

INSPECTION REPORT

Education Provider / Awarding Body:	Yorkshire Orthodontic Therapy Course (YOTC) under the auspices of the Faculty of Dental Surgery of the Royal College of Surgeons of England (RCS)
Programme / Award / Qualification:	Diploma in Orthodontic Therapy
Remit and Purpose:	Full inspection referencing the <i>Standards for Education</i> to determine the continuing sufficiency of the award for the purpose of registration with the GDC as an orthodontic therapist
Learning Outcomes:	Preparing for Practice
Programme Inspection Dates:	15 & 16 January 2015
Examination Inspection Dates:	3 June 2015
Inspection Panel:	Annie Turner (Chair and Lay Member) Alison Williams (Dentist Member) (Programme only) Baldeesh Chana(DCP Member)
GDC Staff:	Peter Butler (Programme only) Jane Pierce (Examination only)
Outcome:	Recommended that Yorkshire Orthodontic Therapy Course remains sufficient for registration as an orthodontic therapist

Inspection summary

1. One of the main strengths of this programme is the clear commitment of the Course Directors who evidently work extremely hard to ensure their students are successful. Positive feedback was provided by workplace trainers who told the panel their students are confident and well-prepared for practice as a result of the training they have received as part of the course. Students and workplace trainers met by the inspection panel highlighted the excellent preparation the initial core course provides. Once again, the students met by the panel as part of the inspection proved to be a dedicated, hard-working group with a highly positive attitude towards the course and their future careers as orthodontic therapists. Exposure to feedback and reflective study gained as part of the programme were seen as a further strength by the panel. The introduction of the E-portfolio since the last GDC inspection has provided clear benefits to the programme and it is the hope of the inspectors that this continues to be the case as it develops and improves.
2. Although the inspectors did not note any major problems, there was a general sense that the programme lacks formal procedures and processes and that this needs some attention. In particular, there is not a robust system in place to monitor and maintain the quality of the programme and too much reliance is placed on trust and informal resolution of issues. Further to this, it was felt that there is room to improve the conduct and recording of practice inspections to ensure there is a consistent approach. Finally, the programme would benefit strongly from additional external scrutiny.

Inspection process and purpose of Inspection

3. 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 and new qualifications where it is intended that the qualification will lead to registration.
4. The aim of this quality assurance activity is to ensure that these institutions produce a new registrant who has demonstrated, on graduation, that he or she has met the outcomes required for registration with the GDC. This is to ensure that students who obtain a qualification leading to registration are fit to practise at the level of a safe beginner.
5. The inspection focuses on four Standards, with a total of 29 underlying Requirements. These are contained in the document *Standards for Education*.
6. The purpose of this inspection was to make a recommendation to the GDC determine whether the programme should be approved as a route for registration as an orthodontic therapist. The GDC's powers are derived under the Dentists Act 1984 (as amended) under The General Dental Council (Professions Complementary to Dentistry) (Qualifications and Supervision of Dental Work) [DCP] Rules Order of Council 2006.
7. Inspection reports may 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.

8. 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, the report and observations would be presented to the Council of the GDC for consideration.

The Inspection

9. This report sets out the findings of an inspection of the Yorkshire Orthodontic Therapy Course. The GDC publication *Standards for Education* (version 1.0 November 2012) was used as a framework for the inspection.
10. The inspection comprised two visits. The first, referred to as the programme inspection, was carried out on 15 and 16 January 2015. This involved a series of meetings with programme staff involved in the management, delivery and assessment of the programme and all current students. The second part of the inspection took place on 3 June 2015 and involved an observation of the Final examination.
11. The report contains the findings of the inspection panel across the two inspections and with consideration to supporting documentation prepared by the School to evidence, how the individual Requirements under the *Standards for Education* have been met.

Overview of Qualification

12. The YOTC programme has a duration of one year and commences with a 4-week core course which is based at Leeds Dental Institute. Once the core course has been completed, the student returns to their workplace to complete the rest of their training, which is normally a specialist practice or hospital orthodontic department. A further 8 study days are spread throughout the year and require the student cohort to return to the Leeds Dental Institute. While undergoing training in the workplace, students work under the supervision of a specialist orthodontist. The programme has taken on a number of part-time students. These students are required to attend the 4-week core course in the same way as full-time students; however, their return study days are then staggered so that they graduate in autumn rather than summer.
13. Students undertake a final examination at the end of the programme of study. The examination is provided by the Royal College of Surgeons of England (RCS) who award the diploma qualification.

Evaluation of Qualification against the *Standards for Education*

14. The provider was requested to undertake a self-evaluation of the programme against the individual Requirements under the *Standards for Education*. This involved stating whether each Requirement is met, partly met or not met and to provide evidence in support of their evaluation. The inspection panel examined this evidence, requested

further documentary evidence and gathered further evidence from discussions with staff and students.

15. The inspection panel used the following descriptors to reach a decision on the extent to which the YOTC meets each Requirement:

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.

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 will 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Patients must be made aware that they are being treated by students and give consent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Students will only provide patient care in an environment which is safe and appropriate. The provider must comply with relevant legislation and requirements regarding patient care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. When providing patient care and services, students are to be supervised appropriately according to the activity and the student's stage of development.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Supervisors must be appropriately qualified and trained. Clinical supervisors must have appropriate general or specialist registration with a regulatory body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Students and those involved in the delivery of education and training must be encouraged to raise concerns if they identify any risks to patient safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Should a patient safety issue arise, appropriate action must be taken by the provider	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GDC comments			
<p>Requirement 1: Students will 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 (<i>Requirement Met</i>)</p> <p>Students gain their first experience of working clinically with patients within the initial four-week core course at the very outset of their training in orthodontic therapy. Students' competence on vital aspects of clinical practice such as appliance and band placement, as well as bonding and removal of bonding, is tested using typodonts in the clinical skills laboratory. They will also practice placing appliances on each other before doing so on real patients and this gives them a real understanding of the procedures involved and a sense of empathy. Knowledge is tested via a written assessment at the end of the core course.</p>			

Where a student is identified as struggling during the core course, an action plan will be created and put into place to bring the student up to the required standard either academically or clinically. It was suggested to the inspectors that the competitiveness of the cohort can sometimes affect the effectiveness of treatments being undertaken: one student might complete a bond up and the other students see that their colleague has completed their work so they speed up to try and catch up. Staff put in a great deal of effort to ensure students begin to understand their view that speed is not nearly as important as completing the treatment correctly.

