

INSPECTION OF THE

**ORTHODONTIC THERAPY
PROGRAMME**

**THE CENTRAL MANCHESTER
FOUNDATION TRUST AT THE TRAINING
SCHOOL FOR DENTAL CARE
PROFESSIONALS, MANCHESTER**

17 DECEMBER 2008

REPORT OF THE INSPECTORS

MRS H FRASER

PROF P HEASMAN

MS M HARRIS

ACCOMPANIED BY

MS L HARRISON

Overview

We commend the motivation of the staff and students involved in this programme and the commitment shown by the Strategic Health Authority. The students have a strong working relationship with their trainer and access to a high number and wide range of patients, enabling them to maximise their learning experience. We were most impressed by the clear and thorough documentation of students' clinical activities. The staff at the School respond to feedback promptly and in a constructive manner.

We were concerned that one of the students on the course has been involved in the teaching of fellow students, although we recognise that this has been largely due to unforeseen circumstances. We were disappointed to learn that the course may not run again - at best it appears that there will be a 'fallow year' and it is feared that this may lead to a loss of teaching staff and a general lack of impetus. We question the structure of the programme insofar as it requires a new set of trainers to be trained and monitored by the School each year, therefore the expertise gained by a set of trainers is effectively lost at the end of the year.

Purpose and GDC process

1. As part of its duty to protect patients and promote high standards, the General Dental Council (GDC) monitors the education of dental students and dental care professionals (DCPs) at institutions whose qualifications are approved by the GDC. The aim is to ensure that these institutions provide high-quality learning opportunities and experiences and that students who obtain a dental qualification are safe to practise.
2. The GDC conducted an inspection of the orthodontic therapy programme in December 2008 to assess whether it conforms to the GDC's requirements for the training of orthodontic therapists as set out in Developing the Dental Team (DDT). We met with the Programme Course Director, teaching staff, students, outreach trainers and the Hospital divisional and clinical directors. We also viewed documentary material provided by the School and obtained feedback from trainers via questionnaires. We would like to thank all those we met for their cooperation and courtesy during our visit.
3. Our report highlights the areas of good practice, but also draws attention to areas where issues of improvement and development need to be addressed. The School will be given the opportunity to correct any factual errors and then submit its observations. Our report will be considered by the GDC Education Committee and will subsequently be published on the GDC website.
4. The students sit the Royal College of Surgeons of Edinburgh (RSCEd) Diploma in Orthodontic Therapy examination. This examination was previously inspected in 2008 for the Diploma in Orthodontic Therapy at the University of Bristol and it was found to be sufficient by the GDC. An inspection of the final examination for this course will therefore not take place.

General information about the course

5. The orthodontic therapy programme is run by the Central Manchester Foundation Trust at the Training School for Dental Care Professionals, Manchester and successful completion of the course leads to a Diploma in Orthodontic Therapy.
6. This is a 45 week course which comprises an initial three-week period of classroom training (the core programme) at the Dental Hospital, followed by four days a week clinical training in the students' places of work and a study day once a fortnight at the Dental Hospital.
7. Although there are no specific entry requirements onto the course, the 11 students within the first cohort are registered dental nurses with significant experience in orthodontic nursing and each are employed within specialist Orthodontic practices. Entry on to the course requires applications from both the student and employer (trainer).
8. Four students who are based locally are funded by the Strategic Health Authority to undertake the £10,000 course and the remainder are either self-funded or sponsored by their employer. Some students have entered into an agreement with their employer to work for them as an Orthodontic Therapist once qualified.

Curriculum delivery and content

9. It was initially envisaged that the Course Director would run this programme with the assistance of two DCP tutors and that a small number of lectures would be delivered by orthodontic specialists and consultants. With prior agreement of the RCSEd, the School recruited two qualified hygienist/ therapists with recognised teaching qualifications to the role of tutor on the understanding they would also study for the diploma during the first year. It was agreed that the 'trainee tutors would provide some assistance in a supervisory capacity during the second two weeks of the core programme and on the study days. Once they had qualified, they would become full-time tutors for subsequent courses.
10. One of the individuals decided not to take up the role within two days of the course starting and at this point it was too late to appoint another tutor. The School therefore had to rely more heavily on the one remaining trainee tutor and the orthodontic specialists to support the delivery of the course. The Course Director took over the teaching duties of the individual who resigned prior to the course.
11. We noted that the trainee tutor delivered five lectures during the first week of the core programme on subjects covering Management of the Patient, Medical Histories and Implications to Practice, Complaint Management, Professionalism and the GDC. It was of concern that he assisted in the supervision of students in each of the practical typodont classes in the second and third weeks of the core programme, having only just received one-to-one tuition on the subjects himself from the Course Director. He also delivered a lecture on one of the study days, entitled 'Pain Anxiety, Orthodontic Emergency' and spent a whole morning supervising the students with their project work.

