General Dental Council

Education Quality Assurance Inspection Report

Education Provider/Awarding Body	Programme/Award
Northern Ireland Orthodontic Therapy Course / Royal College of Surgeons of England	Diploma in Orthodontic Therapy

Outcome of Inspection	Recommended that the Diploma in Orthodontic Therapy continues to be approved for the graduating cohort to register as an Orthodontic Therapist.

Full details of the inspection process can be found in Annex 1

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 an Orthodontic Therapist.**
Learning Outcomes:	**The Safe Practitioner: A framework of behaviours and outcomes for dental professional education Orthodontic Therapist**
Programme inspection date:	**28 January 2026**
Examination inspection dates:	**28 April 2026 (exam)** **18 May 2026 (exam board meeting)**
Inspection team:	**Amanda Orchard (Chair and non-registrant member)** **Shabnum Ali (Dentist member)** **Norah Flannigan (Dentist member)** **Scott Wollaston GDC Staff member (Quality Assurance Manager)**
Report Produced by:	**Scott Wollaston GDC Staff member (Quality Assurance Manager)**

This inspection looked at the new orthodontic therapy training programme delivered by NIMDTA ('the provider') and awarded by the Royal College of Surgeons of England ('RCSEng'). As this is the first cohort to undertake the programme, the remit of the inspection was for all 21 requirements in the GDC's Standards for Education. The rationale for the inspection was to gain assurance that a newly established programme has appropriate systems in place to support safe, effective training and patient care.

Overall, the programme is operating well, and the panel had no major concerns. Students are progressing well, supervision is strong, and no patient safety concerns have been reported. Quality assurance processes, including monthly student portfolio reviews with academic staff, weekly clinical trainer feedback, and pre-placement practice inspections are active and functioning. Some areas, such as External Examiner ('EE') engagement and long-term standard setting processes are still embedding as the programme is still within its first year. During the inspection, the provider explained the process that would be undertaken with the EE, and RCSEng provided the panel with similar documentation that is used for their other orthodontic therapy course they award.

The documentation submitted ahead of the inspection was generally clear and comprehensive, demonstrating well defined processes. However, some areas would benefit from further clarity or strengthening, including explicit whistleblowing and escalation routes

for staff (distinct from students), consistent retention of Equality, Diversity and Inclusion (EDI) training records for supervisors, and ensuring students complete weekly reflections consistently.

Key areas working well include strong student-trainer relationships, effective day-to-day supervision, positive patient feedback, responsive adjustments to case mix challenges, and a well-received core course supported by a broad range of specialist speakers. No additional significant issues arose beyond those noted.

The provider submitted a Programme Modification to the GDC following the inspection, to change the title of the course from Belfast Orthodontic Therapy Course to Northern Ireland Orthodontic Therapy Course. This modification was approved and the report reflects this new title.

The GDC wishes to thank the staff, students, and external stakeholders involved with the Northern Ireland Orthodontic Therapy Course for their co-operation and assistance with the inspection.

Background and overview of qualification

Annual intake	6-8 students
Programme duration	52 weeks over 12 month
Format of programme	4-week core course at Northern Ireland Medical and Dental Training Agency (NIMDTA) Training in the workplace (specialist orthodontic practice or hospital orthodontic department) 8 study days at NIMDTA
Number of providers delivering the programme	1 (Northern Ireland Orthodontic Therapy Course)

Outcome of relevant Requirements[1]

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

Standard 1 – Protecting patients

[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.

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)

The provider demonstrated a clear and structured approach to ensuring students are safe to begin treating patients. All students complete a four-week core course delivered at NIMDTA before entering clinical practice. This period includes didactic teaching, simulation-based training, practical skills development, and supervised clinical sessions using the Simodont facility. Students reported that the simulation sessions were particularly valuable in building confidence, especially for those who had not previously used handpieces.

At the end of the core course, students sit a structured progression examination, which acts as a gateway assessment. Only students who demonstrate the required foundational knowledge and skills progress into workplace based clinical activity. If a student fails the gateway, they are offered additional targeted support before progressing. The inspection panel was assured that this gateway process is consistently applied and that no students commenced patient care without meeting the expected standard.

The provider also highlighted that all students enter the programme as a registered dental care professional with the GDC, with prior experience in orthodontic or dental settings, and several hold the NEBDN Certificate in Orthodontic Nursing. While this is not a requirement, it contributes positively to baseline readiness.

