INSPECTION REPORT

Education provider/ Awarding Body:	**Delivered by: University of Central Lancashire Awarded by: Royal College of Surgeons (Edinburgh)**
Programme/Award:	**Diploma in Orthodontic Therapy**
Remit and purpose:	**Full inspection referencing the *Standards for Education* to determine approval of the award for the purpose of registration with the GDC as an Orthodontic Therapist**
Learning Outcomes:	***Preparing for Practice (Orthodontic Therapy)***
Programme inspection dates:	**8th and 9th November 2016**
Examination inspection dates:	**1st and 2nd June 2017**
Inspection panel:	**Katie Carter (Chair and Lay Member) Joanne Brindley (DCP Member) Alison Williams (Dentist Member)**
GDC Staff:	**James Marshall Rachael Mendel (programme inspection) Rick Bryan (exam inspection)**
Previous inspection (only if a re-inspection):	
Outcome:	**Recommended that the University of Central Lancashire Diploma in Orthodontic Therapy programme is sufficient for continued registration as an orthodontic therapist**

Inspection summary

The Diploma in Orthodontic Therapy programme is delivered at the University of Central Lancashire and awarded by the Royal College of Surgeons (Edinburgh). This is a one year programme, which requires all students to be registered with the GDC as either a dental nurse, hygienist or therapist.

The inspectors were of the view that this programme was student centered, with a dedicated and enthusiastic staff team, who were readily available to provide both academic and pastoral support to students.

The inspectors also noted the robust quality management framework, which is used to oversee all dental programmes within the School. The inspectors agreed that enabling students from a range of dental programmes to study together developed a graduate with a greater knowledge and understanding of the wider dental team.

The inspectors acknowledged that the orthodontic programme has only recently moved onto the *Leopard* system for recording clinical activity, however they agreed that robust and timely systems must be implemented to ensure struggling students are identified at the earliest opportunity in order to provide suitable support and remediation.

Background and overview of Qualification

Annual intake	8 students
Programme duration	52 weeks over 1 year
Format of programme	Modular Programme with three modules running concurrently, delivered over one year. Overall course load equates to 24 hrs/wk.
	Two week induction block for students including 2 day training for Mentors in June/July. Theoretical and lab based teaching. All competencies are practised and demonstrated to ensure students are safe to practise.
	Students return to practice to work as Student Orthodontic Therapist under supervision of Specialist Orthodontic Mentor for remainder of year.
	Three week intensive learning block in September.
	Five monthly study days Oct-Jan
	Five day learning block (Feb / Mar)

	End of year UCLan exams (April)
	Throughout the year, Students and Mentors are in regular contact with Course Team to support Students and Practices, map progress and ensure teaching and learning strategies are being met.
	Entered for Royal College of Surgeons Edinburgh final exam on satisfactory completion of taught elements, assessment components and clinical activity (May / June).
Number of providers delivering the programme	1

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

Standard 1 – Protecting patients			
Providers must be aware of their duty to protect the public. Providers must ensure that patient safety is paramount and care of patients is of an appropriate standard. Any risk to the safety of patients and their care by students must be minimised.			
Requirements	**Met**	**Partly met**	**Not met**
1. Students must provide patient care only when they have demonstrated adequate knowledge and skills. For clinical procedures, the student should be assessed as competent in the relevant skills at the levels required in the pre-clinical environments prior to treating patients.	✓		
2. Providers must have systems in place to inform patients that they may be treated by students and the possible implications of this. Patient agreement to treatment by a student must be obtained and recorded prior to treatment commencing.	✓		
3. Students must only provide patient care in an environment which is safe and appropriate. The provider must comply with relevant legislation and requirements regarding patient care, including equality and diversity, wherever treatment takes place.		✓	
4. When providing patient care and services, providers must ensure that students are supervised appropriately according to the activity and the student's stage of development.		✓	
5. Supervisors must be appropriately qualified and trained. This should include training in equality and diversity legislation relevant for the role. Clinical supervisors must have appropriate general or specialist registration with a UK regulatory body.	✓		
6. Providers must ensure that students and all those involved in the delivery of education and training are aware of their obligation to raise concerns if they identify any risks to patient safety and the need for candour when things go wrong. Providers should publish policies so that it is clear to all parities how concerns will be raised and how these concerns will be acted upon. Providers must support those who do raise concerns and provide assurance that staff and students will not be penalised for doing so.	✓		
7. Systems must be in place to identify and record issues that may affect patient safety. Should a patient safety issue arise, appropriate action must be taken by the provider and where necessary the relevant regulatory body should be notified.	✓		
8. Providers must have a student fitness to practise policy and apply as required. The content and significance of the student fitness to practise procedures must be conveyed to students and aligned to GDC Student Fitness to Practise Guidance.	✓		

Staff involved in the delivery of the programme should be familiar with the GDC Student Fitness to Practise Guidance. Providers must also ensure that the GDC's Standards for the Dental Team are embedded within student training.

