



Standards for Education

The Standards for Education (referred to below as “Standards”) and their associated requirements apply to all UK programmes, leading to registration with the General Dental Council (GDC). They cover programmes in dentistry, dental hygiene, dental nursing, dental technology, dental therapy, clinical dental technology, and orthodontic therapy.¹

The Standards are split into four areas that the GDC expects providers to meet for training programmes to be approved, and to lead students and trainees into professional registration. These areas are:

- Patient protection and safety
- Student development and support
- Quality assurance of the programmes
- Examination and assessment

The following tables detail the four Standards and their respective requirements.

The Standards for Education are designed to demonstrate a right touch approach and ensure that clear expectations are communicated to providers.

A provider must have appropriate evidence for each requirement. Examples of the evidence the GDC expects to be provided are set out for transparency and clarity for all parties and were drawn together with input from stakeholders. This evidence is not mandatory, nor is it exhaustive. When undertaking quality assurance (QA) activity, it is helpful for the GDC and its associates reviewing the supporting evidence if the provider explains why a piece of evidence is included and link it to the applicable requirement(s).

Providers should decide which documents to use as evidence to demonstrate each requirement under the Standards. If a provider produces similar evidence for other purposes, the GDC will seek to use this to minimise the administrative burden on providers. It may be possible for a provider to use a particular document as evidence across a number of requirements.

Further guidance on the documents that providers need to complete, and the evidence that should be presented to the GDC at different stages of the process, is contained in the following documents [on the GDC's website](#):

- GDC quality assurance process: Guidance for providers (versions are available for DCP and BDS providers)
- New programme submissions
- Programme modifications: A guide for education providers
- Quality assurance monitoring: Guidance for education providers
- Pre-inspection questionnaire
- GDC Learning outcomes mapping table.

Standards 1-3 are only applicable to organisations that provide **both programmes and examinations**. Standard 4 is only applicable to the providers that **deliver assessments**.

1. This is the third version of the GDC Standards for Education and it will be effective from the 2026/27 academic year. This 2025 version replaces the one published in 2015.

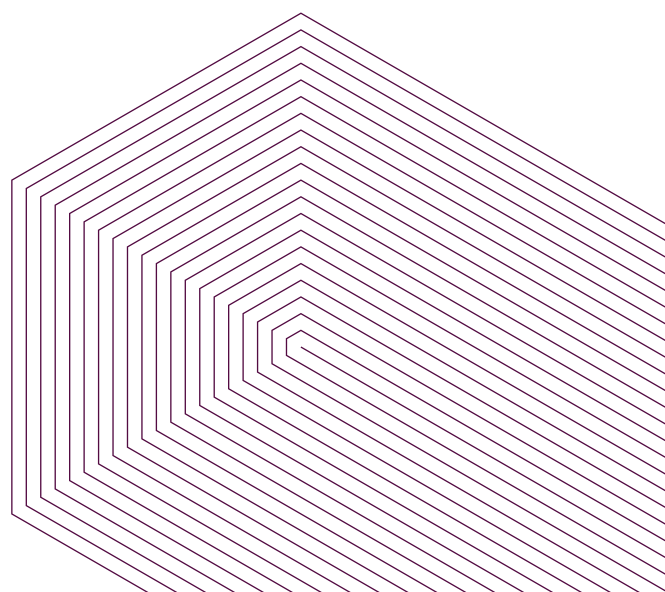
Standard 1

Providers must demonstrate their duty to protect the public. Providers must ensure that patient safety on the programme is paramount, and care of patients is of an appropriate standard. Providers must ensure that any risk to the safety of patients and their care by students be minimised.

(Applicable to organisations that provide **both programmes and assessments**).

Requirements	Suggested evidence
1. Providers must be assured that the students possess the skill and knowledge to undertake routine clinical and technical procedures.	
1.1 Providers must ensure that students are assessed as competent in the relevant skills at the levels required prior to working with patients.	<ul style="list-style-type: none"> • Programme specification • Details of additional support for students • Learning outcome mapping document • Records of student clinical/technical activity • Handbooks • Student evaluation and reflection documentation • Assessment mapping
1.2 Providers must ensure that students take an evidence-based approach to clinical / technical practice.	<ul style="list-style-type: none"> • Minutes of gateway sign-off meetings • Details of clinical and technical 'gateway' assessments • Student sign off records • Student progression statistics and reasons for not progressing
2. Providers must have a patient consent process.	
2.1. Providers must ensure that patients are aware that their care may be carried out by and/or be observed by a student.	<ul style="list-style-type: none"> • Patient consent policy • Evidence of student training in consent • Examples of leaflets, letters and consent forms for patients • Notices in the clinical environment
2.2. Providers must ensure that patients who are being treated by a student give informed and valid consent and are aware that they may withdraw that consent at any time.	<ul style="list-style-type: none"> • Examples of recorded consent across departments • Curriculum mapping to identify where consent processes are taught
2.3. Providers must ensure that students comprehend and adhere to the principles of valid consent and confidentiality when treating patients.	

Requirements	Suggested evidence
3. Providers must ensure that students only provide patient care in an environment which is safe and appropriate.	<ul style="list-style-type: none"> • Clinical and workplace safety policies • Governance and/or systems regulator reports for clinical locations • Placement audit reports • Incident logs and actions taken • Minutes of relevant committee meetings • Records of staff training on specific legislation • Records of complaints received and how they have been addressed • Availability and accessibility of literature on clinical governance and health and safety requirements • Availability and accessibility of discrimination and equality policy to staff and students • Health and safety policies and processes
3.1. Providers must comply with relevant legislation and follow guidance regarding patient care.	
3.2. Providers must comply with relevant legislation and follow guidance regarding equality, diversity and inclusion.	
3.3. Providers must ensure that any work placements are safe and appropriate for students and patients.	
4. Providers must ensure there is a process in place for the supervision of students.	<ul style="list-style-type: none"> • Policy and procedures for supervision of students • Staff to student ratios across departments and/or clinics • Processes for unexpected staff absences • Timetable showing supervisor allocation • Evidence of clinical or technical supervisor registration, qualifications and training • Records and content of supervisor training and induction and continuing professional development (CPD)
4.1. Providers must ensure that students are appropriately supervised according to the activity and the student's stage of development.	
4.2. Providers must ensure that supervisors are registered with the GDC.	
4.3. Providers must ensure that supervisors are appropriately trained.	



