

# General Dental Council

## Education Quality Assurance Inspection Report

Education Provider	Programme/Award
Orthodontic Team Training	Diploma in Orthodontic Therapy awarded by Dental Team Qualifications

Outcome of Inspection	Recommended that the Diploma in Orthodontic Therapy is approved for the graduating cohort to register as an orthodontic therapist.
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**\*Full details of the inspection process can be found in Annex 1\***

## Inspection summary

<b>Remit and purpose of inspection:</b>	<b>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 therapist.</b>
<b>Learning Outcomes:</b>	<b>Preparing for Practice (orthodontic therapist).</b>
<b>Programme inspection date:</b>	<b>26 April 2021</b>
<b>Examination inspection dates:</b>	<b>10, 23 and 24 June 2021</b>
<b>Inspection team:</b>	<b>Benjamin Walsh (Chair and non-registrant member) Sarah Balian (DCP member) Liam O'Brien (Dentist member) Martin McElvanna (Education Quality Assurance Officer) Angela Watkins (Quality Assurance Manager)</b>

The Diploma in Orthodontic Therapy programme (hereafter referred to as 'the programme' or 'the Diploma') being delivered by Orthodontic Team Training ('the provider', 'OTT') and awarded by Dental Team Qualifications (DTQ) is the successor to the programme of the same name, formerly delivered and awarded by the University of Warwick.

This was a new programme inspection following provisional approval by the GDC Registrar in 2020. During the new programme submission process, the independence of the proposed programme from the University of Warwick was noted. Consequently, additional areas of focus for this first inspection were the external monitoring of the programme and the use of external examiners.

The inspection was conducted remotely. The inspection panel was comprised of GDC education associates ('the panel', 'the associates', 'we'). The panel were grateful for the sets of documents received in advance of the inspection.

The panel noted the collaborative relationship between staff, students and placement staff. Students reported that they had received good academic, clinical and pastoral support, particularly during the Covid-19 pandemic.

We noted that the provider had fully adopted the use of the 'PebblePad' student monitoring database and that this was working well for all users.

Of the 21 Requirements being considered, all were considered to be met.

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

## Background and overview of qualification

Annual intake	10 students
Programme duration	52 weeks over 12 months
Format of programme	Modular format, including: Basic core knowledge, clinic attendance, shadowing Core knowledge, skills and behaviours initially as simulated clinical experience Direct supervised clinical experience in training centre Supervised patient treatment in approved workplace specialist practice
Number of providers delivering the programme	1

## Outcome of relevant Requirements<sup>1</sup>

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

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<sup>1</sup> 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)**

The panel was informed that students must pass a number of clinical skills gateways before they are allowed to carry out treatment on patients.

Students first complete tasks in Orthodontic Team Training's (OTT) clinical skills laboratory at the Leamington Spa Orthodontic Centre (LSOC). Before they can progress to the clinical floor, also at LSOC, students must be assessed as competent in the relevant skills in the pre-clinical environment. Following this sign-off, they can then proceed to their agreed individual placement practice to carry out tasks on patients under the supervision of their individual trainer.

During induction, both students and trainers are informed that students can only provide patient care once they have demonstrated the necessary knowledge, understanding and skills. At the inspection, we were given a demonstration of PebblePad, the student monitoring database. These contained student e-Logbooks signed off by tutors as well as details of teaching timetables, competencies, clinical tasks and records of completed pre-clinical assessments.

Further discussion on the monitoring of students and identification of underperforming students can be found at Requirement 14.

We were assured that systems are in place to ensure students only provide patient care when they have demonstrated adequate knowledge, understanding and skills.

**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)**

At induction days, trainers, students and practice managers are first notified of the requirement to inform patients that they will be treated by student orthodontic therapists.

Patients are also clearly advised that photographs will be taken for the purposes of treatment management and for the student's portfolio. These photographs are directly uploaded from the placement practice to PebblePad.

We had sight of the policy for placement practices regarding patient consent. The practices are advised that patients should be informed that appointments will generally be longer, and that the student's work will be checked by their supervisor. At the practices, students wear name badges stating they are students. They introduce themselves to patients at each appointment and explain that they are student orthodontic therapists. At each visit they are asked if they are still fine to be treated by a student. Photographs of the student are displayed at reception.