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

The inspectors were informed that students undertaking this programme must be GDC registered dental nurses, hygienists or therapists as an entry requirement. When starting the programme, all students must attend a two-week induction block, during which theoretical and laboratory based teaching is delivered. As part of the induction period, students are prepared for clinical treatment of patients within the university's simulated clinical environment, where competency assessments are carried out on phantom heads. At the end of the initial induction, students are required to undertake a pre-clinical assessment to ensure they are safe and ready to treat patients in the clinical environment.

The inspectors were provided with evidence of the pre-clinical assessment marking criteria and examples of the assessments undertaken. In addition to this, the panel was provided with evidence of policies for supporting struggling students. The inspectors were informed that the pre-clinical gateway assessment was double marked and the School's External Advisor had involvement in the development of the assessment, to ensure it was appropriate. The panel was satisfied that, with the procedures in place, only students who were safe to treat patients would progress on to the clinical environment.

Requirement 2: Providers must have systems in place to inform patients that they may be treated by students and the possible implications of this. Patient agreement to treatment by a student must be obtained and recorded prior to treatment commencing. *(Requirement Met)*

The inspectors were informed that all practices where the orthodontic therapy students carry out patient treatment are required to have a notice clearly visible, informing patients that treatment may be carried out by a student. In addition to this, mentors are required to verbally inform, and gain written consent, from patients that part of their treatment will be carried out by a student orthodontic therapist. The panel was provided with evidence of consent forms and notice proforma that must be displayed, alongside the guidance provided to mentors. The inspectors also noted that all students were required to wear a name badge, which clearly states that they are a student orthodontic therapist at UCLAN.

Requirement 3: Students must only provide patient care in an environment which is safe and appropriate. The provider must comply with relevant legislation and requirements regarding patient care, including equality and diversity, wherever treatment takes place. *(Requirement Partly Met)*

The inspectors were provided with copies of all CQC reports for the placement practices, along with copies of the practice audit forms for visits that had been carried out, which lists all relevant practice policies to ensure students are providing patient care in a safe and appropriate environment.

The inspectors acknowledged that information supplied by aspirant training practices is scrutinised by the programme team prior to a student commencing the programme. However, they remained concerned that practice visits undertaken by programme staff do not always take place until well after the course has started, which would place a reliance on students raising issues with the School in this interim period. The inspectors agreed that the School must review its approach to reviewing practice placements and consider implementing an enhanced checking process for placements in advance of a student commencing the programme. The inspectors also agreed that the School should ensure placement visits take place at the earliest opportunity in order to minimise any risk to the students' learning experience.

Requirement 4: When providing patient care and services, providers must ensure that students are supervised appropriately according to the activity and the student's stage of development. *(Requirement Partly Met)*

The inspectors were satisfied that the student's clinical mentors were of a suitable calibre and with the appropriate registration status to carry out this role. The panel was also provided with copies of the School's policy on supervision and the Mentor Handbook, along with details of the mentor training days that take place at UCLAN.

The inspectors were informed that mentors should be supervising the student and patient at the beginning and end of each treatment, however, following discussions with the students and mentors it became apparent that this was not always a uniform approach, with a variance in how and when student supervision was undertaken in the clinical environment. While the inspectors did not see evidence of any patient safety incidents because of this issue, they agreed that it was a potential risk for patients, which must be addressed by the School. The panel agreed that the School must ensure there is a robust and consistent approach to student supervision in the clinical environment and this must be reinforced during the mentor training sessions.

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

The inspectors were provided with details of all the supervisors who are involved with the programme, which included details of their GDC registration status as orthodontic specialists.

The panel was informed that all mentors are required to attend a training day, in order to undertake this role. The inspectors were provided with details of the training day, which included training in teaching and assessment styles as well as a requirement to complete the UCLAN equality and diversity training package that all members of UCLAN staff must also undertake. The inspectors noted that mentors are only required to attend the training session once every three years and agreed that the School should consider whether it would be appropriate for mentors to receive training on an annual basis rather than just every three years.

Requirement 6: Providers must ensure that students and all those involved in the delivery of education and training are aware of their obligation to raise concerns if they identify any risks to patient safety and the need for candour when things go wrong. Providers should publish policies so that it is clear to all parties how concerns should

be raised and how these concerns will be acted upon. Providers must support those who do raise concerns and provide assurance that staff and students will not be penalised for doing so. *(Requirement Met)*

The panel was informed that students undertaking the orthodontic therapy programme are already GDC registrants, must abide the GDC Standards and are aware of their obligation to raise concerns. In addition to this, students are taught about the importance of raising concerns and the need for candour during the module 'ZZ0033 Communication, Professionalism, Management and Developing Others in Orthodontic Therapy'. The inspectors were satisfied that this teaching would ensure students are aware of their obligation to raise concerns.