12. We admire the commitment shown by those involved in the delivery of the programme in making last minute adjustments to ensure the course still went ahead. We also recognise that the students potentially benefited from the increased number of lectures they received from experts in the field. We were concerned, however, that the students were at times supervised and taught by a qualified hygienist/ therapist, who had neither studied nor practised Orthodontic Therapy. We would expect at least one year's post qualification practical experience in the field before teaching.
13. The curriculum is based on the Orthodontic Therapy curriculum in *Developing the Dental Team (DDT)* and upon the programme run by Bristol University, which the GDC recently inspected and found to be 'sufficient'. In terms of content we found that the subject areas covered during the core programme and the study days meet the *Developing the Dental Team (DDT)* requirements for Orthodontic Therapy training.
14. During the three-week core programme, students attend lectures and practical demonstrations and they undertake practical typodont exercises to prepare for their clinical placements. Lectures covering generic DCP subjects are not specifically tailored to Orthodontic Therapy and this drew some criticism from the students we met. However we support the vision of the hospital, which is to enable joint participation of all DCP students in these lectures. Students indicated that the teaching of ergonomics and the use of finger rests during the core programme would have been beneficial and trainers considered that students would have gained confidence from more 'hands-on' experience prior to their clinical placements.
15. Students attend the Dental Hospital once a fortnight for a 'study day' to enhance their knowledge and experience of Orthodontic Therapy via lectures, theoretical and practical training. We understand that timetabling difficulties may have resulted in the students being unable to use the hospital clinic, which is regrettable. We were pleased, however, to note that students have regular contact with dental team professionals during their clinical placements.
16. Students spend most of the programme on clinical placement within their employer's practice. In this cohort, each student accessed an impressive range and number of patients and undertook a high number of procedures. Students worked with a dental nurse at all times. Unfortunately, students and trainers reported difficulties in finding time to conduct their weekly tutorial. There did not appear to be any structure to the content of the tutorials and trainers used the Bristol University lecture notes to guide them. The weekly tutorials should be formally timetabled and carried out to a standard structure.
17. Feedback we received from the trainers was generally positive about the structure of the programme and it did appear that they had all developed effective means of training their students. We feel it is a shame that this expertise will effectively be lost as a future cohort of students will be employed at different training practices. The inspectors felt that a handover day between the 'old' and 'new' trainers would be helpful.

Assessment of students throughout the course

18. The trainers are responsible for carrying out continuous observation and assessment of the students during their clinical placements. Each student has to undertake a set number of assessments in thirteen different competencies and successful completion of the assessments is a requirement to sit the final examination.
19. We were impressed by the very clear and thorough documentation in the students' log-books we viewed. Both students and trainers had been diligent in signing off each procedure undertaken. We noted that students had been graded consistently with high scores from the beginning of their placements and this raised the question as to whether the grading system of 1- 5 was sufficiently clear to the trainers. Feedback from the trainers suggested it was hard to assess some of the competencies objectively and they questioned whether they were being consistent with their marking.
20. A written assessment held at the end of the core programme has to be passed in order for the student to continue with the course. It was not clear that the students were formally assessed for competence on their clinical skills before starting their clinical placements. We were pleased to note that the students had the opportunity to undertake mock written examinations and mock vivas with an external examiner.
21. We would like clarification on the nature and number of assessments/ assignments throughout the year, guidance as to whether they are formative or summative and (apart from the continuous assessments) clarification as to which require successful completion in order to sit the final examination. We would also like to know how these assessments are marked, whether they are weighted and whether there is any compensation between them.

Quality Assurance

22. We found there to be a variety of mechanisms to quality assure the content, delivery and assessment of the curriculum.
23. Prior to the selection of students, each prospective trainer is required to complete a detailed self assessment questionnaire relating to the running and governance of their practice, thus enabling the School to assess the suitability of the placement. It was unclear as to whether the practice was visited either in advance of or during the course .We were advised that owing to the high number of applications, specialist practices with VT trainers could effectively be selected from their applications alone and without interview but it was accepted that this might not always be the case..
24. A workshop day for the trainers was held one month into the course to enable the trainers to exchange their views on the early stages of the clinical placements and thereafter contact with the School has taken the form of email and telephone. We were satisfied that the School has taken prompt action to address any issues or concerns raised.

25. Likewise, we feel the School has responded positively to feedback gathered from the students via evaluation forms in respect of the core programme and study day sessions. We understand that standardisation/progress meetings have taken place with staff and one-to-one interviews between students and the Director have been held on study days. Meetings have also been held between the Director and the student representative. We assume these were all of an informal nature as no minutes were available to reflect these discussions.
26. A critical appraisal of the course by external visitors from the Bristol Orthodontic Therapy Course took place about half way through the course and their findings were generally positive. However, they mentioned the absence of basic clinical technique training for students in the core programme.
27. The School monitors the students' progress by reviewing their logbooks every three months. This enables the School to check on the numbers and range of procedures undertaken, in addition to the progress of the students. Furthermore, the students have to undertake three clinical competence assessments within the Hospital to ensure they are of the standard suggested by their log-books.
28. We were told that the clinical assessments are reviewed either by an internal assessor or a senior orthodontic technician at the Dental Hospital and that an external orthodontic consultant moderates the internal course work and the internal end-of-course examination. Regrettably, we did not see any procedures or reports relating to moderation, internal and external assessment.
29. Peer assessments are carried out during typodont exercises in the School, both by students marking each other and via the use of photographs of work undertaken, which are shared with the rest of the class for discussion.

