

General Dental Council

Education Quality Assurance Inspection Report

Education Provider/Awarding Body	Programme/Award
University of Leeds	BSc (Hons) Dental Hygiene and Dental Therapy

Outcome of Inspection	Recommended that the BSc (Hons) Dental Hygiene and Dental Therapy continues to be approved for the graduating cohort to register as dental hygienists and 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 dental hygienist and dental therapist Risk based: focused on requirements 1, 4, 7, 9, 13, 15, 16, and 20
Learning Outcomes:	Preparing for Practice (dental therapist) Safe Practitioner (dental therapist)
Programme inspection date:	24th – 26th February 2026
Inspection team:	Kim Tolley (Chair and non-registrant member) Sarah Balian (DCP member) Heidi Bateman (Dentist member) Richard Cure (Dentist member) Ben Gambles (Quality Assurance Officer)
Report Produced by:	Ben Gambles (Quality Assurance Officer)

The inspection of the BSc (Hons) Dental Hygiene and Dental Therapy programme (hereafter referred to as “the programme”) at University of Leeds (hereafter referred to as “the provider” or “the school”) took place over two and a half days between 24th and 26th February. This was a risk-based inspection informed by the time-elapsd since the previous inspection, annual monitoring, and a programme modification submitted and approved in 2025. This programme modification covered changes resulting from the transition to Safe Practitioner and the university-wide Curriculum Redefined project.

The inspection looked at requirements 1, 4, 7, 9, 13, 15, 16, and 20 and the panel concluded that all requirements were met. No areas of risk or concern were identified by the panel.

The pre-inspection evidence was extremely thorough and spoke to a programme that has been planned and implemented with a high level of intentionality. The panel was unanimously impressed with the programme. Areas of good practice included collaborative leadership with an appetite for change, wellbeing support for staff and students, tangible efforts around inclusivity, strong teaching and learning practice, dedicated staff with commitment to the student experience, excellent facilities and equipment, and an outreach experience which staff, students, and the panel all highlighted as a particular strength of the course.

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

Background and overview of qualification

Annual intake	25 students
Programme duration	102 weeks over 3 years
Format of programme	<p>Year 1 - Basic clinical skills for safe practice, haptic simulation, clinical observations and reflective activities. Basic life support and clinical mandatory training. Introduction to common oral diseases. Introduction to key underpinning ethical principles to develop an understanding of expected professional behaviours, active learning skills including reflection and introduction to well-being. Introduction to basic communication skills. Basic underpinning scientific knowledge including structure of cells, tissues and organs, principles of microbiology and immunology, physiology, introduction to dental mineralised tissues. Basic principles of population health, psychology and sociology. Exposure to community engagement in dentistry.</p> <p>Year 2 - Direct clinical practice with adult patients from term 1 within the remit of a dental hygienist including patient assessment, preventive management and periodontal treatment. In term 2 the students commence direct clinical practice in the Outreach clinics and are introduced to preventive management of child patients in term 3. Simulated dental therapy clinical skills development in the clinical skills classroom. Basic life support and clinical mandatory training. Understanding of professional legal, ethical and personal responsibilities of a dental professional, professional relationships within the dental team, including a team presentation of a poster in relation to ethical issues in dentistry. Development of communication skills for clinical practice. Continuing development of underpinning scientific knowledge related to evidence-based practice of dentistry as a dental hygienist and the development of skills in finding and appraising published evidence.</p> <p>Year 3 - Direct clinical practice with both adult and child patients within the full remit of a dental therapist in both the Leeds Dental Institute and Outreach placements. Placements in the One Day Unit theatre to gain insight into management of patients requiring general anaesthetic and paediatric extractions. Placements in dental radiology to provide experience and demonstrate competence in dental imaging techniques. Basic life support, medical emergencies and clinical mandatory training. Continuing development of underpinning scientific knowledge related to evidence-based practice of dentistry as a dental therapist within a dental team. Continued professional development and preparation for the world of work. Understanding complaints handling, indemnity requirements, GDC professional standards, cultural humility, environmental sustainability, leadership and management. Reflective practice and personal development planning. Completion of an individual Final Year Research Project utilising the scientific research skills that have been developed over the previous years.</p>
Number of providers delivering the programme	1