The School utilises the Structure Event Reporting Form (SERF) system across its dental programmes. The SERF system is used for recording and monitoring any untoward events. The inspectors agreed it was good practice that the SERF system enabled the reporting of issues not only from within the UCLAN clinical environment, but also at the external practice placements. The inspectors were informed that this system has not yet been used for any orthodontic therapy students, however they were given evidence of the system working effectively for other student groups.

In addition to this, the inspectors saw evidence of the School's Whistleblowing Policy and the guidance given to the mentors, which detailed the responsibility of the supervisor to raise concerns when necessary.

Requirement 7: Systems must be in place to identify and record issues that may affect patient safety. Should a patient safety issue arise, appropriate action must be taken by the provider and where necessary the relevant regulatory body should be notified. *(Requirement Met)*

As noted in Requirement 6, the School utilises the Structured Event Reporting Form (SERF) system for recording any untoward incidents. The SERF system enables staff, students and patients to record any concerns, as well as areas of good practice, online. Untoward incidents are discussed during the regular course management meetings and where necessary, the issues are escalated up through the School's quality management framework.

Staff, students and mentors who undertake the work based assessments receive training within their inductions on how to use the SERF system. Additionally, an annual report is submitted to the Dental Academic Committee detailing the effectiveness of the system.

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

The inspectors were provided with copies of the University's Fitness to Practise Procedure and the School specific Fitness to Practise Procedure for Dental Professional Courses. While the School has not yet needed to utilise these procedures for orthodontic therapy students, the panel was provided with evidence of the procedures being used for other dental programmes and were satisfied that they would be effective for the orthodontic therapy programme.

The inspectors were provided with evidence that the GDC's Standard for the Dental Team were embedded within the programme and were pleased to note that topics such as the awareness of professionalism and the use of social media were covered at an early point during the programme, notably within the module 'ZZ0033 Communication, Professionalism, Management and Developing Others in Orthodontic Therapy'. The inspectors were pleased to note the students had a clear understanding of their role as a dental professional.

Actions

No	Actions for the Provider	Due date
3	The School must review its approach to reviewing practice placements and consider implementing an enhanced checking process for placements in advance of a student commencing the programme.	Update required in 2018 Annual Monitoring
3	The School should ensure placement visits take place at the earliest opportunity in order to minimise any risk to the students' learning experience.	Update required in 2018 Annual Monitoring
4	The School must ensure there is a robust and consistent approach to student supervision in the clinical environment and this must be reinforced during the mentor training sessions.	Update required in 2018 Annual Monitoring
5	The School should consider whether it would be appropriate for mentors to receive training on an annual basis rather than just every three years.	Update required in 2018 Annual Monitoring

Standard 2 – Quality evaluation and review of the programme The provider must have in place effective policy and procedures for the monitoring and review of the programme.			
Requirements	**Met**	**Partly met**	**Not met**
9. The provider must have a framework in place that details how it manages the quality of the programme which includes making appropriate changes to ensure the curriculum continues to map across to the latest GDC outcomes and adapts to changing legislation and external guidance. There must be a clear statement about where responsibility lies for this function.		✓	
10. Any concerns identified through the Quality Management framework, including internal and external reports relating to quality, must be addressed as soon as possible and the GDC notified of serious threats to students achieving the learning outcomes.		✓	
11. Programmes must be subject to rigorous internal and external quality assurance procedures. External quality assurance should include the use of external examiners, who should be familiar with the GDC learning outcomes and their context and QAA guidelines should be followed where applicable. Patient and/or customer feedback must be collected and used to inform programme development.	✓		
12. The provider must have effective systems in place to quality assure placements where students deliver treatment to ensure that patient care and student assessment across all locations meets these Standards. The quality assurance systems should include the regular collection of student and patient feedback relating to placements.		✓	

GDC comments
Requirement 9: The provider must have a framework in place that details how it manages the quality of the programme which includes making appropriate changes to ensure the curriculum continues to map across to the latest GDC outcomes and adapts to changing legislation and external guidance. There must be a clear statement about where responsibility lies for this function. *(Requirement Partly Met)* The inspectors were informed that overall responsibility for the quality management of the orthodontic therapy programme lies with the Head of Dentistry at UCLAN and were provided with details of the framework that is in place for ensuring quality management is handled appropriately. Day-to-day running of the programme is dealt with via the Orthodontic Therapy Management Group, which then feeds into the Undergraduate Dental Course Management Committee. The panel was informed that QA management is a standing item on the agenda of this committee. Any issues arising from the Undergraduate Dental Course Management Committee are escalated to the Dental Academic Committee and subsequently the College Executive Committee. The inspectors were provided with evidence of Course Leaders' reports and Head

of School reports, along with committee meeting minutes for the programme, which assured the panel that the framework in place was appropriate.

