

Review of Education 2023–2024

Reporting period: 1 September 2023 to 31 August 2024

Dated: 27 February 2025

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Executive summary

The General Dental Council (GDC) regulates the whole of the dental team across the UK. We quality assure education and training to make sure that each programme meets our standards. It is our statutory duty to ensure that new graduates fulfil the required learning outcomes so they can register with us.

Our Education Quality Assurance (EQA) team strives to hold itself to the same high standards of its stakeholders who fall within its quality assurance remit.

Since 2018, we have seen a 16% year-on-year growth of new programmes and a further increase in interest in new schools and programmes in the past year. We have also seen some universities across England and Wales ask the GDC about becoming dental authorities, a status awarded by the Privy Council.

For UK graduates, the only route to registration as a dentist with the GDC is based on holding a degree in dentistry awarded by a dental authority. We also continue to see an interest in potential overseas providers.

This report sets out the EQA and education policy activity for the academic year 2023-2024 (September 2023 to August 2024).

Highlights from this year include:

- Monitored 32 programmes, consisting of 12 Bachelor of Dental Surgery (BDS), 14 Dental Hygiene and Therapy (DHT) programmes and one Orthodontic Therapy Programme, three Dental Technology (DT) programmes and two Dental Nurse programmes.
- Inspected 19 programmes across 15 providers; nine of these were risk-based inspections and six were new programme inspections; one pilot inspection. There was one urgent inspection following the 2023 round of monitoring.
- Completed a monitoring pilot that led to an emergency inspection of a BDS and Hygiene Therapy programme being delivered by a single provider and identified 12 more risk-based inspections that will take place in the next academic year.
- Published the revised learning outcomes and worked with all education providers to start the transition to the new Safe Practitioner Framework.
- Granting provisional approval to one new programme (Dental Hygiene and Therapy) at the University of Suffolk.
- Developed a revised draft of the new Standards for Education, which went out to public consultation in Q4 2024.
- Held several stakeholder events, including workshops to inform a dental nurse thematic review.
- Revision and approval of all 13 dental specialty curricula, which have been in use since September 2024.
- Improved the specialty quality assurance process, which will be in place for the 2025-2026 academic year.
- Brought the Specialist List Assessed Application (SLAA) process in house, which allowed us to clear the application backlog.

1. Background

The GDC has a statutory responsibility to promote high standards of education in all aspects of dentistry through its regulatory role. We set the requirements for all UK programmes that lead to registration as a dental professional and have quality assurance responsibility for education and training that leads to registration. We also make sure that each programme meets the requirements that have been set. This process helps us to fulfil our primary role to protect patients.

1.1. The Standards for Education

Our [Standards for Education](#) have three standards and 21 requirements that apply to all UK dental education and training programmes leading to registration with the GDC as a dentist or dental care professional (DCP). The Standards are the regulatory tool used by us to make sure a programme is fit for purpose. The Standards are central to our quality assurance processes.

The Standards outline three areas that we expect education and training providers to address in their programmes so that qualified students and trainees can then register to practise in the UK. These areas are:

Standard 1 - Protecting patients (Requirements 1-8)	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 a suitable standard. Any risk to the safety of patients and their care by students must be minimised.
Standard 2 - Quality evaluation and review of the programme (Requirements 9-12)	Providers must have in place effective policies and procedures for the monitoring and review of their programmes.
Standard 3 - Student assessment (Requirements 13-21)	The programme's assessment must be reliable and valid. The choice of assessment method must be appropriate to prove achievement of the GDC learning outcomes . Assessors must be fit to perform the assessment task.

1.2. Assessing providers against the Standards

We assess education providers' compliance with the Standards. We determine whether the 'requirements' that sit under each one are 'met', 'part met' or 'not met'.

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 part 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’.

1.3 Types of quality assurance activity

We undertake three different types of quality assurance activity:

Evaluation of new programme submissions

An education provider can submit a request to create a new programme. They must set out how they will ensure the qualification will meet the Standards, including how the students will demonstrate all the [GDC learning outcomes](#). We review new submissions against our Standards with the help of our Education Associates (EAs). We then present recommendations to the Registrar. The Registrar makes the final decision on whether to grant provisional approval for DCP programmes.

If the programme is provisionally approved, it will be subject to a full inspection before the first student cohort graduates, and before it can grant full approval. The Privy Council awards dental authority status to allow graduates of dental programmes to join the GDC register. The GDC will then carry out quality assurance inspections to ensure ongoing sufficiency and report their findings to the Registrar.

Monitoring

We review written evidence submitted by education providers to ensure compliance with the Standards. Our EAs review the evidence and make recommendations about whether they meet the requirements. We may carry out an inspection if standards are partially or not met. An inspection can be planned within the coming academic year depending on the level of concern.

In 2022, we piloted a streamlined approach to our monitoring activity that meant providers could answer fewer questions when they submit documentary evidence to support their responses. Providers would return a signed declaration with their responses to support the integrity of the response. This approach was well received, and we have continued to build on it throughout this academic year.

Inspections

We undertake a risk-based approach to inspection, which can be triggered by several risk factors, such as:

- risks identified through the monitoring process
- lack of progress against actions arising from monitoring or previous inspections
- complaints received relating to the programme or provider
- analysis of fitness to practise cases against recent graduates of a programme
- issues identified in other programmes offered by the same provider.