Requirements	Suggested evidence
5. Providers must ensure there are robust processes in place for raising and addressing concerns and patient safety issues.	<ul style="list-style-type: none"> • Risk registers and owners • Staff and student survey results • A pathway or policy for raising concerns • Student and staff training regarding candour and raising concerns • Records of concerns raised • Reporting and recording systems for incidents • Incident logs and records of actions taken • Minutes from relevant internal meetings • Evidence of notification of regulatory body • Action plans or reflections to evidence how learning is taken forward
5.1. Providers must demonstrate that all parties are aware of how to raise concerns.	
5.2. Providers must support staff and students who identify and raise concerns.	
5.3. Providers must identify and record concerns that may affect patient safety.	
5.4. Providers must act on concerns and patient safety issues promptly and appropriately.	
5.5. Providers must have a process to enable learning from concerns and patient safety issues for continuous process improvement.	
6. Providers must implement rigorous processes to ensure students exhibit the professionalism required for a regulated profession.	<ul style="list-style-type: none"> • Pathway from misconduct to fitness to practise • Documentation showing where Standards for the Dental Team is embedded within the training • Student fitness to practise policy and procedures including thresholds for each stage • Details of student fitness to practise cases
6.1. Providers must ensure that the GDC's guidance to dental professionals is embedded within student training.	
6.2. Providers must have a student fitness to practise policy and can demonstrate that all parties understand and appropriately use the policy.	

Standard 2

Providers must have an effective, fair, inclusive, and supportive learning environment for the student's development into a safe practitioner.

(Applicable to organisations that provide **both programmes and assessments**).

Requirements	Suggested evidence
7. Providers must ensure that the programme delivers the GDC learning outcomes and students demonstrate the expected behaviours of a safe practitioner.	
7.1. Providers must have systems in place to deliver the latest GDC learning outcomes and ensure students have exposure to an appropriate breadth of patients and procedures to develop the knowledge, skills, and behaviours expected of a safe practitioner.	<ul style="list-style-type: none"> • Blueprints of assessments and learning outcomes • Strategy for capturing behaviour • Progression statistics • Monitoring of appropriate breadth of patients and procedures • Programme handbook • Module descriptors • Summary of individual students' clinical experience • Central recording and monitoring system(s) • Clinical treatment records • Assessment records • Competency sign-off policy and procedure • Review policy and timeline • Changes to the programme submitted to the GDC where relevant • Changes informed by external review bodies e.g. QAA, Ofqual
7.2. Providers must adapt their curricula in line with the latest GDC learning outcomes and expected professional behaviours.	
7.3. Providers must adapt their curricula in line with the relevant laws and regulations.	

Requirements	Suggested evidence
8. Providers must ensure that assessments are fair and appropriate to assess the GDC learning outcomes and monitor the behaviours expected of a safe practitioner.	<ul style="list-style-type: none"> • Assessment mapping • Blueprint demonstrating the links between assessments and learning outcomes • Marking/assessment criteria and guidance for staff and students including for continuous assessments • Records of assessment review meetings • Central recording and monitoring system(s) • Records of student clinical and/or technical experience • Minutes of assessment planning and progression meetings • Records showing continuous assessment • Remit and minutes of responsible groups or committees • Arrangements for failed candidates • Strategies for capturing professional behaviours and further monitoring where behaviours do not meet the required standard • Appeals process • Student and staff handbooks • Student progression policy and procedures • Student progression statistics • Exit strategy • Minutes of progression boards including 'sign-up' and/or 'sign-off' decision meetings • Internal programme review process • External examiner feedback • Internal and external reviews • Psychometric analysis of assessments • Feedback forms or equivalent for patients and colleagues for individual students • Patient/peer/customer comments • Relevant assessment records • Patient guidance/systems for giving feedback
8.1. Providers must plan, monitor, and centrally record the attainment of students for each learning outcome and behaviour.	
8.2. Providers must ensure that behaviours that do not meet the required standard are recorded, and action is taken to address this.	
8.3. Providers must use feedback from multiple sources as part of student assessment.	

Requirements	Suggested evidence
9. Providers must offer students and staff support throughout the student journey.	<ul style="list-style-type: none"> • Staff and student wellbeing policies • Record of clinical/technical activity • Training in receiving feedback • Evidence of mentoring sessions and feedback • Training in reflection • Evidence of reflection • Staff roles such as wellbeing leads or mental health first aiders • Additional support framework • Signposting to internal or external support mechanisms • Staff appraisals for wellbeing • Inductions, mentorships • Arrangements for failed candidates • Feedback on wellbeing practices
9.1. Providers must provide regular feedback to students on their development and progress.	
9.2. Providers must ensure that students reflect on their behaviours, practice, and development.	
9.3. Providers must have processes to support student and staff wellbeing.	
9.4. Providers must identify students who require additional support and provide it as necessary.	
10. Providers must ensure that students are clear of what is expected of them.	<ul style="list-style-type: none"> • Programme handbook • Summary of individual students' clinical or technical experience • Central recording and monitoring system(s) • Clinical or technical records • Assessment records • Competency sign off policy and procedure • Record of clinical/technical activity • Policy relating to the use of transferrable skills and evidence of related discussions • Social media policy • Evidence of professionalism training • Fitness to Practice procedures • Digital education / usage policies • Code of conduct
10.1. Providers must educate students about the professional expectations of them, including behaviours, and what it means to be part of a regulated profession.	
10.2. Providers must ensure that students understand the programme's requirements and the expectations of them.	
11. Providers must ensure that students are awarded a qualification only when they have met all the latest GDC learning outcomes and demonstrated the expected professional behaviours.	<ul style="list-style-type: none"> • Minutes from exam boards and ratification meetings • Evidence of how an individual is tracked throughout their learning journey • Assessment mapping document • Record of clinical/technical activity • Student progression policy and procedures • Minutes of progression boards including 'sign-up' and/or 'sign-off' decision meetings • Blueprint demonstrating the links between assessments and learning outcomes

