Annual Review of Education

Purpose of paper	To report on quality assurance of education and training undertaken as part of the 2012/13 inspection round
Action	For noting
Public/Private	Public
Corporate Strategy 2013-15	Strategic Objective 3.0: Ensure that new entrants to the profession are safe to practise through an increasingly integrated approach to the regulation of dental education and training
Business Plan 2014	3.1 Ensure that new entrants to the profession are safe and competent to practise with reference to our education and professional standards
Decision Trail	September 2011: The Council approved education learning outcomes in *Preparing for Practice*. September 2012: The Council approved the *Standards for Education*. Council noted that there would be a review after the first year to ensure that the *Standards for Education* are working effectively.
Recommendations	The Council is asked to note this report
Authorship of paper and further information	Jane Pierce, Head of Education Peter Butler, Quality Assurance Officer Ross Scales, Quality Assurance Operations Manager
Appendices	**Appendix A – Annual Review of Education 2012/13**

Executive Summary

1. This paper introduces a review of the GDC's quality assurance (QA) activity relating to education and training for the academic year commencing 1 October 2012.

2. This is the first annual review of quality assurance activity. It is expected that the QA annual report will develop over time as our evidence base grows and as key themes emerge. Stakeholders' views will also be taken into account. The report contains a summary of findings during inspections, including areas of good practice, areas for development and learning points.

Introduction and Background

3. The GDC published the *Standards for Education* in November 2012. The Standards are the regulatory tool used by the GDC to ensure that a programme is fit for purpose. The four standards (patient protection; quality evaluation and review; student assessment; and equality and diversity) are central to the GDC's quality assurance processes and currently contain 29 requirements. The Council approved the implementation of the *Standards for Education* in September 2012.

4. Education providers must be able to demonstrate that upon qualification, students have achieved all the required learning outcomes. These are set out for each of the professions that we register in *Preparing for Practice*. Some providers are delivering programmes that meet the previous learning outcomes in *The First Five Years* (for dentists) and *Developing the Dental Team* (for DCPs).

5. The GDC undertook inspections of 17 programmes in the period October 2012 to September 2013. These inspections involved 44 individual inspection visits.

6. Of these inspections eight were of Bachelor of Dental Surgery (BDS) programmes, eight Dental Care Professional (DCP) programmes, plus the Licence in Dental Surgery. Eleven of the inspections used the *Standards for Education* as the framework of the inspection. The Standards were not used for the other inspections as they were either re-inspections that focused on particular aspects of a programme or, in one case, the programme inspected was the last in a series of inspections of programmes delivering a specific award.

7. There is a necessary time period in between inspections undertaken and the publication of the annual report. This is due to the time it takes for reports to be written, providers to make factual corrections and observations, a decision to be made on approval/sufficiency of the award and publication of the report. There is also, on occasion, the need to inspect a programme after the final assessments. For example, one report has only recently been published as this programme required a number of visits to attend re-sit examinations.

The Report

8. The report contains data relating to QA activity, in addition to a summary of inspection findings. The report is intended to share good practice and learning from GDC inspections and other QA activity. It also provides an update to all stakeholders regarding the work of the GDC in education. We hope that the report will stimulate debate in the sector and encourage a collaborative approach to sharing effective practice and developing approaches to common challenges. We will seek feedback from our stakeholders on the content, remit and format of the report.

Key Findings

9. All of the programmes inspected in 2012/13 were found to be satisfactory to enable the qualifying cohort to apply to join the GDC's registers. Inspectors identified a number of areas

where each programme could be improved and providers' progress in responding to these actions will be monitored.

10. However, in some cases the GDC could not be confident that future cohorts would be satisfactory and re-inspections were required. Five programmes were judged to require a re-inspection during 2013/14 or 2015/16.

11. Eleven programmes were inspected against each of the 29 requirements set out in *Standards for Education*. The degree to which programmes met our requirements varied widely: we found that individual programmes fully met between one and 28 of the requirements.

12. The report highlights a number of areas where the majority of programmes met our requirements, including:

    - **Strong processes to provide a 'gateway' to treating patients** assessing students on a wide range of knowledge and skills prior to entering the clinical environment.
    - Generally, **consent was well covered** across the board with clear information given to patients about their treatment and regular recording of consent.
    - All of the programmes we inspected had **appropriate and up-to-date equality and diversity policies in place** and the students we met recognised their importance.

13. The report also identifies three requirements which currently seem to be the most difficult to meet (and which nine out of eleven programmes were either not meeting or only partly meeting):

    - Many programmes are going through a period of transition in **the recording of continuous assessment** and are moving from traditional paper-based recording methods towards modern, electronic systems.
    - Providers were finding it difficult to **collect useful feedback from patients** who tended to praise exclusively the students undertaking their treatment. We recognise that this is a challenging requirement and will continue to monitor this and explore how we can work with providers, including through the Dental Schools Council, to stimulate debate about how they can develop their approach to collecting and using patient feedback in a meaningful way – including learning from the experience of other healthcare professions.
    - It is important that providers ensure they hold **up-to-date records of equality and diversity training** and ensure that all staff undertake training on a regular basis. This contrasts with the finding in relation to equality and diversity policy outlined above.

14. Whilst most programmes met our requirements in relation to raising concerns, a significant number of programmes need to take prompt action to ensure that these requirements are fully met. The Francis Report into the Mid Staffordshire NHS Foundation Trust highlighted the critical significance that individuals failing to raise concerns, or those in positions of responsibility failing to act on them, can have for patient safety. We will continue to monitor this carefully through annual monitoring and future inspections.

Clinical Experience

15. The GDC does not set targets or minimum levels of treatment that students must undertake. However, providers must provide evidence of a clear and reasoned approach to determining that a student has reached the required level to be considered as a 'safe beginner' across all clinical areas. This evidence was not always clear to inspectors and whilst all programmes were deemed to be producing graduates at the level of safe beginner, inspectors noted that in some cases students' experience of specific procedures was low and there was variation in experience within cohorts. We will continue to monitor this issue and consider whether providers need further guidance and whether we should routinely monitor this outside of inspections.

Communication

16. The report will be published on the GDC website and circulated to education stakeholders in early July 2014. We will also seek opportunities to discuss our findings with key stakeholders, including Health Education England (HEE), NHS Education for Scotland (NES) and the Dental Schools Council. In addition, the Chair may wish to write to providers sharing a copy of the report.

Next steps

17. The next annual report will be published in early 2015 and will include summary findings from all of the 2012-14 BDS inspection round; a further exploration of the key themes identified during the 2012-13 inspections; other topical themes such as students' preparedness for Direct Access; and how programmes are responding to the issues raised by the Francis Report.

Recommendations

18. The Council is asked to note this report.

Appendices

Appendix A – Annual Review of Education 2012/13

General Dental Council

protecting patients, regulating the dental team

Annual Review of Education

2012/13

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Introduction

The General Dental Council's (GDC) primary purpose is to protect patients. Part of this role includes a statutory responsibility to quality assure education and training programmes so that newly qualified dentists and dental care professionals (DCPs) are fit to apply to join the GDC's Registers and practise independently as safe beginners.

