

## Education Quality Assurance Inspection Report

Education Provider/Awarding Body	Programme/Award	Inspection Dates
University of Central Lancashire	Bachelor of Dental Surgery (BDS)	11 April 2019

Outcome of Inspection	Recommended that the Bachelor of Dental Surgery (BDS) continues to be approved to register as a dentist.
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**\*Full details of the inspection process can be found in the annex\***

## Inspection summary

<b>Remit and purpose of inspection:</b>	<b>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</b>  <b>Risk based: Focused on Requirements 4, 9, 11, 12, 13, 14, 15, 16 and 17</b>
<b>Learning Outcomes:</b>	<b><i>Preparing for Practice (dentist)</i></b>
<b>Programme inspection date(s):</b>	<b>11 April 2019</b>
<b>Inspection panel:</b>	<b>Katie Carter (Chair and Non-registrant Member) Sheila Oliver (Dentist Member) James Ashworth-Holland (Dentist Member)</b>
<b>GDC Staff:</b>	<b>James Marshall Javeriah Mahmood</b>

The inspection undertaken at the University of Central Lancashire (UCLan) was risk-based, focusing on specific areas of their Bachelor of Dental Surgery (BDS) programme. The GDC quality assurance team and a panel of experienced education associates undertook an independent evaluation of information available to determine the content of each inspection. The information considered included annual monitoring returns, previous inspection reports (including progress against actions), responses to wider recommendations in the GDC Annual Review of Education, Fitness to Practise data and complaints received.

Following this assessment, it was decided that the inspection panel focus on Requirements 4, 9, 11, 12, 13, 14, 15, 16 and 17.

The BDS programme delivered by UCLan has undergone a significant School management restructure since the last GDC inspection. While the inspection team did not identify this as having an immediate detrimental effect, the panel recommends that the University senior management continues to review the effectiveness of this restructure to ensure it does not affect the delivery of the programme.

During the programme students gain their clinical experience in both the Dental Education Centre (DEC) and Enhanced Training Practice (ETP) settings. The inspection team agreed that this was both a positive and innovative approach to dental education as it provided students with 'real life' experience and the opportunity to treat patients holistically. The ETP allow students to continue to develop as independent practitioners, whilst still being under appropriate supervision of the programme team.

The inspectors noted the positive use of student progression monitoring systems at the University, including Leopard, which is used to log clinical activity. Currently students log their activity on paper and then on Leopard, the panel encourages the School to continue working towards removing the paper element of the process in order to reduce the risk of erroneous data entry. The GDC will continue to review this development within the Monitoring exercise.

## Background and overview of Qualification

Annual intake	29 students	
Programme duration	4 years (43 weeks over 11 months/year)	
Format of programme	Example:	
	1 <sup>st</sup> BDS	Graduate entry APL
	2 <sup>nd</sup> BDS	<p>Basic medical sciences – anatomy, physiology, biochemistry</p> <p>Human systems in health</p> <p>Professionalism, law and ethics</p> <p>Intro to Dental Public Health</p> <p>Dental sciences – anatomy, embryology, materials</p> <p>Dental pathology – caries, periodontology, tooth wear, bacteriology, dental pain</p> <p>Operative techniques – Phantom head, (direct restorative, prosthetics, exodontia, non-surgical periodontology, infection control)</p> <p>Core knowledge – radiology, local anaesthesia</p> <p>Theoretical introduction to paediatric dentistry – Operative techniques Phantom head</p>
	3 <sup>rd</sup> BDS	<p>Medicine for dentistry – Human systems with pathology</p> <p>Pharmacology</p> <p>Non-dental facial pain</p> <p>Dental Public Health</p> <p>Critical analysis</p> <p>Professionalism, law and ethics</p> <p>Theoretical endodontics and techniques – Phantom head</p> <p>Introduction to clinical experience – Direct patient contact</p> <p>Clinical experience DEC – Adults and children - Prevention, non-surgical periodontal treatment, simple restorative treatment, extractions</p> <p>Provision of complete and partial dentures</p> <p>Simple endodontic treatments</p> <p>Clinical photography</p> <p>“Roadshows” – Periodontics, paedodontics, photography – theory and practical</p> <p>Public Health (school visit)</p>
	4 <sup>th</sup> BDS	<p>Oral diseases – diagnosis and management</p> <p>Dental Public Health</p> <p>Research</p> <p>Professionalism, law and ethics</p> <p>General anaesthetic theory prior to GA extraction experience</p> <p>Inhalation sedation techniques</p> <p>Minor oral surgery</p> <p>Adult and child safeguarding</p>

