

Education Quality Assurance Inspection Report

Education Provider/Awarding Body	Programme/Award	Inspection Date(s)
University of Plymouth, Peninsula Dental School	Bachelor of Dental Surgery (BDS)	7-8 March 2019

Outcome of Inspection	Recommended that the BDS continues to be sufficient for the graduating cohort to register as a dentist
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Full details of the inspection process can be found in the annex

Inspection summary

Remit and purpose of inspection:	Inspection referencing the <i>Standards for Education</i> to determine approval of the award for the purpose of registration with the GDC as a dentist
Requirements for risk-based focus:	4, 9, 11, 13, 15 and 19
Learning Outcomes:	<i>Preparing for Practice – dentistry</i>
Programme inspection date(s):	7-8 March including post-inspection meeting
Inspection team:	John Vaughan (Chair and Non-registrant Member) Richard Jones (Dentist Member) Jo-Anne Taylor (Dentist Member) Kathryn Counsell-Hubbard (GDC Staff Member)

The BDS offered by the University of Plymouth is an exemplary programme which boasts many areas of good practice. The programme enjoys a strong degree of autonomy regarding some of its funding which is received into the dental school's own company and can therefore be utilized as the provider sees fit. The facilities both at the University and at their dental education facilities (DEFs) have been established within the past 12 years, with some DEFs being described as "state of the art".

The exposure to patients from Year One was praised by the students as being one of the best elements of the programme. Indeed, students reported that they felt the programme excelled in comparison to descriptions of other programmes received from other BDS students.

The staff with whom the panel met were enthusiastic and engaged not only with the inspection process but with the running of the programme generally, and a positive atmosphere prevails as a result.

Some areas of improvement were identified but the panel felt that attention to these areas would only strengthen what is already a successful programme of study.

This inspection was a focused inspection based on specific Requirements from the *Standards for Education* identified as part the risk assessment of the programme's annual monitoring return from 2018. All other requirements are considered to be met.

The panel wishes to thank the staff and students of Peninsula Dental School for their hospitality and assistance both during and prior to the inspection.

Background and overview of Qualification

Annual intake	58 students
Programme duration	176 (6600 hours) weeks over 5 years
Format of programme e.g.: Year 1: basic knowledge, clinic attendance, shadowing 2: knowledge and simulated clinical experience 3: direct patient treatment 4-5: direct patient treatment, clinic attendance, outreach, placements	<p>The BDS programme offers a spiral, vertically and horizontally integrated curriculum utilising a blend of teaching and learning methods, which combine clinical skills training with the acquisition of knowledge, skills and professional attributes at all levels of the programme. All teaching and learning activities are patient and student-centred, and provide opportunities for authentic and contextual learning.</p> <p>Modules comprise integrated dental science and applied dental knowledge, clinical dentistry, professional development, critical appraisal and inter-professional engagement:</p> <p>Year:</p> <p>1: basic knowledge, simulated clinical experience, clinic attendance, direct contact with patients, communication skills, social engagement. <i>Student clinics in Devonport (Plymouth) DEF.</i></p> <p>2: basic knowledge, simulated clinical experience, clinic attendance, direct patient treatment, team working, social engagement, specialist care. <i>Student clinics in Devonport (Plymouth) DEF.</i></p> <p>3: applied knowledge, clinic attendance, direct patient treatment, team working, social engagement, specialist care. <i>Student clinics in Exeter DEF.</i></p> <p>4: applied knowledge, clinic attendance, direct patient treatment, team working, social engagement, treatment planning, specialist care. <i>Year 4 students based in Truro for academic year.</i></p> <p>5: applied knowledge, implementation & consolidation of skills, clinic attendance, direct patient treatment, team working, social engagement, treatment planning. <i>Year 5 student clinics in Derriford (Plymouth) DEF.</i></p>
Number of providers delivering the programme	<p>The vast majority of placements are in one of the School's four Dental Education Facilities (DEFs), operated by Peninsula Dental Social Enterprise (PDSE) in close collaboration with the Dental School. These facilities have been designed and built specifically to meet the needs of dental students and are integrated with local NHS dental care provision, to allow students to gain experience of both routine and specialist, dental care, in a primary care setting. PDSE is accountable to University quality assurance processes with close communication and reporting via School and Faculty Committees.</p> <p>There are a very small number of 'specialist visits' to key local Salaried Dental Service and Secondary Care Providers.</p>