The inspectors were concerned that documentation provided by the Royal College of Surgeons (Edinburgh) to the panel and programme staff did not appear to be up to date. Specific reference was made in the RCS (Edin) regulations that an exam board would take place. However, when querying this with RCS (Edin) staff, the inspectors were informed that this is an out of date reference, with the exam board function being undertaken by quality assurance staff at the RCS (Edin), prior to students being informed of their marks. The inspectors agreed that the RCS (Edin) must ensure all guidance documentation and regulations are up to date and accurate.

Requirement 10: Any concerns identified through the Quality Management framework, including internal and external reports relating to quality, must be addressed as soon as possible and the GDC notified of serious threats to students achieving the learning outcomes. *(Requirement Met)*

The panel was satisfied that, as noted in Requirement 9, there is a clear quality management framework in place that would ensure any concerns identified with the programme would be addressed as soon as possible. The inspectors noted that, should any issues arise that would lead to a serious threat to students achieving the learning outcomes, there is a mechanism in place through the College Executive Committee where the GDC would be notified, via the Principal Lecturer for Undergraduate Programmes. In the event that such action is required, the risk would be placed on the School Risk Register, a copy of which the inspectors had sight of.

The inspectors were provided with evidence in the form of both internal and external reports that demonstrated how these would be used to raise any concerns with the running of the programme. These reports included the Course Leader Report, Head of School Report, External Examiner Report and minutes of meetings from within the quality management framework.

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

The panel was informed that while External Examiners are not formally required for the programme as the exit qualification is awarded by the RCS (Edin), the School has retained the use of External Examiners (known as external advisors for this programme) in an advisory role during the delivery of the programme, which the inspectors considered good practice. The inspectors saw evidence of External Advisor reports along with correspondence between the School and the External Advisors.

The School also utilises the Staff Student Liaison Committee (SSLC) meetings as a forum for raising concerns from students. All SSLC meetings have minutes taken, which are circulated to students on the programme and the course team. The inspectors noted that following feedback raised by the students regarding the arrangement of the teaching blocks at UCLAN, the School acted on this and changed the timings of the teaching blocks to ensure they were more convenient for the students, who have a limited amount of time at the School throughout the course.

The programme is also subject to a range of University specific reviews within the quality management framework, including: five-year periodic review; annual monitoring review; annual course leader report, and the annual Head of School report.

The inspectors noted that there was a lack of patient feedback used to inform the development of the programme. The School acknowledged the concerns of the inspectors, noting the difficulty they have faced in utilising patient feedback whilst still retaining patient confidentiality. While acknowledging the difficulties faced by many dental education programmes in obtaining useful patient feedback, the panel agreed that the School must make attempts to develop and robust and workable system for utilising patient feedback to inform the development of the programme.

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

As noted in Requirement 3, the inspectors were concerned that the system currently used to quality assure placements towards the beginning of the programme was not sufficiently robust as a significant amount of reliance is placed on the student raising concerns with their placement, prior to a physical visit from a member of programme staff. The inspectors agreed that the School must ensure placement visits are carried out at the earliest opportunity to ensure risks to the student learning experience are minimised.

Aside from the concern relating to early placement visits, the inspectors were satisfied that the School had a robust system in place to quality assure placements and were provided with a copy of the School's policy for ensuring this. The inspectors were also provided with copies of the School's Practice Placement Audit Template and Practice Visit Template, which are used to record and monitor the suitability and effectiveness of the placements.

The inspectors were also satisfied that, should any issues arise during the placements, there were adequate mechanisms in place to ensure students were able to raise concerns. The panel was informed that students are able to raise issues directly with their tutors, or via the student liaison committee.

Actions		
No	**Actions for the Provider**	**Due date**
9	The RCS (Edin) must ensure all guidance documentation and regulations are up to date and accurate.	Update required in 2018 Annual Monitoring
11	The School must make attempts to develop and robust and workable system for utilising patient feedback to inform the development of the programme.	Update required in 2018 Annual Monitoring
12	The School must ensure placement visits are carried out at the earliest opportunity to ensure risks to the student learning experience are minimised.	Update required in 2018 Annual Monitoring