Patient information letters also state that they will be receiving treatment at a training practice by student orthodontic therapists.

One student that we met at the inspection was clear on the complexity of acquiring valid patient consent, particularly when treating patients with particular needs.

Students obtain and record patient agreement to treatment by students prior to treatment commencing and patients sign consent forms which document that they are happy to proceed. Patients are informed that they can decline to be treated by students.

The panel was assured that the provider has good systems in place to appropriately obtain and record patient agreement by a student prior to treatment commencing.

**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 delivers the Diploma in Orthodontic Therapy from their training centre, Leamington Spa Orthodontic Centre (LSOC). The centre is subject to external quality assurance and is registered with the Care Quality Commission (CQC). Regular meetings occur at LSOC to address patient care and policies and procedures relating to patient safety and best practice.

The panel had sight of a range of policies covering health and safety, equality and diversity, supervision, complaints, placement audits, significant events and medicine management amongst others. The Equality and Diversity policy indicates mandatory training for staff and trainers working in both the clinical skills laboratory and the placement practices.

We heard evidence of a robust process in place for the audit of placement practices where students provide patient care. These are inspected prior to the commencement of the programme to ensure they are safe and appropriate for training. The CQC placement practice reports are also reviewed and checks that trainers are on the GDC's specialist list in orthodontics.

The provider explained that due to the COVID-19 pandemic, virtual inspections were conducted to audit and view the training practices via Google Meet on handheld devices. This included checking requirements regarding patient care and how they meet their equality and diversity obligations. The provider considered that this method should continue, given that it was possible to fully inspect the proposed training practices and that this could be done at any stage in the programme. Audit reports are stored in PebblePad.

The working environment is frequently discussed by students, Course Director and Module Leads during core weeks and on subsequent taught days. Issues can be raised on student contact forms and Student Professionalism and Critical Incident Reporting 2020/21.

All placement practices are informed that they may be subject to random audits, either on site or online, at any stage during the training period. The panel learnt that there had been no issues regarding practices requiring improvement.

**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)**

Ahead of the inspection, we saw various policies including the Protocol for Reviewing Staffing Levels, Expertise Availability and policies around the supervision of students. We also saw logbooks which demonstrated evidence of patient care being delivered by students under appropriate supervision.

Student supervision is discussed from the outset at interview, through to induction, placement practice inspections and on Taught Days 21, 25 and 30 during the programme. Reference is made to British Orthodontic Society recommendations relating to supervision and in particular appropriate levels of supervision and striking the right balance between supervision and independence as students develop.

Timetabling at LSOC is designed with student training in mind and to maximise clinical opportunities for students. The clinical diary is reviewed to make any necessary changes to the daily clinics, to accommodate appropriate supervision and to allow for time to enable student reflection and discussion.

**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)**

Before the inspection, the panel saw various job and person specifications, supervision guides, CVs and policies relating to staffing and induction.

OTT ensures that clinical supervisors have appropriate registration with the GDC, which is checked prior to acceptance onto the programme as a supervisor. These checks are also conducted during placement audits. Tutors must also have appropriate registration with the GDC.

Information on qualifications, training and experience of trainers and other clinical supervisors is recorded at various stages including interview, induction, placement practice inspection and Taught Day 21.

We noted that supervisors undergo a thorough recruitment process. There is emphasis on ensuring that the supervisor and student are well matched.

At induction, trainers are introduced to PebblePad and Google Classroom on OTT's virtual learning platform. Calibration training is also carried out by the trainers before the start of the programme. Train the trainer sessions are provided and further training is available through OTT as required.

OTT is an Interprofessional Education Centre, so all of the team are focused on the development of education skills and continuing professional development. The panel was impressed with the ethos at OTT of developing teaching skills for staff.

OTT tutors and placement trainers undertake Equality and Diversity training as part of their roles.

We learnt that trainers and students are strongly encouraged to ensure attendance at the training programme specifically designed for them. Trainers must conduct periodic peer review meetings with course tutors and other trainers during the course.

**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)**

Before the inspection, the panel had access to policies relating to significant events, adverse incidents, duty of candour, risk management, whistleblowing and safeguarding.

The panel considered that there was a culture of openness for the raising of any concerns. There were solid communication streams between OTT, students and trainers. Students also confirmed their awareness of the policy.

