

Consultation outcome report

Consultation on the review of the Standards for Education

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1. Introduction

This report provides a summary of responses from the General Dental Council's (GDC's) consultation on the review of the Standards for Education. Together with the consultation, the GDC reviewed its Standards for Education, which set out the requirements expected of all programmes that lead to registration with the General Dental Council (GDC). These Standards are the framework of our quality assurance processes.

This review will include changing the structure, simplifying the requirements, and adding new areas that are relevant to dental education and training. This consultation asked for views on our proposals which were available on our website along with the consultation questions and a link to a consultation survey.

Following the consultation, an additional requirement has been incorporated under Standard 2, Requirement 14. Consequently, consultation responses that reference requirement numbers will align with the draft of the Standards for Education document, which did not include this new requirement.

2. Background

Section 1(2)(a) of the Dentists Act states that the GDC has a general concern to promote high standards of education in all aspects of dentistry and, under sections 8-12A and 36D of the Act, a statutory role in assuring the standard of pre-registration education and training. Under Standard 8 of the Professional Standards Authority (PSA), the GDC must maintain up-to-date Standards for Education and training which are kept under review and prioritise patient and service user care and safety.

Our requirements for pre-registration training of dental professionals are articulated in two key documents:

- a) The Standards for Education – these set out the GDC’s focus on education and training for all programmes leading to registration (for dentists and dental care professionals (DCPs)).
- b) [Safe Practitioner Framework](#) - which sets out the learning outcomes and behaviours – i.e. the knowledge, skills and behaviours that must be held or demonstrated for registration for each registrant group. They were revised and published in 2023 and take effect from August 2025, replacing the 2015 version of Preparing for Practice.

The review of the Standards for Education follows the review of learning outcomes and behaviours. The Standards were last reviewed and published in 2015. This revision reflects the developments in dentistry, the GDC’s strategic priorities, the demographic changes, and the changes in the healthcare ecosystem over the past decade.

To revise the Standards, we looked at the quality assurance activity outcomes from the last eight years, sought feedback from the GDC’s Education Quality Assurance (EQA) team, and from a select group of Education Associates (EAs) from all professional groups. We had high level discussions with key stakeholders from a range of professions, and from this drew together areas that are working well, areas that are challenging, and potential new areas to explore and include. In March 2024, we tested the potential new areas with a wide group of stakeholders, including education providers, professional bodies, students, new registrants, diversity groups and Chief Dental Officers.

Stakeholders told us that the current structure of the Standards for Education and requirements were effective, that some requirements contained more than one element and needed breaking up, and that the GDC should clarify which requirements are relevant to different providers. They broadly agreed to the addition of requirements covering five proposed areas: student and staff wellbeing, admissions, monitoring of behaviours, technological advances, and differential attainment.

We used that feedback to update the structure and add new requirements, in consultation with EQA staff and several EAs with extensive experience of reviewing evidence against

the current Standards for Education and expertise in further and higher professional education.

Five new requirements and several new criteria descriptors have been added for the quality assurance of providers in these new areas:

- a) “Admissions” are addressed by the new requirement 12 under Standard 2: ‘Providers must ensure that the programme is inclusive, transparent and treats applicants fairly’. The criteria descriptors for this requirement are: ‘Providers must demonstrate that their admissions process is fair, inclusive, and transparent.’ and ‘Providers must identify barriers prior to and throughout the programme that may disproportionately impact marginalised group and take actions to address them.’
- b) “Monitoring of behaviours” is addressed by three new requirements. Requirement 6 under Standard 1 says: ‘Providers must implement rigorous processes to ensure students exhibit the professionalism required for a regulated profession’. Requirement 7 under Standard 2 says: ‘Providers must ensure that the programme delivers the GDC learning outcomes and demonstrate the expected behaviours of a safe practitioner’. Requirement 8 under Standard 2 says: ‘Providers must ensure that assessments are fair and appropriate to assess the GDC learning outcomes and monitor the behaviours expected of a safe practitioner.’
- c) “Technological advances” are addressed by a new criterion descriptor under requirement 16: ‘Providers must have a robust process for standard setting.’ One of the criteria descriptors supporting it says: ‘Providers must ensure that trainers and assessors have appropriate and up-to-date working knowledge of developments within dentistry, technology and education’.
- d) “Differential attainment” is addressed by a new criterion descriptor under requirement 18: ‘Providers must have robust assessment strategies.’ One of the criteria descriptors supporting it says: ‘Providers must collect and analyse assessment results against the diversity of the student demographics and take necessary action to address any inequalities.’
- e) “Staff and student wellbeing” is addressed by the new requirement 9 under Standard 2: ‘Providers must offer student and staff support throughout the student journey’. The criteria descriptors for this requirement include: ‘Providers must have processes to support student and staff wellbeing.’

During the stakeholder engagement sessions in March 2024, several stakeholders expressed the view that recruitment and admissions should be left to education providers to determine and manage. Whilst trying to be proportionate, we think it is right for the regulator to ensure that providers are collecting, analysing and utilising information

surrounding admissions, to ensure that the admissions process is fair, inclusive and transparent.

In the PSA's review from December 2024 of the GDC's performance for 2023/24, it was noted that our Standards for Education did not set requirements for education and training providers to demonstrate that they collect data and act upon the diverse needs of their learners or trainees. This review aimed to address this gap.

Further to internal and external feedback that the structure of the Standards was too focused on dentistry programmes, we want to ensure that after this revision, the Standards for Education can be used effectively to quality assure all providers. There will be one set of Standards and requirements, and we will clarify with providers which are relevant to them, with specific examples of evidence they can provide to support. The final published Standards will include this information, and this will be added post-consultation.

We have not consulted on differential evidence at this time but will work with education providers to develop them over the next few months. This is to ensure that respondents focus on the Standards for Education and the requirements and if they are set at the necessary level and include all the relevant areas. Clarity about their applicability to different groups of students, trainees and providers will be provided by a bespoke list of examples of evidence which providers can share with us to support compliance with our Standards for Education. This approach was welcomed by the providers who engaged with us.

Further to feedback, we have developed a glossary to accompany the new Standards.

3. How we promoted the consultation and engaged with stakeholders

In September 2024, we received Council approval to launch a 12-week public consultation on the proposed changes to the Standards for Education. This consultation was a valuable exercise to gain insight into the impact of the changes on providers, students and members of the public.

The consultation opened on 14 November 2024 and closed on 6 February 2025. Its launch was shared directly with all stakeholders who were invited to attend the March 2024 engagement sessions to inform them of our approach. The GDC promptly shared the news of the consultation with its stakeholders via the organisation's communications and online channels.

During the consultation period, we were available to clarify consultation queries as they arose. At the request of the Dental Schools Council, we held a further session with them on 24 January 2025 to detail the process to date and respond to specific feedback and queries regarding this consultation.

