General Dental Council | protecting patients, regulating the dental team

INSPECTION REPORT

Education provider/ Awarding Body:	**Edinburgh Postgraduate Dental Institute (EPDI) / The Royal College of Surgeons of Edinburgh (RCS)**
Programme/Award:	**Diploma in Orthodontic Therapy**
Remit and purpose:	**Full 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:	***Preparing for Practice (Orthodontic Therapy)***
Programme inspection dates:	**28 & 29 November 2016**
Examination inspection dates:	**1 & 2 June 2017**
Inspection panel:	**Programme:** **Philip Bunnell (Chair and Lay Member)** **Christine Cotton (DCP Member)** **Alison Williams (Dentist Member)** **Examination:** **Alison Williams (Dentist Member)**
GDC Staff:	**Peter Butler (programme only)** **Rick Bryan**
Outcome:	**Recommended that the diploma continues to be approved for graduating cohorts to register as orthodontic therapists**

Inspection summary

This programme benefits greatly from the enthusiastic staff team who are dedicated and committed to providing a sound educational experience for students. The students, in turn, demonstrate a strong commitment to their studies and future careers and are well supported by the EPDI team to achieve this aim. The students clearly strive to demonstrate the level of professionalism and confidence required for the role of orthodontic therapist. There are undoubtedly good lines of communication between the school and students and between the school and workplace trainers; relationships between stakeholders are, therefore, extremely positive. The programme leads appear to have a firm grasp on the monitoring of student progress and students are gaining a good level of clinical experience during their training. During the inspection process, the panel found the programme leads to be open and receptive to the need for reflecting on how the programme could be developed and enhanced.

Background and overview of Qualification

Annual intake	4 students – 8 places available.
Programme duration	48 weeks over 11 months.
Format of programme	4 weeks- Initial core programme knowledge, simulated clinical experience and clinical competency assessments. 9 months- Direct patient treatment supervised by a suitably qualified Orthodontic trainer in their place of employment. During this period of work placement, students will return to Edinburgh Dental Education Centre for a further 10 days, which will be spread over the remaining period of the training programme, which includes support and preparation for the Diploma examination.

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

Standard 1 – Protecting patients Providers must be aware of their duty to protect the public. Providers must ensure that patient safety is paramount and care of patients is of an appropriate standard. Any risk to the safety of patients and their care by students must be minimised.			
Requirements	**Met**	**Partly met**	**Not met**
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.	✓		
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.	✓		
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.	✓		
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.		✓	
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.	✓		
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 parities how concerns will 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.	✓		
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.		✓	
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 Standards for the Dental Team are embedded within student training.

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)*

During the core course at the start of the programme, students undertake a range of classroom-based activities as well as clinical skills training. A fundamental component of this core course is to manage the transition from chairside support to being the providing clinician. The core course also covers professionalism and equality and diversity issues. The core course concludes with summative competency assessments based on the *Scope of Practice* tasks the students will undertake when working in their practices as well as cross infection control and safe use of instruments.

The panel were told that few students required remediation during the core course but that time had been built in to allow for this should it be required. Generally, where additional support is required, it will be for critically appraising their own work or aspects of infection control. Should a student fail the core course, a bespoke extension course would be established.

When the inspectors spoke with students on the course, they were told they felt well prepared by the core course although they found it challenging – particularly bridging the gap between assisting and leading. They found weekly reviews of their progress during the core course beneficial and they could see that as they gained more skills, they were able to see more patients.

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)*

Practice owners all ensure that patients are aware that treatment may involve a trainee orthodontic therapist using waiting room signage and literature. Practice trainers attend 'training the trainers' days where issues relating to recording consent are discussed. The programme lead provides practice trainers with some suggested wording for use in literature and for waiting room signs. Staff have generally found that practice trainers are extremely proud of their trainees and use obtaining consent as a method of presenting a positive image of the profession.

When the panel met with students, they demonstrated a clear understanding of the need to obtain valid, informed consent and were clear about the processes required at their individual practices.

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)*

Each training practice undergoes an inspection prior to students being selected for the programme. As part of the inspection process, each practice is assessed against the same checklist for consistency. Inspections look at criteria including the practice environment,

equipment, instruments, staffing and complaints handling. Individual practices are also responsible for ensuring indemnity is in place and are required to provide evidence of this as part of the admissions process.