The panel consider this requirement 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 Partly Met)

The provider has systems in place to ensure patients are informed that they may be treated by a student orthodontic therapist, and that consent is obtained before any treatment begins. Patients are given a written explanation outlining the student's role, their level of supervision, and their right to decline treatment by a student without any impact on their care. A signed consent form is required before a student undertakes any clinical activity, and trainers are reminded of this process during a "train the trainer" day. All trainers attend the provider to ensure consistency amongst all clinical supervisors. Students are also taught about consent during the core course, including how to communicate effectively with patients and the importance of gaining valid consent.

During the inspection, the provider explained that practices are advised to display posters provided by the provider in patient areas to inform patients that they may be treated by a student. However, the panel noted when speaking with students that this is not consistently evidenced across all placement sites. The provider undertakes practice inspections prior to accepting students on the course. They have a practice inspection checklist, which includes a section on signage, but it does not explicitly require the provider's own posters to be displayed. The panel considered that having clear information visible in waiting areas or reception spaces is important, as it allows patients to make an informed decision before they are seated in the dental chair, where declining may feel more difficult. The provider must ensure that signage advising that patients may be treated by students is displayed in all clinical settings.

The panel also discussed the process for assessing Gillick competence, given that many patients are under sixteen. While this is covered in teaching sessions, the panel felt that students would benefit from further opportunities to demonstrate this skill independently, rather than relying solely on the supervising orthodontist.

Overall, the systems for gaining consent are in place and functioning, but some elements require strengthening to ensure consistency across all clinical environments.

The panel consider this requirement to be partly 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)

The provider has processes in place to ensure that students only deliver patient care in environments that are safe, appropriate, and compliant with relevant legislation. All clinical placements must undergo a practice inspection before a student is accepted onto the programme. This inspection is carried out by the RCSEng and includes checks on regulatory compliance, equipment, staffing, and the suitability of the practice as a training environment. In Northern Ireland, all participating practices must also be registered with the Regulation and Quality Improvement Authority, which provides an additional layer of assurance regarding patient safety and governance.

The practice inspection checklist covers a wide range of safety and organisational requirements. During the inspection, the provider explained that EDI policies and training records are reviewed as part of this process. However, the panel noted that while practices are required to have EDI policies in place, the provider does not routinely retain copies of EDI training records for supervisors. The provider acknowledged this and confirmed that they intend to strengthen their approach by retaining these records for the duration of the course.

Overall, the panel found that the systems for ensuring safe and appropriate clinical environments are functioning effectively. Some administrative processes, particularly around the retention of EDI training records, would benefit from further strengthening, but these do not pose an immediate risk to patient safety.

The panel consider this requirement to be 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 provider has clear arrangements in place to ensure that students are supervised appropriately according to their stage of development and the nature of the clinical activity. All students are required to work under the direct supervision of a specialist orthodontist, who sees each patient at the beginning and end of every appointment. This structure ensures that treatment plans are confirmed before any procedure begins and that outcomes are reviewed immediately afterwards, which supports both patient safety and student learning.

Supervisors are required to attend a "train the trainer" day before the programme commences. This training covers the expectations of the supervisory role, how to support students in the workplace, and how to use the online portfolio to record daily activity. Supervisors are also trained in the use of the daybook and Directly Observed Procedural Skills (DOPS) assessments, which provide structured opportunities for feedback and reflection. Each DOP is

RAG rated, and if a student scores a red or amber, the clinical supervisor must provide feedback to the student in their online portfolio. The provider explained that the purpose of these tools is to support learning rather than to act as pass or fail assessments, particularly in the early stages of the programme when students are still developing confidence.

The panel noted that the supervision model is consistent across all placements, and students confirmed that supervisors remain present and available throughout clinical sessions. The provider also described how supervision is adapted when students receive red or amber ratings in their daybook. These ratings prompt targeted feedback and additional oversight to ensure that any concerns are addressed promptly and do not compromise patient safety.

Overall, the panel was satisfied that the supervision arrangements are robust, clearly communicated, and consistently applied across all clinical settings.

