

General Dental Council

Quality Assurance Report Standards for Specialty Education

Training commissioner	Training programmes
Health Education England – Midlands & East	Dental and Maxillofacial Radiology Dental Public Health Endodontics Oral Medicine Oral Surgery Orthodontics Paediatric Dentistry Restorative Dentistry Special Care Dentistry
Outcome of Specialty Training self-assessment against the Standards for Specialty Education.	No GDC actions identified for the training commissioner

Full details of the process can be found in the annex

Summary

Remit and purpose:	To quality assure the specialty training and education being delivered by Health Education England Midlands & East
Standards for Specialty Education:	All
Date of submissions:	June 2022
GDC Staff:	Gail Flemming – Interim Head of Education Amy Mullins-Downes – Operations and Development Quality Assurance Manager James Marshall – Quality Assurance Manager
Education associates:	Gill Jones Kevin Seymour

This report sets out the GDC analysis of the self-assessment and evidence submission by the Health Education England Midlands and East (hereafter referred to as “HEE M&E”) against the *Standards for Specialty Education* (“the Standards”). Following a review of the self-assessment and evidence submission, the GDC carried out a one-day inspection with HEE M&E.

This GDC specialty report should be read in the context of the GDC’s policy to develop the quality assurance of specialty training in collaboration with training commissioners.

The GDC (also referred to as the “associates” and the “panel”) wishes to thank the Postgraduate Dental Dean (PGDD) and staff at HEE M&E for their co-operation and assistance in this specialty submission process.

Of the 20 Requirements under the Standards, the GDC considers that the submission from HEE M&E demonstrates:

	No of Requirements	Requirements
Met	20	P1, P2, P3, P4, P5, P6, P7, P8, P9, P10, P11, P12, P13, P14, P15, P16, P17, P18, P19 and P20
Partly met	0	
Not met	0	

Outcome of relevant Requirements:

Standard One	
P1	Met
P2	Met
P3	Met
P4	Met
P5	Met
P6	Met
P7	Met
Standard Two	
P8	Met
P9	Met
P10	Met
P11	Met
Standard Three	
P12	Met
P13	Met
P14	Met
P15	Met
P16	Met
P17	Met
P18	Met
P19	Met
P20	Met

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 a correct and justifiable standard. Any risk to the safety of patients and their care by specialty trainees must be minimised.

P1: For clinical procedures, the programme provider should be assured that the specialty trainee is safe to treat patients in the relevant skills at the levels required prior to treating patients. (Requirement Met)

The panel was assured that at HEE M&E there were robust programmes for the recruitment and selection of trainees.

The panel was informed that individual work schedules and supervisory processes are in place for all trainees with regular review through the specified processes. In addition to this, there is regular reporting of progress and structured appraisal of trainees is in place across all programmes.

The panel noted there was routine incident reporting procedures that are in place within all providers as part of their standard governance processes.

The recruitment and monitoring processes were triangulated during the inspection.

We consider this Requirement is Met.

P2: Programme providers must have a policy in place to inform patients that they will be treated by specialty trainees and providers should confirm patient recognition of this policy. (Requirement Met).

The panel was informed that trainees are made aware of their obligation to identify themselves as a trainee and to wear a name badge at all times. This obligation forms part of their HEE Specialty Trainee induction.

In addition to this, all trainees wear badges that identify their grade. Trainees are also required to introduce themselves to patients as trainees. All providers have patient information leaflets that inform patients of the nature of training organisations.

HEE M&E also routinely survey their patients using both the ISCP patient satisfaction questionnaire, Friends & Family survey and through gathering patient feedback to inform the process.

We consider this Requirement is Met.

P3: Programme providers must ensure specialty trainees provide patient-centred care in a safe learning environment. The provider must comply with relevant legislation, including equality and diversity, and requirements regarding patient care. (Requirement Met).

The panel was provided with evidence of the mandatory training requirements for staff and trainees within the submission, which was then triangulated during the inspection.

The panel was assured by the work schedules in place for all specialties, which includes information on supervision levels in each area. Reporting is carried out via the AES / TPD / ARCP processes, which provides HEE M&E with oversight of the safety and compliance of trainers and training environments.

Equality, diversity and inclusion training and legal training is delivered by providers as part of mandatory training, which is supported by HEE commissioned training modules.

We consider this Requirement is Met.

P4: When providing patient care and services, specialty trainees are to be supervised at a level necessary to ensure patient safety according to the activity and the trainee's stage of development. (Requirement Met).

