General Dental Council

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

Full details of the inspection process can be found in Annex 1

Inspection summary

Remit and purpose of inspection:	**Inspection referencing the *Standards for Education* to determine approval of the award for the purpose of registration with the GDC as a hygienist and therapist** **Risk based: focused on requirements 9, 10, 13, and 15**
Learning Outcomes:	**Preparing for Practice Dental Therapist**
Programme inspection dates:	**26th March 2026**
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)** **Stevie Lowe (GDC Education and Quality Assurance Officer, 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. The programme is closing, with the final cohort due to complete the fourth and final year of study in 2028.

This risk-based inspection focussed on updates and changes since last year's inspection and covered requirements 9, 10, 13, and 15. The panel reviewed and assessed evidence submitted by the course staff against the relevant requirements, spoke to staff and students over a one-day on-site inspection, and attended the Board of Examiners meeting.

The panel considered all four requirements to be 'Met' and identified no major or urgent concerns or risks regarding the current graduating cohort. The panel identified areas of strength, including the exit strategy and communications strategy which were actions last year. The student experience appears positive, and the level of pastoral care was highlighted by both staff and students. The students' experiences in outreach centres remains an area of strength. The panel praised the team's approach and efforts in challenging circumstances; the University should continue to prioritise staff wellbeing.

While the programme currently has adequate staffing levels, there has been a recent reduction in staff. The matter of resourcing and workload has been raised in External Examiner oversight as a concern, and the panel considers this an ongoing area of risk. The exit and communication strategies should continue to be used and reviewed as required to mitigate any risks as the programme is taught out. The GDC should be made aware of any staffing changes that could impact on the likelihood of students achieving the learning outcomes.

The graduating cohort is approved to join the register. The GDC will visit annually until closure to remain assured that the Oral Health Sciences 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	YEAR 1 • 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 YEAR 2 • 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 YEAR 3 • 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

	• 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 YEAR 4 • 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 Requirements[1]

Standard One	
1	N/A
2	N/A
3	N/A
4	N/A
5	N/A
6	N/A
7	N/A
8	N/A
Standard Two	
9	Met
10	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 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 not assessed at inspection***

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 not assessed at inspection***

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 not assessed at inspection***

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 not assessed at inspection***

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 not assessed at inspection***

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 not assessed at inspection***

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 not assessed at inspection***

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 not assessed at inspection***

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 Met)***

The action given in the 2025 report against this requirement was that "the University must develop a documented and timely action plan to manage the programme closure". The panel reviewed this Exit Strategy as part of the pre-inspection assessment materials, and was reassured by the actions, clear responsibilities, and timelines. The Exit Strategy covers four key areas: patients, students, workforce, and finance. While this requirement is 'met', the panel will review this action plan as part of any future quality assurance activity. The University and the school should continue to iterate, review, and implement a documented action plan as the programme closes.

As before, 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 in order to evolve and maintain its quality.

A new Transition Board has been established to support the programme and its staff as it approaches closure. This team maintains the programme's quality by effectively implementing an open and supportive approach. The Transition Board meets monthly and is tasked with actively managing four key "at risk" areas: patients, students, workforce, and finance. Comprised of all significant stakeholders involved in the Service Level Agreement and the current operations of the program, the Board oversees its path to final closure. Members collaborate to mitigate risks and address challenges during this transition period. All parties maintain their commitment to supporting the programme, as well as the students, staff, and patients, until its conclusion.

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 Met)***

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. The panel is concerned about any changes to staffing levels, as the workload increasingly rests with a decreasing number of people. As such, the GDC should be made aware of any changes in staffing between now and the next quality assurance activity. The University should continue to prioritise staff wellbeing.

With the reduction in student numbers, Visiting General Dental Practitioners (VGDPs) are supporting the remaining University of Edinburgh staff in teaching, assessments, and student

support. The University has committed to continuing VGDP support until the end of the programme. Staffing projections for the next two years indicate that the academic and clinical workload can be managed by the remaining staff without negative impact on the student experience or patient safety. Despite the reduction of BSc staff, the Board of Examiners and Progression Board continue to be quorate, however for resilience the Convenor will invite the VGDPs to become members of the Boards. All VGDPs meet the University of Edinburgh criteria to enable them to be Board members.

