

# General Dental Council

## Education Quality Assurance Inspection Report

Education Provider/Awarding Body	Programme/Award
Yorkshire Orthodontic Therapy Course awarded by the Faculty of Dental Surgery of Royal College of Surgeons of England	Diploma of Orthodontic Therapy

Outcome of Inspection	Recommended that the qualification continues to be approved for the graduating cohort to register as Orthodontic Therapists.
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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>	Inspection referencing the <i>Standards for Education</i> to determine approval of the award for the purpose of registration with the GDC as an orthodontic therapist.  Risk based: focused on 8 Requirements.
<b>Learning Outcomes:</b>	Preparing for Practice: Orthodontic Therapy.
<b>Programme inspection date:</b>	13 October 2023
<b>Examination inspection date:</b>	Not applicable
<b>Inspection team:</b>	Jim Hurden (Chair and non-registrant member) Donna Campbell (DCP member) Bhavini Patel (Dentist member) Angela Watkins (GDC Quality Assurance Manager)
<b>Report Produced by:</b>	Angela Watkins (GDC Quality Assurance Manager)

The inspection of the Diploma in Orthodontic Therapy programme (“the programme”) offered by the Faculty of Dental Surgery of the Royal College of Surgeons of England and delivered by Yorkshire Orthodontic Therapy Course (hereafter referred to as “the Provider”) was conducted as a risk-based programme inspection. The inspection focused on Requirements 2, 5, 9, 10, 11, 14, 16 and 18 following a full monitoring assessment which the GDC concluded in April 2023.

The inspection was conducted on site at the Leeds Dental Institute. The inspection panel was comprised of GDC education associates (‘the panel’, ‘the associates’, ‘we’). The panel received a set of documents in advance of the inspection and a further set of documents on site during the inspection.

The panel found the programme to be well structured and it was evident that students felt fully supported. Requirements 5 and 18 have been met. Requirements 2, 9, 10, 11, 14, and 16 are partly met.

The provider has addressed previous inspection actions (2015) including the introduction of new computer-based systems, however, the panel felt that further work was required around the internal quality assurance of the providers processes and documents to make it more robust.

It was brought to the attention of the panel that a key member of the team had a concern about the future of the current OSCE examinations. The provider must ensure that these concerns are properly investigated, and the decision clearly documented.

The panel was assured that the programme is delivering safe beginners, and the panel was pleased to see that there is a collaborative team working culture across the whole programme.

Simon Littlewood & Trevor Hodge are central to the delivery of the programme and offer clear direction and support to students, colleagues, and workplace trainers.

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

## Background and overview of qualification

Annual intake	10-14 students
Programme duration	52 weeks over 12 months/years
Format of programme	4-week core course at Leeds Dental Institute Training in the workplace (specialist orthodontic practice or hospital orthodontic department) 8 study days back at Leeds Dental Institute
Number of providers delivering the programme	1 (Yorkshire Orthodontic Therapy Course)

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

Standard One	
2	Partly Met
5	Met
Standard Two	
9	Partly Met
10	Partly Met
11	Partly Met
Standard Three	
14	Partly Met
16	Partly Met
18	Met

### 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.

<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.

**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.**

*Not applicable*

**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. (Partly Met)**

The panel reviewed a copy of the *Consent form for treatment by student orthodontic therapist* and students are informed about this process in a lecture called "Return to the workplace" which is delivered during the initial 4-week intensive core course.

The panel reviewed the agenda for the *Programme for Trainer the Trainers Day 12 May 2023* which included a session on Consent. The workplace trainers confirmed at the inspection that they had been given training at the Train a Trainer Day about patient consent.

Workplace providers are allowed to use a separate consent form, or they can amalgamate the providers consent into their own process.

It was identified that the use of posters identifying students is inconsistent across the workplace providers. The provider will discuss at the next feedback meeting to decide if it would be beneficial for all workplace providers to adopt a consistent approach to obtaining.

The panel identified that patients are given initial consent, however, this is not followed up at subsequent appointment. This was found to have an element of "not informed" consent and therefore, a process must be put into place to ensure that patients are aware on each occasion they visit the practises if a student OT is performing any of the parts of their care.

The panel feel that revalidation of consent must be reviewed and therefore Requirement 2 is partly 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.**

*Not applicable*

**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.**

*Not applicable*

**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. (Met)**

The Faculty of Dental Surgery of the Royal College of Surgeons of England take responsibility for carrying out all checks on supervisors as part of the recruitment process. The panel is assured that robust checks are in place to ensure that supervisors have the appropriate registration, however, it was identified that these checks are not recorded. The provider should consider recording these checks to strengthen this process.