The Course Directors feel that their students generally demonstrate strong transferable skills and this means that, if it became necessary, a student could be moved to another practice quite easily during their training with the caveat that they work within their own competency and gain competency for any new procedures they encounter.

Students met by the inspectors said they felt very well prepared during the core course and particularly liked that they got to work on patients so early on in their training as this increased their confidence levels immensely and rapidly. The inspectors found the students to be a very enthusiastic and eager group.

Requirement 2: Patients must be made aware that they are being treated by students and give consent (*Requirement Met*)

Students cover the need for obtaining consent as part of the initial core course of the programme. The inspectors were told that different practices handle obtaining and recording consent in slightly different ways and there is, therefore, some scope to align these processes a little more across the board. However, the inspectors were satisfied that patients were fully informed about the role of students in their treatment prior to it commencing. Consent forms were developed in conjunction with the course indemnifier.

Some workplace trainers commented to the inspectors that convincing patients to accept treatment by students had been challenging but that they were provided with some helpful guidance as part of the course and in their training regarding how to gain informed consent.

Requirement 3: Students will only provide patient care in an environment which is safe and appropriate. The provider must comply with relevant legislation and requirements regarding patient care (*Requirement Partly Met*)

All practices and hospital departments which will be the base for students after completion of the core course are inspected as part of the selection process and must also have been approved by the Care Quality Commission (CQC). Confirmation of a place on the course is subject to satisfactory completion of an inspection. However, the inspectors were informed that inspections of some of the work placements had not been undertaken prior to commencing the course for logistical reasons. The Course Directors need to ensure that these inspections do take place in a timely fashion.

Inspections are undertaken independently and cover areas such as the general safety of the practice environment, sterilisation and cross infection procedures and practice organisation but the Course Directors do not appear to maintain records of inspection reports. It was also unclear when a practice would need to be re-inspected if new students were put forward for the programme on an annual basis. The inspectors felt that the programme would benefit from the introduction of formal policies and firmer procedures relating to practice inspections.

The inspectors also felt that improvements must be made to the conduct and recording of practice inspections so that these can be easily audited as required and further, to ensure, that all practices are being assessed in the same way and to the same criteria.

Requirement 4: When providing patient care and services, students are to be supervised appropriately according to the activity and the student's stage of development (Requirement Met)

Part of the programme requirements is that students must be supervised at all times by a specialist orthodontist when working on clinic and they are required to be observed at the beginning and end of each patient treatment to ensure work has been carried out satisfactorily. All students are assigned to one of the orthodontic therapy tutors who act as their mentor. This clearly works well and students feel comfortable approaching their mentor with a range of issues from technical questions to personal difficulties.

During the core course element of the YOTC, students are monitored extremely closely as they begin to undertake clinical work. This means that supervisors are able to step in and assist very quickly should they feel this is required. To date, the staff to student ratio has been no more than one supervisor to two students.

Practice supervisors are responsible for ensuring that their student is appropriately supervised in the workplace environment and this also includes ensuring appropriate cover in the event that they are absent for any period of time. In a worst case scenario, a student may need to be moved to another practice or attend the Leeds Dental Institute under the supervision of the Course Directors if a practice supervisor was absent for an extended period. So far, this has not been required.

As part of their training agreements, practice trainers agree to set aside at least one hour per week for a tutorial with their student orthodontic therapist. The Course Directors try not to be too prescriptive in terms of what should be covered during tutorials as each student will have their own individual learning needs. Trainers are encouraged to identify learning needs through the observation of students working in the clinical environment. Students are also able to suggest topics if there are aspects of the programme they are experiencing difficulties with. The Course Directors can offer guidance if practice trainers and students are struggling to come up with discussion topics. Students we spoke with all felt that they would welcome more guidance from the Course Directors regarding the content of tutorials and the inspectors would support this as they felt students would benefit from a slightly more structured approach to tutorials.

Part-time students on the course told the inspectors that it was unclear to them what would happen after the rest of the full-time students have completed the programme. They do not have any additional study days planned. Mentors the inspectors met were also unsure of how part-time students would be guided through the rest of the programme.

Requirement 5: Supervisors must be appropriately qualified and trained. Clinical supervisors must have appropriate general or specialist registration with a regulatory body (Requirement Met)

A training day for practice trainers covers what students should expect during the programme and also what achievements are expected of students throughout the course. It also covers the monitoring of student logbooks and how to conduct Direct Observation of Procedural Skills (DOPS) examinations.

Any stand-in supervisor enlisted to cover the absence of a practice supervisor must meet the same criteria set out for practice supervisors at the point of admission to the programme. Some of the workplace trainers met by the panel said that although they found it a valuable and positive learning experience, they found teaching a challenge. The Course Directors might like to think about ways of providing additional support in this area.

Requirement 6: Students and those involved in the delivery of education and training must be encouraged to raise concerns if they identify any risks to patient safety
(Requirement Met)

The obligation to raise concerns, where appropriate, is instilled with students from the outset of the programme. Methods employed include seminars and problem-based learning exercises.