Requirements	Suggested evidence
12. Providers must ensure that the programme is inclusive, transparent and treats applicants fairly.	<ul style="list-style-type: none"> • Equality, diversity and inclusion (EDI) policies • Staff EDI training
12.1. Providers must demonstrate that their admissions process is fair, inclusive, and transparent.	<ul style="list-style-type: none"> • Policies and procedures in clinical environments as well as academic • Bullying and harassment policies • Equality impact assessment
12.2. Providers must identify barriers prior to and throughout the programme that may disproportionately impact marginalised groups and take actions to address them.	<ul style="list-style-type: none"> • Monitoring for attrition • Onboarding process • Notes from exit interviews with withdrawn or excluded students • Admissions policy • Policies covering widening participation/access • Data about successful and failed applicants • Reasonable adjustment policies used to support applicants with specific needs • Opportunities for candidates to disclose disabilities and support needs • Fair and well-evidenced admission decisions, with information provided to applicants that supports them to understand why that decision was made • Active engagement with students who have recently gone through the admissions process and those who declined, with a view to continuously improve the process for future diverse cohorts. • Clearly articulated and transparent processes for handling complaints of prospective students that are accessible to all stakeholders • Awarding gap data

Requirements	Suggested evidence
13. Providers must ensure that the programme is appropriately assessed.	<ul style="list-style-type: none"> • Assessment strategy • Examiner training and CPD • Examiner recruitment • Appraisals • Training in EDI and assessments • List of assessors/examiners showing qualifications and registration details
13.1. Providers must ensure that examiners and assessors have the appropriate skills, experience, and training to undertake the task of assessment, including appropriate registration with the relevant regulator.	<ul style="list-style-type: none"> • Evidence of training specific to the assessment of students and relevant experience
13.2. Providers must ensure that students are aware of the standard expected of them in assessments.	<ul style="list-style-type: none"> • Recruitment and appointment policy and procedures
13.3. Providers must demonstrate that their assessments are fair, inclusive, and transparent.	<ul style="list-style-type: none"> • Assessor calibration and recalibration training • Independent scrutiny reports • Marking/assessment criteria and guidance for staff and students including for continuous assessments • Standard setting procedures • Arrangements for failed candidates • Appeals process • Student and staff handbooks • Evidence of the communication mechanisms used • Records of assessment review meetings
14. Providers must ensure that staff and students have an appropriate and up-to-date working knowledge of technological developments relevant to dentistry, education, and assessment.	<ul style="list-style-type: none"> • Digital usage strategy • Digital education strategy or statement • Education strategy • Assessment policies, student handbooks • General Data Protection Regulation (GDPR) policies
14.1. Providers must ensure staff and students develop and maintain an understanding of relevant technologies in patient care, teaching, and assessment.	
14.2. Providers must offer ongoing training and support to ensure engagement with current and emerging technologies.	
14.3. Providers must regularly review and adapt their approach to technology use in learning to maintain an effective educational environment.	

Standard 3

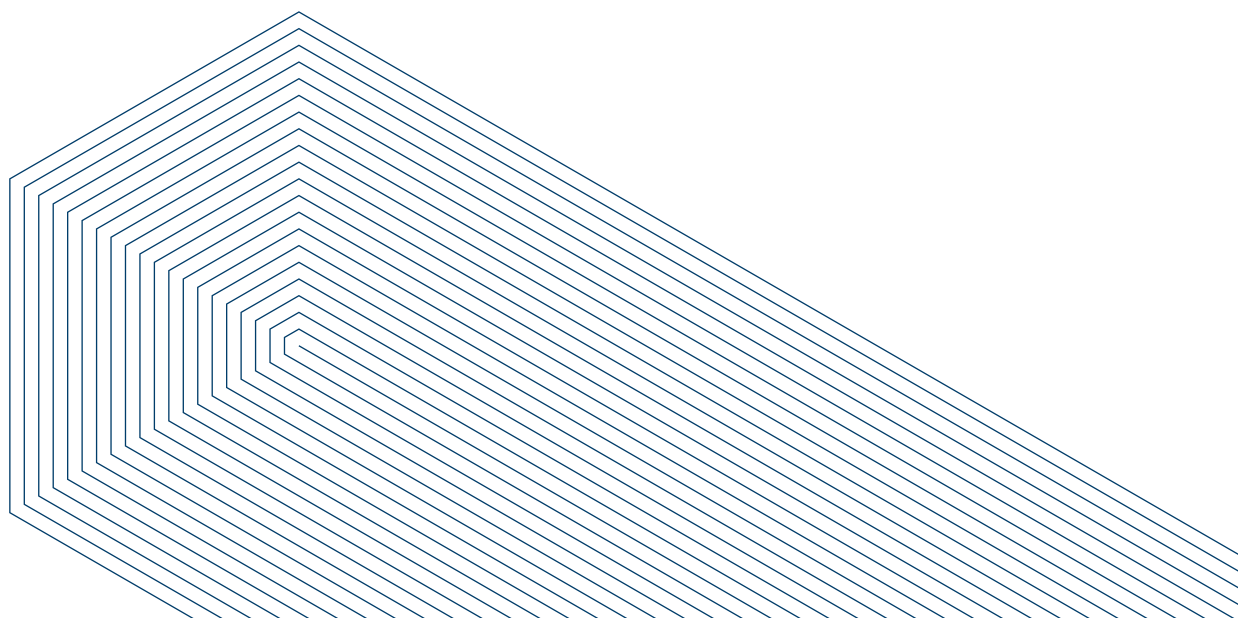
Providers must have effective policies and procedures in place for the monitoring and review of the programme.

