

General Dental Council

Education Quality Assurance Inspection Report

Education Provider/Awarding Body	Programme/Award
University of Central Lancashire	Bachelor of Dental Surgery (BDS)

Outcome of Inspection	Recommended that the Bachelor of Dental Surgery 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

Remit and purpose of inspection:	Inspection referencing the <i>Standards for Education</i> to determine sufficiency of the award for the purpose of registration with the GDC as a dentist Risk based: focused on Requirements 7, 9, 10, 13, 14, 15 & 16
Learning Outcomes:	Preparing for Practice Dentist
Programme inspection dates:	21 & 22 February 2024 23 September 2024 – Accrington DEC 24 September 2024 – Carlisle DEC
Examination inspection date:	N/A
Inspection team:	Cindy Mackie (Chair and non-registrant member) Fiona Sandom (DCP member) Pamela Ward (Dentist member) James Marshall GDC Quality Assurance Manager Allaan Heewa GDC Clinical Fellow (programme inspection observer)
Report Produced by:	James Marshall GDC Quality Assurance Manager

The GDC undertook a risk-based inspection to review the delivery of the BDS programme awarded by the University of Central Lancashire (UCLAN), focusing on Requirements 7, 9, 10, 13, 14, 15 & 16. During the inspection, the panel interviewed staff, students and Dental Education Centre (DEC) supervisors, who play a crucial role in the provision of clinical experience to students.

This inspection was combined with the BSc Dental Therapy programme as there were a number of common themes to explore following the 2023/24 monitoring exercise.

The panel was pleased to note the positivity from students regarding their experiences both at the university campus and whilst working in their assigned DECs. The panel agreed that the leadership team have been working collaboratively and effectively to ensure success of the programme. It was clear to the panel that the UCLAN model of dental education provided students with an ideal opportunity to gain 'real life' clinical dental experience in a safe and supportive environment. During visits to the DECs, the panel directly observed student / supervisor interaction, recording of feedback and one to one support. It was noted that DEC clinical supervisors are a key attribute to the success of the UCLAN programme and the panel encourages university staff to continue to use their knowledge and expertise for future programme developments.

During the inspection the panel was informed that the recording of clinical experience was moving from Leopard to the LiftUpp system. There were some delays in the rollout of the new system, resulting in final implementation during the summer 2024. As clinical experience gained in the DEC setting forms a crucial element to the programme, the panel subsequently visited two centres, Accrington DEC and Carlisle DEC, in September 2024 to see the programme in use. The panel acknowledged it is a recently implemented system, however they were pleased with its success so far and the training investment which had taken place. UCLAN must continue to build on this development to ensure LiftUpp remains a beneficial tool to support students, staff and inform progression decisions.

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

Background and overview of qualification

Annual intake	29 students
Programme duration	168 weeks over 4 years
Format of programme	<p>Year</p> <p>1: The BDS course is graduate entry and therefore the 1st years module content is not delivered but approved prior learning from the student's previous degree</p> <p>2: In this year the students are based on Campus in Preston where they learn science topics, basic clinical skills, communication, removable prosthodontics and clinical theory in preparation to seeing patients in the 3rd year. The modules delivered in this year are Oral Development and Anatomy, Clinical Skills 1, Clinical Knowledge 1, Human Health and Disease Part 1, Professional Awareness 1, Prosthetics Skills and Knowledge, Foundation Clinical Skills and Foundation Clinical Knowledge. The students are taught about professionalism throughout the year and keep a portfolio containing a log of their learning and reflections on their experiences. The students are assessed on both their knowledge and skills throughout the year and have a mixture of formative and summative assessments in this year as outlined in the delivery and assessment plan submitted.</p> <p>3: In this year the students start their main clinical placement in the Dental Education Centres (DEC) where they are placed 2 days a week. The other days are timetabled for theory learning which takes place either face to face or online. The students also attend practical simulation workshops to learn and practice a selection of clinical skills such as endodontics. The students will see a range of patients and undertake care appropriate to the level of their knowledge and skills. The students are taught about professionalism throughout the year and keep a portfolio containing a log of their learning and reflections on their experiences. In this year the students get a deeper understanding of human health focussed both on prevention, general and oral disease diagnostics and treatment. The modules the students undertake this year are, Clinical Skills 2, Clinical Knowledge 2, Health Promotion and Population Studies Part 1, Human Health and Disease 2 and Pharmacology and Professional Awareness 2. The students are assessed on both their knowledge and skills throughout the year and have a mixture of formative and summative assessments in this year as outlined in the delivery and assessment plan submitted.</p> <p>4: In this year the students carry on with their DEC placement 2 days a week and will also go on 2ndry care placements in local trusts. The 2ndry care placements in include orthodontics, paediatric, special care dentistry and maxilla facial surgery. The other days are timetabled for theory</p>

