General Dental Council

Education Quality Assurance Inspection Report

Education Provider/Awarding Body	Programme/Award	Inspection Dates
University of Warwick	Diploma in Orthodontic Therapy	8 & 9 January 2020

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

Full details of the inspection process can be found in the annex

Inspection summary

Remit and purpose of inspection:	Inspection referencing the *Standards for Education* to determine approval of the award for the purpose of registration with the GDC as an orthodontic therapist. **Risk based: focused on Requirements 2, 3, 4, 5, 7, 8, 9, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20 and 21.**
Learning Outcomes:	**Preparing for Practice (orthodontic therapist)**
Programme inspection dates:	**8 & 9 January 2020**
Inspection team:	**Carl Stychin (Chair and non-registrant member)** **Janet Goodwin (DCP member)** **Mike Wanless (Dentist member)** **Martin McElvanna (GDC staff member)**

The inspection of the Diploma in Orthodontic Therapy programme (hereafter referred to as 'the programme' or 'the Diploma') was risk-based looking at specific areas of focus identified by the GDC's Education & Quality Assurance team during 2019. Information considered when identifying potential or actual risks included annual monitoring returns, previous inspection reports (and progress against any actions) and responses to wider recommendations in the GDC Annual Review of Education. The inspection panel was comprised of GDC education associates ('the panel', 'the associates', 'we').

The inspection focused on Requirements 2, 3, 4, 5, 7, 8, 9, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20 and 21. Of the 18 Requirements being looked at, we considered that all were met.

The panel were grateful for the documentation received in advance of the inspection. Having reviewed this, the panel sought further documents and an additional comprehensive set was provided. Requests for additional information during the inspection were provided quickly.

The programme is managed and delivered at the Leamington Spa Orthodontic Centre (LSOC) in collaborative partnership with the University of Warwick (hereafter referred to as 'the University'). The Diploma is currently awarded by the University.

Students attend tutorials and pre-clinical training at LSOC before continuing their training at UK-wide placement practices which are audited by LSOC. Finals examinations are mostly held at the University Medical School. The panel considered that clinical training at LSOC and at the placements allowed students to gain a broad range of experience. The associates considered that the facilities at LSOC were impressive and were grateful for the opportunity to see the well-equipped clinical skills laboratory.

The panel was impressed with relationships between students and staff. Students felt they had good support and supervision. We were particularly impressed by LSOC's recruitment policy of ensuring that students and trainers are matched to ensure good working relationships.

The panel was impressed by the robust management structure evident within LSOC, as well as the enthusiasm demonstrated amongst staff involved in the delivery of the learning outcomes, assessment and administration of the programme. We also noted that LSOC has a culture of developing staff, particularly in teaching and training.

The associates considered that LSOC's approach to assessments was robust and coherent. There are various systems in place to ensure that students are closely monitored. The team was assured that students were fit to practise as safe beginners upon graduation.

The team acknowledge that since the last GDC inspection in 2014, all of the previous recommendations had been actioned. We recognised multiple areas of good practice and initiatives that have been developed.

The panel 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	46 weeks over 1 year
Format of programme	1-year programme
Number of providers delivering the programme:	1

Outcome of relevant Requirements[1]

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

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[1] All Requirements within the *Standards for Education* are applicable for all programmes unless otherwise stated. Specific requirements will be examined through inspection activity and will be identified via risk analysis processes or due to current thematic reviews.

Standard 1 – Protecting patients
Providers must be aware of their duty to protect the public. Providers must ensure that patient safety is paramount and care of patients is of an appropriate standard. Any risk to the safety of patients and their care by students must be minimised.

Requirement 1: Students must provide patient care only when they have demonstrated adequate knowledge and skills. For clinical procedures, the student should be assessed as competent in the relevant skills at the levels required in the pre-clinical environments prior to treating patients. *(Requirement Met)*

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)*

The panel learnt that there are multiple systems in place clearly informing patients that they will be treated by students prior to any treatment being undertaken. Patients are made aware that they can refuse to receive such treatment. It was made clear that treatment may take longer and that students' work will be checked by their supervisors.

