INSPECTION REPORT

Education provider:	**Central Manchester Foundation Trust / The Central Manchester School for Dental Care Professionals**
Programme/Award:	**Diploma in Orthodontic Therapy (awarded by the RCS Edinburgh)**
Remit and purpose:	**Full inspection referencing the *Standards for Education* to determine approval of the award for the purpose of registration with the GDC as an orthodontic therapist**
Learning Outcomes:	***Preparing for Practice (orthodontic therapy)***
Programme inspection dates:	**23-24 April 2015**
Examination inspection dates:	**4-5 June 2015**
Inspection panel:	**Philip Bunnell (Chair and Lay Member)** **Maxine Kane (DCP Member)** **Alison Williams (Dentist Member)**
GDC Staff:	**Laura Harrison (Lead)** **Shaun de Riggs**
Previous inspection:	**2008**
Outcome:	**Recommended that the diploma continues to be approved for the graduating cohort to register as orthodontic therapists**

Inspection summary

This report reflects the inspection of the Diploma in Orthodontic Therapy. The programme is delivered by the Orthodontic Therapy Programme Team (the Programme Team) which is based in the Central Manchester School for DCPs (the School). The qualification is awarded by the Royal College of Surgeons of Edinburgh (RCS Ed). The School is in the dental division of the Central Manchester Foundation Trust (the Trust) and is situated in the Dental Hospital of Manchester (DHM).

There is a clearly a very good relationship between the students and the Programme Team, with a tangible enthusiasm for the subject matter and a desire to progress and improve. The inspectors were very impressed at the motivation of the individuals involved in the delivery of the programme. There were no concerns about the ability of the graduating students, largely due to their own commitment, the investment on an educational level by their workplace trainers and the dedication of the Programme Team.

The programme itself requires improvements, notably to the internal and external quality assurance procedures and in the creation of underpinning policies. There is also a need to review the approach to the assessment and grading of students. Although the course commenced in 2008, the Programme Lead has only been in post since just before the start of the 2014-2015 intake of students. The inspectors were encouraged by the positive and professional attitude of the new Lead, who at an early stage, identified the areas in need of development and throughout the inspection showed the energy and desire to make the required changes as soon as possible. As a result, the inspectors are confident that the programme will strengthen significantly for future intakes.

The final RCS Ed examinations were well run and tested the students on a fair range of topics. The inspectors considered that the grading scheme would benefit from being revised, and that there could be greater use of standard setting. External quality assurance of the final examinations should also be initiated.

Inspection process and purpose of Inspection

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 and new qualifications where it is intended that the qualification will lead to registration.

2. 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.

3. The inspection focuses on four Standards, with a total of 29 underlying Requirements. These are contained in the document *Standards for Education*.

4. The purpose of this inspection was to make a recommendation to the GDC to determine whether the Royal College of Edinburgh awarded Diploma in Orthodontic Therapy, delivered by the Central Manchester School for DCPs should continue to 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.

5. 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.

6. 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 be approved 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 approval, the report and observations would be presented to the Council of the GDC for consideration.

The Inspection

7. The inspection comprised two parts. The first visit to the School was carried out on 23-24 April and involved meetings with Programme Team staff involved in the management, delivery and assessment of the programme students enrolled on the programme, and three of the workplace trainers. The second part was an observation of the final clinical examination run by the RCS Ed at the University of Central Lancashire on 4 and 5 June 2015.

8. The report contains the findings of the inspection panel across the two visits, together with consideration of the supporting documentation prepared by the School to demonstrate and evidence how the individual Requirements under the *Standards for Education* have been met.

Overview of Qualification

9. The course is run by the Programme Team which is based within the Central Manchester School for Dental Care Professionals. This is part of the dental division of the Central Manchester Foundation Trust. The maximum number of students in a cohort is anticipated to be 10. There were 6 students during the year of this inspection. Students must be registered dental nurses working in Orthodontic settings and they are required to be supervised and assessed in their work place by their nominated trainers.

10. The programme is 10 months in duration, commencing in August. Students undertake a core course of four weeks of full-time training, delivered at the Dental Hospital of Manchester at the beginning of the programme, with one further taught day there each

month. Outside of the training days, students are based at their places of employment where they are treating patients, learning and consolidating their clinical skills. The number of days the student undertakes their clinical orthodontic therapy training ranges from 3.0 to 5.0 days per week for 40 weeks. The workplace trainers are aware of the programme timetable and are required to provide weekly tutorials.

11. Core skills are taught and assessed during the core course with these being consolidated and built upon at the work placements. Summative assessment takes place both internally, using clinical competence assessments, written examinations and Objective Structured Clinical Examinations (OSCEs), and externally with the RCS Ed written papers, case presentation and a structured oral examination.

12. The programme team comprises a Consultant Orthodontist who is also the Programme Lead and an Education and Development Manager. The team is supported by a Principal Orthodontic Tutor, Dental Nurse Tutors, two Orthodontic Therapists and an Administrator. A number of internal and external lecturers also contribute to the programme. Ongoing monitoring and assessment of students, pastoral care, liaison with the workplace trainers, and formal reviews of the logbooks are completed by the programme team.

Evaluation of Qualification against the *Standards for Education*

13. As stated above, the *Standards for Education* were used as a framework for this inspection. 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 additional evidence from discussions with staff and students.

14. The inspection panel used the following descriptors to reach a decision on the extent to which the Diploma 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		✓	
2. Patients must be made aware that they are being treated by students and give consent	✓		
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	✓		
4. When providing patient care and services, students are to be supervised appropriately according to the activity and the student's stage of development.		✓	
5. Supervisors must be appropriately qualified and trained. Clinical supervisors must have appropriate general or specialist registration with a regulatory body.		✓	
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		✓	
7. Should a patient safety issue arise, appropriate action must be taken by the provider		✓	
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.	✓		
GDC comments			

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 *(Requirement Partly Met)*

Students on the programme undertake a full-time four week classroom-based core induction programme, during which they cover the theory and clinical aspects of orthodontic therapy in addition to issues relating to patient safety, health and safety and ethical and legal

responsibilities. The students practice on typodonts and phantom heads during this intense period of training. The inspectors were advised that students must pass summative clinical and written assessments before progressing into the clinical environment within their training practices. According to the Assessment Process 2014-2015 document, the assessments comprise formative competency assessments, some of which are peer assessments, one typodont and one written summative assessment, which are held at the end of the four-week period.

It was recognised that students would already have clinical experience gained through their prior employment as dental nurses within their Orthodontic practice or clinic and that this influences the format of the induction training, which is conducted solely within a classroom setting. The inspectors felt, however, that the students would benefit from also being able to observe relevant orthodontic treatments being undertaken on live patients in the hospital clinic during their induction programme. This would help to bridge the gap between classroom activity and delivering treatment to a patient for the first time under supervision in practice. The Programme Lead acknowledged there was a need for this and indicated that they would arrange for students to observe in- house Orthodontic Therapists during future induction programmes.

