

General Dental Council

Education Quality Assurance Inspection Report

Education Provider/Awarding Body	Programme/Award
University of Bristol	Postgraduate Diploma in Orthodontic Therapy

Outcome of Inspection	Recommended that the Postgraduate Diploma in Orthodontic Therapy is approved (DCP) for the graduating cohort to register as Orthodontic Therapist.
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Full details of the inspection process can be found in Annex 1

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 an Orthodontic therapists
Learning Outcomes:	Preparing for Practice Orthodontic therapists.
Programme inspection date:	19 th and 20 th November 2024
Examination inspection dates:	6 th December 2024 19 th December 2024
Inspection team:	Amanda Orchard – Non-Registrant Chair Norah Flannigan – Registrant Dentist Bhavini Webb – Registrant Dentist Donna Campbell – Registrant Orthodontic Therapist Angela Watkins – GDC Quality Assurance Manager Martin McElvanna – Education & Quality Assurance Officer
Report Produced by:	Angela Watkins – GDC Quality Assurance Manager

Summary of inspection findings and observations (max 500 words):

This is a new programme inspection of the Post-graduate Orthodontic Therapy at University of Bristol following provisional approval in January 2024. Although this was a new programme inspection, the programme has been running for over 10 years, with the Royal College of Surgeons Edinburgh being the awarding organisation. The move to a new programme was to enable the University of Bristol to award its own qualification for this programme. As part of the new programme student also moved away from the NHS Trust Dental Hospital to the new University of Bristol Dental School facilities.

The programme is taught over a one-year period with students attending an intensive period of clinical and tutorial teaching during January and February, followed by 45 weeks clinical placements in the practice which is supporting their employment. It was clear that the intensive period at the start of the programme and the layout of the new facilities (communal areas, clinical areas) was a good way to bring all student together. The panel noted that it has clearly helped build a strong support network within the cohort of students and staff, even given the geographical distribution of the student placements.

The panel commended the provider for a very comprehensive suite of documentation as part of the pre-inspection evidence.

All students are existing GDC registrants across the Dental Care Professional groups and are enrolled onto the course through their pre-existing employers. As part of the enrolment a suitable supervisor from within the practice is allocated and a thorough inspection is conducted to ensure compliance with the providers requirements. Both the student and the supervisor are then invited to an Induction Day which covers key elements of the

programme. The induction also includes calibration for the supervisor which include scenarios and the use of the electronic student clinical logbook system (CAF).

The panel was given a demonstration of the CAF system and reviewed a sample of student portfolios. The CAF system is accessible across the provider and the placements, and the recording system is fully utilised. The panel made particular reference to the “Cause for concern” within the system which triggers an email to a central point within the provider for immediate review.

During the inspection, the panel met with students who praised the support that they had been given by both the provider and their supervisor. There are clear examples of how the provider had supported them throughout the course individually and as a cohort, and this was echoed for the supervisor within the placements.

The panel believe that the annual “Festival of Dentistry” was an innovative way of bringing all the University staff together all the staff involved in delivering all the programmes within the Dental School. The panel also felt the use of the day to discuss and calibrate programmes is good.

It was clear that the staff had embraced the move to the University of Bristol Dental School and had taken the opportunity to align the programme within the university’s quality management framework.

The panel concluded the inspection with commending the University of Bristol on a well organised course.

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

Background and overview of qualification

Annual intake	12 students
Programme duration	52 weeks over 1 year
Format of programme	Unit 1: Month 1-2. Basic knowledge, simulated clinical experience in the skills laboratory Unit 2: Month 2-6. Direct patient treatment in placement practice, monthly study days. Unit 3: Month 7-12. Direct patient treatment in placement practice, monthly study days.
Number of providers delivering the programme	1

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	Met
12	Met
Standard Three	
13	Met
14	Met
15	Met
16	Met
17	Met
18	Met
19	Met
20	Partly 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)

All students are required to complete a four-week intensive tuition in a pre-clinical environment before commencing their work-based training. At the end of this period the students are required to demonstrate their knowledge and skills through a “Progression OSCE” and a Clinical Competences assessment before they are allowed to move on to the next unit and into clinical training in practice. The panel reviewed document “1.1.7 Students Appraisal form” and “1.1.8 Completed student appraisal form” which assured the panel that this process was robust.

