

Education Quality Assurance Inspection Report

Education Provider/Awarding Body	Programme/Award
University of Edinburgh	Oral Health Sciences BSc (Hons)

Outcome of Inspection	Recommended that the Oral Health Sciences BSc (Hons) continues to be approved for the graduating cohort to register as dental hygienists and/or dental therapists
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Full details of the inspection process can be found in Annex 1

Inspection summary

Remit and purpose of inspection:	Inspection referencing the <i>Standards for Education</i> to determine approval of the award for the purpose of registration with the GDC as a hygienist and therapist Risk based: focused on requirements 4, 9, 10, 13, and 15
Learning Outcomes:	Preparing for Practice Dental Therapist
Programme inspection dates:	5 th and 6 th February 2025
Examination inspection dates:	28 th April and 13 th May 2025
Inspection team:	Cindy Mackie (Chair and non-registrant member) Erica Clough (DCP member) Gill Jones (Dentist member) James Marshall (GDC Education and Quality Assurance Manager) Ben Gambles (GDC Education and Quality Assurance Officer) Simon Morrow (GDC Council member, observing)
Report Produced by:	Ben Gambles (GDC Education and Quality Assurance Officer)

The University of Edinburgh Oral Health Sciences BSc (Hons) is a four-year qualification that leads to registration as a dental hygienist and therapist. This risk-based inspection was prompted by the university's decision to close the programme and 'teach out' the remaining four cohorts of students. It was decided that the inspection would focus on five Requirements across the three Standards: Requirements 4, 9, 10, 13, and 15.

Of the five Requirements, three are considered 'Met' and two are considered 'Part Met'. The panel has no major concerns regarding the current graduating cohort and was impressed by the staff's support of the students. The panel also note a strong level of support from the outreach clinical supervisors. The panel has significant concerns that, with the programme closing, maintenance of adequate staffing levels could become a high risk. Currently, the programme appears adequately staffed, however neither the programme team nor the central university had an ongoing strategy and documented action plan to manage the various requirements related to the programme closure.

As part of the inspection process, the panel reviewed and assessed evidence submitted by the course staff against the relevant requirements, spoke to staff and students over a two-day on-site inspection, observed case presentations, attended objective structured clinical examinations (OSCEs), and attended the Board of Examiners meeting. The initial on-site inspection was observed by GDC Council Member Simon Morrow.

The graduating cohort is approved to join the register. The GDC will visit annually until closure to remain assured that the OHS BSc (Hons) continues to be approved to allow subsequent cohorts to register.

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

Background and overview of qualification

Annual intake	Nil Pre-2023/24 10 students per annum
Programme duration	138 weeks over 4 years
Format of programme	<p>YEAR 1</p> <ul style="list-style-type: none"> • Basic knowledge – building the foundations • Clinical shadowing • Periodontal clinical skills course • Medical emergency training • Clinical inductions • Infection Control • Periodontal/prevention patient treatment clinics (Semester 2) • Peer support – working on clinic in clinical pairs • Introduction to Case based Learning • Introduction to Journal Clubs • Introduction to Reflective Practice • Clinical Competencies and Directly Observed Procedures • LearnPro Modules • Clinical Imaging – an introduction to clinical imaging <p>YEAR 2</p> <ul style="list-style-type: none"> • Expand on knowledge gained in year 1 • Introduction to statistics/research methods • Restorative clinical skills course • Paediatric prevention and restorative treatment sessions • Continuation of periodontal and prevention treatment clinics • Clinical Competencies and Directly Observed Procedures • Paediatric General Anaesthesia Sessions • Peer support – working on clinic in clinical pairs • Case based Learning • Journal Clubs • Reflective Practice • LearnPro Modules • Clinical Imaging – an introduction to radiographic interpretation <p>YEAR 3</p> <ul style="list-style-type: none"> • Students are introduced to oral medicine, special care dentistry • Continuation of patient clinical treatment sessions (whole mouth care) • New Patient Adult Screening Clinic • Clinical Competencies and Directly Observed Procedures • Peer support – working on clinic in clinical pairs • Observations in oral surgery/IDB practice • New patient screening clinics