The GDC quality assures a wide range of programmes across all four UK nations. These programmes cover a number of qualifications, types of institution and vary in size from programmes with a cohort of as few as five students to those with a cohort of 160. In addition, we quality assure some qualifications provided by national awarding bodies and delivered across a range of further education settings to thousands of students and trainees.

In 2012/13, the GDC commenced a new cycle of inspections of UK dental schools using the new ***Standards for Education*** framework and conducted two targeted re-inspections using the previous inspection remit. Some new Dental Care Professional (DCP) programmes were also inspected against the new standards framework.

The GDC is regulated by the **Professional Standards Authority** (PSA). Each year the PSA produces a Performance Report which sets out the effectiveness of each of the professional regulators. In 2012/13, the PSA found that the GDC met all five Standards of Good Regulation in Education and Training. In addition, the PSA reported two particular areas of good practice:

- Outcomes based Standards for Education.
- Involvement of an expert advisory group to put these Standards into action.[1]

Inspections provide detailed information about education programmes and inspection reports help providers to maintain and improve the quality of provision. Where necessary, inspection reports require providers to take a number of actions to improve the programme and progress in undertaking these actions is monitored through annual monitoring (or in some cases re-inspection). Inspection reports are published on the GDC's website and provide information to the public, including students, their parents and employers.

The GDC promotes high standards of education and training. Training as a dental professional marks the beginning of a professional's career throughout which they will be expected to meet our professional standards, demonstrate a commitment to continuing professional development, and respond to changes to technology, oral health and treatments. Training and education therefore provides an essential opportunity to lay strong foundations for the future dental workforce.

This year, we have considered what more can be learned from our inspection activity and produced this report, the first GDC Annual Review of Education. This report is designed to provide an overview of education and quality assurance and to stimulate wider debate about both what is working well and those areas which providers may find more challenging to meet our requirements fully. Providers may find it useful to discuss the issues raised in this report and to work together to find effective ways to share good practice and tackle common challenges.

Our inspectors identified some common areas where programmes are doing well, including ensuring that:

- students are competent before commencing supervised clinical treatments
- patients provide consent to being treated by students

[1] The PSA's 2012/13 Performance Review is available at http://www.professionalstandards.org.uk/library/document-detail?id=8b254a20-a1dd-4370-915e-e6c4c8764229.

- patients are treated in an environment which is safe and appropriate
- students are appropriately supervised when providing patient care

There are also a number of areas which providers have found more challenging. These include:

- monitoring and recording students' assessment, particularly continuous clinical assessment
- using patient/peer feedback in the assessment process
- ensuring that staff receive equality and diversity training and that this is included as part of the development and appraisal process

In addition we have identified two further areas where improvements are commonly required in order to fully meet our requirements:

- raising concerns
- providing evidence of students' clinical/technical experience to provide assurance that qualifying students have achieved the full range of learning outcomes.

In future reports, we will also examine key themes and identify effective practice, for example, considering how programmes can prepare students to work successfully as a member of the wider dental team following the introduction of Direct Access in 2013; how programmes are responding to the recommendations of the Francis Report[2]; and the range of strategies employed to ensure students have access to a sufficient and appropriate supply of patients.

We would welcome feedback from our stakeholders on the report and its findings as well as suggestions for themes we might consider in future years. You can find out how to get in touch with us on page 25.

We are grateful to all of the staff and students we met during the course of our inspection visits during 2012/13 for their cooperation and assistance.

[2] In June 2010 the Secretary of State for Health, Andrew Lansley MP, announced a full public inquiry into the role of the commissioning, supervisory and regulatory bodies in the monitoring of Mid Staffordshire Foundation NHS Trust. The final report was published in June 2013 and set out a number of recommendations which are relevant to education and training providers: for example in relation to raising concerns. The full report is available at: http://www.midstaffspublicinquiry.com/

Background

As part of its role as the regulatory body for dentists and DCPs, the GDC has a responsibility to set out requirements for programmes leading to registration as a dental professional. The GDC also has a responsibility to quality assure these programmes to ensure that each of them meets our requirements.

The GDC published ***Standards for Education*** in November 2012. The Standards are the regulatory tool used by the GDC to ensure that a programme is fit for purpose. The Standards are central to the GDC's quality assurance processes and contain a total of 29 requirements. The Standards cover the following areas:

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

Education providers must be able to demonstrate that upon qualification, students have achieved all the required learning outcomes. These are set out for each of the professions that we register in ***Preparing for Practice.***

We recognise that it will take time for providers to revise their curricula in line with these documents. Therefore, during a transitional period, education programmes may produce professionals who demonstrate the learning outcomes set out in the previous guidance, ***The First Five Years*** (for dentists) and ***Developing the Dental Team*** (for DCPs). These documents are available on the GDC's website.[3]

The GDC's Quality Assurance process includes:

- Reviewing proposals for new programmes and qualifications from providers and awarding bodies (paper based).
- Annual/pre-inspection monitoring (paper based).
- Inspecting course providers and awarding bodies.

GDC Quality Assurance Inspectors undertake inspections of programmes leading to registration, working in panels of between three and four supported by a member of the GDC's Quality Assurance Team. Inspections vary in length but are generally undertaken over two consecutive days for the programme inspection and between one and four days for the examination inspection. Providers are required to submit evidence in advance of the inspection visit to demonstrate whether programmes meet our requirements.

Inspectors make a recommendation to the Council of the GDC as to whether or not a programme is 'sufficient' or should be 'approved' for registration. Consideration of this recommendation is delegated to the GDC's Chief Executive and Registrar, who is informed by inspection reports and the observations of the provider on the report findings. Once the Registrar has made a decision, inspection reports are published on the GDC's website. Reports may require a provider to take actions/make improvements and may recommend a re-inspection to check that the necessary improvements have been made. The GDC does not rank or grade programmes.

In the 2012/13 academic year, we inspected eight dentistry (BDS/BChD) and eight DCP programmes. This included the first 11 inspections based on the new ***Standards for Education***. In addition, we inspected the Royal College of Surgeons of England Licence in Dental Surgery (LDS) award (a route to registration for dentists who qualified overseas). **Annex 1** provides the full list of programmes we inspected.

[3] http://www.gdc-uk.org/Aboutus/education/Pages/Education-sector.aspx

This report is primarily based on an analysis of the 11 ‘new style’ inspection reports. This analysis has revealed good practice in programmes delivered by UK education providers across a range of the requirements set out in the ***Standards for Education***. Similarly, we have been able to identify areas where our requirements are not yet being fully met and where there might be learning points which would be of use to all education providers – whether or not they have been recently inspected by the GDC.

Key findings

All of the programmes inspected in 2012/13 were found to be satisfactory to enable the qualifying cohort to apply to join the GDC's registers. However, in some cases the GDC could not be confident that future cohorts would be satisfactory and for five programmes re-inspections were required. In addition, the inspectors identified a number of areas where each programme could be improved and providers' progress in responding to these actions will be monitored.