As part of the submission evidence bundle, the panel was provided with copies of clinic timetables to provide assurance of supervision levels. HEE M&E confirmed that there is a minimum CS to trainee ratio of 1 to 6.

The panel was informed that supervision requirements are detailed in the work schedules and specified in learning agreements at beginning of specialty training. In addition to this, support processes are in place for trainees and trainers, which includes the escalation of issues to HEE M&E, should this be required, through the reporting mechanisms.

The ARCP process also provides regular and structured oversight of progress and a framework for checking the progress of trainees against the curriculum. The panel was assured that should issues arise, updates are made to the training plans, which includes adjustments to supervision if required.

We consider this Requirement is Met.

P5: All educational and clinical supervisors must be appropriately qualified and trained, including training in equality and diversity where relevant to the role. Clinical supervisors must have registration with a UK regulatory body. There must be a clear rationale underpinning whether individual clinical supervisors are/are not included on a specialist list. (Requirement Met).

The panel was informed that all trainers are required to hold specialist list registration, which is reviewed as part of the appraisal process.

The panel noted that all mandatory training is a Trust responsibility, with evidence made available via the Trust training records. All faculty development is delivered by HEE M&E, which is supported within a framework of appraisal and targeted development where any further development is identified. Any additional training is providing via the Miad training system.

We consider this Requirement is Met.

P6: Programme providers must ensure that specialty trainees and all those involved in the delivery of education and training are aware of their duty to be candid in line with the guidance issued by the professional regulator. Specialty trainees must be made aware of their obligation to raise concerns if they identify any risks to patient safety. Programme providers should publish policies so that it is clear to all parties how they can raise concerns and how these concerns will be acted upon. Programme providers must support those who do raise concerns and provide assurance that staff and specialty trainees will not be penalised for doing so. (Requirement Met).

The panel was informed that HEE has developed a Multi-Professional National Quality Framework and Strategy which sets out the required approach to monitoring the quality of the clinical learning environment across all learner groups that HEE is responsible for. The panel noted that this has been fully adopted and implemented in the within the HEE M&E region.

The panel was satisfied with the risk based approach to quality within HEE M&E as it enables them to provide a focus on the areas of concern based on available evidence sources.

The panel was also provided with evidence of both the regional concerns escalation processes and Trust reporting mechanisms.

We consider this Requirement is Met.

P7: Programme providers must have mechanisms to identify patient safety issues. Should a patient safety issue arise, action must be taken by the provider with a clear rationale for the extent of the action including, where necessary, informing the relevant regulatory body. (Requirement Met).

The panel was informed that all providers are required to have a framework for managing patient complaints and incident reporting. The panel noted that while these mechanisms are Trust responsibilities, there is a clear escalation process if concerns are raised.

During the inspection, the panel was assured that where issues arise with trainees, there is a process for HEE M&E to be informed, which enables appropriate support to be put in place in line with the HEE Quality Framework.

We consider this Requirement is 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 leading to recommendation for issue of a certificate of completion of specialist training.

P8: Programme providers must have a quality framework in place that details how the quality of the programme/examination is managed. This will include ensuring necessary development to programmes that maps across to the GDC approved curriculum/latest learning outcomes for the relevant specialty and adapts to changing legislation and external guidance. There must be a clear statement about where responsibility lies for this quality function. (Requirement Met).

During the inspection HEE M&E explained that it follows the principles in the national HEE Quality Framework document. The document forms the basis for HEE M&E to map its functions to all aspects of specialty training from trainee recruitment to recommendation of a CCST, ensuring alignment with the set curriculums and regulations.

The panel was provided with an overview presentation of the quality management framework, with ultimate responsibility for quality sitting with the Postgraduate Dental Dean. The panel was assured that, despite the challenges involved with programmes for both large and small numbers of trainees, that a comparable framework was in place for ensuring a consistent high quality of teaching provision.

The panel was pleased to note the use of the Quality Concern Alert Form (QCA). They were informed that depending on the level of risk, there will be differing intervention routes, with the aim of the QCA reporting structure to maintain consistency in how risks are reports and investigated, regardless of the teaching discipline.

The panel was also provided with a demonstration of the National Quality Improvement Register and Business as Usual Log, which provided another facet of reassurance into the quality management structure within HEE M&E.

