

INSPECTION REPORT

Education provider/ Awarding Body:	University of Dundee
Programme/Award:	BSc Oral Health Sciences
Remit and purpose:	Full inspection referencing the <i>Standards for Education</i> to determine approval of the award for the purpose of registration with the GDC as a dental hygienist/therapist
Learning Outcomes:	<i>Preparing for Practice (Hygiene and therapy)</i>
Programme inspection dates:	18 April 2018
Inspection panel:	Gail Mortimer (Chair and Lay Member) Joanne Brindley (DCP Member) David Young (Dentist Member)
GDC Staff:	Peter Butler
Outcome:	Recommended that the BSc continues to be approved for graduating students to register as dental hygienists/dental therapists

Full details of the inspection process can be found in the annex

Inspection summary

For this further re-inspection of the BSc Oral Health Sciences programme, the inspectors were extremely pleased to see that, building on developments from the previous reports, there had been a further progress made in improving the programme. Most requirements have now moved from Partly Met to Met. The panel were tremendously pleased to note this enhancement of the provision at Dundee. In particular, the panel were assured that staff have a full understanding of the grading system and that calibration procedures are working well. Patient access is vastly improved, and the panel hope the school continues to strive to find ways of expanding experience gained by students going forward. The GDC should be kept up to date on key developments in this area. The panel also wishes the school to keep the GDC updated on how the minimum recommended totals are being monitored and revised.

Background and overview of Qualification

Annual intake	10 students
Programme duration	Year 1 = 32 weeks Year 2 = 35 weeks Year 3 = 35 weeks
Format of programme	<p><u>Year 1</u> <i>Foundation</i>: lectures, seminars, practicals, online modules <i>Restorative 1</i>: lectures, seminars, Clinical skills practical sessions <i>Biomedical Sciences & Oral Biology</i>: lectures, seminars, practicals <i>Plaque-related Diseases</i>: lectures, seminars, practicals <i>Clinical Practice 1</i>: lectures, seminars, online modules, clinical sessions, shadowing the BSc2 students in Periodontal clinics</p> <p><u>Year 2</u> <i>Restorative 2</i>: lectures, seminars, Clinical skills practical sessions <i>Human Disease</i>: lectures, seminars, practicals <i>Imaging</i>: lectures, practicals <i>Behavioural Sciences</i>: lectures, seminars <i>Clinical Practice 2</i>: seminars, clinical sessions, shadowing the BSc3 students in Restorative clinics & Paeds clinics and shadowing in Dental A&E</p>

	<p><u>Year 3</u> <i>The Developing Dentition:</i> lectures, seminars, Clinical skills practical sessions <i>The Therapist and the Community:</i> lectures, seminars <i>Clinical Practice 3:</i> lectures, seminars, clinical sessions, Outreach placements, shadowing in Restorative Consultant clinics, Dental A&E and Oral Medicine clinics</p>
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The panel wishes to thank the staff, students, and external stakeholders involved with the BSc Oral Health Sciences programme for their co-operation and assistance with the inspection.

Standard 1 – Protecting patients

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

Requirements	Met	Partly met	Not met
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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Providers must have systems in place to inform patients that they may be treated by students and the possible implications of this. Patient agreement to treatment by a student must be obtained and recorded prior to treatment commencing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Students must only provide patient care in an environment which is safe and appropriate. The provider must comply with relevant legislation and requirements regarding patient care, including equality and diversity, wherever treatment takes place.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Supervisors must be appropriately qualified and trained. This should include training in equality and diversity legislation relevant for the role. Clinical supervisors must have appropriate general or specialist registration with a UK regulatory body.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Providers must ensure that students and all those involved in the delivery of education and training are aware of their obligation to raise concerns if they identify any risks to patient safety and the need for candour when things go wrong. Providers should publish policies so that it is clear to all parties how concerns will be raised and how these concerns will be acted upon. Providers must support those who do raise concerns and provide assurance that staff and students will not be penalised for doing so.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Systems must be in place to identify and record issues that may affect patient safety. Should a patient safety issue arise, appropriate action must be taken by the provider and where necessary the relevant regulatory body should be notified.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Staff involved in the delivery of the programme should be familiar with the GDC Student Fitness to Practise Guidance. Providers must also ensure that the GDC's Standards for the Dental Team are embedded within student training.