11 programmes were inspected against each of the 29 requirements set out in ***Standards for Education***. **Annex 2** provides a more detailed summary of which requirements were met, partly met and not met and **Annex 4** provides a definition of 'met, 'partly met' and 'not met'.

Table 1: Mean number of GDC Requirements met by programmes in 2012/13

Met	Partly Met	Not Met
17.5	8.8	2.7

The degree to which programmes met our requirements varied widely during the first year of inspections based upon the ***Standards for Education.*** The number of requirements which were fully met by each individual programme ranged from one to 28. Conversely, the number of those not met ranged from zero to 17.

Which Requirements were most frequently met?

(Number of programmes fully meeting the requirement is given in brackets.)

- *Requirement 1: Students must provide patient care only when they have demonstrated adequate knowledge and skills. For clinical procedures, the student should be assessed as competent in the relevant skills at the levels required in the pre-clinical environments prior to treating patients. (10)*

- *Requirement 2: Patients must be made aware that they are being treated by students and give consent.(9)*

- *Requirement 3: Students must only provide patient care in an environment which is safe and appropriate. The provider must comply with relevant legislation and requirements regarding patient care.(9)*

- *Requirement 4: When providing patient care and services, students are to be supervised appropriately according to the activity and the student's stage of development.(9)*

- *Requirement 27: Providers must adhere to current legislation and best practice guidance relating to equality and diversity. (11*.)

We are pleased to note that four of the eight patient safety requirements feature in this list.

We found that, as a rule, **strong processes were in place to provide a 'gateway' to treating patients.** These assess students on a wide range of knowledge and skills prior to entering the clinical environment. This finding is reassuring as it is essential that all providers can demonstrate that all students have the necessary competence before providing treatment to patients. This includes an understanding of health and safety, cross-infection control and patient confidentiality as well as clinical skills and abilities. We noted

that students in some programmes now begin treating patients at an earlier stage in their training than has traditionally been the case.

Generally, **consent was well covered** across the board with clear information given to patients about their treatment and regular recording of consent. It is essential that patients consent to their treatment being undertaken by a student, including what they should expect from that treatment. Many providers had produced helpful and clear patient information leaflets that explained to patients what to expect when they are treated by a student.

We noted that all of the programmes we inspected had **appropriate and up-to-date equality and diversity policies in place** and that the students we met recognised their importance. This will help to ensure that newly qualified dental professional are well equipped to treat patients fairly, as individuals and without discrimination as required by the GDC's ***Standards for the Dental Team***.

We saw many examples of excellent practice during our inspections. Details of some of these findings can be found in the following sections which provide a narrative 'snapshot' against each Standard.

Which Requirements were more challenging?

There are three requirements in particular which currently seem to be the most difficult to meet. Nine out of eleven programmes were either not meeting or only partly meeting these requirements.

- *Requirement 17: The provider will have in place management systems to plan, monitor and record the assessment of students throughout the programme against each of the learning outcomes.*

We found that, in many cases, programmes are going through a period of transition in the recording and monitoring of continuous assessment and are moving from traditional paper-based recording methods towards modern, electronic systems. Many providers are currently piloting or implementing these systems with a view to a full roll-out over the coming years. Whilst these systems will undoubtedly prove to be a powerful and helpful tool to drive improvements across a number of areas, we judged that many programmes were currently partly rather than fully meeting this requirement. The implementation of new systems and the arrangements for transition will need to be managed and monitored carefully. During an inspection, the GDC will seek assurance that assessment records, including those relating to continuous clinical assessment, are complete and accurate as they provide important evidence about students' progression, especially in assessing when students are ready for entry to the final examinations.

- *Requirement 24: Where appropriate, patient/peer/customer feedback should contribute to the assessment process*

In almost all cases, providers were finding it difficult to collect useful feedback from patients who tended to praise exclusively the students undertaking their treatment. We recognise, of course, that gaining positive feedback is important, but providers need to continue working to find ways of gathering feedback which can aid student development, be used as part of assessment mechanisms and provide learning points or encourage reflection. We will continue to monitor this and explore how we can work with providers, including through the Dental Schools Council, to stimulate debate about how they can develop their approach to collecting and using patient feedback in a meaningful way – including learning from the experience of other healthcare professions.

- *Requirement 28: Staff will receive training on equality and diversity, development and appraisal mechanisms will include this.*

Programme staff may have a variety of experience across different backgrounds and link to their programmes in differing ways. In many cases, they will have had training on equality and diversity from sources other than the lead institution. It is important that providers ensure they hold up-to-date records of

equality and diversity training and ensure that all staff undertake relevant training on a regular basis.

Requirement 6: Students and those involved in the delivery of education and training must be encouraged to raise concerns if they identify any risks to patient safety.

Whilst most programmes met our requirements in relation to raising concerns a significant number of programmes need to take prompt action to ensure that these requirements are fully met. Lord Francis' report into the Mid Staffordshire NHS Foundation Trust highlighted the critical significance that individuals failing to raise concerns, or those in positions of responsibility failing to act on them, can have for patient safety. We will continue to monitor this carefully through annual monitoring and future inspections.

Clinical Experience

Schools must be able to demonstrate to the GDC that students have appropriate clinical and/or technical experience. This can be demonstrated in several ways. For example, one provider assured us by providing detailed instructions about the clinical targets they set, which included numbers and level of performance attained. This was supplemented by records of meetings where individual student performance was discussed. We were able to triangulate this in meetings with students who confirmed that they had access to ample patient numbers to meet these targets and outlined the support that the school provided. Another provider, which did not set individual targets for specific procedures, provided the GDC with assurance that they met this requirement evidenced by a clear, comprehensive and auditable summary record of individual student clinical experience and performance alongside clear, recorded discussions about student experience including the use of transferrable skills.

The GDC does not set targets or minimum levels of treatment that students must undertake. However, providers must provide evidence of a clear and reasoned approach to determining that a student has reached the required level to be considered as a 'safe beginner' across all clinical areas.

The following sections provide details of our overall findings for each Standard. We hope this will be a useful tool in providing a picture of the current state of play within recently inspected education and training providers.

Protecting Patients - Standard One

Standard 1: Providers and students must be aware of their duty to protect the public. Providers must ensure that patient safety is paramount and care of patients is of an appropriate standard. Any risk to the safety of patients and their care by students must be minimised.

Table 2: Programmes meeting Standard One requirements based on 2012/13 inspections

Requirement		Met	Partly Met	Not Met	Total
1	Students must provide patient care only when they have demonstrated adequate knowledge and skills. For clinical procedures, the student should be assessed as competent in the relevant skills at the levels required in the pre-clinical environment prior to treating patients.	10	1	0	11
2	Patients must be made aware that they are being treated by students and give consent.	9	2	0	11
3	Students must only provide patient care in an environment which is safe and appropriate. The provider must comply with relevant legislation and requirements regarding patient care.	9	1	1	11
4	When providing patient care and services, providers must ensure that students are supervised appropriately according to the activity and the student's stage of development.	9	1	1	11
5	Supervisors must be appropriately qualified and trained. Clinical supervisors must have appropriate general or specialist registration with a regulatory body.	8	2	1	11
6	Students and those involved in the delivery of education and training must be made aware their obligation to raise concerns if they identify any risks to patient safety and should be supported to do so.	5	6	0	11
7	Should a patient safety issue arise, appropriate action must be taken by the provider.	7	4	0	11
8	Providers must have a student fitness to practise policy and apply as required. The content and significance of the student fitness	8	3	0	11

	to practise procedures must be conveyed to students and aligned to GDC Student Fitness to Practise Guidance. Staff involved in the delivery of the programme should be familiar with the GDC Student Fitness to Practise Guidance.				

