

# General Dental Council

## Education Quality Assurance Inspection Report

Education Provider	Programme/Award
Newcastle University	Bachelor of Dental Surgery (BDS)

Outcome of Inspection	Recommended that the BDS continues to be sufficient for the graduating cohort to register as dentists.
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**\*Full details of the inspection process can be found in Annex 1\***

## Inspection summary

<b>Remit and purpose of inspection:</b>	<b>Inspection referencing the <i>Standards for Education</i> to determine ongoing sufficiency of the award for the purpose of registration with the GDC as a dentist</b>  <b>This is a time-elapsd inspection focussed on Requirements: 1, 4, 7, 9, 13 and 15</b>
<b>Learning Outcomes:</b>	<b>Preparing for Practice</b>
<b>Programme inspection date:</b>	<b>18 November 2025</b>
<b>Inspection team:</b>	<b>Jane Andrews (Chair and non-registrant member) Beverley Bishop (Dentist member) Stuart Boomer (Dentist member) Kathryn Counsell-Hubbard (Quality Assurance Manager, GDC)</b>
<b>Report Produced by:</b>	<b>Kathryn Counsell-Hubbard</b>

The Bachelor of Dental Surgery (BDS, hereafter referred to as “the programme”) delivered by Newcastle University (hereafter referred to as “the School” or “provider”) is an exceptionally well-run programme that was subject to an inspection due to the time that has elapsed since its’ previous inspection. Time-elapsd inspections are risk-based and therefore focus on specific Requirements relating to the most high-risk areas of programme delivery: progression to treating patients, supervision, clinical incidents, quality management, achievement of learning outcomes and placements.

The panel found a highly engaged and cohesive management team who regularly review and refine the programme to elicit the best of its’ students. The programme has faced challenges in terms of their clinical offering due to the loss of some outreach placements, which is the most significant risk identified during the inspection. The panel were assured that students are still obtaining the required amount of clinical practice in order to graduate as safe beginners, but a more comprehensive clinical offering would be beneficial and negate any possible future risk that is posed by an over-reliance on a single clinical site.

The programme performs well in terms of student satisfaction, with positive scores from the National Student Survey. The facilities on offer are conducive to effective learning and the programme is well-resourced in terms of supervision. Despite a changing landscape due to the loss of some outreach and the introduction of *The Safe Practitioner: A framework of behaviours and outcomes for dental professional education* (hereafter referred to as “SPF”), the provider continues to deliver an exemplary programme that continues to evolve and grow.

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	76 students
Programme duration	190 weeks over 5 years
Format of programme	<p>Year 1 - Induction &amp; Orientation, study skills, multiple knowledge-based taught subjects designed to provide knowledge and understanding of the biomedical subjects that form the scientific basis of dentistry and introduce oral and dental anatomy e.g. cell biology, physiology, metabolism &amp; homeostasis, anatomy of head &amp; neck, introduction to clinical practise, interpersonal skills (courses), and clinical shadowing.</p> <p>Year 2 – Terms 1 &amp; 2- Multiple knowledge-based taught courses with a focus on pre-clinical academic knowledge e.g. microbiology for dentistry, craniofacial and tooth biology, basic pharmacology, behavioural sciences, dental materials, diet and nutrition.</p> <p>Year 2 – Term 3 - Key Clinical Skills (KCS) course alongside BSc students in clinical simulation unit, alongside continued academic taught courses.</p> <p>Year 3 - Intensive clinical introductory course, clinical attendance across longitudinal clinical attachments, block attachments to Oral Surgery (simple exodontia), continued academic teaching across multiple academic/clinical subject (inc. Human Diseases), Clinical Skills Courses in clinical simulation unit in Complete Dentures, Endodontics and Partial Dentures.</p> <p>Year 4 – Ongoing clinical attendance across longitudinal clinical attachments, block attachments to Oral Surgery (surgical exodontia), continued academic/clinical taught courses. Clinical Skills Courses in clinical simulation unit in Advanced Restorations (CSAR), Restorative Management of Tooth Loss (RMTL).</p> <p>Year 5 – Ongoing clinical attendance across longitudinal clinical attachments, attachment to Outreach, block attachments to Oral Surgery, continued academic/clinical taught courses.</p>
Number of providers delivering the programme	1

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

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

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

## Standard 1 – Protecting patients

Providers must be aware of their duty to protect the public. Providers must ensure that patient safety is paramount and care of patients is of an appropriate standard. Any risk to the safety of patients and their care by students must be minimised.

