supported through standardised grade descriptors, established standard-setting methods (including Ebel's and Modified Angoff), and quality assurance. Marking uses a single-marker with sampling model, with additional review of borderline and high-stakes decisions, alongside regular calibration to ensure consistency and patient safety.

Quality assurance is embedded across the assessment cycle. Year-specific review groups and cross-year moderation reduce bias, while accessibility is reviewed by relevant staff before External Examiner scrutiny. All assessments are mapped to programme and GDC outcomes to ensure alignment, and staff are trained in assessment design, blueprinting, and QA processes.

Assessment data is monitored to identify differential attainment, with targeted improvements made where gaps are found. Academic, pastoral, and wellbeing support is integrated through checkpoints, progress meetings, escalation routes, and reasonable adjustments to ensure equitable access.

Governance is overseen by faculty committees aligned with university initiatives such as Transforming Assessment at King's (TASK), with External Examiners providing independent oversight of standards and continuous improvement.

Overall, based on extensive evidence reviewed, FoDOCS' assessment framework is well-aligned and provides assurance that assessments are valid, reliable, fair, and fit for purpose.

The panel found the 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/Partly Met/Not 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/Partly Met/Not 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)

The FoDOCS maintains a structured framework to ensure all clinical and academic staff are highly trained, current, and compliant with professional and regulatory standards. This is achieved through ongoing CPD, induction, mentoring, peer observation, calibration, and regular performance review, supported by strong governance and quality assurance systems.

All staff must meet GDC and university CPD requirements and complete mandatory training in areas such as patient safety, safeguarding, equality, infection control, and information governance. Protected time is provided to support CPD engagement.

A comprehensive education development programme, delivered with King's Academy, includes initiatives such as REACT, Teacher Education Days, and INSET events, focusing on teaching quality, inclusive practice, assessment, and digital learning. Staff are encouraged to gain higher education teaching qualifications and recognition.

New staff receive structured induction and mentoring covering curriculum, assessment systems, and governance processes. Teaching quality is supported through peer observation, with outcomes feeding into performance reviews and ongoing development. Assessment standards are ensured through examiner training, calibration, and observation prior to independent examining. Assessment design and analysis are overseen by academic leads with statistical support and External Examiner input to ensure fairness, consistency, and comparability.

FoDOCS actively supports digital innovation in education. Clinical teachers are trained in virtual learning environments and advanced simulation technologies, including haptic simulation and digital workflows for restorative dentistry. Staff development accompanies the introduction of new technologies, ensuring alignment with patient safety and educational best practice. The panel were able to see this during a tour of the facilities when conducting the inspection.

Annual performance reviews consolidate CPD, teaching quality, assessment performance, and feedback, alongside external examiner and programme review processes, ensuring continuous improvement and high educational standards.

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/Partly Met/Not 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/Partly Met/Not Met*)

Summary of Action

Requirement number	Action	Observations & response from Provider	Due date
Requirement 9	The provider must submit an update on the implementation and progress of the new curriculum.	The new BDS curriculum has been successfully implemented and continues to progress in accordance with the approved implementation plan. The curriculum has been designed to provide earlier clinical exposure, reduce unnecessary assessment burden, strengthen integration between academic, simulation and clinical learning, and ensure clear alignment with the GDC Safe Practitioner framework. Implementation is monitored through the faculty's established education governance structures, with regular review of student experience, assessment outcomes, clinical exposure and delivery. The provider will submit an updated curriculum implementation report detailing progress to date, key developments and ongoing quality enhancement activity. Full curriculum rollout will be completed by 2030.	Fully rolled out new curriculum by 2030 but all years already blueprinted to SPF.
	The provider must provide the Committee Meeting Minutes, Committee Structure, and details of the Committee's Quality Management processes for the programme.	The programme operates within a clearly defined Faculty and programme-level governance structure. Relevant committees have established terms of reference, defined reporting lines and scheduled meetings throughout the academic year. Programme performance, assessment, student feedback, clinical delivery, curriculum development and quality enhancement are routinely considered through these structures. The provider will	End Academic Year 2027

		submit the relevant committee structure, terms of reference, meeting minutes and supporting documentation demonstrating the quality management and escalation processes in place at the next annual monitoring stage.	
Requirement 11	The provider must demonstrate evidence that CAFS has been effectively embedded within Years 3, 4, and 5.	CAFS is now embedded within the clinical learning and assessment processes for Years 3, 4 and 5 and is used to record clinical activity, competency development, feedback and longitudinal student progression. Students and staff have been provided with guidance and support regarding its use, and programme teams routinely review engagement and completion. CAFS information is used to support progress monitoring and inform discussions relating to individual student development and progression. Evidence of implementation, student activity and programme-level monitoring will be provided.	September 2026
	The provider must provide evidence that the External Examiner is reviewing and evaluating students' clinical exposure as part of the quality assurance process.	External Examiner oversight has been strengthened to ensure that clinical exposure and clinical progression form an explicit part of external quality assurance. External Examiners are provided with relevant programme, assessment and clinical experience information and are able to review patterns of clinical exposure and progression alongside assessment outcomes.	Academic Year 2026-2027
	The provider must provide additional evidence demonstrating the collection, analysis, and utilisation of patient feedback to inform programme enhancement.	This provides additional independent assurance that students are receiving appropriate breadth and depth of clinical experience. Evidence from External Examiner documentation and reporting will be submitted.	Academic Year 2026-2027