Standard 3– Student assessment			
Assessment must be reliable and valid. The choice of assessment method must be appropriate to demonstrate achievement of the GDC learning outcomes. Assessors must be fit to perform the assessment task.			
Requirements	**Met**	**Partly met**	**Not met**
13. To award the qualification, providers must be assured that students have demonstrated attainment across the full range of learning outcomes, and that they are fit to practise at the level of a safe beginner. Evidence must be provided that demonstrates this assurance, which should be supported by a coherent approach to the principles of assessment referred to in these standards.		✓	
14. The provider must have in place management systems to plan, monitor and centrally record the assessment of students, including the monitoring of clinical and/or technical experience, throughout the programme against each of the learning outcomes.		✓	
15. Students must have exposure to an appropriate breadth of patients and procedures and should undertake each activity relating to patient care on sufficient occasions to enable them to develop the skills and the level of competency to achieve the relevant learning outcomes.		✓	
16. Providers must demonstrate that assessments are fit for purpose and deliver results which are valid and reliable. The methods of assessment used must be appropriate to the learning outcomes, in line with current and best practice and be routinely monitored, quality assured and developed.		✓	
17. Assessment must utilise feedback collected from a variety of sources, which should include other members of the dental team, peers, patients and/or customers.			✓
18. The provider must support students to improve their performance by providing regular feedback and by encouraging students to reflect on their practice.	✓		
19. Examiners/assessors must have appropriate skills, experience and training to undertake the task of assessment, including appropriate general or specialist registration with a UK regulatory body. Examiners/assessors should have received training in equality and diversity relevant for their role.		✓	
20. Providers must ask external examiners to report on the extent to which assessment processes are rigorous, set at the correct standard, ensure equity of treatment for students and have been fairly conducted. The responsibilities of the external examiners must be clearly documented.		✓	
21. Assessment must be fair and undertaken against clear criteria. The standard expected of students in each area		✓	

to be assessed must be clear and students and staff
involved in assessment must be aware of this standard.
An appropriate standard setting process must be
employed for summative assessments.

GDC comments

Requirement 13: To award the qualification, providers must be assured that students have demonstrated attainment across the full range of learning outcomes, and that they are fit to practise at the level of a safe beginner. Evidence must be provided that demonstrates this assurance, which should be supported by a coherent approach to the principles of assessment referred to in these standards. *(Requirement Partly Met)*

During the programme inspection, the inspectors scrutinised the module descriptors for the orthodontic therapy course and, on the whole, were satisfied that students completing the programme would be able to demonstrate attainment across the full range of learning outcomes and that they were fit to practise at the level of a safe beginner. The inspectors did, however, raise concerns that certain learning outcomes were not referred to in any module descriptor and some of the module assessments were different from those stated.

These concerns were raised with the programme team and it was identified that old versions of the module descriptors had been provided to the inspectors and during the examination inspection, the panel was provided with up to date versions of the documents, which included all required learning outcomes. The inspectors agreed that the School must ensure all module descriptors are accurate and contemporaneous to ensure all stakeholders involved in the programme are aware of what is required of them.

As part of the assessment process for this programme, students are required to complete a number of direct observed procedures (DOPs) during their practice placement. The inspectors had concerns about a number of aspects of this assessment process, including a lack of evidence to demonstrate that mentors were using the same approach to assessment and a lack of clarity over the required number of DOPs that a student must complete.

The inspectors were concerned that mentors were not given sufficient opportunity to undertake effective calibration training in order to fully grasp the requirements of this method of assessment. The panel noted that the main method of mentor calibration involved a discussion over clinical photos between programme staff and the mentor, which the inspectors felt was insufficient. The inspectors agreed that the School must incorporate robust and effective calibration training as a cornerstone of the mentor training sessions.

Furthermore, the inspectors were concerned by the absence of clear criteria for assessing competence in DOPs. The School utilises a numerical marking system for the DOPs, however there was a lack of clarity as to whether a student must achieve a grade 4 (competent) in each element of the DOP, or whether completing the DOP, regardless of the grade, would be sufficient to progress on to the next piece of work. The inspectors agreed that the School must review the programme assessment strategy and marking criteria to ensure all stakeholders have a clear understanding of what is required when undertaking or marking the DOPs.

Requirement 14: The provider must have in place management systems to plan, monitor and centrally record the assessment of students, including the monitoring of clinical

and/or technical experience, throughout the programme against each of the learning outcomes. *(Requirement Partly Met)*

The inspectors were informed that the School uses an online monitoring system called *Leopard* for recording student clinical progression for all its dental programmes, however the orthodontic therapy programme has only recently started using the system. At the time of the programme inspection, the inspectors were informed that this was the first year of using the Leopard system and there had been some confusion amongst mentors over how and when Leopard should be used in place of the paper log books.

