General Dental Council

Education Quality Assurance Inspection Report

Education Provider/Awarding Body	Programme/Award
Queen's University Belfast	Bachelor of Dental Surgery (BDS)

Outcome of Inspection	Recommended that the qualification continues to be sufficient for the graduating cohort to register as a dentist.

Inspection summary

Remit and purpose of inspection:	Inspection referencing the *Standards for Education* to determine sufficiency of the award for the purpose of registration with the GDC as a dentist. **Risk based: focused on 12 requirements** **1, 3, 8, 9, 10, 12, 13, 14, 15, 16, 20, 21.**
Learning Outcomes:	**Preparing for Practice Dentist.**
Programme inspection dates:	**25/26 March 2025**
Inspection team:	**Kim Tolley (Chair and non-registrant member)** **Shabnum Ali (Dentist member)** **James Ashworth-Holland (Dentist member)** **Scott Wollaston - GDC Staff member (Quality Assurance Manager)**
Report Produced by:	**Scott Wollaston GDC Staff member (Quality Assurance Manager)**

The GDC undertook a risk-based inspection of the Bachelor of Dental Surgery (BDS) programme delivered by Queen's University Belfast (QUB). The inspection covered Requirements 1, 3, 8, 9, 10, 12, 13, 14, 15, 16, 20 and 21 within the GDC's Standards for Education.

Following the inspection, all requirements were considered to be met, with the exception of Requirement 16, which was partly met. No requirements were found to be not met. The panel considered the programme to be well-structured and appropriately governed, with a clear progression framework and robust systems in place to support student development, professionalism, and wellbeing.

The documentation submitted in advance of the inspection was comprehensive and well-organised, supporting the inspection process and enabling verification of systems and structures described during meetings.

The only requirement found to be partly met was Requirement 16, relating to the validity and reliability of assessment. The panel was not assured that statistical analysis of question performance was consistently reviewed or acted upon and noted repeated use of similar multiple-choice questions (MCQs) across different cohorts. The school has acknowledged this issue and has begun reviewing its question tracking and retirement processes. The GDC will follow up on this action in the 2026/27 annual monitoring process.

Overall, the panel found the programme to be well-managed and supportive of student progression. The GDC wishes to thank the staff, students, and external stakeholders involved with the BDS programme at QUB for their co-operation and assistance with the inspection.

Background and overview of qualification

Annual intake	60 students
Programme duration	Year 1 (number of weeks) 31 Year 2 (number of weeks) 32 Year 3 (number of weeks) 41 Year 4 (number of weeks) 41 Year 5 (number of weeks) 39
Format of programme	The BDS dental programme follows a progressive five-year structure designed to develop students from the foundations of knowledge and underpinning basic science through to independent clinical practice. **Years 1-2: Foundations of Practice** During the initial two years, students establish a comprehensive foundation in clinical practice fundamentals. The curriculum encompasses biomedical and behavioural sciences alongside core principles of dental patient management, dental ethics, and dental health promotion. Students develop essential clinical dental skills through the structured Clinical and Professional Skills modules, providing the knowledge base necessary for subsequent clinical application. **Year 3: Clinical Skills Development** The third year marks the transition to active clinical practice, with students advancing their skills in Restorative Dentistry, including removable prosthodontics and endodontics. Students begin patient assessments and delivering treatments for their own patients under supervision. Alongside this, teaching commences in the dental specialties of Oral Surgery, Orthodontics, Paediatric Dentistry, and Special Care Dentistry. The curriculum also addresses the critical intersection between systemic disease and dentistry. **Year 4: Clinical Practice** Year four emphasises the development of advanced clinical competencies across the dental specialties. Students master sophisticated techniques including indirect restorations, complete denture construction, and minor oral surgery procedures. Clinical experience increases as students provide dental care for both adult and paediatric patients. Teaching delivery occurs across multiple sites, including the Dental School and designated Outreach dental clinics, ensuring wider clinical exposure. **Year 5: Clinical Consolidation** The final year focuses on consolidating clinical learning through increased clinical experience across all major dental disciplines: Restorative Dentistry, Paediatric Dentistry, Orthodontics, and Oral Surgery. Students are exposed with more complex cases and attend consultant-led clinic rotations, preparing them for independent practice upon graduation.
Number of providers delivering the programme	1