We found that there is a good level of external oversight of pre-clinical assessments and that these assessments tend to be extremely robust gateways to clinical practice, testing a wide range of competencies. We were pleased to see a good deal of evidence of students building on their experience; developing and expanding their skills. It was clear, from our discussions with students, that they feel well supported and well prepared in making the transition to treating patients. Although there was often variation across the clinical locations used by dental students, there were generally good processes in place to ensure that, when students do commence treating patients, clear information is provided regarding students' status and the potential impact on treatment.

For example, the one-year Certificate of Higher Education in Dental Nursing offered by Cardiff University commences with a two-week 'safe start' induction programme which covers core topics such as infection control and complaint handling. Similarly, the King's College, London BDS programme has an Applied Clinical Science Course which aims to mimic 'real life dentistry' in the pre-clinical environment.

Students told us that they felt the levels of supervision they received were appropriate when working in clinical locations. We also found that supervision of students was appropriate to their level of development. It was clear, however, that some institutions are better than others at providing on-going training and development opportunities for clinical supervisors.

We were encouraged by the number of education providers who are striving to create an ethos of openness among staff and students alike. However, in meetings we held with students, we saw some evidence of a lack of understanding of the importance of the issues around raising concerns as well as the need to be familiar with policies to deal with such issues. Indeed, some programmes lack formal procedures to deal with concerns around patient safety and tend to deal with matters on a more ad-hoc basis.

The recent findings from the public inquiry into Mid-Staffordshire NHS Foundation Trust highlight the importance of raising concerns and dealing with them quickly in order to protect patients. It is essential that students (and all staff) understand how to raise concerns and have confidence and an expectation that concerns raised will be properly addressed from the earliest stage of their professional careers. We felt there are opportunities for education providers to develop and improve upon learning points from incident reports and – across the board – providers need to increase awareness and understanding of fitness to practise processes and procedures. In general, we would welcome an increased focus on professionalism throughout education and training programmes. We will continue to monitor progress through annual monitoring and this year's inspections.

At Liverpool University, BDS students have an annual induction which details the need to raise concerns regarding issues of patient safety. Further to this, their students are required to sign an agreement each year which requires them to raise such issues where they are identified. Discussions held by our inspectors at Liverpool found students were extremely aware of their obligations in this area.

Other programmes, including the BDS at the University of Manchester have introduced a 'traffic light' system for monitoring professionalism in a uniform manner across clinical locations.

Quality evaluation & review of the programme – Standard Two

Standard 2: The provider must have in place effective policy and procedures for the monitoring and review of the programme

Table 3: Number of programmes meeting Standard Two requirements based on 2012/13 inspections

Requirement		Met	Partly Met	Not Met	Total
9	The provider must have a framework in place that details how it manages the quality of the programme which includes making appropriate changes to ensure the curriculum continues to map across to the latest GDC learning outcomes and adapts to changing legislation and external guidance. There must be a clear statement about where responsibility lies for this function.	7	2	2	11
10	The provider must have systems in place to quality assure placements.	7	1	3	11
11	Any problems identified through the operation of the quality management framework must be addressed as soon as possible.	7	2	2	11
12	Should quality evaluation of the programme identify any serious threats to the students achieving learning outcomes through the programme, the GDC must be notified immediately. (NB where there is geographical variation in oral health needs, providers must inform the GDC of the issues and action to be taken to demonstrate that the outcomes have been met).	6	3	2	11
13	Programmes must be subject to rigorous internal and external quality assurance procedures.	6	3	2	11
14	External examiners must be utilised and must be familiar with the learning outcomes and their context. Providers should follow QAA guidelines on external examining where applicable.	8	2	1	11
15	Providers must consider and, where appropriate, act upon all concerns raised, or formal reports on the quality of education and assessment.	7	3	1	11

We saw evidence of clear committee structures being in place which facilitated the monitoring of programmes as well as clear lines of communication and reporting. Most providers were able to demonstrate an impressive commitment to continuous improvement which is commended. Those programmes not meeting the requirements under this Standard need to take swift action to firm up their processes in a clear and transparent way.

We were pleased to see that many providers have dedicated members of staff who support outreach learning. It is essential in order to protect both patients and students that all programmes ensure that placements are quality-assured to the same standard and criteria regardless of the amount of time students spend in these locations. It was reported to some inspection panels that there was variation of experience between clinical locations in terms of the types of patients or treatments available to them. We will continue to monitor this in 2013/14.

In general, there are good processes and procedures in place for providers to react to the need for changes and improvements although there is some need to improve the recording of actions undertaken for audit purposes. However, clear evidence was available indicating that providers are resolving any identified issues in a timely fashion.

Most of the programmes we inspected were subject to some sort of periodic review but, in some cases, we felt that external input into the programme of study needs to be both extended and more clearly defined. In some cases, external examiners could be better used to have oversight of the entire assessment process to enable them to make better informed recommendations to providers. Generally, external examiner roles were set out clearly. We were concerned that some external examiners are still exclusively engaged in actual examining of students, which is to the detriment of their important role in overseeing the wider assessment process. We felt that it is beneficial for external examiners also to have sight of the continuous clinical assessment records of students. We would like to see some providers move further towards following QAA guidelines regarding external examiner roles with particular reference to providing a quality assurance function. It was reassuring to hear that so many external examiners report that they make a useful contribution to the programmes with which they are involved.