An inspection will be undertaken by the EQA team and EAs. They meet with staff, students and stakeholders to explore the evidence against the Standards. They produce a report at the end of the inspection that might include requirements and recommendations for the education provider. Latest inspections are published [on our website](#).

2. Reviewing new programme submissions

In 2023–2024, we received requests to consider five new programmes of education. Only one was a completely new programme. This was a Hygiene Therapy qualification for the University of Suffolk. The other four were from providers who were updating the qualifications they offered – three Dental Nurse (DN) Diploma programmes and an Orthodontic Therapy qualification.

The five new programme submissions are set out below:

- one dental hygiene and therapy programme
- three dental nurse programmes
- one orthodontic therapy programme.

Name of programme	Outcome	Date of graduating cohort
NCFE CACHE DN T Level (integrated)	Approved	2026
NCFE CACHE DN T Level (standalone)	Approved	2026
NCFE CACHE DN T Level (16-18)	Approved	2025
University of Bristol Diploma Orthodontic Therapy	Approved	October 2024
University of Suffolk FdSc Dental Hygiene and Therapy	Approved	2026

3. Programme modifications

The programme modification process has been in place for two years and supports providers that want to make changes to existing programmes that do not need a full programme submission. It allows providers to inform the GDC of its plans, which we consider against set criteria for major, medium, and minor change. There were five programmes that used this process:

- one BDS programme
- two dental hygiene and therapy programmes
- one clinical dental technology programme
- one dental nursing programme.

Name of programme	Type	Outcome	When follow-up actions or recommendations will be reviewed
University of Bolton FD DT Apprenticeship	Medium	Approved	2024-2025 Annual monitoring
Coleg Menai – Diploma Dental Nursing	Medium	Approved	2024-2025 Annual monitoring
University Dundee BDS	Medium	Approved	2024-2025 Annual monitoring
University Dundee BSc HT	Medium	Approved	2024-2025 Annual monitoring
University of Suffolk HT	Medium	Approved	2024-2025 Annual monitoring

4. Monitoring dental education programmes

4.1. Risk-based monitoring activity

The 2023–2024 academic year was the second year of the GDC’s revised approach to risk-based monitoring activity. It is a light touch check-in of how education providers are meeting the Standards between inspection activity. It was well received by stakeholders and all returns deadlines were met. The EQA team planned resource for this work, including full briefings for the EAs, and offered meetings to schools who needed guidance ahead of the monitoring starting. Schools were all sent a pre-recorded webinar link that outlines the process and the stages.

A ratification meeting was held in February 2024 and the providers informed of their outcomes in March 2024. There were four potential outcomes:

- regular monitoring
- inspection in the next academic year
- urgent inspection same academic year
- additional monitoring – to provide clarity which may lead to one of the above three actions.

The table below shows the outcomes of the risk-based monitoring activity. We determined that 11 of the 32 monitored programmes would be inspected in the 2024-2025 academic year. One was deemed to require an urgent inspection and the remaining twenty will be subject to regular monitoring.

This was the first year the EQA team fully implemented the risk framework that was noted in last year's [Review of Education](#). This worked well to ensure consistency in the approach. EAs were able to complete their review completely online. This improved efficiency and positive feedback was received.

Table 1: Monitoring activity by programme type

Programme type	Activity
Dentistry (BDS)	12
Dental technology (DT)	3
Clinical dental technology (CDT)	0
Dental nursing (DN)	2
Orthodontic therapy (OT)	1
Hygiene	2
Hygiene therapy	12

Table 2: Outcome of monitoring activity by programme type

Programme type	No further action*	Inspection	Urgent inspection
Dentistry (BDS)	9	3	0
Dental technology (DT)	2	0	1
Clinical dental technology (CDT)	0	0	0
Dental nursing (DN)	1	1	0
Orthodontic therapy (OT)	1	0	0
Hygiene	1	1	0
Hygiene therapy	6	6	0

(*with regular monitoring in the next year)

When the analysis of the monitoring returns is complete, the team use a risk framework to assess all internal and external data on all education providers to inform the quality assurance activity that should be carried out for each individual education provider. Risk is also considered for providers who were scoring well in their returns but have not been inspected for more than five years. It was decided an inspection for the next academic year would be carried out in some of these cases.

4.2. Royal Colleges

The EQA team has progressed work with the Royal Colleges and how we quality assure the pre-registration programmes that they award.

The team surveyed both the Royal College of Surgeons (RCS) England and RCS Edinburgh to gain clarity on their delivery and awarding models. RCS England functions as a standalone provider for the license in dental surgery (LDS) programme, writing, delivering and awarding the exam. For the Yorkshire OT programme, they write and award the programme, with delivery outsourced to Leeds Dental Institute. It is still quality assured by the College.

RCS Edinburgh functions as an awarding organisation in line with other AOs approved by the GDC. They have multiple providers who deliver the programme content. They then deliver the final exam, which leads to the registerable qualification. This mirrors the delivery of the National Examining Board for Dental Nurses (NEBDN). Based on this research, it was agreed that RCS Edinburgh programmes can be quality assured alongside other AOs and using the existing process.

We have agreed to work more closely with the Royal Colleges, holding initial briefing sessions with lead staff members and gathering their feedback via a survey. During the implementation phase of the Royal College inspection pilot project, implementation briefing workshops were held with key staff members to confirm the working agreement between the GDC and the Royal Colleges.