We received 42 responses, 16 of which were from organisations.

4. Consultation structure

We asked ten core questions about the proposals. Questions 1 to 7 were scale questions, which required the respondent to select one response on a five-point scale, followed by the chance to explain their answers in a free-text box. Question 8 was a closed question, which required the respondent to select between “yes” or “no”, followed by space to explain their answers in a free-text box. Questions 9 and 10 asked for a free-text box answer only. There were no compulsory questions.

We then asked all respondents if they were replying as an individual or on behalf of an organisation. If they told us they were an individual, we asked if they were a registrant, and if yes, we asked for their title. For those replying on behalf of an organisation, we asked what type of organisation they were representing and asked the name of the organisation and contact details in case we needed to contact them to request further information.

5. How we analysed consultation responses

We started the analysis of the responses once the consultation window closed. Responses for closed questions are reported in the form of summary tables. For open text questions and for consultation feedback submissions, a coding framework was prepared using thematic analysis review, under which each response was categorised to identify key themes across all responses.

A separate section was created in this document to report on the responses submitted outside of the consultation survey.

6. Consultation feedback summary

Most responses to this consultation were in favour of our proposals. A high percentage of respondents agreed that the review of the Standards for Education is timely. They welcomed the changes in structure and the proposed topics for inclusion. Nonetheless, we received a significant number of responses asking for further clarity of specific standards and requirements, where very detailed and specific suggestions were made to reword certain sections of the document.

One of the respondents to the consultation online survey expressed they were unable to locate our proposals. All the documentation pertaining to this consultation, including the proposals, were made public during the consultation period within the consultation section of our website.

We received detailed feedback on the wording of individual standards and requirements. We will not be addressing this feedback individually in the consultation report, but have carefully considered it and incorporated this feedback, where appropriate, in the final version of the Standards for Education.

7. Headline analysis of consultation responses

We received 42 responses to this consultation. 36 of these responses were submitted via the online survey. The remaining six were submitted via email, providing a summary of the organisation or individual's overall views on the proposals, without following the consultation questionnaire structure.

Please note that the percentages shown in all the tables of this report have been rounded to the nearest whole number.

The tables below show the breakdown of the profile of the respondents that replied to our consultation. Some tables will be clearly identified as containing data from the online survey only, because those responses received via email did not follow the consultation structure and therefore could not be considered for this structure breakdown.

Table 1. Breakdown of the responses to the question “Are you responding to the consultation as an individual or on behalf of an organisation?”. Responses received both via the online survey and via email.

Response	No. of responses	%
Individual	26	62%
On behalf of an organisation	16	38%
Total	42	100

The following tables will cover responses from the online survey only. This is because the responses submitted via email did not follow the structure of the online survey and therefore, we are unable to utilise them for the following response breakdowns.

Table 2. Breakdown of the responses to the question “How would you describe yourself? (Select the option that best describes yourself)”. Responses to the online survey only.

Response	No. of responses	%
UK registered dental professional	19	53%
Education or training provider	7	19%
Professional body	3	8%
NHS	3	8%
Other	3	8%
Training or studying to join the GDC register	1	3%
Dental patient or member of the public	0	0%
Regulator	0	0%
Total	36	100

Table 3. Breakdown of the responses to the question “If you are a UK registered dental professional, what is your title? (Tell us all that apply from the list below)”. Responses to the online survey only.

Response	No. of responses	%
Dentist	8	42%
Dental Nurse	4	21%
Dental Therapist	3	16%
Dental Hygienist	2	11%
Dental Technician	2	11%
Orthodontic Therapist	0	0%
Clinical Dental Technician	0	0%
Total	19	100

Of the six respondents who submitted their views to the public consultation via email instead of online survey, five were submitted on behalf of organisations, and one on behalf on an individual.

The following organisations submitted a response to this consultation:

- Association of Dental Groups (ADG)
- British Association of Private Dentistry (BAPD)
- British Dental Association (BDA)
- British Society of Dental Hygiene and Therapy (BSDHT)
- Dental Schools Council (DSC)
- Faculty of Dental Surgery, Royal College of Surgeons of Edinburgh (RCSEd)
- Faculty of Dental Surgery (FDS), Royal College of Surgeons of England (RCS England)
- NHS Education for Scotland (NES)
- NHS England (NHSE)
- Professional Standards Authority (PSA)
- Queen Mary University of London (QMUL)
- Social Work England (SWE)
- Society of British Dental Nurses (SBDN)
- School of Clinical Dentistry, University of Sheffield.

Two organisations provided responses twice. These were submitted by different respondents within the same organisation. We have considered each submission individually.

8. Impact on vulnerable participants

An Equality Impact Assessment (EqIA) was produced for the review of the Standards for Education at the early stages of the project. We did not identify any negative impacts on groups with protected characteristics or vulnerable participants. The nine protected characteristics, under the Equality Act 2010, are:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation.

This EqIA was available for review alongside all the other consultation documentation on our website and we asked respondents to tell us if they foresaw any impacts that we might have missed. No further impacts have been identified by the respondents in through this consultation.

The revision of the Standards for Education has given the GDC an opportunity to ensure that we are quality assuring education sufficiently, and where possible, supporting further developments, regarding equality, diversity and inclusivity. Specifically, we have done this by including new requirements on providers regarding admissions and starting to address differential attainment. We therefore expect the updated Standards for Education to have positive or neutral impact on students, staff and members of the public with protected characteristics.

In the consultation we asked the public whether they anticipated this review to have any adverse impacts on specific groups. The most common answer we received suggested respondents did not identify any further adverse impacts towards any specific groups. More information can be found ahead under the analysis of the responses to Question 10.

9. Feedback to individual questions

Question 1. Do you agree or disagree with the proposal to keep the structure based on a small number of Standards, each supported by several requirements, each explained by a small set of criteria?

Of the 42 respondents, 35 answered this question. Of those, 12 chose to provide an explanation to their answer.

Table 4. Extent of agreement with the proposal to keep the structure based on a small number of Standards, each supported by several requirements, each explained by a small set of criteria. Responses to the online survey only.

Response	No. of responses	%
Strongly agree	15	43%
Somewhat agree	17	49%
Neither agree nor disagree	2	6%
Somewhat disagree	1	3%
Strongly disagree	0	0%
Total	35	100

Shorter standards will make it simpler and clearer for providers to comply with.

The most common suggested benefits among both individuals and organisations were that reduced Standards are clearer for providers to understand and simpler to work with and report on for compliance and quality assurance purposes. Ten of the additional comments, made by education providers, dental professionals and professional bodies, were in favour of this benefit. Eight others expressed that the revised Standards for Education are clear and straightforward.

A national health board commented:

Strongly agree – retaining a small number of Standards allows the document/framework to remain workable rather than it becoming an extensive document that may be harder to navigate and apply to the training environment.

