

**Education Quality Assurance Inspection Report**

Education Provider/Awarding Body	Programme/Award	Inspection Dates
Edinburgh Dental Institute	Diploma in Orthodontic Therapy	27-28 January 2020

Outcome of Inspection	Recommended that the Diploma continues to be approved for the graduating cohort to register as Orthodontic Therapists.
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## Inspection summary

Remit and purpose of inspection:	Inspection referencing the <i>Standards for Education</i> to determine approval of the award for the purpose of registration with the GDC as an Orthodontic Therapist.
Learning Outcomes:	<i>Preparing for Practice (Orthodontic Therapy)</i>
Programme inspection date(s):	27-28 January 2020
Examination inspection date(s):	26-27 November 2020
Inspection panel:	Kim Tolley (Chair and Non-registrant Member) Baldeesh Chana (DCP Member) Richard Cure (Dentist Member) Barbara Chadwick (Dentist Member)
GDC Staff:	Scott Wollaston James Marshall

## Inspection Summary

During the inspection, the panel found that there was a strong channel of communication between the students and the programme lead. The students were very complimentary about the level of support and guidance they received from her. The students are encouraged to have ownership over their own work. The institute monitors their progression closely through one to ones with the students and checking their packs during the one day a month spent at the school.

The good lines of communication were also evident between the workplace trainers and the institute. The institute runs a train the trainer session at the start of the course and conducts thorough inspections of the practices before recruiting the students onto the course. The trainers also come into the school with their students halfway through the year to calibrate. The workplace trainers told us that they also have set up their own support network between themselves to ensure consistency and raise any queries amongst their peers. We were pleased with the level of information provided to us before and during the inspection. Information was clearly labelled and in folders ready for our review when we arrived. The programme leads were open and honest during the inspection and were receptive to our comments and suggestions.

**During the inspection process, it was identified that one of the panel members had taken on the role as External Verifier for Edinburgh Dental Institute's Orthodontic Therapy programme. The role was undertaken after the site visit was carried out in January 2020, but before the inspection process was finalised. Following consultation with the GDC's In-house Legal Advisory Service; to mitigate against any conflict of interest and to protect the integrity of the inspection process, this report and the supplementary evidence provided by the school has been independently reviewed by an additional Education Associate, not connected to the programme or inspection. That Education Associate ratified the original panel's findings.**

## Background and overview of Qualification

Annual intake	8 students
Programme duration	1 year
Format of programme	<ul style="list-style-type: none"><li>• 4 weeks Education Centre based classroom-based education with CSR and Clinical activities</li><li>• 11 months in practice training under direct supervision of approved Specialist Orthodontist underpinned by monthly Education Centre based days</li><li>• Internal Final Gateway Examination</li><li>• Examination in Dip OT RCSEd</li></ul>
Number of providers delivering the programme	Lead Tutor provides longitudinal student support with educational sessions delivered by a range of Specialist Orthodontics and Tutor DCP's

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

## Outcome of relevant Requirements<sup>1</sup>

<b>Standard One</b>	
1	MET
2	MET
3	MET
4	MET
5	MET
6	MET
7	MET
8	MET
<b>Standard Two</b>	
9	MET
10	MET
11	PART MET
12	PART MET
<b>Standard Three</b>	
13	MET
14	MET
15	MET
16	MET
17	PART MET
18	MET
19	MET
20	MET
21	MET

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<sup>1</sup> All Requirements within the *Standards for Education* are applicable for all programmes. Specific Requirements will be examined through inspection activity through identification via risk analysis processes or due to current thematic reviews.

## Standard 1 – Protecting patients

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

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

At the start of the course, the institute runs a core competencies programme for four weeks, where the students are in attendance every day. Once this is over the students are based in their workplace and attend the school one day a month. All students on this course are already dental professionals, and as such, GDC registrants. The school has adapted the core competencies programme to take this into consideration. The core programme focuses on key elements such as professionalism, raising concerns and consent.

The students complete pre- practice based competences using CSR Phantom Heads, clinical scenarios, and direct assessment of clinical skills prior to being signed off as a safe starter. Summative assessments in the form of both written and case presentations are used at the end of the core programme and feedback on engagement and confidence levels is provided. If a student does not pass there is the opportunity for the assessment to be redone. However, it was noted that if a student was struggling, this would be identified before the month is completed. The workplace trainer and student would be asked to engage in the process of withdrawing from the training programme if no improvement made following remediation.

We were pleased to see that the core programme looks at the transition from being one type of dental professional to another. When we spoke to the students, they commented on this transition and they commented that whilst the core programme was intense, it covered everything they needed prior to going back to their workplaces.