We saw evidence of incidents being raised and the raising concerns policy being applied. The panel noted that there was a strong focus on patient safety. This was evidenced in various aspects of the programme.

Students are introduced to the concept and definition of raising concerns at induction and in Week 1. It is made clear to students that raising a concern will not result in any adverse impact on them.

Trainers are also given training at the Induction Day and at Taught Days 21, 25 and 30 on patient safety, clinical governance and the duty of candour.

Both students and trainers are inducted to the 'traffic light' reporting system for raising concerns in programme PebblePad and Classroom sites.

**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)**

In the pre-inspection documentation, the panel reviewed the Clinical Governance and Policy Clinical Governance Significant Events policies. We also saw minutes of bi-monthly staff meetings and live risk registers which related to the COVID-19 pandemic. Any incidents that are flagged are analysed within the risk assessment and management provisions and graded, with required actions implemented.

Regular Course Development and Management Group (CDMG) meetings are held, which cover aspects of patient safety.

We learnt about one patient safety incident that was recorded and followed through.

We concluded that OTT has robust systems in place to identify and record issues that may affect patient safety.

**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 inspection panel had sight of the Professionalism and Critical Incident Traffic Light reporting system, Student Fitness to Practice Policy (FtP) and FtP PowerPoint presentation.

It was clear that awareness of student professionalism and fitness to practice is emphasised from interview through to induction and covered in teaching and tutorials throughout the programme.

OTT's Fitness to Practice policy is aligned with the GDC's Student Professionalism and Fitness to Practice Guidelines. Staff and supervisors are made clearly aware of the FtP policy during induction and supervisor training.

Given that the programme only began in September 2020, there have not been any FtP matters, but we were assured that should any arise, there are appropriate structures in place to manage them.

## **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 produced a range of documentary evidence under this Requirement, such as Quality Assurance Policy, Governance Manual and Operations Manual. We also saw CDMG meeting minutes and Dental Team Qualifications (DTQ) Board minutes.

At the inspection, we received clarification on the relationship between OTT and DTQ and the reporting channels and lines of responsibility. This includes an annual report presented by OTT to DTQ. DTQ are approved by Ofqual and are required to follow Ofqual regulations.

The overall responsibility sits with the Course Director who reports to the CDMG. OTT also has a Quality Assurance lead who reports to the CDMG. They are a GDC registrant who is also familiar with the code of practice issued by the Quality Assurance Agency for Higher Education.

CDMG plays a vital role in the quality assurance of the programme. It oversees the Programme Review and a periodic revalidation review process through timetabled meetings. It can also meet on an ad hoc basis if required. Minor changes to maintain the quality of the programme are discussed and approved by CDMG. Any required changes to the course Learning Outcomes, teaching and assessments are documented to ensure the curriculum continues to map across to the latest GDC learning outcomes and reflects current legislation and external guidance.

Faculty and Student (FSF) meetings are held to enable students to contribute to course delivery and structure. Any issues reported by students are assessed immediately by course tutors, in conjunction with the Course Director and if necessary, referred to CDMG for a response. Examples include minor changes to teaching.

**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)***

As described above, CDMG meets regularly and can meet immediately should an urgent issue arise if flagged by students, tutors, training practice staff or patients.

Concerns are initially reported to the tutor and/or Module Lead who will then escalate to the Course Director.

We saw robust systems in place should concerns arise.

OTT explained that serious threats to course delivery or threats to students achieving the learning outcomes would be also escalated to the GDC.

**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)**

An additional area of focus for the inspection was to review the externality of the programme.

Ahead of the inspection, we reviewed CDMG Meeting Minutes, DTQ Board Minutes, previous External Examiner (EE) reports and responses and the External Examiner Handbook. Major changes are discussed by the CDMG and with the External Examiner and reported to the DTQ Board via the CDMG minutes. We saw evidence that OTT has its own internal and external QA process and DTQ as the awarding authority also has its own internal and external QA processes as required by Ofqual.

During the exams inspection, we had the opportunity to meet the external examiner (EE). We heard that the EE has been associated formerly with the programme via the University of Warwick and that this contract has continued with the new OTT programme. The EE gives independent advice, has an overarching role in overseeing the exams and is fully consulted on all aspects of course delivery and assessment. The EE confirmed that his previous recommendations have been adopted. The EE's report is considered by the DTQ Board and their recommendations are responded to and implemented. The EE observes the final assessments and we noted their attendance at the Exam Board meeting.