There is no clear pathway for a student who struggles during the induction programme assessments. The Programme Lead indicated that they would provide extra tuition to students if need be until they improved and if there were concerns at the end of the induction period, they would inform the student's trainer so that extra support in a specified area could be provided. The inspectors felt this scenario needed to be formalised and that there should be a clearly defined approach to the management of poor performing students. It is for this reason that this Requirement was found to be Partly Met.

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

The panel noted from the documentation provided and by speaking with students and trainers that patient consent is routinely and appropriately obtained prior to treatment. A generic form for gaining patient consent is provided to the training practices for use and completed forms are filed in the students' log book. The Programme Lead monitors the completion of these forms during the regular log book reviews.

Students wear appropriate badges whilst in practice, clearly indicating their status as student Orthodontic Therapists. From their discussions with students and trainers, the inspectors were assured that notices are displayed in the training practices which inform patients that students may provide them with treatment under supervision. The Programme Team provides the notices and checks, as part of their practice visits, that they are displayed in a location that is easily visible to patients.

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 Met)*

The panel of inspectors had sight of some CQC inspection documentation for practices where students were employed and trained. They acknowledged that this provides the Programme Team with a level of assurance that the training practice is a safe and appropriate environment for the provision of patient care. The inspectors also had access to self-assessment questionnaires, which trainers were asked to complete and return once the student had been interviewed for the course. The practices are required to address any

identified deficiencies promptly and these are followed up on during practice visits by the Programme Lead. The visits occur before a student is offered a place on the programme, which was considered to be good practice. The panel was also pleased to note that there were inspections of practices on an annual basis, irrespective if the practice had previously hosted a student on the programme.

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 Partly Met)*

The trainers with whom the inspectors met confirmed that they would closely supervise their students in the early stages and observe less frequently when they and the student were comfortable for them to do so. Trainers would always be in close proximity should the student require any assistance. Students indicated that they were happy with the levels of supervision they had received from their trainers. Students meet regularly with their trainers for tutorials and this gives an opportunity to discuss their progress and re-assess the level of supervision needed.

The Programme Lead indicated that the trainers were made aware of their supervisory obligations during the Trainers' training day, which is held before the students commence clinical practice. The trainers are provided with GDC and BOS guidance regarding the supervision of students and the learning agreement, which the trainer and student must both sign at the start of the course, contains a section which commits the trainer to the provision of appropriate supervision. As part of this agreement, the trainers are also obliged to nominate a specialist orthodontist colleague to assist in the supervision and assessment of the student in the event of their own absence. It was not clear how much guidance on their role as a supervisor the nominated individual received and this is something the Programme Team must address.

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

Trainers are only accepted if they are specialist or consultant orthodontists with a minimum of two years post-specialisation experience. Whilst the panel did not have any reason to doubt the level of clinical training nor the commitment of the trainers to their students, it was clear that only a few of the trainers had attended the formal training day. This was disappointing. The Programme Lead acknowledged that attendance at the training day by trainers should be mandatory and that this would be enforced from next year. The inspectors considered that it should also be mandatory for supplementary supervisors to attend, particularly as they may also undertake formal assessments.

Whilst the training day covered the grading and calibration of assessment, the inspectors considered this should be covered in more detail in future. Those involved in the programme might also wish to structure the training so that it clearly highlights the responsibilities of the trainer in terms of reporting on any patient safety and student fitness to practice concerns. The inclusion in the trainers' handbook of their responsibilities as supervisor and assessor would be helpful.

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 Partly Met)*

The need to raise patient safety concerns is covered with students during their initial induction programme. The students are all registered dental nurses, based within Orthodontic practices or clinics. They are, therefore, already aware of the need to comply with the GDC 'Standards for the Dental Team', which require registrants to raise potential patient safety concerns. Meeting with the students assured the inspectors that they would be quick to alert their employers and the Programme Team if they observed anything of concern.

The inspectors noted that both the Trust and the practices and clinics in which the students are employed have a 'Raising Concern's policy and procedure as per CQC certification. There was no reason to doubt that those involved in the delivery of education and training would act in accordance with these policies. However, as mentioned in Requirement 5, those involved in the programme need to remind trainers during the training day about the importance of having clear and effective reporting lines both within the training environment and with the Programme Team, should a patient safety concern be identified.

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

The panel had sight of some sample individual training practices' 'Incident Reporting' policies and forms. The inspectors were pleased to note the students' awareness of the policies in their workplaces. Although there had not been any incidents to date, they felt confident that students would quickly inform their trainers and the Programme Lead should the need arise, and that appropriate action would be taken.

The inspectors were also provided with the Trust's policy and process, which The School adopts and were informed that the Trust has a strong incident reporting culture. The absence of a programme-specific policy creates a potential issue in how a concern raised by a student about their working environment would be dealt with. The inspectors considered this would be an unlikely event, given the calibre of students and trainers involved in the course and the careful checks made at the outset on the suitability of the practice. However it would be advisable to have a clearly defined mechanism for dealing with this eventuality.

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 *(Requirement Met)*

Students are made aware of the School's Fitness to Practise policy and procedures during their induction programme. The inspectors had sight of these documents and considered they were appropriate. They did however note that the policy does not specifically cover allegations arising whilst the student is in their place of employment. As the learner agreement makes no mention of the need for Student Fitness to Practise concerns to be relayed to the Programme Lead by a trainer, the Programme Team is encouraged to cover this with trainers in future training days.

Students are required to sign a Fitness to Practise declaration at the start of the course which outlines their obligations as a dental care professional. During the inspection, students, trainers and tutors demonstrated their awareness of the importance of Student Fitness to Practice and, as a result, the inspectors considered this Requirement to be met.

Actions		
No	**Actions for the Provider**	**Due date**
1	The Programme Team should create a policy regarding competency attainment during the induction period which should contain a clearly defined approach to the management of struggling students	Targeted Annual Monitoring 2015/16
4	The Programme Team must ensure that all nominated individuals are provided with guidance on the supervision of students	Targeted Annual Monitoring 2015/16
5	i. The Programme Team must ensure that a thorough training day is provided to and attended by all involved in the training and supervision of students. ii. The Programme Team should develop a handbook containing guidance on supervision and assessment for each of the practices in which a student is based	Targeted Annual Monitoring 2015/16
6 & 7	The Programme must consider creating a programme specific 'Raising Concerns' policy and procedure	Targeted Annual Monitoring 2015/16

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.		✔	
10. The provider will have systems in place to quality assure placements		✔	
11. Any problems identified through the operation of the quality management framework must be addressed as soon as possible		✔	
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		✔	
13. Programmes must be subject to rigorous internal and external quality assurance procedures			✔
14. External examiners must be utilised and must be familiar with the learning outcomes and their context. Providers should follow the Quality Assurance Agency (QAA) guidelines on external examining where applicable			✔
15. Providers must consider and, where appropriate, act upon concerns raised or formal reports on the quality of education and assessment		✔	

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 Partly Met)*

The inspectors were informed that responsibility for the quality management of the programme lies with the Programme Lead and the Education and Development Manager. It was clear that the Programme Lead had inherited a programme which was subject to very informal quality management. There was no clear management framework within the Programme Team, School and ultimately, the Trust and no quality management policies and procedures in place. The Programme Lead fully acknowledged that this was unacceptable and was in agreement with the inspectors that it had to be addressed as a matter of urgency.