	<ul style="list-style-type: none"> • Paediatric general anaesthesia sessions • Oral Health Improvement Team and Public Dental Service observational visits • Opportunity for a student exchange to University of Oslo – Faculty of Dentistry (Semester 2) • Case based Learning • Journal Clubs • Reflective Practice • LearnPro Modules • Clinical Imaging – theoretical and practical clinical imaging <p>YEAR 4</p> <ul style="list-style-type: none"> • Students focus on a literature-based dissertation • Continue to develop clinical skills both within the Edinburgh Dental Institute and outreach placements • Clinical Competencies • Seminars focusing on Preparation for Practice aspects • Peer support – working on clinic in clinical pairs • Paediatric Dentistry general anaesthesia sessions • New Patient Clinics – Consultant led • New patient adult screening clinics (radiography experience) • New Patient Paediatric Dentistry clinic • Seminars focusing on Preparation for Practice aspects • Case based Learning • Journal Clubs • Reflective Practice • Observations in Oral Surgery and dental laboratory • LearnPro Modules
Number of providers delivering the programme	1

Outcome of relevant Requirements¹

Standard One	
1	N/A
2	N/A
3	N/A
4	Met
5	N/A
6	N/A
7	N/A
8	N/A
Standard Two	
9	Partly Met
10	Partly Met
11	N/A
12	N/A
Standard Three	
13	Met
14	N/A
15	Met
16	N/A
17	N/A
18	N/A
19	N/A
20	N/A
21	N/A

¹ 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 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)

When students are working in the Edinburgh Dental Institute (EDI), there is an average supervisor to student ratio of 1:5, with the students working in clinical pairs. All clinical supervisors working in the EDI have current GDC registration and have provided evidence of mandatory NHS and University training. The panel was satisfied with the contingency plans around supervision if staff were absent. Personal Development Plans and Continuous Professional Development for staff are reviewed at annual appraisal meetings. Additionally, there are 'away day' events held in the summer months for both internal and outreach staff, including standardisation and calibration exercises and discussions around student grading and feedback. The panel was impressed by the staff support for students and noted a strong level of support from the outreach clinical supervisors. The roles of personal tutors and clinical supervisors have been separated as part of a university-wide project around pastoral support and the panel found this to be an effective support system.

New supervisors receive an NHS induction and are sent BSc policy documents, handbooks and other relevant documentation necessary for their role. They receive an appropriate induction to clinics and can attend clinical sessions and shadow an experienced supervisor before they begin supervising. BSc staff are always nearby if support is needed. There are four registered dental nurses available in the clinic to support the students and perform chairside duties. Students can work with their partner or with a dental nurse, but if a clinical partner is absent or a patient cancels, students can practice clinical skills on the phantom heads or receive focussed teaching from supervisors. There is a huddle every morning with students, nurses, and supervisors to discuss incoming patients and relevant learning points.

A named Clinical Liaison Lead and the Radiography Lead go to outreach centres once a semester to 'check in'. Outreach supervisors attend an annual meeting to discuss feedback, challenges, and grading systems. The Professional Mentor for final year students has additional contact with the outreach centres, aiming to establish a continual loop of feedback and communication. Students swap between the different outreach centres to gain the broadest possible experience. The outreach staff are also invited to attend clinical sessions in the Dental Institute for standardisation exercises and support. Outreach teams view student clinical portfolios, learning profiles and any relevant pastoral information (with student consent) ahead of the students attending placements.

While the panel was satisfied with the current supervision levels and approach, concerns were raised as to how this good practice will continue as the programme is taught out and student and staff numbers decrease. Following the departure of the previous Programme Director in 2024, the University agreed to three additional days to be provided by visiting General Dental Practitioners (GDPs). The University has stated its commitment to staff and students to continue to support the programme financially until the last student has left and that there will be no redundancies for BSc staff due to the closure of the programme. If current staff decide to leave, new staff would be recruited on a temporary basis or existing staff offered additional sessions. As noted in other requirements, the panel recommends that the programme team prepare an appropriate and timely organisational plan in parallel with the University and ultimately produce a documented strategic plan to manage the programme closure, including a specific plan to maintain appropriate supervision and staffing levels. The panel recommend that this is actioned at the earliest.

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 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. (Requirement Partly Met)

Each course has a named lead who is responsible for reviewing content and assessment methods. Course Leads monitor and adjust their courses based on changing legislation, external guidance, or GDC learning outcomes. The Interim Programme Director oversees the quality of the programme and works with Course Leads. Programme Board Meetings are held every summer to review the previous academic year and to prepare for the next; within this meeting, changes to the programme are discussed and actions agreed. The University policy for making changes to a course or programme is robust, with quality assurance structures in place up to the Senate-level.