The project team analysed the delivery and examination approaches of both RCS England and RCS Edinburgh. Going forward, RCS England can remain within the standalone quality assurance framework. We have addressed this in the revised Standards for Education revision review project by including exam-only requirements.

5. Inspections

We inspected 22 individual programmes in 2023–2024 across 15 providers. Two providers had their programmes inspected twice within the academic year. This brings the total number of inspections up to 24. Both providers had new programme inspections at the start of the academic year. They then had a follow up risk-based inspection at the end of the year to look at progress against set actions. 11 of the inspections were risk-based, eight of these were related to new programmes and there was one urgent inspection following concerns raised in the 2023 monitoring. There was also one exam inspection and one pilot inspection of the Royal Colleges. All inspections took place in person.

Below is a breakdown of the number of inspections per discipline:

- one dental technology programme
- three dental nursing programmes
- one orthodontic therapy programme
- 11 hygiene/hygiene and therapy programmes
- one Royal College examination.

We plan to return for exam inspections for seven out of the 20 programmes over the coming months. All the latest inspection reports are published on the [approved providers page](#).

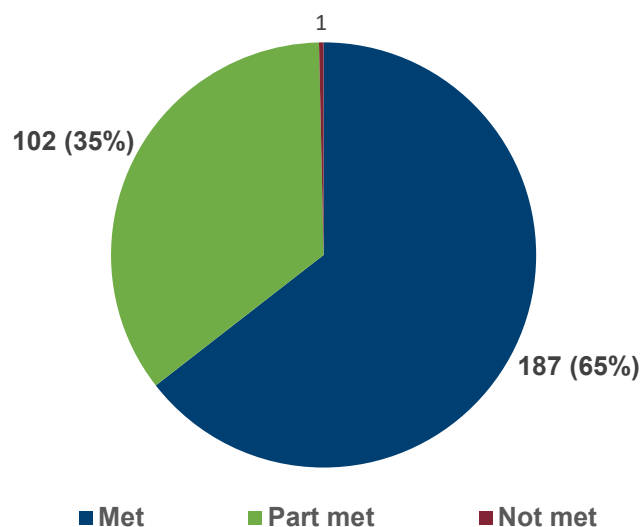
5.1. Performance against individual standards and requirements

We have analysed this year's inspection activity to identify common strengths and issues. Of the 24 inspections conducted, all 21 requirements were scrutinised for 15 programmes. Of the other programmes, there was enough evidence and data to show that the requirements were already met and were not considered further during the inspection. All 24 inspections have been completed and there are four final inspection reports that are outstanding following final examination inspections, and one provider re-inspection of two programmes. These consist of:

- one BDS programme
- three Hygiene programmes
- four Hygiene and Therapy programmes
- one Dental Nursing programme
- one Dental Technology programme
- one Orthodontic Therapy programme
- a Royal College examinations pilot.

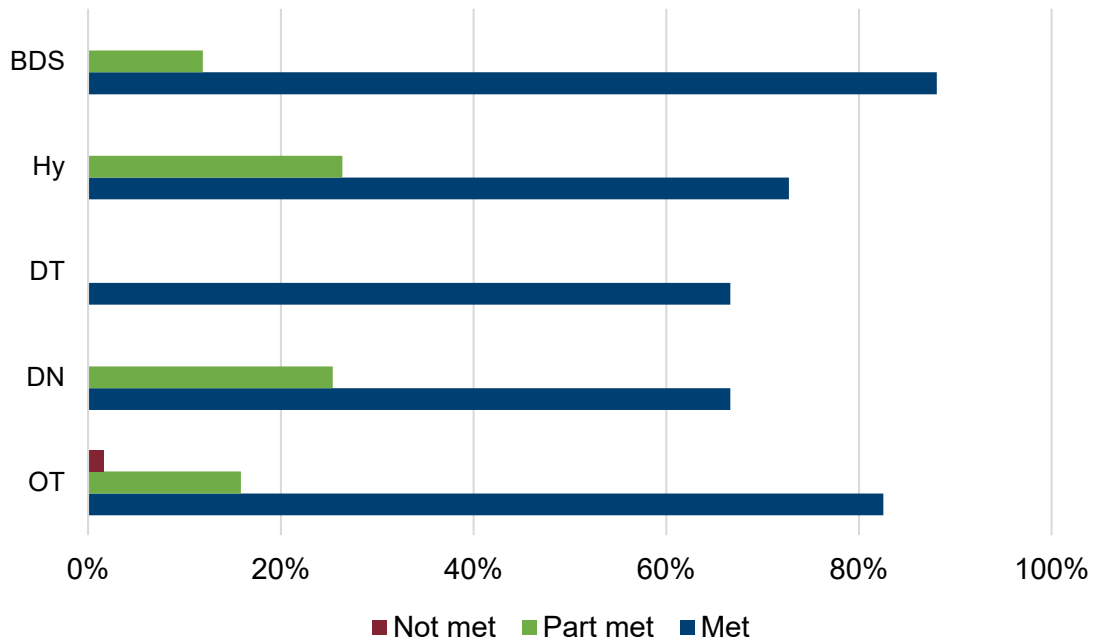
Of those completed, the chart below demonstrates the number of requirements that were “met” across all three Standards in the 2023-2024 period:

Chart 1: Percentage of met requirements 2023–2024



This chart provides a breakdown of the requirements “met”, “part met” and “not met” by the different groups:

Chart 2: Total requirements by profession 2023–2024



The 2023-2024 inspection activity data is not yet fully complete. But it already shows there is a decrease in the amount of Hygiene and Hygiene Therapy providers achieving a “met” across Standard 2. Standard 2 relates to the quality evaluation and review of programmes.