Outcome of relevant Requirements¹

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

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 Met*

BSc Dental Hygiene and Dental Therapy students must achieve competence standards in the pre-clinical environment before treating patients. Gateway clinical competence tests are taken by students at key stages throughout the programme. Monitoring and progress outcomes are managed by the School of Dentistry Clinical Progress Committee (CPC). Successful completion of all clinical gateway assessments is required for the CPC to give a 'Ready to Progress' outcome. Once students are working with real patients, the CPC continues to monitor knowledge, skills and behaviours to provide assurance of continued and developing competence. Students who fail to demonstrate the required standard will fail the module and cannot progress to the next year of the programme. Students praised the emphasis on 'peer review' in simulation training.

Clinical gateway assessments use a competence-based approach. Students undertake clinical skills procedures on multiple occasions, across a range of clinical skills, and to a pre-determined expected level. Students receive formative feedback throughout this learning process. Formal gateway competence assessments are undertaken across the range of pre-defined clinical operative tests. These tests are marked and recorded using the Continuous Assessment and Feedback System (CAFS). CAFS data is presented to and considered by the CPC. Students are able to review their own progress in relation to clinical gateways through their personal CAFS progress report.

If students are absent for long periods from the programme, remedial clinical skills training and competency tests are undertaken prior to students returning to the real patient clinical environment.

The panel considers this requirement to be met.

Requirement 2: Providers must have systems in place to inform patients that they may be treated by students and the possible implications of this. Patient agreement to treatment by a student must be obtained and recorded prior to treatment commencing. *Requirement Met*

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 Met*

Requirement 4: When providing patient care and services, providers must ensure that students are supervised appropriately according to the activity and the student's stage of development. *Requirement Met*

The programme maintains a maximum staff to student ratio of 2:8 and supervision levels adapt to the activity and a student's stage of development. The panel had no concerns about the supervision of students in the clinical environments. The panel was satisfied with the plans for any unplanned staff or supervisor absence.

Dental nurses are responsible for ensuring students comply with health and safety protocols, infection prevention control protocols, correct disposal of instruments and materials and general running of the clinics.

The effectiveness of student to staff ratios is monitored by the School of Dentistry and Leeds Dental Institute Joint Health and Safety Committee which considers health and safety incidents and student satisfaction.

The panel considers this requirement to be met.

Requirement 5: Supervisors must be appropriately qualified and trained. This should include training in equality and diversity legislation relevant for the role. Clinical supervisors must have appropriate general or specialist registration with a UK regulatory body. Requirement Met

Requirement 6: Providers must ensure that students and all those involved in the delivery of education and training are aware of their obligation to raise concerns if they identify any risks to patient safety and the need for candour when things go wrong. Providers should publish policies so that it is clear to all parties how concerns should be raised and how these concerns will be acted upon. Providers must support those who do raise concerns and provide assurance that staff and students will not be penalised for doing so. Requirement Met

Requirement 7: Systems must be in place to identify and record issues that may affect patient safety. Should a patient safety issue arise, appropriate action must be taken by the provider and where necessary the relevant regulatory body should be notified. Requirement Met

Students treat patients in the Leeds Dental Institute and two outreach centres. Staff and students are required to follow local health and safety policies and students complete mandatory training. They also receive a face-to-face induction, bespoke to each outreach centre. A useful overview of the outreach centres has been developed and an information pack for each outreach centre is presented to each student prior to attendance, which is also supported by a half day induction.

Patient safety concerns are reported via the Leeds Teaching Hospitals Trust DATIX reporting system or local outreach Health and Safety reporting software. All incidents and near-misses are electronically logged within 24 hours of the incident and major issues are reported to the consultant on cover. These are reviewed by a senior team member, actioned, and discussed in detail at the Joint School of Dentistry and Leeds Dental Institute Health, Safety and Wellbeing Committee. Incidents requiring escalation are reported to the appropriate regulatory body. Any safety issues raised by patients through verbal, written or via the Patient Advice Liaison Service are reviewed by a senior team member and actioned accordingly prior to review at the Joint School of Dentistry and Leeds Dental Institute Health, Safety and Wellbeing Committee. A logging document of all incidents, reports and actions was made available to the panel which enabled sharing and learning from all level of incidents.