The panel consider this 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)

The provider ensures that all clinical supervisors are appropriately qualified and trained for their role. Supervisors must be on the GDC specialist list for orthodontics, and this is verified during the application and interview stages. The provider explained that applications are rejected if the proposed supervisor is not a registered specialist, and this requirement applies to all individuals who supervise students in practice.

All supervisors are required to attend a “train the trainer” day before the programme begins. Each supervisor is able to bring up to two other practice members who may be working with the student and may benefit from the training. This training covers a wide range of topics, including teaching and learning theory, how to teach practical skills, assessment and feedback principles, the use of the online portfolio, and the expectations of the supervisory role. The session also includes content on EDI legislation and the importance of inclusive practice when training students. Supervisors are introduced to the DOPS descriptors and taught how to apply standards consistently when assessing students in the workplace.

During the inspection, the provider explained that EDI training records are reviewed by RCSEng as part of the practice inspection process. However, the panel noted that these records are not routinely retained by the provider for the duration of the course. The provider acknowledged this and confirmed that they intend to strengthen their approach by keeping these records moving forward. The panel considered this a sensible development, as it will support ongoing assurance that all supervisors remain appropriately trained.

Overall, the panel was satisfied that supervisors are suitably qualified and receive appropriate preparation for their role. The planned improvement to the retention of EDI training records will further strengthen the provider’s oversight of supervisory arrangements.

The panel consider this requirement to be 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)

The provider has systems in place to ensure that students and all those involved in delivering the programme understand their responsibilities for raising concerns and maintaining an open and transparent culture. The student handbook includes a dedicated section on raising concerns and outlines the “speak up” policy, which explains how students can report issues related to patient safety, professionalism, or their training environment. This policy emphasises that students will be supported when raising concerns and reassures them that they will not face negative consequences for doing so.

During the core course, students receive teaching on their ethical responsibilities, including duty of candour, safeguarding, and the importance of reporting concerns about their own or others’ health, behaviour, or performance. They are also introduced to the online portfolio, which includes a section for recording significant events. This provides a structured mechanism for documenting incidents, reflecting on what occurred, and identifying how similar issues could be prevented in future.

The provider explained that concerns raised by students would be escalated to the course director, the orthodontic therapy tutor, or the NIMDTA administrative team, depending on the nature of the issue. Speaking with the students during the inspection, it was clear to the panel that students understood these routes and felt comfortable using them. The provider also confirmed that clinical placement sites have their own local policies for raising concerns, which are reviewed during the practice inspection process.

While the panel noted that the provider has clear processes for students, the arrangements for staff raising concerns were less explicit. The provider acknowledged this and agreed that greater clarity would be beneficial, particularly for NIMDTA staff who may not fall under practice-based whistleblowing procedures. The panel considered this an area that would benefit from further development.

Overall, the panel found that the systems for raising concerns are functioning and well understood by students, but some aspects relating to staff processes would benefit from strengthening.

The panel consider this requirement to be 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)

The provider has systems in place to identify and record issues that may affect patient safety. Students are introduced to these processes during the core course, where they receive teaching on patient safety, duty of candour, and the importance of reporting incidents promptly and accurately. The online portfolio includes a dedicated section for recording significant events, which students are expected to complete whenever an adverse incident or near miss occurs. This encourages reflective practice and supports early identification of any emerging concerns.

The provider explained that significant events recorded in the portfolio are reviewed regularly by the course director and the orthodontic therapy tutor. This allows the provider to monitor patterns, identify risks, and intervene where necessary. Students also complete weekly event logs, which provide an additional mechanism for capturing any issues that may not meet the threshold of a formal significant event but still warrant attention.

During the inspection, the provider confirmed that clinical placement sites have their own local systems for reporting patient safety incidents. The panel noted that while practices will have their own equivalent processes, the provider relies on the practice inspection checklist to ensure that appropriate systems are in place. The panel was satisfied that these arrangements provide a reasonable level of assurance, although the provider may wish to consider how they can further strengthen oversight of incident reporting in practice settings. During the inspection the panel were also told that the RCSEng are currently reviewing their online portfolio system and asked for feedback as they are in the development phase. The panel consider it would be beneficial to have an alert system within the portfolio, so that any significant events that are recorded by students or their supervisors trigger an alert to the course director, so that they are able to review any significant issues in a more timely manner, instead of at the next monthly review of the logbooks.