The inspectors were encouraged by the professional and responsible attitude of the Programme Lead and by the evidence of their efforts to instigate some oversight of the programme during their first year in post. Primarily this was achieved by holding four Programme Review meetings during the year with the Programme Team members. These meetings enabled the staff to monitor the progress of the current cohort and discuss how aspects of the course could be improved going forward. The first meeting, held in September 2014 reviewed the core induction programme and resulted in plans to re-structure the timetable, content and logistics for the following intake. Meetings held in November and January focused on a review of the students' clinical activity and discussions about additional support required and in June, the group met again to review the content of the programme, the mapping of the course learning outcomes to the learning outcomes contained within the GDC document 'Preparing for Practice' and the blue-printing of assessments. The inspectors saw minutes of these meetings and these clearly showed the follow-through on actions arising.

During the year, feedback was requested from students, trainers and members of the programme team in order to help the Programme Lead evaluate the content and structure of the course. Two sets of student feedback were collated: one set at the end of the programme in May and then another set 3-6 months later, which would seek to establish how effectively the course had equipped the students for independent practice. Student feedback was also gathered from the Progress meetings held throughout the year. Trainer feedback was sought regarding the core programme and ongoing communications throughout the course and where possible, comments were acted upon during the 2014-2015 academic year. In addition, a visiting lecturer provided a review of the standard of knowledge achieved and the robustness of assessment processes during the course.

The inspectors felt that the programme had undergone some internal quality assurance during the academic year 2014-2015. Importantly, it was clear that the Programme Lead was motivated and eager to enhance the content of the programme and that they wished to devise an effective quality management framework. This would be informed by the feedback gathered and the meetings and discussions held during the year. Well documented and full records from meetings, which enable one to follow through on an issue to the point of resolution will be key to ensuring good programme evaluation and development

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

As referred to in Requirement 3, practice trainers are required to complete a self-assessment questionnaire before a student takes up a place on the course. The thorough questionnaire used is based on the North West Deanery Quality and Governance form. This is followed by a practice inspection during which the suitability of the practice as a training environment is assessed, using a set check-list, by members of the Programme Team. It is anticipated that full and clear documentation relating to practice visits will be maintained in future.

Quality assurance of the training placements during the year 2014-2015 took the form of discussions with the students, reviews of their log books, telephone and email contact with their trainers and the monitoring of patient satisfaction surveys. It was agreed that this approach had been effective with the cohort of students during the 2014-2015 year who were happy to discuss their training experiences openly. It was clear that there was a very good relationship between the students and the programme team which enabled easy and regular communication.

The Programme Lead acknowledged the need to formalise their approach to quality assuring placements though and the inspectors were pleased to note their future plans to undertake a second practice visit once the student has commenced clinical activity. The intention is for the

practice visit to coincide with the December Progress Interview (the Progress Interview will be discussed in more detail in Requirement 16). The Programme Lead indicated that the main purpose of the additional practice visit would be to enable the School to monitor the level of supervision, access to patients and approach to assessment across practices. This will need to be underpinned by a relevant policy and procedures aimed at ensuring consistency of experience and assessment.

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

As described in Requirement 9, there is currently no clear framework for identifying and addressing issues which arise. An informal approach has been in place this year, which to the credit of the team has worked well as an interim measure. For example, the inspectors noted that the Programme Lead quickly addressed the extended clinical hours of a full time student as soon as the difficulties she was encountering became apparent. It has been recognised by the Programme Team that a reliable and documented mechanism for managing operational and strategic issues and risks is required. This should involve a contingency plan to ensure there is a nominated individual who can cover for the Programme Lead, should the need arise due to planned or unplanned absence.

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 Partly Met)*

There was no actual evidence to suggest that this risk was realised. However, due to the lack of clear structure in place to quality evaluate the programme, the inspectors could not be assured that this Requirement was met.

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

The informal internal quality assurance procedures within the programme have been reported on already. Unfortunately the fact there is no quality assurance of the programme at School or Trust level compounds the weakness of the internal quality management structure in place at Programme level.

The inspectors were informed that an individual who delivers course lectures also undertakes a quality assurance role. It is positive that the in-course assessments are reviewed and commented on by someone other than the individual (the Programme Lead) who sets the questions and runs the examinations. The course lecturer is not employed by the Trust and as a result, they are seen by the programme staff as someone who is external to the programme. The inspectors formed the view that the monitoring and feedback provided by this individual cannot be categorised as external quality assurance due to their links with the course.

The inspectors were encouraged that the Programme Lead expressed an interest in networking with the leads of other Orthodontic Therapy courses involved with the RCS Ed award with a view to setting up a reciprocal external quality assurance arrangement of their programmes.

The RCS Ed chooses not to externally quality assure the programmes which precede its final examination. There are sign up requirements to the examination and the RCS Ed accepts

these have been met by the production of an appropriate certificate and statement by the Programme Lead. There is no review of the work undertaken during the programme. Furthermore, there is no formal reporting back by the RCS Ed if any particular weaknesses are identified by a student or cohort during their final examinations. There is also no external monitoring of the RCS Ed final examinations.

The inspectors were surprised at the extremely limited contact between the RCS Ed and the Programme Team and recommend a strengthening of the communication and provision of feedback between the two parties.

Requirement 14: External examiners must be utilised and must be familiar with the learning outcomes and their context. Providers should follow the Quality Assurance Agency (QAA) guidelines on external examining where applicable *(Requirement Not Met)*

It was acknowledged that the programme has benefitted from the input of an individual employed outside of the Trust but it is not appropriate to consider their evaluations as completely objective or external. The RCS Ed examiners are not monitored by an external representative during the examinations. Therefore, the inspectors concluded that there was a lack of external assessment of both the programme and the final examinations.

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)*

There was little formal evidence of this Requirement being met due to the lack of internal quality assessments of the programme at Programme, School or Trust level and also due to the absence of any external quality assessments,

The Programme Lead has, however, tried hard to implement changes where possible as a result of the newly introduced Programme Review meetings and by acting on feedback received from key stakeholders during the year. The proactive approach in this regard and the positive commitment shown to introducing further changes is the reason for this Requirement being found to be Partly Met as opposed to Not Met.