(Applicable to organisations that provide **both programmes and assessments**).

Requirements	Suggested evidence
15. The provider must have a quality assurance framework in place to manage the quality of the programme.	<ul style="list-style-type: none"> • Documentation supporting quality management of the programme • Review policy and timeline • Risk registers • Escalation process • Whistleblowing policy • Minutes from committee(s) responsible for programme review
15.1. Providers must ensure that any concerns identified through the operation of the quality framework, including internal and external reports relating to quality, are addressed as soon as possible.	<ul style="list-style-type: none"> • Audit reports • Resulting amendments made to policy and procedures of the programme
15.2. Providers must ensure that threats to the quality of the programme are reported to the GDC.	<ul style="list-style-type: none"> • Risk log with solutions and actions taken • Evidence of past notifications to the GDC • Reports received and actions taken
15.3. Providers must use feedback to inform and improve programme development.	<ul style="list-style-type: none"> • Changes to the programme submitted to the GDC where relevant • Internal verification/quality assurance reports • Feedback forms and details of actions taken
15.4. There must be a clear statement about where responsibility lies for the quality framework.	<ul style="list-style-type: none"> • Use of multisource feedback including patient feedback • Relevant policy, procedures and documentation supporting quality management of the programme
15.5. Providers must ensure the programme is routinely monitored, quality assured and developed to ensure it captures up to date and best practice.	<ul style="list-style-type: none"> • Review policy and timeline

Requirements	Suggested evidence
16. The provider must subject programmes to independent external scrutiny by appropriate individual(s).	<ul style="list-style-type: none"> • Information on external review bodies e.g. QAA, Ofqual • Information about external examiners and verifiers
16.1. Providers must have external, impartial quality assurance to ensure that assessments are fair, rigorous, set at the correct standard, and ensure equity of treatment for all students.	<ul style="list-style-type: none"> • Internal verification/quality assurance reports • Details of external examiners • Minutes of external examiner meetings • External examiner role profile
16.2. Providers must clearly document the recruitment, training, and responsibilities of the external individual(s).	<ul style="list-style-type: none"> • External examiners reports • Records showing responses to external examiner input and any actions taken
16.3. Providers must keep auditable records of all external quality assurance reports and recommendations including subsequent action taken.	<ul style="list-style-type: none"> • Documentation, training and guidance provided to external examiners
17. Providers must have a robust process for standard setting.	<ul style="list-style-type: none"> • Marking/assessment criteria and guidance for staff and students including for continuous assessments
17.1. Providers must ensure that staff involved in assessment are aware of the standard expected of students and the necessary calibration is carried out.	<ul style="list-style-type: none"> • Relevant policy and procedures including managing bias • Standard setting procedures • Arrangements for failed candidates
17.2. Providers must have a clear standard setting process that is regularly reviewed to ensure ongoing effectiveness.	<ul style="list-style-type: none"> • Appeals process • Student and staff handbooks • Evidence of the communication mechanisms used • Records of assessment review meetings • Evidence of training specific to the assessment of students and relevant experience • Recruitment and appointment policy and procedures • Assessor calibration and recalibration training

Requirements	Suggested evidence
18. Providers must have robust assessment strategies.	
18.1. Providers must ensure that assessments are fit for purpose, valid, reliable, and use methods appropriate to achieving the latest GDC learning outcomes and in line with current and best practice.	<ul style="list-style-type: none"> • Mapping and description of assessments • Remit and minutes of responsible groups or committees • Internal programme review process • Access to assessments used on a programme • External examiner feedback • Internal and external reviews
18.2. Providers must collect and analyse assessment results against the diversity of the student demographics and take necessary action to address any inequalities.	<ul style="list-style-type: none"> • Psychometric analysis of assessments • Action plans developed in response to identified awarding gaps or demographic disparities • Marking/assessment criteria and guidance for staff and students including for continuous assessments
18.3. Providers must ensure that assessment is fair and undertaken against clear criteria.	<ul style="list-style-type: none"> • Relevant policy and procedures including managing bias
18.4. Providers must ensure that students only undertake assessment once they have demonstrated they meet the agreed criteria.	<ul style="list-style-type: none"> • Standard setting procedures • Arrangements for failed candidates; appeals process • Student and staff handbooks
18.5. Providers must ensure that assessments are routinely monitored, quality assured and developed to ensure they capture up to date and best practice.	<ul style="list-style-type: none"> • Evidence of the communication mechanisms used • Records of assessment review meetings