All supervisors are required to attend a 1-day mandatory “Train the Trainer” course. The provider described the equality, diversity and inclusion training that is in place for all supervisors. This was verified in the *Programme for Trainer the Trainers Day 12 May 2023* and workplace trainers’ interviews during the inspection. The training covers legislation and unconscious bias.

The panel are assured that the systems in place are robust, and that Requirement 5 is 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.

*Not applicable*

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.

*Not applicable*

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.

*Not applicable*

**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. (Partly Met)**

Information and feedback is collated from multiple sources and this is reviewed at the annual Quality Assurance Meeting.

The panel heard from the students and workplace trainers that the provider is responsive to feedback and gave examples of when the provider had made changes to improve the quality of the programme. These discussions are evidenced in the *Minutes from QA meeting May 2023* and *Minutes of the QA meeting for orthodontic therapy course 2-2 on 23 August\_23* which highlight feedback from several sources which led to a change. The change implemented was in the practical element of the core course which led to moving away from impressions to include 3D scanning and aligners and removing some of the old-fashioned practical skills out but still teaching the theory for example headgear.

The panel heard from both students and stakeholder that the Course Directors, Simon Littlewood and Trevor Hodge are intrinsic to the delivery of the programme. The panel noted that the Course Directors understand this programme fully and give good support to all stakeholders. However, the provider should consider succession planning for the future of this programme.

The panel heard that the Quality Assurance Meetings are used has a portal to discuss the review of documentation. However, after reviewing several documents it is clear than there is no version control of key documents. The provider must implement version control to underpin the current quality framework and consider the need for additional resource to assist the Course Directors in managing the process for document control.

The panel acknowledged that following the previous inspection, the provider has implemented a more robust formal framework in place to manage the quality of the programme. However, version control is a fundamental part of the quality assurance framework. Therefore Requirement 9 is partly met.

**Requirement 10: Any concerns identified through the Quality Management framework, including internal and external reports relating to quality, must be addressed as soon as possible and the GDC notified of serious threats to students achieving the learning outcomes. The provider will have systems in place to quality assure placements. (Partly Met)**

The panel are assured that the *Yorkshire Orthodontic Therapy Course Risk Register* is a robust risk register and it is evident that the register is regularly reviewed by Course Directors and at Quality Assurance Meetings.

The panel are assured that a robust and consistent process is in place to monitor the workplace providers. Before the workplace provider is allowed to enrol their students on the programme an initial assessment is carried by the provider. All Workplace trainers are required to attend a mandatory 1-day course "Train the Trainers" which covers several aspects of the practicalities of training in the workplace.

Links between workplace providers and trainers have clearly improved. The panel met with a range of workplace trainers from across England and the workplace trainers noted that the mandatory 1-day Train the Trainer had helped to establish relationships with other workplace trainers. This gave them a sense of peer support which was encourage by the Course Directors.

During the inspection the panel found a lack of evidence that calibration for workplace trainers takes place, to ensure that sign off for grades is standardised across all students. The provider must ensure that grading criteria is clear at the start of the programme and trainers suggested that this would be useful at the Train the Trainers days. This should then be monitored throughout programme to identify any discrepancies.

The panel feel that Requirement 10 is partly 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. (Partly Met)**

The Faculty of Dental Surgery appoint an external examiner for the final Diploma in Orthodontic Therapy Exam for a three-year period. The *External Examiner Diploma Orthodontic Therapy Terms of Appointment* which was reviewed by the panel has the facility to review this appointment and extend after this three-year period. The panel noted that the current external examiner has been in post for nine years. This is acceptable within the current terms of appointment, however, there is no formal process to re-evaluate at the end of each three-year term if the individual is still suitable for the post. The provider must develop a process to demonstrate they have considered the extension and clearly log the outcome.

Information and feedback is collated from multiple sources, and this is reviewed at the annual Quality Assurance Meeting.

The panel identified in the *Diploma in Orthodontic Therapy Exam Board April 2023* report that two questions had a low pass rate. The panel are assured that provider had identified this issue and gave an overview of the process taken to consider. The provider has concluded that these two questions are no longer fit for purpose due to modern practices, and these questions were removed for future OSCE's. The panel note that these decisions should be more clearly documented for auditable purposes.