Actions		
No	**Actions for the Provider**	**Due date**
9, 11, 13	i.The Programme Team must introduce a quality management framework for the programme. This must define when areas of the programme will be discussed, require thorough recording of all meetings and provide a clear pathway for the resolution of issues arising. ii.The Programme Team must develop quality management policies and procedures iii. The Programme Team must nominate an individual to cover for the programme lead in the event of their absence iv. The Programme Team should consider introducing both School and Trust level quality assurance of the programme	Targeted Annual Monitoring 2015/16

10	i. The Programme Team must develop a policy and set of procedures relating to the quality assurance of workplace training settings ii. The Programme Team must undertake a practice visit once the student has commenced clinical activity iii.The Programme Team must maintain full records of all practice inspection visits	Targeted Annual Monitoring 2015/16
13 & 14	i. The Programme Team must arrange for suitable external quality assurance of the programme. ii. The RCS Ed should consider undertaking greater external quality assurance of the programmes which lead to its final examinations iii. The RCS Ed must introduce a method of ensuring that an external examiner provides quality assurance of their final examinations	Targeted Annual Monitoring 2015/16
15	The Programme Team must ensure that it formally reviews the programme itself and responds to both internal and external monitoring.	Targeted Annual Monitoring 2015/16

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.		✓	
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		✓	
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		✓	
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	✓		
20. The provider should seek to improve student performance by encouraging reflection and by providing feedback[1]	✓		
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		✓	
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			✓
23. Assessment must be fair and undertaken against clear criteria. Standard setting must be employed for summative assessments		✓	
24. Where appropriate, patient/peer/customer feedback should contribute to the assessment process		✓	
25. Where possible, multiple samples of performance must be taken to ensure the validity and reliability of the assessment conclusion	✓		

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[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 Partly Met)*

The inspectors were unclear whether it was intended that every learning outcome within the GDC publication 'Preparing for Practice' should be covered solely in the programme or across the programme and final RCS Ed examination. It was not clear to what extent the final RCS Ed examinations were mapped to the GDC learning outcomes and this needs to be clarified. To ensure there was complete coverage in the programme, the Programme Lead had attempted to map the programme to the GDC learning outcomes, but with little time before the start of this year's intake to undertake the mapping, this had not been completely achieved.

Whilst the Programme Lead and the inspectors did not feel confident that the GDC learning outcome relating to radiation was covered this year, it was recognised that the students would have the required knowledge as a result of their prior employment and existing registration as dental nurses. The inspectors were therefore satisfied that there would not be a shortfall in the cohort's knowledge and skill set. Full mapping of the programme to the GDC learning outcomes needs to be undertaken for future cohorts though.

An initial attempt had been made by the Programme Lead to blue-print the assessments to the GDC learning outcomes which was commendable given the short space of time available since their appointment to the role. Most of the learning outcomes are assessed by more than one assessment type during the programme, which was positive as this should enable the Programme Team to triangulate performance results. The inspectors had difficulty in establishing where the results of the various School-based assessments held during the programme were formally reviewed and triangulated though. The inspectors were unable to locate an Assessment Policy which would clarify this. In view of the formative nature of the majority of these assessments, it was difficult to be certain how the Programme Team could assure themselves of attainment across each of the Learning Outcomes for each student.

In addition to regular tutorials with their trainers and informal discussions with members of the Programme Team, students have to attend two formal Progress Review Meetings, during which they discuss their progress with the Programme Lead and identify any areas they may be struggling with. These discussions help to ensure adequate support is arranged so that the student is likely to remain on target to satisfactorily complete the course. As long as the student has demonstrated satisfactory performance throughout the course, they are able to sit the final programme 'exit examinations'. The inspectors considered that the decision on what constitutes a 'satisfactory performance' and the process for approving entry to the exit examinations needs to be properly explained, documented and formalised. An examiners meeting is convened to discuss the results of the exit examinations and to agree on students progressing to the RCS Ed examinations. The inspectors saw no records of this meeting as it occurred after their programme inspection visit.

The entrance requirements for RCS Ed examination are:

- Evidence of completion of training signed by the Course Director
- Successful completion of a continuous assessment record in the form of a clinical log book.
- A practical experience certificate stating that at least nine months' full-time practical experience (or part-time equivalent) has been spent in exclusive orthodontic practice under supervision of a Registered Dentist who is on the General Dental Council's Orthodontic Specialist list
- Registration with the General Dental Council as a Dental Care Professional

The Programme Lead indicated that the RCS Ed requires a statement to be sent to them in February indicating that candidate is eligible to apply for the examination. The March Progress Review meeting confirms whether the candidate is eligible to apply for the exit and RCS Ed examinations and leads to the provision of the certificate, as per the RCS Ed sign up requirements.

The inspectors were unable to establish with any clarity what happens if a student fails the exit assessments, how many times they may re-sit and the time-frames for the re-sits. The Programme Team needs to formally document how they intend to deal with failing students, particularly in the case of students who need to re-sit the exit examinations and how the timings will impact on the sittings for the RCS Ed examinations.

The inspectors considered that there is an urgent need for the Programme Lead to produce to clear guidelines and processes detailing how and when a student is assessed, how their progress in terms of attainment of Learning Outcomes is formally reviewed and documented and how failing students are managed.

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)*

Students meet with their trainers on a weekly basis to discuss topics and their development. There is a set of list of 25 subject areas which need to be covered in tutorials over the course of the programme. Any issues which arise from the tutorials in terms of the students' progress are either dealt with locally, or, if need be, discussed with the Programme Team. The records of student activity in their practices and tutorials were good.

Students attend nine study days which are held in the School and this gives an opportunity for face to face discussions about their development and any training or assessment related concerns. As reported previously, students in the 2014-2015 cohort were very willing to speak openly with the Programme Team and as a result email and telephone contact was also readily used when needed. In addition, the Programme Lead was available for trainers to contact should the need arise, although there was no formal forum for discussions during the year. Given the importance of the role of the trainer in the development and training of the student, this is something the Programme Team is encouraged to consider introducing.

The Programme Lead conducts log book reviews four times during the course and this involves checking on the quantity and quality of the work undertaken by the student. There are also two formal Progress meetings between the Programme Lead and the student in December and March, which are documented and records of these are kept. The inspectors had sight of the paperwork relating to the log book reviews and the Progress meetings and were satisfied with them. It was not clear how a poor outcome to a Progress meeting would be dealt with and this requires some thought and formalisation of procedure.

There is central recording of School based assessment results, however the practice competence assessments are only recorded in the log books. The inspectors were informed that refinements to the assessment strategy and recording systems would be implemented next year in tandem with assessment blue-printing against each of the learning outcomes.

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)*

The inspectors considered that the GDC learning outcomes were assessed in full (notwithstanding the radiation learning outcome) and across a variety of assessment methods.

Whilst practising in the clinical environment, students complete a logbook consisting of fourteen clinical competencies, which must be observed and assessed a set number of times by their trainer. Students are able to decide when they undertake a competence assessment and they are advised to wait a couple of months before doing so, in order to build up their skills sufficiently. The grading scheme used by the RCS Ed in the final examinations has been adopted for the assessment of the clinical competencies and this consists of a 1-4 grading scale. From their reviews of the log books provided, the inspectors noted barely any incidences of 1's and 2's being awarded and it was therefore difficult to see any discernible progress by the students throughout the programme. The fact that students were not graded in the early weeks of their clinical activity was partly the reason for this but the inspectors felt that the grading scheme would benefit from being revised so that it discriminated more effectively.

During the programme students undertake a range of formative written and practical assignments in addition to written assessments, OSCEs and viva examinations. The assessments include written assignments, case presentations, SQA tests, typodont assessments, a spotter quiz, a multi-source feedback tool and a patient feedback questionnaire.