	<p>learning which takes place either face to face or online. The students also attend practical simulation workshops to learn and practice a selection of clinical skills such as in-direct restorations.</p> <p>The students will see a range of patients and undertake care appropriate to the level of their knowledge and skills. The students are taught about professionalism throughout the year and keep a portfolio containing a log of their learning and reflections on their experiences. In this year the students get further understanding of oral disease and also learn about minor oral surgery. The modules undertaken by the students this year are Clinical Skills 3, Health Promotion and Population Studies Part 2, Professional Awareness 3, Clinical Knowledge 3, Minor Oral Surgery and Oral Diseases. The students are assessed on both their knowledge and skills throughout the year and have a mixture of formative and summative assessments in this year as outlined in the delivery and assessment plan submitted.</p> <p>5: The final year of the BDS degree is a consolidation year, but the students also learn about more advanced dentistry procedures. There is also an increased emphasis on professionalism and the students undertake a more detailed module learning about the law and ethics of practicing dentistry in the UK in preparation for entering clinical practice. The students are still 2 days in the DEC clinic and are also placed in a local enhanced training practice ETP where they treat patients 1 day a week.</p> <p>The students will see a range of patients and undertake care appropriate to the level of their knowledge and skills. The students keep a portfolio containing a log of their learning and reflections on their experiences, this portfolio or longitudinal learning log is part of their final assessments in the year.</p> <p>In this year the students get further understanding of complex dental procedures and will undertake some of these in practice.</p> <p>The modules undertaken by the students this year are Integrated Clinical Care, Integrated Clinical Knowledge and Law, Ethics and Professionalism.</p> <p>The students attend practical workshops on Campus for more advanced procedures, such as re- root treatment. The students are assessed on both their knowledge and skills throughout the year and have a mixture of formative and summative assessments in this year as outlined in the delivery and assessment plan submitted. The final assessments in this year consists of written examinations and a practical treatment planning exam, where actors represents patients with various clinical scenarios.</p>
Number of providers delivering the programme	1

Outcome of relevant Requirements¹

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

This requirement emphasises the importance of having proactive measures in place to identify and address issues that may compromise patient safety. During the inspection the panel reviewed the process for logging, escalating, and addressing the management of concerns.

The panel observed clearly defined systems in place for the identification, recording and reporting of potential patient safety issues. This involved robust mechanisms such as timely incident reporting systems, risk assessments and feedback mechanisms from patients and staff.

Evidence was provided by the school to demonstrate close working partnerships and representation at every level, of key staff from both bodies on appropriate committees to ensure delivery of safe patient care.

There are systems in place with contingency plans. For example, at a local level a patient safety incident will be reported through the local Dental Education Centres (DEC) trust via a clinical incident reporting system (CIRS), simultaneously this will also be reported through the university via the Safety, Health and Environment mechanism.

Any local incidents are also shared through the DEC weekly meeting and reinforced through the monthly DEC liaison committee. Furthermore, any adverse or significant events are disseminated through an additional system in the form of the “Rapid Response Dentistry” (RRD) meeting, which also occurs on a weekly basis to proactively deal with concerns early, and to share key information from the University to the DEC’s or vice versa.