Despite either agreeing or strongly agreeing, four others expressed that it would still be beneficial for the GDC to provide accompanying guidance on how to interpret the revised Standards for Education, such as a glossary and examples of evidence.

An education provider stated:

[Name of the organisation] would also suggest including ‘Examples of evidence’ as the previous format of Standards for Education guidance, which was valued by Providers when preparing for the QA process.

GDC response

We welcomed the positive views on retaining a small number of standards accompanied by several requirements. Examples of evidence and other accompanying guidance will also be provided, despite not being included in this consultation. These will be developed in conjunction with education providers and be published alongside the Standards. Further to the feedback received, we have developed a glossary to accompany the revised Standards for Education.

Question 2. Do you agree or disagree with breaking down the current requirements into several shorter ones?

Of the 42 respondents, 35 answered this question. Of those, 20 chose to provide an explanation to their answer.

Table 5. Extent of agreement with the proposal to breaking down the current requirements into several shorter ones. Responses to the online survey only.

Response	No. of responses	%
Strongly agree	13	37%
Somewhat agree	13	37%
Neither agree nor disagree	7	20%
Somewhat disagree	2	6%
Strongly disagree	0	0%
Total	35	100

Breaking down the requirements provides further clarity to education providers.

Much like the answers to the first question, the common theme amongst respondents was that breaking down requirements allowed for easier interpretation of the Standards and provides more clarity, which is essential to providers.

A dental nurse stated:

Breaking down the criteria, for example as the GDC standards are broken down, allows for clear interpretation of the guidance.

One organisation added:

We support breaking down the current requirements into shorter, more manageable components. This approach provides clarity and practicality, which are essential for providers navigating the complex landscape of dental education.

Despite agreeing or strongly agreeing with the proposals presented in this question, three respondents expressed that having further clarification would be useful, namely:

- Specifically setting out what criteria is for each specific registrant group.
- Providing guidance documents to accompany the Standards for Education.

GDC response

We welcomed the positive views on breaking the requirements up further to ensure enhanced clarity amongst education providers.

Regarding the need for further detail and guidance to accompany the Standards for Education, we will work to provide greater clarity of the current requirements, and less ambiguity in the final version of the Standards for Education. This will also support greater consistency in the GDC being able to review provider performance against the standards. We will detail which criteria is for applicable to education providers within the implementation process.

We have analysed the concerns over those “DCPs who fall outside of this ‘idealistic’ space”, as stated in the quote from the professional body above. The stakeholder engagement workshops in March 2024 were made up of a mix of all registrant types, with proportionally more DCPs and representatives from smaller providers.

Some awarding organisations have shared with us that they think the present Standards for Education are not entirely suitable for their specific needs, so in this revision we have strived to ensure that the Standards are applicable and suitable, including the language used, for all the different type of providers we quality assure, including awarding organisations and solely assessment providers. The addition of Standard 4 for assessment providers only is a key step to ensuring that the Standards remain relevant to all.

Question 3. Do you agree or disagree with the proposed requirements for Standard 1 – Patient Protection.

Of the 42 respondents, 35 answered this question. Out of the total respondents, 17 of them provided additional comments to explain their answer.

Table 6. Extent of agreement with the proposed requirements for Standard 1 – Patient Protection. Responses to the online survey only.

Response	No. of responses	%
Strongly agree	14	40%
Somewhat agree	9	26%
Neither agree nor disagree	9	26%
Disagree	2	6%
Strongly disagree	1	3%
Total	35	100

The revised Standards for Education provide improvements to the requirements around patient protection.

There was a common belief amongst the respondents who agreed and strongly agreed that the proposed changes to the Standards for Education helped to simplify and clarify the requirements related to patient protection, and that the proposals set out in this consultation were an improvement on the current iteration of the Standards.

One organisation stated:

This standard provides a good balance of patient protection, with the behaviours and support for students. Creating a culture where concerns can be identified and raised is an important part of professional development and the expectation of providers to act promptly and appropriately will be key to the wellbeing and safety of both patients and providers. Embedding GDC standards is an important part of development but must be done with a culture of positivity to avoid regulatory fear.

An education and training provider added:

The proposed requirements are much more explicit and set out the types of procedure required to engender and support a safe environment for students, patients, and training location staff. They also now highlight better the need for students to demonstrate professionalism and also to adhere to a student fitness to practice framework.

Concerns were raised that the proposals are not suitable for all education providers and need to be amended.

Although most respondents agreed with the proposals, two of the respondents expressed that there is room for improvement within the proposals set out in this consultation.

An organisation wrote:

‘Providers must have a patient consent process’ – this is not applicable to all programmes. Not all programmes are delivered within the ‘dental hospital teaching setting’ where the provider and students have direct access to patients. For example, most of the dental nursing, and orthodontic therapy programmes are designed and delivered as work based, ‘earn as you learn’ programmes and do not work directly with patients during the provider’s programme. (...)

A professional body explained:

We have a concern that there will be no central meetings to openly learn and discuss these matters, we again have huge concerns about those providers who are neither delivering out of an University or FE college setting to those who perhaps need the most support.

Five of the respondents who provided additional comments have suggested that some of the requirements should be reworded or erased to avoid repetition. These suggestions were detailed and extensive and, for this reason, we will not be able to cover them all in this report. However, the Education Quality Assurance team analysed each comment and made appropriate amendments to the Standards for Education.

GDC response

The revised Standards for Education must be suitable for all providers, including awarding organisations that we quality assure. The review gives the GDC the opportunity to ensure that revised structures, language and evidence are made clear in order to support all education providers. The GDC quality assures the quality management processes of awarding organisations. It is the responsibility of the institute or organisation awarding the qualification to ensure that those workplaces have a system in place that informs patients that their treatment (including the manufacture of devices) may be undertaken by a student. This forms part of basic patient choice rights. Awarding organisations must understand this responsibility and accountability.

Question 4. Do you agree or disagree with the requirements for Standard 2 – Students Journey.

Of the 42 respondents, 35 answered this question. 17 respondents chose to explain their answers.

Table 7. Extent of agreement with the requirements proposed for Standard 2 – Students Journey. Responses to the online survey only.

Response	No. of responses	%
Strongly agree	11	31%
Agree	11	31%
Neither agree nor disagree	11	31%
Disagree	1	3%
Strongly disagree	1	3%
Total	35	100

Concerns were raised between our proposals for Standard 2 (Students Journey) and its links with the Safe Practitioner Framework.

We received three different additional comments regarding the links between the proposals and the Safe Practitioner Framework. The common theme in these was that the Standards for Education needed to provide more detail regarding behaviours.