The use of the RCS Ed 1-4 grading scheme was not appropriate for each School-based assessment. The scheme does not, for example, provide relevant descriptors for the written assessments and it is difficult to give students constructive feedback. This grading scheme is also inappropriate for assessing certain outcomes on a typodont and in the OSCE. There was no evidence of standard setting and it was difficult to ascertain how a pass mark was determined for these assessments. It was also not clear whether students were encouraged to re-take assessments if they were initially unsuccessful in them.

The inspectors were slightly confused by the inclusion in the Assessment Blue-printing document of the multi-source feedback tool and patient feedback questionnaire, as other information provided suggested that these mechanisms did not contribute to the assessment of students. The inspectors recognised that the multi-source feedback tool and the patient feedback questionnaire were useful exercises to undertake, but they questioned their reliability and validity as formal assessment methods.

The two OSCE examinations held during the programme, whilst theoretically an effective way of assessing practical skills, were not educationally sound because they consisted of too few and sometimes inappropriate stations. For example, the first OSCE, which was held mid-way through the course, had as one of its stations a progress review meeting with the student. There needs to be significant revision to the content and structure of the OSCEs in future to ensure that they are producing reliable and valid outcomes.

Whilst supporting the desire within the programme to develop the assessment strategy and prepare the students fully for the final examinations, the inspectors felt that the Programme Team way wish to review the number and content of the assessments the students are required to complete. Appropriate grading schemes must be created for the assessments, which should all be double-marked.

The end of programme (exit) and end of core induction assessments are summative. It was noted that the exit assessments had been brought more in to line with the RCS Ed final examinations. The programme's exit assessment consisted of a standard set written assessment and final OSCE, both of which were 'double-marked'. It was difficult to understand how the OSCE was properly standard set given its content. It consisted of five stations, in two of these students were assessed on cephalometric tracing and a typodont exercise, in the other three stations, they presented their Case presentation undertook a General Viva type of assessment and a communication assessment

It was not entirely clear to the inspectors how the marks for the individual elements of the exit assessment were aggregated nor how the pass mark was established. This needs to be addressed. The inspectors noted with concern that a student with a 'small fail' may be able to pass. The establishment of a clear procedure for dealing with borderline students is essential.

The absence of a re-sit policy was also a concern. As mentioned in Requirement 16, there was no clear explanation provided as to how soon a student who failed their exit assessment would be able to re-sit and how exactly this would affect their access to the final RCS Ed examination.

The inspectors were assured that there would be full and ongoing monitoring and development of the assessments going forward and the Programme Team is encouraged to consider taking advice from an educational expert as part of this work. As mentioned in Requirement 16, the assessment framework needs careful review and must be underpinned by robust policies and procedures.

The final RCS Ed examination consists of three parts, a written component, consisting of two papers each of two hours' duration, a 30 minute Case Presentation and questioning examination and a 15 minute Structured Oral (Viva).

The inspectors considered that the written paper was a good assessment which had been appropriately standard set. The Case Presentations were marked by a global / intention mark. The RCS Ed should adopt a stricter and more sophisticated marking criteria with descriptors and key areas to mark on. Rules on prompting should also be created and used. There was a lack of appropriate standard setting for the Structured Oral, which was also marked with a global or intention mark, supported by extremely basic and variable note taking. The inspectors encourage the Royal College to carefully review the content of this part of the examination to ensure that the questions are appropriate and discriminate between high and low performing students. It was not clear to the inspectors the process used by the Royal College to monitor, quality assure or develop their assessments and this needs to be clarified.

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)*

Students are required to record in their log books the number and types of clinical procedures undertaken, as well as their competency assessment results. These are monitored on a weekly basis by their trainer and four times during the programme by the Programme Lead. Although

there was no central recording mechanism to reflect the clinical activity undertaken by the students, the meetings with the trainer and Programme Lead appear to be effective in identifying any actual or potential shortfall in clinical exposure.

The Programme Team checks, prior to offering a place on the course, that a training practice has sufficient Units of Orthodontic Activity to ensure the student will have exposure to adequate numbers and types of patients. The inspectors found no evidence of students lacking in exposure to treatment types but it would be advisable to formalise a process in the event of any future student lacking in exposure to a particular treatment approach.

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

The inspectors were impressed by the student reflections in the log books provided. It was clear that the students had developed a good understanding and culture of advancing continuous improvement. Students reflect on both their clinical and tutorial performance with continuous feedback given throughout the year. The inspectors observed student reflections and feedback from trainers on assessment sheets, records of tutorials and individual reflection sheets.

The patient assessments showed the feedback to be rather inconsistent in style and content from the trainers and the inspectors feel that this could be remedied by improving the trainers' guidance so that it reinforces best practice in feedback principles and delivery. Multi-source feedback from peers, patients and colleagues in practice provides additional, useful feedback to the student. Study days enable the Programme Lead to provide feedback to the students on their progress and students are also given general and personal feedback after every assessment. Students the inspectors spoke to were happy about the level and content of feedback they received and the inspectors felt the programme was performing well in this area.

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)*

The inspectors met with three trainers and were assured that they had a good understanding of their role as an assessor and were confident in their ability to provide fair and consistent assessment of their students. There was an assessment calibration exercise included in the Trainer training day, which although not all of the trainers from this year's cohort attended, will be mandatory in future. As mentioned previously, the calibration of assessment should be the focus of future training events. The inspectors also felt that going forward there needs to be guidance and policy documents indicating the desirability of trainers having examiner/ assessor expertise and educational training before taking on the role.

Those involved with the programme at the School were all appropriately skilled and experienced to carry out their role as assessors, as were the RCS Ed examiners. It was noted that training for the role of an RCS Ed examiner required attendance at a training day and observation of an examination prior to examining. There were no concerns about the registration status of any of the examiners or assessors.

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 Not Met)*

As reported in Standard 2, there was an absence of an external examiner for both the programme and the RCS Ed final examination. There were no reports provided to either the School or the RCS Ed reflecting on the assessment content, methods and processes they employ. This was disappointing and should be rectified as soon as possible.

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

As this has been reported on under Requirement 18, the narrative here will be brief so as not to repeat. The School has introduced standard setting but this needs to be applied formally to all summative assessments, with clear and relevant assessment criteria and the revision of grading descriptors and scale. There is a need for more continuity and cohesion across the assessment structure.

The RCS Ed written paper was appropriately standard set although the grading scale and descriptors would benefit from being refined. The inspectors were disappointed at the lack of clear marking criteria for the Case Presentation and Structure Oral examinations.

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

The inspectors noted that a Patient Satisfaction Survey had been introduced this year and students were obliged to collect 10 questionnaires after their December progress interview. The intention for future years is to undertake the surveys at the beginning, middle and end of the programme in order that students may see evidence of improvements across their training. As previously mentioned, a multi-source feedback tool was also used to gather feedback from colleagues within the practice.

As reported in Requirement 18, it was not clear whether these tools were being used within the assessment process to evaluate students' professionalism and this should be clarified by the Programme Team. They are considered to be appropriate tools for formative assessment.

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

Multiple samples of performance are taken on this programme, both within and outside of the clinical setting. There are 14 clinical competencies which students must be assessed on in practice and many of these need to be assessed a minimum of 10 times. Non-clinical competencies are also assessed in practice and via the School based assessments.