Additionally, during the programme inspection, the inspectors had an opportunity to scrutinise the data in Leopard and were concerned that there was a lack of consistency in the recording of clinical data across the student cohort. The inspectors noted that there was variance in the frequency with which individual student's clinical experience was logged and when this was raised with the programme team, the inspectors were informed that student experience was audited every six months. The panel agreed that for a programme that is one year in duration, this would be insufficient to identify failing students and provide suitable support and remediation systems in place.

Furthermore, the inspectors were informed that student paper log books were checked during every visit to the School, however, when the panel reviewed the log books, they identified a number of instances where mentors had not marked or signed off clinical experience. The inspectors requested up to date data for the log books and Leopard system in time for the exam inspection, which was duly provided and deemed to be of a satisfactory standard. The inspectors agreed that in future, the School must ensure all clinical data is recorded and checked in a timely fashion.

Requirement 15: Students must have exposure to an appropriate breadth of patients/procedures and should undertake each activity relating to patient care on sufficient occasions to enable them to develop the skills and the level of competency to achieve the relevant GDC learning outcomes. *(Requirement Partly Met)*

As noted in Requirement 14, the inspectors were initially concerned that due to the lack of data available on student performance, they may not be able to be fully satisfied that the students had achieved an appropriate breadth of patient experience. However, during the exam inspection the panel reviewed this data and was satisfied that students would be able to demonstrate exposure to an appropriate breadth using the School's monitoring systems.

During the inspection, the panel was informed that the School uses a numerical 1-6 marking system to demonstrate competency, where a grade of 1 is poor and a grade of 6 is excellent. The inspectors also noted that, while there is a 1-6 grading system, in reality only grades 2-4 are generally used, leading the inspectors to question why the marking system wasn't being utilised to its fullest potential to make it more meaningful and able to show student progression more effectively. The inspectors agreed that in future, the School must review the competency grading system to ascertain whether it is fit for purpose.

Requirement 16: Providers must demonstrate that assessments are fit for purpose and deliver results which are valid and reliable. The methods of assessment used must be appropriate to the learning outcomes, in line with current and best practice and be routinely monitored, quality assured and developed. (*Requirement Partly Met*)

The inspectors were informed that a range of assessment methods are used during the orthodontic therapy programme, these include: written assignments; oral examinations; case

presentations; DOPs; and the portfolio of experience. The inspectors were satisfied that the assessments used, and referenced in the GDC Annex 2 Learning Outcome document, were appropriate. The inspectors were satisfied that by retaining the services of the External Advisor, assessment methods were able to be suitably quality assured and developed.

While the inspectors were satisfied with the assessments used, as noted in Requirement 13, they were concerned that due to out of date module descriptors being in circulation, assessments and / or Learning Outcomes could be missed if not all parties have access to final versions of the descriptors. The panel acknowledged that updated versions of the descriptors were available during the exam inspection, however they agreed that in future, the School must ensure all documentation is up to date and accurate with all Learning Outcomes and assessments. In the event that alterations are made to the module descriptors, all stakeholders must be informed of these changes.

Requirement 17: Assessment must utilise feedback collected from a variety of sources, which should include other members of the dental team, peers, patients and/or customers. *(Requirement Not Met)*

The panel was informed that practices collect feedback from patients on a regular basis by way of the Patient Satisfaction Surveys and peer feedback is collected through the Staff Student Liaison Committee Meetings. While the inspectors acknowledged the benefit of collecting this information to feed into the development of the programme, they were concerned that these feedback mechanisms would have a limited impact on the assessment process as the data received from the Patient Satisfaction Survey would be anonymous and the feedback from the SSLC is very generic. The inspectors agreed that the School must develop a robust system for ensure feedback is utilised in the assessment process.

Requirement 18: The provider must support students to improve their performance by providing regular feedback and by encouraging students to reflect on their practice. *(Requirement Met)*

The inspectors were pleased to note that, following the programme inspection, the School has implemented a regular Portfolio Feedback session with each student when they attend their study days at UCLAN. These sessions allow the School to monitor the students' performance on a regular basis and provide advice and guidance to the student on their progression through the programme.

In addition to this, during the Portfolio Feedback sessions, students are encouraged to reflect on their performance, with particular reference to reflecting on the marks they have been receiving for clinical procedures. The inspectors were satisfied that students were provided with sufficient opportunities to reflect on their performance throughout the programme.

Requirement 19: Examiners/assessors must have appropriate skills, experience and training to undertake the task of assessment, including appropriate general or specialist registration with a UK regulatory body. Examiners/ assessors should have received training in equality and diversity relevant for their role. *(Requirement Partly Met)*

The inspectors were provided with evidence of the UCLAN examiners, who oversee the assessment process up to the final examination, which is managed by the RCS (Edin). The panel had sight of staff qualifications, experience, training, registration status and evidence of having undertaken equality and diversity training, via the University's iTrent training system.