The GDC has agreed that the programme can continue to work to the Preparing for Practice learning outcomes, rather than transition to the new Safe Practitioner Framework. However, the programme is still incorporating aspects of the new learning outcomes. For example, there is a greater focus on sustainability and reflective behaviours. The latter now forms part of the assessment cycle, as students log a reflective comment on digital platform iDentity after each clinical session which is then reviewed and signed off by a supervisor.

The University is committed to maintaining staffing levels to allow the programme to run safely, ensure the standards of teaching remain at a satisfactory level, and maintain the student experience. However, the panel has concerns that, with the programme closing, staffing levels could become a high risk. Currently the programme is adequately staffed, but neither the programme team or central university has a documented plan for managing the teaching out and closure. The University must provide an ongoing strategy and documented action plan to ensure the quality assurance of the programme as it closes out. It must be made clear where specific responsibilities lie for each aspect of quality assurance and what contingencies are in place should they be unable to fulfil that function.

NES continue to fund the programme as agreed in the SLA, but as the programme moves towards closure and there are fewer students enrolled, that contribution will be reduced. This process needs to be managed carefully. The University has stated that it will contribute additional funds to mitigate this risk.

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 Partly Met)

Course leads, internal examiners, and External Examiners (EEs) review the assessments to ensure they are appropriate, robust, and defensible. All internal examiners have completed an appropriate post graduate certificate in academic practice, participate in University of Edinburgh Standard Setting training and undergo calibration exercises.

Concerns regarding the clinical experience of students are discussed at monthly team meetings, student-staff liaison committees, outreach meetings, professional mentor meetings, student support meetings. Actions are agreed and support provided by the Clinical Lead.

The panel did not see any strategic or operational risk registers and it was unclear how they are monitored and by whom.

The panel met with the current External Examiners and was concerned at that point to note that they had not visited the education provider in-person and had not observed any Observed Structured Clinical Examinations (OSCEs) for a number of years. In addition to this, the EEs are not provided with any clinical data at the point of student sign-off. The panel was concerned that the level of quality assurance provided by the EEs was therefore limited. However, the EEs were subsequently invited to the 2025 May exam diet and the panel was told that they would now be sent the relevant data. The panel was pleased to see some EE involvement in the exams and recommends that the EEs continue to be actively involved in the programme and in the provision of detailed feedback.

Student feedback is collected in a variety of ways, both formal and informal. The cohort is relatively small, and both staff and students reported open methods of communication. The students were clear about who they could talk to about concerns, whether they were academic or pastoral, and reported that there was a clear flowchart in the student handbook. Student representatives provide a point of contact for staff and for their peers and all students get a chance to anonymously feedback online about each course. There is also an anonymous suggestions and comments box in the study room which is checked by a member of staff regularly. The University has provided reassurance to the students that they will continue to support them and will ensure the closure of the programme does not negatively impact them. The students did however have concern regarding ongoing communications in this regard. The panel recommends that there should be a clear, consistent and ongoing communication strategy about the course closure with both staff and students.

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 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 Met*)

The Course Lead arranges the teaching of each topic, providing the appropriate lecturer with the aims and learning outcomes. The Course Lead formulates the examination paper using questions provided by the lecturer delivering the teaching sessions or will select a suitable question from a bank. Once the examination papers have been formulated, they are uploaded together with a detailed answer plan and marking scheme on the EDI Assessment Hub for review, feedback and standard setting by the BSc Internal Examiners. If there are changes recommended, these are resubmitted to the Internal Examiners for rechecking and standard setting. Once the Internal Examiners have agreed the paper is appropriate, the External Examiners are invited to review the examination papers and provide feedback. If the External Examiners have recommended changes or highlighted errors, the Course Lead will action any appropriate changes and correct any errors. Feedback is provided to the External Examiners as to what action was taken or give additional information as appropriate.

For all assessments, an Internal Examiner from the BSc teaching team will mark the examination papers and a moderator will independently review top, middle, bottom and failing papers. If there are discrepancies between the marker and the moderator, they discuss and agree the marks allocated for each question. A marker and moderator report is completed and uploaded on to the EDI Assessment Hub. External Examiners are then invited to view all results and review the top, middle, bottom, and failing papers together with the combined marker and moderator Report. All student answer papers are uploaded on to the EDI Assessment Hub along with the marking grid that has been completed by the marker and the moderator.