We saw completed consent forms where valid consent was obtained and these are also uploaded electronically into the students' e-portfolio records. In addition to patients signing consent forms that they are happy to be treated by a student, students also introduce themselves at each visit and ask if they are still happy to be treated by them.

We saw evidence of the use of notices at LSOC reception area which clearly indicated that they would be treated by students who are identified with framed photographs. We learnt this also takes place at the training practices.

At the inspection, the panel met students, workplace trainers and practice managers who expressed a clear understanding of the need for informing patients of student treatment and the need for patient consent.

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)*

At the inspection the panel saw documentary evidence of compliance with legislation and a variety of policies covering various aspects of health and safety.

There is a robust system for the inspection placement practices and we saw evidence that all had been inspected in audit reports. These reports also detailed compliance with legislation.

The LSOC and placement practices are subject to CQC registration and we saw inspection reports which also indicated adherence with health and safety requirements

The LSOC has an Equality and Diversity policy which indicates mandatory training for staff and trainers working in both the clinical skills laboratory and the clinical surgeries.

We learnt that the LSOC has robust procedures before a prospective student can undertake training at a new placement practice. Firstly, both the student and trainer undergo a

recruitment process via an application form and interview. Both are then interviewed together to ensure there is strong potential for an effective student – trainer working relationship.

Secondly, placement practices where students plan to provide patient care are inspected prior to commencing the programme to determine whether it is safe and appropriate for training. This process also includes a review of the CQC report and whether the trainer is appropriately registered as a specialist in orthodontics with the GDC.

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)*

Having sight of detailed LSOC policies and protocols, the panel was assured that students were being supervised appropriately.

Staff explained to us that the training of orthodontic therapy students is central to the creation of the LSOC timetable. We heard how this timetable is meticulously scheduled to maximise clinical opportunities for students.

Evidence of good student supervision was also demonstrated in the students' logbooks with a comprehensive record of trainers' signatures.

We met both students and a good range of trainers who explained supervision arrangements which we considered to be robust.

We learnt that the competency of students is tested first at LSOC before they begin any clinical training and the practices are advised in advance of what students are capable of doing. We saw that audits of practices takes into consideration the clinical facilities and number of surgeries. It also looks at the clinical diary to monitor daily clinics in operation. These also demonstrated good levels of supervision.

We noted that recommendations on the British Orthodontic Society website regarding supervision arrangements are discussed at interview, induction and also at three trainer days during the programme. The appropriate level of supervision at each stage of student development is discussed to ensure that both student and trainer feel that there is an appropriate balance between supervision and independent practice as students progress.

Requirement 5: Supervisors must be appropriately qualified and trained. This should include training in equality and diversity legislation relevant for the role. Clinical supervisors must have appropriate general or specialist registration with a UK regulatory body. *(Requirement Met)*

The panel saw the CVs of trainers which showed they have appropriate educational experience and registration with an entry in the GDC's specialist list in orthodontics. We learnt that this is checked by LSOC prior to any offer of employment as a trainer, as well as details of qualifications and training experience. In addition, we saw comprehensive audit reports of practices which also included checks that trainers are appropriately registered.

We saw evidence that all internal and external staff and trainers have training in equality and diversity which takes place at dedicated training days.

Trainers agree to commit to attendance at their training programme. They also are required to attend periodic peer review meetings with course tutors and other trainers during the programme. Additional opportunities are also available such as train the trainer sessions and

optional taught days attendance at LSOC. They can also attend a video conference directly with the course director at any stage if required.

We saw evidence that trainers undertake appropriate calibration training at induction before the start of the programme to ensure fair marking of students. Only those trainers who have carried out the necessary induction and training are able to supervise students.

Finally, the panel concluded that the use of orthodontic specialists, dentists with special interest, orthodontic therapists and orthodontic nurses illustrated a good variation and use of skills in the training of students.

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)*

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)*

Ahead of the inspection, the panel was provided with various documents such as minutes of frequent Course Development and Management Group (CDMG) meetings, minutes of bi-monthly staff meetings, the Clinical Governance Policy and the Risk Analysis & Significant Events policy. These demonstrated that there are clear incident reporting systems in place to identify and record any patient safety issues.