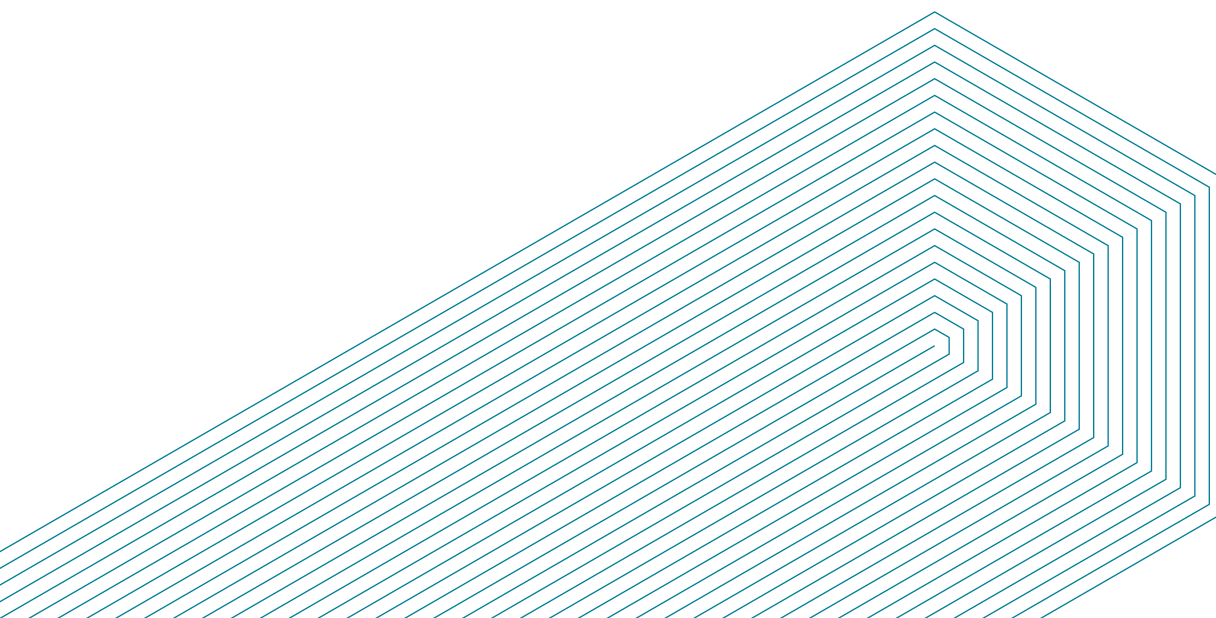
Standard 4

Quality evaluation and review of the assessment: the provider must have effective policies and procedures in place for the monitoring and review of the assessment leading to the award of a qualification.

(Applicable to the providers that **only deliver assessments**).

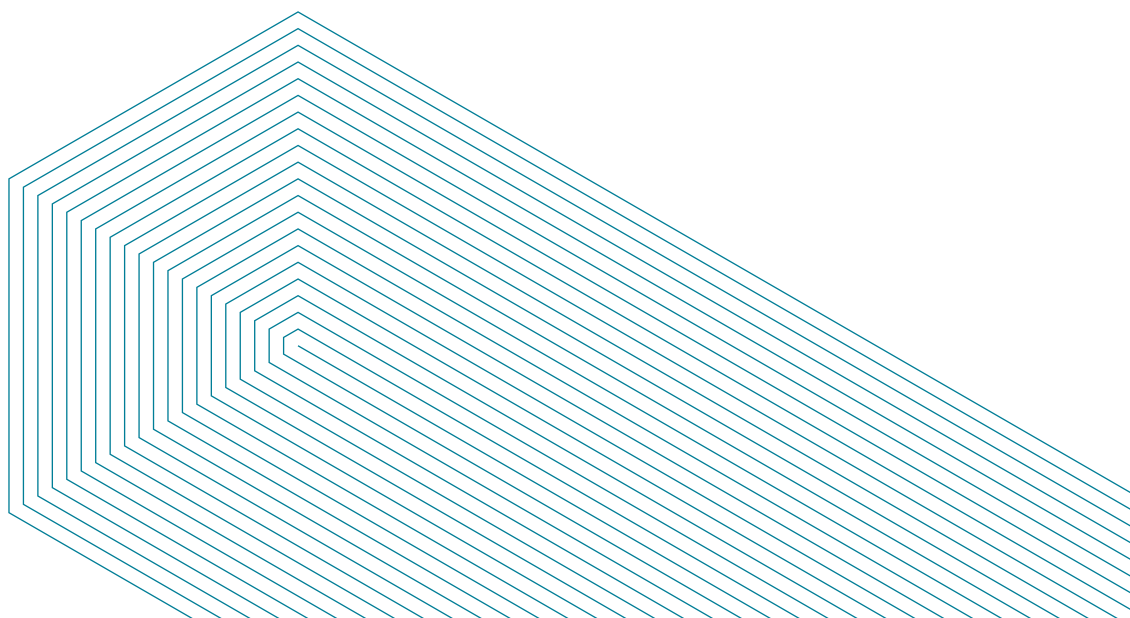
Requirements	Suggested evidence
19. Assessment providers must have a quality framework in place.	
19.1. Providers must ensure assessment is designed to demonstrate student competence against the latest GDC learning outcomes and behaviours.	<ul style="list-style-type: none"> • Documentation supporting quality management of the programme • Review policy and timeline • Risk registers • Whistleblowing policy • Minutes from committee(s) responsible for programme review
19.2. There must be a clear statement about where responsibility lies for the quality framework.	<ul style="list-style-type: none"> • Audit reports • Resulting amendments made to policy and procedures of the programme
19.3. Providers must ensure that any concerns identified through the operation of the quality framework, including internal and external reports relating to quality, are addressed as soon as possible.	<ul style="list-style-type: none"> • Risk log with solutions and actions taken • Evidence of past notifications to the GDC • Reports received and actions taken • Changes to the programme submitted to the GDC where relevant
19.4. Providers must ensure that threats to the quality of the assessment are reported to the GDC.	<ul style="list-style-type: none"> • Internal verification/quality assurance reports • Feedback forms and details of actions taken
19.5. Providers must ensure that students are awarded a qualification only when they have met all the latest GDC learning outcomes and demonstrated the expected professional behaviours.	<ul style="list-style-type: none"> • Relevant policy, procedures and documentation supporting quality management of the programme • Review policy and timeline
19.6. Providers must have external, impartial quality assurance to ensure that assessments are fair, rigorous, set at the correct standard, and ensure equity of treatment for all students.	
19.7. Providers must ensure that students demonstrate their understanding of the principles of valid consent and confidentiality when treating patients.	