The panel saw a clearly evidenced process which emphasised timely action upon identification of a patient safety issue. Evidence was provided which demonstrated immediate intervention to mitigate harm, such as halting a potentially dangerous procedure, providing necessary clinical attention and implementation of safeguards to prevent recurrence.

An example that was shown to the panel included the management of a lip laceration by an undergraduate, and the complete CIRS was evidenced.

It was evident that all clinical and professional concerns relating to patient care were managed appropriately. Moreover, there was documentation of key findings disseminated through the RRD meeting and processes were changed to prevent the same issue of concern arising again.

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)

During the inspection the panel was provided with a copy of the Academic Quality Assurance Manual which governs all activity in the University. Additionally, there is a Quality Assurance Framework (QAF) that outlines the management structure within the School of Dentistry.

The framework encompassed policies, procedures, and mechanisms for monitoring, evaluating, and enhancing various aspects of the programme, including curriculum design, delivery methods, assessment strategies, and student support services.

It was also evident that the programme has now introduced an integrated approach into the university quality structure, bringing in key topics such as Equality Diversity & Inclusion with staff identified to oversee such. Staff are also engaged in ongoing work on a new Student Charter. The panel agreed this demonstrated a more collaborative and supportive approach within UCLAN.

The panel also saw evidence of how changes were made to the programme, including the addition of longitudinal modules which incorporate interprofessional modules. Moreover, there is clear change resulting from student feedback and how that process was communicated through all the committee structures, resulting in practical and effective change.

The panel was satisfied with themes regarding continuous monitoring and improvement, UCLAN demonstrated mechanisms for ongoing monitoring and evaluation of the educational programme's effectiveness and quality. This involved collecting feedback from students, faculty, and stakeholders. In addition to this, there was evidence of periodic reviews with the involvement of external examiners who ensure that the quality of the programme is maintained against GDC learning outcomes.

The Education Committee and the Curriculum Development Sub Committee are responsible for programme quality and curriculum content. These committees should continue to use the wealth of experience from the senior clinical lecturers at the DEC's to feed into the curriculum review process.

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. (Requirement Met)

As part of the GDC monitoring process, it was identified that Service Increment For Teaching (SIFT) funding changes could have a potential impact on the achievement of learning outcomes. The panel was reassured through the inspection process that there have been no changes or impact on programme delivery, the quantity of funding has not changed, however, its sources have.

UCLAN acknowledged that there has been a relatively higher than normal staff turnover in certain senior positions. However, the panel noted that due to the hard work of senior staff including but not limited to the lead clinical teachers at the DEC's, this has not had a detrimental impact on programme delivery. The leadership team in place are working

effectively and collaboratively. Future monthly meetings are also now arranged at DEC locations.

The feedback from final year students was extremely positive, as they have felt supported throughout, in both their clinical progression and personal pastoral care. It is evident to see the strong interpersonal relationships between students and their respective DEC clinical tutors. The panel noted this in their observations during their attendance at the DEC locations.

The panel was pleased to note that students reported that staff are approachable and often speak with them locally as a first point of contact for any concerns or support.

The panel noted that while feedback from External Examiners was received, this was at times variable in its detail. The panel agreed that the school should seek more detailed informed feedback from the External Examiners, by engaging in proactive dialogue with them to provide constructive feedback in their reports, and to demonstrate how their recommendations are acted upon.

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 Partly Met*)

The panel noted that there was a robust comprehensive assessment system in place which encompassed the GDC Learning Outcome specified. This involved examining data from the Leopard Clinical Data System, which measured knowledge, skills, professionalism, and competencies demonstrated, ensuring students are safe beginners.

The schools approach aligned with GDC standards which demonstrates fairness, validity, and reliability in their assessment process. Moreover, there was utilisation of a variety of assessment methods to comprehensively evaluate student attainment across learning outcomes.