Outcome of relevant Requirements[1]

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

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[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)*

The provider told the panel that throughout the programme, students only begin providing patient care after demonstrating appropriate knowledge and skills in pre-clinical environments. This is supported by a structured framework of simulation-based training and clearly defined competency thresholds. Clinical and Professional Skills modules in years one and two prepare students using practical sessions in clinical teaching laboratories, haptic simulators, and structured assessments.

The provider explained that students must successfully complete assessments such as Structured Clinical Operative Tasks (SCOTs) and practical competencies before advancing to patient-facing environments. In year three and beyond, discipline-specific modules maintain this approach; for example, students must pass simulation-based assessments in professional mechanical plaque removal and endodontics prior to undertaking these treatments on patients.

All clinical skills development is recorded using Liftupp, a digital assessment and feedback platform. Students are closely monitored, and additional teaching or remediation is timetabled where required. These arrangements are underpinned by a system of compulsory elements, which students must complete to progress.

The panel 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)*

Clinical teaching is delivered in the School of Dentistry and across outreach clinics and Trust settings. The provider outlined a range of measures to ensure safety, including daily safety huddles, structured clinical induction, and regular training in infection control, sharps safety, and the use of personal protective equipment.

Incident reporting is in place within the school, and the Trust supports safety oversight through monthly governance meetings. The school receives quarterly summaries of incidents involving students. While the panel was not given full access to all Datix reports from the Trust, there was sufficient assurance that incidents are acted upon and that the school engages proactively with Trust partners on matters of clinical safety. All cohorts of students confirmed that they are aware of how to raise concerns. The provider told the panel that all clinical staff complete online EDI training and a register of this is kept.

Students are trained in the use of the Encompass (Epic) electronic healthcare record system for Northern Ireland and are required to sign a confidentiality agreement governing appropriate access. Clinical environments observed by the panel were generally well-equipped and maintained. The school told the panel during the inspection that Belfast Trust have 15 dental chairs that need replacing across all the Trust dental clinics within the next five years. They have submitted a business plan to the Trust, which forms part of a larger renovation project of the clinical facilities. The evidence provided to the panel with the pre-inspection information included concerns being raised about the Wi-Fi and lack of access to drinking water available in the clinical environment within the school. Speaking with the staff and students during the inspection, the school are providing bottled water for patients, staff and students as an interim solution. The school has a sustainability committee, which includes student representatives, and the plastic bottles of water has been a prominent topic within recent committee meetings. The issue of the plumbing has been raised with the Trust, and the school are working with them to resolve this issue.

The panel considers this requirement to be met.

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

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

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

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

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

The school has clear and effective systems in place to support and, where necessary, escalate concerns regarding student fitness to practise. The provider demonstrated that these systems are used appropriately and align with the GDC's guidance. Information is delivered through teaching sessions, staff briefings, and digital resources covering professional standards, duty of candour, and the importance of raising concerns.

A dedicated Wellbeing Lead and personal tutor system are in place, and support meetings are held regularly to monitor student wellbeing, behaviour, and academic progression. The school act on low level concerns and where serious concerns are identified, they are referred to the

Student Professionalism Committee. Students demonstrated a clear understanding of how to raise concerns, and staff were confident in how to manage them.

Individual Student Agreements are used to provide reasonable adjustments, including extended deadlines, clinical modifications, and rest breaks. The panel were provided with examples of these being used to good effect, balancing the need for student support with the priority of patient safety.

The panel considers this requirement to be met.

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

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

The provider has a clear and well-established framework in place to manage the quality of the BDS programme. Responsibility for academic governance lies with the Centre for Dentistry's Senior Management Team, with oversight mechanisms that include annual module reviews, programme amendments, and input from external examiners, students, and clinical stakeholders.