The mapping of the assessments to the learning outcomes reveal that most learning outcomes are assessed by more than one assessment method. Whilst there are improvements required to the assessments used on the programme, as described in Requirement 18, the range of methods used and the intensive assessment timetable within the programme, in addition to the RCS Ed final examination, provides assurance to the inspectors that this Requirement is met.

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 Met)*

Students are provided with a handbook which provides details of the 1-4 grading scheme and during discussions with the inspectors, they indicated that they were aware of the standard they should be achieving whilst in clinical practice.

The trainers with whom the inspectors met also appeared to be clear on the standard required and it was noted that the 1-4 grading scheme was also described in the Trainer Handbook. The inspectors were not completely assured that all trainers would have assessed in a standardised manner, although the limited mark scheme probably reduced the likelihood of inconsistent grades being given. The Programme Team should ensure that the use of a robust mark scheme calibration training exercises are prioritised for future cohorts.

Whilst neither the grading scheme, nor the approach to setting the pass mark were wholly sufficient for either the clinical competencies, or the other assessments taken during the programme, as commented on previously, the programme staff and students appeared to be clear on the required standard.

There needs to be greater clarity in the grading of the final examinations for the Case Presentations and Structured Oral and the documentation of standard setting and marking approaches for each assessment by both the Programme Team and the RCS Ed is strongly encouraged.

Actions		
No	Actions for the Provider	Due date
16	i. The Programme Team must ensure there is complete mapping of the learning outcomes in 'Preparing for Practice' to the programme learning outcomes

ii. The Programme Team must undertake full blue-printing of the assessments to the learning outcomes within 'Preparing for Practice'

iii. The Programme Team must create a clear Assessment policy and set of procedures which clearly explain how and when progress– related decisions will be made. There should be clear information detailing how and when a student is assessed and how their progress in terms of the learning outcomes is monitored and recorded. The process should include the formal triangulation of assessment results. There must be a clearly defined approach to the aggregation of marks, the review of examination results and decisions regarding progression through the course.

iv. The Programme Team must clearly document the management of students who fail an assessment. A distinction needs to be drawn between formative and summative assessments and it must address the scenario of an outright as opposed to a borderline fail. The impact of failing the exit assessments on sitting the final RCS Ed examinations must be explained. A re-sit policy and procedures is required, which clearly explains the number of re-sit attempts for the various types of assessment throughout the programme and the timings of the re-sits. | Targeted Annual Monitoring 2015/16 |

	iv. Clear records of all progress related discussions, meetings and decisions must be maintained.	
17	i.The Programme Team should consider establishing formal methods of communication with the trainers to discuss students' progress ii.The Programme Team should formalise the process for dealing with a unsatisfactory Progress Review Meeting iii.The Programme Team must introduce full centralised recording of the student's progress through the course	Targeted Annual Monitoring 2015/16
18 & 23	i. In developing the assessment framework, the Programme Team must evaluate the content, validity, reliability, number and status (formative or summative) of the programme assessments. ii. The marking scheme must be developed and expanded, so that it is appropriate to the assessment in question. There needs to be double-marking of all assessments and summative assessments must be properly standard set. These requirements need to be included in the Assessment Policy document. iii.The RCS Ed must review the marking and standard setting of the Case Presentation and Structured Oral elements of the final examination. iv. The RCS Ed must clarify how assessments are monitored, developed and quality assured	Targeted Annual Monitoring 2015/16
19	i.A process should be created which details how to address the situation where a student is lacking in exposure to a particular treatment or treatment approach.	Targeted Annual Monitoring 2015/16
20	i.The trainers' handbook should provide extra guidance on the provision of feedback, in order to ensure greater consistency across practices	Targeted Annual Monitoring 2015/16
21	i.The Programme Team should consider creating guidance to prospective students which reflects the desirability for trainers to have prior assessor experience and educational training. If this is not possible, this needs to be offered to prospective trainers by the School	Targeted Annual Monitoring 2015/16
22	i.The Programme Team must arrange for an external examiner to report on the assessment processes within the programme ii.The RCS Ed must arrange for an external examiner to report on the final examination	Targeted Annual Monitoring 2015/16

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		✓	
28. Staff will receive training on equality and diversity, development and appraisal mechanisms will include this	✓		
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	✓		

GDC comments

Requirement 27: Providers must adhere to current legislation and best practice guidance relating to equality and diversity *(Requirement Partly Met)*

The programme relies on the Trust policy on Equality and Diversity in Employment, which is up to date and relevant to members of staff who work within the Trust. Students are obliged to adhere to Trust policies, however it was not clear to the inspectors if the policy and processes contained within the Trust document would apply to students on this programme, as they are not necessarily employees of the Trust. Clarification on this should be provided and if need be a programme-specific policy should be created as a priority.

Requirement 28: Staff will receive training on equality and diversity, development and appraisal mechanisms will include this *(Requirement Met)*

Members of staff on the programme are all required to undertake regular Equality and Diversity training as part of their employment with the NHS. The students' trainers are all registered orthodontists and are subject to CQC inspection requirements, which include evidence of having undertaken recent training on Equality and Diversity. During the inspection, the inspectors were provided with training certificates for each of the current trainers and were assured that each had undertaken appropriate training recently. It is important that the provider regularly checks on this and should consider including this in their practice visit checklist.
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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 *(Requirement Met)*

Students undertake a thorough mandatory Trust e-learning package on Equality and Diversity and attend a lecture on Dental Public Health during the core induction programme. This exposes them to the significance of laws governing Equality and Diversity and the differences between legislation across different locations. The panel was pleased to note that this area was covered in some depth prior to the students undertaking clinical activity. The students complete an assignment on Equality and Diversity and they are also assessed on their own behaviours as part of the log book competency assessments and the peer multi-source-feedback mechanism within the practices.

Actions		
No	**Actions for the Provider**	**Due date**
27	The Programme Team must consider creating a programme-specific policy on Equality and Diversity.	Targeted Annual Monitoring 2015/16
28	The Programme Team must regularly monitor the uptake of training on Equality and Diversity by the workplace trainers.	Targeted Annual Monitoring 2015/16