NHS Education for Scotland (NES) directly manage data security for all locations relating to the programme. Any patient information is handled via the secure NHS system. No student data is held digitally by the programme.

As part of their training throughout the programme, students are made much more aware of their professional responsibility in terms of equality and diversity and how relevant legislation must be applied. Training in equality and diversity is carried out locally as part of practice requirements.

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 Partly Met)*

When students are selected for the programme, their practice trainer is required to submit a timetable which sets out how their training will be managed and supervised. Feedback is discussed and recorded after each clinical session. The inspectors were told by staff that flexibility is built into the programme to cover students who might need some extra support or additional time to complete work. The small cohort size means this flexibility is relatively straightforward to organise and put in place.

Practice trainers sign up to an educational agreement to ensure that supervision levels are maintained. The inspectors were told that feedback from students would highlight if this agreement was not being maintained. However, the panel agreed that there was a lack of clarity regarding who supervises the students when working in practice. This needs to be documented more clearly via more explicit learning agreements. Progress is also monitored when students attend the 10 training days held at the EPDI scheduled throughout the duration of the course.

Trainers are given a list of proposed topics for student tutorials but this is the limit of guidance provided in this area. The inspectors agreed that more specific tutorial guidance might ensure that topics do not drift away from what is required as part of the programme, especially as this was an issue raised by practice trainers met during the inspection.

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)*

In order to meet selection criteria for the programme, practice trainers require specialist registration as an orthodontist and must submit evidence of this. The practice trainer is responsible for the majority of the training and supervision received by students. A two day training session for practice trainers is provided prior to the programme commencing. This covers effective feedback, equality and diversity, support skills and tutorial methods.

The expertise provided by practice trainers was highlighted as a major strength for the programme by the senior staff team at the dental institute. The inspectors were told that specific trainers are often selected by practices to provide supervision and guidance to trainees because of their specific skill sets in this area or their interest in academia. Practice trainers, as well as trainees, are interviewed for suitability prior to selection.

When the panel met with practice trainers during the inspection, it was clear that they had a good understanding of the need to invest time in their trainees. They had not underestimated the need to carefully plan and schedule tutorials and seminars with their students. Individual trainers were also keen to engage with their trainee and act as a good role model for them.

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)*

Those candidates who are accepted on to the programme are required to be registered DCPs as part of their admission criteria. As such, they will already have an understanding of the GDC *Standards for the dental team* and the need to comply with these.

The core course at the start of the programme covers issues relating to patient safety and the need to raise concerns when problems or issues are identified.

When issues have been raised, these have been discussed openly with both the trainer and the trainee. These discussions generally result in the setting up of an action plan.

Staff at the Institute reported to the panel that people seem to be accepting of the need to 'blow the whistle' and that raising concerns is a less fearful procedure. However, they recognise the need to continually work towards a shift away from the culture of 'turning a blind eye'.

Students met by the inspectors said they would not be afraid to speak up if they had an issue or concern. Equally, they would not be afraid to seek help where necessary. They demonstrated an awareness that things can sometimes go wrong and that there are procedures in place to learn from errors and to ensure that issues are dealt with appropriately.

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 Partly Met)*

All practices are required to comply with legislation surrounding patient safety. This is examined as part of admissions inspections. Local policies were available to the inspectors during the inspection. Students appear to have a good understanding of what constitutes a patient safety issue and what process they need to follow should an issue occur; the student handbook contains some useful information on the topic.

The inspectors were told that, due to the small size of student cohorts, such issues are rare. The inspectors would like to see the introduction of more formal methods of recording any issues and the actions taken as a result. The inspectors also noted there is no dedicated lecture or seminar on incident-reporting during the core course.

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 Not Met)*

As noted elsewhere in this report, (see requirements 6 and 7), students wishing to study on this programme are required to be GDC registered dental nurses to be accepted. As such, they have an understanding of the GDC Standards for the dental team and for the need to act professionally. There is a clear student code of conduct in place, which covers topics such as attendance, behaviour and plagiarism. There does not appear to be a full fitness to practise process in place however, and so it was unclear, to the panel, how such a matter would be dealt with other than in an ad-hoc, case by case basis. Staff told the panel that it was their view that it is easy to assess and manage the absence of professionalism but much more difficult to assess its presence. A formal fitness to practise policy needs to be introduced.

