

**General
Dental
Council**

Inspection guidance for education providers

November 2023

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1. Introduction

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

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

The GDC [Standards for Education](#) are the regulatory tool that the regulator uses to ensure that a programme is fit for purpose. The three standards are central to the GDC's Education Quality Assurance (EQA) processes and contain a total of 21 requirements.

The Standards require that providers only allow students to be awarded a qualification if they demonstrate that they meet a set of learning outcomes, which have been defined by the GDC Safe Practitioner framework.

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

- Dentist
- Dental therapist
- Dental hygienist
- Dental nurse
- Orthodontic therapist
- Clinical dental technician
- Dental technician.

2. Requirement for student sign-off by the responsible registrant

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

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

the student may be at risk of GDC fitness to practise proceedings.

2.1 Sufficiency or approval for graduating cohorts

A decision to grant 'sufficiency' (BDS) or 'approval' (DCP) for the graduating cohorts of new programmes must be made by the GDC Registrar, who has delegated powers from the Council. The decision will be based on the inspection panel's recommendation. Such a decision is only made if the panel agrees that the cohort completing the programme has reached the required standard and are fit to practise at the level of a safe beginner.

3. Types of inspections

There are several types of inspection which are carried out by the EQA team. Listed below is an overview of each of these activities.

Risk-based: The risk-based model is informed by EQA monitoring, inspections, and other intelligence, such as notifications from our Fitness to Practise teams, or complaints that identify significant risk to programmes, patients and/or students.

New programmes: All new programme submissions will require a full inspection in the year of the first graduating cohort. This inspection usually takes place over 1-2 days. All new programmes will be subject to final examination inspection. Dependent on timings, new programmes may require short-term sufficiency approval immediately following the inspection to enable the current students to register whilst the inspection report is completed.

Awarding organisations (AOs): AOs will follow the same framework as that for risk-based and/or new programmes. A significant difference is that AOs will be required to demonstrate how they are assured that centres delivering their programme are meeting the Standards for Education.

Urgent inspection: An urgent inspection will take place where significant concerns have been identified that are either time-critical or of such potential severity that immediate action is required. The inspection will follow the risk-based inspection process, focusing only on the areas of concern and may be followed by a regular inspection in the following academic year to assess progress.

Targeted inspection: In times of national or international crisis (such as that of the global pandemic 2020), we may carry out targeted inspections to ensure that the current cohort of students are graduating at a safe practitioner level. The inspection will be customised to the situation that arises.

Re-inspection: A re-inspection will occur where serious actions were identified at a recent inspection, and which need follow up before the next routine monitoring exercise. The inspection will follow the risk-based inspection process, focusing only on the actions raised in the inspection report.

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

- The monitoring returns
- Previous inspection reports and the progress made against actions
- Complaints received (if any) about the programme/provider
- Issues identified at other programmes offered by the provider.

This information is analysed by the EQA team, including education associates (EAs), and based on this assessment, the level of QA activity is determined. If inspection activity is the agreed next step, then the remit, scope and duration of the inspection is also determined.

Programmes will typically be subject to a 1, 1.5 or 2-day programme inspection. For some there will also be an inspection of the examination and/or examination assessment/board arranged for the appropriate time.

4. Notification of inspection

Providers will generally be given a minimum of 16 weeks' notice before an inspection unless the programme is subject to an urgent inspection.

Providers will be given a date range for when the inspection should be held and will have two weeks to offer suitable dates within that date range. If no dates are offered, the EQA team will select the inspection dates. Inspection dates should be mid-week dates avoiding Mondays or the day following bank holidays.

If applicable, the GDC will notify providers of any intention to meet with delivery centres and will request a current list of centres to assist with the sample selection. These meetings may be held remotely, or the panel may carry out an in-person visit. This will be decided at the main inspection and confirmation provided.

Once providers have been notified of an inspection date, an inspection briefing session with the EQA lead can be requested, which will be held via MS Teams. The briefing session is purely for the purpose of informing providers of the structure of the inspection and will not delve into its scope.

5. Inspection panel

The GDC uses inspection panels to inspect programmes that lead to registration with the GDC. Panels comprise of members of the GDC Education Quality Assurance team and at least three GDC education associates (EAs). All EAs are appointed through an open and competitive recruitment exercise, are trained in the GDC EQA process, and receive ongoing training throughout their appointment.

The panels typically consist of four to six members and the make-up of these panels is at the discretion of the GDC. Bespoke panels are drawn together by the EQA team for the specific needs of the education provider being inspected, based on their experience and expertise. Inspection panels are always chaired by a non-registrant EA.

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

6. Pre-inspection procedures and documents

Once the date of inspection has been confirmed, the GDC will email a request for pre-information. The following documents will be sent, and any forms will need to be completed and returned with supporting evidence:

Guidance:

- Inspection guidance for education providers
- Standards for Education.

Forms (to be completed):

- Pre-inspection questionnaire
- Inspection
- Timetable template.

