

# General Dental Council

## Education Quality Assurance Inspection Report

Education Provider / Awarding Body	Programme/Award
University of Leeds	Year 1 entrants prior to 2025: MChD, BChD Master and Bachelor of Dental Surgery, BSc Bachelor of Science in Oral Science  Year 1 entrants from 2025 and onwards: BChD Bachelor of Dental Surgery

Outcome of Inspection	Recommended that the qualification 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

<b>Remit and purpose of inspection:</b>	<b>Inspection referencing the <i>Standards for Education</i> to determine sufficiency of the award for the purpose of registration with the GDC as a dentist</b>  <b>Risk based: focused on requirements 1, 4, 5, 7, 9, 13, 14, and 15</b>
<b>Learning Outcomes:</b>	<b>Preparing for Practice (Dentist) Safe Practitioner (Dentist)</b>
<b>Programme inspection date:</b>	<b>24<sup>th</sup> – 26<sup>th</sup> February 2026</b>
<b>Inspection team:</b>	<b>Kim Tolley (Chair and non-registrant member) Sarah Balian (DCP member) Heidi Bateman (Dentist member) Richard Cure (Dentist member) Ben Gambles (Quality Assurance Officer)</b>
<b>Report Produced by:</b>	<b>Ben Gambles (Quality Assurance Officer)</b>

The inspection of the Dental Surgery programme (hereafter referred to as “the programme”) at University of Leeds (hereafter referred to as “the provider” or “the school”) took place over two and a half days between 24<sup>th</sup> and 26<sup>th</sup> February. This was a risk-based inspection informed by the time-elapsing since the previous inspection, annual monitoring, and a programme modification submitted and approved in 2025. This programme modification covered changes resulting from the transition to Safe Practitioner and the university-wide Curriculum Redefined project.

The inspection looked at requirements 1, 4, 5, 7, 9, 13, 14, and 15 and the panel concluded that all requirements were met. No areas of risk or concern were identified by the panel.

The pre-inspection evidence was extremely thorough and spoke to a programme that has been planned and implemented with a high level of intentionality. The panel was unanimously impressed with the programme. Areas of good practice included collaborative leadership with an appetite for change, wellbeing support for staff and students, tangible efforts around inclusivity, strong teaching and learning practice, dedicated staff with commitment to the student experience, excellent facilities and equipment, and an outreach experience which staff, students, and the panel all highlighted as a particular strength.

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

## Background and overview of qualification

Annual intake	96 students
Programme duration	182 weeks over five years
Format of programme	<p><b>Year 1</b> Basic clinical skills for safe practice, haptic simulation, clinical observations and reflective activities. Basic life support and clinical mandatory training. Introduction to common oral diseases. Introduction to key underpinning ethical principles to develop an understanding of expected professional behaviours, active learning skills including reflection and introduction to wellbeing. Introduction to basic communication skills. Basic underpinning scientific knowledge including structure of cells, tissues and organs, principles of microbiology and immunology, physiology, introduction to dental mineralised tissues. Basic principles of population health, psychology and sociology. Exposure to community engagement in dentistry.</p> <p><b>Year 2</b> Simulated basic operative clinical skills development in the clinical skills classroom. Clinical assisting and observation in the real patient environment, direct clinical practice in restorative dentistry including patient assessment and preventive management. Basic life support and clinical mandatory training. Understanding of professional legal, ethical and personal responsibilities of a dental professional, professional relationships within the dental team, including a team presentation of a poster in relation to ethical issues in dentistry. Development of communication skills for clinical practice. Continuing development of underpinning scientific knowledge in relation to biomedical sciences (systemic and oral disease processes), and social sciences related to dentistry including behavioural sciences and understanding patient anxiety. Introduction to evidence-based practice and the development of skills in appraising published evidence.</p> <p><b>Year 3</b> Direct clinical practice in restorative dentistry including patient assessment and radiology, treatment planning, preventive care, direct plastic restorations, caries management, periodontal management and removable prosthetics. In addition, students assist senior students in restorative dentistry. Knowledge based and simulated operative clinical skills development in endodontics and fixed and removable prosthodontics and paediatric dentistry. Development of the child and the development of the craniofacial complex and dentition. Basic life support and clinical mandatory training. Continued professional development in advanced communication skills including with children, equality, inclusion and diversity and GDC professional standards. Students complete a group debate to consider equality and diversity issues in dentistry. Understanding of systemic pathology and microbiology in relation to dentistry. Theories of health interventions in relation to tobacco and alcohol and understanding the physiology of stress. Research skills to undertake literature searching, understand clinical statistics, critical appraisal and research ethics.</p>