The panel was therefore assured that the programme has sufficiently robust external quality assurance procedures.

Regarding the use of feedback, we saw evidence of changes made to the programme, following student feedback, for example a change to prevent the overlapping of modules with a clearer, more delineated approach being adopted.

**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)**

Prior to the inspection, the panel had access to practice inspection reports containing details of audits and the LSOC contract with practices.

We considered that the audit schedule of practices was well developed with modern techniques using handheld devices given the restrictions imposed by the COVID-19 pandemic, discussed under Requirement 3.

Student feedback on placements is welcomed and we saw evidence that there are various opportunities for them to do so. They can submit this in PebblePad, Google Classroom and throughout the programme. They provide feedback regularly to tutors and through the FSF. Tutors also have the opportunity to provide feedback to the CDMG.

Expectations of placements, students and tutors are throughout, from interview to induction and placement inspection visits.

### **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)**

Prior to the inspection, the panel reviewed Annex Two which was comprehensive and clearly demonstrated how and when each learning outcome is assessed. It was clear that OTT has a process for reviewing the most appropriate assessment mode for each outcome.

We had sight of module guides with corresponding modular assessments which indicated teaching methods and assessments against each of the respective learning outcomes.

We saw DTQ Board meeting minutes, illustrating their involvement in the process of awarding the Diploma qualification.

We had access to previous exam board minutes ahead of the inspection and we also had the opportunity to observe the student sign-up board meeting for this year's cohort. We saw how students' clinical experience was comprehensively detailed on a master spreadsheet and staff discussed each student's competencies in turn and consequently their eligibility to sit finals.

We learnt that students had to achieve the required standard in each competency before passing to the next assessment and they had to pass each component to be eligible for finals.

Following finals exams, we also observed the exam board sign-off meeting admitting students for qualification. The panel was impressed with the high calibre of the students in this first cohort.

Given the comprehensive mapping in place against the learning outcomes evidence in Annex Two and the module guides, the panel was assured that students are safe beginners upon qualification.

**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)**

At the inspection, the panel was given a demonstration of two systems in OTT's Virtual Learning Environment, 'Pebblepad' and 'Google Classroom' software. We saw how these are used as highly effective tools in the management of student clinical progression and the recording of assessments. These systems appeared to be very user friendly for both staff and

students, who received appropriate training and induction to their use. This also indicated to us that OTT have now fully adopted electronic methods of monitoring students.

We saw examples of students' electronic logbooks in PebblePad. These clearly illustrated that students were being closely supervised with clinical work carried out at training practices being assessed and graded by trainers and supervisors and that reflection was clearly documented. It was clear that PebblePad was a good tool to enable staff to easily track students' progression.

**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)**

Ahead of the inspection, we saw LSOC appointment books and extracts of student portfolios. We saw how the logbooks were being monitored weekly and on Taught Days. There are close communication channels between LSOC staff, tutors and the Clinical Director and the placement practices if there are any issues regarding access and achievement of required competencies.

At the inspection, we learnt that the impact of the COVID-19 pandemic on access to patients was minimal. Timetabling was modified and clinical activity was condensed, with the emphasis being on quality over quantity. Students were advised that there could be potential restrictions on the types of procedures they could carry out at certain times and they were encouraged to be proactive to keep on track with their progression.

We heard of examples of students attending clinic for remediation work where necessary, and if students could not access a full range of patients to allow them to develop certain skills, arrangements were made for these activities to be completed at either LSOC or at another approved placement practice.

Overall, we learnt that the amount and type of clinical experience with patients largely remained the same despite the impact of the pandemic and the panel saw from the PebblePad system that students had completed the necessary clinical work to be signed up.

**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)**

Ahead of the inspection, the panel had the opportunity to review various documents such as the Annual Review, CDMG minutes, DTQ Board meeting minutes, Standardisation Agenda and Standard Setting Protocols. These documents illustrate that OTT have a coherent and comprehensive approach to the appropriate use of assessments with the learning outcomes at the forefront of this process.

The Annex Two mapping document and module guides also clearly illustrate coverage of the GDC learning outcomes. The EE agrees the suitability of all modular and final assessments before their use.