During the inspection, the panel discussed the low pass rate of these two questions with the key staff responsible for setting the assessment of students. The Chair of Diploma of Orthodontic Therapy Exam raised a concern that the current and future OSCE's may no longer "fit for purpose" given the modern methodology of Orthodontic practice. The panel note that the provider must explore this concern further and clearly audit the outcome of these discussion.

As a result of the concern raised by the Chair of Diploma of Orthodontic Therapy Exam the panel felt that Requirement 11 is partly 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.**

*Not applicable*

### **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.

*Not applicable*

**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. (Partly Met)**

The panel reviewed the *Student Progress Policy* which clearer states how and when assessments and monitoring of clinical and non-clinical experience take place and the students confirmed that they are aware of this process.

Directly Observed Procedure Skills (DOPS) are undertaken in the workplace and workplace trainers are required to record these onto the central electronic portfolio. The Student Progress Policy includes clear guidance on how the students and staff record these assessments onto the electronic portfolio and how to “RAG” rate each procedure. The RAG scoring structure is green (no problems), amber (minor issues), red (issues to be addressed).

The provider offers 8 “Study Days” during the year and these days are fully utilised to cover learning outcomes and students assured the panel that the objectives of these days is clear.

The panel was given restricted access to the providers central “Electronic Portfolio” system. The panel acknowledged that this was a key development area identified in the GDC Inspection (2016). The panel identified issues with individual student entries, in particular a student who had appeared to have carried out an unusually high number of fixed adjustments to orthodontic braces. The panel highlighted this concern with the provider and the panel are not assured that a structured review of logbook entries is in place. The provider must introduce this step into their process. The student interviews confirmed that there are differing opinions of how to capture some procedures. As a result, the provider must give students clear guidance on how to log procedure entries.

The panel observed that the paper-based *Weekly log* did not reflect the e-portfolio system. For consistency the *Weekly Log* should be reviewed to consider if the paper-based process, should reflect the information being captured on the system.

As a result, the panel agree that Requirement 14 is partly 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.

*Not applicable*

**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. (Partly Met)**

The panel identified in the *Diploma in Orthodontic Therapy Exam Board April 2023* report that two questions had a low pass rate. The panel are assured that provider had identified this issue and gave an overview of the process taken to consider. The provider has concluded that these two questions are no longer fit for purpose due to modern practices, and these questions were removed for future OSCE's. The panel note that these decisions should be more clearly documented for auditable purposes.

The panel was informed of the structure of the course and noted that several formative internal assessments are undertaken at the student's workplace. These take the form of Directly Observed Procedure Skills (DOPS). Every procedure that is undertaken in the workplace is logged onto the paper based "Daybook" and the central electronic portfolio. These are rag rated: green (no problems), amber (minor issues), red (issues to be addressed).

The panel reviewed the progress of all students using the central electronic portfolio and the *Central Record of progress of students 2023-24 Course - students names removed for GDC inspection*. The provider confirmed that any procedures that are scored red or amber, results in additional support offered to the student.

The panel are assured that there is a process to review the adequacy of the end point assessment, however, due to the concern raised by The Chair of Diploma of Orthodontic Therapy Exam that Requirement 16 is partly 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.**

*Not applicable*

**Requirement 18: The provider must support students to improve their performance by providing regular feedback and by encouraging students to reflect on their practice. (Met)**

The panel interviewed all students on the current programme, and it was clear that they felt fully supported and that there is very good pastoral support. One student described their own experience of how the provider had helped identify that they had dyslexia and supported them with adaptation. All the students agreed that it was very easy to obtain support from the Course Directors.

The panel felt the introduction of the "Therapist Tutors" was good. The tutors offer additional support and mentorship to students throughout their programme. The students stated that the Therapist Tutors are a good source of help and support.

The students complete a document called "Reflective Log of GDC Learning Outcomes". This was developed in conjunction with the Faculty of Dental Surgery of the Royal College of Surgeons of England exam team for the students to record experience and reflect on areas of the GDC Learning Outcomes Preparing for Practice. The panel reviewed Example of Reflective log of Experience of GDC Learning Outcomes and spoke to students who confirmed that there are clear reflective practices taking place.

The Faculty of Dental Surgery of the Royal College of Surgeons of England take responsibility for the cost of the student indemnity dental protection for the duration of the course. The panel was informed that this enables students to move to other workplace providers if students are

unable to get full exposure to the breadth of patients and procedures within their own workplace.