The panel reviewed “1.1.4 Programme Handbook for Orthodontic Therapy” which explained the process for re-sits throughout the programme. Although this a short course and the structure appears to be tight “1.1.5 Unit 1 Timetable 2024”, there is still opportunity for the students to continue after the four-week period to ensure that they are deemed fully competent in Unit 1, by fully trained and experienced staff, before they are allowed to move through the gateway. The panel was given an example by the provider of where this had happened, and this was confirmed by the student during the student meeting.

During the student meeting it was clear that the relationships built during this four-week period are good and that the environment of being away from home and working closely together leans itself to building strong peer support.

All students are already registered with the General Dental Council (GDC) in a Dental Care Profession.

The panel is assured that this Requirement is 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)

Prior to starting the programme, students and supervisors attend an Induction Day where scenario-based training is given, and this is underpinned by the “1.2.1 Clinical Practice Assessment and Student Supervision Policy”. The scenarios are real based past scenarios, and the panel is assured that this was a good way of delivering relevant training. The Clinical Practice Assessment and Student Supervision Policy is readily available on Blackboard VLE for both students and supervisors.

The panel was informed by students, supervisors and programme team about the use of posters in the dental practices and the Dental School. During the Inspection the panel observed several information posters regarding the use of students and requests for patient feedback around all relevant areas of the building.

Students confirmed that they are required to wear their student orthodontic badge provided by the University of Bristol.

The panel reviewed “1.2.4 Consent form example Student OT” which was a clear example of the specific consent form required before treatment by a student. Students confirmed that re-consent is gained verbally at the start of each treatment.

There is an internal process at the university to carry out audits to ensure that these requirements are being met by the students and supervisors.

The panel felt that there was a good robust process in place for patient consent and that this is managed throughout patient treatment. The panel was provided with a copy “1.2.2 Patient Satisfaction Survey” which includes a section on awareness of students and consent. The use of the questions in the patient survey to quality assure compliance to these requirements was good and therefore the panel are assured that this Requirement is 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)

During the recruitment process, practices applying to provide clinical training are required to demonstrate that they are Care Quality Commission (CQC) compliant and the latest CQC report is reviewed.

Once the student has been determined to meet the academic requirements to be offered a place on the programme, an inspection of the practice is completed. The student offer is conditional on the practice passing its inspection. The panel reviewed “1.3.1 Practice Inspection Checklist” which included Health & Safety, facilities and copies of relevant documentation and certificates. The practice is required to send updated copies of certificates throughout the programme. Practice inspections are carried out every three years and are currently done remotely. The provider should consider completing these more frequently and incorporate some on site visits.

Students have several opportunities throughout the programme to raise any concerns with the programme team should there be any issues identified, and these would be discussed directly with the practice / supervisor. Patient surveys also include questions about the practice environment.

The panel are assured that Requirement 3 is 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 and supervisors monitor student progression through the completion of the Students Clinical Logbook (CAFs). The panel reviewed the “Presentation from training and calibration day” which is a workshop incorporated into the programme induction day to ensure competency and consistency in the use of the system by all supervisors.

The panel was given access to the CAF system and the provider gave a full demonstration on the use of the system. It was clear that the system was being fully utilised, and the provider was monitoring activity whilst the student is out in practice.

Students are required to complete several Direct Observed Clinical Procedures (DOPS), and written and verbal feedback is provided by their clinical supervisor.

The CAF system captures reflection and feedback and is monitored by the programme tutor. The panel noted some inconsistency in the level of feedback whilst sampling the CAF system. The provider shared evidence of this issue and explained that they had identified that this was one individual supervisor. The provider presented evidence of how they communicated the issue with both the student and supervisor, and how they supported the supervisor to improve. During the student meeting, the student reinforced that they had been part of this discussion. The panel noted that this was an example of the level of open and honest communication throughout the programme.

