General Dental Council

Education Quality Assurance Inspection Report

Education Provider/Awarding Body	Programme/Award	Inspection Dates
Teesside University	BSc (Hons) Dental Hygiene and Dental Therapy	18 May 2021 (completion of inspection commenced in 2019)

Outcome of Inspection	Recommended that the BSc (Hons) Dental Hygiene and Dental Therapy continues to be approved for the graduating cohort to register as a dental hygienist and a dental therapist.

Full details of the inspection process can be found in the annex

Inspection summary

Remit and purpose of inspection:	**Inspection referencing the *Standards for Education* to determine approval of the award for the purpose of registration with the GDC as a dental hygienist and dental therapist.** **Risk-based inspection as a continuation of 2019/20 focusing on Requirements 1, 4, 7, 11, 12, 13, 14, 15, 17 and 21**
Learning Outcomes:	**Preparing for Practice dental hygiene and dental therapy**
Programme inspection dates:	**18 May 2021 (1 day)**
Inspection team:	**Eileen Skinner** (Chair and Non-registrant Member) **Joanne Brindley** (DCP Member) **Mohammad Khalid Mushtaq** (Dentist Member) **Kathryn Counsell-Hubbard** (GDC staff member)

The BSc (Hons) Dental Hygiene and Dental Therapy programme ("the programme") offered by Teesside University (hereafter referred to as "the provider" or the "School") was subject to a pre-inspection meeting in 2018/19 followed by a risk-based programme inspection in 2019/20. The inspection concluded with the panel requesting an exam inspection for June 2020 to review the student assessment data and observe a progression board meeting. This inspection was unfortunately postponed due to the COVID-19 pandemic, hence an inspection taking place in 2020/21.

Since the postponement of the exam inspection, it is clear to the panel that the programme team has worked hard to deliver the requisite student experience during such difficult times. While some work against the actions set down in the previous report has been delayed, some development has taken place, most notably in regard to the process for dealing with patient safety issues and in assessing students in the clinical area. The panel found that the programme team's dedication to their students was still clear and that students were receiving as optimal an experience as can be provided in the circumstances.

The GDC implemented a process of targeted monitoring in 2020/21 to assess the graduating cohorts of dental and dental hygiene and therapy programmes to ensure that students were meeting the level of a 'safe beginner'. Due to students' reduced exposure to clinical experience, as a result of national and local lockdowns, an additional layer of quality assurance was required. This ensured that students without the required levels of experience were not able to graduate and potentially cause harm to patients.

The School was subject to a targeted monitoring exercise which took place in August/September 2021. The inspection panel was responsible for assessing the additional data from the targeted monitoring to allow for consistency and contextual knowledge of the programme to be incorporated. The School was found to have provided students with sufficient experience to allow the “safe beginner” level to be met. Therefore, additional targeted inspection activity was not required.

The GDC would like to thank the staff at Teesside University for their engagement and patience.

Background and overview of qualification

Annual intake	24 students
Programme duration	107 weeks across 3-year duration
Format of programme	**Year 1:** Theory -anatomy and physiology -dental prevention and oral health promotion -foundations in dental care (health, safety and security within the workplace, legislation, GDC standards) -evidence based practice Clinical -simulated clinical skills (periodontal, LA & Preventive treatments) -commence restorative skills towards the end of the year in simulated environment -shadowing (peer learning) on clinic -direct contact with patients following gateway assessment in periodontal and preventive treatments and LA (onsite facility) **Year 2** Theory -periodontal and oral diseases -development in evidence-based practice -dental radiology and radiography -theory of restorative dentistry (adult and paediatrics) Clinical -simulated clinical skills development (restorative skills) -shadowing (peer learning) on clinic -direct contact with patients following gateway assessment in restorative management (onsite facility) -continuation of direct contact with patient periodontally (onsite facility) -radiography 5-day placement (dental hospital radiography dep't) **Year 3** Theory -management of complex cases (dental diseases and systemic diseases incorporating risk management and treatment planning for elderly & paediatric care) -dissertation -leadership and management skills Clinical -simulated clinical skills development (final complex restorative skills within SoP) -continuation of direct contact with patients with full SoP (onsite facility & external placements)
Number of providers delivering the programme	N/A

Outcome of relevant Requirements[1]

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

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

Standard 1 – Protecting patients
Providers must be aware of their duty to protect the public. Providers must ensure that patient safety is paramount and care of patients is of an appropriate standard. Any risk to the safety of patients and their care by students must be minimised.