One of the organisations wrote:

When considered with ‘The Safe Practitioner: A framework of behaviours and outcomes for dental professional education’ for each registrant group this Standard seems appropriate. While the Standard does not provide huge clarity on behaviours, the framework provides further detail and clarity for both provider and student. (...)

An education provider stated:

In the Safe Practitioner documentation and the stakeholder meetings the behaviours have been described as you will need to monitor these - 7.1 implies that providers will have to ‘demonstrate’ the expected behaviours - what evidence will be expected or is this a miswording? 8 - It is not clear if behaviours being badged as assessments - need more clarity, and as a suggestion like the Safe Practitioner should behaviours be listed differently as 8.4, and not part of 8.1 8.2 (...)

A professional body expressed that:

(...) The new Standard 2 is directed to ensuring students train in a supportive environment. Requirement 7.1: This discusses delivery of the learning outcomes ‘to demonstrate the expected behaviours of a safe practitioner’. It is clear that the required evidence is as yet to be discussed, but it creates a concern about whether providers will be confident about what this means and whether fitting evidence can be presented. (...)

GDC response

We reviewed the concerns over the links between the Standards for Education and the Safe Practitioner Framework. We believe that providers should have a contemporaneous system in place that allows them to show how their curricula are meeting the learning outcomes and expected behaviours to assure these are met. We have revised some of the terminology in these requirements to aid greater clarity and accuracy as well as consistency between the two documents.

Although Standard 2 seems appropriate overall, it needs to be improved to ensure patient safety and suitability for the different professions.

Ten of the respondents who provided additional comments, while mostly agreeing with the proposals for Standard 2, believed it needs improvement.

An education or training provider wrote:

The revised requirements are quite explicit and will assist in the understanding of what is required from providers. They incorporate better some aspects that were possibly less explicit in the 2015 version e.g. the need to provide student wellbeing support and requirement 10 relating to professional expectations and behaviours.

One respondent expressed that the GDC should use the Standards for Education to ensure that students are carrying out significant numbers of procedures during their training, since a lot of them are being exposed to technology rather than patients and real-life situations, which hinders patient safety and exposure.

Another respondent highlighted the GDC must consider the different pre-registration programmes:

(...) For example: 8.3. Providers must use feedback from multiple sources as part of student assessment. This is formally carried out as part of the orthodontic therapy programme, as a patient assessment questionnaire is included, in addition to Supervisor and Training Provider feedback. It not part of the assessment strategy for dental nursing. (...)

GDC response

We understand the concerns around patient safety and suitability for the different professions. We will explain which standards and requirements apply to each provider. This lies outside the remit of this consultation.

The accompanying glossary will improve the clarity of the Standards for Education as it will increase the understanding of the terminology used in the document and create a shared understanding between the different stakeholders and the GDC.

Question 5. Do you agree or disagree with the requirements for Standard 3 – Provider Governance

Of the 42 respondents, 35 answered this question. Of those, 14 chose to provide an explanation to their answer.

Table 8. Extent of agreement with the requirements proposed for Standard 3 – Provider Governance. Responses to the online survey only.

Response	No. of responses	%
Strongly agree	14	40%
Agree	13	37%
Neither agree nor disagree	6	17%
Somewhat disagree	3	1%
Disagree	3	1%
Total	35	100

This review gives us an opportunity to adapt the Standards for Education to the differences across types of providers.

Three of the respondents mentioned the differences between each type of education provider and requested that the Standards were appropriately tailored to address these differences.

For example, a professional body asked:

We note these are provider standards, is there an intention that the awarding bodies and those that instruct the providers will be part of these discussions?

GDC response

The GDC ensured inclusivity in its stakeholder events and consultation process by actively engaging with all education providers as well as key stakeholders including students and new registrants and diversity groups. This approach considered the unique needs and perspectives of all educational stakeholders. The revised Standards for Education were developed with input from various sectors, ensuring that the standards are applicable and relevant across the entire spectrum of dental education and training.

Standard 3 is clear and pertinent to the Standards for Education.

Despite suggesting a few corrections of terminology and requesting further clarification on specific requirements, the overall feedback to this question was that Standard 3 is appropriate and necessary.

An organisation wrote:

The revised requirements are explicit and clearly set out the requirements and obligations for a provider in terms of the activities that they must undertake to ensure that their programme will comply with the new Standard.

A professional body explained:

It is very important to remind educational providers of the need to ensure all placements are of equal quality to the main training establishment and staffed by people who are up-to-date and follow the same guidelines and processes as the main site. Confusion at this impressionable stage should be avoided.

Question 6: Do you agree or disagree with the requirements for Standard 4 which is applicable solely to assessment and examination providers?

Of the 42 respondents, only 33 answered this question. 19 of them provided an explanation to their answer.

Table 9. Extent of agreement with the requirements proposed for Standard 4 which will only apply to assessment and examination providers. Responses to the online survey only.

Response	No. of responses	%
Strongly agree	14	42%
Agree	10	30%
Neither agree nor disagree	4	12%
Disagree	4	12%
Strongly disagree	1	3%
Total	33	100

Standardising the expectations for assessment providers will increase consistency and fairness amongst education providers.

Eight out of the 19 respondents that provided further explanation believed adding an additional standard and requirements that apply to those institutions that only provide assessment and examinations was a step forward in education quality assurance of dental education.

The respondents expressed that it is important for these providers to acknowledge their place and role within education and that it is important they are equally compliant with the quality assurance process set out for providers whose work leads to dental registration. There was a common opinion that introducing these additional standards will decrease the discrepancies between schools and ensure that non-dental school providers meet the same standards expected of dental schools.

A professional body wrote:

Similar to question 5, non-dental-school organisations should adhere to strict protocols for their assessments ensuring the value and quality of outcome. With regard to requirement 18.8 [sic 19.8], assessment providers are not currently quality-assured as frequently as universities. Approval through the GDC's Modification Process is fine, but the frequency of quality assurance/visitation should be reviewed for alignment with dental schools monitoring.

An education provider commented:

Assessment and examination providers should ensure that they acknowledge the role they have in respect to quality assurance of their programmes.

A registered dental professional said:

It could help to standardise the quality of assessments in dental schools.

GDC response

Assessment providers, awarding organisations and education providers are subject to the same quality assurance processes.