These systems ensure that any registered incidents are managed accordingly. They are analysed, graded and actions identified are subsequently implemented and lessons learnt are discussed at staff meetings.

Incidents that occur at the training practices are also reviewed during the auditing process.

We heard an example of a breakdown in communication between a student and their trainer. This was addressed via a process of reflection to address the issue satisfactorily and to build upon the student's confidence.

Requirement 8: Providers must have a student fitness to practise policy and apply as required. The content and significance of the student fitness to practise procedures must be conveyed to students and aligned to GDC Student Fitness to Practise Guidance. Staff involved in the delivery of the programme should be familiar with the GDC Student Fitness to Practise Guidance. Providers must also ensure that the GDC's Standard for the Dental Team are embedded within student training. *(Requirement Met)*

Prior to the inspection, the panel had the opportunity to review the University of Warwick Medical School's Fitness to Practice policy, Student Fitness to Practice policy, the Professionalism Traffic Light System as well as a helpful PowerPoint presentation entitled LSOC Fitness to Practice Panel. The panel considered that these documents were clear and detailed. They illustrated procedures both at local level within the LSOC as well as at University level. During the inspection staff from both LSOC and the University clearly explained the procedures to us.

The panel also noted the remit of the University-level Health, Welfare and Professionalism Group which acts as the low-level health and professionalism committee and is illustrated with a useful flowchart explaining the triage stages.

Students indicated they understood the policies which had been clearly communicated to them both at induction and also during teaching in various modules throughout the programme. Trainers also confirmed this.

It was clear that the GDC's Student Fitness to Practice and Standards for the Dental Team documents have been embedded and are being taught throughout the programme right from induction and are frequently referenced throughout teaching at presentations and tutorials.

Although there had been some low-level 'amber' matters, largely around timekeeping and professionalism, no cases required escalation to the University. We heard an example of a concern brought to the LSOC panel which was managed via a teleconference and although it was a serious issue regarding professionalism, the matter was addressed at local level without needing to invoke the University-level procedures.

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)*

Prior to the inspection, the panel consulted several documents which included the LSOC's Quality Assurance Policy, Governance Manual 2019, Operations Manual 2019-2020, CDMG meeting minutes, Student-Staff Liaison Committee (SSLC) meeting minutes, Education Monitoring Visits, Audit Reports and Annual Course Review reports. These illustrate that there is a comprehensive quality assurance framework in place to ensure that the quality of the programme is being managed well.

At the inspection, we sought clarity around the relationship between the University and the LSOC and where their respective responsibilities lie. LSOC staff and a representative from the University explained the collaborative contract that exists. The lines of responsibility were clarified to us. The LSOC provides an annual report to the University which is reviewed by the Head of Dentistry Studies at the University. The overall responsibility at LSOC sits with the Course Director, who reports to the CDMG.

The panel noted the vital role that the CDMG plays in the quality assurance of the programme. It meets frequently and also on an ad hoc basis if necessary. Continuing programme review and a periodic revalidation review process take place through this forum. Any minor amendments or major changes to enhance the quality of the programme are made following discussions and agreement by the CDMG. Several committees and individuals report to the CDMG which includes the Student Staff Liaison Committee (SSLC), Course Development Group (CDG), Course Director and LSOC Quality Assurance (QA) Lead.

The SSLC meets regularly and provides an opportunity for students to flag any issues. These are considered by course tutors along with the Course Director and are also referred to the CDMG for consideration and a response. If necessary, a CDMG meeting can be convened so that minor amendments to teaching can be implemented with immediate effect. Student

feedback is also collected on each taught day and they submit their evaluation of modules or the programme in Moodle.

The LSOC has a QA lead who acts as a link between the University and the LSOC and also reports to the CDMG. The QA lead is a GDC registrant who is also familiar with the QAA code of practice.

The CDG meets frequently throughout the year and prior to commencement of the programme. Discussions take place on the quality aspects of the programme, resource requirements and planning for any new adjustments and developments that may need to be implemented. Teaching material is also quality assured before each cohort begins the programme.