Actions		
No	**Actions for the Provider**	**Due date**
4	Responsibility for supervision of students whilst in practice must be documented more clearly in learning agreements.	Update required in 2018 Annual Monitoring
7	More formal methods of recoding issues must be introduced and guidance included in lectures or seminars within the course.	Update required in 2018 Annual Monitoring
8	A formal Fitness to Practice process must be developed and introduced.	Update required in 2018 Annual Monitoring

Standard 2 – Quality evaluation and review of the programme The provider must have in place effective policy and procedures for the monitoring and review of the programme.			
Requirements	**Met**	**Partly met**	**Not met**
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.	☐	☐	✓
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.	☐	☐	✓
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.	☐	☐	✓
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.	☐	✓	☐

GDC comments
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 Not Met)* The inspectors all agreed that links between the programme provider and the awarding body could be improved. There did not appear to be the facility, for example, for feedback to be provided, in either direction, regarding students' experiences. There appeared to be an overall lack of formal quality assurance procedures in place and this includes the documenting of decisions made. The panel considered this would need urgent attention going forward to ensure that there are full audit trails in place. The panel of inspectors agreed there was an over reliance on the programme lead and that this was a risk to the delivery of the programme. The lead DCP for the programme could act as back up, if required, but they do not have direct knowledge of the programme. They are mainly involved in interviews, admissions and pre-course practice inspections.

During the exams, the panel raised some concerns over the protocols and regulations that were provided by the Royal College of Surgeons (RCS) and how these were subsequently put in to practice. The main concern surrounded the date of the documentation, which appeared to be out of date. The panel were notified that this was a typographical error, however the panel remained unconvinced by the assurance this explanation offered.

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 Not Met)*

A quality management framework is not in place and, therefore, there is a lack of formal recording of QA decisions. Regular meetings do take place with NHS Education for Scotland (NES) and there are limited links with the awarding body.

Trainees are asked to provide feedback – both verbally and in writing - on their experience of the core course and, again, at the end of the programme. There did not appear to be a formal mechanism for workplace trainers to provide feedback however, and the programme relies on informal feedback, together with a high instance of repeat usage of the course, by many practices, to indicate high levels of satisfaction. For students, there are some formal mechanisms for them to provide feedback on the quality of the programme. Student's do have the opportunity to elect a representative however the current cohort decided against this due to the small size of the cohort. In this instance, direct communication is satisfactory.

Practice trainers told the inspection team that they felt comfortable with the informal arrangements for raising issues and providing feedback on issues or suggestions for improvements. However, more robust systems would be beneficial considering there is some reliance on students or trainers speaking up about a particular issue.

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 Not Met)*

The awarding board provides the main external oversight of the programme via the final examination. Staff told the inspectors that they were actively working on improving communications with the RCS, as well as forging links with other similar training providers in order to share good practice. The panel were told that the RCS faculty of dental trainers is now open to DCPs and staff are being encouraged to join.

The panel was informed that while External Examiners are not formally required for the programme as it is awarded by the Royal College of Surgeons Edinburgh (RCS), the School has utilised the use of internal examiners and verifiers during the delivery of the programme, which the inspectors considered good practice. These examiners and verifiers provide reports on students' Record of Experience and on in-course assessments. The inspectors saw evidence of these reports along with correspondence between the School and the internal examiners and verifiers.

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 Partly Met)*

There is a robust inspection system in place to ensure that practices are appropriate prior to students commencing the course. Any issues identified as part of the initial inspection would be followed up at the interview stage and again at practice review visits, which are undertaken approximately one month after students complete the initial core course. The inspectors were informed that there had been cases of admission to the programme being refused due to failing the pre-course practice inspection.

Practice trainers told the panel that the programme lead kept in touch with them regularly and there are open channels of communication should they need help or if there is important information which needs to be shared. The inspectors agreed that more formal procedures could be put in place to ensure that students continue to gain a sound educational experience throughout the programme. They felt that there was an assumption that practice supervisors would stick to educational agreements in place and that students would come forward to say if there was a problem.