	<p><b>Year 4</b>  Direct clinical practice across restorative dentistry, paediatric dentistry, and oral surgery (acute dental care) including at outreach placements. Simulated advanced operative skills development. Basic life support, medical emergencies and clinical mandatory training. Continued professional development, specifically in teamwork, leadership and critical reflection. Applied clinical medical sciences including systemic disease and psychological conditions, social and general circumstances impacting on appropriate oral health care. Orofacial disease and management. Craniofacial development and malocclusion. Clinical imaging, pharmacology and therapeutics. Development of a supervised individual research project proposal in a chosen subject in relation to dentistry.</p> <p><b>Year 5</b>  Direct clinical practice across all speciality areas including at outreach placements. Holistic management of child and adult patients evidenced through clinical case reports. Observation in oral medicine and oral surgery consultant clinics. Placements in sedation clinics to gain insight into management of patients with dental anxiety. Basic life support, medical emergencies and clinical mandatory training. Continued professional development and preparation for the world of work. Understanding complaints handling, indemnity requirements, GDC professional standards, cultural humility, environmental sustainability, leadership and management. Understanding the ethics of dental service delivery. Applied clinical medical sciences focusing on orofacial conditions including maxillofacial trauma. Clinical decision making and insight into successful professional relationships with other healthcare teams to enhance patient care. Completion of the supervised individual research project through the presentation of a written journal article.</p>
Number of providers delivering the programme	1

## Outcome of relevant Requirements<sup>1</sup>

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

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<sup>1</sup> 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**

The programme has a robust definition of competence that allows a clear judgement of a student's knowledge and skills. Before they treat patients, students must achieve required competence standards in the pre-clinical environment. There are gateway clinical competence tests at key stages throughout the programme and students must attain a 'Ready to Progress' outcome.

The school's Clinical Progress Committee (CPC) monitors knowledge, skills, and behaviours to assure continued and developing competence. Students are encouraged to reflect continuously on their competence and confidence to empower them as future clinicians; competence is viewed as more than just technical expertise and involves reflection, professionalism, and student judgement. The panel heard praise for the emphasis on peer review. Any students that fail to demonstrate the required standard are unable to progress.

The gateway tests are marked against predefined criteria and recorded using the Continuous Assessment and Feedback System (CAFS). If a student is absent for long periods, remedial clinical skills training and competency tests are undertaken under the management of the CPC before they return to treating patients.

The panel is assured that students have the required knowledge and skills to carry out clinical procedures before they treat patients and therefore considers this 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**

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

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

The panel has no concerns regarding the levels of supervision in clinical activity. The clinical staff:student ratio is a maximum of 1:6, but adapts appropriately to the clinical activity and the student's stage of development. The panel was satisfied with the plans for staff supervisor absence in both the school and in outreach centres. The effectiveness of the ratios is monitored by the School of Dentistry and Leeds Dental Institute Joint Health and Safety Committee and the CPC, which take into account student satisfaction.

Dental nurses are responsible for ensuring students comply with health and safety protocols, infection prevention control protocols, correct disposal of instruments and materials and general running of the clinics. Students highlighted to the panel that the supervision was effective, and they found particular value in working with dental nurses.

The panel considers this 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**

All clinical supervisors are contractually required to be registered with the General Dental Council. Clinical supervisor staff undergo a general University of Leeds induction process, and a tailored clinical education induction is managed by Heads of Department. A clinic induction is carried out by a Senior Dental Nurse. New clinical supervisor staff shadow experienced colleagues on student clinics before transitioning to supervise a group with available support. Clinical staff undergo a variety of training through both the Leeds Teaching Hospitals NHS Trust (LTHT) and the University of Leeds; the Dean of the School of Dentistry has oversight for monitoring staff compliance levels.

In addition to mandatory training provided by the University of Leeds and the LTHT, the school provides Clinical Supervisor Training. This has included the changes to the school's clinical grading and marking criteria in relation to the new Safe Practitioner Framework. The school provides training for all staff involved in assessment, covering elements such as question writing and standard setting training.

The panel has no concerns regarding the training or induction of supervisors and therefore considers this 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*

**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**

Students and staff are required to follow local health and safety policies within the different clinical settings. Students complete clinically related mandatory training and receive a face-to-face induction before providing patient care at all clinical sites. This includes local policies and procedures, and bespoke inductions are provided at each individual outreach centre.