Student assessments must be reliable and valid – Standard Three

Standard 3: Assessment must be reliable, valid and fair to all students. The choice of assessment method must be appropriate to demonstrate achievement of the GDC learning outcomes. Assessors must be fit to perform the assessment task

Table 4: Number of programmes meeting Standard Three requirements based on 2012/13 inspections

Requirement		Met	Partly Met	Not Met	Total
16	To award the qualification, providers must be assured that students have demonstrated attainment across the full range of learning outcomes, and that they are fit to practise at the level of a safe beginner. This assurance should be underpinned by a coherent approach to aggregation and triangulation, as well as the principles of assessment referred to in these standards.	6	5	0	11
17	The provider must have in place management systems to plan, monitor and record the assessment of students throughout the programme against each of the learning outcomes.	2	7	2	11
18	Assessment must involve a range of methods appropriate to the learning outcomes and these should be in line with current practice and routinely monitored, quality assured and developed.	5	6	0	11
19	Students must have exposure to an appropriate breadth of patients/procedures and should undertake each activity relating to patient care on sufficient occasions to enable them to develop the skills and the level of competency to achieve the relevant GDC learning outcomes.	7	3	1	11
20	The provider should seek to improve student performance by encouraging reflection and by providing feedback.	7	3	1	11
21	Examiners/assessors must have appropriate skills, experience and training to undertake the task of assessment, including appropriate general or specialist registration with a regulatory body.	7	4	0	11
22	Providers must ask external examiners to report on the extent to which assessment processes are rigorous, set at the correct standard, ensure equity of treatment for students and have been fairly conducted.	8	2	1	11
23	Assessment must be fair and undertaken against clear criteria. Standard setting must be employed for summative assessments.	4	5	2	11
24	Where appropriate, patient/peer/customer feedback should contribute to the assessment process.	2	5	4	11
25	Where possible, multiple samples of performance must be taken to ensure the validity and reliability of the assessment conclusion.	6	5	0	11
26	The standard expected of students in each area to be assessed must be clear and students and staff involved in assessment must be aware of this standard.	6	3	2	11

The inspections undertaken in 2012/13 clearly indicated that some providers need to pay greater attention to ensuring that their assessments are mapped clearly to the GDC learning outcomes as part of the assessment design process. We noted that for some programmes, the assessment strategies could have been made clearer or more descriptive.

Our panels were able to identify areas of potential deficiency in clinical experience during inspections as well as the risk of learning outcomes not being met. Experience of paediatric dentistry and working alongside other members of the dental team were particular aspects of training where inspectors found that students' level of clinical experience was sometimes low. All programmes were deemed by our inspectors to be producing graduates at the level of 'safe beginners' as required by the Standards for Education and Preparing For Practice.

We were pleased to note that, across the board, it was an improving picture in relation to central recording of clinical experience. We were aware in advance of the inspection round that many providers did not centrally record the clinical experience of students. Several, but not all, providers are currently implementing electronic systems and the transition to and development of the use of such systems needs careful management and transition planning.

It was pleasing to see evidence of good practice relating to the assessment of students. There is, in the main, a consistent and careful approach to assessment using a wide range of appropriate methods. It is hoped that providers needing to make improvements in this area will be able to take learning points from the full inspection reports published on the GDC website. We found that some providers need to update and modernise their assessment methods. The calibration of examiners together with the guidance and briefings with which they are provided would often have benefitted from greater focus on the level of assessment and application of the mark scheme in use. It was good to see that the larger dental schools we inspected are coping well with the logistical difficulties of assessing large numbers of candidates. This was particularly true of King's College, London and Glasgow Dental Schools.

We found that, in some cases, there was obvious variation in the experience of students within a cohort and efforts need to continue in order to ensure students gain consistent experience to the greatest extent possible. This needs careful management to avoid pressure to over-treat patients or provide treatments that are not in patients' best interests. As such, we were pleased to see that there are many creative initiatives being put in place to increase patient numbers and mix. The use of placements appears to be assisting in boosting the range of patients and conditions seen by students. Implementation of central, electronic recording systems will assist providers with monitoring experience. The GDC will follow these developments with interest. Many dental schools are introducing clinical contact with patients at a far earlier point in their programme than would have been the case during the previous GDC BDS inspection cycle. Students we met during our inspections told panels that this is something they particularly enjoy; they appreciate the opportunity to feel like a 'real' dentist at an early stage in their training. Inspectors noted effective practice in a number of programmes, including the University of Leeds BChD programme, where the School has successfully implemented an effective staged approach to the level of patient care delivered by students. However, we also saw evidence of effective approaches where patient contact commenced later in the programme.

We noted that, generally, systems providing feedback on student performance are more advanced than systems in place for students to reflect on their practice. Sometimes, feedback is only provided to students when they have failed a particular assessment. Students benefit from gaining feedback however they have performed. A number of programmes provided students with group feedback on examination performance and this was particularly popular with the students we met. While we appreciate that it is not possible to force students to learn through reflection, for some programmes additional training in how to reflect effectively and the benefits of reflection would be helpful.

Standard setting of assessments and examinations appears to happen at a very basic level in some circumstances and this is a key area which could be improved. For assessments where standard setting methods were not suitable, we found that some assessments would have benefitted from clearer descriptors and guidance for examiners. We also found that there were times when regulations and guidelines are not adhered to. Our inspectors found this frustrating. Most students, however, did seem to have a reasonable grasp of the standard required of them, although there was some confusion regarding specific marking and grading schemes.

The use of feedback from various stakeholders involved in dental training programmes needs to improve right across the board. Efforts need to be made to find credible and useful ways of integrating feedback into assessment strategies. Our panels found that the scope and range of feedback is often limited. We acknowledge the challenges of gathering patient feedback in a way that can inform learning, reflection and assessment and would encourages providers to work collaboratively to identify and share effective practice, including consideration of practice in other healthcare disciplines.

Standard Four – Equality and Diversity

Standard 4: The provider must comply with equality and diversity legislation and practice. They must also advocate this practice to students.

Table 5: Number of programmes meeting Standard Four requirements based on 2012/13 inspections

Requirement		Met	Partly Met	Not Met	Total
27	Providers must adhere to current legislation and best practice guidance relating to equality and diversity.	11	0	0	11
28	Staff must receive training on equality and diversity, development and appraisal mechanisms will include this.	2	9	0	11
29	Providers must convey to students the importance of compliance with equality and diversity law and principles of the four UK nations both during training and after they begin practice.	6	4	1	11

Strong governance structures in place mean that policies relating to equality and diversity are revised and developed in a timely way and according to need. We noted that some provider's committees ensure that equality and diversity issues are always brought to the fore by implementing standing items on agendas which our panels felt was a sensible and mindful approach.

Many programmes we inspected now provide mandatory training in equality and diversity for all staff involved in the programme, no matter to what extent and at what level they are engaged with students. Some are introducing on-line training schemes in order to improve accessibility.

Students we spoke with appear to have a good understanding of the issues and, more specifically, an understanding of why these issues are so important. It was pleasing to see that so many training providers ensure that their programmes revisit these themes at key points. Students were not always aware how equality legislation and related issues might vary depending on wherever they might practise, including within the four UK nations.

Our inspectors

The GDC's inspections of dental education programmes are carried out by external quality assurance (QA) inspectors.

Our inspectors include dentists, dental care professionals and lay members from legal, education and healthcare backgrounds. The GDC's QA Team recruited a new panel of QA inspectors in the summer of 2012. All inspectors were appointed through an open and competitive recruitment process and are subject to the conditions set out in the GDC's Governance Manual for Associates of the GDC, which includes confidentiality, declaring interest, anti-fraud and whistleblowing. A list of our inspectors is provided at Annex 3.

All inspectors are subject to ongoing training. Two whole day training events were held in Autumn 2012, the first was specific to the role of the lay chair, which included some background to dentistry and the dental sector. A second, larger event, brought the registrant inspectors and lay chairs together, and focused on the practicalities of inspecting against the then newly published ***Standards for Education***. Members of the QA advisory panel who had helped develop the Standards were invited to speak, and a number of evidence based exercises were undertaken in preparation for the 2012-14 BDS inspection round. A further training event was held in January 2013 for a small group of inspectors that could not attend the autumn sessions. Feedback on the content of the training was positive.