The GDC's revised Standards recognise the importance of maintaining quality in dental education to ensure patient safety and professional competence. While general dental education providers deliver comprehensive training programmes, assessment providers focus solely on evaluating the competences of dental professionals. This distinction necessitates a separate standard for several key reasons:

Specialised focus: Assessment providers concentrate on assessing specific skills and knowledge. A separate standard ensures that these assessments are rigorous, fair, and aligned with the latest professional requirements, thereby maintaining the integrity of the certification process;

Quality assurance: A tailored standard for assessment providers facilitates targeted quality assurance processes. This ensures that the assessments are conducted consistently and meet the benchmarks expected by the GDC, ultimately safeguarding patient safety and public trust in dental qualifications;

Patient safety: By having a distinct standard, the GDC can ensure that assessment providers uphold the same commitment to patient safety as all other education providers. This includes verifying that candidates possess the necessary clinical skills and ethical understanding to practice safely;

Adaptability and innovation: This separate standard allows for the incorporation of innovative assessment methods and technologies. This flexibility is crucial in adapting to advancements in dental practice and education, ensuring that assessments remain relevant and effective;

Clear expectations: A clear, distinct standard gives assessment providers precise guidelines, reducing ambiguity and enhancing compliance. This clarity supports the consistent application of standards across different providers, promoting fairness and transparency in the assessment process.

This approach to the quality assurance of assessment providers will support those providers to maintain quality, fairness, and integrity of dental assessments. The new Standards ensure that all dental professionals meet the expectations of the GDC, ultimately protecting patients and upholding public confidence in dental care.

Providers suggested changes to the terminology used in the proposals to improve clarity and accuracy.

Six of the respondents who provided additional explanations to their answers made suggestions to the terminology used in our proposals.

An anonymous respondent, who identified as being an education or training provider, requested the GDC cross-reference Standard 4 with Standards 2 and 3 to avoid duplication.

A responding organisation made several detailed suggestions around the wording of the requirements under Standard 4, which the Education Quality Assurance team has reviewed.

There were also two additional comments focused on the terminology referring to graduations. These two respondents urged the GDC to not assume that all learners enrolled in dental education will graduate. These suggestions were made to the GDC to request consideration is given to different roles and pre-registration training models as not all students may go through what is commonly known as a graduation process or a graduation event and therefore the current wording might not be as inclusive as it could be.

Instead of referring to “graduation”, an education provider made the following suggestion:

(...) Could [name of the organisation] request that a more inclusive term be used: Successful completion of pre-registration qualification or Awarding of the pre-registration qualification or Certification of the pre-registration qualification, [name of the organisation] Diploma in [name of the program] host a ‘diploma ceremony’ – which is optional for students to attend. (...)

Another organisation wrote:

[Name of the organisation] request to consider the diversity in roles and approaches to achieving pre-registration qualification. We ask that consideration is given to the language used. These standards must be applicable for all pre reg groups within the dental team. Not all groups participate in Dental Hospital training setting as – some are ‘earn as you learn’ models with students employed in the workplace and undertaking training to achieve pre-registration qualifications.

Lastly, five of the additional comments for this question were not related to the specifics of Standard 4. They have not been considered for the purposes of this report but have been noted by the EQA team.

GDC response

We have considered the feedback from stakeholders and their concerns with specific terminologies used throughout the Standards for Education. We have reviewed the Standards for Education document to ensure that there is consistency in the terminology and have developed an accompanying glossary, which will clarify the terminology used. Nevertheless, we understand that the preferences around terminology are very individualistic, having had various stakeholders suggesting different things throughout. We have tried to accommodate as many perspectives as possible, though we must recognise that it may not be possible to meet everyone's expectations.

Question 7. Do you agree or disagree that presenting requirements in this way makes clear which of them apply to which dental professional group and assessment and examination providers?

Of the 42 respondents, 35 replied to this question. Of those, 14 chose to provide an explanation to their answer.

Table 10. Extent of agreement that presenting the requirements in the proposed way makes clear which of them apply to which dental professional group and assessment and examination providers. Responses to the online survey only.

Response	No. of responses	%
Strongly agree	13	27%
Agree	11	31%
Neither agree nor disagree	9	26%
Disagree	1	3%
Strongly disagree	1	3%
Total	35	100

The proposals make the requirements clearer.

Most respondents that provided explanations to their answers agreed that presenting requirements in this way makes it clear which provider it applies to. Respondents expressed this was a clear and flexible approach and were in favour of the standardisation of the requirements which they believe is favourable for both learners, sponsor practices, and providers. Respondents also noted that the revised Standards were clearer and more flexible compared to the version that is currently in use.

One responding organisation wrote:

There seems to be enough flexibility in the way the standards are presented for each dental professional group and examination providers, if they also work with the Safe Practitioner framework for their group to be able to implement and examine students.

As another example, an education and training provider explained:

Content of the document is now clearer and easier to understand in relation to the role of the organisation.

It is also noteworthy that despite agreeing with our proposals, six respondents believed that further clarification of some aspects of the revised Standards for Education would be beneficial. We received the following suggestions in response to this question:

The GDC should make it clear how the revised Standards for Education would apply to each registrant group.

The GDC should launch a communication campaign of some sort during implementation to address any potential confusion that might arise at a late stage.

The GDC should provide complementary guidance to support providers in meeting the revised Standards for Education.

One respondent, who chose not to describe themselves or their role within dentistry, raised concerns over having only one single set of standards and how that might not provide enough flexibility.

GDC response

We have produced a glossary as part of the revised Standards for Education document, as a response to feedback received in this consultation around the need for further clarity.

In conjunction with the education providers, we will also produce other complementary materials to support providers navigating the revised Standards. These will include examples of supporting evidence to demonstrate the set requirements.

At the implementation stage, we will draw a communications plan to ensure the changes are communicated to the impacted stakeholders appropriately and the relevant teams will continue to be available to respond to queries that may arise in the future.

Question 8. Do you agree that it is relevant to add the following areas to the requirements?

8.1 Behaviours – see Standard 1, requirement 6; Standard 2, requirement 7; Standard 2, requirement 8, 9, 10.

Of the 42 respondents, 35 answer this question. Of those, 14 chose to explain their answer.

Table 11. Extent of agreement with the new requirements proposed for Behaviours. Responses to the online survey only.

Response	No. of responses	%
Yes	29	83%
No	6	17%
Total	35	100

The importance of teaching expected appropriate behaviours before joining the register.

Seven out of the 14 respondents suggested that it is crucial to teach the behaviours expected of dental professionals to those looking to join the GDC's register. It was explained in the additional comments that while some professional behaviours may come naturally, others may need to be taught. Ensuring that all providers are teaching standardised behaviours will ensure consistency within the GDC's register as will ensure all providers are teaching the expected behaviours that must be acquired before joining the register.

As an example, an education provider wrote:

Providers and potential registrants should be aware of the expectations that regulator and the public have of its registrants.

While some of the respondents believed it is important to ensure that all providers have a consistent approach to teaching what professional behaviour or being a safe practitioner means, others requested flexibility under the argument that not all providers will have access to the same tools or resources and therefore need flexibility to meet these requirements.

A professional body added:

It is important to ensure that all providers have a consistent approach to teaching what professional behaviour/being a safe practitioner means. (...)

Another organisation said:

(...) Schools already track and document demonstrations of behaviours and competencies over time through dedicated software and online tools. Flexibility is necessary as not all schools adopt identical practices.

