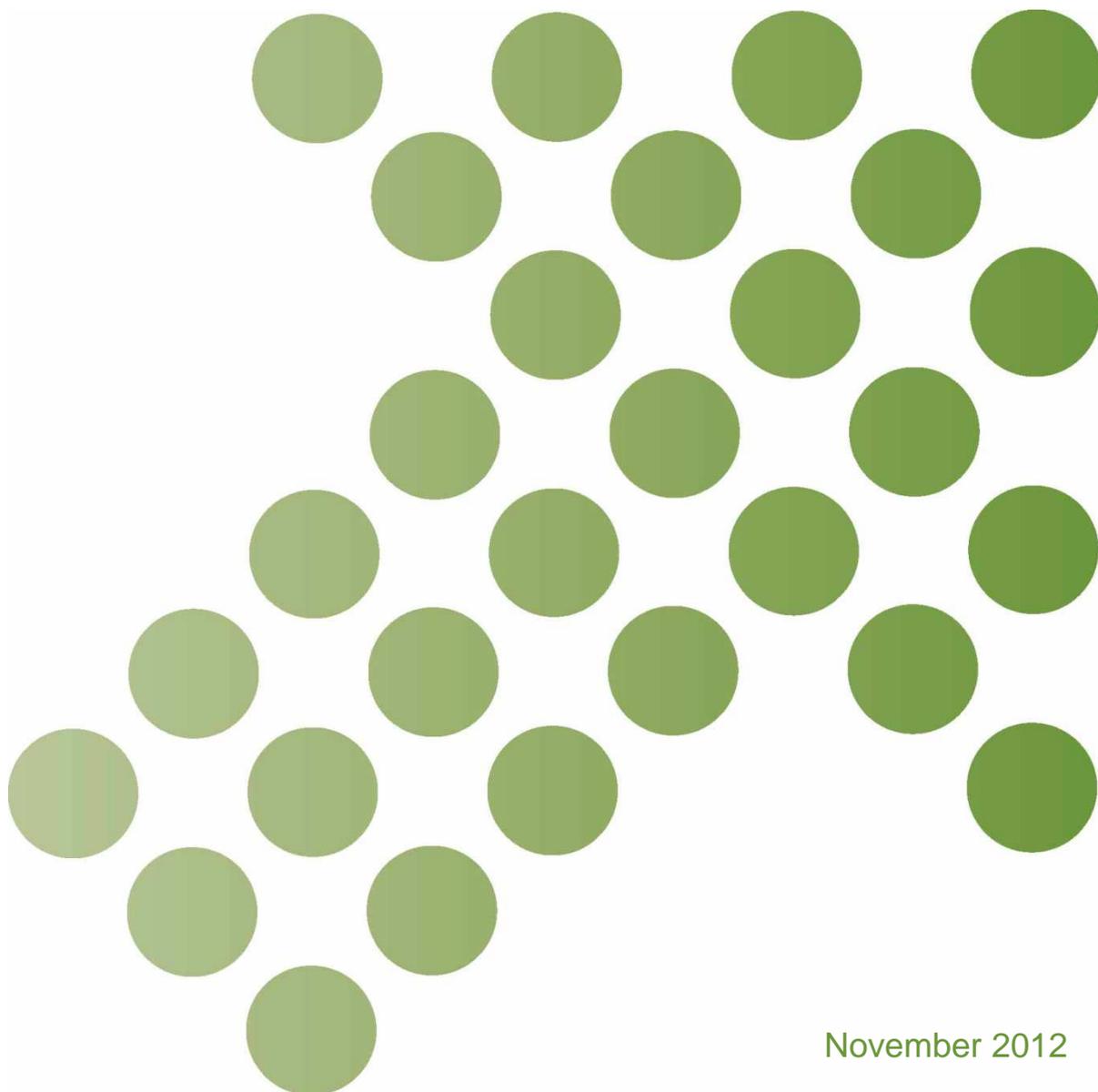


Standards for Education

Standards and requirements for providers
of education and training programmes



GDC Standards for Education

The Standards for Education and the requirements that underpin these apply to all UK programmes leading to registration with the GDC. They cover programmes in dentistry, dental hygiene, dental nursing, dental technology, dental therapy, clinical dental technology and orthodontic therapy.

The Standards cover four areas the GDC expects providers to meet in order for training programmes to be accepted for registration. These areas are:

- **Patient protection**
- **Quality evaluation and review**
- **Student assessment**
- **Equality and diversity**

The following table contains the Standards and requirements, accompanied by examples of appropriate types of evidence that the GDC expects to be produced by a provider to demonstrate that a requirement is being met. A provider must make available appropriate evidence for each requirement. We believe it is important that the type of evidence the GDC expects to be provided is set out for transparency and clarity for all parties. The aim of the Standards for Education is to implement a 'right touch' approach with clear expectations communicated to providers.