Staff feel they have a good rapport with the students and they feel this means students are able to raise any concerns they might have regarding their education. They are not afraid to come forward. The inspectors felt that this close relationship might also put off some students from coming forward with an issue, particularly if it was a serious matter.

The inspectors were informed that the student groups tend to form very strong bonds and they communicate with each other on a regular basis via social media so much so that they are almost able to 'self-police' as they are acutely aware of the experience their colleagues are gaining and are keen to ensure they themselves are gaining equivalent experience. Students who met the inspectors confirmed this and told the inspectors they felt confident they were all gaining a similar level of experience.

The panel were pleased that the students they spoke to understood that they could contact the RCS, as the awarding body for the qualification, if they felt an issue or concern was not being dealt with sufficiently or appropriately or if they needed to report a concern regarding the Course Directors.

Workplace trainers the panel met said that any queries they might raise are responded to promptly and precisely and that communication with the Course Leaders is good. They felt assured that they would be kept up to date with important information relating to their students.

Requirement 7: Should a patient safety issue arise, appropriate action must be taken by the provider
(Requirement Partly Met)

The inspectors were told that there have been no major safety issues so far and the panel gained the impression that a reliance on this fact has led to a lack of formal procedures in place should an incident ever occur. The inspectors would like to see a formal policy produced to cover the actions to be taken in the event of a patient safety issue arising.

There are specific training days which cover medical emergencies and the management of orthodontic emergencies. The inspectors were told that students are aware that they should record any incidents and subsequent actions although it was unclear whether this information was recorded centrally or whether this is linked to the Significant Event Log described under Requirement 11 of this report.

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 (FtP) Guidance
(Requirement Met)

Both the trainee student and their trainer are required to read and sign an FtP contract prior to commencing the programme and the GDC's Student FtP guidance is covered within the initial core course. FtP issues are introduced to students from the very start of the programme and DOPS can be used to assess their understanding and application of professionalism.

The School told the panel that if a student was found to have a particular health issue, such as mental health problems or dyslexia, then this would be dealt with on a case by case basis. This may include liaising with the student's GMP, where necessary. Students do have the option to defer their year of study should this be required. Students have honorary Trust

contracts which allows them to see patients during the core course at the Leeds Dental Institute and this provides them with access to Occupational Health support.

Tutors are aware that they must be able to recognise the point at which a problem becomes a fitness to practise issue and, therefore, needs to be escalated. The tutors told the panel that they had been impressed by the way in which sensitive issues had been handled and that they felt students as well as staff have a good understanding of their professional obligations.

Actions

Req. Number	Actions for the provider	Due date (if applicable)
2	Consideration should be given to finding methods of aligning the processes and procedures used for gaining and recording patient consent.	
3	It must be ensured that practice inspections take place in a timely fashion and there need to be formal policies and procedures in place to ensure that the conduct and recording of inspections is consistent.	Annual Monitoring 2016
5	Consideration should be given to finding ways of providing workplace trainers with additional support.	
7	A policy must be put in place covering the handling of patient safety issues.	Annual Monitoring 2016

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 will 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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. The provider will have systems in place to quality assure placements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Any problems identified through the operation of the quality management framework must be addressed as soon as possible	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Should quality evaluation of the programme identify any serious threats to the students achieving learning outcomes through the programme, the GDC must be notified at the earliest possible opportunity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. Programmes must be subject to rigorous internal and external quality assurance procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. External examiners must be utilised and must be familiar with the learning outcomes and their context. Providers should follow QAA guidelines on external examining where applicable	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15. Providers must consider and, where appropriate, act upon concerns raised or formal reports on the quality of education and assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

GDC comments

Requirement 9: The provider will 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*)

Prior to commencing, the programme was the subject of a full review by the RCS, the awarding body for the diploma qualification.

A robust framework for quality assurance within the programme does not appear to be in place although the Course Directors take responsibility for assessing the quality of the programme as well as making any necessary modifications in accordance with any legislative changes or external guidance. Too much is based on trust and only informal, rather than formal, processes are in place. Reliance is also placed on the fact that there are relatively few candidates in each cohort. The inspectors felt that the Course Directors also depend on the fact that, to date, there have been no real issues affecting delivery of the course. The inspectors were concerned that the programme might find itself exposed if an issue were to

arise: there is no audit trail showing the recording of decisions or implementation of changes. The programme is subject to a review twice each year; once at the end of the core course and again at the end of the programme. These reviews are not formalised or recorded in any way. The inspectors feel the formalisation of the approach to quality management of the programme is a must.

Requirement 10: The provider will have systems in place to quality assure placements (Requirement Partly Met)

Practice trainers are required to inform the Course Directors if there are any major changes, such as a change of ownership, within their practice. Depending on the significance of the change, the Course Directors reserve the right to require a further inspection of the practice to ensure it remains suitable.

All training practices are inspected at least once. The inspections cover all aspects of the clinical environment and will include cross infection and sterilisation procedures and nursing support provided. The inspectors were told that practices tend to respond favourably to inspection reports.

The practice inspections are conducted by a former VT inspector and he is trusted to inspect the practices equally and fairly. To the knowledge of the inspection panel, there is not a pro forma which is completed for each practice inspection. If a practice falls short of the expected standards then it would be unlikely to be successful in its application to join the programme.

The inspectors were told that a re-inspection of a practice would only be instigated should there be a long break between the practice enrolling students on to the YOTC. The inspectors felt that it was not acceptable that if a practice has a student on the programme for a number of years in a row, they are not subjected to a re-inspection to ensure the continued suitability of the facilities. Copies of inspection reports are not collected by the Course Directors.

Workplace trainers told the inspection panel that there are good lines of communication with the Course Directors which helps with keeping things running smoothly and efficiently. Some trainers felt that links could be further improved, especially for those based further afield, by providing webinars on a regular basis or by utilising other forms of technology such as Skype. The Course Directors should consider ways of improving links with workplace trainers.