Outcome of relevant Requirements¹

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	Partly Met
12	Met
Standard Three	
13	Met
14	Met
15	Met
16	Met
17	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)*

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)*

The processes for supervising students and grading their work is fully described in the course handbook. This is an overarching document for the entire programme but also clearly defines what students cover at each stage of the course, meaning that supervisors may easily orientate themselves with the skills that students should be able to perform. Further to this, the periods in clinic are clearly delineated across year groups so it is easy to track which year group is at which facility at any given time. Students also work in pairs and as such have in-built support should they need to inform a supervisor that they cannot complete an element of the treatment plan.

The provider has established the Peninsula Dental Social Enterprise (PDSE) which is the body that runs their four dental education facilities (DEFs). Three of the board members for PDSE are also members of the senior management team that governs the programme, which means there is considerable control exerted on the DEFs. The supervision ratios are therefore specified by the provider and overseen not only by PDSE board members but by DEF-specific clinical leads. The provider's own policies and internal governance procedures are in use across the DEFs, which assures standardisation across all sites.

The staffing on the DEF sites is consistent with the same clinical supervisors attending on the same days. This allows for some consistency in the student experience. Nursing support is also consistent across DEFs as is access to the clinical recording system, ADB (Assessment Database).

For non-PDSE placements, the provider has a dedicated member of staff who oversees these placements. This member of staff visits the placements each year to ensure that the supervision provided, as well as other elements of the placement, are in place.

Despite the information provided and the positive feedback received from students, the panel were still concerned by the different information received about the exact supervisor:student ratio. This was stated as being 1:6 by the senior management team but students reported that

this can often be 1:7 or 1:8. It was not clear whether ratios differ depending on the complexity of the procedure undertaken, nor whether the “floating” supervisor was on-site at all times. The provider also advised that some former students have returned to the school in the role of clinical supervisors. Such clinical supervisors are subject to an interview process but are only required to have two years’ experience of clinical work. While this was not identified as an issue by students, the placement of these supervisors did cause concern as the panel were informed on one instance that new supervisors only work with Year One students while they were informed on another occasion that only experienced supervisors are used for Year One. This lack of clarity and consistency did cause some concern. A clear policy on the placement and mentoring of inexperienced clinical teachers would have assisted the panel and may be of use as a guide for staff.

However, the issues found by the panel were not supported by student feedback. Students did not report any difficulties in the supervision they had received or any lack of support while on clinic. Equally, the documentation provided showed sufficient staffing levels. These elements were found to outweigh the concerns felt by the panel, and they 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)

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)

A formal committee structure is in place to govern the quality of the programme. This is supported by lower-level, informal mechanisms including a journal club for staff to share their learning and the use of specialist leads when reviewing the curriculum. There are clinical leads in each DEF who enjoy a close relationship with the senior management team.

The composition of the senior management team has changed as staff have left the programme. The role of the former Director of Undergraduate Dental Studies has been split between two existing members of staff to create new positions: Deputy Head of School and Associate Head Teaching and Learning. The devolvement of the Director role has meant that the oversight of the programme has increased to include three individuals, which the panel found to be a positive change.

The panel were able to review several guidance documents which showed strong evidence of mapping and blueprinting of the learning outcomes not only to the relevant parts of the programme but to the assessments and programme timetable as well. Several members of staff also described a continuous process of “self-audit” where the programme leads are questioning what they do and why to ensure that the programme continues to deliver high quality dental education.

External to the programme is the exemplary use of external examiners, who not only oversee assessments but are also consulted regarding every module. An external examiner is allocated to each module meaning that they become something akin to a subject specialist. The programme is also subject to the University’s periodic review process which occurs every five years.

The panel found the Requirement to be met and commend the provider for the amount of information provided.