**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 practices that students are based, ensure that patients are aware they may be treated by a student, under the supervision of a specialist orthodontist. We were provided with copies of consent forms which highlights this. These forms are given to patients at the start of their treatment. When we spoke with the workplace trainers, we were also assured that practices have posters in the waiting room, that also state treatment may be conducted by a student.

From speaking with the students, it was clear that they all understood the importance of gaining consent.

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

Before students are recruited onto the course, each of their respective workplaces undergoes an inspection by the institute. We were provided with a copy of the practice inspection template, which is very detailed, and shows the institute checks each practice for items such as staff training records and policies to incident reporting systems. We were also provided with copies of equality and diversity training records and certificates.

Speaking to the workplace trainers, they commented how comprehensive the inspection of their practices are when students are being recruited, and likened it to a NHS health board inspection. They said they valued the independent assessment of their practices and look to make changes based on any recommendations the school give them if certain aspects aren't satisfactory.

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

When we spoke to the students, they told us that their workplace trainers spend more time with them initially, and they set aside time in their respective clinics to help them with any assigned work they have. The workplace trainers extend appointment times so they spend more time with them and have a one on one supervision ratio. They told us that dependent on the procedure, they would ask the student what they thought needed to be done treatment wise whilst in front of the patient.

The programme lead has monthly one to ones with each student, and checks that they're happy with their supervision levels. The school also completes ad-hoc checks on the workplaces, to ensure that the trainer and student are happy with the level of supervision.

**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)**

All workplace trainers are registered specialist orthodontists. During the practice inspections, the institute check their documents including training records in equality and diversity.

**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 students are already GDC registrants and are already familiar with the GDC Standards and the need to comply with these.

There is a raising concerns policy and flowchart in the handbooks for raising concerns. We have also seen a raising concerns template for the workplace trainer to complete if they observe any patient safety concerns caused by the students.

When we spoke with the students, it was clear they were comfortable in raising concerns. If they had any concerns about the educational aspect, they said they would raise it directly with the programme lead on their monthly one-to-ones, or via email if more urgent. If they had any concerns in practice, all students said they felt comfortable to raise this with the practice manager or their trainer.

**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)**

All students on the course are based in workplaces, and these workplaces have their own respective policies and procedures for patient safety issues. As part of the practice inspections, the school checks for relevant policies.

In the event of any patient safety issues, this is raised in the workplaces and they use their own recording systems. There have been no patient safety issues as yet. Any incidents are triangulated between the student, school and workplace.

When we spoke with the students, each of them seemed fully aware of their respective workplace's policies and procedures.

**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)**

A recommendation from the last inspection of the school in 2016 was to introduce a formal Student Fitness to Practise policy. The school have now introduced this in line with NHS Education for Scotland's policy for students. This is included in the student handbook and discussed during the induction day.

We were provided with the slides for the induction day which showed that the school teaches the students about the Standards and the scope of practise for orthodontic therapists.

## Standard 2 – Quality evaluation and review of the programme

The provider must have in place effective policy and procedures for the monitoring and review of the programme.

**Requirement 9: The provider must have a framework in place that details how it manages the quality of the programme which includes making appropriate changes to ensure the curriculum continues to map across to the latest GDC outcomes and adapts to changing legislation and external guidance. There must be a clear statement about where responsibility lies for this function. (*Requirement Met*)**

The quality review of the programme initially sits with the programme lead, who carries out an annual review looking at a range of topics including feedback, question banks, module reviews and student evaluations. Following the core competencies month, the school requests feedback from the students. Feedback is also sought from the workplace trainers halfway through the programme and from lecturers on the materials they're provided with.

When speaking to the students, they told us that they felt comfortable to raise any issues they had with either the course or their workplace training through the programme lead. The programme lead told us that if any issues then needed to be escalated to the programme dean, she would do so.

Although the required processes seem to be in place, and we have seen copies of feedback sheets and evaluation forms, we did not see any documented processes during our visit. Speaking to both the students and the workplace trainers, it was clear that both groups were aware of how to raise issues. However, we recommend the school consider documenting a formal process showing what dialogue takes place and how the outcomes are acted upon.

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

It was clear from the inspection that the programme thoroughly quality assures the placements before accepting students and throughout the course. We have seen workplace inspection templates to show the comprehensive checks that are in place. Half way through the course, workplace trainers attend the school with their student to carry out a calibration session. If students raise any issues, the programme lead explained that they will do an ad-hoc review of the workplace any time throughout the year.

Following the initial core competencies month, the school explained that they do another review of the placements to ensure they are ready and fully prepared. Following the end of the programme, the programme lead and the dean carry out a full review. The school explained that their annual activity is reported to the school's DCP Hub and then escalated up the reporting structure to the post graduate dental dean via the programme dean.

