

# General Dental Council

## Education Quality Assurance Inspection Report

Education Provider/Awarding Body	Programme/Award
University of Northampton	Foundation Degree Dental Nursing (FdSc)

Outcome of Inspection	Recommended that the FdSc continues to be approved for the graduating cohort to register as a dental nurse.
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**\*Full details of the inspection process can be found in Annex 1\***

## Inspection summary

<b>Remit and purpose of inspection:</b>	<b>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 nurse.</b>  <b>Risk based: focused on Requirements 1-8, 11, 16, 17 and 19-21.</b>
<b>Learning Outcomes:</b>	<b>Preparing for Practice (dental nurse)</b>
<b>Programme inspection dates:</b>	<b>30 November and 1 December 2022</b>
<b>Examination inspection dates:</b>	<b>Not applicable</b>
<b>Inspection team:</b>	<b>Katie Carter (Chair and non-registrant member) Anna Lown (DCP member) Stacey Knill (DCP member) Martin McElvanna (GDC Education Quality Assurance Officer)</b>
<b>Report produced by:</b>	<b>Martin McElvanna (GDC Education Quality Assurance Officer)</b>

Following a programme monitoring exercise by the GDC in early 2022, it was agreed to undertake a risk-based inspection of the Foundation Degree Dental Nursing (FdSc) ('the programme') delivered and awarded by the University of Northampton ('the University', 'the Faculty'). The inspection would focus on Requirements 1 - 8, 11, 16, 17 and 19 - 21.

The inspection was conducted on site at the University. The inspection panel was comprised of GDC education associates ('the panel', 'the associates', 'we'). The panel were grateful for the sets of documents received in advance of the inspection and a further set of documents on site during the inspection.

Of the 14 Requirements being considered, we considered that 10 were 'Met'. The remaining four Requirements were considered to be 'Partly Met' with four actions being identified for the Faculty to address by the end of quarter 2 of 2023.

Overall, the panel had no major concerns about the FdSc programme and that it should continue to be approved for graduates to register with the GDC as a dental nurse. We considered that an inspection of the examinations in 2023 was not required.

The GDC wishes to thank the staff, students and external stakeholders involved with the FdSc programme for their co-operation and assistance with the inspection.

## Background and overview of qualification

Annual intake	28 students in year one, 12 students in year 2
Programme duration	2 years
Format of programme	Foundation Degree Level 4 – Year 1 Level 5 – Year 2
Number of providers delivering the programme	One

## Outcome of relevant Requirements<sup>1</sup>

<b>Standard One</b>	
1	Met
2	Met
3	Partly Met
4	Met
5	Met
6	Met
7	Met
8	Met
<b>Standard Two</b>	
11	Partly Met
<b>Standard Three</b>	
16	Met
17	Partly Met
19	Partly Met
20	Met
21	Met

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<sup>1</sup> All Requirements within the *Standards for Education* are applicable for all programmes unless otherwise stated. Specific requirements will be examined through inspection activity and will be identified via risk analysis processes or due to current thematic reviews.

## 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.

**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 Met)**

Prior to the inspection, the panel had access to module descriptors, clearly showing learning outcomes, requirements and subjects covered. We also learnt that there is an introductory module which covers professionalism and GDC standards.

The Faculty explained that students in year 1 must pass all year 1 modules before they can progress to year 2. In particular, students must pass the Foundations of Dental Nursing PR1-Clinical Skills Test Practical skills assessment before attending placement. This assessment covers skills in cross infection, health and safety and decontamination.

Students also must undertake mandatory training in basic life support and various Skills for Health modules in both years.

At the inspection, the panel observed a pre-clinical skills assessment of students taking place on video.

Year 1 dental nursing students are required to visit their setting before the start of the placement for an induction and Health and Safety orientation where policies and procedures are introduced to the student.

In year 2, students must complete a pre-skills workbook in their PebblePad portfolio in preparation of their clinical placement.

Although there is no clinical gateway at year 2, we heard about the extensive preparation and familiarisation processes in place before students progress.

Students are not permitted to proceed if they don't pass year 1. However, every module allows students to resit each assessment item once. If students fail a module, they can retake this as a part-time student the following year. After this they would be terminated from the programme.

We considered this Requirement is Met.