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

2017 Actions:

1. *A logbook for the recording of student experience in the pre-clinical paediatric course must be introduced.*

Previous reports outlined the panel's concerns regarding the robustness of the pre-clinical experience gained by students, particularly as there was a reliance on pre-clinical paediatric experience to bolster the low experience gained later during the programme. The inspectors were pleased to see a great deal of progress in this area and agreed this requirement was now met. The GDC should be kept up-to-date with further developments and progress in improving monitoring the pre-clinical aspects of the programme as part of the response to this report and via the annual monitoring process.

Actions

No	Actions for the Provider	Due date
1	The GDC should be kept up-to-date with further developments and progress in improving monitoring the pre-clinical aspects of the programme as part of the annual monitoring process.	Via observations and 2019 annual monitoring

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.

Requirements	Met	Partly met	Not met
9. The provider must have a framework in place that details how it manages the quality of the programme which includes making appropriate changes to ensure the curriculum continues to map across to the latest GDC outcomes and adapts to changing legislation and external guidance. There must be a clear statement about where responsibility lies for this function.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Any concerns identified through the Quality Management framework, including internal and external reports relating to quality, must be addressed as soon as possible and the GDC notified of serious threats to students achieving the learning outcomes.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Programmes must be subject to rigorous internal and external quality assurance procedures. External quality assurance should include the use of external examiners, who should be familiar with the GDC learning outcomes and their context and QAA guidelines should be followed where applicable. Patient and/or customer feedback must be collected and used to inform programme development.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. The provider must have effective systems in place to quality assure placements where students deliver treatment to ensure that patient care and student assessment across all locations meets these Standards. The quality assurance systems should include the regular collection of student and patient feedback relating to placements.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GDC comments

Requirement 10: Any concerns identified through the Quality Management framework, including internal and external reports relating to quality, must be addressed as soon as possible and the GDC notified of serious threats to students achieving the learning outcomes. The provider will have systems in place to quality assure placements. (Requirement revised from Partly Met to Met)

2017 Actions:

1. *On-going training for staff and students in the use of LIFTUPP and mechanisms to ensure the accuracy of the data inputted must be put in place.*

Staff met by the panel reported that they felt very confident in the use of LIFTUPP. There are regular training days which also include staff from clinical locations outside of the dental school. These events have revealed that staff are well calibrated and are all grading in the

expected way. Similarly, an examination of LIFTUPP data has shown that staff are grading students in a consistent manner when compared to their colleagues. The school are, therefore, satisfied that this confirms the success of training and calibration provided to staff. Annual calibration meetings look at case studies and discussions take place to decide upon the appropriate grading level to be applied for that particular treatment type.

2. *The clinical alert procedures must be clarified.*

The panel were assured that the clinical alert procedures were now understood by all relevant staff, including those based in outreach facilities, and that the Programme Lead was now receiving notification of all clinical alerts which had not previously been the case. The Programme Lead is only required to undertake specific actions when clinical alerts relate directly to the BSc programme. The panel were also informed that the triggers for instigating a clinical alert had been expanded and broadened. Previously, a clinical alert was triggered only when patient safety had been directly compromised. Now, a clinical alert can also be triggered by a procedure being carried out on an incorrect tooth or site. In very serious circumstances, unprofessional behaviour also results in a clinical alert. There had been no clinical alerts within the past 12 months. The panel were extremely pleased to learn of these developments and agreed that this action had been well handled. The panel were also reassured that students they met with understood the clinical alert system – both its purpose and the mechanisms being used.

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

2017 Actions:

1. *The school must continue to establish methods to reduce the potential for recording errors.*

The panel are aware that any system allows scope for errors to be made and were satisfied that the school are taking all necessary measures to ensure that the chances of recording errors being made are mitigated as far as possible. The panel would urge staff to continue to develop methods which will ensure the reliability of data relating to the performance of students undertaking the programme.

Actions		
No	Actions for the Provider	Due date
	None	

Standard 3– Student assessment

Assessment must be reliable and valid. The choice of assessment method must be appropriate to demonstrate achievement of the GDC learning outcomes. Assessors must be fit to perform the assessment task.