Requirement 11: Any problems identified through the operation of the quality management framework must be addressed as soon as possible (Requirement Partly Met)

A Significant Event Log must be completed should any untoward incidents occur during the programme. The purpose of the log is to record why a particular event took place and also what could be done in future to negate the risk of a reoccurrence. Students are then required to make a presentation to the rest of the cohort regarding the incident. Students the inspectors spoke to felt this was akin to a form of group therapy and found it to be a useful exercise. The inspectors felt that this was an example of good practice since it encourages the sharing of errors and mistakes with honesty and candour.

Students also have the opportunity for group discussions about what has worked well for them as well as where things have gone wrong. The weekly log that they must complete also allows for the recording of positive events and outcomes.

The inspectors were informed that senior staff find it easy to be responsive to the need to make changes in response to feedback. They are not hindered by the need to submit changes to various committees in order for changes made. The inspectors do feel that, as noted under

Requirements 7 and 9, more formal processes, particularly in relation to the recording of changes, need to be established and, as such, this requirement is only partly met.

Requirement 12: Should quality evaluation of the programme identify any serious threats to the students achieving learning outcomes through the programme, the GDC must be notified at the earliest possible opportunity (*Requirement Not Met*)

As noted under Requirement 7, there have been no major incidents since the programme commenced in 2008.

As has been previously stated, the panel did feel the programme would benefit from formal procedures and policies being put in place so that they, and the Course Directors, can be assured that any problems or issues would be dealt with effectively and promptly. There is currently no clear or formal method the Course Directors would instigate in order to keep the GDC informed of any serious threats to students meeting learning outcomes.

Requirement 13: Programmes must be subject to rigorous internal and external quality assurance procedures (*Requirement Not Met*)

External scrutiny of the programme appears to be very limited. In the past, Course Leaders from other UK orthodontic therapy training programmes have been invited by the Course Directors to look at the Yorkshire programme and this involved interviews with the students. These visits have been largely positive in terms of the feedback provided and have not resulted in any recommendations for improvements.

In order to be accepted onto the YOTC, training practices must have successfully undergone an inspection by the Care Quality Commission (CQC). This is checked during practice inspections prior to acceptance on to the course, however, duplicate copies of the practice inspection reports are not held by the school.

Requirement 14: External examiners must be utilised and must be familiar with the learning outcomes and their context. Providers should follow QAA guidelines on external examining where applicable (*Requirement Partly Met*)

External Examiners are not involved in any in-course assessments or with the 4-week core course and this is an area which should be enhanced for future cohorts. For the final examination provided by the Royal College of Surgeons of England, External Examiners are utilised however, they will only attend examination diets once every three years. The panel of inspectors felt that External Examiners should attend every diet of the examination to ensure consistency of approach and to provide the necessary quality monitoring. Further information regarding External Examiners can be found under Requirement 22.

Requirement 15: Providers must consider and, where appropriate, act upon concerns raised or formal reports on the quality of education and assessment (*Requirement Partly Met*)

The inspectors were provided with an update on how the Course Directors responded to the recommendations of the previous GDC inspection report and were pleased to learn about the developments made, especially in relation to communication and the introduction of an electronic portfolio.

Some of the students who met with the inspection panel felt that, at times, some of the course teaching had been pitched at too high a level for them. They had provided feedback on this to the Course Directors who took action to correct this. There had also been some issues with the provision of nursing support which had been promptly resolved.

The lack of formal processes and procedures to deal with problems, concerns and issues as described in more detail under Requirements 9-12 in this report together with the need for more external scrutiny meant the inspectors felt this Requirement was partly met.

Actions		
Req. Number	Actions for the provider	Due date (if applicable)
9	Formal procedures must be implemented to ensure the management of the quality of the programme is maintained and auditable	Annual Monitoring 2016
10	The process for inspecting the suitability of training practices must be made more robust and transparent to ensure consistency of approach	Annual Monitoring 2016
10	Consideration should be given to methods of improving links between workplace trainers	
11	Formal procedures must be put in place to handle problems, concerns and issues raised	Annual Monitoring 2016
12	A clear approach to dealing with the threat of students not meeting all learning outcomes must be put in place	Annual Monitoring 2016
13	External scrutiny of the programme must be improved	Annual Monitoring 2016
14	External Examiners must be utilised as part of the YOTC training programme and it must be considered whether External Examiners should attend all diets of the RCS diploma examination	Annual Monitoring 2016
15	Formal procedures must be put in place to handle problems, concerns and issues raised	Annual Monitoring 2016

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
16. To award the qualification, providers must be assured that students have demonstrated attainment across the full range of learning outcomes, at a level sufficient to indicate they are safe to begin practice. This assurance should be underpinned by a coherent approach to aggregation and triangulation, as well as the principles of assessment referred to in these standards.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. The provider will have in place management systems to plan, monitor and record the assessment of students throughout the programme against each of the learning outcomes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18. Assessment must involve a range of methods appropriate to the learning outcomes and these should be in line with current practice and routinely monitored, quality assured and developed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Students will have exposure to an appropriate breadth of patients/procedures and will 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. The provider should seek to improve student performance by encouraging reflection and by providing feedback ¹ .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Examiners/assessors must have appropriate skills, experience and training to undertake the task of assessment, appropriate general or specialist registration with a regulatory body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23. Assessment must be fair and undertaken against clear criteria. Standard setting must be employed for summative assessments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24. Where appropriate, patient/peer/customer feedback should contribute to the assessment process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Where possible, multiple samples of performance must be taken to ensure the validity and reliability of the assessment conclusion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ Reflective practice should not be part of the assessment process in a way that risks effective student use

26. 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

GDC comments

Requirement 16: To award the qualification, providers must be assured that students have demonstrated attainment across the full range of learning outcomes, at a level sufficient to indicate they are safe to begin practice. This assurance should be underpinned by a coherent approach to aggregation and triangulation, as well as the principles of assessment referred to in these standards (*Requirement Met*)

In-course assessments are designed to build towards the culmination of the course and sitting the final diploma examination delivered by the Royal College of Surgeons of England. The assessment timetable has been constructed so as to show a clear progression towards qualification.