Students are required to upload digital copies of their clinical data on the schools One Note system and any potential discrepancies in student reported data is picked up early using an Audit process. In the future this process will no longer be required as UCLAN is moving forward from the Leopard data system to LiftUpp, which will not require cross-reference from paper copies. As LiftUpp is further developed over the coming months, the panel agreed that the School must continue to review the performance of LiftUpp to ensure it remains fit for purpose, that student clinical data is accurately recorded and staff take standardised approaches to the recording of assessment information.

Within each DEC there is the opportunity for authentic assessments. This allows students to utilise free time by simulating experience, providing students with opportunities to demonstrate their readiness for professional practice. Authentic assessments enhance the validity and

relevance of the assessment process and better prepare students for the challenges they will encounter in their future careers.

Students commented on the high level of feedback received from their DEC Clinical Supervisors. The panel noted that by providing timely and constructive feedback to students on their performance in assessments, this highlights areas of strength and areas needing improvement. Moreover, it lends to developing a reflective student who seeks additional support to address any identified deficiencies and achieve competency across all learning outcomes.

During interviews with students, the panel noted a discrepancy in the level and modality of feedback delivered across the different DECs. While all students confirmed they did receive feedback, the panel agreed that this could lead to a differing student experience, depending on where a student is based. The School should ensure there is a consistent approach to student feedback across all DECs.

The panel was pleased to note that the school has recently appointed an experienced assessment lead to support the programme. In addition to this, the panel noted that students are communicated with early on and have a clear understanding of the assessment and sign-up process.

Furthermore, the implementation of an achievement coach and the replacement of the "Fit to Study" with the "Support to study" process are welcome changes and recognised by the panel as good practice.

Another area of good practice noted by the panel was that all graduates are provided with a transcript of their clinical experience to help bridge the gap with their foundation trainer, this allows for early support in recognised areas.

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)

The panel was informed that the school utilises an online assessment platform (Maxinity) for the planning and delivery of written and summative practical examinations. This system holds question banks, supports the internal and external verification process and allows assessments to be generated to an existing blueprint to ensure the appropriate learning outcomes are assessed. The panel was assured by the robustness of the Maxinity system.

Historically, all clinical assessments were recorded on the Leopard system, where the outcomes assessed by clinical procedures are mapped to the learning outcomes. During the inspection the panel was informed that Leopard was being phased out and all clinical assessment would transition to the LiftUpp system during 2024. The panel was informed that existing clinical data on the Leopard system for current students would not be migrated over as part of the transition. In lieu of this, all students were provided with a document detailing the number of clinical procedures that they have undertaken up to the point of migration, along with a detailed breakdown of clinical activity that remains to be completed. Students commenced working on LiftUpp in July 2024.

During the panel visit to the Accrington and Carlisle DECs in September 2024, they were able to review the transition process, and speak with staff and students about their experience of

using both Leopard and LiftUpp. The panel was pleased to note the smooth implementation of the system so far which has been supported by staff training, however this is a new development for UCLAN and further enhancements of LiftUpp are due to be rolled out in the coming months. As noted in Requirement 13, ongoing oversight of LiftUpp development and implementation will be reviewed during the next GDC monitoring exercise.

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 panel recognised the effectiveness of the DEC and ETP environments. As the DECs and ETPs are in areas of high dental need, it allows for a wide breadth of patient diversity, this ensures that students are exposed to a broad range of patient demographics, including different age groups, socioeconomic backgrounds, cultural backgrounds, and medical histories. This exposure helps students develop cultural competence, empathy, and the ability to provide patient-centred care to diverse populations.

Additionally, hand in hand with patient diversity comes procedure variety, which has demonstrated ample opportunities for students to perform a wide range of dental procedures. This is observed through the student clinical experience data tracked on the Leopard system which has shown both quantitative and qualitative data.

Through structured clinical experiences, which allows for clinical rotations, there is a natural progression from DECs to ETPs where students can build upon their clinical foundations. This involves a gradual increase in clinical responsibilities, exposure to increasingly complex cases, and practising more independently. This is an area of good practice which prepares students well to enter independent practice as safe beginners.