Optional:

- The learning outcomes mapping table (pre-inspection) should the provider's own mapping document be unavailable.

For risk-based inspections, the EQA lead will notify the provider of which requirements form part of the inspection. When completing the pre-inspection questionnaire, they will be required to write "not applicable" for any questions which are not relevant to the inspection.

Providers will be given a period of eight weeks to complete and return documentation.

All pre-inspection documents must be submitted using the pre-inspection questionnaire, which comes with a guidance note on using this system. The survey allows 10 file uploads per requirement. Additional evidence can be submitted after requesting a link from the EQA lead for the GDC secure file share system. Providers should zip the folders and clearly reference the files before uploading to GDC secure file share. Please see Appendix 1 below for the GDC GDPR guidance.

7. Evidence assessment

Once providers have submitted the evidence and documents to the GDC, the panel will carry out an assessment and then conclude their findings via a meeting.

Following the meeting, the EQA lead will contact the provider to finalise the timetable and to confirm any additional information / evidence required.

Where applicable the inspection will also include:

- Student meeting - the GDC will request an anonymised list of students from which they will select a sample of students to attend a meeting. The GDC will confirm if this meeting will take place onsite or remotely.
- Awarding organisation visits – the GDC will decide if the inspection requires visits to the delivery centres. If this is an inspection requirement, then the panel will select a number of centres to visit.

We will also send providers a copy of the inspection briefing note to disseminate to staff and students who may be taking part in the inspection. Additional information and/or inspection arrangements will be made with providers as required.

8. The programme inspection

For risk-based inspections that are focused on a limited number of requirements, the focus, scope and remit of the inspection will be explained in correspondence.

Providers should allocate the panel a room to use for the duration of the inspection, which will be known as the base room.

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

The inspection timetable will include the following:

1. A private meeting of the inspection panel will take place at the start of the day before any meetings with the team. This will allow the panel to look at any evidence not available prior to the inspection (e.g. confidential and sensitive information).
2. The first meeting with the provider will usually be with the programme leads. This is an introductory meeting and allows the panel to ask some general questions and to explore whether there are issues that are not covered in the paperwork. The programme leads should use this opportunity to ask the panel questions about any aspect of the inspection they are unsure about and to raise issues at the start of the process.
3. The core inspection meetings will be separated into individual Standards, where the inspection will look at several requirements that run across the Standards for Education. The meeting on Standard One will require all relevant personnel to attend to discuss aspects of the programme relating to patient protection. For Standard Two, all key personnel involved in the programme's quality evaluation and review will be needed.
4. For Standard Three, all staff with responsibilities for student assessment should attend. Despite their numbering, there is no fixed rule regarding the order in which these meetings should appear in the timetable. For inspections that are focused on certain requirements, the EQA team member leading the inspection will contact the provider to discuss the timetable and agree a suitable agenda.
5. Where practical, meetings should be limited to eight attendees or fewer. The panel will want to hear from everyone during the meetings. The panel reserves the right to request meetings with staff without senior managers or programme leads in attendance.
6. The inspection timetable should allow for an early opportunity to meet with final year students and include meetings with students from all earlier years through the course of the visit. These meetings will be held at the same time where possible. Student selection will normally be done by the EQA team member, requesting a list of students by candidate number so that the panel can choose a random selection of students to attend the meeting(s). For shorter inspections, students from different year groups may be asked to attend the same meeting.
7. In addition to the staff directly involved with the delivery and assessment of the programme, the panel may also need to speak to any staff involved in programme quality assurance and curriculum development and those working away from the central site, including outreach tutors. Virtual meetings can be used if travel to the main school site is not practical for the inspection.
8. Where relevant, there will be time allocated for the panel to look at the evidence provided in the base room.
9. The inspection panel will continuously review their findings throughout the inspection. Sometimes, the timetable may need to be revised at short notice if additional meetings or an opportunity for the inspection panel members to discuss findings in private is required.
10. The panel will hold a private meeting ahead of the final meeting with programme leads. Should the panel agree that there are issues that need to be addressed

immediately, we will inform providers of this at the end of the inspection and follow this up with written feedback within a week. At this stage, the panel may also make an urgent recommendation to the GDC Registrar regarding the sufficiency of the programme.

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

9. Closing the inspection

The inspection will be formally closed by the panel chair, outlining the timeline for next steps.

Where serious concerns have been identified requiring immediate action, this will be fed back to the provider, indicating what actions are required. The panel will also confirm its intention to inspect any future examinations and/or examination/assessment board.

General comments regarding any areas of notable practice will also be given, and any final questions invited from the provider.

If there are serious concerns to the delivery of a BDS programme, then the Privy Council will be contacted after the inspection.

10. Post inspection

After the inspection is finished, the panel will hold a post-inspection meeting to make a provisional judgement on which requirements have been met, partly met, or not met.