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

Extract from 2019 report:

Based on discussions with the provider, gateway assessments appear to be effective at separating those students who are ready to progress and those who need to gain additional competence. There was no evidence, either from staff or students, that students attended clinical areas without being properly prepared.

A high number of patient safety incidents were reported. As a result, this issue combined with inadequate documentary evidence of a robust gateway assessment meant that the panel could not consider this Requirement to be met.

During the 2019 inspection, a discrepancy was found in the marking of a gateway assessment. The programme team subsequently conducted an audit and found no further anomalies. The panel heard that the gateway assessments are double marked and reviewed by the external examiner.

The audit also allowed the inspection team to assure themselves that the gateway assessments were robust. This was confirmed. The panel is content that additional processes adopted to better supervise students will reduce the high number of patient safety incidents reported for 2017/18 and preceding years, which prompted the pre-inspection meeting in June 2019. On that basis, the Requirement is now considered to be met.

Requirement 2: Providers must have systems in place to inform patients that they may be treated by students and the possible implications of this. Patient agreement to treatment by a student must be obtained and recorded prior to treatment commencing. *(Requirement Met)*

Requirement 3: Students must only provide patient care in an environment which is safe and appropriate. The provider must comply with relevant legislation and requirements regarding patient care, including equality and diversity, wherever treatment takes place. *(Requirement Met)*

Requirement 4: When providing patient care and services, providers must ensure that students are supervised appropriately according to the activity and the student's stage of development. *(Requirement Met)*

Extract from 2019 report:

We considered this requirement is partly met. The panel found that work is still required to ensure constant, effective supervision which is the priority of the programme team. The programme team must continue to evaluate supervision plans in place and should also find an alternative activity for non-operative and non-assisting students rather than studying in an operative area.

The programme team reported an increase in staff/student supervision ratios due to COVID-19. While these are not sustainable for the future, when safety precautions are likely to be relaxed, the pandemic has triggered renewed growth in School management budgets, which has had a positive impact on the programme team's ability to recruit staff. In addition, a 'staff pool' has been established to ensure coverage of supervision ratios that may otherwise be affected by sickness absence. These developments were viewed positively by the panel who found the Requirement to be met.

Requirement 5: Supervisors must be appropriately qualified and trained. This should include training in equality and diversity legislation relevant for the role. Clinical supervisors must have appropriate general or specialist registration with a UK regulatory body. ***(Requirement Met)***

Requirement 6: Providers must ensure that students and all those involved in the delivery of education and training are aware of their obligation to raise concerns if they identify any risks to patient safety and the need for candour when things go wrong. Providers should publish policies so that it is clear to all parties how concerns should be raised and how these concerns will be acted upon. Providers must support those who do raise concerns and provide assurance that staff and students will not be penalised for doing so. ***(Requirement Met)***

Requirement 7: Systems must be in place to identify and record issues that may affect patient safety. Should a patient safety issue arise, appropriate action must be taken by the provider and where necessary the relevant regulatory body should be notified. ***(Requirement Met)***

Extract from 2019 report:

The panel was satisfied as to the recording of incidents and consideration of risk, but the dissemination of learning and evidence of changes made to the programme as a result of any incidents was not provided. The programme team advised that changes would be implemented if necessary. The Requirement is therefore found to be partly met at this stage.

Programme changes and learning from patient safety incidents was discussed. The programme team stated that emails are sent to students when learning reveals that an additional reminder or piece of information ought to be shared. Evidence was provided following the inspection confirming this. The panel found the Requirement to be met.

Requirement 8: Providers must have a student fitness to practise policy and apply as required. The content and significance of the student fitness to practise procedures must be conveyed to students and aligned to GDC Student Fitness to Practise Guidance. Staff involved in the delivery of the programme should be familiar with the GDC Student Fitness to Practise Guidance. Providers must also ensure that the GDC's Standard for the Dental Team are embedded within student training. ***(Requirement Met)***

Standard 2 – Quality evaluation and review of the programme
The provider must have in place effective policy and procedures for the monitoring and review of the programme.