For the Clinical Practice Simulated Case Examinations, these are prepared by the Clinical Practice Lead with support from Paediatric Dentistry, Restorative Dentistry and Periodontology consultants and the BSc teaching team and clinical supervisors. They are reviewed by Internal Examiners and External Examiners. A standardisation exercise is held with the Internal Examiners who will be examining the Simulated Case Examinations. They are marked independently by two Internal Examiners. These examinations are carried out virtually using the Collaborate platform. If the Internal Examiners are unable to agree the grade for any domain, they can listen to the recording of the examination and ask an External Examiner for advice. These recordings are uploaded on to the EDI Assessment Hub along with the marking sheets and feedback from both Internal Examiners. The recording of each simulated case examination for each student is uploaded onto the EDI Assessment Hub along with the individual and agreed marking sheets and the feedback that the student will receive.

In Year 4, final clinical assessments begin in the second semester with a professional mentor meeting to identify areas of concern and actions. Failure to meet the requirements of the final clinical assessment will result in a student being required to undertake further clinical sessions and remedial teaching to meet the requirements prior to sitting the final simulated clinical cases.

The panel heard concerns from second- and third-year students about a lack of clinical experience in paediatrics, periodontics, and adult restorative. The panel recommends that the provider closely monitor patient access. The panel was informed that a significant amount of clinical experience is gained at the end of year three and during outreach in year four.

The case presentations and OSCEs observed by the panel were appropriate and well-resourced, with a consistent and high-quality level of questioning. The panel was impressed by the considered conversations between examiners, including the consistent use of the marking rubric and grade descriptors. They were thorough and consistent.

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 Met*)

As noted above, second- and third- year students were concerned about the breadth of their experience, particularly in paediatric, periodontic, and adult restorative clinical procedures. This may be a reflection of the accelerated pace and greater focus of clinical experience in the final year of the programme, but it is important that the programme leads remain assured that students are performing enough procedures to be deemed competent.

Appropriate patients are identified on Adult New Patient Screening clinics run by the Programmes Visiting General Dental Practitioner (VGDP) with support from a DCT. These patients arrive either by referral through SCI Gateway from General Dental Practitioners or direct from a self-referral form sent in by a member of the public. Year 3 and Year 4 students attend this clinic on a rota basis. A consultant-led Adult New Patient clinic also feeds

appropriate patients into the student clinics. This New Patient clinic is also attended by the Year 4 students on a rota basis. Internal referrals are also received from the Orthodontic, Paediatric and Restorative departments into the student clinics for periodontal, prevention or restorative treatment. Patients are referred to each student clinic based on the year of study and clinical experience. Year 4 students attend the Edinburgh Dental Institute Paediatric treatment clinics in an observational capacity in addition to their Outreach Placements, giving them the opportunity to further develop their clinical skills by increasing their exposure to Paediatric dentistry patients.

Clinical activity for each student is monitored using the e-portfolio platform iDentity which captures experiences for all clinical activity including clinical observations across all sites. The students are required to undertake Directly Observed Procedural Skills (DOPS) for some newly acquired clinical skills (for example, placing a fissure sealant, administering local anaesthesia). This activity is recorded on the iDentity platform. Students are also required to complete pre-clinical competencies (clinical skills) and clinical competencies in years 1, 2, 3 and 4. Any gaps in these competencies or clinical experiences are identified during compulsory professional mentor meetings with students, monthly team meetings with staff, and from review of the outreach clinical induction forms. The professional mentors meet the students at the beginning of each semester to discuss patient numbers and outstanding DOPS or competencies. They formulate a plan of action with the student to ensure that all DOPS and competencies are completed and to address any clinical procedure shortfalls. The professional mentors monitor their students' clinical activity throughout the year and arrange additional meetings with a student to reassess the action plan if there is no improvement to the number of patient procedures completed or if DOPS or competencies remain outstanding. All clinical supervisors have access to iDentity and can see any student's clinical activity to date.

A 'patient allocation' book is provided on all EDI student clinics which the student should complete. This information allows supervisors to quickly see what procedures a student needs to complete their milestones and to allocate appropriate patients where possible.

Following the exam observations, the panel recommends that infection control and patient safety are actively integrated into the OSCE marking scheme to encourage a consistent approach among the students and to ensure that patient safety is always at the forefront of their minds.