**Requirement 1: Students must provide patient care only when they have demonstrated adequate knowledge and skills. For clinical procedures, the student should be assessed as competent in the relevant skills at the levels required in the pre-clinical environments prior to treating patients. (Requirement Met)**

The programme is organised into Stages, the first two being devoted to pre-clinical skills. During this, students undertake skills training in the simulated environment as part of the Key Clinical Skills course. Skills are assessed throughout the students' time in the clinical skills laboratory in a variety of ways including written reflections, single best answer examination papers and In-course Simulated Clinical Assessments (INSCAs). Those students who demonstrate consistent achievement in the INSCAs can be exempted from a final clinical stage examination. Those not exempted must sit this. Only students with exemption or who take and pass the final clinical examination are allowed to progress to the patient clinics.

The ongoing assessment in the pre-clinical area is used to identify those students who cannot be exempted from the final stage examination. The central recording system for assessments, fms-feedback, is used to monitor students and those who will need to take the final stage examination are given targeted support to bring their skills up to the required level. Those who fail the final stage examination receive targeted support and remediation prior to a resit Stage examination. If they fail the Stage examination twice, they will be required to repeat the entirety of the Key Clinical Skills course.

**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)**

Staff and students both reported robust supervision ratios which are supported through rostering additional staff to both clinical sessions each day should short-notice absence occur. On very rare occasions a session would be cancelled if the correct supervision ratio couldn't be achieved. The ratios are increased to 1:2 or 1:1 when more complex procedures are being undertaken.

Supervision is further supported through staff and student meetings at the beginning of each session. Students can flag at these meetings what patients they are expecting that day so that supervisors can ensure that there is adequate cover. Year groups are often operating in the same space, meaning that there can be more supervisors than the defined allocation which assists when complex work is being completed.

Dental therapists are able to supervise BDS students but only do so within their scope of practise. A dentist supervisor is always available when required. BDS students are

encouraged to make use of the therapy supervisors where the planned work allows for this, further supporting cross-team working.

**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)**

All clinical activity with patients is undertaken at Newcastle upon Tyne Hospitals (NuTH) which utilise a system called InPhase for the documentation and investigation of clinical incidents and near-misses. Any dental incident, including those involving students, is managed by the Dental Clinical Governance Lead who is a member of NuTH and report at monthly dental clinical governance meetings which include the provider's Director of Clinical Studies (DCS). The DCS is responsible for the cascade of learning points to clinical staff who further disseminate to supervisory staff. The DCS shares learning with students and reports to the Head of School.

The panel found the overlap between NuTH and the School to be exemplary. Similarly, the panel were impressed that all clinical activity shuts down to allow for full participation with the Clinical Governance Afternoons. The sessions are compulsory, but the School allows for all staff and students to attend within their normal working hours which is inclusive.

**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 benefits from a comprehensive quality management framework that comprises dental programme-level committees and wider Faculty and University-level committees. Chief

amongst the local quality management structure is the Undergraduate Board of Studies (BoS) which considers all areas of the BDS and dental therapy BSc programmes. Reports are submitted from the directors of the different areas, including Student Support and Progress and Examinations and Assessment, which are considered by the BoS and escalated upwards if necessary. The BoS also holds responsibility for completing the University's Annual Monitoring and Review process which seeks to reflect on performance in the past academic year and implement an action plan moving forward.

The courses/clinical attachments on the programme are also subject to three-yearly review by BoS, although this can be repeated more regularly if required. Student feedback on the programme as well as patient and peer feedback are all gathered and considered by the BoS to identify any improvements required.

The School are continuing to implement the Safe Practitioner Framework (SPF) and have a working group for this purpose. This group meets bimonthly and will be in place until the first SPF cohort (students to complete their full five years based on the SPF curriculum) graduates in 2030. The School has approached the implementation by retaining the essential structure of the programme and introducing new areas of learning where required. Monitoring of behaviours has been successfully implemented, with examples given of remedial support via gateway processes alongside resultant outcomes awarded to students unable to remediate, demonstrating the effectiveness of the system in place.

**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)**

Mapping of the programme to the learning outcomes is a dynamic process. A 'living' mapping document is accessible to all members of the programme team and is created for every cohort,

taking into account that cohort's specific clinical exposure. Coverage of the learning outcomes is then revisited at key strategic points to ensure that students are practising and demonstrating competency on the full range of learning outcomes as they move through the programme. Such checks are supported by the approach to assessment which focusses on students being assessed on skills consistently throughout the programme, meaning that a skill cannot be learned and examined at the beginning of the course and then not tested again before graduation.