Requirement 9: The provider must have a framework in place that details how it manages the quality of the programme which includes making appropriate changes to ensure the curriculum continues to map across to the latest GDC outcomes and adapts to changing legislation and external guidance. There must be a clear statement about where responsibility lies for this function. ***(Requirement Met)***

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. ***(Requirement Met)***

Requirement 11: Programmes must be subject to rigorous internal and external quality assurance procedures. External quality assurance should include the use of external examiners, who should be familiar with the GDC learning outcomes and their context and QAA guidelines should be followed where applicable. Patient and/or customer feedback must be collected and used to inform programme development. ***(Requirement Met)***

Extract from 2019 report:

To meet this Requirement, the programme leads must develop better mechanisms to record changes to the programme including the provenance of those changes. External examiner report templates must encourage detailed commentary on the programme and must be responded to formally in a timely fashion. There should be a clear audit trail and records such as meeting minutes must be kept documenting whether suggestions from the external examiners have been accepted or not, and the reasons for this.

The programme team detailed the changes they had introduced to address the concerns raised in the previous report. The programme lead was able to detail the quality assurance process which proposed changes have to go through, as well as the expansion to the external examiner report template. This now prompts the external examiner to comment in more detail and allows them to record their findings against any changes recently introduced.

The Requirement was found to be met.

Requirement 12: The provider must have effective systems in place to quality assure placements where students deliver treatment to ensure that patient care and student assessment across all locations meets these Standards. The quality assurance systems should include the regular collection of student and patient feedback relating to placements. ***(Requirement Partly Met)***

Extract from 2019 report:

Evidence of patient feedback was not provided, however, as this is given directly to the students. Students are expected to share this with the provider but there is no mechanism in place to ensure that this happens. The panel was concerned at the potential for students to withhold critical feedback and therefore found the requirement to be partly met. The provider must introduce an alternative method to gather patient feedback is gathered on outreach placements to ensure that it is directly shared with and retained by the School itself.

One element of the Requirement that the panel felt still required to be rectified related to patient feedback. Meaningful feedback still does not appear to be gathered. Furthermore, feedback does not appear to contribute to any quality assurance or reflective discussions which the programme team has when considering potential changes. Some work has been done in this area, however, and the panel felt that the use of a QR code that patients can scan to then give feedback in their own time was a particular innovation and one to be applauded. The subsequent feedback received via the QR code and how this has been used did not satisfy the panel that the Requirement is fully met. The panel was very mindful that implementing changes that do not directly deal with the COVID-19 pandemic has been exceptionally difficult, and while the Requirement is still partly met, this does not detract from the work that has gone into assessing and, potentially, revising, large parts of the programme.

The panel were confident that given time during 'normal' circumstances, the programme team will be able to ensure that meaningful feedback is obtained, properly reviewed and used to improve the programme.

Standard 3– Student assessment
Assessment must be reliable and valid. The choice of assessment method must be appropriate to demonstrate achievement of the GDC learning outcomes. Assessors must be fit to perform the assessment task.

Requirement 13: To award the qualification, providers must be assured that students have demonstrated attainment across the full range of learning outcomes, and that they are fit to practise at the level of a safe beginner. Evidence must be provided that demonstrates this assurance, which should be supported by a coherent approach to the principles of assessment referred to in these standards. *(Requirement Met)*

Extract from 2019 report:

The Requirement is found to be partly met. The programme team must review the grading system for patient interactions, explore bringing the sign-up process forward and introduce measures for the ongoing review of student experience to ensure gaps in experience and/or competence are identified early, particularly in Year Three.

The provider has taken steps to address the issues highlighted following the last inspection. Additional progress meetings have been introduced into Year Two with the sole remit of monitoring progression. A 'RAG' (Red, amber, green) rating system is used at these meetings and the data is fed into the formal progress meetings attended by the programme team.

Compensation across elements of a clinical procedure has been addressed through a review of the clinical feedback form. This is completed after every patient interaction and has been updated to include a greater level of detail. It is now possible to see how students have performed across each component of the interaction. This ensures increased scrutiny at tutorials and by the team at other meetings. Grades from the clinical feedback form are now logged and held centrally.

Evidence was reviewed by the panel as part of the targeted monitoring exercise, which dealt with the School's COVID-19 response and was aligned to the regular inspection process. This data demonstrated that the students have met the learning outcomes and are reaching the target levels of experience set down by the programme. As is understandable given the pandemic, experience in some areas was lower than the panel felt would be optimal. Experience with paediatric patients, for example, was an area in which students across the graduating cohort had struggled.