If a student was failing to gain enough experience to ensure they were safe to practice upon completion of the YOTC, this would be identified at an early stage: the cohort faces regular assessment and trainers are constantly encouraged to report problems as soon as possible. The entire programme is tailored towards the students and there is some flexibility for students to come in to Leeds Dental Institute for some additional, focussed training if this is deemed to be necessary. There is a policy for the management of failing students and this policy covers student progression within the programme as well as exit strategies.

Workplace trainers the inspectors were able to meet felt that the programme provided an excellent preparation for working as an orthodontic therapist and found little to criticise when discussing their experiences. They felt that, although time is tight, the length of the course was appropriate for what needed to be covered.

Requirement 17: The provider will have in place management systems to plan, monitor and record the assessment of students throughout the programme against each of the learning outcomes (*Requirement Partly Met*)

As noted under Requirement 10, the Course Directors had acknowledged that monitoring students after completion of the core course element of the programme was challenging. The previous GDC report had recommended that the Course Directors introduce an electronic method of recording student experience and this has been in place for two years. The inspectors were pleased to hear that this change had been a real benefit to keeping track of students' progress. However, monitoring does seem to remain an ongoing challenge which the School will need to focus on in the future. The E-portfolio, the inspectors were told, is in need of some refinement to ensure it does everything the course requires of it. This in itself will be challenging given the tight budgets the Course Directors must work within.

DOPS are used as a method of assessment during the core course and this enables supervisors to monitor progress and highlight any developmental issues which may be arising. The core course also allows staff to get to know individual students and to expose and identify aspects of the programme where they may need further support.

The inspectors were told by a workplace trainer that the student they were supervising had had some academic issues and these were picked up early on in the programme. The student was given good support from the School and was allowed additional time for tutorials and seminars.

With a small number of students, who are taking the course over a relatively short period of time, assessment performance is easily logged centrally by the Course Directors. Feedback is given to the student by one or both of the Course Directors after key assessments. This

feedback is also relayed to workplace trainers and will include any further guidance which may be required or any necessary action points for the student concerned.

Requirement 18: Assessment must involve a range of methods appropriate to the learning outcomes and these should be in line with current practice and routinely monitored, quality assured and developed (*Requirement Partly Met*)

Students face a number of written assessments which are largely based on Extended Matching Questions (EMQs). The course also employs an Objective Structured Clinical Examination (OSCE), further to recommendations made in the previous GDC report, and this includes communication stations. There is also a Viva examination based on students' reflective logbooks. The inspectors were happy with the range of assessment types and felt these were appropriate for the course.

It was not entirely clear to the inspection panel how regular assessments are monitored and developed and, for this reason, they felt the requirement was only partly met.

Requirement 19: Students will have exposure to an appropriate breadth of patients/procedures and will 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 Course Directors acknowledged that keeping track of students and their levels of experience while they are training in their workplaces was a particular challenge for the programme but that the introduction of the E-portfolio had made this much less of an issue.

DOPS help with ensuring equity of experience because they ensure that students are covering the same aspects of treatment.

As noted under Requirement 16, students can be offered additional, focussed remedial training at the Leeds Dental Institute if it is felt that this would be beneficial or if an individual student is struggling to progress as expected. Breaks have been added into the programme to allow for any targeted training which might be required. Staff appear to find that it is the academic side of the programme rather than the clinical elements which students tend to struggle with.

Practice inspections are used as a means of testing that the prospective student will have exposure to the right types and numbers of patients. Application documentation provided as part of the course clearly sets out what students will be required to fulfil and achieve and the Course Directors work hard to ensure that, from the outset, there is a clear understanding of the need for exposure to a wide breadth of treatment modalities during the programme.

The inspectors were told that there can be some issues with inequalities of experience across training practices and that this was largely caused by the practices offering more specialist procedures which students are not examined in.

Workplace trainers see patients at the start and finish of each clinical session and the amount of time they have to spend with patients means that students' work can be thoroughly and carefully checked. This, in turn, means that problems are identified quickly and at an early stage.

Student portfolios contain their daybooks which collate their daily treatment and patient information so that the Course Directors can regularly monitor their experience and progression.

Requirement 20: The provider should seek to improve student performance by encouraging reflection and by providing feedback (*Requirement Met*)

Practice trainers are required to give detailed feedback to students at the end of each of the three terms during the programme. Students are also required to collect feedback from 30 consecutive patients during the programme. This means they cannot select the patients from whom they collect feedback, providing a clearer 'snapshot' of views on their performance over a specific period of time.

Students complete a reflective daily and weekly logbook and are able to transcribe comments received on clinic from their trainers into these logs. Trainers have access to students' logbooks so they have the ability to check that what has been added is a fair reflection of comments made.

Tutorial sessions are often used to cover emerging issues arising from daily feedback sessions. Generally, tutorials have a fairly open structure but with a clinical basis in order to allow for a flexible approach to covering the needs of each student. Trainers felt confident that they were equipped to deal with issues. They understood that they could not be trained to deal with every eventuality but that they needed to be reactive to each scenario and they felt supported by the Course Directors to do this.

Tutors are assigned to one or two students as their mentor throughout the duration of the programme. Students appear to value their tutor's experience given that they have completed the programme themselves.

