

# **Quality assurance guidance for education providers**



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## 1. Introduction

As part of its role as the regulatory body for dentists and dental care professionals (DCPs), the General Dental Council (GDC) has a statutory responsibility to promote high standards of education in all aspects of dentistry. The GDC sets out required Standards for Education for all UK programmes that lead to registration as a dental professional. This is one of the GDC's statutory functions and the quality assurance (QA) process is used to fulfil the GDC's primary role to protect patients and the public.

This guidance details the processes that the GDC uses to quality assure education and training programmes in the UK.

Through the QA processes, the GDC determines whether programmes leading to registration as a dentist or DCP have met the GDC's Standards for Education. This enables the GDC to be assured that programmes are of the required level and that those who are awarded a qualification are eligible to apply for registration. The GDC does not rank or grade programmes or dental schools.

In order to award qualifications which can lead to registration with the GDC as a dentist, the provider must first hold dental authority status. Dental authority status is a legal status granted to education providers by the Privy Council. Holding dental authority status allows students of the authority to practise dentistry under supervision whilst not registered without committing the offence of the illegal practice of dentistry. Also, graduates of dental authorities have qualifications which the GDC recognises as conferring a right to registration in the dentists register (provided that the other requirements of registration are met). For the provision of DCP education, the GDC has authority under the Dentists Act 1984 to approve programmes.

In terms of clinical practice, the GDC does not set target numbers for each of the clinical activities a student would be expected to undertake during the course of their training. It is expected that students carry out procedures as many times as necessary for the school to be satisfied of their competence; schools must also be able to demonstrate/evidence this compliance to GDC through the monitoring and inspections processes.

The GDC's powers under the Dentists Act 1984 uses the term 'sufficiency' to describe the acceptable standard achieved by a programme of a dental authority that will allow graduates to apply for registration as dentists. 'Sufficiency' is granted to individual Bachelor of Dental Surgery (BDS/BChD) and Licence in Dental Surgery programmes where students are deemed to have received the requisite knowledge and skill for the efficient practice of dentistry. The term sufficient/sufficiency is set out in the Act, and the GDC are therefore not legally able to state a qualification is 'approved' or 'accredited'. For DCP programmes, the GDC has the authority under the Act to approve qualifications.

The GDC has published a set of **Standards for Education**. These standards are the regulatory tool that the GDC uses to ensure that a programme is fit for purpose. The three standards are central to the GDC's Education Quality Assurance (EQA) processes and contain a total of 21 requirements. The standards cover the following areas:

1. Patient protection
2. Quality evaluation and review
3. Student assessment

Equality and diversity requirements are integrated across the standards.

The GDC will assess the demonstration of these standards at all stages of the EQA process.

The Standards for Education require that providers only allow students to be awarded a qualification if they demonstrate a set of learning outcomes, which have been defined by the GDC in the document:

#### Preparing for Practice (PfP): Dental Team Learning Outcomes for Registration (2015)

These learning outcomes were designed with a focus on patient protection and future oral health need. Preparing for Practice contains learning outcomes for each of the seven professions that are registered with the GDC. These are:

- Dentist
- Dental Therapist
- Dental Hygienist
- Dental Nurse
- Orthodontic Therapist
- Clinical Dental Technician and
- Dental Technician.

## **2. Sufficiency for graduating cohort – senior registrant student sign-off**

Before students can qualify for an award, the senior registrant member of staff involved in the delivery/management of the programme (or awarding body, if it is different) is responsible for signing off each student as 'fit to practise at the level of a safe beginner'. This means that the student can be awarded the qualification. The GDC understands that each provider has a different approach, and each inspection panel will be briefed on the approach taken prior to the inspection.

Having a senior registrant sign off a student is an important part of the process in terms of fulfilling the GDC role of protecting patients. The responsible registrant must consider carefully, taking into account the evidence from the education and training process, whether each student is safe to practise. This registrant will also normally be the character reference on the student's application to register as a dentist with the GDC. If the student is signed off as safe to practise at the level of the safe beginner, without having fulfilled the necessary requirements, the registrant who signed off the student may be at risk of GDC fitness to practise proceedings.