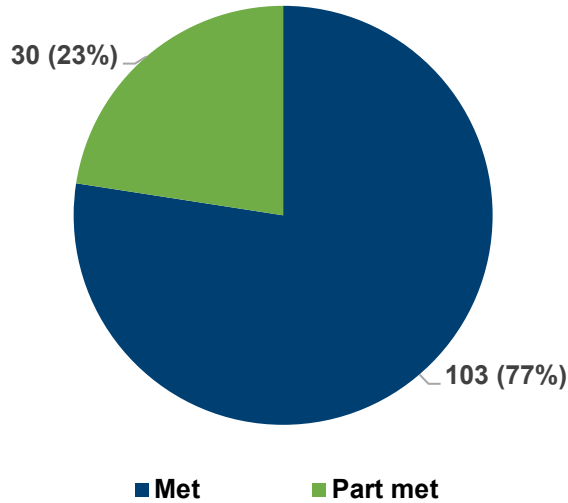
We gave these providers specific actions to achieve and have arranged follow up inspection activity in the new academic year. It is positive that no providers achieved a “no met”.

There have been no significant concerns that relate to patient safety across all our inspection work. The EQA team’s work continues with AOs, as risk has once again been highlighted this academic year. The thematic review in dental nursing is exploring specific issues around the quality of assessment, and this will remain an area of focus for the team.

**5.1.1. Performance against Standard 1 – Protecting patients
(Requirements 1-8)**

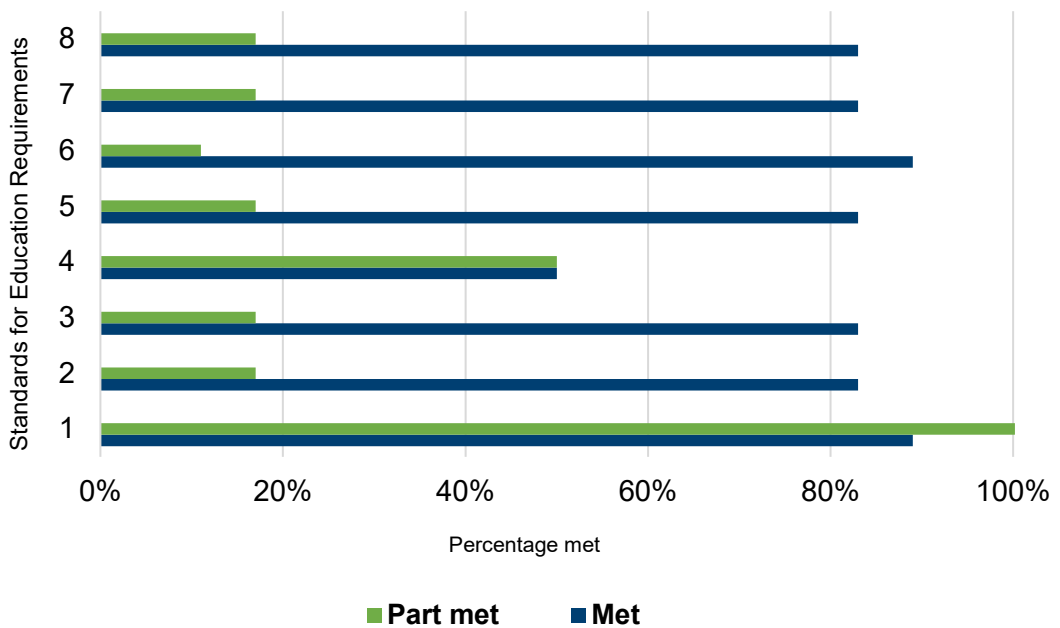
The chart below shows the percentage of requirements “met”, “part met” and “not met” (0%) across Standard 1:

Chart 3: Percentage of met requirements – Standard 1



The chart below outlines a further breakdown per requirement for Standard 1 in the 2023-2024 academic year:

Chart 4: Percentage of requirements met for Standard 1



As in previous years, Standards 1 and 3, which relate to protecting patients, have the most “met” requirements across all the Standards. The “part met” requirements account for 19% of the requirements. This year there were more BDS, Hygiene and Hygiene Therapy programmes than in previous years.

Within Standard 1, some requirements were “part met”. The areas identified for improvement were as follows:

- Student supervision in clinics
- Patient consent to being treated by a student
- Student fitness to practise policies.