In the previous report, an action was given that "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". As part of the pre-inspection documentation, the panel reviewed the Communication Strategy for Programme Closure and was reassured by the actions, clear responsibilities, and timelines. The communications strategy is interlinked with the exit strategy and both will be reviewed as part of any future quality assurance activity.

Students and staff were satisfied with level of communications and therefore the University should continue to iterate and implement a clear, consistent, and ongoing communication strategy about the course closure, to be delivered at timely intervals to all relevant parties.

In the previous report, the panel was concerned about the level of involvement of External Examiners (EEs). At this inspection, the panel was reassured to see evidence of EE activity, including reviewing assessments to ensure they are appropriate, robust and defensible. The EEs complete an annual written report and the programme lead submits responses to any recommendations or commendations. The EEs have opportunities to observe assessments both remotely and in-person.

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 not assessed at inspection***

Requirement 12: The provider must have effective systems in place to quality assure placements where students deliver treatment to ensure that patient care and student assessment across all locations meets these Standards. The quality assurance systems should include the regular collection of student and patient feedback relating to placements. ***Requirement not assessed at inspection***

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 previous report gave the action that the programme team "should closely monitor patient access considering concerns raised by students around paediatrics, periodontics, and adult restorative procedures". The panel reviewed the pre-inspection evidence and were reassured through questioning and further evidence at inspection that the programme provider is assured that students have demonstrated attainment across the full range of learning outcomes.

Since the last inspection, concerns about AI use in simulated clinical case preparation have caused a change in exam format, moving to in-person questioning rather than online. This was communicated clearly with the students with a thorough process of consultation with students and staff.

The impact of the reduced full-time staff on the internal examining team for the 2026 Spring Examination period has been evaluated. A strategic plan has been implemented to ensure there are enough experienced examiners and markers for all examinations. This plan also maintains a diverse range of examining pairs with whom students are familiar for their simulated clinical cases. All internal examiners will participate in examination calibration sessions. New examiners for the simulated cases will first observe a live examination with experienced examiners before co-examining a student case alongside them. The new internal examiners, already engaged in student teaching and clinical supervision, are acquainted with the required standards for each cohort and familiar with the programme and its teaching methodologies.

Requirement 14: The provider must have in place management systems to plan, monitor and centrally record the assessment of students, including the monitoring of clinical and/or technical experience, throughout the programme against each of the learning outcomes. ***Requirement not assessed at inspection***

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)***

Last year, the inspection report gave the action that the programme team "should actively integrate infection control and patient safety into the OSCE marking scheme". The course team advised that infection control and patient safety is not considered in the OSCE marking scheme, but they did provide assurances to the panel that infection control and patient safety are sufficiently taught and assessed.

Appropriate patients are identified at the Adult New Patient Screening clinics, conducted by the programme's VGDP with support from a Dental Core Trainee, with Year 3 students participating on a rotational basis. Additionally, two new patient screening appointments have been integrated into a Year 3 student treatment clinic, with two students assigned and supervised by a dedicated screening VGDP. The programme acknowledges that challenges with patient flow to student clinics exist, but patient numbers are continuously monitored by

the VGDPs, Clinical Lead, and Appointment Administration staff.

In response to the concerns regarding paediatric patients in the previous report, there have been new paediatric patient screening clinics, attended by final-year students. They observe senior colleagues and, when suitable patients are identified and consent gained, the patient is referred to the students who will offer treatment. If a child needs to come back for further treatment, an appointment will be made with the student. This has resulted in additional patients being seen by the students. One hundred new unassessed patients have been transferred from the PDS waiting list to the EDI waiting list with the specific aim of supporting the training of UG Therapists and core trainees. There are new weekly final-year student paediatric treatment clinics exclusive to final year students. While there are local and national challenges in identifying and recruiting paediatric patients for undergraduates, significant action has been taken to ensure the continual flow of paediatric patients to undergraduate clinics, which was evident at inspection and explained to the panel by both staff and students.

The panel observed the final Board of Examiners and Progression meeting and was satisfied that the process ensured that students had sufficient evidence of the skills and level of competency to progress.