Students receive one-to-one feedback from the Course Directors after each of the key assessments during the programme and workplace trainers are also given a feedback report which highlights any necessary action points or learning needs for each student.

Requirement 21: Examiners/assessors must have appropriate skills, experience and training to undertake the task of assessment, appropriate general or specialist registration with a regulatory body (*Requirement Met*)

When practice supervisors attend the Leeds Dental Institute for training, they will assess other students on the programme and this assists with benchmarking their examining and with gaining an understanding of levels of experience and skill across the cohort. Calibration exercises are also used to deliver a consistent approach to assessment.

RCS examiners attend an annual training day and this normally covers any issues arising from feedback received regarding previous diets. The inspectors felt that the examiners were appropriately skilled for the task. Some had education qualifications and all were experienced RCS examiners. Some also had experience of examining for other bodies. A number of examiners were involved in delivering orthodontic therapy training programmes.

Requirement 22: 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 (*Requirement Partly Met*)

External Examiners are not used at any stage of the main programme of study, although representatives from other UK orthodontic therapy programmes have been utilised to report on aspects of the training provided here.

As noted under Requirement 14, External Examiners attend the final examination once every three years. A detailed and useful report had last been produced and submitted in 2013. The inspection panel would like to see an improvement to the level of external oversight for the both the programme and the final diploma examination.

Requirement 23: Assessment must be fair and undertaken against clear criteria. Standard setting must be employed for summative assessments (*Requirement Partly Met*)

Candidates are provided with clear guidance regarding what to expect at the final examination which is particularly important as the examination is separate to the main programme of study. The examination takes place over a two-day period and comprises a written paper, logbook assessment (candidates are required to submit their completed logbooks prior to sitting the final examination), Objective Structured Clinical Examination (OSCE) and an oral Viva examination. All sections of the examination must be passed in order for the diploma to be awarded.

The inspectors noted that the oral examination was 40 minutes in length but candidates had been advised that the length of the examination was 20 minutes. The panel did not feel candidates had been unduly disadvantaged by this change. They did feel that, in some cases, examining teams were struggling to fill the time and that 40 minutes was more than was necessary. The inspectors felt that consideration should be given to reducing the length of the Viva to 30 minutes for future diets.

The inspectors felt that rigorous standard setting procedures are in place for the final diploma examination offered by the RCS. It was clear that a great deal of care is taken over the examination set-up. The Ebel Method is used to standard set the written paper element of the examination.

Of the 14 OSCE stations faced by the candidates, several seemed to be unsupervised written questions and were, therefore, not strictly OSCE stations. The remainder of the stations did provide a range of exercises designed to test students' clinical problem solving abilities including communication skills with an actor and medical emergencies. The inspectors felt the OSCE did assess a broad enough range of skills.

Requirement 24: Where appropriate, patient/peer/customer feedback should contribute to the assessment process (*Requirement Partly Met*)

All workplace trainers who were able to meet the inspectors stated that the feedback they had received from patients had been very favourable and this had been a real confidence booster for their trainees but this feedback is not specifically incorporated into the assessment of trainees.

Students are required to collect feedback from 30 consecutive patients during the programme. This means they cannot select the patients from whom they collect feedback, providing a clearer 'snapshot' of views on their performance over a specific period of time but this does not directly feed in to overall assessments.

Requirement 25: Where possible, multiple samples of performance must be taken to ensure the validity and reliability of the assessment conclusion (*Requirement Met*)

The inspectors were able to look at clinical data showing the multiple samples of performance recorded for each student. The clear mapping of the learning outcomes also shows that students are tested on more than one occasion. The Course Directors feel that the pass rates for the programme are a strong indicator for the effectiveness of the continuous assessment and progression of students undertaking the programme.

Requirement 26: 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 (*Requirement Partly Met*)

Some staff told the inspectors that they found grade descriptors used as part of the programme to be somewhat unwieldy and the inspectors would support this view. There is a certain amount of trust placed in supervisors to know what the correct standard is and apply it

accordingly. The inspectors appreciate that students are assessed in-house as well as by their practice trainer and also face a final, independent examination; however, some work to clarify and simplify the grade descriptors is required to ensure greater understanding of the assessment standard required. Workplace trainers felt they understood that they were required to grade students against the standard of a safe beginner but they felt that there were probably some discrepancies in their individual gradings, they probably all graded in a broadly similar way. The inspectors were told of a concern that trainers could be blasé about grading. A student had had to point out to their trainer that a grade they had been given should have been amber rather than green because a supervisor had needed to intervene during the procedure. Although the panel were assured that there is little room for grades to be open to interpretation, the inspectors feel this needs to be tightened up.

Students get a green grade if they have carried out their work to the required standard and a red grade for work that is unsatisfactory. Students are graded against the standard they would be expected to achieve at the point of completing the course. As such, they can expect to receive more red grades at the start of the course with a gradual shift towards more green grades as they progress through the course. Students had some grasp of the meaning behind the grades they might receive for their work but there is room for further consolidation of students understanding of the standard expected of them.

Prior to each assessment, students are provided with a brief lecture covering the assessment style and technique. The core course also gives instruction on improving study skills and revision techniques. Mock examinations give a clear indication of what to expect in the final examination.