The provider also confirmed that any serious patient safety concerns would be escalated through NIMDTA governance structures and, where appropriate, reported to the GDC. No patient safety incidents have been recorded to date.

Overall, the panel found that the systems for identifying, recording, and responding to patient safety issues are appropriate and functioning as intended.

The panel consider this 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)

The provider has a student fitness to practise (SFtP) policy in place, which outlines the expectations of professional behaviour and the processes that will be followed should concerns arise. This policy is shared with students at the start of the programme and is aligned with the GDC's Student Fitness to Practise Guidance. The provider emphasised that the trainers' relationship with their student is central to early identification of concerns, as trainers work closely with students throughout the year and are well placed to recognise issues relating to conduct, health, or performance.

During the inspection, the provider explained that trainers are required to support students in developing appropriate professional behaviours and to raise any concerns promptly with the course director. Trainers are reminded of their responsibilities during the "train the trainer" day, which includes discussion of professional standards, expected behaviours, and the importance of early intervention. The panel was satisfied that trainers understood their role in monitoring professionalism and supporting students who may be struggling.

Students receive teaching on professionalism, ethical responsibilities, and the GDC's Standards for the Dental Team during the core course. They are also encouraged to reflect on their own behaviour and performance through the online portfolio, which includes sections for weekly reflections, significant events, and personal development planning. These mechanisms provide opportunities for students to identify areas for improvement and for the provider to monitor emerging concerns.

The provider confirmed that if a concern about a student's fitness to practise were identified, they would meet with the student to explore the issue, assess the level of risk, and agree an improvement plan where appropriate. Reasonable adjustments would be considered where

health issues are identified. Although no SFtP concerns have arisen to date, the panel was satisfied that the provider has appropriate processes in place to manage such issues should they occur.

The panel consider this requirement to be 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)

The provider has a quality management framework in place that outlines how the programme is monitored, reviewed, and updated to ensure continued alignment with the GDC learning outcomes and relevant external guidance. The framework includes an annual Quality Assurance meeting attended by the course director, the Head of Learning at RCSEng, the NIMDTA lead for continuing education, and the RCSEng administrative team. As this is the first year of the programme, this meeting has not yet happened, but will review feedback from students and trainers, practice inspection outcomes, internal assessment processes, and any external reports. It will also consider changes in curriculum, legislation, and wider regulatory developments.

During the inspection, the provider explained that horizon scanning is undertaken through several channels. These include updates from the GDC, communications from the British Orthodontic Society, attendance at professional courses and conferences, and NIMDTA governance processes. The provider also highlighted that the parallel orthodontic therapy programme delivered in Yorkshire and awarded by RCSEng also provides an additional point of comparison, allowing learning to be shared across both programmes.

The panel reviewed the documentation submitted in advance of the inspection, including the agenda for the annual QA meeting and the mid-year student review form. These documents demonstrated a structured approach to monitoring programme quality and capturing feedback at multiple points throughout the year. The panel was satisfied that responsibility for quality management is clearly defined, with the course director accountable for ensuring that any required changes are implemented.

Overall, the panel found that the quality management framework is appropriate and provides a clear mechanism for reviewing performance and responding to emerging issues. As the programme matures, the panel expect the framework to continue developing, particularly as more data becomes available from future cohorts.

The panel consider this requirement to be met.

Requirement 10: Any concerns identified through the operation of 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. (Requirement Met)

The provider has processes in place to identify concerns through the quality management framework and to act on them in a timely manner. As this is the first cohort of the programme, no internal or external reports have yet been generated, and no issues have required

escalation. However, the provider described how concerns would be managed should they arise.

Feedback is collected from students following the core course and study days, and from trainers after the “train the trainer” day and at the end of the programme. This feedback is reviewed by the course director and the RCSEng administrative team, allowing the provider to identify emerging themes or areas requiring improvement. The provider also plans to undertake an internal assessment review by an external assessor at the end of the first year, which will provide an additional layer of scrutiny.

During the inspection, the provider explained that any concerns identified through these processes would be discussed at the annual Quality Assurance meeting and addressed before the next cohort begins. The panel was satisfied that the provider understood their responsibility to notify the GDC if any serious threats to students achieving the learning outcomes were identified. To date, no such issues have occurred.