Actions		
No	**Actions for the Provider**	**Due date**
9, 12	A formal, two-way feedback mechanism between provider and practice must be introduced to allow for documented discussion about student experience.	Update required in 2018 Annual Monitoring
9	Formal Quality Assurance procedures must be set up to ensure that audit trails are in place.	Update required in 2018 Annual Monitoring
9	Future-proofing possibilities must be explored to reduce the current reliance on the programme lead.	Update required in 2018 Annual Monitoring
9	The awarding body must ensure that documentation is up-to-date before circulating to providers.	Update required in 2018 Annual Monitoring
10	A Quality Management Framework must be developed, particularly in order to ensure the recording of QA decisions.	Update required in 2018 Annual Monitoring
10, 12	More robust mechanisms for provider/student feedback must be implemented.	Update required in 2018 Annual Monitoring
11	External oversight of the programme and final examination must be improved	Update required in 2018 Annual Monitoring

Standard 3– Student assessment Assessment must be reliable and valid. The choice of assessment method must be appropriate to demonstrate achievement of the GDC learning outcomes. Assessors must be fit to perform the assessment task.			
Requirements	**Met**	**Partly met**	**Not met**
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.		✓	
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.		✓	
15. Students must have exposure to an appropriate breadth of patients and 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 learning outcomes.	✓		
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.		✓	
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.		✓	
18. The provider must support students to improve their performance by providing regular feedback and by encouraging students to reflect on their practice.		✓	
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.	✓		
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.		✓	
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.

GDC comments

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 Partly Met)*

Practice trainers, met by the inspection team, commented that they felt the overall structure of the programme worked well and that they were able to cover the required knowledge and skills. The student competencies are tested and recorded using Directly Observed Procedural Skills (DOPS) forms, which are included in the student log books. The panel were unsure of how many DOPS are required for a student to be declared 'competent' or if a single attempt with a high score would be acceptable. The panel were assured that this would not be the case and that multiple DOPS would be required before a student was declared competent. The trainer was responsible for ensuring that these competencies are assessed accordingly.

As the examination takes place outside of EDI, the panel agreed that it is important for EDI to ensure that their module descriptors are mapped across to the RCS learning outcomes. This would ensure that students are prepared accordingly for the examinations and allow them to demonstrate to the assessors that they are able to practise at the level of a safe beginner.

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 Partly Met)*

The panel were presented with a Microsoft Excel spreadsheet containing the assessment of students and showing progression of each student throughout the programme. This sheet was updated at each 1:1 meeting and, therefore, is updated monthly. Although this process is currently manageable due to the small size of the cohort, the panel were not convinced that this system is particularly robust or reactive to change. The panel were not assured that a central recording system such as Moodle or a Virtual Learning Environment (VLE) was currently in place and could be utilised in the event of an increased size of cohort. Although, the panel were not specifically informed of a proposed increase in cohort size above eight students, the panel felt that this could potentially prove difficult should a future need to expand the number of students arise.

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 panel were assured that the students receive a high level of exposure to patients whilst in practice. This level of experience provides a solid platform for development of skills and competencies in providing the required standard of patient care. When the panel met with the trainers, they were assured of the commitment and investment towards the students and the subsequent eagerness to integrate students within the practice upon completion of the programme. The trainers each had a vested interest in the students which provided further assurance that the students were gaining a good range of experience whilst in outreach. This

was affirmed when meeting with the students, who stated that they felt like a valued member of the team, keen to take on responsibilities and build on the investment that their trainers had made in them.

Furthermore, the students confirmed that, with this increased responsibility, they felt confident to speak to their trainers if they felt that they were not getting enough experience in a certain area. The students also confirmed that, as they are a small cohort, they are able to keep in touch with each other easily and discuss the differences in experiences gained.

The students also confirmed that their trainers are keen to ensure that multiple DOPS are completed before declaring them competent in that specific area. This was welcomed by the panel as it provided further assurance that competencies were being covered in detail before signing them off in the students' log books.

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 Partly Met*)

The inspectors were informed that a range of assessment methods are used during the orthodontic therapy programme. These include: written assignments; Multiple Choice Questions (MCQ); OSCE's; case presentations; DOPs; Case Studies and the portfolio of experience. The panel were provided with a range of mark sheets for these internal assessments. The inspectors were satisfied that the assessment methods used were appropriate and the use of examiners ensured that assessments could be suitably developed. However, the panel agreed that it is important that the School ensures that its internal assessments map across to both GDC and RCS learning outcomes.