		<p>Secondary care placement / experience – Maxillo-facial surgery, orthodontics, special care, GA Theoretical crown and bridge restorations – Phantom head Clinical experience DEC continues – Development of enhanced restorative skills and techniques, including indirect restorations</p>	
	5 <sup>th</sup> BDS	<p>Integrated clinical care Dental Public Health Clinical Audit Preparation for DF1 interviews – Tutorials, formative interviews Consolidation of clinical diagnosis and treatment planning Clinical experience continues at DEC– Development of restorative skills and techniques, including indirect restorations Extended training practice – Experience similar to general dental practice Secondary care placement / experience – Maxillo-facial surgery, orthodontics, special care, GA Professionalism, law and ethics related to dental practise</p>	
Number of providers delivering the programme	<p>13</p> <p><b>Enhanced Training Practice</b> Genix Healthcare Blackpool Genix Healthcare Morecambe Bupa Healthcare Accrington/Burnley Bupa Healthcare Carlisle</p> <p><b>Dental Education Centre</b> Lancashire Care NHS Foundation Trust Blackpool Teaching Hospitals NHS Foundation Trust Cumbria Partnership NHS Foundation Trust</p> <p><b>Secondary Care Provider NHS Trust</b> East Lancashire Hospitals NHS Trust Lancashire Teaching Hospitals NHS Foundation Trust North Cumbria University Hospitals NHS Trust University Hospitals of Morecambe Bay NHS Foundation Trust Cumbria Partnership NHS Foundation Trust</p> <p><b>Other</b> UCLan Dental Clinic</p>		

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



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

Standard One	
1	Met
2	Met
3	Met
4	Met
5	Met
6	Met
7	Met
8	Met
Standard Two	
9	Met
10	Met
11	Met
12	Met
Standard Three	
13	Met
14	Met
15	Met
16	Met
17	Partly 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. Specific Requirements will be examined through inspection activity through identification 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)**

**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 were satisfied that staff to student ratios were appropriate and in line with the pre-inspection evidence provided. There are good levels of nursing support in both ETPs and DECAs, where the students nurse for each other with additional support available if needed. This was evident in 2018-19 Audit Reports testing of samples against sign off for assisted operating for Morecambe ETP and Accrington DEC.

The University holds Clinical Supervisor training day once a year where Clinical Calibration is revisited. The School is pursuing in making this a possibly as a bi-annual event. In addition to this, ad hoc training events are also run by the individual DECAs.

Students noted good relationships with staff members fostering a good atmosphere for learning. Students have regular personal tutor sessions which they were positive about and students were aware of where to find solutions to any problems. Students also have access to the Supporting Clinically Challenged Students policy.

The Structured Event Reporting Form (SERF) and the University Starfish systems are used to monitor and record students' issues and can log the support provided through academic adviser meetings. Some Senior Clinical Teachers also have roles as year leads, which helps to improve the communication links between DECAs and UCLan. All staff members are trained as academic advisors, training which is provided by the University.

**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)**

## 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 presented a clear example of how changes to the national periodontal guidelines had been incorporated into the programme. This change was disseminated out to staff and students in all DEC and ETPs.

The panel was informed of a senior management restructure. This does not appear to be causing issues, but the panel will monitor these changes and look forward to an update as to how this is progressing.

The role of the DEC and ETPs is positive, however the programme team should ensure external factors and pressures, such as funding and patient supply, do not have a detrimental impact on the running of the programme and student experience.

In addition to the Annual Review Group, the Curriculum Development Group meets several times a year to ensure the programme remains contemporaneous. The inspectors agreed this is a positive approach and the GDC looks forward to receiving updates on its progress during the Monitoring Process. The panel noted that the school had a risk register.

**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*)**

**Requirement 11: Programmes must be subject to rigorous internal and external quality assurance procedures. External quality assurance should include the use of external examiners, who should be familiar with the GDC learning outcomes and their context and QAA guidelines should be followed where applicable. Patient and/or customer feedback must be collected and used to inform programme development. (*Requirement Met*)**

The School has a good relationship with external examiners and a clear process for responding to comments raised by them. The panel saw evidence of external examiners providing feedback on the assessment process and how they can input feedback on the Maxinity system, which is used to map GDC learning outcomes to assessments. The Maxinity Software programme which is utilised in addition to deliver the quality assurance cycle of the Schools summative assessment processes.