To determine that an individual requirement has been met, the inspection panel must agree that:

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

The inspection panel will determine that an individual requirement has been partly met if:

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

The inspection panel will determine that an individual requirement is not met if:

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

11. Assessment/examination inspection and exam board meeting

Please note, this section will not be relevant for all education providers.

These inspections and meetings are undertaken at the point in the programme where key assessments are completed, and the judgement is made as to whether students have achieved the learning outcomes to qualify and register with the GDC. The EQA team member will advise providers whether some of the panel will attend any sign-up meeting that determines whether students should be permitted to sit the final assessments. They will also confirm which inspections will be in person and which will be carried out remotely.

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

- Case presentations
- Objective Structured Clinical Exams (OSCEs)
- Unseen case exams
- Clinical scenario papers
- Integrated Structured Clinical Exams (ISCEs).

It can be impractical for the entire panel to attend individual assessments. Therefore, to avoid overcrowding and any potential adverse impact on students, the panel members may rotate observations of the assessments.

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

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

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

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

12. Short term panel decisions

It can take several months for the final report to be compiled after an inspection. This could result in the holder of an award de-skilling or missing out on work opportunities. Therefore, a decision for short term sufficiency (dentists) or approval (DCPs) can be made in advance of the final inspection report, so graduates may apply for registration with the GDC without delay.

If serious deficiencies have been identified, a decision may apply to the current graduation cohort of students only and a re-inspection will be required the following academic year.

The inspection panel's recommendation is relayed immediately to the Registrar for a decision. The decision will be communicated to the provider in writing within 10 working days of the inspection.

13. Inspection reports

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

Providers must take certain actions in order for a requirement to be met. These are detailed within the report, with a specific timescale for it to be completed by, or when an update on progress must be provided to the GDC. The provider should confirm the anticipated date by which these actions will be completed.

The inspection report will outline actions that should be taken where it would improve how a requirement is met. No due date is stipulated for these. However, 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.

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

Draft reports will be shared with education providers for factual accuracy and observations. The changes made here are purely factual and approval of these will be made by the EAs. The observations must address the content of the report and the actions required.

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

If exam and/or exam board inspections are still outstanding, and timescales do not allow for the inspection report process to be fully completed prior to student graduation, the report will

not be presented to the Registrar. Instead, a decision will be sought to gain short-term sufficiency (for dentistry) or approval (for DCP) to allow the current cohort to register.

Final reports will also contain a recommendation to the GDC from the inspection panel regarding the sufficiency or approval of a programme for registration of future graduating cohorts. The reports are then published on the GDC's website.

14. Associates' recommendation to the Registrar

Demonstration of the Standards for Education and underlying requirements is central to the inspection panel's recommendation for the ongoing approval of a programme. However, the recommendation will not be solely based on a provider meeting a specific number of requirements; it will be made with consideration of the whole programme.

The recommendation will be made with a strong focus on the safety of patients: either those treated by students on the programme or implications for future patients of those who pass the programme.

The inspection panel will recommend that a programme is either:

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

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

If the panel find that a programme is sufficient for registration, the provider will be subject to post-inspection monitoring of any actions noted in the report.

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

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

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

15. Registrar's decision

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

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

Following consideration by the Registrar, the provider and the inspection panel are notified of their decision.

16. Publication of report and observations

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

17. Progress monitoring

The EQA lead will continue to monitor if actions were identified as part of the inspection.

Providers will be asked to give updates on the progress of the actions, in line with their timescales. The provider will be given two weeks to respond and to send any supporting evidence via the GDC secure file share.

18. Feedback

The EQA team is committed to improving the way we work with providers and would greatly appreciate any ideas about how our procedures, documentation and communication methods can be improved. Every year, providers are sent a feedback form asking to provide comment on the inspection process and the panel. However, feedback can also be provided at any time by emailing the EQA team at qualityassurance@gdc-uk.org or via telephone on 020 7167 6110.

If a provider would like to give feedback on a member of the panel, or member of the EQA team, please contact the Head of Education Quality Assurance or the EQA Operations and Development Quality Assurance Manager.

Appendix 1 – GDPR

When providing documentation, please ensure that any details relating to individual members of staff, students and/or patients is anonymised wherever possible.

Any documentation provided that is not anonymised or cannot be for purposes of ensuring specific staff competency (for example, to demonstrate that an individual has a particular qualification or has undertaken appropriate training), will be held and processed in accordance with the General Data Protection Regulation 2016 and the Data Protection Act 2018. The basis on which the GDC processes personal data in connection with quality assuring education programmes is that the processing is necessary for the exercise of the GDC's statutory functions regarding dental education.

Such documentation that is not anonymised without any mitigating reason will be dealt with via the GDC's internal data breach procedure.

Visit the [website](#) for full information. Once you have the information ready, please contact the GDC so that they can supply a link to its secure file share system. Please do not email the information or send data sticks, as these may not be secure and could risk a data breach.