Module co-ordinators complete structured reviews each year, which include updates to ensure continued alignment with the latest GDC learning outcomes. Where changes are required, these are reviewed through school and university committees and discussed with the relevant external examiners.

The school is currently transitioning to the GDC's new Safe Practitioner Framework. Minor and major module changes are planned through the formal review and governance processes, with clear timelines and oversight in place to support implementation for the 2025 intake.

The panel considers this requirement to be met.

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

There are effective systems in place to identify and respond to risks that may affect student outcomes. Quality issues are raised and managed through regular meetings of the Senior Management Team, the School Management Committee, Dental Education Committee, QUB/Trust Liaison Group and Governance Committee. These committees include input from clinical leads, students, external partners, and the postgraduate deanery.

Students have multiple routes to raise concerns, including the Student Voice Committee, module evaluations and directly with the school team. Where issues are identified, the school responds promptly and appropriately, with examples provided during the inspection.

The provider also receives regular data from the postgraduate deanery on graduate performance in foundation training. This is used to monitor outcomes and inform programme

development. There was no evidence of any unresolved risks affecting the ability of students to meet learning outcomes.

The panel considers this requirement to be met.

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

Outreach placements are used in both adult and paediatric settings and are supported by experienced staff who also contribute to teaching within the main school.

All clinical activity is recorded using the Liftupp platform, allowing consistent monitoring of progress across sites. Module co-ordinators maintain oversight of teaching and assessment in outreach settings, and outreach tutors are fully integrated into relevant committees and training events.

Student and patient feedback is collected for outreach placements and is used to inform quality assurance and improvement. The feedback is centralised with the Dental Education Committee and any action arising is escalated through the appropriate committee or module review. Students can also raise placement issues through representative forums such as the Foundations of Practice Group, Dental Specialties Group, Restorative Group, and Student Voice Committee.

The panel considers this requirement to be met.

Standard 3– Student assessment
Assessment must be reliable and valid. The choice of assessment method must be appropriate to demonstrate achievement of the GDC learning outcomes. Assessors must be fit to perform the assessment task.

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

Assessment is embedded throughout the curriculum and includes a mix of written examinations, clinical assessments, observed structured clinical exams (OSCEs), and compulsory clinical and practical elements.

Clinical progression is closely monitored using the Liftupp platform, which allows staff to assess student performance across key domains including communication, professionalism, and clinical skills. Clinical targets and professionalism are also considered by the Clinical

Progress Monitoring Committee and Compulsory Elements Committee, which meet regularly to review each student's progress and readiness to advance or graduate.

Finals examinations are structured around three assessment blocks in Year 4 and Year 5, with clearly defined expectations for progression between each stage. Students are only able to graduate once all required assessments and compulsory elements are completed and passed.

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)*

Assessment processes are aligned with module outcomes and mapped to the relevant GDC learning outcomes. Each module includes defined summative and formative assessments, with all compulsory elements tracked centrally.

Clinical activity is logged and reviewed through Liftupp, which is used across all sites to ensure consistency in assessment and feedback. Clinical staff use this data to provide real-time feedback to students and to support progression decisions. Standard setting and blueprinting are used across summative assessments, and external examiners are involved in reviewing content and outcomes.

The panel 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)*

The school outlined that students gain clinical experience across a broad range of disciplines, including, but not limited to, restorative dentistry, paediatrics, oral surgery, orthodontics, and special care dentistry. Clinical teaching is delivered through a mix of in-school clinics and outreach placements. Students record their patient encounters and procedural activity through the Liftupp platform, which is used to monitor exposure and ensure coverage across all key areas.

Students are exposed to a wide variety of patient cases and procedures throughout the programme. School staff are able to identify areas where students may have gaps in experience, and work with clinical administration staff to allocate appropriate patients to them. When speaking with the students during the inspection, they said they were generally confident across key treatment areas and happy with the amount of clinical experience they had. The panel also noted that the clinical timetable provides opportunities to revisit procedures, supporting ongoing development of clinical skills. The panel did consider the minimum numbers for some treatment types to be low and suggest the programme team review these.