**Requirement 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. (Requirement Met)**

Prior to the inspection the panel had sight of the posters that are emailed to all practice placements which indicate that a student dental nurse will be present in the clinical area. This is done prior to students attending practice placements.

We also saw extracts of the consent/patient agreement in PebblePad with a clear requirement for the supervisor to tick a box that patient consent has been obtained.

At the inspection, the senior team explained that patients are introduced to students to gain verbal patient agreement that they will be treated by a student dental nurse. Consent is recorded in the patient's clinical notes and the practice assessor signs the PebblePad portfolio.

Students wear uniforms that are different from those of other placement staff to clearly indicate that they are trainee dental nurses.

We considered that this Requirement was Met.

**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, including equality and diversity, wherever treatment takes place. (Requirement Partly Met)**

Prior to the inspection, we had a copy of a generic Partnership Agreement between the University and placement providers and an Educational Audit descriptors sheet.

The Faculty explained the University of Northampton's audit process. Academic Assessors complete the audit. Checks are made on the latest Care Quality Commission report ahead of the on-site audit. During this visit, the local policies and procedures are reviewed and records of assessors and their experience is checked.

The Faculty explained that the Customer Relationship Management (CRM) platform within the student placement office is used to notify the academic assessor when the biannual re-audit is due, but we did not see any evidence of re-audits having taken place.

The Faculty explained that if a practice didn't meet all audit descriptors, there was a dialogue between the placement practice and University.

Staff explained that these audits take place once when new practice placements come on board and that they are not done as frequently as they could be.

The Faculty explained that in addition to the audits, there are a number of ways in which placements are checked, such as ongoing and regular informal communications between the University and placement settings and patient and student feedback. At the inspection we heard from placement staff that there is a good relationship between them and the University.

We considered that the system for auditing practice placements was inadequate. In particular we considered that the audit forms essentially contained a checklist and that the auditor was simply required to indicate "met" against each section. Under each section, there is a list of more detailed criteria and it was not clear on the form whether each of these was considered individually. We considered that the process could be more robust with, for example, a written commentary being provided against each section, clearly explaining how each of the specific criteria are considered to be "met", with reference to documentary evidence that was considered and notes of verbal conversations and any other checks made.

The Faculty should consider developing the placement audit process, with enhanced reporting clearly explaining how the specific criteria in the Educational Audit descriptors sheet is considered to be "met". This should include explicit reference to documentary evidence that was considered and records of verbal conversations in support of any "met" outcome.

We therefore considered that this Requirement was Partly Met.

**Requirement 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. (Requirement Met)**

The Faculty explained that registered dental care professionals and other health care professionals support students in placement and assess students' competency as they progress.

There are Practice Supervisors and Practice Assessors at practice placements. Practice Supervisors are often registered nurses but don't sign off on student competency in Pebblepad. Only Practice Assessors can sign off competencies and they are usually registered dental nurses.

Students are only signed off in the portfolios once they have demonstrated that they have the necessary skills to perform a specific task without assistance.

The Faculty explained that the PebblePad portfolio for both years has been mapped to the two Dental Nursing module learning outcomes. This helps supervisors to determine the appropriate level of supervision required at each stage of a student's development.

At the inspection we heard that Practice Assessors supervise one or two learners at a time. Otherwise students receive one to one supervision with Practice Supervisors.

We considered that this Requirement is Met.

**Requirement 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. (Requirement Met)**

Both Practice Supervisors and Practice Assessors at the placements must be registered with the GDC or other appropriate healthcare body.

Practice Supervisors are given bespoke training by University Academic Assessors on-site at placements to ensure that they are appropriately trained to support student learning and experience.

Practice Assessors undertake a standardisation exercise with University Academic Assessors to ensure that all are appropriately trained.

**Insert: there is further discussion regarding standardisation of placement supervisors at Req 19.**

The University has mandatory training and a database is maintained confirming equality, diversity and inclusivity training as part of induction and ongoing continuing professional development for registered professionals in clinical practice.

The panel was given confidential access to staff CVs, supervisor registration records, certificates and qualifications.

We considered that this Requirement is Met.

**Requirement 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 should 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. (Requirement Met)**

In the Foundations of Dental Nursing module, students deliver a presentation and are assessed on their understanding of whistleblowing and raising concerns.