The panel was told that the time given to a supervisor to complete the feedback in the CAF system is two weeks, however, the panel noted that to ensure feedback is meaningful and contemporaneous, the feedback must be logged sooner.

During the inspection the panel met with supervisors and identified an inconsistency around the level of responsibility and accountability in the dental practice. The provider must ensure that all supervisors attend the induction day to promote a consistent approach to all student's supervision. This should also cover human factors and the expectations and responsibility of the wider dental team

The panel is assured that the process in place was good and that it was being well monitored therefore this Requirement is 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 panel was supplied with a list of all current staff and supervisors which included details of all the relevant qualification and training completed. Due to the nature of the programme, all supervisors have different employers and therefore are required to share details of their most relevant and up to date EDI training completed with their direct employer.

During the application process all supervisors are required to provide information regarding GDC registration, this is then checked against the GDC register by the programme administration team.

The panel are assured that this Requirement is 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 panel reviewed "1.6.4 BDS Raising Concerns policy", "1.6.2 Student Concern Referral Form" and "1.6.1 Raising Concerns Poster" and is assured that a comprehensive robust process is in place for raising concerns.

The panel was impressed with the use of the CAF system in promoting raising concerns. The system has areas to capture "Significant Events" and "Cause for concern". If these areas are

completed an email is sent directly to the staff at the university for immediate review. These are monitored regularly through the student progress committee.

The panel are assured that students and supervisors are signposted clearly through training, workshops and the Blackboard VLE to raise concerns. During the programme induction day real and relevant scenarios are debated and the use of the CAF system to raise concerns is highlighted.

The panel are assured that this Requirement is 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)

Any incidents that occur within the dental school are raised through the providers incident management platform (RADAR). The panel reviewed the “1.6.3 Clinical Governance Policy” which notes that these issues are then discussed at the Bristol Dental School’s Clinical Governance Board meeting. There are also processes in place to check practice policies as part of the induction day and the panel reviewed template “1.4.1 In Training Practice inspection form” which is triggered following incidents and includes full details of the patient safety concern and the required actions and monitoring.

The CAF system captures “Significant Events” and “Cause for concern” and if these areas are completed an email is sent directly to the staff at the university for immediate review.

Students confirmed that they use their student logbooks to reflect on DOP’s and this includes patient safety. Any concerns they have can be raised using the CAF system or during their appraisal.

The panel are assured that a comprehensive and robust process is in place for identifying and recording patient safety issues, therefore this Requirement is 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)

Prior to starting the course, the student, supervisor (a specialist orthodontist) and the practice manager must agree to and sign “1.3.3 Educational Agreement”. This document outlines the responsibilities of all parties involved in training including fitness to practice.

There is a comprehensive training package available to both the student and supervisor which include all aspects of professionalism and follows the GDC Fitness to Practice procedure.

The panel are assured that there is a robust process, training and communication in place, so this Requirement is 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)

Following the move to the University, the programme is subject to the University of Bristol Quality Assurance framework which includes annual reviews at a school and faculty level. The panel was given links to the providers website which includes full details of the framework and all the subsidiary components.

The panel are assured with the robust process in place, and this was underpinned by the programme teams feedback that the level of quality assurance had strengthened following the move to the university.

The panel are content that this Requirement is met.

Requirement 10: Any concerns identified through the Quality Management framework, including internal and external reports relating to quality, must be addressed as soon as possible and the GDC notified of serious threats to students achieving the learning outcomes. The provider will have systems in place to quality assure placements. (Requirement Met)

The panel was presented with examples of student feedback on the quality of the course, this including the responses from the provider. The university has an internal system called BLUE (Bristol Live Unit Evaluation) which automatically forwards feedback at the end of each unit to the programme leads for comment. This feedback is reviewed by the programme team and the panel reviewed “*Example agenda from Programme Lead meeting*” which has a specific agenda item for feedback.

Students are assigned a Personal Tutor who is, normally, the supervising clinician in the training practice, and have access to Senior tutors who are members of the wider university team. Senior tutors are an additional support to the students to assist with self-reflection, concerns and signposting to support services.