Overall, the panel found that the provider has appropriate mechanisms in place to identify and respond to concerns through the quality management framework. As the programme matures and more data becomes available, these processes will become increasingly important in ensuring ongoing quality and compliance.

The panel consider this requirement to be 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)

The provider has processes in place to ensure that the programme is subject to both internal and external quality assurance. The provider explained that RCSEng appoints an external examiner (EE) who is shared with the parallel orthodontic therapy programme delivered in Yorkshire. The EE is employed by RCSEng for a defined term and is responsible for reviewing the final Diploma in Orthodontic Therapy examination, including the written paper, OSCEs, and logbook viva. The provider also confirmed that the EE reviews the standard setting processes and ensure that assessments are fair, consistent, and aligned with the GDC learning outcomes. We observed the April 2026 examination diet and the EE was involved in observing this process and has provided feedback on assessment processes. The panel were provided with documentation outlining the EE role and responsibilities, which gave assurance that appropriate arrangements are in place.

Patient feedback is collected halfway through and at the end of the programme, and the panel reviewed examples of this during the inspection. The provider explained that this feedback is reviewed by the course director and contributes to ongoing programme development. All patient feedback has been positive to date, so no developments to the programme have been able to take place based on patient feedback.

Overall, although the full external quality assurance cycle has not yet been completed due to the programme’s early stage, the panel were satisfied that appropriate systems are in place and that the provider understands their responsibilities in this area.

The panel consider this requirement 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 Met)

The provider has systems in place to quality assure clinical placements and ensure that patient care and student assessment are consistent across all training environments. Before a student is accepted onto the programme, their proposed workplace undergoes a remote practice inspection carried out by RCSEng. This inspection reviews the suitability of the environment for training, including staffing, equipment, governance processes, and the practice's ability to support the student throughout the programme. Only practices that meet the required standards are approved as training sites.

During the inspection, the provider explained that student and trainer feedback is collected at several points during the year and contributes to ongoing monitoring of placement quality. Students provide feedback following the core course, study days, and at the end of the programme. Trainers provide feedback after the "train the trainer" day and again at the end of the training year. The panel reviewed examples of this feedback and found that it was constructive.

The provider also collects patient feedback halfway through and at the end of the course. The panel reviewed examples of this feedback and noted that it was positive and demonstrated that patients were satisfied with the care provided by students under supervision. This feedback provides an additional mechanism for monitoring the quality of clinical placements and ensuring that patient experience remains central to programme evaluation.

The panel was satisfied that the provider has appropriate systems in place to quality assure placements and to ensure that students receive consistent support and assessment across all clinical environments. As the programme matures, the panel expect these processes to continue developing, particularly as more data becomes available from future cohorts.

The panel consider this requirement to be 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)

The provider has systems in place to ensure that students demonstrate attainment across the full range of GDC learning outcomes before being awarded the qualification. Students complete a series of internal assessments throughout the programme, including written assessments, OSCEs, and workplace-based assessments (DOPs) recorded in the online portfolio. These assessments are designed to support learning and monitor progress, but they do not determine eligibility for award. Instead, the final assurance of competence is provided through the RCSEng Diploma in Orthodontic Therapy examination, which students sit at the end of the programme.

The Diploma examination includes a written paper, an OSCE, and a logbook viva. These components collectively assess the full breadth of the learning outcomes and ensure that students are safe beginners at the point of qualification. During the inspection, the provider told the panel that if a student was struggling to gain experience in a certain area, this would be identified by the examiners from reviewing their logbooks, and so they would utilise their questioning during the viva to focus on any weaker areas, to ensure every student had demonstrated a full understanding of all learning outcomes. The provider also explained that students must demonstrate satisfactory progress throughout the year to be entered for the final examination, and the panel were satisfied that this process is applied consistently.

During the inspection, the panel reviewed examples of internal assessments and the structure of the online portfolio. Students receive regular feedback from their supervisors and academic staff, and their progress is monitored closely through monthly portfolio reviews. The panel considered this level of oversight appropriate and noted that students appeared well supported in preparing for the final examination.

The panel attended the final RCSEng examination on 28 April 2026. They were satisfied that the provider has appropriate mechanisms to ensure that students meet the required learning outcomes before award.