The Faculty explained that Academic Assessors and students have weekly face to face placement progress discussions where concerns can be raised. If there are concerns, the Academic Assessor can follow these up with the placement provider.

We had sight of an Escalating Concerns flowchart and a University Raising Concerns policy.

The Faculty explained that each student is allocated a Personal Academic Tutor (PAT) who supports the student throughout their time at the University. Concerns raised with the PAT are recorded on MyEngagement platform. We had sight of the learner support policy which illustrated this.

At the inspection, both students and placement supervisors explained that they are aware of the obligation to raise concerns if they identify any risks to patient safety and indicated that they would feel comfortable if they needed to do so.

We considered that this Requirement is Met.

**Requirement 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. (Requirement Met)**

The Faculty explained that if a patient safety issue arose, the Escalating Concerns policy would be implemented. If a student was involved in unsafe practice, the student would be suspended from placement pending investigation.

At the inspection, both students and placement staff confirmed they were aware of the policies and procedures in place to identify and raise any issues around patient safety.

The programme team indicated at the inspection that they would raise any such incidents with the GDC if they arose.

We had sight of a Practice Emerging Concerns form template which requires full details of any incident, an action plan, recommendation and flow chart of the overall process. We had sight of some redacted Emerging Concerns forms.

We considered that this Requirement is Met.

**Requirement 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. Providers must also ensure that the GDC's Standard for the Dental Team are embedded within student training. (Requirement Met)**

Ahead of the inspection, the panel had access to the University's Fitness to Practise Policy. We were informed that this is accessible via the Northampton Integrated Learning Environment



(NILE) portal, located in the policies and procedures section. This portal is a virtual learning environment and also includes a copy of the GDC Standards for the Dental Team.

Fitness to practise is also included in taught sessions.

Interpersonal skills are assessed through formative and summative assessments in the Dental Nursing Practice 1 and 2 modules. The 'Interpersonal skills scale' document lists 33 statements which Practice Assessors must review and select a minimum of five. Nine of these relate to negative behaviours, with a "fail" status and potential fitness to practise consequences.

We had a demonstration of the NILE system at the inspection. Student engagement and attendance is monitored on this portal.

Students indicated their awareness of the fitness to practise policy and the assessment of interpersonal skills. They expressed good appreciation of professional development. They were aware that attendance was being monitored also. They confirmed their knowledge of the GDC Standards for the Dental Team.

The programme team gave an example of a potential fitness to practise matter regarding falsification of attendance records and explained that this was investigated and managed and did not lead to a formal fitness to practise referral.

We considered that this Requirement is Met.

## **Standard 2 – Quality evaluation and review of the programme**

**The provider must have in place effective policy and procedures for the monitoring and review of the programme.**

**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 Partly Met)**

The panel had sight of various documents ahead of the inspection, notably the Change of Approval Handbook 2022-23, QA committee structure and organisation chart and documents relating to placement evaluation and audits.

There is more detailed discussion regarding the quality assurance of placements at Requirement 3. The Faculty should consider developing the placement audit process, with enhanced reporting clearly explaining how the specific criteria in the Educational Audit descriptors sheet is considered to be "met". This should include explicit reference to documentary evidence that was considered and records of verbal conversations in support of any "met" outcome.

At the inspection, the programme team explained that they are in the process of developing new 2024 curricula. The team explained that this is subject to progression and approval through the University's quality assurance framework. The team explained how this would progress through the various stages and approval committees involved. The panel was assured that there is a robust quality framework in place which is supporting the development of the new 2024 curricula.

Regarding the use of external examiners (EE), the panel had sight of various documents relating to the use of an external examiner and two EE reports for 2020 and 2021. There is full discussion on the role of an EE at Requirement 20.

Regarding feedback, patient feedback is uploaded onto the student's online portfolio and the feedback from patients is used to inform pre-clinical skills development and communication skills and sessions for students. We noted that student feedback was being collected, particularly at the Student Experience Forum and via student representatives. We heard examples of suggested changes regarding modules and placements leading to changes in the delivery of the programme. The Faculty should consider formalising the use of patient feedback to inform programme development

We considered that this Requirement is Partly Met.