The levels of clinical experience were deemed to be acceptable in the context of the pandemic and were enhanced by the increased monitoring and Adopt-a-Therapist scheme (covered under Requirement 15). However, the School should be aware that similar clinical numbers may not be deemed to be acceptable in normal circumstances.

The School must ensure that it continues with the close monitoring of students. It must also increase students' access to paediatric patients. The Requirement is deemed to be met.

Requirement 14: The provider must have in place management systems to plan, monitor and centrally record the assessment of students, including the monitoring of clinical and/or technical experience, throughout the programme against each of the learning outcomes. *(Requirement Partly Met)*

Extract from 2019 report:

The panel considered the central recording systems lacked cohesion and could potentially allow information to be lost. Student portfolios were due to be reviewed as part of the second

inspection visit which was not possible to complete. While it is accepted that the portfolios may have provided additional information relevant to this Requirement, in their absence the panel can only find the Requirement to be partly met based on the evidence that it was possible to review.

Students' portfolios were duly provided and reviewed. The panel was content with these and found that they demonstrated the provider's ability to monitor their students across all facets of the programme.

The panel understood that a new central recording system has not been implemented during the pandemic. It remained concerned that important student data could be lost or missed swapping between systems and paper records. However, the panel was heartened to hear that a potentially positive aspect of the pandemic has been an increased awareness of the programme within the School for Health & Life Sciences and at higher levels within the University. The programme team was hopeful that this awareness would lead to increased investment of resources in the programme, resulting in a new central recording system.

The Requirement continues to be 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. *(Requirement Met)*

Extract from 2019 report:

The panel noted there was disparate and/or low levels of experience in multiple procedures. The final clinical numbers provided for the current Year Three cohort demonstrated that the experience was not equitable across the student group. Some students had up to three times the amount of experience in some procedures, or groups of procedures, as their colleagues. Such a disparity could indicate an issue with the way in which the clinical recording system is utilised, and this must be investigated by the programme team.

The Requirement is partly met.

Part of the provider's response to COVID-19, and the challenges of related restrictions on clinical practice, was to introduce additional monitoring and a new scheme called Adopt-a-Therapist (AaT). Additional monitoring has come in the form of a centralised spreadsheet which records individual student experience. When gaps in experience are noted, the student can then be sent to an appropriate placement for the experience required. Regular tripartite meetings involving a student, their mentor and a member of the programme team have also allowed and ensure closer monitoring of student experience.

The AaT scheme allowed for students to be placed at local practices to nurse for a dentist or therapist and then have mentors supervise the student in return. The nursing aspect has proved to be advantageous for the practices and therefore sign up to the scheme has been healthy. Potential mentors must attend an online workshop, which can be completed at a time of their choosing, before completing marking calibration using student-based scenarios. The panel was very impressed and supportive of the AaT scheme and hope that this will continue.

The final clinical experience data was reviewed by the panel after the inspection and revealed that students had met the levels of competency required to be at the "safe beginner" standard. The panel would urge the provider to continue close monitoring of students to ensure that experience levels continue to rise. The issue of disparity between levels of experience was not a primary issue for the panel based on the 2020/21 graduating cohort's clinical experience as

this was assessed to ensure minimum levels of attainment against the provider's stipulated criteria. However, the provider should be mindful that disparities do not reappear or increase once the focus on clinical attainment has returned to pre-pandemic levels.

The Requirement is met.

Requirement 16: Providers must demonstrate that assessments are fit for purpose and deliver results which are valid and reliable. The methods of assessment used must be appropriate to the learning outcomes, in line with current and best practice and be routinely monitored, quality assured and developed. (*Requirement Met)*

Requirement 17: Assessment must utilise feedback collected from a variety of sources, which should include other members of the dental team, peers, patients and/or customers. *(Requirement Partly Met)*

Extract from 2019 report:

The panel found the evidence overall to be limited. A variety of feedback was not demonstrated. This requirement was therefore found to be partly met.

Multiple source feedback is utilised by the programme team, but it has not been possible to address the breadth and depth of the feedback due to the ongoing challenges caused by COVID-19.

The provider recognised that an updated information gathering system (a central recording system, as highlighted under Requirement 14) would be of benefit as it would allow for feedback to be collated and themes identified. To that end, the provider has developed links with other schools to look at their systems and take this work forward.