GDC response

We believe some of these consultation responses are more applicable to the Safe Practitioner Framework than the Standards for Education. The current Standards for Education already requires students to "exhibit professionalism," which inherently includes demonstrating professional behaviours. Therefore, this does not represent a significant change.

The new Safe Practitioner Framework now explicitly incorporates the monitoring of professional behaviours, while the Standards for Education serves to reinforce this by enabling us to quality assure education providers' work in this area. Every education provider has already completed a transition action plan outlining how they will meet these expectations or has submitted a new course for approval against the Safe Practitioner Framework, which includes these elements. We will ensure internal alignment of guidance to maintain consistency across both frameworks.

Monitoring of behaviours may be beneficial for the profession, especially for learners. However, providers need clear lines on what is expected and how it should be monitored.

Six out of the 14 respondents agreed with having requirements for the behaviours of learners but do not think the proposed Standards for Education provide enough clarity on what expectations to set and how to monitor them.

We were told in this consultation that providers are already monitoring behaviours of learners and therefore require the Standards for Education to be flexible with this. This request comes from the fact that each provider has its own process to teach and evaluate the behaviours of their learners and it would not be helpful if they had to change their mechanisms and resources.

Furthermore, these six respondents would welcome the GDC sharing examples of what good practice looks like in terms of teaching and monitoring behaviours so that providers can learn from their counterparts and meet the standards required of them. This would also increase transparency and understanding amongst providers.

A professional body stated:

There needs to be a clear and transparent as to what this means and if it is measurable and achievable. (...)

Another organisation wrote:

(...) Flexibility is necessary as not all schools adopt identical practices.

Another organisation commented:

We support the focus on behaviours and welcome the GDC building an evidence base on good practice that can be shared more widely with providers and stakeholders, including [name of the organisation].

GDC response

It is not within the remit of the Standards for Education to set expectations on how to monitor behaviours. The Safe Practitioner Framework provides specific guidance on the areas that require monitoring. The role of the Standards for Education is to serve as a quality assurance framework, ensuring that these areas are monitored in accordance with the Safe Practitioner Framework. We support the sharing of good practice, but do not have guidelines for teaching and monitoring behaviours, the supporting evidence list could be beneficial.

Question 8.2. Do you agree that it is relevant to add the following areas to the requirements? Wellbeing – see Standard 2, requirement 9.

Of the 42 respondents, 36 answer this question. Of those, 15 chose to explain their answer.

Table 12. Extent of agreement with the new requirements proposed for Wellbeing. Responses to the online survey only.

Response	No. of responses	%
Yes	30	83%
No	6	17%
Total	36	100

Pastoral care and student wellbeing should be part of the student's journey.

Most respondents agreed that it is crucial for the Standards for Education to mention student wellbeing in their requirements and we were told that most providers already have processes in place to provide pastoral care and look after the wellbeing of their learners.

An education provider wrote the following explanation to their answer, which echoed most of the other respondents' comments:

Mental health and wellbeing are an important aspect of life and all stakeholders should have a responsibility in supporting those in prospective registrants and registrants.

Important to include staff wellbeing as well as that of students.

We were told, both during stakeholder engagement sessions and in the responses to this consultation, that we should equally consider the wellbeing of staff. During these exercises, stakeholders expressed that the student's wellbeing will reflect the wellbeing of the staff that teaches and supervises them and therefore both must be considered and prioritised.

A professional organisation wrote:

I think that ensuring support is there for staff as well as students is very important. Burn out in academia is high and being a clinical academic is even more challenging. I am glad you have acknowledged this and will be asking educational providers how they meet this standard.

Another organisation explained:

We welcome the focus on wellbeing. There is a well-established correlation between staff health and wellbeing and patient outcomes, which is described in the NHS Long Term Workforce Plan. Education providers have a duty to support students holistically, which will be improved by the new standards increased attention to wellbeing and the wider mental health of dental students, trainees and professionals.

GDC response

It is really important for us to ensure that the quality assurance function, whilst carrying out our statutory obligations, is also fair and considerate. We considered the inclusion of requirements around staff as well as student wellbeing essential in this revision. We encourage a transparent and supportive relationship with education providers to drive up the quality of education together.

The responsibilities of employers towards students' wellbeing.

One respondent, who identified themselves as being a registered dental nurse, brought our attention to the responsibilities employers should also have towards student wellbeing when employing students and trainees, particularly those in apprenticeships.

The respondent urged the GDC to consider a way of creating accountability for the employers as much as for the education providers. Their comment stated:

Yes on the part of the educational provider, but I feel there needs to be clearer guidance, particularly for those in apprenticeships, where the boundary lies between the educational providers remit and that of the employer.

GDC response

We have carefully considered the concerns of this respondent. We agree that student wellbeing is paramount. The Standards for Education now includes an additional layer of expectations around student wellbeing for education providers, by seeking their assurance that they are including student wellbeing within their apprenticeship models and other programmes that can lead to GDC registration.

Three other respondents gave us specific examples of areas of concern they believe are more prevalent amongst regulated professionals in comparison to the general population. The examples given were isolation, either due to the nature of certain professions or due to the vulnerability of moving away from home to study, substance abuse, suicide, the power dynamics of the profession which leads to vulnerability, and the financial issues related to the costs of studying. These respondents agreed it is paramount that providers are quality assured against wellbeing requirements and requested that these areas of concerns are given careful consideration.

GDC response

It is essential to include requirements relating to student welfare and these are in the revised Standards. Thought has also been given to how we address mental health support and we will address this in the evidence section.

Question 8.3. Do you agree that it is relevant to add the following areas to the requirements? Differential attainment - Standard 3, requirements 12 and 17, and Standard 4, requirement 19.

Of the 42 respondents, 33 answer this question. Of those, 16 chose to explain their answer.

Table 13. Extent of agreement with the proposed requirements for Differential Attainment. Responses to the online survey only.

Response	No. of responses	%
Yes	28	85%
No	5	15%
Total	33	100

These requirements will bring a positive change to education and promote diversity and inclusion.

Of those respondents who submitted their views via the consultation survey, 28 agreed with the proposals set out within this question. Additionally, 12 respondents provided additional comments that were favourable to adding these new areas as a quality assurance point for education providers. The common theme amongst those 12 additional comments was that these proposals will promote inclusion and diversity within dental education, will promote consistent practices amongst providers, and will be crucial to address any barriers and disadvantages that might arise from applications and assessments.

As an example, a professional body wrote:

There is a need to keep up to date with educational changes and to move away from 'the way things are done'.

Another organisation left the following comment:

We support the focus on differential attainment - this will provide a framework to support learners more equitably.

To meet these requirements, it is important that providers focus on their staff as well.