Summary of Actions

Req. number	Action	Observations Response from Provider	Due date
1	The Programme Team should create a policy regarding competency attainment during the induction period which should contain a clearly defined approach to the management of struggling students	A formal pathway for a student who struggles during the core programme assessments (August) will form part of a DCP School policy for future cohorts. This policy will be made available to both students AND Trainer-Mentors. It will compromise additional targeted tuition during the 3 week core programme as well as feedback to the Trainer-Mentor on 'weak areas' that can be supported during the clinical placement that commences in September.	Targeted Annual Monitoring 2015/16
4	The Programme Team must ensure that all nominated individuals are provided with guidance on the supervision of students	For future cohorts we will advise that the nominated 'reserve' Trainer-Mentor for that clinical placement also attends Trainer Day sessions; such that they can be informed of their role in terms of supervision/assessment requirements	Targeted Annual Monitoring 2015/16
5	i. The Programme Team must ensure that a thorough training day is provided to and attended by all involved in the training and supervision of students. ii. The Programme Team should develop a handbook containing guidance on supervision and assessment for each of the practices in which a student is based	It will be made mandatory for supplementary supervisors to attend the Trainers Day. Grading and calibration of clinical assessments in the clinical placement environment will be covered in greater detail during the Trainers Day. The Trainer's Handbook will be modified to include and highlight the Trainer-Mentor's responsibilities as a supervisor and assessor; as well as specific guidance on supervision and assessment – this	Targeted Annual Monitoring 2015/16

		will supplement the existing learning agreement that is in place currently; this is 'signed off' by the programme director, student and Trainer-Mentor at the Trainers Day at the end of the 1 week induction programme in June. During the Trainers Day the Trainer-Mentor's duty to report on any patient safety and student fitness to practice concerns will be clearly high-lighted. This will be supplemented by a formal pathway and policy to guide the Trainer-Mentor. Additionally, these aspects will be included in the Trainer's Handbook	
6 & 7	The Programme must consider creating a programme specific 'Raising Concerns' policy and procedure	During the Trainers Day the Trainer-Mentor's duty to report on any patient safety and student fitness to practice concerns will be clearly high-lighted. This will be supplemented by a formal pathway and policy to guide the Trainer-Mentor. Additionally, these aspects will be included in the Trainer's Handbook During the 1 week induction programme (June) as part of the lecture 'Regulatory Functions of the GDC' the Programme will highlight a 'whistle-blowing' procedure and policy for the students in the eventuality a student raises concerns about their working environment (clinical placement) in terms of patient safety. Throughout the 1 week induction programme and 3 week core programme periods we will stress the Trust's whistle-blowing policy and duty of candour (in ALL clinical environments) such that	Targeted Annual Monitoring 2015/16

		students know how to raise concerns regarding their clinical working environment. We will cultivate a culture of openness such that they feel able to approach the DCP Education and Development Manager/Programme Director with any concerns and remind students that as existing GDC Registrants they do have a professional duty to raise concerns where necessary.	
9, 11, 13	i.The Programme Team must introduce a quality management framework for the programme. This must define when areas of the programme will be discussed, require thorough recording of all meetings and provide a clear pathway for the resolution of issues arising. ii.The Programme Team must develop quality management policies and procedures iii. The Programme Team must nominate an individual to cover for the programme lead in the event of their absence iv. The Programme Team should consider introducing both School and Trust level quality assurance of the programme	A quality management framework for the programme will be instigated such that at each of the 4 programme review meetings specific areas of the programme will be discussed: September: review of the induction and core weeks (content; lectures: mapping to curriculum and outcomes (RCS Edinburgh and GDC), practical exercises, student feedback; Trainer-Mentor feedback). November: review of assessments/assignments – mapping to curriculum and outcomes. Student progress (logbooks and support needs of programme and clinical placement) January: Student progress for application to RCS Edinburgh examination and May/June: review of internal assessments, examiner's report re: internal assessments AND QA report of the programme Each of these review meetings will be followed by a defined pathway to resolve any issues that arise. The November logbook review; the December progress interview and the January logbook review	Targeted Annual Monitoring 2015/16

| | | will be utilised to identify and document any operational/strategic issues within the clinical practice environment. Appropriate remedies will then be actioned in the form of a student specific individualised 'action plan', emails to the Trainer-Mentors and follow-up phone calls.

Additionally; mid-course inspections of a randomly selected 50% of the training placements will be conducted between December and February to ensure there are no issues of concern.

As of February 2016 the OT programme director role will be shared by 2 consultant orthodontists; both based at the University Dental Hospital.
The programme will introduce a QA review of the programme at School level and Trust level.

Additionally a consultant orthodontist who is also an examiner for the RCS Edinburgh diploma in orthodontic therapy examination has been appointed to QA the programme in its entirety and to act as the external examiner for the programme's final internal examination.

The programme fully supports the GDC's recommendation of closer interaction with the RCS Edinburgh and we look forward to the College embracing this; the programme will be requesting feedback from the College regarding overall performance of our programme's cohort of students and any improvements we can make. | |

10	i. The Programme Team must develop a policy and set of procedures relating to the quality assurance of workplace training settings ii. The Programme Team must undertake a practice visit once the student has commenced clinical activity iii. The Programme Team must maintain full records of all practice inspection visits	The programme currently undertakes an inspection of each clinical placement prior to the formal offer of a placement on the programme. This is supported by a procedural document (Practice Inspection Document) as well as a Quality and Governance Self Assessment Questionnaire. Additionally; CQC certification and supporting documentation is also viewed. The programme also conducts an additional mid-programme review of the practice clinical placements (supervision, access to patients, assessments). Full records of both the initial and interim inspections will be maintained.	Targeted Annual Monitoring 2015/16
13 & 14	i. The Programme Team must arrange for suitable external quality assurance of the programme. ii. The RCS Ed should consider undertaking greater external quality assurance of the programmes which lead to its final examinations iii. The RCS Ed must introduce a method of ensuring that an external examiner provides quality assurance of their final examinations	A consultant orthodontist who is also an examiner for the RCS Edinburgh diploma in orthodontic therapy examination has been appointed to QA the programme in its entirety and to act as the external examiner for the programme's final internal examination. The programme fully supports the GDC's recommendation of closer interaction with the RCS Edinburgh and we look forward to the College embracing this; the programme will be requesting feedback from the College regarding overall performance of our programme's cohort of students and any improvements we can make.	Targeted Annual Monitoring 2015/16

15	The Programme Team must ensure that it formally reviews the programme itself and responds to both internal and external monitoring.	Please see comments/observations for requirements 10, 11, 13 and 14.	Targeted Annual Monitoring 2015/16
16	i. The Programme Team must ensure there is complete mapping of the learning outcomes in 'Preparing for Practice' to the programme learning outcomes ii. The Programme Team must undertake full blue-printing of the assessments to the learning outcomes within 'Preparing for Practice' iii. The Programme Team must create a clear Assessment policy and set of procedures which clearly explain how and when progress– related decisions will be made. There should be clear information detailing how and when a student is assessed and how their progress in terms of the learning outcomes is monitored and recorded. The process should include the formal triangulation of assessment results. There must be a clearly defined approach to the aggregation of marks, the review of examination results and decisions regarding progression through the course. iv. The Programme Team must clearly document the management of students who fail an assessment. A distinction needs to be drawn between formative and summative assessments and it must address the scenario of an outright as opposed to a borderline fail. The impact of failing the exit assessments on sitting the final RCS Ed examinations must be explained. A re-sit policy and procedures is required, which clearly explains the number of re-sit attempts for the various	The programme will ensure there is complete mapping of the ILOs within 'Preparing for Practice' to the programme's ILOs. Evidence of prior learning and CPD for certain domains e.g radiation protection will be taken into account as we do not feel a 9 month training programme is best suited to re-visit certain areas which form part of the core verifiable CPD requirements for students who are also registrants. The programme will attempt to ensure blue-printing of assessments/assignments to the ILOs within 'Preparing for Practice'; with the understanding that the exit examination (RCS Edinburgh Diploma in Orthodontic Therapy) which qualifies the students to become GDC registered orthodontic therapists will fulfil all domains. The current assessments and logbook review time-table document details summative and formative assessments. Currently there are 2 summative assessments that allow progress; 1 at the end of the August core programme to allow continuation into the clinical placement and 1 at the end of the programme in May to allow the student to sit the 'exit' examination (RCS Edinburgh). Additionally; appropriate attainment of clinical experience and procedure competencies via the logbook allows progression between September and May.	Targeted Annual Monitoring 2015/16