The panel agree that Requirement 18 is 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.**

*Not applicable*

**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.**

*Not applicable*

**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.**

*Not applicable*

## Summary of Action

Requirement number	Action	Observations & response from Provider	Due date
2	The panel identified that patients are given initial consent, however, there is no process for revalidation. A process must be put into place to ensure revalidation consent is conducted.	At the Training the Trainers day we will suggest that a poster is put up in the waiting room to say this is a training centre for orthodontic therapy students, and as a patient you may be asked if you are comfortable to be treated by the student under close supervision. We will ask the students to verbally double-check at every visit that the patient is still happy to consent to being treated by the student, according to the consent form they previously signed. This will be undertaken by the course directors at the next study day and during future Training the Trainers days. The course directors will be responsible for this action.	Dec 2023
5 & 16	The Faculty of Dental Surgery of the Royal College of Surgeons of England take responsibility for carrying out all checks on supervisors as part of the recruitment process. The provider should consider recording these checks to strengthen this process.	All checks on supervisors will be undertaken and a record made during the application process The administration team will be responsible for this action.	Jan 2024
9	The provider must implement version control to underpin the overall quality framework.	A version will be added to each policy and guidance document and updated as required.	May 2024

		The administration team will be responsible for this action, with guidance from the Course Directors.	
10 & 14	The provider must ensure that grading criteria is clear at the start of the programme and trainers suggested that this would be useful at the Train the Trainers days. This should then be monitored throughout programme to identify any discrepancies.	We will make this clearer at future Training the Trainers days, stressing the use of the available descriptors for the DOPS process, and run a calibration process on completion of the daybook. This will be undertaken by the Course Directors. The orthodontic therapy tutors will monitor the portfolios during the programme.	May 2024
11	The panel noted that the current external examiner has been in post for nine years. This is acceptable within the current terms of appointment, however, there is no formal process to re-evaluate at the end of each three-year term if the individual is still suitable for the post. The provider must develop a process to demonstrate they have considered the extension and clearly log the outcome.	The RCS(Eng) Examinations Department will introduce a process of review for the External Examiner role to inform any future extensions, as well as recruiting to increase the panel of those who can fulfil this role.	Jan 2024
11	The panel identified in the <i>Diploma in Orthodontic Therapy Exam Board April 2023</i> report that two questions had a low pass rate. The panel are assured that provider had identified this issue and gave an overview of the process taken to consider. The provider has concluded that these two questions are no longer fit for purpose due to modern practices, and these questions were removed for future	The RCS(Eng) Examinations Department note the need to document more clearly decisions around future use of questions for auditable purposes and this will be actioned for future diets through the minutes of Exam Board meetings.	Jan 2024

	OSCE's. The panel note that these decisions should be more clearly documented for auditable purposes.		
11 & 16	The Chair of Diploma of Orthodontic Therapy Exam raised a concern that the current OSCE's may no longer be "fit for purpose". The GDC note that a formal review of Faculty of Dental Surgery of the Royal College of Surgeons of England end point examination must be undertaken with a full auditable trail of discussion and outcomes. If changes are made to the assessment the provider must notify the GDC using the Programme Modification process.	The Chair of the Examination Board has clarified that his position is that the OSCE needs changes specifically in terms of the learning outcomes that are covered in this element, rather than it not being 'fit for purpose' as such. The Chair, the Director of Examinations and the Head of Assessment have undertaken an initial planning exercise to signpost practical changes to the coverage of outcomes. Discussions and practical steps entailed in this process will be fully documented. Whilst it is likely that the current structure of the examination (MCQ-based written exam, logbook viva and OSCE) will remain unchanged, if this is not the case, we will engage in full with the Programme Modification process.	March 2024
14	The must give students clear guidance on how to log procedure entries onto the central electronic system.	We will speak to the students to identify where further clarification is needed, and adapt our guide to completion of the logbook lecture during the core course. The Course Directors and orthodontic therapy tutors will be responsible for this.	Jan 2024

## Observations from the provider on content of report

Thank you to the inspection team for the helpful comments. We are delighted to receive such a positive report and are happy to address the minor points raised during the inspection to continue to improve the course.

## Recommendations to the GDC

<b>Education associates' recommendation</b>	The Diploma in Orthodontic Therapy continues to be approved for holders to apply for registration as an Orthodontic Therapist with the General Dental Council.
<b>Date of reinspection / next regular monitoring exercise</b>	Progress monitoring October 2024

# 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.