One respondent focused their response on the importance of equipping staff to appropriately embed equality, diversity and inclusion values to holistically tackle differential attainment. They expressed the following views:

I believe that many academics are from an era where those with differential attainment were excluded from a University education. Training in the different levels and how to effectively manage each one is vital to ensure a diverse workforce that matches the diversity of those we care for.

GDC response

We fully recognise the importance of ensuring that no groups are placed at a disadvantage. It is expected that all staff involved in student education undergo appropriate training and continuously engage in continuing professional development (CPD) to maintain up-to-date knowledge and best practices. This ensures that educational standards remain high and that all students receive fair and high-quality learning experiences.

The challenges that hinder the feasibility of these requirements.

Although this was widely seen as a positive change by most respondents, providers recognised that not all of them might be equipped to undertake this change without receiving further support. Four of the respondents that explained their answer to this question via the online survey expressed concerns over the feasibility of these requirements, listing the restrictions around diversity data and the lack of resources as potential challenges to meeting these requirements.

These respondents acknowledged that not all providers are at the same level when it comes to collecting, monitoring and addressing differential attainment data. Despite welcoming training opportunities within this field and guidance from the GDC to meet the proposed requirements, these stakeholders expressed concerns over the substantial time and resources it would take to develop mechanisms to be in a position where they would feel confident to meet such requirements.

For those providers that already collect and monitor this type of data, there were concerns that each institution will have different methods and parameters to do so. Providers would welcome specific guidance on what the GDC would deem as appropriate when it comes to data collection. One respondent requested clarification on which “demographics” characteristics the GDC would expect providers to collect and monitor to meet the requirements. Other respondent requested the GDC to specify all metrics we expect them to collect and monitor to ensure compliance and consistency.

One of the responding organisations left a specific comment around the feasibility of requirement 17.3 [sic 18.3]:

17.3. Providers must collect and analyse assessment results against the diversity of the student demographics and take necessary action to address any discrepancies.
– NES would request consideration in the revision of wording for 17.3. This would not be achievable for all assessment methods within a qualification. Perhaps overall outcome achievement could be measured and analysed. Perhaps this requires further explanation.

GDC response

We are committed to supporting providers but will not be offering specific training or guidance on data collection or analysis of differential attainment data. Our role will focus on ensuring that providers have a clear process in place to monitor and respond to local intelligence, and the subsequent learnings from this. We note that this will evolve, and we are keen to support providers in their own development.

To enhance clarity, we have developed a glossary. We acknowledge how important it is to ensure meeting the requirements remains manageable and

Question 8.4. Do you agree that it is relevant to add the following areas to the requirements? Admissions - see Standard 3, requirement 12.

Of the 42 respondents, 35 answer this question. Of those, 15 chose to explain their answer.

Table 14. Extent of agreement with the proposals on Admissions. Responses to the online survey only.

Response	No. of responses	%
Yes	31	89%
No	4	11%
Total	35	100

Admissions should factor in inclusiveness and diversity and consider the different backgrounds of applicants.

Of the 15 respondents that explained their answers, 11 agreed with the added value of the proposed requirements around admissions. A common theme amongst these answers was the importance of widening participation and encouraging local recruitment.

As an example, one of the organisations commented:

Focus on the admissions process being fair to all must be forefront in education providers considerations.

Two of the 15 additional explanations expressed that it is important for admission teams to ensure all those with the right qualities have equal opportunities to join a route to registration with the GDC, such as those who might not have an academic background but have the appropriate motivation and knowledge to be considered as a prospective applicant.

A professional body wrote:

This needs to be really well thought out for dental nurse students, please consider the employed or placed student outside of the University setting.

Another respondent that identified themselves as being a registered dental nurse added:

Particularly for DCPs who may not have an academic background, ensuring those with the right qualities and ability to do the role have the opportunity to complete a route to registration is essential.

Three of the 15 additional comments believed admissions should fall out of the GDC's remit and providers should have flexibility to develop their own systems, despite agreeing that admissions should be inclusive and fair for all applicants. Additionally, it was noted in these comments that providers welcome knowledge sharing and evidence-based materials issued by the GDC as long as they are given the ability to implement what works best for their own circumstances and institutions.

An organisation wrote, for example, wrote:

Admissions should be inclusive and fair while allowing institutions the flexibility to develop their own processes. (...)

On the other hand, three other respondents were supportive of these proposals, expressed that these additions to the Standards for Education were reasonable and that it was good to have such a specific requirement in the revised document.

A professional body explained:

It is good to see this is a specific requirement. Due to the competitive nature of applications to dental institutions, it is important to ensure fairness and transparency in the decision-making processes and avoid future challenges. (...)

The prioritisation of values and motivation over academic performance.

Two respondents believed there should be a shift in admissions towards focusing on the potential, values and motivations of applicants, rather than basing admissions on school and academic performance. We received similar feedback at the stakeholder engagement events we held in March 2024. It was noted by stakeholders at those events that those who grow up in a dental professional environment may have the advantage of knowing what is expected of them at admissions stage and therefore will score higher. It was also noted that applicants from different socioeconomic backgrounds may also perform differently at admissions stage.

Some stakeholders have urged the GDC to use its powers in education quality assurance to address these disadvantages and propose a standardised approach that will prioritise assess the suitability of applicants by focusing on individual behaviours and motivation rather than solely on academic performance.

GDC response

Education providers play a crucial role in their admissions processes by identifying and supporting individuals who are fit to train and work in a caring profession which puts patients first. In this revision we explored the role the regulator could play to support the admissions process for the future generation of dental professionals. We want to get the balance right.

We were encouraged to not include specific requirements around admissions to allow for flexibility in the process. We have included some requirements to better ensure greater fairness of the admissions process as well as around differential attainment so that this can be evidenced. We heard that much is already in place with regards to widening participation and we look forward to reviewing this as part of the evidence submitted by providers under the new standards.

We agree with the assessment of professional competence, rather than solely academic achievement by education providers. We expect providers to incorporate principles of equity and inclusivity at the application stage, ensuring that both applicants and prospective students are considered fairly.

It is important to establish clear expectations and requirements for education providers to demonstrate that they are actively considering and addressing the diversity of their applicant pool in their admissions processes.

Question 8.5. Do you agree that it is relevant to add the following areas to the requirements? Technology - see Standard 3, requirement 16, and Standard 4, requirement 20.

Of the 42 respondents, 35 answer this question. Of those, 16 chose to explain their answer.

Table 15. Extent of agreement with the proposed new requirements on Technology. Responses to the online survey only.

Response	No. of responses	%
Yes	29	83%
No	6	17%
Total	35	100

It is crucial to focus on the trainer's knowledge.

Of the 16 respondents that provided an explanation to their answers, six expressed that it was crucial to ensure the trainer's knowledge is up to date with the technological developments within the industry to appropriately teach students and trainees. It was noted that it is not fair on students to receive their education from staff who are not aware of the fast-paced nature of technology in dentistry and its impacts to patient care and the different clinical pathways.