### 3. Inspection Panel

The GDC uses inspection panels to undertake inspections of programmes that lead to registration with the GDC. Panels comprise of members of the GDC Education Quality Assurance team and GDC Education Associates (EA). All EAs are appointed through an open and competitive recruitment exercise, are trained in the GDC EQA process and receive on-going training throughout their appointment. The panels typically consist of five to six members and the make-up of these panels is at the discretion of the GDC. The panel will typically consist of at least two members of the Education Quality Assurance Team and at least three Education Associates. Bespoke panels are drawn together by the EQA team for the specific needs of the education provider being inspected, based on their experience and expertise. Inspection panels are always chaired by a non-registrant EA.

EAs undertake a range of other work for the GDC including monitoring scrutiny, evaluations of new programme proposals and other work relevant to quality assurance, education and training developments.

Inspection panels will make a recommendation as to whether a dentistry programme is 'sufficient' for registration. These recommendations are made to the GDC Registrar, who has delegated powers from GDC Council to make decisions on these matters.

Following the completion of the report, providers are sent a feedback form asking to provide comment on the inspection process and the panel. If the education provider would like to give feedback on a member of the panel or member of the EQA team, they should contact the Head of Education Quality Assurance, Manjula Das; [MDas@gdc-uk.org](mailto:MDas@gdc-uk.org) or the EQA Operations and Development Manager, Jackie Spencer; [JSpencer@gdc-uk.org](mailto:JSpencer@gdc-uk.org) as soon as possible.

## 4. Inspections

Prior to 2018, education providers delivering established programmes which lead to registration with the GDC, were inspected on a periodic basis, normally once every five to six years. In 2017, we published our discussion document *Shifting the balance: a better, fairer system of dental regulation*. This consists of four overarching proposals. The first was for dental regulation to move ‘upstream’, which will place a stronger emphasis on engaging with all registrants to improve patient protection, developments in Education and QA, learning within the system, engaging more effectively with current and future dental professionals, and developing alternative approaches to continuing professional development. The other areas included promoting the local resolution of complaints, working more closely with our partners and stakeholders and an end to end review of the fitness to practice process. Beginning in the 2018/9 academic year we have started to use a risk based EQA process. Going forward this will determine the frequency and type of QA activity, which includes inspections, that each provider will undergo.

The remit, scope and duration of the inspection is based on, amongst other information:

- The Monitoring Returns, including the providers’ self-assessment against the Standards for Education
- Previous inspection reports and the progress made against actions
- Responses to actions from the GDC’s reviews of education
- Complaints received (if any) about the programme/provider
- Analysis of fitness to practise cases against recent graduates<sup>1</sup> of a programme
- Responses from the Foundation/Vocational Trainee survey
- Issues identified at other programmes offered by the provider.

This information is analysed by the EQA Team including EAs and, based on this assessment, the level of QA activity is determined. This includes monitoring, enhanced monitoring, and inspection activity. If inspection activity is the agreed next step then, the remit, scope and duration of the inspections is also determined.

Programmes will typically receive a 1, 1.5 or 2-day programme inspection; for some there will also be an inspection of the ‘sign-up to finals’ procedures/final assessment/exam board.

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<sup>1</sup> By recent graduate, we mean someone who has graduated the programme, within the last five years.

In spring the EQA Team will inform Education Providers of the GDC's decision regarding the level of QA activity, which might include an inspection. We will inform providers of the reasons behind the decision and if we are going to inspect. In the event of an inspection, providers will be asked to complete and return a 'Standards Mapping Table (Annex 1)'. This document enables the provided to inform the GDC how the programme meets the Standards for Education. The provider will be given a deadline for completion

The EQA team will be contacting providers to explain the duration of the inspection and to request suitable dates for when the EQA inspection can take place. The EQA team member leading the inspection will also explain the scope of the inspection, which requirements we will focus on and the documentation required in advance.



## 5. Pre-inspection procedures and documents

The GDC EQA Team will contact providers to plan suitable dates for the programme inspection and, where relevant, request dates of final assessments and examination board meetings. Programme inspections last from one to two days and, where applicable, examination inspections will depend on the duration of the final assessments.

Examination inspections usually involve attendance at the examination board meeting.

Following receipt of the monitoring return and, where appropriate, the EQA team will send out:

- a. A request for additional information to support the self-assessment statement, related to those aspects of the programme that are a focus of the inspection, further to the scrutiny of the monitoring returns.
- b. Learning outcomes mapping table: This table should demonstrate where and how students are assessed against the relevant learning outcomes.
- c. This guidance (which has been revised further to feedback from the education provider workshop in early September 2019).
- d. [Standards for Education](#)

Providers are requested to send back the additional information and completed Learning Outcomes Mapping Table within 10 weeks. We will include a deadline on the email we send out.