Requirements	Met	Partly met	Not met
13. To award the qualification, providers must be assured that students have demonstrated attainment across the full range of learning outcomes, and that they are fit to practise at the level of a safe beginner. Evidence must be provided that demonstrates this assurance, which should be supported by a coherent approach to the principles of assessment referred to in these standards.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. The provider must have in place management systems to plan, monitor and centrally record the assessment of students, including the monitoring of clinical and/or technical experience, throughout the programme against each of the learning outcomes.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15. Students must have exposure to an appropriate breadth of patients and 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 learning outcomes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Providers must demonstrate that assessments are fit for purpose and deliver results which are valid and reliable. The methods of assessment used must be appropriate to the learning outcomes, in line with current and best practice and be routinely monitored, quality assured and developed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Assessment must utilise feedback collected from a variety of sources, which should include other members of the dental team, peers, patients and/or customers.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18. The provider must support students to improve their performance by providing regular feedback and by encouraging students to reflect on their practice.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Examiners/assessors must have appropriate skills, experience and training to undertake the task of assessment, including appropriate general or specialist registration with a UK regulatory body. Examiners/assessors should have received training in equality and diversity relevant for their role.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Providers must ask external examiners to report on the extent to which assessment processes are rigorous, set at the correct standard, ensure equity of treatment for students and have been fairly conducted. The responsibilities of the external examiners must be clearly documented.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. Assessment must be fair and undertaken against clear criteria. The standard expected of students in each area to be assessed must be clear and students and staff involved in assessment must be aware of this standard. An appropriate standard setting process must be employed for summative assessments.



GDC comments

Requirement 13: To award the qualification, providers must be assured that students have demonstrated attainment across the full range of learning outcomes, and that they are fit to practise at the level of a safe beginner. Evidence must be provided that demonstrates this assurance, which should be supported by a coherent approach to the principles of assessment referred to in these standards. (Requirement remains Partly Met)

2017 Actions:

1. *Minimum recommended totals must be reviewed.*

Although the minimum recommended totals continue to be reviewed by the school, the panel agreed there was scope for this to be reviewed further since some of the minimum recommended totals remained relatively low. The panel were given useful information regarding how minimum recommended totals are monitored across each year of the programme and then, cumulatively, in the final year as part of sign-up for finals procedures. Further updates from the school should be supplied by the school as part of the response to this report and to future annual monitoring processes to cover how these minimum recommended totals are being developed and enhanced.

2. *The school must review and clarify the level at which a 'safe beginner' is set.*

At previous inspections, the panel were concerned that there was a lack of understanding between members of staff and students undertaking the programme regarding the level of 'safe beginner' and how this was being applied. More specifically, the inspectors were concerned that students were achieving 'safe beginner' level despite requiring intervention during some practical procedures. The panel were pleased that, during this visit, they were provided with assurance that work has been undertaken by staff leading the programme to ensure there is clarity and understanding across the complement of staff involved with the course. Staff were all aware of the grading level to be applied via LIFTUPP for students reaching the level of a 'safe beginner'. The panel were informed that calibration sessions had been used to discuss the fine line that exists between being a safe practitioner with room for improvement and being unsafe.

Requirement 14: The provider must have in place management systems to plan, monitor and centrally record the assessment of students, including the monitoring of clinical and/or technical experience, throughout the programme against each of the learning outcomes. (Requirement revised from Partly Met to Met)

2017 Actions:

1. *The school must continue to monitor consistency of student work via LIFTUPP.*

The school have maintained regular meetings to monitor LIFTUPP progress data and these take place each semester. Students and tutors also keep track of their progress and students meet with the year lead every 6 weeks to review their progress. Discussions will tend to focus on both consistency of performance as well as comments received from tutors regarding performance. These meetings can also be used to identify means of improving confidence and consistency – this might involve additional time in the clinical skills lab or referral to pastoral support offered by the University. The panel were told that LIFTUPP is providing a much clearer and detailed picture of student experience and one that allows students to take ownership of the data stored regarding their clinical work. The panel were pleased to hear that students are very alert to ensuring the accuracy of the data stored in LIFTUPP and that this forms an important part of the regular progress meetings they take part in.