At the inspection, the process by which modules are reviewed and mapped to the learning outcomes of both the University and GDC was explained to us. This is done at least annually but is generally an ongoing process. This activity is recorded and presented in the form of minutes to the CDG.

Trainers are also asked for their input and feedback which is reviewed by the Head of Dentistry Studies at the University.

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)*

Requirement 11: Programmes must be subject to rigorous internal and external quality assurance procedures. External quality assurance should include the use of external examiners, who should be familiar with the GDC learning outcomes and their context and QAA guidelines should be followed where applicable. Patient and/or customer feedback must be collected and used to inform programme development. *(Requirement Met)*

The internal quality assurance procedures have been discussed under Requirement 9.

At the inspection, we learnt about the key role that the External Examiner (EE) plays in the external quality assurance of the programme. We had sight of the EE handbooks outlining their roles. The EE is a leading academic specialist in orthodontics and examiner for the Royal College of Surgeons of Edinburgh. As an experienced EE, he is familiar with the GDC learning outcomes and QAA guidelines. Recommendations for the appointment of EEs are considered by the Governing Board at LSOC and they are appointed on an annual basis, usually for a period of four consecutive years.

The EE plays a significant role in overseeing various aspects of programme delivery and assessment. They make recommendations which are recorded by the Course Director in the Annual Review which is presented to the University. These recommendations receive a formal response and passed back to LSOC for implementation where appropriate.

Ahead of the inspection, the panel had sight of EE reports which we noted were overwhelmingly positive. These illustrated a good level of external quality assurance. We noted the University's and LSOC's response to their recommendations. The EEs also comment on the progress made against previous GDC inspection actions, for example that the actions in Requirement 13 of the GDC inspection report of 2014 had been addressed.

Additional commentary on the role of EEs can be found at Requirement 20.

Patient feedback is gathered at the practices. Students are given batches of 30 questionnaires to distribute at reception. These are returned back to LSOC without students having sight of the contents. The Course Director collates and analyses the data. Common themes are identified and where appropriate, patient feedback is used to inform changes to the programme. Minor changes are done iteratively whilst major changes would require formal approval via the CDMG.

Requirement 12: The provider must have effective systems in place to quality assure placements where students deliver treatment to ensure that patient care and student assessment across all locations meets these Standards. The quality assurance systems should include the regular collection of student and patient feedback relating to placements. *(Requirement Met)*

The panel had access to a wide range of practice inspection reports in the practice visit folder and sight of the LSOC contract with practices ahead of the inspection. We considered that the audit schedule of practices was robust, well developed and well embedded. Placement visits take place routinely before students begin their placements. Visits can also take place on an ad hoc basis if required, for example if a student needs to transfer to a new placement.

As discussed in Requirement 3, LSOC promotes a culture of partnership between the student and trainer which begins during the recruitment process. This is to ensure compatibility and a good working relationship for the benefit of both. We heard evidence of good communication between supervisors and staff and issues being picked up early.

The expectations of trainers at placements are explained at initial interview, during the placement inspection and during the trainer induction day and any additional training days. Trainer feedback is also sought and acted upon where appropriate.

There are various opportunities for students to provide feedback. They regularly give feedback to tutors who feed this into the CDMG. The Module Lead and Course Director also have regular one to one meetings with students. Students also actively raise issues through the SSLC which reports to the CDMG. Student feedback is also observed informally by tutors who can pick up on issues they raise, particularly during the taught days. Given the relatively small number of students, student feedback, wherever obtained, is collated, analysed and presented anonymously to the whole group.

As discussed at Requirement 11, patient feedback is collected by students and is collated and analysed by the Course Director.

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)*

Ahead of the inspection, the panel had sight of the Course Handbook, Module Guides, a comprehensive mapping document to the GDC learning outcomes (Annex Two), minutes of Academic Progress Board (APB), CDMG and exam board minutes. At the inspection we had access to student logbooks and we received a demonstration of students' e-portfolios and Moodle/Tabula records.

Annex Two clearly documents how the learning outcomes are being covered and the mode of assessment being used. Examination questions are mapped against the GDC Scope of Practice learning outcomes for orthodontic therapists.