All policies are available to students and staff through the Blackboard VLE system. Any new and updated documents are easily identified through markers.

The panel are assured that this Requirement is 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 programme is subject to an annual programme review and the panel was provided with the “*2.9.6 BDS_Annual Programme Review_Terms of Reference*”.

External Examiners are recruited through the universities appointment process which was reviewed by the panel in document “*3.16.2 University of Bristol process for external examiners*”

The panel reviewed “1.2.2. Patient satisfaction survey” and “2.9.10 Patient satisfaction survey results” which demonstrated that patients feedback is included within the quality assurance framework to inform programme development. Patient feedback is sought as a minimum in Month 4 and Month 12. However, the students and programme team informed the panel that patient feedback was also collated at two time periods, for-25 consecutive patients. The panel noted that this was good practice and demonstrated a pro-active way of engaging with patient feedback.

This Requirement is 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)

An inspection of the practice is completed at the beginning of the programme. The panel reviewed “1.3.1 Practice Inspection Checklist” which included Health & Safety, facilities and copies of relevant documentation and certificates. Practice inspections are carried out every three years and are currently done remotely. The panel suggest that the provider should consider completing these more frequently and incorporate some on site visits

The provider carries out regular checks through the CAF system to monitor the number and the diversity of treatments carried out. The system is used to lead regular 3-way discussion with the students and supervisors through the Programme Lead meetings.

Multi-source feedback is embedded within the programme and the panel reviewed “2.9.8 Multi source Feedback” which is the template used to carry out peer assessments which include a 360 assessment within the dental team. The panel was given examples of feedback generated in document “2.9.11 Multi-Source Feedback Example”.

Students confirmed that they had a Student Representative and that they had actively utilised the process on several occasions to prompt discussions at the Student Staff Liaison meetings. These meetings are carried out quarterly and any concerns in between meetings, students were aware they could use the CAF system.

The panel are assured that this Requirement is 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 panel reviewed “3.13.1 Learning outcomes mapping table” which demonstrates that the students are working towards the current Preparing for Practice learning outcomes. The provider is working closely with the university and GDC to develop the programme ready for the implementation of the GDC Safe Practitioner framework in 2025.

The CAF system records student's clinical activity and this is reviewed regularly at month 1, 3, 6, 10 and 12 at the programme leads meeting. These meetings are discussed during Progress Committee meetings which is chaired by the School Education Director. The panel reviewed document "1.3.3 Progress Committee Letter Engagement reminder template" which is an example of the letter shared with the student following the outcome of the progress committee meeting.

The students are required to demonstrate competency through "gateways" onto each unit. CAF is used to monitor progress and there is also a 6-month appraisal with the provider, supervisor and student to identify any concerns.

The panel is assured that this Requirement is 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 panel was given a demonstration of the CAF system and reviewed a sample of student portfolios. The CAF system is accessible across the provider and the placements, and the recording system is stored securely, and access is limited to the requirements of the role.

The CAF system records student's clinical activity and this is reviewed regularly at month 1, 3, 6, 10 and 12 at the programme leads meeting. These meetings are discussed during Progress Committee meetings which is chaired by the School Education Director.

The programme team regularly review the CAF system to measure clinical activity.

The panel is assured that this Requirement is 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)

Clinical activity is provided within a dental practice under the supervision of a specialist orthodontic. The panel reviewed the "3.15.1 Practice Self-Assessment Checklist" which gives the provider assurance on the breadth of work available prior to commencing the programme. The supervisor is responsible to ensure that the student has the number of procedures required to become competent.

All the clinical activity is logged and graded on the student electronic logbook (CAF), and this is monitored regularly by the provider to review the breadth of patients and procedures the student is gaining access to. Any concerns identified are discussed through regular progression meetings and appraisals.