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 Partly Met)

The panel were tasked with examining the patient and student feedback elements of this Requirement. An exceptional amount of documentation was provided which fully evidenced an engaged student body. The feedback from students is collected in multiple ways and utilised for examining all facets of the programme. During meetings with students, the panel received

universally positive feedback accompanied by examples of changes to the programme as a direct result of feedback.

Programme leads advised the panel that there are some measures for gathering patient feedback in place but that a pilot system is scheduled to begin in September. At present, patients have the option to complete the NHS 'friends and family' test or else leave their comments in a dedicated book at the reception of the DEFs. A patient panel meeting (Patient as Educator Focus Group) was also held in 2018 to gather insight into service users' experiences. This meeting does not appear to have been repeated in 2019 to date but did yield important information regarding student attributes, areas of good practice and areas for improvement.

Evidence of the collation of patient feedback was provided following the inspection and this demonstrated a clear analysis of the data. However, all the evidence received by the panel regarding patient feedback suggests that this process is used to inform service delivery and formative learning for the students rather than being utilised for a deeper analysis of how any potentially negative feedback could be addressed through core teaching.

A key weakness in patient feedback currently collected is that it does not allow for specific feedback for individual students. Introducing a system that collects that kind of detail could not only better inform students about their clinical and interpersonal skills, but could also emphasise the importance of patient feedback, an understanding of which was not strongly evident during meetings with students.

The panel were provided with additional evidence following the inspection, including evidence on the Peninsula Patient Reported Experience Measure. This system is to be commended as it allows for the feedback collected to be disseminated back to students for discussion.

The panel were content that the majority of the Requirement is met and recognise the provider's work in utilising what information they are currently able to collect. However, until a method of gathering patient feedback is implemented that allows for analysis relating to programme development, this Requirement can only be considered to be partly met.

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

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)

Assurance of student attainment was strongly evidenced. The systems for mapping the programme to the learning outcomes, for monitoring ongoing student achievement and the sign-up process were all found to be robust and underpinned by effective use of IT. The central

recording database (Assessment Database – ADB) utilised is entirely the provider's own design and they have therefore been able to control every facet of the system to ensure effective recording.

Ongoing monitoring not only considers the overall attainment of students, which is graded, but their exposure to clinical skills. The review of the information on ADB is supported by regular meetings with academic tutors. These meetings allow the students to pinpoint areas of challenge and to devise pathways for meeting those challenges with the tutor.

The provider makes effective use of a series of forms which they utilise to record pre-clinical skills, patient interaction, remediation, professionalism and reflection. The principal forms were the Form S, which details patient interactions, and the Form T, which reflects the student's coverage of the competencies expected for each year of the programme. Both forms directly feed into ongoing monitoring, progression and sign-up to final exams. Both Forms are digitised on ADB meaning that multiple members of the programme team, as well as the student themselves, can access them when required.

The panel were also particularly impressed with the remediation process. This utilises Form H, which is completed immediately upon a supervisor observing a student completing a procedure outside of the required standard. The Form triggers a process whereby the student is immediately barred from practising that skill in clinic and a remediation session is held within two weeks. The remediated skill is tested in the skills laboratory before the student may practice that skill again in clinic.

The provider utilises numbers to govern how much clinical experience the students must complete, which are detailed in the programme handbook. These targets are arrived at following discussions amongst the senior management team utilising professional knowledge and a strong external awareness of industry standards, changes and trends. The senior management team reported that there is continuous questioning as to the appropriateness of set targets.

The panel found this Requirement to be met and commend the provider on their innovative practices and effective use of IT.

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

Requirement 15: Students must have exposure to an appropriate breadth of patients/procedures and should undertake each activity relating to patient care on sufficient occasions to enable them to develop the skills and the level of competency to achieve the relevant GDC learning outcomes. (Requirement Met)

The clinical targets set for this programme are clear and well-understood by the students interviewed. Students reported enjoying the autonomy that managing their own patient caseload gives them. The provider has made great efforts to recruit patients to ensure an effective supply. While students may share patient treatment to a degree, whole patient care is practised meaning that students will be responsible for the patient in their entirety as opposed to completed discrete procedures to address gaps in their clinical experience. Students reported that they understand the importance of providing holistic and continuing care for patients and it was clear they do not view patients as "targets" for practice. These values are to be commended.