Summary of Action

Requirement number	Action	Observations & response from Provider	Due date
9	The University must develop a documented and timely action plan to manage the programme closure.	The draft Exit Strategy has been formulated between NHS Lothian, University of Edinburgh and NES. The document is a live working document and will continue to be updated and adapted as required to manage the programme closure and changing landscape efficiently. The document will be under constant scrutiny and review and will be a standing agenda item at the Edinburgh Dental Institute Senior Managers monthly meeting where all interested parties are represented. The Exit Strategy has also been added to the BSc Monthly meeting Agenda to ensure the programme staff have the opportunity to review and comment on progress	March 2026
10	The University must develop a clear, consistent, and ongoing communication strategy about the course closure with staff and students. This should be delivered at timely intervals to inform all relevant parties, students and staff.	The programme staff are aware of the need of an action plan which will give insight to what and how the various requirements relating to the programme closure will be managed, and would welcome a clear strategy and action plan from the central university. The Programme Director has requested that University management meet to discuss and plan a communication strategy for staff and students. It is anticipated that a meeting will be held in late July (due to A/L). Once the document is finalised it will be uploaded on the students Learn and Teams page and updated as appropriate. This has been added as a standing Agenda item to every Staff Student Liaison Committee meeting and Welcome Back meeting held in each semester.	March 2026

10	<p>The External Examiners must continue to be actively involved in the programme and in the provision of detailed feedback.</p>	<p>The good practice that we currently have will continue and the programme will ensure that the External Examiners continue to be fully briefed, updated and involved as the programme continues to move towards closure and are given ample opportunity to provide feedback.</p> <p>In response to giving the External Examiners ample opportunities to attend our examinations held in person, dates for the December 2025 and May 2026 exam diets have already been timetabled before the start of the 2025/26 academic year and invitations for the External Examiners to attend these examinations sent to them. It is hoped that this will give the External Examiners ample time to seek authorisation from their Institutes and plan their diaries in order to attend our examinations in person.</p> <p>The External Examiners will continue to be encouraged to attend our online Simulated Cases as they do at the moment.</p> <p>An invitation will be sent to the External Examiners to attend the Final Clinical Assessment Committee meeting held annually in March where each final year students clinical, professionalism and attendance data is discussed and a decision made if they have achieved the necessary level to be deemed as a 'safe beginner/practitioner' and 'fit to sit' their final examinations. If the EE's are unable to attend, they will have access to the meeting recording and have the students data sent to them with the minutes of the meeting.</p> <p>At the Board of Examiners and Progression Board meeting, members will be provided with a summary of the final year students data and any conditions that were applied at the Final Clinical Assessment Committee meeting and whether these have been met</p>	March 2026
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		or if a student still requires conditions to be met and/or additional support before their Progression can be ratified.	
13	The Programme team should closely monitor patient access considering concerns raised by students around paediatrics, periodontics, and adult restorative procedures.	The Programme discussed patient flow at their Clinical Away day on 26 th June and continuous monitoring of patient numbers by departmental staff, BSc supervisors and NHS admin staff will continue. Meetings continue to be held weekly where patient numbers are discussed and measures put in place to increase or decrease patients numbers. Adult new patient screening clinics are held once a week and two new patient screening appointments are incorporated into one year 3 patient clinic every week. Paediatric patients will be referred directly to BSc students by the Paeds consultants and post graduate dental students and this will be monitored closely by the dental core trainee and senior dental nurse who support the BSc students and staff. The Programme Director will continue to take an overview and will liaise with the Restorative and Paediatric Clinical Leads.	
15	The Programme team should actively integrate infection control and patient safety into the OSCE marking scheme.	The panel observed the year 2 OSCE which concentrates on the semester 2 adult restorative teaching. The year 1 OSCE and practical examination concentrates on patient safety, decontamination, operator safety, cross infection procedures. In year 2, 3 and 4 the students are on patient clinics and are continually 'assessed' on all these aspects as part of their patient appointment and any breaches in protocols will be discussed during their feedback from the supervisor and graded accordingly.	

Observations from the provider on content of report

In the main, this is a fair and factually accurate account of the programme. The programme team are very aware that each remaining year will have its own challenges and these will not all be anticipated and planned for, however, the team will continue to be open and honest with the students and will continue to provide the high level of support and communication which the students have shown their appreciation of. The comments and guidance from the Panel is appreciated.

The Programme team would also like to extend their thanks to the Panel who understood the difficult and stressful time the team are under and were sensitive to this throughout the Inspection.

Recommendations to the GDC

Education associates' recommendation	The Oral Health Sciences BSc (Hons) continues to be approved for holders to apply for registration as dental hygienists or therapists with the General Dental Council.
Date of reinspection	We will carry out a risk-based re-inspection in 2026.

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 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.