The panel reviewed "1.4.2 List of Direct Observed Procedures" and 1.4.3 DOPS example 1 and 2" which is a list of Direct Observed Procedures (DOPS) that must be completed per unit and includes detailed guidance on how to reflect and feedback on each DOP. Following the initial completion of a DOP, the DOP is repeated following a period of reflection and feedback to demonstrate growth, the panel noted this was good practice.

Any issues with breadth of procedures, patients or underperforming DOPs can be addressed by the student attending the Dental School in Bristol if required.

The panel was given an example of a student who was finding it difficult to gain the full breadth of patients and procedures required to progress through the final gateway. The panel heard how the issue was managed and the level of discussions that took place. The panel recognised the depth of communication and is assured that the process had followed the providers policy. The panel also commended the outcome where the student was offered 3 different options which would allow them to select an outcome that best suited their needs and allowed them to complete the programme.

During the examination inspection, the panel noted that case presentations demonstrated that students had wide patient access.

The panel are assured that the Requirement is met.

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

The programme is subject to the University of Bristol programme approvals process which includes external review and oversight by the school, faculty and the wider university.

The provider is currently working with all GDC approved dental programmes to implement the GDC Transitional Action Plan (TAPs) this will ensure a consistent approach is taken across all registrant groups.

External examiners are consulted when developing new assessments and are invited to observe and comment on final examinations.

Assessments are blue printed to the learning outcomes and the provider uses the Angoff method and Borderline Regression as good practice.

The panel reviewed “*Case Presentation Instruction for Examiners*” and “*Case Presentation Instruction for Students*” and found these instructions packs to be clear and well explained. The panel also observed that the staff pre-examination meeting was useful.

The panel are assured that this Requirement is 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 panel reviewed a comprehensive multi-source feedback process. The provider pro-actively encourage feedback from various sources and it was clear through the quality assurance framework that feedback is considered and actioned appropriately.

The panel observed several areas throughout the Dental School building which encouraged patient feedback contemporaneously or reflectively, including the use of QR codes.

The panel reviewed “*2.9.6 BDS_Annual Programme Review_Terms of reference*” which demonstrates the formal process for collating feedback and reviewing programmes annually. This underpins the more regular activity which takes place, and the panel are assured that there is a clear audit of feedback received, reviewed and the action taken through the relevant programme meetings and annual programme review.

The panel are assured that this Requirement is 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)

Training is given as part of the programme induction day to both students and supervisors using previous examples and screenshots of real clinical e-logbooks. Training on reflective practice is continued throughout the programme and the panel was informed of a teacher specific workshop which was well received in the first year and will be developed for future cohorts.

Students complete daily reflection against their clinical logbooks held within CAF. These logbooks are monitored by the programme lead who gives regularly feedback and training where required to both student and supervisor.

During the inspection the panel identified a discrepancy in the timeliness of feedback given to the students from the supervisors. The programme team informed the panel that supervisors are expected to complete their feedback within 2 weeks, during the inspection meeting supervisors informed the panel that they completed the logbooks on the same day. However, the panel reviewed the CAF system, and it was clear that feedback was being captured, however, there was some inconsistencies across all supervisors on when feedback was input. The provider must ensure that supervisors take responsibility and an accountable approach to logging feedback contemporaneously.

It was noted that not all supervisors attended the programme induction day, and the panel suggests that this must be mandatory to ensure that all supervisors have a consistent approach to giving contemporaneous feedback.

The panel was given document “3.18.2 PDP Framework” which is a student-led personal development plan that students are encouraged to complete following their appraisals.

During the student meeting the panel was informed by the students that they have access to a self-assessment portal on the university website called Bristol Skills Profile. Students explained that the system enables them to reflect and develop their skills. The students commended the portal which gave them an opportunity to reflect on what they have learned during the programme and other wider activities.

The panel is impressed that there is a strong proactive approach to reflective practices and that this Requirement is 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 panel was supplied with a list of all current staff, which included details of all the relevant qualifications and training completed. Due to the nature of the programme, staff may have different employers and therefore are required to share details of their most relevant and up to date EDI training completed with their direct employer.

During the application process all staff are required to provide information regarding GDC registration, this is then checked against the GDC register by the programme administration team.