Requirements	Suggested evidence
20. Assessment must be fair and undertaken against approved criteria.	
20.1. Providers must ensure that staff involved in assessment are aware of the standard expected of students and the necessary calibration is carried out.	<ul style="list-style-type: none"> • Mapping and description of assessments • Remit and minutes of responsible groups or committees • Internal programme review process • Access to assessments used on a programme • External examiner feedback
20.2. Providers must have a clear standard setting process that is regularly reviewed to ensure ongoing effectiveness.	<ul style="list-style-type: none"> • Internal and external reviews • Psychometric analysis of assessments • Action plans developed in response to identified awarding gaps or demographic disparities
20.3. Providers must ensure that students only undertake the assessment once they have demonstrated they meet the agreed criteria.	<ul style="list-style-type: none"> • Marking/assessment criteria and guidance for staff and students including for continuous assessments • Relevant policy and procedures including managing bias
20.4. Providers must collect and analyse assessment results against the diversity of the student demographics and take necessary action to address any inequalities.	<ul style="list-style-type: none"> • Standard setting procedures • Arrangements for failed candidates; appeals process • Evidence of the communication mechanisms used • Records of assessment review meetings



Requirements	Suggested evidence
21. Assessment providers must demonstrate that assessments are fit for purpose and deliver results which are valid and reliable.	
21.1. Providers must ensure that assessments are fit for purpose, valid, reliable, and use methods appropriate to the latest GDC learning outcomes and in line with current and best practice.	<ul style="list-style-type: none"> • Marking/assessment criteria and guidance for staff and students • Relevant policy and procedures including managing bias • Standard setting procedures • Arrangements for failed candidates • Appeals process • Evidence of the communication mechanisms used
21.2. Providers must ensure that assessments are routinely monitored, quality assured and developed to ensure they capture up to date and best practice and are up to date with relevant laws and regulations.	<ul style="list-style-type: none"> • Records of assessment review meetings • Examiner training and CPD • Examiner recruitment • Digital usage strategy
21.3. Providers must ensure that students are aware of the standard expected of them in assessments.	<ul style="list-style-type: none"> • Digital education strategy or statement • Education strategy • Assessment policies
21.4. Providers must give feedback to students on their assessments.	
21.5. Providers must routinely develop, refine, monitor and quality manage assessments against clearly outlined and approved criteria.	
21.6. Examiners must have appropriate skills, experience and training to undertake the task of assessment, including registration with the relevant regulatory body.	
21.7. Providers must ensure that staff and students have an appropriate and up-to-date working knowledge of technological developments relevant to dentistry, education, and assessment.	

Requirements	Suggested evidence
22. Assessment providers must document external quality assurance reports 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.	<ul style="list-style-type: none"> • Information on external review bodies e.g. QAA, Ofqual • Information about external examiners and verifiers • Internal verification/quality assurance reports • Details of external examiners
22.1. Providers must keep auditable records of all external quality assurance reports and recommendations including subsequent action taken.	<ul style="list-style-type: none"> • Minutes of external examiner meetings • External examiner role profile • External examiners reports
22.2. Individuals responsible for external quality assurance must have demonstrable knowledge, skills and, experience for this role.	<ul style="list-style-type: none"> • Records showing responses to external examiner input and any actions taken • Documentation, training and guidance provided to external examiners • Staff and student wellbeing policies
22.3. Providers must have processes to support student and staff wellbeing.	<ul style="list-style-type: none"> • Staff roles such as wellbeing leads or mental health first aiders • Signposting to internal or external support mechanisms • Staff appraisals for wellbeing • Feedback on wellbeing practices • Reasonable adjustment policies used to support applicants with specific needs • Opportunities for candidates to disclose disabilities and support needs • Clearly articulated and transparent processes for handling complaints of prospective students that are accessible to all stakeholders • Awarding gap data



Glossary / description of terms used

Additional support

Educational and pastoral support provided to students who require additional assistance to meet learning outcomes, ensuring they develop the necessary competencies to become a safe practitioner. This could include reasonable adjustments to support with assessment or access to the course.

Appropriate breadth of patients and procedures

Students should be exposed to a variety and number of patient cases and procedures so that the provider is assured that the student has the opportunity develop the knowledge, skills, and behaviours expected of a safe practitioner in line with their scope of practice and according to the provider's policies and quality assurance processes.

Assessment

All programmes should include both formative and summative assessments. Assessment enables programme staff to measure and record a student's progress towards achieving the learning outcomes necessary for the completion of their programme and registration as a dental professional. A wide variety of assessment methods are commonly used, including:

- continuous assessments,
- record of clinical/technical activity,
- case presentations,
- written exercises,
- research exercises,
- peer feedback,
- summative end of module/year/programme examinations.

Appropriate assessment must be reliable and valid. All assessments should have clear criteria for success and examiners. Assessors should be properly trained and briefed to carry out assessments. Each individual learning outcome does not necessarily require its own assessment; one assessment may cover several learning outcomes, and some learning outcomes will be assessed multiple times in different ways throughout a training programme.

Assessment provider

An institution or organisation responsible for the assessment of students or trainees that can lead to registration with the General Dental Council.

Awarding gap

A difference in attainment between groups of students, also known as an 'attainment gap'. These primarily affect communities or individuals who face systemic disadvantages or discrimination in accessing education and professional opportunities, requiring targeted support and inclusion efforts.

Awarding organisation

An institution or organisation responsible for awarding the qualification, following delivery of the education and training by a provider. It is the responsibility of the awarding organisation to work with the GDC during QA activities and provide relevant information relating to their education provider(s).