The programme benefits from a modular structure and students are required to demonstrate competency in end of module summative assessments at the required standard before progressing further. The first five modular assessments occur at specific weeks throughout the programme. Module 6 centres on clinical practice where students must complete an agreed number of clinical competencies in their training practice.

This was demonstrated in logbooks, the e-portfolio and Moodle. Trainers explained that logbook entries are checked every day. If students are falling behind, additional support is given to undertake further practice and they are offered tailored support to address any confidence issues.

Before students can progress to final assessment, the Course Director and the APG analyse each student's records. The final examinations include a viva in which the student must present at least two clinical cases they have been involved with during the duration of the programme, as well as answering some general questions on orthodontic therapy.

The panel saw previous minutes of the pre-examination board meeting (or sign-up meeting), which illustrate that various factors were considered to determine whether a student was eligible to take their final examinations. This included satisfactory completion of all modular assessments, demonstration of appropriate clinical experience in logbooks, a satisfactory attendance record, professionalism traffic-light cards, patient feedback, any adverse incidents or Fitness to Practice issues.

Given the comprehensive mapping in place against the learning outcomes and the structured progression of students throughout the programme, 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)*

As discussed under Requirement 4, 13 and 15, staff at LSOC gave us a helpful demonstration of the various student monitoring systems in place. This included paper logbooks and electronic systems such as students' e-portfolios, PebblePad, VLE Moodle and Tabula records. Further work is being carried out, with plans to pilot the use of a fully digital logbook and e-portfolio all within one system.

We considered that logbooks were a good contemporaneous record of students' clinical activity being completed by both students and trainers. This demonstrated evidence of good student supervision with clinical work carried out at training practices being assessed and graded by trainers and supervisors. The logbook weekly record is scanned by the students and uploaded to PebblePad. This information is reviewed at each study day and discussed in student 1:1s with tutors and the Course Director.

As discussed under Requirement 13, all assessments are mapped to the GDC learning outcomes.

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)*

At the inspection, the panel was shown a demonstration of students' e-portfolios, Moodle, PebblePad records and students' logbooks. It was clear to see the range of activities and procedures being undertaken by the students. Logbooks detail the number of competencies to be achieved. They are also closely monitored and checked by tutors on the taught days.

Students and trainers are advised on several occasions such as at Interview, Induction Day and Day 21 of the required range of patients and procedures that students are required to carry out. When practice managers are being interviewed, the range of patients available is discussed. If students fail to make progress in the development of their skills and competencies to the required level, the Course Director will liaise with placement practices. This is also flagged at the end of each study day by tutors and the Course Director.

The panel noted that if a student could not access a full range of patients meaning that certain skills could not be accessed, arrangements would be made for their skills to be completed at LSOC or at an alternative training practice. We heard that there is good flexibility between the practices to ensure students have sufficient opportunities to learn the skills and competencies expected. At any time, students can approach staff if they feel they do not have sufficient access to patients.

There are periodic reviews of the placements with students and trainers. At the inspection, we were informed that LSOC can visit a training practice at any time during the programme if required and trainers are made aware of this. At such visits, the range of patients available is reviewed.

We learnt that students are encouraged to review their patients early and well before their finals. It is their responsibility for sourcing suitable patients which demonstrates their full range of competencies.

The panel was assured that there are good systems in place for monitoring patient access and remediation of any shortfalls in patient experience.

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***)**

Prior to the inspection, the panel reviewed various documents including CDMG minutes, external examiner reports and responses to these, Course Module Guides, exam board minutes and a well-documented Annex Two mapping table to the learning outcomes. LSOC has various policies relating to assessment which we consulted, such as the Assessment and Programme Monitoring and Review Policy, Assessment Handbook 2019-20, and assessment protocols and delivery documents. This demonstrated that LSOC takes a robust approach to student assessment.

We saw evidence of a variety of module assessment techniques and final assessments methods which the panel considered to be appropriate to test the knowledge and skills required for an orthodontic therapist.

There are processes at LSOC to ensure that assessments are aligned to the learning outcomes. This includes review of the question bank and early analysis of assessments before the next cohort commence the programme. Assessments are reviewed taking into account both the GDC's learning outcomes and Warwick Medical School's learning outcomes. LSOC use validated assessment tools which are regularly used by other awarding bodies in orthodontics and orthodontic therapy qualifications.