Examples of areas of good practice under Standard 1 included:

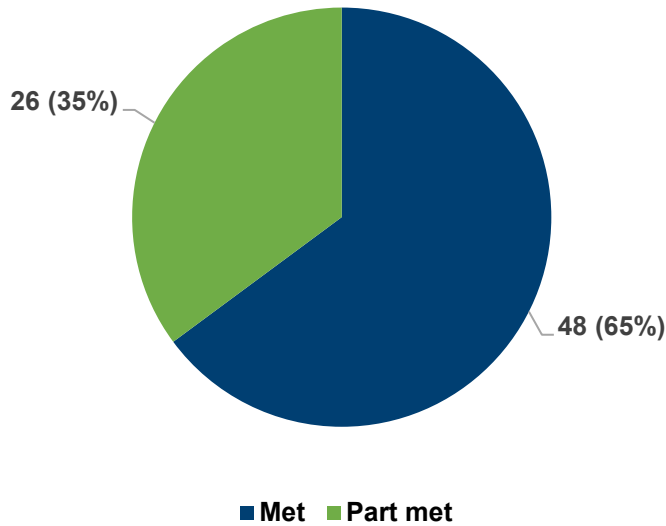
University of Liverpool Foundation Bachelor of Dental Surgery
Requirement 6
During the inspection the panel met with a range of student groups and observed good responses demonstrating their understanding of the importance of raising concerns regarding patient safety and the process for doing this. Students expressed they felt comfortable raising a concern and that it would be acted upon by the school.

Grŵp Llandrillo Menai and Bangor University / Agored Cymru, Level 3 Diploma in Dental Nursing (Wales)
Requirement 6
The panel heard from learners who indicated that they had a supportive relationship with their mentors. They confirmed that the reserved time for programme study was being protected. The Student Handbook and Placement Information document clearly indicates to learners that they must not undertake any procedures unsupervised, or any procedures for which they don't feel adequately prepared.

5.1.2. Performance against Standard 2 – Quality evaluation and review of the programme (Requirements 9-12)

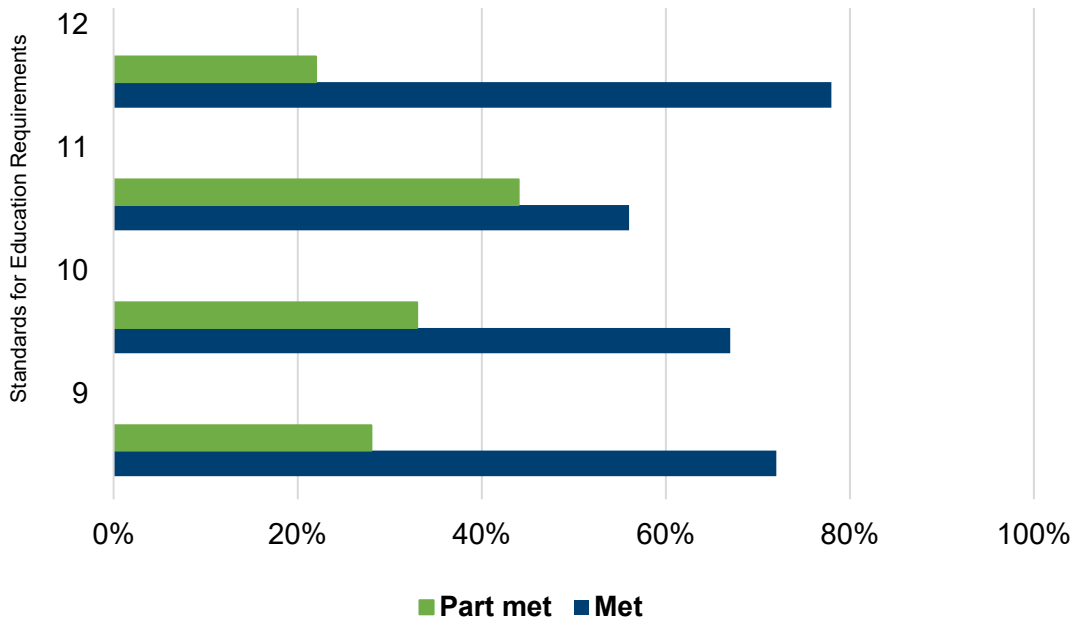
The chart below shows the percentage of requirements “met”, “part met” and “not met” (0%) across Standard 2:

Chart 5: Percentage of met requirements – Standard 2



The chart below outlines a further breakdown per requirement for Standard 2 in the 2023-2024 academic year:

Chart 6: Percentage of requirements met for Standard 2



As with last year's data, this standard remains the most problematic for providers. Fewer providers can show they have fully met the requirements. Hygiene and Hygiene Therapy providers did not give full assurance, but all providers have at least "part met" this standard. Requirement 11 remains a weaker area for several programmes. This relates to internal and external quality assurance procedures, and the use of external examiners. Gathering meaningful patient feedback is something providers can struggle with. This is now being looked at in the review of the Standards for Education.

There are a few reasons why programmes do not fully meet the requirements under this standard. These are:

- Appropriate use of external examiners (EEs)
- Quality frameworks being applied consistently across programmes and can demonstrate that issues are addressed and monitored
- Formalising the collation and use of patient feedback.

Examples of areas of good practice under Standard 2 included:

Yorkshire OT Course awarded by the Faculty of Dental Surgery of Royal College of Surgeons of England, Diploma in Orthodontic Therapy

Requirement 9

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.