The panel noted that within the coming year there will be further changes to the organisational structure of HEE M&E, with West Midlands and the East becoming distinct commissioners. The panel was informed that there will continue to be a high-level working relationship between the regions following this split, which has already taken place for Foundation and Core trainees. The GDC will continue to monitor the split to ensure a high level of training continues to be delivered.

We consider this Requirement is Met.

P9: Providers must address any concerns identified through the operation of this quality framework, including internal and external reports relating to quality, as soon as possible. (Requirement Met).

As noted in P8 above, the panel was reassured to see the use of the Quality Concern Alert Form, in order to provide a mechanism for identifying, recording and, where necessary, escalating concerns.

The panel also noted the use of the Intensive Support Framework (ISF) if trainee concerns are identified. The ISF risk levels range from 0 (no concerns) to 4 (training suspended). The panel was informed that the escalation of concerns will also lead to issues being raised on a national level for review.

The panel agreed that the Risk and Quality Oversight Panel (RQOP) within the quality framework provides a vital function for ongoing oversight of quality issues within HEE M&E. The panel was also provided with copies of the Regional Dental Board to demonstrate how quality issues are escalated and discussed.

We consider this Requirement is Met.

P10: Quality Frameworks must be subject to rigorous internal and external quality management procedures. External assessors must be utilised and must be familiar with GDC approved curriculum/latest learning outcomes and their context. (Requirement Met).

There is discussion regarding the workings of the quality framework at Requirements P8 and P9.

Regarding external quality assurance, HEE M&E noted the use of SAC external assessors as well as lay representatives who are key to ensure the consistency and fairness of processes, as well as informing and supporting change within the quality management procedures of HEE M&E. In addition to this, HEE M&E utilise feedback from the Patient Advisory Forum to inform the quality assurance process.

The panel was also informed that a revised Quality Strategy was launched in December 2021.

We consider this Requirement is Met.

P11: The programme provider must have systems in place to ensure the quality of placements/rotations to ensure that patient care and assessment in all locations meets these Standards. The quality management systems should include the regular

collection of specialty trainee and patient feedback relating to treatment provided within placements/rotations. (Requirement Met).

HEE M&E explained that the Postgraduate Dental Dean is responsible for the management of dental specialty training and this includes the quality of placements. Support is provided through the established quality functions within programme management and quality teams. There is ongoing monitoring of placements and programmes on a risk-based approach.

The panel noted the use of the annual NETS to trainees for feedback on areas relating to induction, curriculum delivery and patient safety also identified any issues with placements. While the panel was in agreement that this approach for placement quality assurance would be effective, they felt further enhancement could be made by undertaking visits to workplaces to gain further assurance.

We consider this Requirement is 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.

P12: To make a recommendation for the award of a Certificate of Completion of Specialist Training (CCST), programme providers must be assured that specialty trainees have demonstrated achievement across the full range of learning outcomes in the relevant specialty curriculum approved by the GDC, and that they are fit to practise at the level of a specialist in the relevant specialty. This assurance should be underpinned by a coherent approach to the principles of assessment referred to in these standards. (Requirement Met).

Within the submission and during the inspection, HEE M&E described the support, guidance and evaluation for trainees, beginning with trainee recruitment, throughout training and leading to the recommendation of a CCST.

The panel was provided with an overview of the portfolio process, which is used to demonstrate progress against the full range of relevant specialty curriculum learning outcomes. Evidence of the portfolio completion, accompanied by other assessment methods is used to demonstrate the suitability for trainees to sit the ARCP.

The panel saw evidence that the ARCP is a robust process to ensure that a full review of all trainees' progression continues throughout training. It is dictated by the requirements in the Dental Gold Guide. It enables the ARCP panels to be satisfied that the training period undertaken is compliant with SAC recommendations and provides clear guidance on any outstanding requirements needed to achieve the award of CCST.

The ARCP panels take into account a variety of evidence, such as time in training, WBAs, portfolios, professional examinations, multi-source feedback (MSF) and research if applicable. These are detailed in the HEE M&E ARCP checklist. The evidence is triangulated and assessed using a structured ES report and the attendance of assessors, as well as the ES, SAC external member, dental dean, TPD and a lay representative. The panel was provided with anonymised examples of ARCP forms and was satisfied with the process.

We consider this Requirement is Met.

P13: Programme providers must demonstrate that assessments are fit for purpose and deliver results which are valid and reliable. Assessment conclusions should include more than one sample of performance. (Providers must demonstrate a rationale for any divergence from this principle.) Non-summative assessments must utilise feedback collected from a variety of sources, which may include other members of the dental team, peers, patients and/or customers. (Requirement Met).