The panel were confident that as the pressures of the pandemic reduce, the provider will have additional opportunity to review feedback and find a way to incorporate this into whichever centralised system it eventually utilises. Until that time, the Requirement is still partly met.

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

Requirement 19: Examiners/assessors must have appropriate skills, experience and training to undertake the task of assessment, including appropriate general or specialist registration with a UK regulatory body. Examiners/ assessors should have received training in equality and diversity relevant for their role. *(Requirement Met)*

Requirement 20: Providers must ask external examiners to report on the extent to which assessment processes are rigorous, set at the correct standard, ensure equity of treatment for students and have been fairly conducted. The responsibilities of the external examiners must be clearly documented. (*Requirement Met)*

Requirement 21: Assessment must be fair and undertaken against clear criteria. The standard expected of students in each area to be assessed must be clear and students and staff involved in assessment must be aware of this standard. An appropriate standard setting process must be employed for summative assessments. (*Requirement Met)*

Extract from 2019 report:

The panel could not be assured the Requirement is met based on the information provided. Inaccurate marking and lack of detail in the assessment paperwork providing remotely do not evidence that clear criteria are in place or that is a cohesive standard applied to assessments. The provider must improve both their recording and marking of summative assessments to ensure that anyone who needs to review such data, such as external examiners or University auditors, have a clear picture of how students are assessed and how they are performing.

Based on the evidence reviewed to date, the Requirement is partly met.

Since the inspection in 2019, the provider has conducted a review of their marked assessments and found that all, aside from the one highlighted by the panel at that time, were marked correctly and in-line with the University rules.

Further to this, the mentor workshops have been updated to address disparities in the marking of students' clinical experience.

The Requirement is now met.

Summary of Action

Req. number	Action	Observations & response from Provider	Due date
12	The provider must ensure the gathering of meaningful patient feedback and incorporate the review of this into their formal quality management process.	The current process allows students to gather patient feedback and incorporate this into student assessment via a portfolio. The team recognise that this process could be improved therefore plans are underway for the development of a more comprehensive data gathering system. Incorporating patient feedback into the intended system would allow the University to draw down meaningful data to be used for continual improvement of the course.	Monitoring
14	The provider must continue to explore options and ultimately implement a central recording system.	The team recognise data gathering could be enhanced. Currently data gathering takes place across several systems. Plans are underway for the development of a more comprehensive data gathering system which addresses the deficits of the current data gathering systems.	Monitoring
17	The must continue to review mechanisms for gathering and collating feedback to ensure that this can be utilised within the assessment process.	The team recognise that the recording of feedback from a variety of sources can be enhanced. This forms part of our action plan in moving forward.	Monitoring

Observations from the provider on content of report

The content of the report is factually correct and a true reflection of the BSc (Hons) Dental Hygiene and Therapy at Teesside University. We would like to thank the inspecting team for their constructive comments throughout the process.

Recommendations to the GDC

Education associates' recommendation	The qualification continues to be approved for holders to apply for registration as a dental hygienist and a dental therapist with the General Dental Council.

Annex 1

Inspection purpose and process

1. As part of its duty to protect patients and promote high standards within the professions it regulates, the General Dental Council (GDC) quality assures the education and training of student dentists and dental care professionals (DCPs) at institutions whose qualifications enable the holder to apply for registration with the GDC. It also quality assures new qualifications where it is intended that the qualification will lead to registration. The aim of this quality assurance activity is to ensure that institutions produce a new registrant who has demonstrated, on graduation, that they have met the learning outcomes required for registration with the GDC. This ensures that students who obtain a qualification leading to registration are fit to practise at the level of a safe beginner.

2. Inspections are a key element of the GDC's quality assurance activity. They enable a recommendation to be made to the Council of the GDC regarding the 'sufficiency' of the programme for registration as a dentist and 'approval' of the programme for registration as a dental care professional. The GDC's powers are derived under Part II, Section 9 of the Dentists Act 1984 (as amended).
3. The GDC document 'Standards for Education' 2nd edition1 is the framework used to evaluate qualifications. There are 21 Requirements in three distinct Standards, against which each qualification is assessed.

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

A Requirement is met if:

"There is sufficient appropriate evidence derived from the inspection process. This evidence provides the inspectors 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 inspectors may 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 annual monitoring process. Serious concerns about a lack of progress may result in further inspections or other quality assurance activity.

6. The QA 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.