The panel observed that examiners were clearly well experienced at conducting exam assessments.

The panel are assured that this Requirement is 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. (Partly Met)

The provider was unable to supply a copy of an external examiners report, however, there was a clear university led process in place where the external examiner's report is reviewed and discussed as part of the programme's Annual Programme Review. A response template is completed outlining how recommendations from the External Examiner are to be actioned.

Internal Examiners are invited to the Festival of Dentistry, where calibration training is given.

The provider did not have a relevant copy of an external examiner report and must share a copy with the GDC following the completion of the first examination board. However, the panel observed feedback from external examiners during the final assessment board.

This Requirement is partly 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)

The Programme handbook is given to students and sets out clear criteria for all assessments.

Standard setting is undertaken using the universities policies and the team use either the Modified Angoff method or Borderline Regression methods. External Examiners are involved in the standard setting, and this is re-visited at least every 3 years.

The programme records the formative and summative assessment for each student securely on the Blackboard VLE.

During the Festival of dentistry staff are given calibration training using real and relevant examples from previous years and across various programmes.

The panel reviewed documents "*Unseen Clinical Viva Instruction for Examiners*" and "*Unseen Clinical Viva Instruction for Students*" which the panel noted that grade descriptors and the marking criteria is clear.

During the examination inspection, the panel considered that the questions were fair, clear and had good coverage. Discussions and marking between examiners were found to be fair and well calibrated and the use of the Risr portal to be an efficient system for marking.

The panel observed an upset student which was handled well by the examiner.

The panel are assured that this Requirement is met.

Summary of Action

Requirement number	Action	Observations & response from Provider	Due date
3	Practice inspections are carried out every three years and are currently done remotely. The provider should consider completing these more frequently and incorporate some on site visits.	We will undertake a mix of in-person and virtual practice inspections annually within our normal quality assurance processes. In-person visits are based on risk associated with student progress (including monitoring of CAFS) and communications with students and trainers.	June 2025
4	The provider should consider covering the expectations and responsibility of the wider dental team as part of the supervisors training to improve human factors between the supervisors, students and peers.	We will incorporate this into our trainer day at the start of the programme and will reiterate, also with students, at the end of Unit 1 appraisal, and as part of the multi-source feedback collection. We will monitor ongoing relationships within 1:1 meetings during each unit, between the Programme Director and the trainers.	June 2025
4	The panel was informed that the time given to a supervisor to complete the feedback in CAF is two weeks, however, the panel agreed that to ensure feedback is meaningful and contemporaneous, the feedback should be logged sooner.	We make it clear to students and trainers on the training day, and reiterate to students at the Unit 1 appraisal that CAFS entries should be completed on the day. This is then reviewed throughout the course to ensure compliance. In case of lack of compliance, we will remind supervisors immediately, and this can be addressed by the Programme Director, who can raise this with each trainer at 1:1 meetings.	June 2025
4 18	The provider must ensure that all supervisors attend the induction programme to ensure a consistent approach is taken to all student's supervision.	This is already a mandatory expectation, with a follow-up opportunity provided before the placement starts. Lack of engagement by a trainer would contribute to a risk-based decision on continuation of studies for that student in that practice.	June 2025
20	The provider did not have a relevant copy of an external examiner report and must share a copy with the GDC following the completion of the first examination board.	We attach the report today, along with the formal response from the School.	June 2025
18	The provider must ensure that supervisors take responsibility and an accountable	We make it clear to students and trainers on the training day, and reiterate to students at the Unit 1	June 2025

	approach to logging feedback contemporaneously.	appraisal that CAFS entries should be completed on the day. This is then reviewed throughout the course to ensure compliance. In case of lack of compliance, we will remind supervisors immediately, and this can be discussed by the Programme Director could raise this with each trainer at 1:1 meetings.	
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Observations from the provider on content of report

We are grateful to the panel for their careful consideration of the Programme and for the constructive feedback provided.

Recommendations to the GDC

Education associates' recommendation	The Postgraduate 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	GDC Monitoring 2026-27

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.