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 Partly Met)*

The inspection panel were informed that most practices run satisfaction surveys for their patients and have feedback options via their websites. This is the main way in which feedback is collected, however the programme does not specifically require practices to collect feedback. The panel were provided with a feedback sheet for the internal assessment which showed examiner feedback for each assessment.

Whilst observing the RCS assessment, the panel were not provided with any evidence that feedback is being collected at this stage. Documentation surrounding this, as a process, is also unclear and therefore the panel could not be assured that this, or any, feedback is available with regards to the final assessment. Furthermore, the RCS paperwork stated that providers should have a staff representative present at the exams however this was not the case for EDI. This was a missed opportunity to gather some very useful feedback for EDI regarding the final examination process. The panel questioned this protocol at the pre-examination meeting however, the examiners did not seem particularly aware of this requirement.

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 Partly Met)*

Senior staff acknowledge that insight into one's performance is an imperative skill for students to develop. There are opportunities to complete clinical feedback forms after every clinical session. These forms are completed by students, in conjunction with the workplace trainer. They normally document what went well, what aspects could be improved and other aspects of the role to be aware of.

Students do not have a reflective logbook. Staff told the inspectors that they felt there was already a burdensome level of documentation to complete. However, the inspectors feel the benefits of introducing a reflective logbook or diary would far outweigh the negative impact of additional paperwork.

The panel were informed of formal monthly 1:1's between the programme lead and students, however the small size of the cohort allows for more regular, but informal, communications between staff and students. The close working relationship demonstrated between provider and trainers and students, again, allows for regular informal feedback. Evidence of this was unavailable and, as such, the panel could not be assured that this requirement had been met in full.

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 observed a range of appropriate assessors, from DCPs to specialist practitioners, who are utilised for assessments throughout the course. Regarding the RCS assessment, examiners are appropriately registered with a great deal of skill and examination experience evident throughout the team. The inspectors noted that the RCS examiners were required to undertake mandatory training, which must take place at least every five years. This training is generic for all RCS assessors and covers topics such as standard setting, RCS policies and procedures and equality and diversity.

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 Partly Met*)

Internal examiners are required to provide feedback to the provider on each internal examination and are provided with guidance surrounding the marking of these assessments. The panel were provided with evidence of this in practice.

Due to the agreement with the RCS, the panel were unsure of the validity of an external examiner, especially in a situation where the final assessment sits outside of the Dental Institute. In preparation for this RCS exam, students must pass a number of summative internal examinations in order to be able to apply to sit the RCS exam. The panel agreed that an internal examiner role would be better suited to provide feedback on the internal assessments that prepare students for the external RCS final examination.

The panel were concerned to find that, unlike other providers, the provider had no representation at the RCS examination. The panel were made aware however, that the provider is looking to rectify this omission in time for the next examination cycle. The panel were also of the view that this omission of representation results in a greatly missed opportunity to gain direct feedback from the RCS and the examination process.

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 Partly Met)*

The panel were provided with a blueprinting document, which clearly mapped where learning outcomes are examined across the range of assessments. The panel were also provided with documentation which clearly outlined the internal assessment process, marking schemes and timeframes. This was also strengthened by course overviews, aims and outcomes, which are shared with the students. Students are also given the opportunity to discuss any questions with course leads directly, due to the small size of cohorts. Therefore, the panel were satisfied that the internal assessment within EDI is fair and undertaken against clear criteria.

The panel attended the pre-examination meeting for the RCS examiners and agreed that this meeting lacked structure. The examiners discussed the final questions that should be included however, not every examiner was given the chance to give their input. The panel also agreed that this was a missed opportunity to align the appropriate questions to the learning outcomes being assessed. A more systematic structure might have been better suited for the students and the exam process.

Within the RCS case presentations, the panel discovered that some students were notified that they could bring their own copies in to the presentation however, others were not given the same instruction. This created an unlevel playing field for students.

The panel also agreed that the assessors displayed elements of both good and bad practice, which could have been avoided through stronger calibration prior to the assessment. Inconsistencies amongst examiners were apparent, especially in questioning styles.