Behaviours

Educational content that providers must monitor to consider students and trainees fit for professional practice. See the [Safe Practitioner framework](#) for further details.

Calibration

The process of the staff involved in assessments discussing and agreeing the level expected, enabling them to make consistent and fair judgements to ensure parity. Also referred to as 'standardisation' or 'alignment'.

Central recording and monitoring system(s)

The system(s) used by an education provider to record and monitor student outcomes and behaviours.

CPD

Continuing professional development. Learning, training, or other developmental activities which can reasonably be expected to maintain and develop a person's practice and is relevant to the person's field of practice.

Education provider or provider

An institution or organisation responsible for dental education and training programmes that can lead to registration with the General Dental Council.

Equality, diversity and inclusion

The commitment to ensuring that all individuals, regardless of background, have equitable opportunities and support, with recognition of potential barriers before and during the programme.

Equity of treatment

Equity involves providing resources and opportunities based on individual needs or circumstances to achieve equal opportunities for success.

Evidence-based approach

The conscientious and judicious use of current best evidence in conjunction with clinical expertise and patient values to guide healthcare decisions.

Feedback from multiple sources

Feedback from a variety of individuals connected to the student or trainee, such as clinical supervisors, teaching staff, other members of the dental team, peers and patients.

Fitness to Practise

If someone is 'fit to practise', they have the appropriate skills, knowledge, character and health to treat patients safely and effectively. A practitioner's fitness to practise also includes any actions which they may have taken which affect public confidence in dental professionals and their regulation.

Gateway assessment

A mandatory assessment that students or trainees must pass before they can move on to the next stage of the programme. It ensures that learners display the required knowledge, competencies, or professionalism before they move on to higher levels of clinical practice or responsibility.

GDC's standards and guidance framework

The regulatory framework outlining the expectations, standards, and guidance for dental education, training, and professional practice in the UK.

GDC's programme modification process

The process for the GDC to review and approve suggested changes to a programme or qualification that may impact how students will meet the learning outcomes. More information can be found [here](#).

Guidance

Advice and recommendations provided by the GDC and education providers/awarding organisations to support students, trainees, and staff in meeting educational and professional standards.

Inclusive admissions

An admissions system which seeks to minimise any unnecessary barriers in the process which may prevent some groups of applicants from making a successful application. Fairness and reliability are embedded principles within admissions and recruitment, and inclusivity pervades throughout the process from outreach activity to processes and practices to enrolment.

Inclusive assessment

Inclusive assessments focus on the ways in which assessment design can proactively minimise the likelihood of students being excluded, overlooked and/or disadvantaged through the ways in which they are assessed across their studies. Inclusive assessment aims to tackle assessment at the point of design in order to ensure that the ways in which we assess do not exclude or unfairly disadvantage some students.

Independent external scrutiny

Individuals who are not otherwise affiliated with the provider and provide external quality assurance to the content of the programme and/or assessments. Some providers will use individuals who are not registered with the GDC. This is acceptable if the individual is appropriately qualified for the section of the programme they will be reviewing.

Informed and valid consent

For consent to be valid, it must be voluntary and informed. The person consenting must have the capacity to make the decision. The meanings of these terms are:

- **voluntary** – the decision to either consent or not to consent to treatment must be made by the person, and must not be influenced by pressure from medical staff, friends or family;
- **informed** – the person must be given all of the information about what the treatment involves, including the benefits and risks, whether there are reasonable alternative treatments, and what will happen if treatment does not go ahead;
- **capacity** – the person must be capable of giving consent, which means they understand the information given to them and can use it to make an informed decision.

If an adult has the capacity to make a voluntary and informed decision to consent to or refuse a particular treatment, their decision must be respected. This is still the case even if refusing treatment would result in their death, or the death of their unborn child.

If a person does not have the capacity to decide about their treatment and they have not appointed a lasting power of attorney, the healthcare professionals treating them can go ahead and give treatment if they believe it's in the person's best interests. Clinicians must take reasonable steps to discuss the situation with the person's friends or relatives before making these decisions.

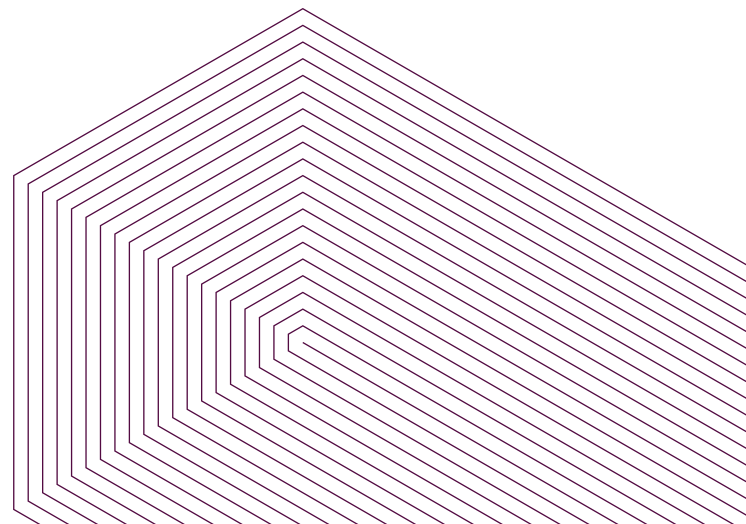
Consent can be given:

- **verbally** – for example, a person saying they're happy to have an X-ray
- **in writing** – for example, signing a consent form for surgery.

Someone could also give non-verbal consent, as long as they understand the treatment or examination about to take place – for example, holding out an arm for a blood test. Consent should be given to the healthcare professional responsible for the person's treatment. Someone with parental responsibility may need to give consent for a child up to the age of 16 to have treatment.