Requirement 15: Students must have exposure to an appropriate breadth of patients/procedures and should undertake each activity relating to patient care on sufficient occasions to enable them to develop the skills and the level of competency to achieve the relevant GDC learning outcomes. (Requirement remains Partly Met)

2017 Actions:

1. *The School must continue with initiatives to improve students' access to patients.*

There has been a concerted effort to improve access to patients since the previous inspection took place with a particular focus on paediatric patient access. The Springfield outreach centre in Arbroath has been utilised to increase patient access and the school has set up shared care agreements with local GPs who have agreed to send paediatric patients to Springfield for treatment by BSc students. The King's Cross outreach clinic is brand new to the BSc programme and it is likely that use of this site will be extended in future to assist in increasing capacity. This location is exclusively providing paediatric patients. Other initiatives to increase patient access are ongoing and this includes promotion and recruitment campaigns. The panel were pleased to learn of these improvements and agreed that they will lead to increased benefits for students. They were especially pleased to hear from students that they felt an increased confidence in how they manage interactions with child patients. The inspectors would like an update on how access to patients is increasing as well as information of further developments and actions being planned to improve clinical experience.

Requirement 17: Assessment must utilise feedback collected from a variety of sources, which should include other members of the dental team, peers, patients and/or customers. (Requirement revised from Partly Met to Met)

2017 Actions:

1. *The School must continue to develop plans for incorporating patient feedback into assessments.*

The panel acknowledges that it can be difficult to make meaningful use of patient feedback when the feedback gathered tends to be largely positive and, therefore, provides little in the way of scope to focus on how treatment of patients can be improved. In the response to the previous report, the panel were provided with information regarding changes made to the capture of feedback from patients via Optical Character Recognition (OCR) questionnaires. The panel were pleased to learn that the school has made discussions around the feedback form an element of summative assessments within the clinical practice module. The inspectors hope that this can be further developed and refined in the future.

Requirement 18: The provider must support students to improve their performance by providing regular feedback and by encouraging students to reflect on their practice. (Requirement revised from Not Met to Partly Met)

2017 Actions:

1. *The School must continue to develop and refine the reflective elements of the programme.*

Good progress is being made in this area and the panel acknowledges that it will take time to fully develop and refine the reflective elements of the BSc programme. The panel were pleased to hear from students they met with that they felt there was an increasing emphasis on reflection within the programme. The panel hope that the school will continue to build on this progress and look forward to hearing how this aspect of the programme is evolving. Staff met by the panel supported the statements of students by noting that as the programme progresses, and as their professionalism develops and strengthens, students seem to gain a better understanding of the importance of reflection in the role they will be undertaking as part of the dental team. Improved tutorials and better guidance from the school reinforces this growth.

Actions

No	Actions for the Provider	Due date
13	Further updates from the school should be supplied by the school as part of the response to this report and to future annual monitoring processes to cover how these totals are being developed and enhanced.	Via observations and 2019 annual monitoring
15	An update must be provided detailing how access to patients is increasing as well as information of further developments and actions being planned to improve clinical experience.	Via observations and 2019 annual monitoring
18	The school should update the GDC on progress being made to refine and enhance the reflective elements of the programme	Via observations and 2019 annual monitoring

Summary of Actions

Req. number	Action	Observations Response from Provider	Due date
1	The GDC should be kept up-to-date with further developments and progress in improving monitoring the pre-clinical aspects of the programme as part of the annual monitoring process.	All preclinical courses in the BSc programme now culminate in a summative assessment prior to patient clinics. The BSc1 periodontal skills and BSc2 restorative skills courses have always had a gateway to clinics summative assessment. This academic year (2018/19) the BSc3 paediatric restorative skills assessment moved from a competency- based formative assessment to competency-based summative assessment.	2019 Annual Monitoring
13	Further updates from the school should be supplied by the school as part of the response to this report and to future annual monitoring processes to cover how these totals are being developed and enhanced.	The numbers of procedures that are counted as part of the minimum recommended totals are regularly monitored by the Year Leads. This not only ensures that students meet and normally exceed them but also allows us to look for evidence that we can raise the minimum. A recent analysis of LIFTUPP data has allowed us to increase the minimum recommended totals in a number of key areas.	2019 Annual Monitoring
15	An update must be provided detailing how access to patients is increasing as well as information of further developments and actions being planned to improve clinical experience.	<p>Last academic year, Kings Cross Outreach Centre was introduced as an additional placement for the final year students towards the end of semester 2 (for paediatric experience only). This year our final year students have rotated through Kings Cross Outreach Centre for the whole of the year.</p> <p>Current arrangements for patient recruitment:</p> <ul style="list-style-type: none"> • The established link with the Public Dental Service for potentially suitable children to be referred to the building continues. • Posters and email adverts have been circulated inviting staff to volunteer to become a patient for student clinics. 	2019 Annual Monitoring