The University of Central Lancashire, Bachelor of Dental Surgery – International Route (BDSi)

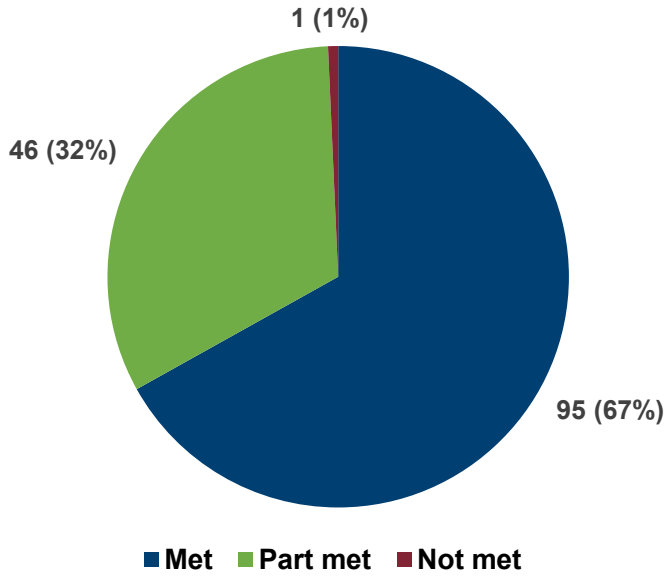
Requirement 11

The university has a central liaison who communicates with the EEs, although contact is also maintained by the Head of School. EE reports are considered and responded to by the university and actions arising are fed through the Education Committee. An EE is also present at meetings to decide key progression points.

**5.1.3. Performance against Standard 3 – Student assessment
(Requirements 13-21)**

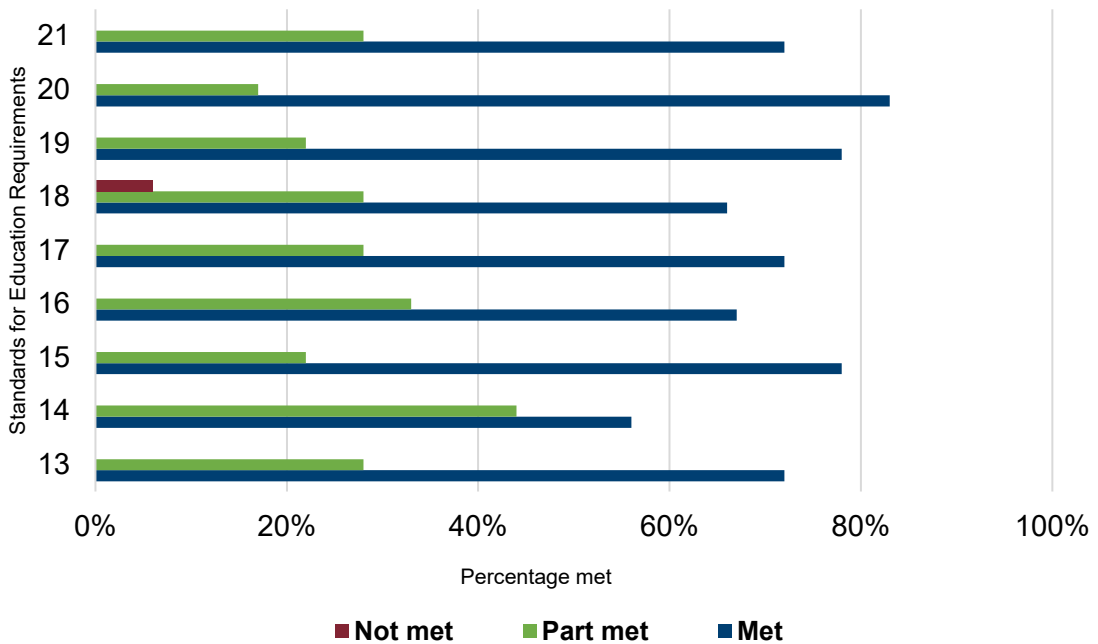
The chart below shows the percentage of requirements “met”, “part met” and “not met” (0%) across Standard 3:

Chart 7: Percentage of met requirements – Standard 3



The chart below outlines a further breakdown per requirement for Standard 3 in the 2023-2024 academic year:

Chart 8: Percentage of requirements met for Standard 2



The level of requirements being met in Standard 3 has increased this year. This standard relates to clinical experience and assessment. This provides further assurance that student experience is being suitably monitored, recorded, and assessed across the programmes inspected.

Compared to last year, this standard is well met by Orthodontic Therapy, Dental Nurse and BDS programmes, with just one requirement in one inspection being unmet. The main programme types partly meeting the requirements are Hygiene and Therapy programmes. This may be due to an increase in the amount of Hygiene and Therapy programmes we have inspected.

All inspected programmes met and part met this standard and at the time of writing, no programmes had been unable to meet this.

Last year, requirement 17 was not fully met in over half of all programme inspections. This has decreased in 2023-24 and 67% of providers met the standard, with 33% part meeting it. In previous years, providers have struggled to meet this requirement. This focuses on providers using feedback as an assessment method and is recognised as an area providers found challenging. Overall, improvement is a real positive which reflects the efforts being made by education providers.

The areas identified for improvement were as follows:

- Consistency in assessment
- The standardisation and calibration of examiners
- Improvements in student monitoring systems.

Examples of areas of good practice under Standard 3 included:

University of Central Manchester, BSc Oral Health Science (DHDT)
Requirement 15
At the inspection, students indicated that they see a good range of patients, particularly from some deprived areas and can acquire broad experience.