Learning outcomes

A defined list of the skills, competencies, and knowledge that students and trainees must demonstrate upon completion of their education and training to be considered fit for professional practice. See the [Safe Practitioner framework](#) for further details.



Marginalised groups

Communities or individuals who face systemic disadvantages or discrimination in accessing dental education and professional opportunities, requiring targeted support and inclusion efforts. Marginalised groups include those with protected characteristics:

- age
- gender reassignment
- being married or in a civil partnership
- being pregnant or on maternity leave
- disability
- race including colour, nationality, ethnic or national origin
- religion or belief
- sex
- sexual orientation.

It may also refer to persons disadvantaged due to other factors, including socio-economic status, regional origin, mental health challenges, neurodivergence, physical appearance, caregiving responsibilities, or genetic information.

Patients

Individuals who receive care from students and trainees in supervised clinical settings.

Placement

Placements are locations where a student or trainee will work clinically outside the provider's main clinic(s). Some students and trainees are employed in clinical settings whilst on their programme. It is also commonly known as "outreach".

Professionalism

The demonstration of behaviour, performance, and ethics which entails a collective responsibility of the members of the profession to serve the public good according to the GDC's Principles of Professionalism.

Professional registration

The formal process by which individuals are added to the GDC's register as qualified dental professionals, allowing them to practise in the UK.

Programme

A course delivered by an education provider that incorporates the taught course, clinical or technical experience and assessments. The completion of a programme means that a student or learner is eligible for registration with the GDC.

Raising concerns

Concerns around patient safety might include:

- the health, behaviour or professional performance of a colleague;
- any aspect of the environment where treatment is provided; or
- someone asking you to do something that you think conflicts with your duties to put patients interests first and act to protect them.

Concerns must be raised even if the person raising the concern is not in a position to control or influence the working environment. The duty to raise concerns overrides any other personal and professional loyalties or concerns.

Relevant legislation and guidance

Legal and regulatory frameworks that govern dental education and practice, including GDC regulations, national healthcare policies, and professional standards.

Routine clinical and technical procedures

Clinical or technical tasks that require the skills and abilities each group of students should have according to their individual stage of development within the relevant scope of practice.

Safe practitioner (see the Safe Practitioner framework for further details)

A dental professional who demonstrates the necessary knowledge, skills, and behaviours to provide safe, effective, and patient-centred care, recognising and managing risks appropriately.

Staff

Individuals involved in the delivery of dental education and training, including senior management, academic staff, clinical educators and supervisors, administrative personnel, and support staff.

Standards for the dental team

The standards of conduct, performance, and ethics that govern dental professionals. More information can be found [on the GDC website](#).

Students

Including trainees and other learners who are undertaking dental education or training programmes.

Supervisors

Professionals appropriately trained to be responsible for overseeing, guiding, and supporting students and trainees in clinical and educational settings to ensure safe and effective practice. In clinical or technical settings, supervisors must be GDC registrants.

Technological developments

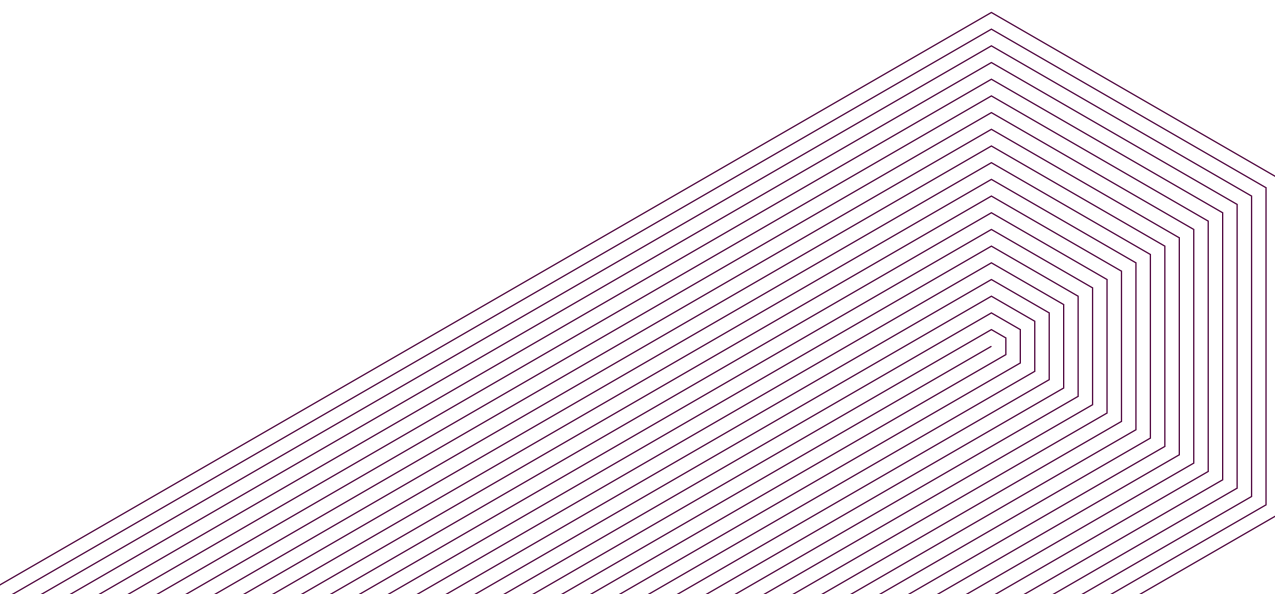
Technologies relevant to dentistry or education that are currently developing, or that are expected to be implemented in the near future, that are expected to have a significant social, institutional or economic impact.

Threats to the quality of the programme

Any changes to the programme that could negatively impact the students' likelihood to meet any of the learning objectives in the Safe Practitioner framework. Further details can be found [on the GDC website](#).

Working with patients

Any clinical or technical task that could potentially impact the health or safety of a patient.





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