Patient safety concerns are reported via the Leeds Teaching Hospitals Trust DATIX reporting system or local outreach health and safety reporting software. All incidents and near-misses are electronically logged within 24 hours of the incident and major issues are reported to the consultant on cover. These are reviewed by a senior team member, actioned, and discussed in detail at the Joint School of Dentistry and Leeds Dental Institute Health, Safety and Wellbeing Committee. Incidents requiring escalation are reported to the appropriate regulatory body. Any safety issues raised by patients through verbal, written or via the Patient Advice

Liaison Service are reviewed by a senior team member and actioned accordingly prior to review at the Joint School of Dentistry and Leeds Dental Institute Health, Safety and Wellbeing Committee. The panel saw a logging document of all incidents, reports and actions which enabled sharing and learning from all levels of incidents.

Patient safety concerns recorded on the DATIX system are reflected in CAFS, where concerns regarding individual student performance are recorded. All 'cause for concern' CAFS grades are reviewed by academic staff on the same day, and less serious 'unsatisfactory' or 'not OK' grades are reviewed every 1-2 weeks. Students who receive a 'cause for concern' grade are required to complete a structured CAFS Reflection Form. Any incident which is considered sufficiently serious will be investigated by the school as part of the Student Professionalism and Fitness to Practise Policy and Procedure. Expectations in relation to professional behaviour are set out to students in the school Code of Professional Conduct document, which was reviewed by the panel.

The University of Leeds Sentinel system is used for accident and incident reporting in the dental school, clinical skills classroom facilities, and the rest of the non-clinical areas. Incidents are reported to and reviewed by the Joint School of Dentistry and Leeds Dental Institute Health, Safety and Wellbeing Committee. The Joint Clinical Operations Group reviews shared learning in relation to clinical incidents or health and safety concerns. The School of Dentistry Outreach team meet twice in each academic year to consider health and safety issues and share good practice. Learning is shared to clinical students and teaching staff in relation to health and safety issues through CAFS. A Clinical Education newsletter is also issued by the school which includes health and safety items. Clinical teaching staff in Restorative Dentistry have a briefing session every morning prior to clinics in which health and safety issues are raised.

The panel found the school to have robust and effective patient safety systems and considers this 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*

## **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 school works within the University of Leeds Quality Assurance and Enhancement framework. The School Taught Student Education Committee (STSEC) updates the School Student Education Action Plan on a continuous basis through joint discussions with student representatives to identify priority areas based on a review of the risk register and student surveys. The Student Education Action Plan is a university requirement and is reviewed at faculty level. The Faculty Approval Group approved the school's 2025 Redefined Curriculum as part of the school's planned GDC Safe Practitioner Framework Transition Action Plan.

Module leads and programme leads review student performance data, student satisfaction data, professional body requirements, and outline action points. The Undergraduate Programmes Management Committee (UGPMC) provides a formal mechanism for quality assurance of the Dental Surgery Programme. Student representatives can report and discuss issues at the Student and Staff Partnership Forum.

The panel reviewed the school's documentation for the transition to the GDC Safe Practitioner Framework and was satisfied that this process was thorough and robust. The school are introducing a planned package of additional educational learning content and assessment to meet new and modified learning outcomes and behaviours within the existing curriculum and school procedures. A new curriculum commenced for Year 1 entrants in September 2025 which maps to the Safe Practitioner Framework. The school gained approval for major programme amendments by the University of Leeds Faculty Programme Approval Group and the GDC Programme Modifications process.

The panel reviewed the plans for the Curriculum Redefined project which uses a thematic approach to reduce programme complexity, provide better signposting to students of curriculum progression, include new content areas, and use authentic assessment including continuous monitoring of behaviours. There is shared provision of teaching across the BChD Dental Surgery and BSc Dental Hygiene and Dental Therapy programmes which was praised by both staff and students. The School is agile in making changes when they are identified. The panel recognised areas of good practice and has no concerns that the Curriculum Redefined project will negatively impact the quality of the programme. It was also noted that *Curriculum Redefined* was developed through an inclusive process involving the entire education faculty and the student body. A strong emphasis has been placed on supporting staff through these changes, which in turn enhances support for students.

The panel considers this requirement to be 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*

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*

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

### Standard 3– Student assessment

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

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

The Dental Surgery programme uses a modular curriculum structure, where each module is mapped to appropriate GDC learning outcomes and behaviours and there is overlap of this mapping across the programme. Students are required to pass all modules within a year to progress to the next year, and all modules must be passed for the award of the final degree qualification. Each module has set assessments which may be summative, pass-for-progression, or formative. Assessments can be academic based or based on continuous clinical monitoring.