		<p>Internet recruitment through the University's web page "Register with a dentist" (https://www.dundee.ac.uk/student-services/health/register-with-a-dentist/) and on the School's web page (https://dentistry.dundee.ac.uk/dundee-dental-hospital) with a link on the Hospital web page (https://www.nhstayside.scot.nhs.uk/GoingToHospital/OurPremisesA-Z/DundeeDentalHospital/index.htm).</p> <ul style="list-style-type: none"> • Mass recruitment campaign run jointly by the School and Hospital at matriculation in 2018. • Walk-in recruitment/registration. <p>All patients are initially assessed for suitability on one of four Screening Clinics each week for Restorative Dentistry and children are booked with academic clinicians in Paediatric Dentistry to assess their suitability. The mass recruitment campaign at matriculation in 2018 produced 600 potential patients and walk-in/ internet recruitment produces a smaller but a steady flow of patients.</p> <p>Future developments:</p> <ul style="list-style-type: none"> • As part of the e-referral project, which is ready to go live, a shared-care approach with GDPs and the PDS for patients requiring a large course of treatment is planned using a specific referral form. • Further recruitment campaign at matriculation in 2019. • Continue with existing walk-in and internet recruitment arrangements and if patient flow necessitates, increase the number of Screening Clinics. 	
18	The School should update the GDC on progress being made to refine and enhance the reflective elements of the programme.	The Enhanced Reflection assessment was introduced last academic year as a summative assessment for the final year students (contributing to 5% of the Clinical Practice 3 module). BSc1 and 2 undertook the same Enhanced Reflection and were formatively assessed on their work.	2019 Annual Monitoring

		<p>This year, all three years of the programme are summatively assessed on this piece of work, contributing to 5% of Clinical Practice 1, 2 and 3 modules respectively.</p> <p>Next academic year we plan to introduce Nurse feedback into the clinics. This will be incorporated into the Enhanced Reflection.</p>	
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Observations from the provider on content of report

The School are grateful to be given the opportunity to reflect and comment on the Inspection report. We would like to thank the panel for the many positive comments made within the report. We recognise that there are areas of the programme that have been enhanced as a result of the Inspection, for example, the introduction of LIFTUPP and the Enhanced Reflection which is now summatively assessed across the whole programme. We would, however, like to take this opportunity to comment on what we believe to be valuable reflections of our BSc Oral Health Sciences GDC Inspection experience and reports.

- Our 2016 Inspection was prepared for by the School drawing on the actions and recommendations from the previous 2014/15 GDC Inspection of the BDS Programme on the basis that there are many common features between the two programmes. There were however striking differences in the approach taken by the two Inspection panels and thus on what appeared to be acceptable to the GDC. One example being a focus on minimum numbers of procedures to be carried out by the students rather than the quality of their work.
- During the 2016 inspection, our perception was that panel members were overly confrontational. Their approach to the Inspection questioned our professional ability and integrity. It was particularly disappointing that one of these confrontations was around managing dental caries in primary teeth and the apparent dismissal of the evidence-based approach to managing caries in these teeth that stems from world leading research carried out at Dundee. This was matched by what we perceived to be condescending language used in the resultant report.
- Following the March 2016 inspection, we received the draft Inspection report in November 2016 – a delay of 8 months. This report informed us that the programme would be subject to re-inspection in February 2017. Following this re-inspection there was a 9 month wait for that report (November 2017), informing us of a further re-inspection in April 2018. These delays meant it was impossible to implement all actions prior to the re-inspections. The first and second inspection reports arrived months after the start of the new academic year and too late for Regulation changes to be made for the respective years.
- Our experience of the third inspection was much more positive. However, given that none of the scheduled meetings lasted more than a few minutes we felt that this inspection could have been met without Inspection Panel having to travel to Dundee. Possibly through an Annual Monitoring report, thus avoiding the inevitable disruption and time spent as staff were diverted from normal duties to plan for the re-inspection.
- Notwithstanding the above reflections we are naturally very pleased that the BSc in Oral Health Sciences was found to remain sufficient.
- The final Inspection report highlights areas where further improvements should be made and we look forward to reporting progress via annual monitoring.