We learnt that assessments are annually evaluated by the Course Director and the External Examiner. DTQ and the EE regularly review the assessment strategies used by OTT.

OTT indicated that when designing their assessments, they follow the assessment guidelines as published by the Association for Medical Education in Europe and Association for Dental Education in Europe.

OTT explained that in the interests of affording all learners the same opportunity, standardisation meetings take place with their internal quality assurance framework and with the assessors to discuss the progression of learners, examples of learner work, areas of good practice and review external and internal quality assurance reports.

OTT demonstrated that they are using appropriate standard setting techniques and are aware of the challenges they present but have adopted the psychometric approach to assessments.

**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 various forms of feedback such as student, trainer and patient feedback from the placement centres. We also saw feedback from tutors, module leads and examiners. Students receive a wide range of feedback from various sources both from the LSOC and placement practices.

Students deliver peer presentations and they receive feedback on these.

OTT use a professionalism 'traffic light' system, where any of the dental team can provide feedback on professionalism to students.

We saw evidence that feedback was being adopted to implement changes to programme delivery.

**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)**

As noted under requirement 17, students receive a rich variety of feedback from various sources.

Trainers regularly complete feedback in student e-logbooks using an agreed grading system. Both students and trainers are encouraged to complete the weekly reflective sections in students' e-logbooks on various aspects of patient care as well as tutorial discussions.

In addition, the Course Director and Module Leads carry out regular 1:1 meetings with students and trainers.

We noted instances where live actors were able to give feedback which students found useful.

Study days and taught days also involve reflective group learning of activities completed.

**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 had sight of various job descriptions, assessor training logs, calibration sheets and the OTT organogram. These demonstrated that examiners and assessors have the requisite skills and training to carry out assessments, as well as training in equality and diversity.

We learnt that all of the trainers and Course director are specialist orthodontists. All examiners and assessors have appropriate professional registration.

Regarding tutor training, we saw that reflection was documented at the end of core weeks, course development and management group meetings and end of course reviews. OTT conducts refresher training for tutors and examiners prior to each new cohort of students starting.

All tutors either have, or are working towards having, further education teaching qualifications. It was apparent that OTT fosters a culture of learning and development of staff.

All new examiners and assessors receive mandatory training which includes calibration.

**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 panel had sight of module guides and details of assessments, previous external examiner reports and the External Examiner Handbook.

Regarding the use of external examiners, please see commentary at Requirement 11.

We learnt that the EE plays a vital role in ensuring equity of treatment of students by playing a key role in the review of summative assessments. The EE also has access to previous examinations to understand common patterns and trends across and within cohorts over time.

**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)**

Prior to the inspection, the panel reviewed various comprehensive documents which included the Assessment and Programme Monitoring and Review, Assessment Handbook, Standardisation Agenda, Standard Setting Protocols, CDMG minutes, policies and documents relating to complaints and assessor training logs.

There is a mechanism for collecting feedback on both formative and summative assessments and we learnt that this feedback was being used to inform changes to assessments. The standard setting methods for all assessment methods is evidence-based. Modified Angoff is used for short answer questions and Angoff is used for single best answer assessments. Regarding viva assessments, marking descriptors and matrices are provided which identify the standard and the appropriate grade.

The panel considered that OTT has a robust assessment strategy with an established review process. OTT have a quantified question bank which is regularly reviewed.

Standardisation occurs and is undertaken as part of the assessment setting process and the EE is involved in reviewing all assessments which are clearly linked to the learning outcomes.

As discussed under Requirement 19, examiners receive appropriate training for their roles and tutors are advised of the assessment methods being used.

Students confirmed that they clearly understood the aims and objectives for each module, were aware of the methods of assessments used and when to expect formative and summative assessments to take place as detailed in the Course Handbook and timetable.

The panel had the opportunity to observe some finals exams and considered that the exam environment was welcoming and supportive of students and conducted in a thorough and efficient manner.

## Summary of Action

Requirement number	Action	Observations & response from Provider	Due date
	No actions		

## Observations from the provider on content of report

We welcome the observations within the GDC report and wish to thank all members of the panel for their flexibility and conduct during the process.

## 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 next regular monitoring exercise	2022

# 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 edition<sup>1</sup> 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.