As part of the submission, the panel was provided with anonymised examples of the ARCP Portfolio Review Checklist form from both the restorative and paediatric specialist domains. These demonstrated the range of assessment methodologies used to inform the ARCP process.

HEE M&E confirmed that it adheres to the assessment strategies as described in the specialty curricula. The panel noted that this is a national process and trainees will not progress in training unless compliant with each component.

HEE M&E also provided evidence within the submission and during the inspection of the range of feedback tools used to inform the assessment process, including 360 feedback, use of the Friends & Family survey and evidence within PALS records.

We consider this Requirement is Met.

P14: Assessment must involve a range of methods appropriate to the learning outcomes and these should be in line with current and best practice and be routinely developed, refined, monitored and quality managed. (Requirement Met).

HEE M&E explained that each of the specialty curricula define the types of assessment required for specific learning outcomes. Many curricula also have a specified number of WBAs to support the assessment of trainee progression throughout training. Requirements for assessments are defined by the relevant SAC.

The achievement of specific learning outcomes is tested by a variety of recognised and current methods and include WBA's, logbooks, trainee reflection and patient and colleague feedback. Progress against these assessment methods is then recorded via the ARCP Portfolio Review Checklist.

The panel noted that HEE M&E regularly collects feedback from trainees and supervisors, including on elements of the assessment process, in order to review, develop and refine the assessment strategy.

We consider this Requirement is Met.

P15: The programme provider must have in place management systems to plan, monitor and record the assessment of specialty trainees throughout the programme against each of the learning outcomes. (Requirement Met).

As noted in Requirements P12, the ARCP is a key tool for identifying and assessing trainees' progression in accordance with the relevant learning outcomes for their specialty domain. Use of the ARCP Portfolio Checklist forms is a key tool to ensuring trainees are monitored on a regular basis, remain on track and issues identified in a timely fashion.

The panel noted that the portfolio is also a significant tool used in monitoring a trainees progression. However within the submission bundle they identified that, whilst it is a fit for purpose tool, there remained some feedback identifying challenges in navigating the system.

HEE M&E could consider reviewing the portfolio system functionality to ensure it remains a user-friendly tool.

We consider this Requirement is Met.

P16: Specialty trainees 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 competence to achieve the relevant GDC-approved learning outcomes. (Requirement Met).

The panel noted that each of the specialty curricula provides clear expectations on the number of patients and procedures that are expected of trainees.

Given the contractual requirements of service provision between HEE M&E and the providers, they gain assurance that trainees have appropriate exposure to complex patients and procedures throughout their training. Training activities are measured via evidence submitted by trainees for WBAs and recorded in the logbook and portfolio. This is where exposure to complex patients and procedures is also logged, demonstrating development of trainees' competency.

WBAs are essential to record procedures by trainees which align to their learning outcomes. As trainees' knowledge and ability to independently manage a higher complexity of cases, the educational and clinical supervision requirements are adjusted accordingly. The panel was assured that this multi-faceted approach would ensure specialty trainees have exposure to an appropriate breadth of patients and procedures.

We consider this Requirement is Met.

P17: The programme provider should support specialty trainees to improve their performance by providing regular feedback and by encouraging trainees to reflect on their clinical and professional practice. (Requirement Met).

As part of the ongoing review and monitoring process, the panel was informed that all trainers are expected to have regular feedback discussions with trainees to discuss educational and clinical aspects of their training performance. These discussions are recorded within trainee's portfolios which are reviewed during the ARCP. Additionally, the final ES report also includes feedback from CS's and is essential in the ARCP process.

The panel noted that WBAs form another key component in the feedback and reflection process, which are also recorded and reviewed as part of the ARCP process.

We consider this Requirement is Met.

P18: Examiners/assessors must have appropriate skills, experience and training to undertake the task of assessment, including appropriate registration with a regulatory body. (Requirement Met).

The panel noted that in 2017, HEE introduced a Professional Development Framework for Supervisors to establish the standards required to ensure quality in and dental education. This framework has been revised several times since. In 2018 HEE also developed the document "Enhancing training and the support for learners" to further expand this level of support, which is a national initiative.

During the submission and inspection, the panel was provided with evidence of all mandatory training being completed through the Miad system. In addition to this, the panel was pleased to be provided with a comprehensive example of a TPD appraisal form.

We consider this Requirement is Met.