Actions

Req. Number	Actions for the provider	Due date (if applicable)
17	The E-portfolio must be developed and refined	Annual Monitoring 2016
18	Clear methods for monitoring and enhancing in-course assessments must be developed	Annual Monitoring 2016
22	External Examiners must be utilised as part of the YOTC training programme and it must be considered whether External Examiners should attend all diets of the RCS diploma examination	Annual Monitoring 2016
23	Consideration must be given to reducing the length of the Viva examination which forms part of the RCS final diploma examination	Annual Monitoring 2016
23	The OCSE examination which forms part of the final examination must be enhanced so that all stations are typical OSCE stations rather than written tasks	Annual Monitoring 2016

24	Methods of integrating feedback into the assessment process must be considered and developed	Annual Monitoring 2016
26	Grade descriptors must be enhanced and clarified to ensure greater understanding of the standard required	Annual Monitoring 2016
26	Work must be undertaken to ensure students understand the standard expected of them	Annual Monitoring 2016

Standard 4 – Equality and diversity

The provider must comply with equal opportunities and discrimination legislation and practice. They must also advocate this practice to students

Requirements	Met	Partly met	Not met
27. Providers must adhere to current legislation and best practice guidance relating to equality and diversity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Staff will receive training on equality and diversity, development and appraisal mechanisms will include this	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Providers will convey to students the importance of compliance with equality and diversity law and principles of the four UK nations both during training and after they begin practice	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GDC comments			
<p>Requirement 27: Providers must adhere to current legislation and best practice guidance relating to equality and diversity (<i>Requirement Met</i>) There is a brief policy in place which describes the approach taken by the YOTC to equality and diversity issues. There are policies in place within each of the training practices. All training practices have undergone CQC inspections and an equality and diversity policy is required in order to pass these inspections. This helped to assure the panel of inspectors that best practice and current legislation are adhered to.</p> <p>The inspectors were told that the YOTC would deal with equality and diversity issues, such as a student with a disability, on a case by case basis. There is not a physical policy setting out the method in which assessments for reasonable adjustments would be made and how changes made would be tracked and monitored.</p> <p>The Registrar of the Faculty of Dental Surgery at the RCS is involved in the admissions process, including shortlisting and interviews, with a specific role in ensuring fairness and the application of due process.</p> <p>Requirement 28: Staff will receive training on equality and diversity, development and appraisal mechanisms will include this (<i>Requirement Met</i>) The training received by the Course Directors and tutors is in line with current UK legislation and complies with the Equality Act 2010. This is mandatory training received under the NHS. All students and workplace trainers have undertaken training within their practice or hospital.</p> <p>Requirement 29: Providers will convey to students the importance of compliance with equality and diversity law and principles of the four UK nations both during training and after they begin practice (<i>Requirement Met</i>) Students are provided with a session regarding equality and diversity at an early stage of the core course element of the programme. This covers managing patients from different faith groups and the law and principles of the four UK nations. These topics and themes are revisited at various opportune points during the remainder of the programme. The inspectors felt that the students are therefore being well prepared for encountering patients in practice and the potential difficulties, concerns or issues they may encounter.</p>			

Actions		
Req. Number	Actions for the provider	Due date (if applicable)
27	Development of a policy setting out how reasonable adjustments might be handled should be considered	

Summary of Actions

Req.	Actions for the provider	Observations Response from the Provider	Due date (if applicable)
2	Consideration should be given to finding methods of aligning the processes and procedures used for gaining and recording patient consent.	We will provide advice on a more structured approach to gaining patient consent. We currently use a consent form with precise wording provided by the Dental Protection Society, who indemnifies the course. We will provide clearer advice and paperwork on the Training the Trainers course run in advance of the core course itself.	<i>Training the Trainers Course</i> Spring 2016
3	It must be ensured that practice inspections take place in a timely fashion and there need to be formal policies and procedures in place to ensure that the conduct and recording of inspections is consistent.	<p>Following the General Dental Council inspection and report we are going to completely redesign our practice inspection. We have a new inspector, familiar with CQC inspections, who will be starting as a new practice inspector for the 2016 course. A new practice inspection form has been developed to ensure a more extensive and standardised approach. These practice reports will all be stored centrally at the Royal College of Surgeons, with copies sent to the Course Directors. The workplaces will be sent information about the inspection in advance of the visit, to allow them to prepare fully for this, and they will be sent the report and required actions after the visit.</p> <p>All workplaces will be re-visited once every 5 years, or more frequently if there has been significantly changes, such as change of ownership.</p> <p>We will review the practice inspection reports at our annual Quality Assurance meeting (to be</p>	Workplace inspections Spring 2016

		discussed later) to ensure that the form is meeting the CQC and educational requirements for a training place.	
5	Consideration should be given to finding ways of providing workplace trainers with additional support.	In addition to the existing support, we will send a questionnaire to our the trainers at the end of September (once the full training is fully in place). This will look to see if there are any areas of support needed, ranging from educational areas such as improving the student's knowledge, skills and attitudes, or areas relating to personal issues. As well as continuing to offer constant feedback by phone or email, we could liaise by Skype or Facetime if it was felt to be helpful.	September 2016 onwards
7	A policy must be put in place covering the handling of patient safety issues.	We recognise the need to formalise the processes we already have in place. So in addition to recording significant events on the eportfolio, we will ensure that a clinical incidents log is utilised in the workplace. This will form part of the documented practice inspection and the need to report any adverse incidents directly to Course Directors will be highlighted during the practice inspection and Training the Trainers Course. It is also already added to significant events log on the eportfolio.	2016 course starting in July
9	Formal procedures must be implemented to ensure the management of the quality of the programme is maintained and auditable	Following on from the General Dental Council inspection report we are now going to redesign our Quality Assurance Framework, to look at all aspects of the course. We will be collecting the following information:	Spring 2016