The panel consider this requirement 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 Met)

The provider has systems in place to plan, monitor, and centrally record the assessment of students throughout the programme. The online portfolio is the primary mechanism for tracking clinical activity, workplace-based assessments, reflective entries, and weekly reflection logs. Students and supervisors record DOPS, daybook entries, and reflections in real time, which allows the provider to monitor progress against the GDC learning outcomes.

During the inspection, the provider explained that the course director and orthodontic therapy tutor review each student's portfolio on a monthly basis during study days. This provides regular oversight of clinical experience, assessment outcomes, and any areas requiring additional support.

In addition to the online portfolio, the provider maintains a separate spreadsheet that records all internal assessment results. This includes written assessments, OSCEs, and other academic components completed during the core course and study days. The panel considered this dual-recording approach to be appropriate, as it provides an additional layer of assurance and allows the provider to track performance trends across the cohort.

Students confirmed that they receive regular feedback on their progress, both through the portfolio and during one-to-one discussions with academic staff. The panel were satisfied that the provider has a clear and structured approach to monitoring assessment throughout the year and that the systems in place allow for early identification of concerns.

The panel consider this requirement to be 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 provider has systems in place to ensure that students are exposed to an appropriate breadth of patients and procedures throughout the programme. Students undertake the majority of their clinical activity in their workplace, supported by a specialist orthodontist who supervises all patient care. The provider monitors clinical experience through the online portfolio, which records all procedures undertaken, daybook entries, and DOPS assessments. This allows the course director and orthodontic therapy tutor to track the range and frequency of procedures completed by each student.

During the inspection, the panel reviewed examples of portfolio entries and discussed clinical exposure with students. Students reported that they were seeing a good variety of cases and were progressing well with their clinical skills. The provider explained that if a student's case mix is limited due to local factors, they will work with the supervisor to adjust the timetable or identify opportunities to broaden experience by moving students to another clinical setting. For example, some providers no longer take alginate impressions and use a more modern intraoral scanner. The provider confirmed that students would be able to attend other clinical settings to gain appropriate experience. If a clinical setting isn't an existing approved setting that has undergone a placement audit, the provider confirmed they would undertake an audit and approve the setting before the student could attend to gain experience.

The panel noted that one procedure, headgear fitting, is not routinely encountered in clinical practice due to changes in contemporary orthodontic treatment. The provider explained that this skill is introduced during study days using typodonts or demonstration models, ensuring that students are taught the theory behind this procedure and have at least simulated exposure even if they do not encounter the procedure with patients. The panel considered this an appropriate approach given current clinical trends.

Overall, the panel were satisfied that students are gaining sufficient experience across the required procedures and that the provider monitors clinical exposure effectively, intervening where necessary to ensure students meet the learning outcomes.

The panel consider this requirement to be 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)

The provider has systems in place to support the delivery of assessments that are valid and reliable. Students undertake a range of assessment methods, including written assessments, OSCEs and workplace-based assessments recorded within the online portfolio. These are designed to monitor progress and support learning and are reviewed regularly by the course team.

During the inspection, the panel observed the RCSEng OSCE examination and associated examiner calibration session. This was detailed and effective, ensuring a shared understanding of the required standard, including clear discussion of borderline performance. Examiners demonstrated appropriate professionalism and consistency, supported by paired examining and oversight arrangements.

This was further validated by the external examiner, who was also in attendance at the exams and confirmed that calibration was undertaken for all examiners and included practical exercises and clear discussion of standards. The external examiner considered the breadth

and standard of the OSCE to be appropriate and reflective of the syllabus and noted that assessments were conducted in a fair and supportive environment.

The structure of the OSCE and viva assessments, including standardised scenarios, appropriate station design and candidate management processes, supported fairness and integrity. The panel also observed alignment across different cohorts, supporting parity of assessment.

The provider monitors assessment outcomes through regular review of the online portfolio, with oversight by the course director and tutor to identify trends and ensure consistency. While the programme is in its first cohort, both panel observation and external examiner feedback indicate that assessment processes are appropriately designed and delivered.

The panel did note some areas for development during the exam observation and would suggest that RCSEng provide a clearer structure for in-room calibration once examiners are allocated to stations, and reinforcing guidance to examiners on maintaining consistency of conduct during OSCE stations. Some examiners were observed to be talking with candidates after they had finished their assessment, and whilst this may be helpful to reduce any nervousness of candidates, it does have the potential to impact their ability to add to their answers during the allotted time remaining at that station.