Recommendations to the GDC

The inspectors recommend that this qualification continues to be approved for the current cohort only to apply for registration as a dental hygienist/therapist with the General Dental Council.

Annex 1

Inspection purpose and process

1. As part of its duty to protect patients and promote high standards within the professions it regulates, the General Dental Council (GDC) quality assures the education and training of student dentists and dental care professionals (DCPs) at institutions whose qualifications enable the holder to apply for registration with the GDC. It also quality assures new qualifications where it is intended that the qualification will lead to registration. The aim of this quality assurance activity is to ensure that institutions produce a new registrant who has demonstrated, on graduation, that they have met the learning outcomes required for registration with the GDC. This ensures that students who obtain a qualification leading to registration are fit to practise at the level of a safe beginner.
2. Inspections are a key element of the GDC's quality assurance activity. They enable a recommendation to be made to the Council of the GDC regarding the 'sufficiency' of the programme for registration as a dentist and 'approval' of the programme for registration as a dental care professional. The GDC's powers are derived under Part II, Section 9 of the Dentists Act 1984 (as amended).
3. The GDC document '*Standards for Education*' 2nd edition¹ is the framework used to evaluate qualifications. There are 21 Requirements in three distinct Standards, against which each qualification is assessed.
4. The education provider is requested to undertake a self-evaluation of the programme against the individual Requirements under the *Standards for Education*. This involves stating whether each Requirement is 'met', 'partly met' or 'not met' and to provide evidence in support of their evaluation. The inspection panel examines this evidence, may request further documentary evidence and gathers further evidence from discussions with staff and students. The panel will reach a decision on each Requirement, using the following descriptors:

A Requirement is **met** if:

"There is sufficient appropriate evidence derived from the inspection process. This evidence provides the inspectors with broad confidence that the provider demonstrates the Requirement. Information gathered through meetings with staff and students is supportive of documentary evidence and the evidence is robust, consistent and not contradictory. There may be minor deficiencies in the evidence supplied but these are likely to be inconsequential."

¹ <http://www.gdc-uk.org/Aboutus/education/Documents/Standards%20for%20Education.pdf>

A Requirement is **partly met** if:

“Evidence derived from the inspection process is either incomplete or lacks detail and, as such, fails to convince the inspection panel that the provider fully demonstrates the Requirement. Information gathered through meetings with staff and students may not fully support the evidence submitted or there may be contradictory information in the evidence provided. There is, however, some evidence of compliance and it is likely that either (a) the appropriate evidence can be supplied in a short time frame, or, (b) any deficiencies identified can be addressed and evidenced in the annual monitoring process.”

A Requirement is **not met** if

“The provider cannot provide evidence to demonstrate a Requirement or the evidence provided is not convincing. The information gathered at the inspection through meetings with staff and students does not support the evidence provided or the evidence is inconsistent and/or incompatible with other findings. The deficiencies identified are such as to give rise to serious concern and will require an immediate action plan from the provider. The consequences of not meeting a Requirement in terms of the overall sufficiency of a programme will depend upon the compliance of the provider across the range of Requirements and the possible implications for public protection”

5. Inspection reports highlight areas of strength and draw attention to areas requiring improvement and development, including actions that are required to be undertaken by the provider. Where an action is needed for a Requirement to be met, the term ‘must’ is used to describe the obligation on the provider to undertake this action. For these actions the inspectors may stipulate a specific timescale by which the action must be completed or when an update on progress must be provided. In their observations on the content of the report, the provider should confirm the anticipated date by which these actions will be completed. Where an action would improve how a Requirement is met, the term ‘should’ is used and for these actions there will be no due date stipulated. Providers will be asked to report on the progress in addressing the required actions through the annual monitoring process. Serious concerns about a lack of progress may result in further inspections or other quality assurance activity.
6. The QA team aims to send an initial draft of the inspection report to the provider within two months of the conclusion of the inspection. The provider of the qualification has the opportunity to provide factual corrections on the draft report. Following the production of the final report the provider is asked to submit observations on, or objections to, the report and the actions listed. Where the inspection panel have recommended that the programme is sufficient for registration, the Council of the GDC have delegated responsibility to the GDC Registrar to consider the recommendations of the panel. Should an inspection panel not be able to recommend ‘sufficiency’ or ‘approval’, the report and observations would be presented to the Council of the GDC for consideration.
7. The final version of the report and the provider’s observations are published on the GDC website.