Assessments are reviewed annually by the Course Director and the EE. They are documented in Course Module Guides. The methods of assessment are regularly reviewed by the CDMG, the EE and Academic Portfolio Lead.

LSOC also adopt the assessment guidelines published by the Association for Medical Education in Europe and Association for Dental Education in Europe.

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)*

As discussed under Requirements 9, 11 and 12, feedback from patients and students is being routinely collected and used to inform programme development and in the quality assurance of placements.

This feedback is also being used to inform individual student assessment. Students receive extensive feedback from various members of the dental team, patients and trainers at both the LSOC and at the placement practices.

We heard from tutors that they provide regular feedback on various aspects of students' work to them during both their core weeks and on subsequent taught days. Trainers provide feedback in the students' logbook using a defined grading scale.

Opportunities for peer feedback are more limited given that training practices are located throughout the UK, so tends to occur more at LSOC. An example of this is students delivering a PowerPoint presentation to their student peers and tutors, who all provide feedback and vote for the best presentation.

We learnt about the use of a Student Professionalism Reporting Card at LSOC, which is a 'traffic light' system where any team member can issue feedback about a student's professionalism or conduct.

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)*

Discussion around the use of feedback to inform student assessment is discussed at Requirement 17.

At the inspection we heard from both students and trainers that they are encouraged to complete the weekly reflective sections in their logbook together on various aspects of patient care and from discussions at tutorials. The panel had sight of these entries in the logbooks at the inspection.

Students explained to us that they were allowed sufficient time for reflection and that they found this to be very valuable. They are encouraged to do this on a daily basis, allowing them to consider what went well, what could have been done differently and any other valuable learning points.

At taught days there are group discussions which include a reflection of the activities undertaken in the practices since the previous taught day. Case-based scenarios and incidents are also discussed. This engendered a culture of learning for the whole group.

The panel was impressed by the strong encouragement and promotion of student reflection by staff delivering the programme. They explained to us that they saw this as a good way of getting the best out of students and to tackle any confidence issues they might have.

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)*

Before the inspection, the panel consulted various documents such as the Staff Appraisal, Monitoring & Assessment Policy, Person Specification Policy, Equality and Diversity Policy and Examiner Contract.

We also reviewed CVs and job descriptions. It was evident that all trainers and course directors are orthodontic specialists. All of the examiners and assessors have appropriate skills, experience and training to undertake assessments. They hold appropriate general GDC registration on either the dentist or DCP register and some also have specialist GDC registration where applicable. The lead examiner is also a specialist orthodontist and is involved in exams for the Royal College of Surgeons of Edinburgh.

Programme tutors have a wealth of experience in teaching and training. They hold, or are expected to hold, further education teaching qualifications. They also have professional and educational qualifications in relation to assessment. Tutors are all required to participate in a training programme which now incorporates a Certificate in Dental Education. They are required to undertake ongoing continuing professional development and demonstrate this in their portfolios and personal development plans.

We learnt that all tutors are either specialist orthodontists, dentists with special interest, orthodontic therapists, laboratory technicians or orthodontic dental nurses. Tutors only teach those areas of orthodontics in which they have relevant experience.

Mandatory training is provided for all new examiners, assessors and tutors as part of their induction. In addition, annual refresher training sessions are required prior to each student cohort. This training includes calibration and standardisation of student assessment. Part of this may also require the involvement of additional supervisors to assess and calibrate students' activity. If so, they will also be required to undertake mandatory training.

New examiners are required to shadow exams to blind mark and discuss the results afterwards with the established examiner as part of their induction.

At the inspection we learnt that LSOC had worked with the Institute for Leadership and Management to deliver bespoke training at LSOC. This included training in dental administration and management.

The senior team at LSOC indicated that they encourage a culture of learning and development of staff, particularly to acquire qualifications in the delivery of education. This was evident given that they approached ILM for bespoke training and they have also approached the Higher Education Academy. The panel commend this approach and encourage LSOC to continue to build upon staff development and that all teaching staff acquire formal teaching qualifications. We also recommend that the opportunity to obtain the Certificate in Dental Education is offered to all trainers as was suggested by senior staff at the inspection.