University of Dundee, Bachelor of Dental Surgery
Requirement 15
A training video was sent out to examiners prior to the assessment to aid consistency of approach. The teamwork between examiners during the calibration processes and the revisiting calibration during the exam was noteworthy.

6. Quality assurance of specialty education

Between 2020 and 2023, all specialty programmes and specialty examinations were quality assured against the Standards for Specialty Education. All reports are now published on the [dental specialty training page](#). This was the first time that the GDC completed formal monitoring and inspection activity of specialty education and training. The outcome resulted in an inspection report for each training commissioner and examination provider, with recommended actions provided and agreed follow up timeframes.

This academic year, the GDC has carried out a wholesale review of the quality assurance activity between 2020 and 2023. The GDC has used internal and external lessons learnt to design future quality assurance processes. This work has involved several elements, which include:

- Obtaining feedback from all involved stakeholders
- Identifying areas for improvement
- Designing the specialty QA monitoring process
- Planning the monitoring frequency/cycle of further quality assurance activity
- Development of a process to quality assure the new specialty curricula.

In September 2024, we shared drafts of the processes with stakeholders, culminating in a stakeholder event in November 2024. We shared the draft framework and guidance at the event. In 2025, we will share the findings and finalise the process with stakeholders for use in the 2025-26 academic year. The EQA team will identify and design any required team training by the end of 2025. They will also share a summary report with internal and external stakeholders in the summer of 2025.

7. Specialty curricula review

The GDC approves all specialty curricula for the 13 different dental specialties that leads to the award of a Certificate of Completion of Specialty Training (CCST). The content of each curriculum is developed and owned by the Specialty Advisory Committees (SACs). They report to the relevant dental faculty of one of the three UK Royal Colleges. In the development of the curricula, the SACs liaised with the postgraduate deans to ensure that the proposed new curricula were universally deliverable. The GDC has started to develop a quality assurance process to evaluate the curricula now the work to revise the curricula is complete. This project has several objectives:

- Develop a proactive quality assurance process (PQA) for the revision of specialty curricula
- Create two-way communications channels, allowing key stakeholders to initiate change more easily
- Involve key stakeholders throughout the development of the PQA process
- Identify areas for improvement
- Highlight and promote areas of good practice
- Provide ongoing monitoring (frequency of cycles to be determined)
- Consider appropriate time scales that fall in line with new curricula and specialty training cycle.

There will be a separate process to revise the specialty curricula, which we will develop in conjunction with key stakeholders, specifically SACs, the Royal Colleges and the Committee of Postgraduate Dental Deans and Directors UK (COPDEND).

In 2023, we brought the management of the Specialist List Assessed Application (SLAA) process in-house. This process was previously administered by the Faculty of Dental Surgery at RCS England. This decision was made to gain greater control and consistency of standard of the assessment process for overseas trained applicants for specialist listing, and for those coming through non-standard UK routes. This was to help eliminate the backlog of applications. This was completed in early 2024.

The GDC consulted between June and September 2024 on changes to the GDC's Specialist List Regulations. The proposed changes would introduce a more flexible route for potential applicants for specialist listing, moving away from a focus on experience gained through academic and research work as the permitted criteria for assessment.

These proposals were designed to maintain the standards required to join a list but allow those with the knowledge, skills and experience gained from a wider range of backgrounds to apply. Further to a full public consultation in 2024, the rules have been revised to ensure that the application routes fairer and more consistent.

8. Engagement

8.1. Student and new registrant engagement work

Every year, around 5,500 students and trainees take up places to train to become members of the wider dental team through UK education providers. This is a sizeable and important group of prospective new registrants for the GDC.

This is reflected by the GDC's student engagement programme, where we meet with all first and fifth year BDS students, foundation/vocational dentists and hygiene and therapy students. Since the programme in 2018, we have engaged with thousands of students and new registrants, consistently receiving positive feedback, both in terms of improving perceptions of the GDC and the understanding of the role we play as their future regulator.

We invest a proportionate amount of time and resources in our student engagement activities, which are important for several reasons:

- As this audience are the future of the dental profession, it is important we understand their perspectives, concerns and aspirations. Our [perceptions research](#) told us that students were the group that had the most misconceptions about the GDC, and lowest understanding of our remit. Therefore, we felt it was important to engage with this group as early as possible in their careers to help them understand the role of their regulator and how we can support them throughout their career. These misconceptions are directly addressed in the slide pack used for the student engagement presentations.

- Students and new registrants may face unique challenges during their education and training. Engaging with them allows us to understand these challenges and help us identify solutions, either from within the GDC or with external partners.
- We help student voices to be heard, and their perspectives considered when making decisions that impact their future professional life. This can lead to greater trust in us as their regulator and the overall dental profession.
- Building relationships with students can lead to further collaboration between us and education providers. These partnerships can result in more effective communication and mutual support in achieving common goals, such as improving dental education and patient care.

Across the 2023-2024 academic year, the Communications team and a group of GDC volunteers helped deliver key content for the student engagement programme. Alongside this, we continue to develop and improve the programme using the learnings from previous years, feedback from students and education providers, and feedback from GDC peers and presenters/observers.