### Standard 3– Student assessment

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

**Requirement 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. (*Requirement Met*)**

Prior to the inspection, we had access to documents illustrating a good range of assessment methods, notably in the module specifications and programme specification assessment map.

At the inspection we saw some examples of marked assessments showing the marking rubric in operation, with marking criteria and moderation.

We noted the range of assessments used in theory modules as well as the clinical practice assessments in the two Dental Nursing Practice modules. The Faculty explained the appropriate use of simulated activities. The panel was assured that continuous assessment of students was taking place.

The Faculty explained that annually, the programme team reviews all modules and module specifications and that learning outcomes are being mapped to the GDC Standards for Education.

The Faculty explained that all programmes have Periodic Subject Reviews every five years undertaken by the University to ensure assessments remain valid, reliable and in line with best practice.

Should any module or programme changes or amendments be required at any time, a change of approval process is implemented in adherence with the Change of Approval Handbook 2022-23.

We considered that this Requirement is Met.

**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 Partly Met)**

With reference to the Dental Nursing practice modules, patient feedback from patients is recorded in the PebblePad portfolio. We learnt at the inspection that patient feedback is only being used to provide feedback to students on their communication skills. We considered that patient feedback could be used more broadly to help students develop other attributes, such as professionalism.

We note that the process for collecting feedback is currently done by students and might be more appropriately collected by placement assessors/supervisors.

Regarding feedback on formative assessments, this takes the form of both the academic assessor's verbal feedback and the practice assessor feedback provided midway through the student's placement.

Written feedback is given on summative assessments by the academic assessor and recorded in PebblePad, which is an electronic portfolio for logging all clinical events.

Towards the end of placement 1, the practice assessor will complete summative feedback on the interpersonal skills grading scale. If any concerns or areas are identified from placement 1, students are given the opportunity to develop and demonstrate improvements in placement 2. The panel had sight of these during a demonstration session at the inspection but we considered that at times, the feedback was limited and could be more comprehensive. We noted that regular informal discussions between the practice supervisor and practice assessor takes place.

For all theory modules, feedback is written by University assessors and moderators and uploaded to the NILE portal. This helps students to understand their attainment and areas to improve knowledge, understanding and future performance in assessments. This feedback is given against a marking rubric which is shared with students before they begin their assessment so they are clear of the standard expected of them.

Feedback from the wider dental team is encouraged via an 'open door' policy. Which can also take the form of email correspondence and phone communication. At the inspection we heard that several members of dental team feed back to the practice assessor but we considered that this could perhaps be more formalised and recorded.

We considered that this Requirement is Partly Met.

**Requirement 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. (Requirement Partly Met)**

The Faculty explained that new assessors complete the University's mandatory induction programme. We saw a range of documents to indicate this. We saw evidence of appropriate professional registration and training in equality, diversity and inclusion.

For theory module assessment, standardisation training for current and new members of staff is provided in marking and grading assessments. New members of the assessment team are supported by initially participating as a second markers in the assessment process.

Regarding clinical placement assessment, individual training is completed for new Placement Assessors and Placement Supervisors in relation to placement expectations, assessment requirements, use of the PebblePad portfolio and the marking rubrics.

The Faculty explained that for all new placement assessors, and by way of a standardisation exercise, the academic assessor observes the placement assessor signing off student competencies.

The panel had some concerns about the standardisation process.

Firstly, it was unclear how the Faculty can be assured that all Academic Assessors are undertaking this exercise to the same standard, particularly when it is undertaken in isolation at the placement practices. The Faculty confirmed that Placement Assessors are not brought together for this exercise and that an online session would also be difficult to arrange.

Secondly, placement staff indicated that these exercises used to happen regularly before the pandemic but have not happened since.

Thirdly, we noted that standardisation only takes place with Placement Assessors who are dental nurses and not those who are dentists. Consequently, we considered that the standardisation process did not provide sufficient assurance that effective and robust standardisation was taking place.

We considered that this Requirement is Partly Met.

**Requirement 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. (*Requirement Met*)**

Prior to the inspection, the panel had sight of documents relating to the recruitment, induction, training and role of an EE.

We also saw the EE 2021 and 2022 reports and Faculty's response illustrating that the EE's comments were considered and addressed.