The CPC review 'cause for concern', 'unsatisfactory', and 'not ok' grades and any incident considered sufficiently serious would be investigated as part of the student professionalism and fitness to practise policy. The University of Leeds Sentinel system is used for accident and incident reporting in the dental school, clinical skills classroom facilities, and the rest of the dental school non-clinical areas. Incidents are reported to and reviewed by the Joint School of Dentistry and Leeds Dental Institute Health, Safety and Wellbeing Committee. The Joint Clinical Operations Group reviews shared learning in relation to clinical incidents or health and safety concerns. The School of Dentistry Outreach team meet twice in each academic year to

consider health and safety issues and share good practice. DHDT clinical supervisors are all located in the same office which facilitates opportunities for colleagues to discuss issues related to health and safety on a regular basis.

The panel found the school to have robust and effective patient safety systems and considers this requirement to be met.

Requirement 8: Providers must have a student fitness to practise policy and apply as required. The content and significance of the student fitness to practise procedures must be conveyed to students and aligned to GDC Student Fitness to Practise Guidance. Staff involved in the delivery of the programme should be familiar with the GDC Student Fitness to Practise Guidance. Providers must also ensure that the GDC's Standard for the Dental Team are embedded within student training. Requirement Met

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 school works within the University of Leeds Quality Assurance and Enhancement framework. The School Taught Student Education Committee (STSEC) works with student representatives to identify priority areas based on a review of the risk register and student surveys. The Student Education Action Plan is a university requirement and is reviewed at faculty level. The Faculty Approval Group approved the school's 2025 Redefined Curriculum as part of the school's planned GDC Safe Practitioner Framework Transition Action Plan. It was also noted that Curriculum Redefined was developed through an inclusive process involving the entire education faculty and the student body. A strong emphasis has been placed on supporting staff through these changes, which in turn enhances support for students.

Module leads and programme leads review student performance data, student satisfaction data, professional body requirements, and outline action points. The Undergraduate Programmes Management Committee (UGPMC) provides a formal mechanism for quality assurance of the Dental Hygiene and Dental Therapy Programme. Student representatives can report and discuss issues at the Student and Staff Partnership Forum. The School evidenced where changes had been made based on discussions at the Student and Staff Partnership Forum.

The panel reviewed the school's documentation for the transition to the GDC Safe Practitioner Framework and was satisfied that this process was thorough and robust. The school are introducing a planned package of additional educational learning content and assessment to meet new and modified learning outcomes and behaviours within the existing curriculum and school procedures. The school gained approval for major programme amendments by the University of Leeds Faculty Programme Approval Group and the GDC Programme Modifications process.

The panel reviewed the plans for the Curriculum Redefined project which uses a thematic approach to reduce programme complexity, provide better signposting to students of curriculum progression, include new content areas, and use authentic assessment including

continuous monitoring of behaviours. There is shared provision of teaching across the first two years of both the BChD Dental Surgery and BSc Dental Hygiene and Dental Therapy programmes. The panel recognised areas of good practice and has no concerns that the Curriculum Redefined project will negatively impact the quality of the programme.

The panel considers this requirement to be met.

Requirement 10: Any concerns identified through the operation of 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. *Requirement Met*

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 Met*

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 Met*

Standard 3– Student assessment

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

Requirement 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 programme modules cover all relevant GDC learning outcomes and behaviours. Each module has set assessments which may be summative, pass-for-progression, or formative. Continuous assessment of behaviours is evidenced through CAFS and the grading criteria are mapped to the Safe Practitioner Framework. A student must be signed-off by the CPC as 'Ready to Progress' into the next year of the programme and must be signed-off at the final stage of the programme to allow the award of the degree.

Unsuccessful candidates are supported by academic staff, academic personal tutors, Dentistry Student Support Team and the school Denstudy Team. The Denstudy process was highlighted by students to the panel as a valued and supportive resource.

The panel considers this requirement to be met.

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 Met*

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*

Students gain clinical experience with patients in specialist departments within the Leeds Dental Institute and at Outreach centres across West and East Yorkshire. Students deliver patient care from the start of their second year and are introduced to the management of paediatric patients at the end of their second year. Throughout their third year, they continue to see both adult and paediatric patients and gain experience with a diverse range of patients.