The panel saw an extensive collection of patient feedback and additional questions were recently added to the feedback questionnaire asking about student preparedness. The School is monitoring the use of the feedback forms. The panel obtained evidence from speaking to students that the School reacts efficiently to feedback from the Staff Student Liaison Committee.

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

There is a Specification of Service agreement between UCLan and the DEC / ETPs. The supervisors reported having a sufficient and comprehensive induction. The School undertakes regular audit visits to the DEC and ETPs. The Clinical Education Co-ordinator undertakes these visits with another Senior Clinical Teacher from a different DEC to ensure transparency and consistency as well as calibrating between DEC

The panel was pleased to note the School's support mechanism when it is identified students require clinical remediation while they are within the ETP environment. In this situation, additional training is provided within the DEC setting until an adequate level of clinical competence has been achieved. Following completion of this, the student is able to return to their designated ETP.

The School seeks feedback from students on the placements, which results in a process of continual improvement alongside regular catch up meetings with placement providers including Secondary Care. Any issues identified are shared with the School and brought to the attention of the Clinical Education Co-ordinator immediately. The panel were particularly impressed with the support and dedication from supervisors in the Carlisle training environment which is isolated in terms of its location compared to other centres.

### 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 practice 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 inspectors noted there was a clear assessment strategy to ensure all the GDC Learning Outcomes were appropriately covered. The Maxinity system is used to map the Learning Outcomes to the BDS assessments and the inspectors were provided with access to review the software.

In addition to Maxinity, the School uses the Leopard system to record student clinical activity data. While the panel agreed that Leopard is a positive aspect of the programme and provides the programme team with clear data on a student's performance as well clinical activity, they felt that the School could identify additional ways to use it during a student's transition from the DEC environment to the ETP.

The inspectors were informed that students are given their clinical targets early on in the programme, which enables them to be proactive and plan their workload effectively. In the event that a student is struggling to achieve experience in certain areas, the School has rapid remediation systems in place to monitor students and provide additional support. The inspectors were provided with minutes of the Clinical Assessment Panels (CAPs), which are held to review student progress against the targets. The panel saw evidence of students who had fallen below the required level of attainment and had supportive action plans put in place. In this event, students were required to undertake additional clinical experience prior to being allowed to progress further with the programme.

On completion of the BDS programme, all graduates are provided with a transcript of their clinical experience to pass on to their foundation trainer. The panel agreed this was an area of good practice as it enables trainers to focus their support on areas where the graduate felt less confident.

**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 panel was informed that academic assessments are recorded on the University Banner system, while written assessments are undertaken on the Maxinity system. Both these systems allow mapping against the Learning Outcomes. Maxinity also allows the School to carry out quality assurance of assessments and analysis of assessment data.

All clinical experience data, including the grades awarded by supervisors, is uploaded by the students onto the Leopard database. Inspectors were able to access Leopard to scrutinise the data. Clinical experience is recorded in six domains: clinical skills, generic skills, knowledge, management, communication and professionalism. Each domain has its own set of descriptors, which are shared with students and staff. Currently the data is primarily recorded

on paper Clinical Feedback sheets and students then enter this information onto the Leopard system. Students can access Leopard at any time but must input data relating to a particular treatment within one week of the clinical activity having taken place. This Leopard data is audited, regularly, by Senior Clinical Teachers at the DEC's and used to monitor the student's activities and tailor their clinical requirements.

A Leopard Compliance Audit is carried out in October and March by a Senior Lecturer to ensure that students are entering complete and accurate data from their Clinical Assessment Sheets onto the Leopard system. If a student is deemed to be deficient in their record keeping, a SERF record will be raised, which will lead to a learning action for the student. The inspectors were informed that an electronic system to replace the paper-based recording is currently being developed. The audit process will then be revised which would lead to improved accuracy of data recording. The inspectors support this development and will be reviewing progress within the GDC's Monitoring review.

**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 inspectors noted that students on the BDS programme have the opportunity to undertake a wide range of clinical activity in DEC and ETP training settings, which are located within areas of high deprivation and dental need. In the DEC's and ETP's, students are able to treat patients holistically, which the panel agreed gave the students valuable experience.

4<sup>th</sup> and 5<sup>th</sup> BDS attend additional clinical activity on their Secondary Care Placement.

The inspectors appreciated the different, but complementary experiences gained by the students in the DEC and ETP settings respectively. ETP's enable students to practice increasingly independently, whilst still under supervision, thus preparing them well for independent practice as safe beginners.