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 Partly Met*)

The school stated that assessments are standard set and reviewed for validity and reliability. Assessment design is supported by a statistician, who provides analysis to inform review. It was stated that statistical performance is reviewed during the quality assurance process.

The panel found that, while some mechanisms exist to support assessment validity and reliability, these are not being used consistently or effectively. There was limited evidence that statistical feedback on question performance was reviewed or acted upon. Although the school stated that the assessment statistician contributes to meetings, their attendance was not minuted, and key performance concerns did not appear to have been formally considered.

Within the evidence provided, the panel identified an example of similar MCQ content being used across different year groups in subsequent exam cycles, raising concerns about the appropriateness of question reuse. While the school reported that a tracking spreadsheet was in development, the inspection team was not assured that there is not yet a robust process for retiring or reviewing questions, or that standard setting decisions are adequately informed by performance data.

The panel agreed that further assurance is needed to demonstrate that the school has effective governance processes in place to ensure the validity and reliability of assessments. The school must demonstrate that the process of tracking the assessment and reuse of exam questions is robust and appropriate. Additional statistician time and availability would strengthen the school's ability to ensure assessment validity

The panel considers this requirement to be partly 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*)

The provider explained that external examiners are involved throughout the assessment process, including the review of exam materials in advance and submission of formal reports. Their feedback is discussed as part of annual module and programme reviews, and actions are taken where necessary. External examiners also attend the exam board meetings and provide their feedback to the school staff.

The panel reviewed past external examiner reports and saw that feedback was acted upon. Examples were provided of adjustments to assessment content and delivery based on external examiner recommendations. The school did provide a standard operating procedure for external examiners as part of their evidence, which outlines their roles and responsibilities clearly.

During the inspection, the panel did not see any evidence of an action or risk log recording all the examiner feedback and changes made as a result of these. The panel would recommend that this is something the school considers implementing.

The panel considers this requirement to be met.

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

The provider stated that assessment criteria is mapped to learning outcomes and shared with students through study guides and course materials. Summative assessments use appropriate standard setting methods, including the modified Angoff method and borderline regression, depending on the type of assessment. Staff are involved in standard setting and receive guidance on assessment criteria and marking processes.

The panel reviewed examples of assessment documentation, including marking schemes and evidence of standard setting practices. These were considered to be appropriate to the format and level of the assessments. While concerns relating to question performance monitoring and feedback were identified under Requirement 16, there was no evidence that this affected fairness or transparency of the assessment process itself.

The panel considers this requirement to be met.

Summary of Action

Requirement number	Action	Observations & response from Provider	Due date
16	The school must demonstrate that the process of tracking the assessment and reuse of exam questions is robust and appropriate.	We recognise that although mechanisms exist to support assessment validity and reliability, these require strengthening and we will focus our attention on this, and report on progress through the 2026/27 annual monitoring.	Annual Monitoring 2026/27

Observations from the provider on content of report

We would like to thank the GDC inspection team for their very positive report. We are delighted that the panel recognised areas of good practice and found the programme to be "well-structured and appropriately governed, with a clear progression framework and robust systems in place to support student development, professionalism, and wellbeing."

It is reassuring that the inspection team acknowledged our clear documentation and the effectiveness of our quality assurance system and for the consistent monitoring of student's clinical experience across all clinical sites.

Finally, we would like to give our sincere thanks to the panel for their thorough but fair approach to the inspection process, which was conducted in a very professional and constructive manner.

Recommendations to the GDC

Education associates' recommendation	The Bachelor of Dental Surgery (BDS) programme at Queen's University Belfast continues to be sufficient for holders to apply for registration as a dentist with the General Dental Council.
Date of next regular monitoring exercise	Annual Monitoring 2026/27

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.