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 not assessed at inspection***

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 not assessed at inspection***

Requirement 18: The provider must support students to improve their performance by providing regular feedback and by encouraging students to reflect on their practice. ***Requirement not assessed at inspection***

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 not assessed at inspection***

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 not assessed at inspection***

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 not assessed at inspection***

Summary of Action

Requirement number	Action	Observations & response from Provider	Due date
9	The University should continue to iterate and implement a documented and timely action plan to manage the programme closure, which should be reviewed accordingly.	The University will continue to closely manage the on-going journey to programme closure using the Transition Board and Communication Strategy. The Programme Director will continue to be pro-active and will communicate concerns immediately to the University should the need arise. The Clinical Lead and Programme Director will continue to meet regularly to review progress on the Exit Strategy and report back to the Transition Board members.	Spring 2027
10	The GDC should be made aware as soon as possible of any staffing changes or further reductions that could impact on the likelihood of students achieving the learning outcomes.	The Programme Director will ensure that the GDC are fully informed of staff changes and will provide the GDC with an 'Impact' document that will clearly map out how any reduction in staffing will be managed and what impact this may have on remaining staff and students	Ongoing
10	The University should continue to monitor workload and prioritise staff wellbeing.	The Programme Director, Clinical Lead, BSc staff and VGDP's will continue to meet regularly to review workload and priorities. Any concerns will be fed back to the University by the Programme Director for action and support. All Programme staff are encouraged to voice any concerns directly to the University through Prof Lorna Marson, Dean of Clinical Medicine or Yvonne Love, Head of HR at any time. Guidance is provided in the Communication Strategy.	March 2027
10	The University should continue to iterate and implement a clear, consistent, and ongoing communication strategy about the course closure with staff and students. This should be delivered at timely intervals to all relevant parties.	The Programme will continue to follow the protocol set out in the Communication Strategy and continue to follow the clearly defined avenues of communication to staff and students. Communication will continue to be pro-active and all relevant information will be disseminated at the earliest opportunity via the staff and	March 2027

		student communication channels (eg. Teams, email, face-to-face etc)	
13	Patient access should continue to be closely monitored, especially regarding paediatrics, periodontics, and adult restorative procedures.	Patient access will continue to be closely monitored. With the reduction of students for 2026-27 (one 3rd year and seven 4th year students) it is expected that the remaining students will have a full and varied patient diary. The 3rd year periodontal and restorative patient clinics will continue to run in EDI, while the 4th year students will gain their clinical experience at our Outreach Clinics. A joint Paediatric clinic will be held in EDI with the additional Paediatric New Patient clinics being attended by the 4th year students. The VGDP's, Clinical Lead and Administration staff will continue to work together to ensure the smooth transition of appropriate patients from referral to student clinic to discharge. The Programme Director will continue to take an overview and will liaise with the Restorative and Paediatric Clinical Leads to ensure the flow of patients to the students is at an appropriate level.	March 2027

Observations from the provider on content of report

This account provides a fair and factual representation of the program. We appreciate the GDC inspectors for recognising the quality of our Exit Strategy and Communication Strategy, as well as the level of support our staff offer to students. As anticipated, this year presented difficulties and unexpected challenges, including the departure of a full-time staff member and reduced hours for another. Nevertheless, the staffing projections presented to the Panel for the next two years indicate that the academic and clinical workload can be effectively managed by the remaining staff without adversely affecting the student experience or patient safety. This reassures us that the Programme is, and will remain, well-managed.

The GDC will be informed of any concerns from the Programme Director regarding staffing levels or other issues that may impact students' ability to meet GDC registration requirements, should they arise. The Programme Board and Assessment Board meetings are scheduled for July 2026, during which the assessment and examination timetable for 2026-27 will be planned. This timetable will be shared with External Examiners, who will also be invited to attend these examinations. By providing advance notice, we aim to facilitate the attendance of External Examiners at our December and/or May examinations.

We extend our gratitude to the Panel for their understanding and sensitivity during this challenging period. The continuity of having the same inspection panel was particularly beneficial for everyone involved in the inspection process.

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 2027.

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.