Strong interpersonal relationships have been observed between clinical tutors and students which ensures students who have been identified as requiring additional experience are supported at an early stage, offering suitable patients and experiences.

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 panel noted that the school has a programme of assessments, which ensures coverage of each learning outcome by the most appropriate assessment method. The school confirmed that, where possible, each outcome is assessed across several assessments methodologies to ensure its validity. The panel was assured that assessments used within the programme have been designed to align with current best practice and are consistent with those used both within the school and across dental education in the UK.

The programme leads confirmed that to further ensure the validity of assessments, the school regularly reviews its assessment practices through the Assessment Subcommittee, which is chaired by the Assessment Lead. The panel noted that any developments in educational practice are discussed, and recommendations can be made to the Education Committee if changes are required

The panel was also pleased to note that all assessments undergo internal verification by internal staff before being sent for external verification by one of the programme External Examiners. The External Examiners are provided with access to the content of all examination material and asked to comment on the range and level. After each examination, the External Examiner is supplied with a range of examination scripts for their scrutiny. They are invited to attend module and course boards to observe the conduct of these meetings and are invited to comment on the examination, its conduct, marking and the performance of the students.

External Examiners are required to produce an annual report for the university. The panel was provided with copies of External Examiner reports and noted that additional MCQs had been drafted to supplement the existing question bank, following their feedback. The school confirmed that comments and suggestions from the External Examiners are responded to by the module lead in consultation with the assessment lead and/or the Course Lead. However, as noted in Requirement 10, the school should seek more detailed feedback from the External Examiners, by engaging in proactive dialogue with them to provide constructive detailed feedback in their reports, and to demonstrate how their recommendations are acted upon.

Summary of Action

Requirement number	Action	Observations & response from Provider	Due date
9	The Education Committee and Curriculum Sub Committee should continue to use the wealth of experience from the senior clinical lecturers at the DEC's to feed into the curriculum review process.	All teaching staff associated with delivery and assessment of the new curriculum will be involved in the planning and development of the course restructure. Once the initial training and quality assurance preparations have been undertaken by the course lead, it is planned to hold a series of workshops also involving the DEC staff.	Monitoring 25/26
10 & 16	The school should seek more detailed feedback from the External Examiners, by engaging in proactive dialogue with them to provide detailed constructive feedback in their reports, and to demonstrate how their recommendations are acted upon.	The course lead will seek more detailed feedback from External examiners in future communications and reports and ensure clarification on how recommendations are acted on is minuted in future board records.	Monitoring 25/26
13	The School must continue to review the performance of LiftUpp to ensure it remains fit for purpose and that student clinical data is accurately recorded as the system progresses.	This is continuously being reviewed. Several enhancements and staff training sessions/communications have already been actioned at this point, but it is an ongoing process and part of the quality assurance of the data collection in the school which will be assessed in the clinical progression meetings at key points in the year.	Monitoring 25/26
13	The School should ensure there is a consistent approach to student feedback across all DEC's.	Staff training on feedback has been added to the schedule of regular staff training events to ensure a more consistent approach. In addition, staff calibration is an ongoing process which will ensure a degree of parity across all teaching sites. This is implemented and monitored by regular staff meetings, training days, management visits to sites and student review forums which has representation from all years.	Monitoring 25/26

Observations from the provider on content of report

Thank you for this report and your observations.

We are grateful for the positive outcome and areas of good practice you have highlighted.

We appreciate the actions suggested and will be able to demonstrate the progress made towards these during future monitoring surveys/visits.

We are grateful for the feedback on our processes and think the suggestions made will strengthen our provision and ultimately ensure the ongoing success of the programme.

Recommendations to the GDC

Education associates' recommendation	The Bachelor of Dental Surgery continues to be sufficient for holders to apply for registration as a dentist with the General Dental Council.
Date of next regular monitoring exercise	Monitoring 2025/26

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.