The Faculty explained that at the beginning of the academic year, the EE is sent a copy of the assessment timetable and invited to attend any assessments. The central University examination office sends all written examination papers to the EE to be verified against the learning outcomes.

The EE also verifies all student assessments and gives feedback on them. At the end of the academic year, the EE provides a report to the programme team, noting areas of good practice and areas for development and improvement. The programme team provides a response to the EE's comments.

The EE has access to the learning platform (NILE). Within each module, the EE reviews all completed assessments that have been posted for review.

The panel noted that the EE was complimentary about the range of assessments, coverage of learning outcomes and feedback given to students on their assessments.

At the inspection, the programme team explained that currently they do not have an EE, but a new EE is in the process of being appointed. The team assured us that the former EE would be happy to step in if there was any issue with filling the post

We considered that this Requirement is Met.

**Requirement 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. (*Requirement Met*)**

Prior to the inspection we had access to grade criteria and the student handbook. Onsite we were given access to a range of module rubrics and a demonstration of the rubrics on the NILE portal. We saw that the module rubric marking guide is linked to the learning outcomes for each module.

Regarding clinical placement module assessment, the Placement Assessors and Placement Supervisors, as well as students, have access to the marking criteria and rubrics to enable all to clearly see how placement modules are assessed and graded. At the inspection, students confirmed they were clear on the marking criteria and standards expected of them.

There is discussion regarding standard setting at Requirement 19.

We considered that this Requirement is Met.

## Summary of Action

Requirement number	Action	Observations & response from Provider	Due date
3/11	1) The Faculty should consider developing the placement audit process, with enhanced reporting clearly explaining how the specific criteria in the Educational Audit descriptors sheet is considered to be “met”. This should include explicit reference to documentary evidence that was considered and records of verbal conversations in support of any “met” outcome.	The programme team has reviewed the audit process and are developing a robust system to ensure the audit descriptors are not just met but how they are met is also evidenced. The newly developed audit tool will also include spaces for verbal commentary to further enhance the process.	Q4 2023
11	2) The Faculty should consider formalising the use of patient feedback to inform programme development.	The feedback form used to collect patient feedback is being adapted in order to capture views within the clinical setting and feedback will also be collected via the wider Faculty service user group about potential programme development.	Q4 2023
17	3) The Faculty should enhance the use of patient feedback so that students are given feedback not only on their communication skills but on other aspects of their training, such as professionalism.	The patient feedback form is being adapted to include other aspects of their training including professionalism. The programme team will collate the feedback from patients via supervisors, and feedforward to students will be given to inform clinical practice.	Q4 2023
19	4) The Faculty should consider developing the standardisation process for Placement Assessors as follows: (i) consider a group standardisation exercise bringing together all Placement Assessors (ii) consider more frequent standardisation exercises (iii) consider the inclusion of dentists in the standardisation exercises.	(i) To ensure that practice placement assessors have standardisation exercises and meetings together, there will be standardisation meetings set with a formal agenda and minutes will be recorded. PebblePad will also be used as a tool for those assessors with current access to develop their assessment of the competencies. (ii) These meetings will be set every 2-3 months. (iii) Invites to the meetings will be sent to the Practice Teams (inc Dentists).	Q4 2023

## Observations from the provider on content of report

The Dental Nursing Team at the University of Northampton wish to thank the members of the Education Quality Assurance Assessment Team (EQAST) for approving the continuation of the FdSc Dental Nursing programme enabling graduating students to register with the GDC.

The Dental Nursing Team acknowledge and have responded to the Summary of Actions identified to further enhance the programme and the student experience.

The two-day inspection was well-organised and we wish to thank the EQAST for their approachability and comments and appreciate the acknowledgement from the GDC in relation to our staff, students and external stakeholders involvement, co-operation and assistance with the inspection.

## Recommendations to the GDC

<b>Education associates' recommendation</b>	The Foundation Degree Dental Nursing (FdSc) continues to be approved for holders to apply for registration as a dental nurse with the General Dental Council.
<b>Date of next regular monitoring exercise</b>	Academic year 2023-2024

## 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 edition<sup>1</sup> 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 education associates 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."



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 education associates must 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 monitoring process. Serious concerns about a lack of progress may result in further inspections or other quality assurance activity.

6. The Education Quality Assurance 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.