The panel also reviewed discussion from the examination board, which included psychometric analysis of assessment performance, question-level review, and examiner agreement data. This included consideration of question difficulty, discrimination, and the removal or amendment of questions where required. The panel noted that adjustments were made where appropriate, demonstrating a responsive and reflective approach to maintaining assessment validity and fairness.

The panel consider this requirement to be 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)

The provider is expected to ensure that assessment draws on feedback from a range of sources, including other members of the dental team, peers, and patients. The panel reviewed the evidence submitted in advance of the inspection and the information gathered during the visit. While the provider demonstrated that feedback from supervisors and patients is routinely collected and used within assessment processes, there was limited evidence to show that feedback from the wider dental team or from peers is formally incorporated.

Students receive regular feedback from their clinical supervisors through DOPS assessments, daybook entries, and informal discussion in the workplace. This feedback is recorded in the online portfolio and contributes directly to the provider's monitoring of progress. The provider also collects patient feedback, and the panel reviewed examples of this during the inspection. This feedback is used to support student development and contributes to the overall assessment picture.

While students may naturally receive informal peer feedback during the core course and study days, there was no formal mechanism described for incorporating peer feedback into assessment processes. The provider included a template of the multi-source feedback form within the pre-inspection evidence, but no completed copies to demonstrate this was undertaken, and how it informed assessment.

As this is the first cohort, the panel acknowledged that not all elements of multi-source feedback had yet been fully evidenced in practice. However, systems are in place and the panel is satisfied that these will be embedded as the programme matures. The systems in place ensure that feedback from supervisors and patients is used effectively, and the panel consider that the provider should explore opportunities to broaden feedback sources to utilise in assessments as the programme matures.

The panel consider this requirement to be 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)

The provider has systems in place to ensure that students receive regular feedback and are supported to reflect on their practice throughout the programme. Students receive ongoing feedback from their clinical supervisors through DOPS assessments, daybook entries, and informal discussion in the workplace. This feedback is recorded in the online portfolio and contributes directly to monitoring progress and identifying areas for development.

During the inspection, the panel reviewed examples of feedback within the online portfolio and found that supervisors were providing constructive comments to guide student learning. Students confirmed that they felt well supported and that feedback was timely and helpful in improving their clinical skills and professional behaviours.

Reflection is embedded within the programme structure. The online portfolio includes dedicated sections for reflective entries, weekly event logs, and significant event analyses. Students are encouraged to reflect on their experiences, identify learning needs, and consider how they will apply learning in future practice. The course director and orthodontic therapy tutor review these reflections during monthly portfolio reviews, providing further opportunities for discussion and guidance.

The panel were satisfied that the provider promotes a culture of reflective practice and that students are supported to use feedback effectively to improve their performance. The systems in place are appropriate for a new programme and appear to be functioning well.

The panel consider this requirement to be 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 provider has clear systems in place to ensure that workplace-based assessments are undertaken by appropriately qualified and experienced individuals. Clinical supervisors are required to be GDC-registered specialists in orthodontics, and this is verified by the provider at recruitment through checks of the GDC register. Applications are not accepted where this requirement is not met, ensuring that all workplace assessors are suitably qualified.

All clinical supervisors are required to attend a mandatory “train the trainer” session prior to programme delivery. This includes training on assessment, feedback, medico-legal aspects of training, and diversity in the workplace. Attendance at this session was confirmed by supervisors and viewed positively, with all supervisors completing the same training, supporting a consistent approach to assessment.

Summative examinations are delivered by RCSEng appointed examiners, who are GDC-registered, providing assurance that examiners hold appropriate professional registration and experience. The panel observed examiners undertaking their roles and were satisfied that they demonstrated appropriate experience and understanding of assessment standards.

Equality, diversity and inclusion is included within the supervisor training. While EDI compliance is also reviewed through practice inspection processes, the provider does not currently retain comprehensive records of EDI training. The provider has acknowledged this and intends to strengthen arrangements to ensure this is recorded and monitored.

Overall, the panel was satisfied that examiners and assessors have appropriate skills, experience and training. The lack of centrally retained EDI records represents a minor area for improvement and does not undermine overall assurance.