	types of assessment throughout the programme and the timings of the re-sits. iv. Clear records of all progress related discussions, meetings and decisions must be maintained.	For the 2 summative assessments and periodic (3) logbook reviews the programme will clarify how and when progress related decisions are made. Clarification will be given regarding which ILOs are met by the summative assessments and which are made by the formative assessments. These will be recorded in an appropriate manner. Formal triangulation and where appropriate aggregation of results will be conducted for summative assessments. Results from the formative assessments will not determine progress; but feedback will be given to students. Examination results will be reviewed as follows: 1. On the day of the end of core programme summative assessment in August 2. On the day after the final summative internal examination in August – this will be informed by the examiner's meeting and input from the external examiner. A re-sit policy and procedure will be formulated and incorporated into both the Student and Trainer Handbooks. This will detail the process of management of students who fail an summative assessment, the number of re-sit attempts the student can undertake and the timings. Additionally the impact of failing the programme's final internal summative assessment on the eligibility to sit the RCS Edinburgh examinations will be clarified.	

		We will continue to maintain records of all progress related meeting and outcomes following summative assessments; logbook reviews and progress interviews.	
17	i.The Programme Team should consider establishing formal methods of communication with the trainers to discuss students' progress

ii.The Programme Team should formalise the process for dealing with a unsatisfactory Progress Review Meeting

iii.The Programme Team must introduce full centralised recording of the student's progress through the course | The programme will email Trainer-Mentors after summative assessments and logbook reviews/progress interviews to communicate students' progress. This will be supplemented by telephone conversations where appropriate and all communications will be recorded in students' personal files.
Where logbook reviews and/or progress meetings show unsatisfactory progress this will be formally recorded and communicated to appropriate parties along with a targeted, detailed action plan to manage any issues.

Centralised recording of student's progress has been established; this not only includes the results of summative and formative assessments but also the findings and outcomes of logbook reviews, the progress meeting and sign-up documentation. | Targeted Annual Monitoring 2015/16 |
| 18 & 23 | i. In developing the assessment framework, the Programme Team must evaluate the content, validity, reliability, number and status (formative or summative) of the programme assessments.

ii. The marking scheme must be developed and expanded, so that it is appropriate to the assessment in question. There needs to be double-marking of all assessments and summative assessments must be | The programme will clarify the number and status of the assessments – it will detail which assessments are summative and which formative. Additionally the impact on progress and the need for re-sit of each of the assessments will be detailed.

Due to repeated student feedback requesting written assessments; case presentation practice and viva practice in a similar framework to the RCS | Targeted Annual Monitoring 2015/16 |

properly standard set. These requirements need to be included in the Assessment Policy document. iii.The RCS Ed must review the marking and standard setting of the Case Presentation and Structured Oral elements of the final examination. iv. The RCS Ed must clarify how assessments are monitored, developed and quality assured	Edinburgh examination(s) – these assessment types will be maintained. The validity and reliability of any formative OSCEs and spotter quiz's will be reviewed and eliminated if deemed less than robust or inappropriate. Additionally, 2 written assignments per cohort will be maintained as a means of ensuring all ILOs are covered. The marking scheme for written assignments has been altered and developed to make it more appropriate for this type of assessment and to allow for transparent feedback – these assignments are now double-marked. The use of the RCS Ed 1-4 grading scheme will be maintained for case presentation vivas, general vivas and log book clinical competency grading, due to the fact that it mirrors the RCS Edinburgh marking scheme, Trainer-Mentors find it easy to utilise and they calibrate satisfactorily at the Trainers Day. Additionally Trainer-Mentors will be advised to start grading competencies from the outset – however we may still find the students score highly (3's and 4's) due to the familiarity with the clinical environment and the fact that they have completed a 3 week core programme consisting of multiple Typodont exercises simulating a significant proportion of the clinical procedures they will undertake in the clinical environment. Written assessments will continue be marked as per the RCS Edinburgh grading scheme of a pass mark of 36.	

		Summative assessments will be have standard setting AND be double-marked. Formative assessments will be double-marked (the shared Programme Director role will allow for this). The MSF and patient feedback questionnaires are being utilised as a means of formative assessment to allow students insight into their professionalism; patient interactions and peer review.	
19	i.A process should be created which details how to address the situation where a student is lacking in exposure to a particular treatment or treatment approach.	Trainer-Mentors are made aware of the types of logbook clinical procedures at the Trainers Day in June prior to the student commencing their clinical placement in September. This allows them to put into place inventory/procedural adjustments to allow for any potential shortfalls. The Trainers' Handbook will detail a process for a student to access any particular procedure that their clinical placement is unable to deliver.	Targeted Annual Monitoring 2015/16
20	i.The trainers' handbook should provide extra guidance on the provision of feedback, in order to ensure greater consistency across practices	The Trainers' Handbook will provide extra guidance on the provision of feedback, in order to ensure greater consistency across Trainer-Mentors.	Targeted Annual Monitoring 2015/16
21	i.The Programme Team should consider creating guidance to prospective students which reflects the desirability for trainers to have prior assessor experience and educational training. If this is not	The programme will modify the course application pack to advise prospective Trainer-Mentors for the desirability to have prior assessor experience and educational training. If necessary, the DCP school	Targeted Annual Monitoring 2015/16

	possible, this needs to be offered to prospective trainers by the School	will offer a suitable course to prospective Trainer-Mentors.	
22	i.The Programme Team must arrange for an external examiner to report on the assessment processes within the programme ii.The RCS Ed must arrange for an external examiner to report on the final examination	The programme has appointed an external examiner to report on the assessment processes within the programme; to be present on the day of the final internal examination and to feedback into the examiners meeting that will be conducted on the day. The programme supports the GDC recommendation that an external examiner should be appointed for the RCS Edinburgh Diploma in Orthodontic Therapy Examination.	N/A
27	The Programme Team must consider creating a programme-specific policy on Equality and Diversity.	As the students are students of the Trust (much in the same way as medical and dental students are during the clinical years of their respective programmes) as such the Trust policy then maps to the OT programme. The programme will make concerted efforts to formulate a programme-specific policy.	Targeted Annual Monitoring 2015/16
28	The Programme Team must regularly monitor the uptake of training on Equality and Diversity by the workplace trainers.	We will include sighting of Trainer-Mentors equality and diversity training within the Practice Inspection Document; and ensure this has been carried out within the last 12 months.	Targeted Annual Monitoring 2015/16

Observations from the provider on content of report

None provided

Recommendations to the GDC

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

The School must provide detailed information regarding how they have met, or are endeavouring to meet, the required actions set down in this report in 2015/16.