Actions		
No	**Actions for the Provider**	**Due date**
13	Module descriptors must be mapped to awarding body final examination	Update required in 2018 Annual Monitoring
14	Development of a more robust central recording system for monitoring of assessments must be considered.	Update required in 2018 Annual Monitoring
16	It must be ensured that the in-course assessments are mapped to GDC and awarding body learning outcomes	Update required in 2018 Annual Monitoring
17, 20	EDI must ensure there is staff representation at future RCS examination sittings.	Update required in 2018 Annual Monitoring
18	Development of a student reflective log or diary must be considered.	Update required in 2018 Annual Monitoring
21	The awarding body must ensure guidance on the assessment process is provided to all examiners involved in the orthodontic therapy exam and that greater attention is paid to the calibration of examiners.	Update required in 2018 Annual Monitoring

Summary of Actions

Req. number	Action	Observations Response from Provider	Due date
4	Responsibility for which particular specialist orthodontists are responsible for the supervision of students, whilst in practice, must be documented more clearly in learning agreements.	The Educational Agreement has now been modified for use with future cohorts to give the required clarity.	Update required in 2018 Annual Monitoring
7	More formal methods of recording issues must be introduced and guidance included in lectures or seminars within the course.	The content of the relevant session in the early part of the programme will be altered to ensure 'raising concerns' is given due prominence.	Update required in 2018 Annual Monitoring
8	A formal Fitness to Practice process must be developed and introduced.	As detailed in *Student Professionalism and Fitness to Practise Guidance for Providers* the OT students are subject to GDC registrants' FtP processes; and they are additionally subject to NES' student disciplinary policy. In light of the panel's feedback the existing disciplinary procedure has been modified to meet this requirement.	Update required in 2018 Annual Monitoring
9, 12	A formal, two-way feedback mechanism between provider and practice must be introduced to allow for documented discussion about student experience.	An appropriate pro-forma is being developed and outcomes will be recorded in student records.	Update required in 2018 Annual Monitoring
9	Formal Quality Assurance procedures must be set up to ensure that audit trails are in place.	A system of recording meetings, including a decision log, is being introduced.	Update required in 2018 Annual Monitoring
9	Future-proofing possibilities must be explored to reduce the current reliance on the programme lead.	This programme is not unique in this regard and is aware of the risks posed to programmes of such small scale where resources can't be justified to build in contingency staff. We will look	Update required in 2018 Annual Monitoring

		to increase involvement of potential successors into the delivery of the programme.	
9	The awarding body must ensure that documentation is up-to-date before circulating to providers.	This feedback will be passed to RCSEd	Update required in 2018 Annual Monitoring
10	A Quality Management Framework must be developed, particularly in order to ensure the recording of QA decisions.	See response to 9 above.	Update required in 2018 Annual Monitoring
10, 12	More robust mechanisms for provider/student feedback must be implemented.	See response to 9, 12 above.	Update required in 2018 Annual Monitoring
11	External oversight of the programme and final examination must be improved	We note the Panel's comment that current internal oversight is an example of good practice. We will pass on the comments about the external examination to RCSEd.	Update required in 2018 Annual Monitoring
13	Module descriptors must be mapped to awarding body final examination	Work is underway to adapt the two-way mapping document between the programme and *Preparing for Practice* into a three-way to ensure RCSEd's examination syllabus is covered.	Update required in 2018 Annual Monitoring
14	Development of a more robust central recording system for monitoring of assessments must be considered.	There is no intention to increase the cohort size beyond 8. Should that change in future, consideration will be given to the introduction of a more sophisticated recording system.	Update required in 2018 Annual Monitoring
16	It must be ensured that the in-course assessments are mapped to GDC and awarding body learning outcomes	This will be included in work to meet Action 13 above.	Update required in 2018 Annual Monitoring
17, 20	EDI must ensure there is staff representation at future RCS examination sittings.	We will share this feedback with RCSEd and steps have already been taken to strengthen links between NES and RCSEd.	Update required in 2018 Annual Monitoring
18	Development of a student reflective log or diary must be considered.	A suitable template is being developed and will be introduced for the next cohort.	Update required in 2018 Annual Monitoring

21	The awarding body must ensure guidance on the assessment process is provided to all examiners involved in the orthodontic therapy exam and that greater attention is paid to the calibration of examiners.	We will pass on this feedback to RCSEd	Update required in 2018 Annual Monitoring