The panel were able to examine student data and were satisfied that sufficient experience for all students at their various stages of the programme is being achieved. Overall, this Requirement is met but there were some areas that the panel felt it was important to comment on for the provider's own development.

Some students reported a long delay between acquiring a skill in the skills laboratory and actually practicing that skill on a patient. This delay was borne out by the programme timetable. Students also reported that this delay can be exacerbated as 'junior' students can feel pressured to share their patients with 'senior' students to allow those senior students to gain the competencies they require. Due to the way in which patients are allocated and the clinical experience is managed, this can lead to lack of confidence and possible de-skilling on the part of the junior students.

The case mix of patients could also be better examined to ensure that patients do require a sufficient amount or type of treatment so that students are not accruing multiple instances of a skill over the required target whilst struggling in other areas. This is a challenge for all providers but the panel wanted to draw this provider's attention to the issue as they felt that the assistance given to students in managing and sharing patients could be improved. Earlier recognition and support to re-allocate case load to address students' learning needs could avoid pressure later in the programme.

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 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)

The registration and ongoing training of supervisors, such as basic life support and equality and diversity, is monitored by the provider. Supervisors must adhere to a code of conduct which includes the attendance at three training sessions with the school. Six sessions are run from the dental school throughout the year, and opportunities to join the meetings via Skype are offered to attendees at different sites or with other commitments. Supervisors are remunerated and given a certificate of continuing professional development for their attendance. This was considered to be an inclusive and accessible way for staff to update their skills, experience and training relative to their role within education.

The training and initial induction provided by the school is supplemented by the reference material available at the DEFs on how to assess students. Supervisors must grade students and provide written feedback for every patient contact on the Form S. This is completed on the ADB which has the capability to produce reports enabling the provider to isolate the grades and who awarded them, which assists with work to identify inconsistency in assessment. This work will be added to when the new clinical recording system Form2 completes its rollout over the next four years.

The panel were very impressed with the staff training in place which allows for regular calibration. This Requirement was therefore found to be 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*)

Summary of Action

Req. number	Action	Observations & response from Provider	Due date
11	The provider must implement a process for analysing the data received via patient feedback and feed this into programme review.	<p>Thank you for your observations on our process for analysing patient data to inform curriculum development. The existing processes are summarised below, but we will review these in light of your comments and provide an update in annual monitoring.</p> <p>Broad sweep: PDSE produce a report after each running of the patient satisfaction questionnaire, which is discussed at the 6 weekly Dental Clinical Quality and Standards Committee (DCQSC). This feedbacks via the Director of Clinical Dentistry to make changes to the clinical curriculum in consultation with Clinical Leads, Year Leads, SDLE Lead and Clinical Supervisors.</p> <p>Mid-range: patient focus group data are thematically analysed and discussed at DCQSC, with reference to curriculum development and/or staff (clinical supervisor) training. Year leads consider the analysis with reference to informing individual teaching and learning sessions in the appropriate year of study, and the clinical supervisors are informed of the analysis for feedback and development.</p> <p>Individual student feedback: students discuss the feedback with their Academic Tutor in their termly meetings. Any generic comments are reported at the Student and Curriculum Performance Review Group by tutors and fed back to the curriculum team for review and action.</p>	Annual monitoring 2020/21

Observations from the provider on content of report

Thank you for this very positive and supportive report, which once again recognises our commitment to the careful development of our BDS programme and encourages our team in the further enhancement of the student experience and quality of education.

We were delighted that the inspection team were impressed with so many aspects of the School's work, and we were pleased to see the School has met 20 of the 21 requirements, with the remaining requirement partly met. We will focus our attentions on improving this aspect of the management and development of our programme and look forward to reporting on our progress in due course.

We would like to extend our sincere thanks to the inspection team for their encouragement and very constructive support.

Recommendations to the GDC

Education associates' recommendation	Qualification continues to be sufficient for holders to apply for registration as a dentist with the General Dental Council
Date of reinspection / next regular monitoring exercise [Delete as applicable]	Regular monitoring in 2020/21

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.