The CPC is responsible for monitoring student clinical experience and making progress decisions during the programme, and at the final year sign-up and sign-off points. The school uses CAFS to record grading for every clinical session and procedure and the CPC considers the pattern of performance across the continuous clinical CAFS grading profile. For students to demonstrate consistency, a minimum number of completed procedures across the range of clinical tasks must be performed on real patients. The panel was satisfied that the school has a clear definition of 'competence'.

Students are aware of requirements in relation to clinical experience expectations and are given feedback and where necessary action plans for individual students are produced if specific support is required. Students will not be signed-off by the CPC if they do not meet all requirements including achieving sufficiency of clinical experience at the level of a Safe Practitioner. The panel reviewed the clinical progress data for the 2025/26 final year Dental Hygiene and Dental Therapy students during the inspection and had no concerns.

There is an active and effective patient recruitment process. The clinics are situated in areas of deprivation where dental care need is high, and the patient population has diverse cultural and language needs. The students recognised this as a valuable opportunity and the role of the University as part of the community was highlighted by programme leads. 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 visible at inspection and explained to the panel by both staff and students.

The panel considers this requirement to be met.

Requirement 16: Providers must demonstrate that assessments are fit for purpose and deliver results which are valid and reliable. The methods of assessment used must be appropriate to the learning outcomes, in line with current and best practice and be routinely monitored, quality assured and developed. *Requirement Met*

The Dental Hygiene and Dental Therapy Programme uses a variety of assessment methods. Developing Clinical Practice and Clinical Skills modules use formal summative online examinations, clinical case reports with associated oral examinations and unseen cases. Pass for progression elements include clinical mandatory requirements, simulated skills gateway tests, DOPS and the continuous grading of clinical experience and behaviours in the real clinical environment. Personal and Professional Development modules use a range of assessment types, including summative online examinations, summative reflective assignments and a pass-for-progression Personal Development Portfolio.

Ongoing quality assurance of assessments is provided through a variety of mechanisms, including internal school examination report panels, a School Assessment Board, a Progression and Awards Board, and the School of Dentistry Assessment and Standards Board. The panel was assured that the assessments were fit for purpose.

Standard setting is used across summative examinations with a focus on assessment content and level. Overall student assessment performance is reviewed by the School Assessment and Standards Board to ensure assessment validity and inform any required modifications. Questions are scrutinised at internal assessment panels for standardisation and moderation is carried out using check marking for summative assessments. Assessment reliability is analysed using psychometric techniques and assessment performance is reported to module and programme leads.

The panel considers this requirement to be met.

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

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 Met

Requirement 19: Examiners/assessors must have appropriate skills, experience and training to undertake the task of assessment, including appropriate general or specialist registration with a UK regulatory body. Examiners/ assessors should have received training in equality and diversity relevant for their role. Requirement Met

Requirement 20: Providers must ask external examiners to report on the extent to which assessment processes are rigorous, set at the correct standard, ensure equity of treatment for students and have been fairly conducted. The responsibilities of the external examiners must be clearly documented. Requirement Met

The programme has two external examiners who quality assure the assessment processes. The panel was provided with evidence of the oversight that external examiners have of the programme, including reviewing assessments before they are taken by students, reviewing examination papers, and providing annual written reports. These are used to ensure progressive development and enhancement of the learning and teaching provision as well as the marking and assessment. The panel reviewed the reports and actions from external examiners and found the process to be effective.

As part of the school's transition to the Safe Practitioner Framework, an external examiner will provide external scrutiny of the clinical sign-off process and attend the school's progression meetings at the end of each academic year.

The panel considers this requirement to be met.

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

Observations from the provider on content of report

The School of Dentistry, University of Leeds would like to express its sincere thanks to the GDC inspection panel for their care, fairness and professionalism throughout the inspection process.

We also appreciate the panel's recognition of the comprehensive nature of our pre-inspection documentation and for identifying examples of good practice across both the Programme and the School.

Recommendations to the GDC

Education associates' recommendation	The BSc (Hons) Dental Hygiene and Dental Therapy continues to be approved for holders to apply for registration as dental hygienists and therapists with the General Dental Council.
Date of next regular monitoring exercise	Annual monitoring 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.