	Best Practice: The provider should undertake periodic reviews of regulated programmes to ensure ongoing quality improvement, compliance, and alignment with relevant standards.	The faculty is strengthening the systematic collation and analysis of this information at programme level so that themes can be reviewed alongside student feedback, clinical outcomes and quality indicators. Evidence will be provided demonstrating how patient feedback is collected, reviewed and used to inform both individual student development and wider programme enhancement. On-going – University review in 2 years.	Academic Year 2026-2027 2028-2029
Requirement 13	The provider must provide the SPF mapping to demonstrate alignment with the relevant behaviours. The provider must provide evidence that the new assessment strategies have been effectively embedded into practice including timely and effective clinical feedback for students.	Detailed mapping has been undertaken to demonstrate alignment between the curriculum, learning outcomes, assessment activity and the relevant Safe Practitioner Framework behaviours. This mapping provides assurance that the required professional behaviours are introduced, developed, assessed and reinforced longitudinally throughout the programme. The completed mapping documentation will be submitted as supporting evidence. The revised assessment strategy has been implemented across the new curriculum and is now embedded within programme delivery. The strategy includes a combination of written, practical, clinical and longitudinal assessment approaches, with increased emphasis on assessment for learning and the progressive development of clinical competence. Clinical feedback is provided through CAFS and through direct discussion with clinical	Fully rolled out new curriculum by 2030 but all years already blueprinted to SPF Fully rolled out new curriculum by 2030 but all years already blueprinted to SPF

	The provider must provide evidence of longitudinal assessments for years 3, 4, and 5 as evidenced through CAFS with years 1 and 2.	supervisors. Expectations regarding the quality and timeliness of feedback have been reinforced with staff, and monitoring arrangements are in place to identify areas requiring further improvement. Evidence of assessment implementation, feedback processes and monitoring will be provided. The programme has adopted a longitudinal approach to the development and assessment of clinical competence across all five years of the BDS programme. CAFS supports the progressive recording of clinical experience, feedback and competency achievement and enables student development to be reviewed over time rather than through isolated assessment events. The approach established within Years 1 and 2 is now being applied across Years 3, 4 and 5, providing a consistent programme-wide framework for longitudinal clinical assessment. Supporting evidence demonstrating the structure and implementation of this approach will be submitted.	Academic Year 2026-2027
Requirement 15	The provider should increase opportunities for students to gain practical experience using phantom heads.	The faculty continues to provide substantial simulation-based practical experience and has reviewed opportunities for students to consolidate clinical skills using phantom-head facilities. Simulation activity is intentionally positioned throughout the curriculum to support skills development prior to and alongside patient care. Where curriculum review identifies that additional simulation would add educational value, further	On-going review

	The provider should enhance student exposure to both simulation-based and patient centred learning activities. The provider should review and refine the clinical assessment processes to ensure that they are transparent, consistent, and effective.	opportunities are incorporated within the timetable. The provider will continue to monitor utilisation and student experience to ensure appropriate access to simulation facilities. The new curriculum has specifically strengthened the integration of simulation and patient-centred clinical learning. Students are introduced to clinical and professional skills progressively, with simulation used to develop and consolidate competence before and alongside direct patient care. Increased and earlier clinical exposure is a key feature of the revised curriculum, and clinical activity is monitored to ensure students receive an appropriate range and volume of experience. This integrated approach will continue to be reviewed through curriculum and quality assurance processes. Clinical assessment processes have been reviewed as part of the implementation of the new curriculum and continue to be refined through ongoing evaluation. Clear assessment criteria, CAFS-based recording, staff calibration and longitudinal review are being used to improve transparency and consistency across clinical environments. The faculty continues to review clinical assessment data, staff and student feedback and progression outcomes to ensure that assessment remains reliable, proportionate and effective in determining clinical competence.	Fully rolled out new curriculum by 2030 but all years already blueprinted to SPF Fully rolled out new curriculum by 2030 but all years already blueprinted to SPF
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Observations from the provider on content of report

From my perspective, this report provides a fair and balanced account of the BDS programme, recognising its strengths while clearly identifying the areas in which further development is required. The inspection process was robust and appropriately rigorous, and I welcome the constructive findings and actions set out in the report. We are committed to implementing these actions and to providing clear evidence of progress through the agreed monitoring processes. I would also like to thank colleagues across the faculty, our students, and our partners for their professionalism, openness, and sustained support throughout the inspection.

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	2027/2028

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.