The presentations that were delivered across the four nations of the UK typically focussed on topics such as: the key role that everyone in the dental team plays, what it means to be a part of a regulated profession, the role of the GDC as their regulator and complaint handling, with a focus on location resolution and professionalism. Towards the latter part of the academic year, presentations were adapted to include a short summary on the working patterns data for dentists (released in March 2024).

The GDC held a total of 58 student and new registrant engagement sessions (+16 from 42 in 2022-23) across Scotland, Wales, Northern Ireland, and England, with a total of 3,706 (+537 change from 3,169 in 2022-23) attendees across these sessions. These included:

- 17 first year sessions (five of these were a mixed group including dental hygienists, dental therapists, or clinical dental technicians)
- 18 final year sessions (four of these were a mixed group including dental hygienists, dental therapists, or clinical dental technicians)
- 22 sessions with foundation/vocational trainees
- one session for third year dental hygienists and dental therapists.

The sessions were delivered by 19 different colleagues from across the GDC. Presentations in England tend to be delivered virtually due to travel limitations and the quantity of education providers, while sessions in Scotland and Wales tend to be delivered in person.

The total number of attendees for these sessions were:

- BDS first year students: 1192 (+56 from 1,136 in 2022/23)
- BDS final year sessions: 1125 (+147 from 978 in 2022/23)
- foundation/vocational trainees: 1036 (+241 from 795 in 2022/23)
- dental hygienists, dental therapists and dental nurses: 343 (+93 from 250 in 2022/23)
- clinical dental technicians: 10 (no change from 10 in 2022/23).

8.2. Stakeholder engagement

We routinely engage with key stakeholders in dental education and training, as building and maintaining strong working relationships is key for us to better understand the sector and needs. As well as attending and contributing to a range of established meetings, this year we have also:

- held stakeholder engagement events regarding the implementation of Safe Practitioner Guidance in February
- held two stakeholder events in March as part of the revision of standards for education
- held a stakeholder event to better understand challenges within dental nursing education and training
- conducted stakeholder engagement to share and discuss specialty education and training developments
- held stakeholder engagement events focused on reviewing the standards and guidance for dental professionals, which were attended by education and training stakeholders
- held conversations with the Academy of Medical Royal Colleges and British Dental Association colleagues to inform the development of an engagement plan for Specialist and Associate Specialist grade dentists. We are aware that we have limited knowledge of this important cohort and want to better understand them, so that we can support them better.

8.3. Student perceptions and engagement with the GDC

Since 2017, we have made a concerted effort to engage routinely with students and new registrants to help them better understand who we are, what we do and what it means to be a student in a regulated profession. This started in dentistry and has been rolled out to hygiene and therapy.

In December 2024, we published the [latest stakeholder survey](#) from 2023. Some key findings include:

- Overall, students tended to express more positive opinions towards the GDC than other groups, with slightly fewer saying their overall perception was negative (41%), though broadly their positivity was relatively low (26%).
- Among students, fear was the most commonly associated word at just over half (53%), with knowledgeable second (41%).
- Registrants, students and other stakeholders were all more likely to correctly identify core functions of the GDC than select misconceptions" - "85% of students knew that the GDC maintains the register."
- The proportion of students (66%) who thought that the GDC sets clinical standards was higher than for registrants and other stakeholders."
- Most students surveyed (74%) did not recall receiving communication from the GDC.

9. Learning outcomes review – Safe Practitioner implementation

The [Safe Practitioner: A framework of behaviours and outcomes for dental professional education](#) (SPF) was approved by GDC Council and published in October 2023. The GDC held briefing sessions with providers and awarding organisations in February 2024 to highlight the differences between SPF and the existing GDC curricula, 'Preparing for Practice: Dental team learning outcomes for registration' and our expectations.

The EQA team introduced Transition Action Plans (TAPs) to standardise the process of moving from one curriculum to the other. This allowed all providers and awarding organisations (AOs) to explain how they would transition their programmes to SPF in a way that would ensure a consistent and replicable review process by Education Associates.

The assessment of TAPs has been completed for most providers and AOs and will be supported by a review process to ensure that the transition between curricula occurs in a reasonable, timely and specific way. Providers/AOs where their TAP assessment has not been completed fall into two categories:

- A. Providers/AOs whose TAP could not be accepted by the Education Associates - the provider/AO must submit an updated TAP that addresses the concerns identified during the initial assessment. This will be reassessed by the Education Associates.
- B. Two providers out of 38 have been granted extensions to the implementation deadline of 1 August 2025. The extensions relate to four programmes, two per provider, out of a total of 70 programmes across all providers. The affected programmes comprise a combined hygiene and therapy qualification and a BDS from each provider.

SPF implementation is expected to continue until 2032. The bulk of programmes will have transitioned onto SPF by 2030.

The GDC held two stakeholder events to present documentation and guidance and answer any queries from providers. Engagement with our stakeholders has been positive. The willingness shown by all providers to work with the GDC has been assuring.

10. Development plans for 2024–2025 and beyond

In 2024–2025, our focus will be to:

- Continue working with education providers and awarding organisations to implement the Safe Practitioner Framework.
- Revise and publish the Standards for Education.
- Complete the review of EQA processes for specialty training.
- Develop a process to evaluate the specialty curricula.
- Complete a thematic review for dental nurse training and education.
- Start a thematic review into dental technology training and education.
- Publish guidance on the submission of new programmes to include more details about Dental Authority Status.