These proposals will also increase efficiency and effectiveness by improving learner experience.

It was noted that the current system has faults, and that some trainers' technical knowledge may not be fully reflective of the developments within their fields, which creates challenges to the development of their students and trainees.

One of the responding organisations wrote:

The development of technology in dentistry will continue to develop at pace. To ensure students in any of the registrant group understand the important and relevance they must be taught by those who are aware of developments in technology and understand its relevance to patient care and clinical pathways.

A professional body alerted the GDC to the fact that this proposal might create inequalities between the different education providers and that this proposal would require certain resources that not all providers have access to.

GDC response

The GDC has included a new requirement under Standard 2 to address this feedback, which focuses on supporting the trainer's knowledge, awareness and approach towards technology.

Different opinions on the GDC's remit and the inclusion of Artificial Intelligence within the revised Standards for Education.

Six respondents provided written explanations to their answers which were in favour of the proposals set out within this question. Amongst these explanations, respondents argued that dental education needs to be able to train learners for the future. They welcomed the inclusion of the topic of technology within the revised Standards for Education and expressed the need to embrace technology within education due to its rapidly evolving nature within healthcare and the dental environment.

Respondents commented that as we all become more dependent on technology as a society, dental training must keep up with those changes and needs to be modernised.

One respondent was unsure about the proposals this question referred to because they believed dental education programmes “filter new technology to students quickly already”.

GDC response

We have introduced a new requirement to ensure that providers actively review their understanding and use of technology. However, we believe it would be inappropriate to include a specific reference to artificial intelligence (AI) as doing so could limit futureproofing and adaptability in an evolving technological environment.

Question 9. Please indicate here any aspects that we have not covered that you believe need to be considered.

This was a single open-ended question with a free-text box. Of the 42 respondents, 24 answered this question.

Increased emphasis around EDI and the protected characteristics would be welcome.

Two of the 24 respondents requested the GDC put more emphasis on the nine protected characteristics set out in the Equality Act 2010, as well as provide further clarification around the topic of EDI.

An anonymous respondent that identified as being an education or training provider added:

It is important that you specify protected characteristics that students should know about, rather than having a generic EDI statement, so that dentists know about, for example, gender identity and how this might impact on a person's dental care.

Workforce planning

We received comments regarding workforce planning and requests to use the statutory powers invested in the Standards for Education to find a way to encourage learners to stay in the public sector, with the purpose of building a more robust dental care workforce.

GDC response

Where possible, the GDC seeks to assist our partners in their efforts to address workforce issues in dentistry as we consider these to be critical issues for patient safety and public confidence. However, workforce planning and recruitment and retention in the national health services are matters for the governments of the four nations of the UK, rather than for the GDC.

Question 10. Please tell us about any impacts you think the proposed changes to the Standards for Education may have on students, trainees, staff and members of the public with protected characteristics, or any other aspect of equality, diversity and inclusion?

Like the previous question, this was composed a single open-ended question with a free-text box. Of the 42 respondents, 22 answered this question.

We conducted an Equality Impact Assessment (EqIA) of the proposed changes to the Standards for Education and asked respondents to review it and consider any other impacts of the changes on equality and diversity of students, staff and members of the public.

Of those 22 respondents, 11 agreed with the EqIA, and did not identify any further adverse impacts in the response to this consultation. Two of the respondents suggested the GDC should explicitly mention the nine protected characteristics within the Standards for Education. One respondent expressed that reducing EDI gaps within dental education fell outside of the GDC's remit. Lastly, one respondent expressed concern over the professional hierarchy that has been historically established between the different dental professions and that it created inequalities and power imbalances within the dental team.

GDC response

As part of the development process for the revised Standards for Education, we conducted a comprehensive Equality Impact Assessment to ensure that potential implications for different groups were carefully considered. This assessment was made publicly available alongside the other consultation materials to provide full transparency. We are pleased to note that stakeholders who participated in the consultation did not identify any additional adverse impacts beyond those already addressed. This positive outcome reinforces our commitment to embedding equity and inclusivity within the revised standards while ensuring that any potential concerns are proactively mitigated.

10. Responses submitted outside of the online survey

Six of the 42 total responses were submitted via email. These responses outlined the general views of individuals or organisations to the proposals and did not follow the structure of the online survey. The method of analysis applied to these responses was the same as the one applied to the open-ended questions of the online survey, however, they were not considered as responses to the questions we have analysed.

Five of these responses were submitted by organisations and one was submitted by an individual.

The main themes that came out of these responses and that were not already covered in detail in the previous sections of this outcome report are outlined below.

Inclusivity and student support are crucial.

Respondents highlighted the importance of further strengthening inclusivity around student support. A key concern raised was that the current proposals place a strong emphasis on group-level support but do not sufficiently address the needs of individual students. It was noted that when disproportionate impacts are identified, whether at the outset or throughout a programme, education providers must ensure that tailored support is available not only for the affected group but also for individual students who may face specific challenges.

GDC response

We agree that the needs of individual students need to be taken into consideration and supported by education providers.

Providers expect to be involved in the implementation of the revised Standards for Education.

Respondents have requested the GDC plans the implementation of the revised Standards for Education carefully and that this process includes time to get the providers fully up to speed with the changes. If necessary, the GDC should hold engagement sessions with the impacted stakeholders to review the changes and discuss how these can be embedded and met. Respondents ask that the evidence required to meet the Standards for Education is shared with all providers and that it is achievable for all providers.

GDC response

From the early stages of the project life cycle, we have taken proactive steps to involve and inform relevant stakeholders about the revision of the Standards for Education.

To ensure meaningful engagement, we facilitated stakeholder engagement sessions and held direct discussions throughout the consultation period. This ongoing dialogue has allowed us to gather valuable insights and maintain transparency in our approach.

As we move forward with implementation, we remain committed to continuing active engagement with stakeholders, ensuring their perspectives are considered and that the revised standards are effectively embedded in practice.

11. Conclusion and next steps

Overall, we received positive feedback from stakeholders on our proposals to review the Standards for Education. This review is timely and relevant to stay up to date with industry developments and other societal changes and expectations.

We have taken our stakeholders' views into account and have made changes to the Standards and requirements to reflect some of the suggestions. We have produced a glossary which is part of the revised Standards for Education document and will provide clarity on the terminology used. We will also provide a list of suggested evidence and guidance about the quality assurance process for education providers in 2026.

The revised Standards for Education will retain the structure and elements proposed within this consultation and an implementation plan will be developed to ensure that providers have the appropriate amount of time to adapt and make the necessary transition.

The implementation plan will include engagement opportunities for stakeholders to pose any further questions and continue to actively share their views with the GDC.

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