Personal and professional development modules, clinical skills, and clinical practice modules are assessed through summative examinations, OSCEs, clinical case reports with associated oral examinations, and unseen cases. Continuous assessment is a pass-for-progression element which provides a framework for the monitoring of clinical progress across clinical mandatory requirements, simulated skills gateway tests and the continuous grading of clinical experience and behaviours in the real clinical environment. Continuous assessment of behaviours is evidenced through grading in CAFS. The CAFS grading criteria are mapped to the Safe Practitioner Framework behaviour domain areas and reviewed by the CPC. A student must be signed-off by the CPC as 'Ready to Progress' into the next year of the programme. A student must be signed-off at the final stage of the programme to allow the award of the degree.

Unsuccessful candidates are supported by academic staff, academic personal tutors, Dentistry Student Support Team and the school Denstudy Team. The Denstudy process was highlighted by students as a particularly valued and supportive resource.

The panel considers this 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***

The academic module team is responsible for module summative assessments and pass-for-progression assessments with the support of the module teaching team. An assessment panel review questions, review mapping to learning outcomes, and carry out standard setting. This process is overseen by the school Academic Assessment Lead. Assessments are reviewed by relevant external examiners prior to the assessment being taken by students.

Written or knowledge examinations are carried out online through the Blackboard/Minerva online learning platform. Coursework-type assessments, examination marking, and feedback is also carried out online through this system. External examiners have access to all student assessments and submissions within Minerva and review marked submissions and module marks prior to the Progression and Awards Board.

For summative clinical examinations (OSCEs and unseen cases), external examiners view and comment on the material in advance and attend the examiner briefings and assessment in person. External examiners are required to submit an annual report and to comment on the quality of assessments and assessment processes.

Continuous clinical assessments and clinically-based pass-for-progression assessments are monitored by the CPC. CAFS is used to record continuous clinical progress for each student, the completion of clinical gateway assessments, requirements, feedback, and student reflection. A bespoke set of clinical grading criteria has been mapped to the Safe Practitioner Framework by the school, and these are applied through CAFS. Students are expected to reflect on their performance in each clinical session and clinical supervisors record their feedback to students.

'Cause for concern' grades are sent to key staff to allow immediate action to be taken if necessary. All adverse grades are reviewed on a weekly basis by the Programme Lead and any further action taken. Any 'cause for concern' grade which raises immediate Fitness to Practise concerns is sent to the School Designated Officer.

The panel found that the school's systems to plan, monitor and centrally record the assessment of students were effective and thorough, and therefore considers this 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 Met***

Students gain clinical experience with patients in specialist departments within the Leeds Dental Institute and at Outreach centres across West and East Yorkshire. The CPC is responsible for monitoring student clinical experience and making progress decisions during the programme, and at the final year sign-up and sign-off points. The school uses CAFS to record grading for every clinical session and procedure and the CPC considers the pattern of performance across the continuous clinical CAFS grading profile.

The panel was satisfied that the school has a clear definition of 'competence'. For students to demonstrate consistency, they must demonstrate consistent 'exceeds' or 'satisfactory' clinical gradings across the domain areas, and meet minimum completed clinical task performance requirements on real patients. Students are aware of requirements in relation to clinical experience expectations.

Students will not be signed-off by the CPC if they do not meet all requirements including achieving sufficiency of clinical experience at the level of a Safe Practitioner. Action plans for individual students are produced where specific support is required. The panel reviewed the clinical progress data for the 2025/26 final year Dental Surgery students during the inspection and had no concerns.

There is an effective patient recruitment process. The clinics are situated in areas of deprivation where dental care need is high, and the patient population has diverse cultural and language needs. The students recognised this as a valuable opportunity and the role of the university as part of the community was highlighted by programme leads. While there are local and national challenges in identifying and recruiting paediatric patients for undergraduates, significant action has been taken to ensure the continual flow of paediatric patients to undergraduate clinics which was visible at inspection and explained to the panel by both staff and students.

The panel considers this requirement to be met.

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

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

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

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

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

## Observations from the provider on content of report

The School of Dentistry, University of Leeds would like to express its sincere thanks to the GDC inspection panel for their care, fairness and professionalism throughout the inspection process.

We also appreciate the panel's recognition of the comprehensive nature of our pre-inspection documentation and for identifying examples of good practice across both the Programme and the School.

## Recommendations to the GDC

<b>Education associates' recommendation</b>	The MChD, BChD Master and Bachelor of Dental Surgery, BSc Bachelor of Science in Oral Science and BChD Bachelor of Dental Surgery is sufficient for holders to apply for registration as dentists with the General Dental Council.
<b>Next regular monitoring exercise</b>	Annual monitoring 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 edition<sup>1</sup> 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.