Observations from the provider on content of report

The content is a fair summary. NES welcomes the positive statements in the Inspection Summary that reflect the enthusiasm and commitment of the staff, students and supervising specialists. We acknowledge the lack of some formal tools that would be essential for programmes run on a larger scale where direct and regular contact between the various stakeholders would be challenging; and we are taking steps to introduce such processes. NES has no direct control over the workplaces of the students in this programme but will use the good working relationships with the practices concerned to improve QA as noted in the report. Similarly, we have no control over the awarding body but we are confident that they will respond appropriately to the relevant comments contained in this report.
It is NES' intention to have taken the necessary actions against all the requirements by the time of the next annual monitoring questionnaire.

Recommendations to the GDC

The inspectors recommend that this qualification continues to be approved for holders to apply for registration as an Orthodontic Therapist with the General Dental Council.

The School must provide detailed information regarding how they have met, or are endeavouring to meet, the required actions set down in this report in the 2017/18 academic year.

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[1] is the framework used to evaluate qualifications. There are 21 Requirements in three distinct Standards, against which each qualification is assessed.

4. The education provider is requested to undertake a self-evaluation of the programme against the individual Requirements under the *Standards for Education*. This involves stating whether each Requirement is 'met', 'partly met' or 'not met' and to provide evidence in support of their evaluation. The inspection panel examines this evidence, may request further documentary evidence and gathers further evidence from discussions with staff and students. The panel will reach a decision on each Requirement, using the following descriptors:

A Requirement is **met** if:

"There is sufficient appropriate evidence derived from the inspection process. This evidence provides the inspectors with broad confidence that the provider demonstrates the Requirement. Information gathered through meetings with staff and students is supportive of documentary evidence and the evidence is robust, consistent and not contradictory. There may be minor deficiencies in the evidence supplied but these are likely to be inconsequential."

A Requirement is **partly met** if:

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[1] http://www.gdc-uk.org/Aboutus/education/Documents/Standards%20for%20Education.pdf

"Evidence derived from the inspection process is either incomplete or lacks detail and, as such, fails to convince the inspection panel that the provider fully demonstrates the Requirement. Information gathered through meetings with staff and students may not fully support the evidence submitted or there may be contradictory information in the evidence provided. There is, however, some evidence of compliance and it is likely that either (a) the appropriate evidence can be supplied in a short time frame, or, (b) any deficiencies identified can be addressed and evidenced in the annual monitoring process."

A Requirement is **not met** if

"The provider cannot provide evidence to demonstrate a Requirement or the evidence provided is not convincing. The information gathered at the inspection through meetings with staff and students does not support the evidence provided or the evidence is inconsistent and/or incompatible with other findings. The deficiencies identified are such as to give rise to serious concern and will require an immediate action plan from the provider. The consequences of not meeting a Requirement in terms of the overall sufficiency of a programme will depend upon the compliance of the provider across the range of Requirements and the possible implications for public protection"

5. Inspection reports highlight areas of strength and draw attention to areas requiring improvement and development, including actions that are required to be undertaken by the provider. Where an action is needed for a Requirement to be met, the term 'must' is used to describe the obligation on the provider to undertake this action. For these actions the inspectors may stipulate a specific timescale by which the action must be completed or when an update on progress must be provided. In their observations on the content of the report, the provider should confirm the anticipated date by which these actions will be completed. Where an action would improve how a Requirement is met, the term 'should' is used and for these actions there will be no due date stipulated. Providers will be asked to report on the progress in addressing the required actions through the annual monitoring process. Serious concerns about a lack of progress may result in further inspections or other quality assurance activity.

6. The QA team aims to send an initial draft of the inspection report to the provider within two months of the conclusion of the inspection. The provider of the qualification has the opportunity to provide factual corrections on the draft report. Following the production of the final report the provider is asked to submit observations on, or objections to, the report and the actions listed. Where the inspection panel have recommended that the programme is sufficient for registration, the Council of the GDC have delegated responsibility to the GDC Registrar to consider the recommendations of the panel. Should an inspection panel not be able to recommend 'sufficiency' or 'approval', the report and observations would be presented to the Council of the GDC for consideration.

7. The final version of the report and the provider's observations are published on the GDC website.