The inspectors were satisfied that the examiners were suitable to undertake the task of assessment.

The inspectors noted that the RCS (Edin) examiners were required to undertake mandatory training which must take place at least every five years. This training is generic for all RCS (Edin) assessors and covers topics such as; standard setting; RCS (Edin) policies and procedures; and equality and diversity.

As noted in Requirement 13, the inspectors were concerned that the training provided to the mentors, who have a role in the assessment of students in the workplace, was not sufficiently robust, especially with relation to the calibration of the mentors. As a result of this, the inspectors agreed that the School must incorporate robust and effective calibration training as a cornerstone of the mentor training sessions.

Requirement 20: Providers must ask external examiners to report on the extent to which assessment processes are rigorous, set at the correct standard, ensure equity of treatment for students and have been fairly conducted. The responsibilities of the external examiners must be clearly documented. (*Requirement Partly Met*)

As noted in Requirement 11, the inspectors agreed it was good practice that the School has retained the use of an External Examiner (known as the External Advisor for this programme) to provide a quality assurance role for the programme up to the point of the RCS (Edin) final examination. The panel was provided with evidence of correspondence between the School and the External Advisor, along with External Advisor reports on the content and quality of the assessments. In addition to this, the inspectors were provided with copies of the UCLAN External Examiners Policy and evidence of the School mapping the programme to the RCS (Edin) Standards.

The inspectors noted that while the School utilises an External Advisor, there appeared to be a lack of external oversight of the final RCS (Edin) examination, with no evidence of the final assessment being reviewed or quality assured by an external party. The panel agreed that the RCS (Edin) must incorporate external oversight into the assessment process for the final examination of the orthodontic therapy programme.

**Requirement 21: Assessment must be fair and undertaken against clear criteria. The standard expected of students in each area to be assessed must be clear and students and staff involved in assessment must be aware of this standard. An appropriate standard setting process must be employed for summative assessments. (*Requirement Partly Met)*

During the inspection, the panel was provided with evidence of the School's Assessment Handbook, Student Handbook and Mentor Handbook, which provided comprehensive information on the programme. The inspectors agreed that based on the information provided to staff and students should have a clear understanding of the standard expected in each of the areas to be assessed.

The inspectors were, however, concerned that there appeared to be a lack of consistency in the approach taken when students were assessed as part of the final RCS (Edin) examination. During the exam inspection, the panel noted a range of questioning styles used with students, which caused the inspectors concern that students may not be receiving an equitable experience during the assessment process. In addition to this, the inspectors noted that some students received pre-exam instructions that they could bring a copy of their case presentation with notes in to the exam, while other students were not informed of this, which potentially

created an unfair environment. The inspectors agreed that the RCS (Edin) must ensure guidance on the assessment process is provided to all examiners involved in the orthodontic therapy exam.

Actions		
No	**Actions for the Provider**	**Due date**
13	The School must ensure all module descriptors are accurate and contemporaneous to ensure all stakeholders involved in the programme are aware of what is required of them.	Update required in 2018 Annual Monitoring
13	The School must incorporate robust and effective calibration training as a cornerstone of the mentor training sessions.	Update required in 2018 Annual Monitoring
13	The School must review the programme assessment strategy and marking criteria to ensure all stakeholders have a clear understanding of what is required when undertaking or marking the DOPs.	Update required in 2018 Annual Monitoring
14	The School must ensure all clinical data is recorded and checked in a timely fashion.	Update required in 2018 Annual Monitoring
15	The School must review the competency grading system to ascertain whether it is fit for purpose.	Update required in 2018 Annual Monitoring
16	The School must ensure all documentation is up to date and accurate with all Learning Outcomes and assessments. In the event that alterations are made to the module descriptors, all stakeholders must be informed of these changes.	Update required in 2018 Annual Monitoring
17	The School must develop a robust system for ensure feedback is utilised in the assessment process.	Update required in 2018 Annual Monitoring
19	The School must incorporate robust and effective calibration training as a cornerstone of the mentor training sessions.	Update required in 2018 Annual Monitoring
20	The panel agreed that the RCS (Edin) must incorporate external oversight into the assessment process for the final examination of the orthodontic therapy programme.	Update required in 2018 Annual Monitoring
21	The RCS (Edin) must ensure guidance on the assessment process is provided to all examiners involved in the orthodontic therapy exam.	Update required in 2018 Annual Monitoring