Further to the above, we may require additional information and will request this in advance of the inspections as needed. We aim to give you as much notice as possible.

This process aims to make the submission of documentation less burdensome to providers. However, the GDC expects that providers keep the necessary documentation and student information up to date, regardless of whether they are being inspected.

A draft timetable for completion will be sent to providers prior to the inspection. The GDC aims to give at least eight weeks' notice wherever possible.

## 6. The programme inspection

During inspections, the inspection panel meets with staff involved with the management and delivery of the programme and with students enrolled on it.

The inspection timetable will include the following.

- e. A private meeting of the inspection panel will take place before any meetings with the provider take place. This will enable them to look at any evidence not available prior to the inspection (e.g. confidential and sensitive information).
- f. The first meeting with the provider will usually be with the programme leads. This is an introductory meeting and allows the panel to ask some general questions and to explore whether there are issues that are not covered in the paperwork. The programme leads should use this opportunity to ask the panel questions about any aspect of the inspection they are unsure about and to raise issues at the outset of the process.
- g. The core inspection meetings will be separated into individual Standards from the Standards for Education, where the inspection will look at a number of requirements that run across the standards. In this situation, the meeting in relation to Standard One will require all relevant personnel to attend to discuss patient protection. For Standard Two, all key personnel involved in the programmes quality evaluation and review will be needed. Finally, for Standard Three, all staff with responsibilities for student assessment should attend. Despite their numbering, there is no fixed rule regarding the order in which these meetings should appear in the timetable. For inspections that are focused on particular requirements, the EQA team member leading the inspection will contact the provider to discuss the timetable and agree a suitable agenda.
- h. Where practical, meetings should be limited to eight or fewer attendees. The panel will want to hear from everyone during the meetings. The panel reserves the right to request meetings with staff without senior managers or programme leads in attendance.
- i. The inspection timetable should allow for an early opportunity to meet with final year students, followed by meetings with students from all earlier years through the course of the visit. The EQA team will advise on the number and selection process of the students. This would normally be done by the EQA team member requesting a list of students by candidate number so that the panel can choose a random selection of students to attend the meeting(s). For shorter inspections, students from different year groups may be asked to attend the same meeting.
- j. In addition to the staff directly involved with the delivery and assessment of the programme, the panel may also need to speak to any staff involved in Education Quality Assurance and curriculum development and those working away from the central site, including outreach tutors. Videoconference or teleconference may be used if travel to the main school site is not practical for the inspection.
- k. Where relevant, there will be time allocated for the panel to spend some time looking at the evidence provided in the base room.

- I. The inspection panel will continuously review their findings throughout the inspection. On occasion the timetable may need to be revised at short notice if additional meetings or an opportunity for the inspection panel members to discuss findings in private is required.

Meetings with senior university/NHS personnel (e.g. vice-chancellors/principals, faculty deans, chief executives) or administrative staff (e.g. finance officers, library/IT staff) will not typically be scheduled. However, there may be occasions where it would be helpful for the inspection panel to meet with senior individuals or those responsible for specific issues and so these might be included. Visits to outreach facilities will also not usually be conducted, unless there is evidence to suggest it is necessary to do so.

For shorter inspections that are focused on a limited number of requirements, we will not need to assess all the areas noted above. In our correspondence with education providers, we will explain the scope and remit of the inspection.

For all inspections, regardless of duration, there will be core themes to be covered. These will be identified to the providers in advance.

At the end of the inspection, the panel will deliver a feedback on the headlines found at the inspection. Should the panel agree that there are urgent issues that need to be addressed immediately, we will inform you of this during this time and follow this up with written feedback within a week of the inspection taking place. At this stage the panel may also make an urgent recommendation to the GDC registrar regarding the sufficiency of the programme for registration.

Following completion of the day, the panel holds a post-inspection meeting. At the post-inspection meeting, the panel will make a provisional judgement as to which Requirements have been met, partly met, or not met.

In order to determine that an individual requirement has been **met** the inspection panel must agree that:

“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.”

The inspection panel will determine that an individual requirement has been **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.”

The inspection panel will determine that an individual 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.”