Following the first year of inspecting against the ***Standards for Education***, a further training event took place on 12 March 2014. Once again, this event united the registrant inspectors and lay chairs with a view to building on the experience gained from completing the first set of new style of inspections against the Standards. The agenda included speakers covering several aspects of the QA process, including a director of a training programme that had recently been inspected. The QA team also developed two evidence-based scenarios for the day, exploring evidence evaluation and decision-making under the Standards; a second exercise focused on the impact of the Francis Report on the health care sector, particularly in respect of 'whistle-blowing' and professional responsibilities within dental education.

Feedback from the even was very positive and the QA team aim to build on this success for future training events. For example,

> *"Very relevant, particularly regarding the Francis Report".*
>
> *"All exercises were really helpful, particularly the running of the programme inspections. Very well organised day. "*

Many of the inspectors who attended felt it was particularly useful to hear about others' experiences of inspections from both sides of the fence. It was seen as a good way of being able to share concerns with colleagues and gain reassurance. The exercises were popular and helped reinforce the ***Standards for Education***. Most attendees felt that the exercise and presentation reflecting on the outcomes of the Francis Report were the most helpful elements of the day. We also received feedback about areas of inspection work that could be covered at future training events such as undertaking evaluations of new course submissions and equality and diversity.

Post Implementation Review of Standards for Education and Preparing for Practice

When the GDC's Council approved the implementation of the *Standards for Education*, it agreed that there would be a post-implementation review of the Standards after their first year in operation. The review provided an opportunity to update the *Standards for Education* and *Preparing for Practice* in light of the new *Standards for the Dental Team* and *Scope of Practice* (including Direct Access) to ensure that they adequately reflect the recommendations of the Francis Report.

We also identified a number of areas within the *Standards for Education* that might be amended following feedback from QA inspectors, programme providers and the QA Operations team.

We recently consulted on a number of specific changes to *Standards for Education* and *Preparing for Practice*. The consultation closed on 26 May, and we are currently analysing the responses. More information about the consultation can be found on our website.[4]

Since some education providers are in a transition phase and working to ensure their programmes deliver the learning outcomes set out in *Preparing for Practice*, we are not proposing to make major changes or review our overall approach to QA at this early stage. The suggested changes to the *Standards for Education* seek to rationalise some of the repetition and duplication within the Requirements, which has been identified as we have become more familiar with using them. We are also keen to hear views on any other changes which may be needed in the future.

In addition, we are also reviewing and revising our guidance relating to Student Fitness to Practise. We have gathered feedback from education and training providers to assist with this work. Any changes to the guidance are likely to be relatively minor. We anticipate the revised version will be available at the beginning of the 2014/15 academic year.

[4] http://www.gdc-uk.org/GDCcalendar/Consultations/Pages/Consultation-on-the-General-Dental-Council-Standards-for-Education.aspx

Annual monitoring

As we are part way through inspecting all UK dentistry programmes, this year's annual monitoring activity focussed on Dental Care Professional programmes. We asked all providers to provide information about their programmes, to identify trends and challenges and provide an update on progress towards fully implementing the learning outcomes set out in ***Preparing for Practice***. We will use this information to inform our inspection timetable going forward.

There were a small number of key themes which emerged from this exercise. A number of providers reported facing challenges in identifying an appropriate range of patients and/or securing outreach/workplace placements for students. Providers have implemented a range of approaches in response to these challenges, for example hosting recruitment evenings for potential outreach placements or using extended student placements. We know that some Dental Schools also face challenges in attracting patients and this is particularly the case for certain patient groups/treatments. Where dental and DCP students are treating patients in the same geographical region, we would encourage a collaborative approach and one which maximises wider team working.

In addition some providers identified challenges in attracting the right numbers of high quality applicants for their courses and have sought to deal with this by setting robust entry criteria and applying them consistently or providing additional support to students, for example to strengthen written communication skills.

Providers are making good progress towards implementing ***Preparing for Practice.*** The vast majority will be delivering newly qualified professionals who demonstrate the learning outcomes in Preparing for Practice by 2016.

Later in 2014, the QA team will be introducing a revised annual monitoring process. It is our intention that the information we collect will help to inform our future QA activity and develop our use of risk indicators throughout the quality assurance process.

Education policy development: An update

We are currently involved in a range of policy development activity in relation to education and quality assurance which is designed to ensure that all those applying to join the GDC's Registers are safe to practice as independent beginners. Our work helps to lay strong foundations and ensure that those entering the profession have the skills, knowledge and behaviours they will need to continue to develop and succeed throughout their careers.

Reviewing our approach to regulating the dental specialties

We are currently undertaking a review of the GDC's approach to regulating the Specialist Lists. This will be our second review of our regulatory approach in this area, following a review in 2004/05. Initially, we will be looking at the risks to patients and the public in relation to more complex dental treatments, and how the GDC's regulatory approach can mitigate these risks. We are considering the evidence in relation to three key questions:

- Does regulation of the specialties bring any benefits (potential and/or actual) in terms of patient and public protection?
- Is regulation of the specialties proportionate to the risks to patients in relation to more complex treatments?
- Are the specialist lists the appropriate mechanism for helping patients to make more informed choices about care not seen as falling within the remit of the general dental practitioner?

The review is now concluding its first phase of research. This phase has included a structured study with patients and the public, an information gathering exercise to gain an understanding of the views of our registrants and stakeholders on the regulation of the dental specialties, and internal research on the legal environment, costs to the Council of regulating the specialties, and comparisons to other regulators. The first phase of this review will end in the summer, with a report to Council recommending the direction of future work.

Quality assurance of specialty training

In recent years, the GDC has focussed its Quality Assurance activity on qualifications leading to first registration. However, the GDC's Corporate Strategy sets out our commitment to develop quality assurance mechanisms for speciality training.

Curricula for each of the 13 dental specialties have been developed with the relevant Specialty Advisory Committees to show the learning outcomes to be achieved at the point of entry to a specialist list. With the assistance of the Specialist Dental Education Board (the SDEB) [5], the GDC's Registrar has approved the curricula which are equivalent to Preparing for Practice for the purposes of our specialty quality assurance activity.

The SDEB also developed the ***Standards for Education*** and produced draft ***Standards for Specialty Education***. The resulting draft was further updated to account of our post implementation review of the ***Standards for Education***.

[5] The Council established the SDEB in 2007 in order to advise the GDC's Education Committee on matters relating to specialist training. Members, five external appointees and two nominees from the Council, were appointed for their expertise in specialist training. With the disestablishment of the Education Committee in December 2011 when the powers previously delegated to that Committee were transferred to the Registrar the SDEB's terms of reference were amended to provide advice to the Chief Executive and the Council. The SDEB ceased to be at the end of 2013 and the QA team is recruiting replacement expertise from Spring 2014.