Finally, we saw the LSOC Equality and Diversity Policy which provides details of mandatory staff training and of its application in the assessment process. We were assured that examiners and assessors had received training in equality and diversity relevant for their role.

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 use of External Examiners (EE) has been discussed earlier under Requirement 11.

The EE's responsibilities are well documented in the External Examiners' Handbook, as well as reporting mechanisms within the quality assurance framework.

The LSOC sends written papers to the EE in advance of examinations for their comments. They also review case presentations prior to the students being assessed to ensure they are suitable.

The EE reviews all marked papers and logbooks and is able to comment on grading and other issues relating to assessment. The EE reviews summative assessments to oversee that all students are being treated fairly and equitably. The EE attends the exam board meeting.

More broadly, the EE also reviews module descriptors, assessment strategies and standardisation processes prior to students' assessments taking place. The EE are also given access to previous examination documents to understand common trends with previous cohorts.

Any proposed changes to delivery of the programme, for example, amendments to the learning outcomes, would also merit consultation with the EE.

We noted the largely positive comments in EE reports and the University's and LSOC's response to their recommendations.

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*)

When considering whether LSOC met this Requirement, the panel had access to various policy documents such as the Assessment and Programme Monitoring and Review, Marking Criteria and Guidance, Assessment Handbook, Course Handbook and Module Guides. These demonstrate that a robust assessment strategy is in place. This was further evidenced in the content of CDMG minutes.

We considered that marking criteria was clear with documented descriptors for each assessment. These are available for all examiners prior to summative assessment.

Students confirmed that they fully 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. This was covered again during their induction period.

The panel had sight of the Standardisation Agenda and Standard Setting protocols which illustrated a robust approach by LSOC to assessment standard setting. Evidence-based methods are used for the standard setting of all types of assessments. Modified Angoff is used for short answer questions and Angoff is used for single best answer questions. For viva assessments, marking descriptors and matrices are provided which clearly identify the standard required and the appropriate grade.

The process of standard setting is done in the lead up to exams. There is an established question bank which is regularly reviewed. All examiners receive training to carry out the role of assessment so they are clear of the expected standard.

We also saw the policies around complaints and appeals should a student feel unfairly treated during the assessment process.

There is discussion around the eligibility requirements that must be met before students can progress to final examinations under Requirement 13.

Summary of Action

Req. number	Action	Observations & response from Provider	Due date

Observations from the provider on content of report

The Provider wishes to thank the GDC inspection team for their courtesy and understanding throughout the visit, which put the whole team at ease. We are grateful for the report and agree with it's findings and content.

Recommendations to the GDC

Education associates' recommendation	Qualification continues to be approved for holders to apply for registration as an orthodontic therapist with the General Dental Council
Date of next regular monitoring exercise	Monitoring 2021

Annex 1

Inspection purpose and process

1. As part of its duty to protect patients and promote high standards within the professions it regulates, the General Dental Council (GDC) quality assures the education and training of student dentists and dental care professionals (DCPs) at institutions whose qualifications enable the holder to apply for registration with the GDC. It also quality assures new qualifications where it is intended that the qualification will lead to registration. The aim of this quality assurance activity is to ensure that institutions produce a new registrant who has demonstrated, on graduation, that they have met the learning outcomes required for registration with the GDC. This ensures that students who obtain a qualification leading to registration are fit to practise at the level of a safe beginner.

2. Inspections are a key element of the GDC's quality assurance activity. They enable a recommendation to be made to the Council of the GDC regarding the 'sufficiency' of the programme for registration as a dentist and 'approval' of the programme for registration as a dental care professional. The GDC's powers are derived under Part II, Section 9 of the Dentists Act 1984 (as amended).

3. The GDC document 'Standards for Education' 2nd edition1 is the framework used to evaluate qualifications. There are 21 Requirements in three distinct Standards, against which each qualification is assessed.

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

A Requirement is met if:

"There is sufficient appropriate evidence derived from the inspection process. This evidence provides the 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:

"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.