The panel consider this requirement 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)

The provider has clear arrangements in place for the use of an EE, and documentation reviewed by the panel confirms that the role and responsibilities are appropriately defined. These include commenting on the standard of assessments, fairness and consistency of delivery, and alignment with the GDC learning outcomes.

The EE observed the April 2026 examination diet, including calibration activity and delivery of the viva and OSCE assessments. The panel were sent the report produced by the EE after the exams, which confirmed that the assessments were set at an appropriate standard, covered a suitable breadth of the curriculum, and were conducted fairly with appropriate examiner behaviour.

The EE also identified minor areas for improvement, including strengthening structure for in-room calibration and reinforcing guidance on examiner conduct during OSCE stations. These observations demonstrate active external scrutiny and contribute to ongoing quality enhancement. The panel also noted that the EE's feedback was formally presented and discussed at the examination board, providing an opportunity for further scrutiny and action planning.

Overall, the panel was satisfied that external examiner processes are established and operating effectively, with clear evidence that the EE is providing independent assurance on the rigour, standard and fairness of assessments.

The panel consider this requirement to be 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)

Internal assessments, including written assessments, OSCEs, and workplace-based assessments, are supported by defined marking criteria and DOPS descriptors. The panel reviewed examples of these materials and found that the criteria were clearly presented and accessible to both students and staff. The panel considered that inclusion of the descriptors

within the online portfolio, alongside clearer definitions of RAG ratings, would further support consistency and understanding across supervisors and students.

Students confirmed that they understood what was expected of them in assessments and felt that criteria were transparent and consistently applied. Supervisors also demonstrated a clear understanding of expected standards, supported by the mandatory “train the trainer” session, which includes guidance on assessment expectations and use of DOPS descriptors.
The provider uses RAG ratings and regular portfolio review, including monthly oversight by the course director and orthodontic therapy tutor, to support consistent decision-making and ensure that assessments are applied fairly.

For summative assessments, RCSEng employs a structured, criterion-referenced standard setting process using the Modified Angoff method. RCSEng provided us with evidence of a standard setting presentation delivered to examiners. This approach requires a panel of expert examiners to make judgements about the performance of a borderline candidate for each assessment item, with individual ratings discussed and agreed before a pass mark is calculated. This method ensures that the standard is based on expected competence rather than cohort performance and is applied consistently across written and OSCE assessments.

The panel also observed the examination board meeting, which demonstrated how standard setting and assessment outcomes were applied and reviewed in practice. This included psychometric analysis of question performance, discussion of question ambiguity, and decisions to amend or remove questions where necessary. The panel noted that these discussions considered the impact on candidates and ensured that fairness was maintained, with outcomes consistent with previous examination diets. This provides further assurance that standard setting processes are robust, applied appropriately, and support fair assessment decisions.

Overall, the panel was satisfied that assessment is fair, based on clear and transparent criteria, and supported by robust and appropriate standard setting processes for summative assessment.

The panel consider this requirement to be met.

Summary of Action

Requirement number	Action	Observations & response from Provider	Due date
2	The provider must ensure that signage advising that patients may be treated by students is displayed in all clinical settings.	This was covered during the Train the Trainer Day and the 4-week core course. Each patient who is treated by a student orthodontic therapist must sign a consent form agreeing to treatment with a student. The provider has also supplied each training practice with a dedicated sign to be placed in the clinical setting to inform patients that they may be treated by students. Each student has also been provided with a lanyard with their name, photograph and title to inform patients that they are a student.	Annual Monitoring 2027/28

Observations from the provider on content of report

We would like to thank the inspection team for the helpful comments in relation to the delivery of the course. We are very happy with the positive comments and we aim to continue the development of the course.

Recommendations to the GDC

Education associates' recommendation	The Diploma in Orthodontic Therapy is approved for holders to apply for registration as an Orthodontic Therapist with the General Dental Council.
Date of reinspection next regular monitoring exercise:	Annual monitoring 2027/28

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 education associates with broad confidence that the provider demonstrates the Requirement. Information gathered through meetings with staff and students is supportive of documentary evidence and the evidence is robust, consistent and not contradictory. There may be minor deficiencies in the evidence supplied but these are likely to be inconsequential."

A Requirement is 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 education associates must 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 monitoring process. Serious concerns about a lack of progress may result in further inspections or other quality assurance activity.

6. The Education Quality Assurance 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.