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:

- GDC Quality Assurance Process: Guidance for Providers
- New Programme Submissions
 - Pre-inspection questionnaire
 - GDC Standards mapping table
 - GDC Learning outcomes mapping table

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.

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

Requirements

Evidence

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	Timetable of assessments, student sign off records, student progression statistics and reasons for not progressing, relevant policy and procedures, student portfolio, self-assessment forms, handbooks, and student evaluations and reflection
2	Patients must be made aware that they are being treated by students and give consent	Policy on communicating treatment by students to patients, consent forms, notices in the clinical environment
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	Monitoring reports of institutions and placement providers, audit reports, policy on clinical and workplace safety, Inspection reports, availability and accessibility of literature on clinical governance and health and safety requirements, incident logs and actions taken, Care Quality Commission, Healthcare Inspectorate Wales, Regulation and Quality Improvement Authority and Healthcare Improvement Scotland reports, minutes of relevant committee meetings
4	When providing patient care and services, students are to be supervised appropriately according to the activity and the student's stage of development.	Relevant policy and procedures, staff to student ratio, records/timetable showing who is supervising,

Standard 1 Protecting Patients

Requirements

Evidence

5 Supervisors must be appropriately qualified and trained. Clinical supervisors must have appropriate general or specialist registration with a regulatory body

Policy and procedures for student supervision, evidence of registration, qualifications and training, timetable showing supervisor allocation

6 Students and those involved in the delivery of education and training must be made aware of their obligation to raise concerns if they identify any risks to patient safety and should be supported to do so

Relevant policy and procedures, communication mechanism, records of concerns raised and actions taken

7 Should a patient safety issue arise, appropriate action must be taken by the provider

Incident logs and records of actions taken, reporting and recording systems for serious untoward incidents, relevant policy and procedures, minutes from relevant internal meetings

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

Student fitness to practise policy and procedures, method of communication, details of student fitness to practise cases

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

Requirements

Evidence

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 learning outcomes and adapts to changing legislation and external guidance. There must be a clear statement about where responsibility lies for this function	Relevant policy, procedures and documentation supporting quality management of the programme, review policy and timeline, use of multisource feedback including patient feedback, changes to the programme submitted to the GDC where relevant
10	The provider must have systems in place to quality assure placements	Relevant policy and procedures, feedback from staff, patients and students, audit reports, monitoring reports from the provider and from placement providers.
11	Any problems identified through the operation of the quality management framework must be addressed as soon as possible	Minutes from programme review committee, audit reports, resulting amendments made to policy and procedures or the programme
12	Should quality evaluation of the programme identify any serious threats to the students achieving learning outcomes through the programme, the GDC must be notified immediately. (NB where there is geographical variation in oral health needs, providers must inform the GDC of the issues and action to be taken to demonstrate that the outcomes have been met)	Relevant minutes from meetings, relevant policy and procedures including escalation process, whistleblowing policy, risk log with solutions and actions taken, evidence of past notifications to the GDC

Standard 2 Quality evaluation and review of the programme

Requirements

Evidence

13	Programmes must be subject to rigorous internal and external quality assurance procedures	Relevant policy and procedures, information on external review bodies e.g. QAA, Ofqual, information about external examiners and verifiers, internal verification/quality assurance reports
14	External examiners must be utilised and must be familiar with the learning outcomes and their context. Providers should follow QAA guidelines on external examining where applicable	Details of external examiners, minutes of external examination meetings, external examiner role profile
15	Providers must consider and, where appropriate, act upon all concerns raised, or formal reports on the quality of education and assessment	Reports received and actions taken, contracts with external review bodies

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

Requirements

Evidence

16	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. This assurance should be underpinned by a coherent approach to aggregation and triangulation, as well as the principles of assessment referred to in these standards	Assessment strategy for the programme(s), assessment timetable, assessment records/central recording system, assessment mapping document, student portfolio, student progression policy and procedures, student progression statistics, exit strategy
17	The provider must have in place management systems to plan, monitor and record the assessment of students throughout the programme against each of the learning outcomes	Central recording and monitoring system, relevant policy and procedures, external examiner reports
18	Assessment must involve a range of methods appropriate to the learning outcomes and these should be in line with current practice and routinely monitored, quality assured and developed	Mapping and description of assessments, assessment development framework and meetings, internal programme review process, access to assessments used on a programme
19	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	Relevant policy and procedures, central recording system, clinical treatment records, assessment records, competency sign off policy and procedures, student portfolio

Standard 3 Student assessment

Requirements

Evidence

20 The provider should seek to improve student performance by encouraging reflection and by providing feedback¹.

Student portfolio, relevant training in reflection and receiving feedback, evidence of reflection, evidence of mentoring sessions and feedback, relevant policy and procedures

21 Examiners/assessors must have appropriate skills, experience and training to undertake the task of assessment, including appropriate general or specialist registration with a regulatory body

List of assessors/examiners showing qualifications, training, experience, and registration status, relevant recruitment and appointment policy and procedures, assessor calibration and recalibration, external examiner/verifier reports