Future of the Course

30. During our inspection the Course Director advised us that there were no plans, at that point, to continue the course. He explained that he had unexpectedly encountered a shortage of tutors only days prior to the start of the course, which compounded the difficulties already caused by a lack of clinical teaching space within the Hospital. As a result, he wanted to wait until he had the correct staffing complement in place and evidence of improved teaching facilities before making a commitment to run the course for a second year. We were advised that a new training facility, housing both dental and DCP students, was due for completion within about six months.
31. A further factor casting uncertainty about the future of the course was that the Royal College of Surgeons examination will probably be held in June or September, rather than in January, in future years. The current timetable for this programme leads to completion of the course in January, therefore the start point for any subsequent years would need to be revised, in order that the end point aligns with the scheduling of the RCSEd examination.

32. We feel that a break in provision of the course would be regrettable as it could potentially result in a loss of knowledge and momentum, which has developed over the first year.

33. The Course Director advised us that a course review would be undertaken at managerial level shortly and that this would clarify the position regarding the future of this programme of study.

Requirements of the Central Manchester Foundation Trust at the Training School for Dental Care Professionals:

- 1) To provide information about assessments (paras 19-21 and 27) and external/internal moderation (para 28)
- 2) To provide clarification as to whether the course will be repeated (para 33)
- 3) In the event of the course being repeated, to confirm that
 - i) there will be two registered and experienced Orthodontic Therapist tutors on the teaching staff (para 12)
 - ii) there will be a handover day for the 'new' set of trainers to meet the 'old' set of trainers (para 17)
 - iii) students will not undertake clinical activity unless they have been assessed by the School as competent to do so (para 20)
 - v) 'descriptors' will be provided with the grading scheme to trainers (para 19)
 - vi) the core programme will be four weeks in length and include more clinical training, particularly in ergonomics (para 14)
 - vii) all meetings between students and staff will be minuted (para 25)

Recommendations to the Central Manchester Foundation Trust at the Training School for Dental Care Professionals :

- 1) In the event of the course being repeated, to confirm that
 - i) consideration will be given to the use of the clinic at the hospital for Orthodontic Therapy students and for those students to work alongside Dental students (para 15)
 - ii) consideration will be given to introducing a standardised element to the tutorials held by the trainers (para 16)
 - iii) consideration will be given to conducting a premises visit (para 23)



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16th March 2009

General Dental Council
37 Wimpole Street
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Dear Sir/Madam

**Re: - GDC Inspection of Orthodontic Therapy Course held at
The Central Manchester School for Dental Care Professionals**

We would like to thank the GDC for their report and their suggestions which were most helpful. Our observations are set out below with reference to the numbering in the report.

Requirements of the University;

- 1) A total of fifteen assessments/assignments were carried out during this course some with external moderation. Details of completed assessments were available on the day of the inspection. Most of these were summative with three formative assessments. Two practical tests were carried out at the end of the core programme to assess competence to practice and these had to be passed (3, iii) (paras 19-21 and 27, 28)
- 2) We can confirm that a new course will start in July 2009 so that the conclusion of the course coincides with the Royal College of Surgeons of Edinburgh's examination. The core programme will be 4 weeks in length and this will allow more clinical training. (3, vi) (para 14, 33)
- 3) It is intended to include two registered orthodontic therapists on the teaching staff for future courses. (para 12)
 - ii) It is intended to extend the content of the trainer day to include information from experienced trainers and newly qualified Orthodontic Therapist rather than from the one trainer we used last time. (para 17)
 - v) Descriptors were provided with the grading scheme, however these were only included in the student log book. In future these will also be in the trainer handbook. (para 19)
 - vii) We were pleased with the favourable comments regarding the student-staff relationships but in future all meetings will be minuted. (para 25)

Recommendations to the University;

- 1)
 - i) Consideration will be given to allow the Orthodontic Therapy Student to work along side the post-graduate students during the core programme. (para 15)
 - ii) We noted a disparity in the amount of time and content that some trainers gave to their trainees. In future we would provide a structured tutorial programme for the trainers to ensure standardisation. (para 16)

- iii) All the practices were visited but these visits were carried out by several authorities. In future the practice visits will be carried out by one authority and will include orthodontic personnel. (para 23)

We would like to conclude by thanking the visiting team for the many favourable comments and positive suggestions about the course. We have learnt a great deal from this first successful course and will put into place a number of changes which will improve future courses.

Yours Sincerely

Mrs Ann Jones
Education and Development Manager
The Central Manchester School for Dental Care Professionals