The School uses a competency-based marking system to ensure students have sufficient opportunity to gain experience to a competent level. Information gathered is reviewed at Academic Advisor Meetings with Senior Clinical Teachers working within the DEC's. If it is identified that students require additional clinical experience, then suitable patients are identified.

**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*)**

The panel was informed that the School uses the Modified Angoff version of standard setting for assessments, which is embedded within the Maxinity system. The inspectors were also provided with evidence of the psychometric assessment that is carried out to inform the examination process. The School maintains a question bank on Maxinity, which the inspectors were provided access to, and which is updated annually.

The panel agreed that the range of assessments undertaken by students as part of the programme were appropriate. The Curriculum Review Group also meets regularly to carry out quality assurance on the range of assessments used.

The panel was provided with copies of the clinical grading descriptors used in the DEC and ETP settings. The School hosts twice-yearly supervisor training days, which includes calibration sessions on the use of the descriptors. In addition to this, the Clinical Supervisor Handbook provides further guidance on the use of the marking system.

The panel noted an example of students raising a concern with the consistency of marking during a phantom head session. This was raised with the programme team and additional training delivered to the staff member in question.

The inspectors were informed that external examiners are appointed for all modules within the programme. Each external examiner is provided with guidance and relevant module information. In advance of a summative assessment, they are asked to comment on the content, range and level of the assessment material. After the assessment, external examiners are supplied with examination scripts or computer marked results for their scrutiny. They attend module and programme board meetings to observe the conduct of these meetings. Examiners are invited to comment on the examination, its conduct, marking and the performance of the students. They are required to produce an annual evaluation report for the University.

**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 Partly Met)**

During the inspection the panel was provided with evidence of patient feedback collected from the various DEC and ETP training environments. In addition to this, the School is in the process of developing a 360-degree feedback methodology. This new approach will more effectively capture formal feedback from patients and members of the dental team, including dental nurses and reception staff and is to be commended.

Currently, informal formative feedback is gathered from members of the dental team, which is discussed with students by the Senior Clinical Teachers as part of their regular meetings. The inspectors agreed that positive steps were being taken by the School to formalise this and the GDC will be monitoring progress during the next Monitoring exercise.

Further to the 360-degree feedback trial, the inspectors agreed that the portfolios used to monitor student progression provided a good opportunity for them to reflect on their performance. Portfolios also allowed students to obtain contemporaneous feedback from their supervisors in the DEC and ETPs.

**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*)**

## Summary of Action

Req. number	Action	Observations & response from Provider	Due date
13	The School should consider identifying additional ways to utilise Leopard data during a student's transition from the Dental Education Centre to Enhanced Training Practice environment.	<p>There has been ongoing discussion between SCT and ETP. The school will make sure that there will be a formal written transition going forward where it will indicate that the student will require additional support or experience.</p> <p>In the Final Year, students work in the enhanced training practices but also continue to see patients at the DECs. Currently, there are informal discussions between the DEC senior clinical teachers and the ETP staff to share information about students who will be coming to the ETP. This includes the student's clinical experience and performance recorded via Leopard, but also any additional observations regarding the student's progress, behaviour or professionalism so that ETP staff are prepared to tailor the support, supervision and learning opportunities to the needs of each student. We are now introducing a more formal approach whereby the key elements of the student's leopard record of achievement are documented together with any information gathered from the DEC supervisors. This will be passed to the ETP staff as a record of the student's development to which clinicians can refer in advance of working with the student.</p>	Annual Monitoring 2020
17	The School must continue to develop the 360-degree feedback system in order to fully integrate it within the programme.	At submission and preparing the School for the GDC inspection, the School had stated that the 360-degree feedback was a trial. Going forward, the School will enhance this trial by having it formalised and renaming it as Multi Source Feedback (MSF).	Annual Monitoring 2020



## Observations from the provider on content of report

The School found the GDC inspection a very fair process. Although the inspection date was dictated by the GDC, the School received plenty of notice to prepare for the inspection. The QA Manager was always quick to respond to any enquiries which made the whole process a lot easier to understand and deliver to the GDC's expectation. The GDC was accommodating and there was no adverse effect upon the teaching and learning on the day or the patient experience.

## Recommendations to the GDC

<b>Education associates' recommendation</b>	Qualification continues to be approved for holders to apply for registration as a dentist with the General Dental Council
<b>Date of next regular monitoring exercise</b>	2020

## 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 practice 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 1 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 inspectors 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 inspectors may 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 annual monitoring process. Serious concerns about a lack of progress may result in further inspections or other quality assurance activity.

6. The QA 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.