The provider aims to formally assess each learning outcome on at least three separate occasions, and the mapping confirms that they are achieving this. This is also on track to be achieved in respect of the new learning outcomes from the SPF. Progression through the programme is conducted through a series of Student Progress Appraisals (SPAs) which also allow for behaviours, including professionalism, to be considered alongside attainment data. The process for sign-up to and sign-off from the final summative assessments is well-structured and includes Stage Board of Examiner meetings and student meetings with the Stage Tutor where required.

The provider has recently altered the final clinical assessment to a Multiple Observed Structured Long Examination Record (MOSLER) for Stage 5. This is a newly developed examination that is felt by the provider to assess skills to a deeper level than an OSCE (Observed Structured Clinical Examination). The MOSLER comes with a single attempt and those students who fail are required to repeat the whole of the final year. It was clear to the panel that the MOSLER had been thoroughly considered and developed by the programme team, and complements their existing cache of assessments which include OSCEs and written papers. Students are also required to complete In-Course Clinical Competency Assessments (INCCAs) which are supplementary to summative assessments but also a requirement for progression.

**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)**

The provider works closely with NuTH NHS Foundation Trust to ensure an adequate flow and range of patients for students. Patients may self-refer into the service or be referred by a general dental practitioner and are added to structured waiting lists for student allocation. Clinicians from the dental disciplines monitor the availability of patients alongside the skills that students need. INCCAs are completed by students to demonstrate their ongoing competency, and these are monitored through the SPAs. All experience is logged on iDentity.

Students have the opportunity to work alongside students from the dental therapy programme and can share care where patient treatment allows.

The vast majority of experience is now gained in the NuTH facility with short placements providing supplementary experience. The programme does not have a comprehensive outreach offering due to funding difficulties, and while this does not affect the overall attainment and competency of students, it does mean that there is less exposure to 'real world' dental environments prior to graduation. Further primary care exposure would strengthen the programme further and better prepare students for practice after graduation. The panel were

happy to find, however, that students were content with the amount of clinical exposure currently offered.

**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*)**

**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*)**

**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*)**

## Summary of Action

Requirement number	Action	Observations & response from Provider	Due date
15	The provider should consider ways that primary care outreach can be reintroduced to the programme to allow students greater exposure and preparation for post-graduation practise.	We thank the panel for this action. Whilst we are still able to deliver the overall attainment and competency of the students (as noted in this report), we are reviewing options to enhance our current outreach offering.	Monitoring 2027/28

## Observations from the provider on content of report

We thank the panel for their comprehensive inspection and for the comments detailed in this report.
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## Recommendations to the GDC

<b>Education associates' recommendation</b>	The Bachelor of Dental Surgery continues to be sufficient for holders to apply for registration as a dentist with the General Dental Council.
<b>Date of next regular monitoring exercise</b>	October 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 edition<sup>1</sup> is the framework used to evaluate qualifications. There are 21 Requirements in three distinct Standards, against which each qualification is assessed.

4. The education provider is requested to undertake a self-evaluation of the programme against the individual Requirements under the Standards for Education. This involves stating whether each Requirement is 'met', 'partly met' or 'not met' and to provide evidence in support of their evaluation. The inspection panel examines this evidence, may request further documentary evidence and gathers further evidence from discussions with staff and students. The panel will reach a decision on each Requirement, using the following descriptors:

A Requirement is met if:

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

A Requirement is partly met if:

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

A Requirement is not met if:

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

5. Inspection reports highlight areas of strength and draw attention to areas requiring improvement and development, including actions that are required to be undertaken by the provider. Where an action is needed for a Requirement to be met, the term ‘must’ is used to describe the obligation on the provider to undertake this action. For these actions the education associates must stipulate a specific timescale by which the action must be completed or when an update on progress must be provided. In their observations on the content of the report, the provider should confirm the anticipated date by which these actions will be completed. Where an action would improve how a Requirement is met, the term ‘should’ is used and for these actions there will be no due date stipulated. Providers will be asked to report on the progress in addressing the required actions through the monitoring process. Serious concerns about a lack of progress may result in further inspections or other quality assurance activity.

6. The Education Quality Assurance team aims to send an initial draft of the inspection report to the provider within two months of the conclusion of the inspection. The provider of the qualification has the opportunity to provide factual corrections on the draft report. Following the production of the final report the provider is asked to submit observations on, or objections to, the report and the actions listed. Where the inspection panel have recommended that the programme is sufficient for registration, the Council of the GDC have delegated responsibility to the GDC Registrar to consider the recommendations of the panel. Should an inspection panel not be able to recommend ‘sufficiency’ or ‘approval’, the report and observations would be presented to the Council of the GDC for consideration.

7. The final version of the report and the provider’s observations are published on the GDC website.