In April 2014, the Council approved draft Standards for Specialty Education for consultation. The consultation opened on 1 May 2014 and runs for 12 weeks until 23 July. Following analysis of the responses, we intend to present Standards for Specialty Education with any revisions to the Council in September 2014.

The QA process will be developed in discussion with stakeholders. The process needs to reflect the involvement of differing providers across the deaneries and Royal Colleges. A plan for implementation of the Standards is being drawn up during the consultation period and will be presented to Council in September 2014.

Transition to Independent Practice

In December 2012, the GDC's Council commissioned further work to investigate risks to patient safety in the transition from initial registration to fully unsupervised practice, and to identify proportionate solutions. The remit of this work was agreed in February 2013:

"Carry out exploratory work in order to make clear recommendations about the risks to patient safety during the transition to fully unsupervised practice in the UK, with evidence, to the new Council about the direction of further work, taking into account the Council's primary purpose of protecting patients."

The Group's work focussed on identifying risks to patient safety issues and included:

- A call for information from a wide range of stakeholders
- A follow up event with stakeholders to explore the issues in more detail
- A literature review of the evidence
- Analysis of GDC Fitness to Practise and registration data
- Patient and Public Views

The Task and Finish Group presented its findings to Council in September 2013. The evidence available to the Group did not identify clear risks to patient safety in relation to newly registered dentists or DCPs. However, the Group was unable to state categorically that such risks do not exist so further monitoring is needed.

Different parts of the system (including dental schools, deaneries and the GDC) are responsible for different aspects of the training and employment of dentists and DCPs. This work has highlighted some gaps in overall responsibility for supporting new registrants' transition and a lack of common understanding and/or sharing of information.

The Council agreed that further work should be carried out in two key areas and a further report provided to the Council in November 2014.

Further monitoring activity: Identifying trends in relation to different groups of new registrants and understanding the career paths of those joining the registers; and further scrutiny of Fitness to Practise data to establish if there are statistically significant trends.

System Leadership: Leading and facilitating a collaborative approach across the sector to ensure that all those involved work together to deliver a common outcome: i.e. those registrants have the skills they need to practise safely at each stage of their career - from the moment they join the register to the point at which they leave. We have discussed the findings of the project with a wide range of stakeholders including commissioners, dental schools and postgraduate training providers.

Recommendations and next steps

We welcome feedback on this report and its findings. We will seek opportunities to discuss these issues with our stakeholders in more detail. In addition the GDC will:

- Develop its approach to annual monitoring during the remainder of 2014.
- Identify effective practice and common themes during inspections in 2013/14.
- Monitor evidence that students have appropriate clinical/technical experience to help evidence that qualifying students demonstrate the relevant learning outcomes and consider whether further guidance is needed.
- Keep under review providers' progress towards compliance with the requirement relating to raising concerns and the focus on professionalism throughout education and training programmes.

We recommend that training providers:

- Develop and improve programmes so that they fully meet the *Standards for Education* and so that qualifying students demonstrate the full breadth of learning outcomes set out in *Preparing for Practice.*
- Consider the findings of this report and work collaboratively with others to share effective practice and tackle common challenges.
- Ensure that professionalism is a focus throughout education and training programmes and that all students understand their responsibilities to raise concerns and understand how their concerns will be dealt with and acted upon.

We would welcome views from the Dentals Schools Council, COPDEND and other groups representing education providers in relation to:

- Identifying and disseminating effective strategies to collect and use patient feedback in a meaningful way, including learning from the experiences of other healthcare professions.
- Providing evidence of students' clinical/technical experience to provide assurance that qualifying students have achieved the full range of learning outcomes, whether common approaches could be developed and whether further GDC guidance is required.
- The findings of the GDC's work on Transition to Independent Practice, for example how the dental schools can work more closely with providers of Foundation and Vocational Training to ensure that new registrants are fit to practice as safe beginners.

We recommend that commissioners of education and training:

- Ensure that students are able to access a sufficient number of patients, requiring a range of treatments that will allow them to demonstrate achievement of the GDC learning outcomes and be fit to practise as a safe beginner.

The QA Team

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Please note the new telephone numbers of the QA Team from 15 June 2014

You can also write to us at:
Quality Assurance Team
General Dental Council
37 Wimpole Street
London
W1G 8DQ

If you are not sure who to direct your query to, please contact the general email inbox at QAssurance@gdc-uk.org and we will ensure your email is directed to the relevant member of the team.

Annex 1: Education Programmes inspected in 2012/13

Standards for Education **inspections:**

Dentistry programmes

- Liverpool University BDS programme (*November 2012; March, April, May and June 2013*)
- University of Manchester BDS programme (*November 2012 , April and June 2013*)
- King's College, London BDS programme (*December 2012 and June 2013*)
- Leeds Dental Institute BChD programme (*January and June 2013*)
- Glasgow Dental School BDS programme (*March and May 2013*)
- Newcastle University BDS programme (*April and June 2013*)

Dental Care Professional Programmes:

- University of Central Lancashire Diploma in Clinical Dental Technology *(January, April and September 2013)*
- Teesside University BSc (Hons) Dental Hygiene and Dental Therapy *(February, April and June 2013)*
- Edinburgh Dental Institute BSc Oral Health Science *(March and May 2013)*
- Glasgow Caledonian University BSc Oral Health Science *(March and May 2013)*
- Cardiff University Certificate of Higher Education in Dental Nursing *(April, May, June August and September 2013)*

Inspections following previous inspection processes:

- Aberdeen University BDS programme *(May 2013)*
- Belfast School of Dental Technology BTEC Extended Diploma in Dental Technology *(February 2013)*
- Edinburgh Postgraduate Dental Institute Diploma in Clinical Dental Technology *(January 2013)*
- National Examining Board for Dental Nurses National Diploma in Dental Nursing *(February and July 2013)*
- Queens University, Belfast BDS programme *(April 2013)*
- Royal College of Surgeons of England Licence in Dental Surgery *(January and June 2013)*

Inspection reports are available on the GDC's website.[6]

[6] http://www.gdc-uk.org/Aboutus/education/Pages/Education-sector.aspx

Annex 2: Quality Assurance Team 2012/13 Activity – At a Glance

Total number of inspections	17
Number of new programme submissions	5
Number of programmes submitting major revisions	2
Inspections by registrant category	
Number of BDS inspections	8
Total number of DCP inspections	8
Number of CDT inspections	2
Number of Hygiene and Therapy inspections	3
Number of Dental Nursing inspections	2
Number of Dental Technology inspections	1
Other inspections	1 (LDS)
Inspections by type	
Number of new programmes inspected	6
Number of routine inspections	6
Number of re-inspections undertaken	5
Outcome of inspections	
Programme sufficient/approved for registration	9
Programme sufficient/approved for registration pending re-inspection	6
Graduating cohort only approved for registration	2
Programme not sufficient/approved for registration	0
Inspections by LOs/Standards	
Number of inspections using the Standards for Education	11 (6 programmes were inspected using previous inspection methodology)
Number of programmes inspected delivering Preparing for Practice learning outcomes	4 (13 programmes were inspected that delivered the learning outcomes from The First Five Years/Developing the Dental Team)
Other information	
Average number of requirements met	17.5
Average number of requirements partly met	8.8
Average number of requirements not met	2.7

QA Team – Key Facts	
Budget (Policy and Operations) 2013	£916, 398
Staff (Policy and Operations) 2013	11.6 FTE
Programmes subject to GDC QA	78
No of providers/awarding bodies we quality assure	49
Forthcoming operational activity – 2013/14	
Number of planned inspections	21 programmes

Annex 3: The GDC's Quality Assurance Inspectors

The General Dental Council's inspections of dental education programmes are carried out by external quality assurance inspectors. Inspectors will usually undertake inspections in teams of four, and each team is selected from a wider pool of experts recruited by the GDC.