The inspection will end with a private meeting of the inspection panel. Should the panel agree that there are urgent issues that need to be addressed immediately, we will inform you of this at the end of the inspection and follow this up with written feedback within a week of the inspection. At this stage, the panel may also make an urgent recommendation to the GDC registrar regarding the sufficiency of the programme for registration.

## **7. The assessment/examination inspection and exam board meeting – This will not be relevant for all education providers**

This is undertaken at the point in the programme where key assessments are completed, and the judgement is made as to whether students have achieved the learning outcomes to qualify and seek to register with the GDC. The EQA team member will advise you whether some of the panel will attend any 'sign-up' meeting that determines whether students should be permitted to sit the final assessments.

During the exam inspection, the panel will observe assessments such as:

- Case Presentations
- Objective Structured Clinical Exams (OSCEs)
- Unseen case exams
- Clinical Scenario Papers and
- Integrated Structured Clinical Exams (ISCEs).

It is understood that it is often impractical for the entire panel to attend individual assessments. Therefore, to avoid overcrowding and any potential negative impact on students, the panel members, where necessary, will take it in turns to observe parts of the assessments.

The inspection panel will not normally attend written paper sittings, but the provider should make the question papers and completed answer scripts available to the inspection team. Meetings with staff or with students do not normally take place at this point but the panel will meet with external examiners and the programme leads.

In the panel's meeting room, the inspection team will audit records of the clinical work that has been completed. The panel will also review student logbooks and grades, written papers and model answers, and work contributing to final marks (including exam scripts and projects).

Representatives of the inspection panel may attend the final assessment meeting and exam board meeting (the forum for the verification of the final pass list) as observers. Attendance is to ensure that due process has been followed and that there are no irregularities in the establishment of the pass list.

There is usually no input from the panel at this meeting, unless the panel have serious concerns which must be raised as they consider that the graduating cohort of students are not sufficiently trained or assessed to be classed as 'safe beginners'. Concerns arising from this meeting will be included in the inspection report.

## 8. Inspection reports and Registrar's decision

The GDC inspection report will contain the GDC's final recommendation to the GDC Registrar regarding the sufficiency of a programme and is based on the achievement of the Standards for Education. Reports highlight where there is insufficient, contradictory or inadequate evidence to demonstrate a requirement. Comments on library facilities, funding or admissions are not usually discussed in reports unless these relate directly to any failure to meet a requirement under the Standards. The Registrar has delegated powers from the GDC Council to make a decision taking into account the EQA team's recommendation.

Draft reports will be shared with education providers for factual accuracy and for feedback in advance of being finalised.

Final reports will contain a recommendation to the GDC from the Inspection Panel regarding the sufficiency of a programme for registration of future graduating cohorts. Final reports will be published on the GDC's website.

## 9. Major changes or threats to delivery

Providers are required to have a framework in place to manage the quality of their programme(s). This includes making appropriate changes to ensure the curriculum continues to map across to the latest GDC learning outcomes and adapts to changing legislation and external guidance.

In circumstances where a revision of a qualification will involve a major change or a significant restructure of the delivery of the award, the GDC must be contacted and advised, in writing, of the changes. A risk assessment will then be undertaken as to whether a further paper-based GDC assessment is required by subject-specific EAs to assure the registrar that the relevant standards are being maintained.

The *Standards for Education* include a requirement for providers to contact the GDC should any serious threats to delivery of the programme be identified.

Major changes and/or threats to delivery of the programme may include the following.

- Significant curriculum alterations
- Significant increase or decrease in student numbers
- Significant decrease in staff
- Revised time frame for delivery (increasing or decreasing weeks of study by more than 10%)
- Remodelling a course from a part time design to a full time one
- The adoption of a new assessment strategy and/or
- The implementation or removal of work/placement-based modules or significant revising of outreach provision.

## 10. Timescales

When the inspection dates have been set, the lead member from the EQA team, will share a timetable outlining stages of the process for the duration of the inspection and report writing process. It is intended that this will give a clearer indication of when schools can expect to receive draft reports and when they will need to respond with corrections and observations.

The draft report will be compiled by the inspection panel and will include the findings from the programme and, if relevant, the examination inspection. Should the panel agree that there are urgent issues that need to be addressed immediately, written feedback will be given to the provider within a week of the first inspection.