P19: Programme providers must document external examiners/assessors reports on the extent to which examination and/or assessment processes are rigorous, set at the correct standard, ensure equity of treatment for specialty trainees and have been fairly conducted. (Requirement Met).

The panel noted that all ARCP panels are required to have an external SAC nominated representative and lay representative. The lay representative is an independent member and is present to review the process in relation to fairness and consistency.

External assessors also provide assurance that appropriate standards are met and the processes involved are fair and transparent. Trainees can appeal an ARCP outcome via the Appeals Procedures Rules.

We consider this Requirement is Met.

P20: Assessment must be fair and undertaken against clear criteria. The standard expected of specialty trainees in each area to be assessed must be clear and trainees and staff involved in assessment must be aware of this standard. A recognised standard setting process must be employed for assessments. Exceptions from this principle must be clearly justified. (Requirement Met).

The panel was informed that trainees are made aware of the standard expected of them initially through the induction process. This is then reinforced on an ongoing basis via the ARCP monitoring process. The ARCP Portfolio Review Checklist clearly states areas of a trainees progress, including the opportunity for comments to be made on progression and further development. Additionally, the SAC agreed assessment framework is built into the portfolio, which is available to both trainees and staff involved in assessment.

Standard-setting for summative assessments is undertaken by the respective Royal College.

We consider this Requirement is Met.

Summary of Actions for HEE M&E

Req. number	Action	Observations & response from HEE M&E	Due date
	No actions		

Observations from HEE M&E on the content of the report

This report of the assessment process is pleasing to read, as it has captured accurately the breadth of evidence provided and discussion that was had throughout the review process. It is clear that the approach taken has led to the GDC having a good understanding of HEE M&E processes in support of quality in specialist training. It is pleasing to note that the efforts made by the HEE team in preparing for the review and on the day have been translated into a constructive and positive review outcome.

The new F2F format of the assurance visit was appreciated by all involved as it gave the opportunity to provide direct feedback and to involve numerous members of the training team. This enabled the delivery of a first-hand impression of training and our focus on the trainee across all elements of the training provided across the two regions. This approach seems to have paid dividend in providing a holistic view of the speciality training.

Overall, the M&E enjoyed the assurance visit and appreciate the recognition of the hard work that goes into delivering a high-class educational programme. The positive outcome of the review will help to continue the necessary engagement from all stakeholders with the continued delivery and development of quality training in Midlands and East of England.

Annex 1: Education Quality assurance process and purpose of activity

1. As part of its duty to protect patients and promote high standards within the professions it regulates, the General Dental Council's (GDC) Strategic Review of Education (2008) recommended that the Council should actively quality assure all training and awards which lead to entry to all GDC registers and listings (Dentist, Dental Care Professionals (DCP) and Specialist).
2. The aim of this quality assurance activity is to ensure that dentist registrants, at the point of inclusion upon one of the GDC's specialist lists, have demonstrated, on completion of their training, that they have met the outcomes required for specialist listing on the dentists register with the GDC. This will underpin and add value to the GDC's responsibility in issuing a Certificate of Completion of Specialist Training (CCST) as part of the listing process.
3. Consideration and development of our quality assurance processes therefore apply to training programmes in all 13 current specialties. Whilst our statutory responsibilities (see section 17 below) focus on orthodontics and oral surgery we do not currently possess an evidence base, drawing upon public protection arguments to differentiate between the specialties in quality assurance activity.

Specialty training

4. The primary route by which specialists join the Specialist lists, and the route upon which the GDC focusses its quality assurance activity, is successful completion of a national training programme in the individual UK specialties, where training is based upon a GDC-approved curriculum¹, overseen by the regional training commissioner, and where the trainee also passes the relevant Royal College examination.
5. Following these successes, the trainee is recommended for entry to the GDC Specialist Lists by award of a Certificate of Completion of Specialist Training (CCST). The regional training commissioner recommend the award and the GDC awards the CCST.
6. Training in the dental specialties under the route described above is, typically, a three-year full-time hospital-based programme. This can involve trainees receiving training in a variety of hospital settings and other clinical environments. This form of delivery, together with the provision of exit examinations by a further examination provider has required changes to the GDC's model of pre-registration QA inspection which is typically based on a single training centre under the auspices of a university or other educational body.