		<ul style="list-style-type: none">• Feedback from students at the end of the core course, after each study day and at the end of the whole course• Feedback from trainers• Collating information from the eportfolio, including the Significant Event Analysis and other feedback recorded by the students and trainers• Report from an external assessor of the course. This person will be a course director of another UK Orthodontic Therapy Course, who we will ask to visit the course on a Joint Trainers and Students Day, so they can meet both students and trainers. We will also ensure they have access to all the paperwork from the course• Report from an external examiner looking at our internal examination processes throughout the course• Report from an individual with expertise in quality assurance and teaching from a UK hygiene and therapy course, to see if we can use best practice from courses other than orthodontic therapy courses• Report from the Chair of Examiners from the final Diploma of Orthodontic Therapy assessment	
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		<ul style="list-style-type: none"> • Latest GDC guidance and any changes in the curriculum or external legislation that may affect the course <p>This meeting will be held in April/May (towards the end of the course year) to allow changes to be made for the course in the following year. The Course Directors will be present, along with the administrator from the Royal College and the registrar or his representative from the Royal College.</p>	
10	The process for inspecting the suitability of training practices must be made more robust and transparent to ensure consistency of approach	<p>Following the General Dental Council inspection and report we are going to completely redesign our practice inspection. We have a new inspector, familiar with CQC inspections, who will be starting as a new practice inspector for the 2016 course. A new practice inspection form has been developed to ensure a more extensive and standardised approach. These practice reports will all be stored centrally at the Royal College of Surgeons, with copies sent to the Course Directors. The workplaces will be sent information about the inspection in advance of the visit, to allow them to prepare fully for this, and they will be sent the report and required actions after the visit.</p> <p>All workplaces will be re-visited once every 5 years, or more frequently if there has been significantly changes, such as change of ownership.</p> <p>We will review the practice inspection reports at our annual Quality Assurance meeting (see section 9) to ensure that the form is meeting the CQC and educational requirements for a training place.</p>	Spring 2016

10	Consideration should be given to methods of improving links between workplace trainers	<p>In addition to the existing support, we will send a questionnaire to our the trainers at the end of September (once the full training is fully in place). This will look to see if there are any areas of support needed, ranging from educational areas such as improving the student's knowledge, skills and attitudes, or areas relating to personal issues. As well as continuing to offer constant feedback by phone or email, we could liaise by Skype or Facetime if it was felt to be helpful.</p> <p>We will also, with the consent of the trainers, share their contact details and encourage them to liaise with each other during the course. We can emphasise this during the Training the Trainers Course.</p>	Spring 2016
11	Formal procedures must be put in place to handle problems, concerns and issues raised	Please see the responses to requirements 7 & 9 above	Spring 2016
12	A clear approach to dealing with the threat of students not meeting all learning outcomes must be put in place	Please see the response to requirements 7 & 9. In addition, we have developed a flow diagram clearly describing the processes that need to be followed in these circumstances.	Spring 2016
13	External scrutiny of the programme must be improved	Please see the response to requirement 9 above	Spring 2016
14	External Examiners must be utilised as part of the YOTC training programme and it must be considered whether External Examiners should attend all diets of the RCS diploma examination	Please see the response to requirement 9 above	Spring 2016
15	Formal procedures must be put in place to handle problems, concerns and issues raised	Please see the responses to requirements 7 & 9 above	Spring 2016
17	The E-portfolio must be developed and refined	There are plans to invest in a completely new eportfolio, building on our experiences of the	Spring 2016

		current version. We feel the general design was very good, but it was not reliable enough and investment is needed to ensure we have something that is technically reliable and responsive to the students' needs.	
18	Clear methods for monitoring and enhancing in-course assessments must be developed	Please see the response to requirement 9 above	Spring 2016
22	External Examiners must be utilised as part of the YOTC training programme and it must be considered whether External Examiners should attend all diets of the RCS diploma examination	Please see the response to requirement 9 above It has been agreed by the Faculty Board representative and the Chair of the panel of examiners that an external examiner should present for future diets of the final diploma examination.	Spring 2016
23	Consideration must be given to reducing the length of the Viva examination which forms part of the RCS final diploma examination	For the June 2015 Diploma in Orthodontic Therapy diet the length of the viva was extended from the normal 20 minutes to 40 minutes. We acknowledge the comments made by the inspectors. For all future diets the length of the viva will be scheduled for 20 minutes. This will be reiterated in the candidate examination guidelines. This has been agreed by both Faculty Board representative and the Chair of the panel of examiners.	
23	The OCSE examination which forms part of the final examination must be enhanced so that all stations are typical OSCE stations rather than written tasks	The June 2015 OSCE circuit consisted of a mixture of observed and unobserved stations. All stations have been designed and mapped against the current GDC learning outcomes. Both the observed and unobserved (written) stations have been designed specifically to test higher level	

		<p>thinking in accordance with the GDC learning outcomes.</p> <p>The stations currently within the OSCE component's bank that do not incorporate a practical or communication element typical of the OSCE format will be reviewed to ascertain whether the learning outcomes identified in each case are best achieved in the context of this, or alternative, components.</p>	
24	Methods of integrating feedback into the assessment process must be considered and developed	We currently use a patient feedback form with our students, but we will ensure that this forms a more formal part of the overall assessment process for the students. This includes not only addressing any weaknesses, but building on and reinforcing the strengths identified by the students' patients.	Spring 2016
26	Grade descriptors must be enhanced and clarified to ensure greater understanding of the standard required	We will allocate more time with the trainers on the training the trainers course to ensure they are scoring their students appropriately in the workplace, and we will clarify the grade descriptors to help with this.	Spring 2016
26	Work must be undertaken to ensure students understand the standard expected of them	We do spend a lot of time with our students discussing standards and what is required with them, but we will try to reinforce this further and check that they understand what is required.	Spring 2016
27	Development of a policy setting out how reasonable adjustments might be handled should be considered	We will produce a policy setting out how reasonable adjustments might be handled. We will make this transparent to all students and workplace trainers.	Spring 2016

Observations from the provider on content of report

Provider to record additional observations here

Recommendation to the GDC

The inspectors recommend that this qualification is sufficient for holders to apply for registration as an orthodontic therapist with the General Dental Council