Our inspectors include dentists, dental care professionals and lay members from legal, education and healthcare backgrounds.

DCP	Dentist	Lay
Bal Chana	Alan Gilmour	Alan Kershaw
Caroline Logan	Alasdair Miller	Annie Turner
Chris Maryan	Alison Williams	Audrey Cowie
Chris Parker	Ann Shearer	Cindy Mackie
Christine Cotton	Barbara Chadwick	Gail Mortimer
Diane Hunter	Carolann Beck	Jeanne Goulding
Fiona Ellwood	Daryll Jagger	Julie Stone
Fiona Sandom	David Hussey	Katie Carter
Geraldine Birks	David Young	Kim Tolley
Hayley Lawrence	Edward Odell	Michael McCulley
Joanne Brindley	Elizabeth Watts	Michael Yates
Maxine Kane	Fizan Tahir	Philip Bunnell
Michael Reeson	Iain Mackie	Philip Brown
Robert Williams	Isobel Madden	Susan Morison
Rosemarie Khan	James Newton	
Sarah Murray	Janine Brooks	
	Kim Piper	
	Mike Mulcahy	
	Mohammed (Khalid) Mushtaq	
	Paul Howlett	
	Paul Wright	
	Peter Heasman	
	Raj Majithia	
	Samuel Cadden	
	Shazad Malik	
	Steven Farmer	
	Stuart Boomer	
	Suzanne Noble	
	Trevor Burke	

You can find out more about each inspector on the GDC's website.

Annex 4: The Standards for Education

Standard 1 – Protecting Patients **Providers and students must be aware of their duty to protect the public. Providers must ensure that patient safety is paramount and care of patients is of an appropriate standard. Any risk to the safety of patients and their care by students must be minimised.**	
Req 1	Students must provide patient care only when they have demonstrated adequate knowledge and skills. For clinical procedures, the student should be assessed as competent in the relevant skills at the levels required in the pre-clinical environment prior to treating patients.
Req 2	Patients must be made aware that they are being treated by students and give consent.
Req 3	Students must only provide patient care in an environment which is safe and appropriate. The provider must comply with relevant legislation and requirements regarding patient care.
Req 4	When providing patient care and services, providers must ensure that students are supervised appropriately according to the activity and the student's stage of development.
Req 5	Supervisors must be appropriately qualified and trained. Clinical supervisors must have appropriate general or specialist registration with a regulatory body
Req 6	Students and those involved in the delivery of education and training must be made aware their obligation to raise concerns if they identify any risks to patient safety and should be supported to do so.
Req 7	Should a patient safety issue arise, appropriate action must be taken by the provider.
Req 8	Providers must have a student fitness to practise policy and apply as required. The content and significance of the student fitness to practise procedures must be conveyed to students and aligned to GDC Student Fitness to Practise Guidance. Staff involved in the delivery of the programme should be familiar with the GDC Student Fitness to Practise Guidance.
Standard 2 – Quality evaluation and review of the programme **The provider must have in place effective policy and procedures for the monitoring and review of the programme**	
Req 9	The provider must have a framework in place that details how it manages the quality of the programme which includes making appropriate changes to ensure the curriculum continues to map across to the latest GDC learning outcomes and adapts to changing legislation and external guidance. There must be a clear statement about where responsibility lies for this function.
Req 10	The provider must have systems in place to quality assure placements.
Req 11	Any problems identified through the operation of the quality management framework must be addressed as soon as possible.
Req 12	Should quality evaluation of the programme identify any serious threats to the students achieving learning outcomes through the programme, the GDC must be notified immediately. (NB where there is geographical variation in oral health

	needs, providers must inform the GDC of the issues and action to be taken to demonstrate that the outcomes have been met).
Req 13	Programmes must be subject to rigorous internal and external quality assurance procedures.
Req 14	External examiners must be utilised and must be familiar with the learning outcomes and their context. Providers should follow QAA guidelines on external examining where applicable
Req 15	Providers must consider and, where appropriate, act upon all concerns raised, or formal reports on the quality of education and assessment
Standard 3 – Student assessment **Assessment must be reliable, valid and fair to all students. The choice of assessment method must be appropriate to demonstrate achievement of the GDC learning outcomes. Assessors must be fit to perform the assessment task**	
Req 16	To award the qualification, providers must be assured that students have demonstrated attainment across the full range of learning outcomes, and that they are fit to practise at the level of a safe beginner. This assurance should be underpinned by a coherent approach to aggregation and triangulation, as well as the principles of assessment referred to in these standards.
Req 17	The provider must have in place management systems to plan, monitor and record the assessment of students throughout the programme against each of the learning outcomes.
Req 18	Assessment must involve a range of methods appropriate to the learning outcomes and these should be in line with current practice and routinely monitored, quality assured and developed.
Req 19	Students must have exposure to an appropriate breadth of patients/procedures and should undertake each activity relating to patient care on sufficient occasions to enable them to develop the skills and the level of competency to achieve the relevant GDC learning outcomes.
Req 20	The provider should seek to improve student performance by encouraging reflection and by providing feedback.
Req 21	Examiners/assessors must have appropriate skills, experience and training to undertake the task of assessment, including appropriate general or specialist registration with a regulatory body.
Req 22	Providers must ask external examiners to report on the extent to which assessment processes are rigorous, set at the correct standard, ensure equity of treatment for students and have been fairly conducted.
Req 23	Assessment must be fair and undertaken against clear criteria. Standard setting must be employed for summative assessments.
Req 24	Where appropriate, patient/peer/customer feedback should contribute to the assessment process.
Req 25	Where possible, multiple samples of performance must be taken to ensure the validity and reliability of the assessment conclusion.
Req 26	The standard expected of students in each area to be assessed must be clear and students and staff involved in assessment must be aware of this standard.
Standard 4 The provider must comply with equality and diversity legislation and practice. They must also advocate this practice to students.	
Req 27	Providers must adhere to current legislation and best practice guidance relating to

	equality and diversity.
Req 28	Staff must receive training on equality and diversity, development and appraisal mechanisms will include this.
Req 29	Providers must convey to students the importance of compliance with equality and diversity law and principles of the four UK nations both during training and after they begin practice.

In order to find 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 agree 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 agree 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."