Summary of Actions

Req. number	Action	Observations **Response from Provider**	Due date
3	The School must review its approach to reviewing practice placements and consider implementing an enhanced checking process for placements in advance of a student commencing the programme.	All placements have to produce evidence of positive reports by CQC as well as the practice completing an extensive check list prior to the student offer of a place on the course. We will stress with the Mentors that the purpose of this checklist is for them to guarantee, to UCLan they are compliant with all relevant GDC standards	Update required in 2018 Annual Monitoring
3	The School should ensure placement visits take place at the earliest opportunity in order to minimise any risk to the students' learning experience.	The School will ensure that placements are visited as early as possible to ensure that the students learning experience can be observed and assessed.	Update required in 2018 Annual Monitoring
4	The School must ensure there is a robust and consistent approach to student supervision in the clinical environment and this must be reinforced during the mentor training sessions.	The mentor training sessions will be made mandatory. Training in student supervision and assessment will form part of this training. The School Assessment Lead will contribute to this training. The mentors will be made aware of their responsibility to guarantee the supervision of the students in accordance with UCLan standards, as failure to do so would raise concerns about patient safety and risk Fitness to Practice proceedings.	Update required in 2018 Annual Monitoring
5	The School should consider whether it would be appropriate for mentors to receive training on an annual basis rather than just every three years.	The School will ensure that attendance at the annual training sessions are mandatory for all mentors.	Update required in 2018 Annual Monitoring

9	The RCS (Edin) must ensure all guidance documentation and regulations are up to date and accurate.	Response required from RCS (Edin)	Update required in 2018 Annual Monitoring
11	The School must make attempts to develop and robust and workable system for utilising patient feedback to inform the development of the programme.	Patient feedback will be captured in the Annual Course Report which will feed into curriculum review as part of the UCLan Annual Monitoring process.	Update required in 2018 Annual Monitoring
12	The School must ensure placement visits are carried out at the earliest opportunity to ensure risks to the student learning experience are minimised.	The School will ensure that placement visits are carried out at the earliest opportunity to ensure any risks to the student learning experience can be assessed and mitigated.	Update required in 2018 Annual Monitoring
13	The School must ensure all module descriptors are accurate and contemporaneous to ensure all stakeholders involved in the programme are aware of what is required of them.	The School will ensure that all module descriptors in the student handbooks and on Blackboard are accurate and contemporaneous. Every effort will be made to remove any older versions from the University system.	Update required in 2018 Annual Monitoring
13	The School must incorporate robust and effective calibration training as a cornerstone of the mentor training sessions.	The current calibration training for mentors will be reviewed and re-enforced. The School Assessment Lead will be involved with this.	Update required in 2018 Annual Monitoring
13	The School must review the programme assessment strategy and marking criteria to ensure all stakeholders have a clear understanding of what is required when undertaking or marking the DOPs.	The School Assessment Lead will review the assessment strategy of the course to ensure compliance with School Policy.	Update required in 2018 Annual Monitoring
14	The School must ensure all clinical data is recorded and checked in a timely fashion.	The School Assessment Lead will review the assessment strategy of the course to ensure compliance with School Policy.	Update required in 2018 Annual Monitoring
15	The School must review the competency grading system to ascertain whether it is fit for purpose.	The School will ensure that all students and mentors are aware of their professional responsibility for ensuring all clinical data is recorded and checked in a timely manner.	Update required in 2018 Annual Monitoring

16	The School must ensure all documentation is up to date and accurate with all Learning Outcomes and assessments. In the event that alterations are made to the module descriptors, all stakeholders must be informed of these changes.	The School complies with the University's QA policy which fulfils these requirements.	Update required in 2018 Annual Monitoring
17	The School must develop a robust system for ensure feedback is utilised in the assessment process.	All feedback including patient feedback will form part of the assessment of each student's reflective log.	Update required in 2018 Annual Monitoring
19	The School must incorporate robust and effective calibration training as a cornerstone of the mentor training sessions.	The current calibration training for mentors will be reviewed and re-enforced. The School Assessment Lead will be involved with this.	Update required in 2018 Annual Monitoring
20	The panel agreed that the RCS (Edin) must incorporate external oversight into the assessment process for the final examination of the orthodontic therapy programme.	Response required from RCS (Edin)	Update required in 2018 Annual Monitoring
21	The RCS (Edin) must ensure guidance on the assessment process is provided to all examiners involved in the orthodontic therapy exam.	Response required from RCS (Edin)	Update required in 2018 Annual Monitoring

Observations from the provider on content of report

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 2018.

ANNEX ONE

Inspection purpose and process

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

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

3. The GDC document '*Standards for Education*' 2nd edition[1] is the framework used to evaluate qualifications. There are 21 Requirements in three distinct Standards, against which each qualification is assessed.

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

A Requirement is **met** if:

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

A Requirement is **partly met** if:

"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

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

plan from the provider. The consequences of not meeting a Requirement in terms of the overall sufficiency of a programme will depend upon the compliance of the provider across the range of Requirements and the possible implications for public protection"

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

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

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