The GDC's powers

7. The GDC's powers in relation to specialist education and training differ from its powers for pre-registration training:
8. The Dentist Act 1984 (the Act) restricts our ability to require training commissioners to provide information to those with Dental Authority (DA) Status. Of postgraduate providers, the Royal Colleges possess dental authority status as do universities undertaking postgraduate or specialist dental training. We can request information from other postgraduate training providers such as training commissioners who do not hold such status in connection with section 1(2)(a) of the Act.

9. We have powers under Section 9 of the Act to appoint visitors to inspect programmes and examinations of both undergraduate and postgraduate/specialist programmes. However, the concept of “sufficiency” applies only to DAs and there is no formal mechanism to approve or withdraw approval from postgraduate/specialist training providers who do not possess such status.
10. The Specialist List Regulations provide us with powers to determine who is eligible to join the lists.
11. The GDC is, in relation to specialist dental qualifications in orthodontics and oral surgery, the competent authority in the United Kingdom for the purposes of the Recognition Directive and the Dental Training Directive. The Council has a statutory duty to supervise training in these two specialties.
12. We have taken legal advice and have established that our statutory duty to supervise training in orthodontics and oral surgery can support quality assurance activity across the 13 specialties.

Annex 2: The EQA Process

13. The education quality assurance activity focuses on three Standards for training commissioners, with a total of 20 underlying requirements. These are contained in the document *Standards for Specialty Education* (current iteration published 2019 and available [here](#)).

General Principles

14. Our historic consultation and stakeholder engagement on the Standards signalled the GDC’s expectations in relation to specialty education. Publishing the first iteration of Standards for Specialty Education in 2015 was seen to send a clear message to the sector about the quality the GDC expects in order to protect patients and the public.
15. In addition to publishing the GDC standards, we recognised that the UK Committee of Postgraduate Dental Deans and Directors (COPDEND) already publishes a quality management tool in the form of *The Gold Guide*. We also recognised that specialty trainees are in the main already GDC registrants; and that we needed to be sensitive to the fact that specialty training (where it takes place in NHS Trusts and roles) operates in an already highly regulated environment.
16. We have been mindful that that our regulatory approach, both in its piloting and in its current operational introduction, must not introduce disproportionate or unnecessary burdens on providers.
17. The second iteration of Standards for Dental Education, referenced above, maintains this proportionate approach whilst also containing two major developments:
 - a. Separating the Standards so there are discrete requirements for training commissioners and examination providers.
 - b. Introducing an overarching requirement to provide evidence (of the provider’s choosing) to support their self-assessment.

Collection of evidence

18. Therefore, the process remains based upon moderated self-assessment and includes:
- a. a data set that profiles specialty trainees and scrutinises key data including information about the trainees' progression rate through programmes and exit examinations.
 - b. a self-assessment questionnaire giving training commissioners the opportunity to indicate their performance in the context of the Standards and requirements.
 - c. the requirement to provide illustrative and supporting evidence to support the contents of the completed self-assessment questionnaire.
19. The following descriptors are employed as a means of reference for establishing a training commissioner's compliance with the individual requirements.

A Requirement is **Met** if:

There is sufficient appropriate evidence derived from the pilot process. This evidence provides the GDC with broad confidence that the training commissioner demonstrates compliance with the requirement. The training commissioner's narrative and documentary 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 pilot process is either incomplete or lacks detail and, as such, fails to convince the GDC that the training commissioner fully demonstrates compliance with the requirement. 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 follow-up processes.

A Requirement is **Not Met** if:

The training commissioner cannot provide evidence to demonstrate compliance with a requirement or the narrative and evidence provided are not convincing.

The evidence is inconsistent and/or incompatible with other findings. The deficiencies identified are such as to give rise to concern and will require an action plan from the training commissioner.

Other:

Use of this descriptor is exceptional and will usually be applied if the training commissioner's narrative and evidence would be considered **Partly Met** but it appears to the GDC that evidence and/or indications across the breadth of the submission mean that during the observations period of the EQA process this requirement can be **Met**.

20. The significance of not demonstrating compliance with a requirement will depend upon the compliance of the training commissioner across the range of requirements and any possible implications for public protection.

21. Outcomes from the pilot specialty EQA exercise typically fell into two categories of follow-up action:

- a. Where requirements were not fully met, the need for follow-up action (either submission of further evidence or clarification of self-assessment) that could normally be addressed by ongoing further specialty monitoring.
- b. Joint action between the training commissioner and the GDC to capture good practice (where requirements were met) to further inform the evidence prompts within the Standards and so to provide additional guidance for future specialty EQA activity.