The draft report will normally be completed up to eight weeks after inspection has been carried out, though competing operational commitments and EA availability may extend this timeframe. We will communicate with you as early as possible if we do not think we can achieve the original timetable and indicate when you will have a final version.

## 11. Factual corrections and observations

Once the inspection panel has completed their final draft, the report is sent to the provider asking for any factual corrections on the content to be provided within ten working days.

The changes made here are purely factual and approval of these will be made by the EAs. Once approved, the provider will then be asked to provide any observations on the content of the factually corrected, final report within one month of receipt. The observations must address the content of the report and the actions required.

**Please note:** Providers will be given deadlines for when their factual corrections and observations are due. Extensions to either deadline require a formal request to the GDC EQA Team. There is a maximum of one calendar month statutory period afforded to providers for their observations under the Dentists Act. Once this has elapsed, the GDC could take the decision to publish the report without observations being included.

## 12. Achievement of requirements and actions

Inspection reports contain commentary on the rationale for requirements being deemed met, partly met or not met and will commend good practice where this is identified. Reports also contain actions required of the provider. These actions focus on areas that impact upon the achievement of the Standards for Education, particularly where it has been determined that requirements have been partly met or not met.

Where an action is needed for a requirement to be met, the term '**must**' is used within the inspection report to describe the obligation on the provider to undertake this action. For such actions a specific timescale will be stipulated by which the action must be completed, or when an update on progress must be provided to the GDC. 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.



### 13. Associates' recommendation to the Registrar

Demonstration of the Standards for Education and underlying requirements is central to the inspection panel's recommendation regarding the ongoing approval of a programme for registration. However, the recommendation will not be solely based on a provider meeting a specific number of requirements; it will be made with consideration of the programme as a whole. Programmes that lead to registration as a dentist are 'approved' under GDC regulations. Programmes that lead to DCP registration are found 'sufficient'. The recommendation will be made with particular regard to the safety of patients: either those treated by students on the programme or implications for future patients of those who pass the programme.

The inspection panel will recommend that a programme is either:

- A** 'Approved/Sufficient' for registration, with or without some actions required;
- B** 'Approved/Sufficient' for registration, for one cohort only, pending further actions and further quality assurance activity, including additional inspection(s) or programme re-submission; or
- C** Not 'approved/sufficient' for registration

By recommending option A, that a programme is sufficient for registration, the inspection panel has agreed that those who successfully complete the programme are fit to practise and that the Standards for Education have been met or will be met subject to the addressing of a number of actions required. The inspection panel is assured that patient safety will not be compromised by the programme.

The inspection panel may recommend that a programme is sufficient for one cohort only (option B). This option is recommended if the inspection panel has reached the conclusion that, while the graduating cohort is deemed to have reached the level of safe beginner, future cohorts may not reach this standard and the provider is required to address a number of actions to provide further assurances.

The recommendation that a programme is not sufficient for registration (option C) will be made if the inspection panel has serious concerns related to patient safety and the programme/provider has not demonstrated a number of the Standards for Education and has been unable to respond effectively to concerns raised during the inspection process.

If the panel find serious issues leading to a B or C decision, they will set out clear actions required in order to bring about immediate improvements to allow the current cohort of students to graduate. The type of action required will depend upon the issues identified. Most commonly, these will be the need for remedial work or additional clinical activity.

### 14. Registrar's decision

The registrar may seek further information and advice from the provider or the EQA team (including EAs) before making a decision about the sufficiency of a programme. Where **18**

serious concerns have arisen, the registrar may highlight that risks remain high and further inspections of a programme are required. If the inspection panel recommends that a programme is not sufficient for registration as a dentist, the registrar will refer the decision to the Council of the GDC with a view to making a representation to the Privy Council. For DCP programmes, the GDC retains the power to remove approval under the Dentists Act 1984.

Following consideration by the registrar, the provider and the inspection panel are notified of the sufficiency decision.

## **15. Publication of Report and Observations**

The inspection report and the provider's observations on the content of the report are published on the GDC website once a final decision has been made.

## **16. Feedback**

The EQA team are committed to improving the way we work with you and would greatly appreciate any ideas you may have of how our procedures, documentation and communication methods can be improved.

You can email the EQA team at [qualityassurance@gdc-uk.org](mailto:qualityassurance@gdc-uk.org) or telephone on 020 7167 6110. Feedback forms will be sent to you upon request.

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