22 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

External examiners reports, records showing actions taken

23 Assessment must be fair and undertaken against clear criteria. Standard setting must be employed for summative assessments

Relevant policy and procedures including managing bias, evidence of a range of assessors being used, standard setting procedures, arrangements for failed candidates, appeals process

24 Where appropriate, patient/peer/customer feedback should contribute to the assessment process

Relevant policy and procedure, patient feedback forms and details of actions taken, patient/peer/customer comments Assessment records, minutes of patient forum, patient guidance/systems for giving feedback

¹ Reflective practice should not be part of the assessment process in a way that risks effective student use

Standard 3 Student assessment

Requirements

Evidence

25 Where possible, multiple samples of performance must be taken to ensure the validity and reliability of the assessment conclusion

Relevant policy and procedures, assessment schedule and records showing continuous assessment

26 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

Student and staff handbook, clear marking/assessment criteria and guidance, communication mechanism, review meetings

Standard 4 Equality and Diversity

The provider must comply with equality and diversity legislation and practice. They must also advocate this practice to students

Requirements

Evidence

27	Providers must adhere to current legislation and best practice guidance relating to equality and diversity	Availability and accessibility of discrimination and equality policy to students, records of complaints received and how they have been addressed
28	Staff must receive training on equality and diversity, development and appraisal mechanisms will include this	Records of staff training ²
29	Providers must convey to students the importance of compliance with equality and diversity law and principles of the four UK nations both during training and after they begin practice	Multi-source feedback, student portfolios, assessment records, programme syllabus

² It is recognised that some staff will have received training from another source

Description of Terms Used

Assessment

There are many references to 'assessment' in 'Preparing for Practice', 'The First Five Years', 'Developing the Dental Team' and 'Standards for Education'. Assessment is the process or exercises which measure and record a student's progress towards achieving the learning outcomes necessary for completion of their programme and registration as a dental professional.

Assessment means those forms of assessment which enable staff involved in the delivery of a programme to form an opinion of student performance. A wide variety of assessment methods are commonly used and these might include continuous assessments, student portfolio, case presentations, written exercises, research exercises, peer feedback etc., as well as summative end of module/year/programme examinations. Assessments should have clear criteria for success and examiners and 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 many times in many different ways throughout a training programme. A provider should be able to demonstrate to the GDC how a student has achieved the learning outcomes throughout the duration of the programme. A central system that records student performance would be expected to provide evidence of how successful students have been assessed in the relevant learning outcomes.

Competence, Safe Beginner, Independent Practice

The publications The First Five Years and Developing the Dental Team contain a definition of 'competence'.

Preparing for Practice defines the terms 'safe beginner' and 'independent practice'.

External Examiners

These are usually experienced GDC registrants who are not affiliated with the provider. There may be situations where there are exceptions to this, where external examiners are affiliated to the awarding body, but not the organisation delivering the programme. The term includes all external assessors and verifiers. Some programmes will use external examiners who are not registered with the GDC. This is acceptable if the external examiner is appropriately qualified for the section of the programme they will be assessing.

Equality and Diversity

In England, Wales and Scotland, the Equality Act 2010 places responsibilities on further and higher education institutions not to discriminate against, harass or victimise:

- prospective students
- students at the institution
- in some limited circumstances, former students and
- disabled people who are not students at the institution but who hold or have applied for qualifications conferred by the institution.

Institutions may also have responsibilities as employers, bodies that carry out public functions and as service providers.

The Equality Act protects students from discrimination and harassment based on 'protected characteristics'. The protected characteristics for the further and higher education institutions provisions are:

- age
- disability
- gender reassignment
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation.

Being married or in a civil partnership is NOT a protected characteristic for the further and higher education institutions provisions.

The law that applies in Northern Ireland is different from that cited above. Individuals in Northern Ireland are protected against discrimination on the grounds of:

- age
- disability
- race
- religious belief
- political opinion
- sex
- sexual orientation.

All institutions, where ever they are based, have a responsibility to know what their equality and diversity responsibilities are and to comply with them.

Patients

A patient means any individual treated by students and includes other students if treated by their colleagues.

Placements

Placements are all places where a student will work clinically outside the providers' main clinic(s), or vocationally in the workplace and away from the central education institution.

Programme

A programme is the entire qualification that leads to registration. This incorporates the taught course and assessments and includes the final assessment.

Provider

A provider is the organisation or organisations who are responsible for delivery of the programme and assessment. If the awarding body is not the same as the organisation responsible for the delivery of the programme, this will not make a difference to the approach of the GDC as all providers will be treated as one organisation. It is the responsibility of the lead organisation to liaise with the GDC and to obtain information from other organisations involved when information is requested.

Staff

This means all staff involved with the quality management, delivery and assessment of the programme.

Students

This means all students enrolled on the programme.

Supervisors

Supervisors are those responsible for students working clinically or overseeing practical work.