The school encourages students to follow local resolution policies if there are any disputes in practice. They will intervene if necessary and move student to another trainer within same practice if this is appropriate. During the investigation we did not see any evidence of a formal contract in place with the workplaces surrounding disputes in practice. The school should look to develop a policy of this kind.



**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 Part Met)**

The school provides the course, but the examination is delivered by the Royal College of Surgeons Edinburgh (RCS). RCS ultimately provide some external oversight of the programme via the final examination. During the inspection we met with RCS who described their process for external oversight of their exams. We attended the post-exam meeting with the examiners, where we witnessed the calibration from all external examiners on the teams of students they assessed. As exams were online this year, there were three at each assessment, in case any technical troubles were experienced. All examiners commented how useful this approach was.

The programme itself does not have any official external oversight. The school uses an 'internal verifier' which is someone from within the school, not related to the programme or its delivery. This verifier checks the course material and delivery of it, including an internal gateway examination, before the final RCS examination.

It was discovered during the inspection that the workplaces do not collect patient feedback on the students. This must be put in place in order to meet this requirement.

**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 Part Met)**

Students attend the school one day a month and they have one-to-ones each time with the programme lead. As the course is only delivered to a small group, the students are very close with each other and discuss between themselves what progress they are making. They are encouraged to share experiences of each other's practices.

As mentioned in requirement 11, patient feedback is not being collected and must be in order to meet this requirement.

### Standard 3– Student assessment

Assessment must be reliable and valid. The choice of assessment method must be appropriate to demonstrate achievement of the GDC learning outcomes. Assessors must be fit to perform the assessment task.

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

The school monitor the progress of students during the monthly sessions in the school and action any gaps that become evident. The school mentioned that head gear is something that is not that common to see in patients, so they run theoretical sessions using phantom heads. Students' progression is monitored through a review of their logbooks and their competencies are tested by Direct Observation of Procedure Skills (DOPS).

Responsibility lies with the workplace trainers to ensure students are seeing an appropriate range and complexity of patients and assurance that practices have sufficient patient supply is sought during the application process. The school support the workplace trainers by providing a list of books and online learning to the students including a list of topics they need to cover.

The students told us that they were tasked with undertaking an audit of their practice. Both the students and the workplace trainers told us that they found it to be a positive experience which led to change in some instances.

**Requirement 14: The provider must have in place management systems to plan, monitor and centrally record the assessment of students, including the monitoring of clinical and/or technical experience, throughout the programme against each of the learning outcomes. (Requirement Met)**

The programme lead maintains a spreadsheet containing all the students' assessment and progression information. Each month the students attend the school, the programme updates this in their one-to-one sessions.

Due to the small size of the cohort, this close monitoring works. However, the panel commented that the school should consider digitalising this recording of information in a Virtual Learning Environment.

The panel commented on the possible single point of failure being the programme lead having sole oversight. As part of succession planning, the school has a former student who is now a current Orthodontic Therapist in a practice, who is engaged on a contractual basis and has supported face to face educative sessions and online student revision session. They have visited the students in their practices to provide support.

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

If a student does not have the exposure to an appropriate breath of clinical experience, the workplace trainer could arrange for them to attend clinics at the hospital to observe.

An example of this identified during the inspection was surrounding 'head gear'. Where exposure isn't possible, the school offers phantom head clinics.

The inspection of the workplaces that the school undertakes before recruiting the students, covers types of treatment in the practice. The panel identified that the number of patients receiving particular types of treatment wasn't recorded.

The students commented that they felt they were getting sufficient experience with different types of patients in their workplace, and that they were happy with the alternatives provided where they lacked exposure for particular types of treatment.

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

RCS are the body responsible for the final assessment of the students. It is a requirement of RCS for the students to sit an internal gateway exam before their final RCS exam. The school mirror RCS exams via an internal gateway exam. RCS's External Examiners are briefed before and after these gateway exams.

Prior to the exam, assessors sit together to plan the question strategy. An example of the school reviewing the assessment and implementing changes came up during the inspection; feedback from one of the External Examiners in their report started that the questions were too wordy and the school then reviewed their standard question bank.

**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 Part Met)**

As noted earlier in this report, patient feedback is not collected and therefore not utilised during assessments. The assessments do involve other members of the dental team. In the workplace, the trainers assess their students and the trainers receive training by the school to ensure consistency. Students do mock exams to prepare them for both the internal gateway exam and the final RCS exam.

The panel agreed that the school must ensure assessments utilised feedback that is collected from a variety of sources. During the inspection the school confirmed that they have plans to arrange patient feedback in the workplaces and therefore must utilise this in assessments going forward once in place.

**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)**

As mentioned previously, the students have monthly one-to-ones with the programme lead, where they talk through their experience and performance. The school commented during the inspection that whilst they don't have a particular lesson on reflection, it's embedded throughout the programme. The students are already GDC registrants and therefore already have experience in practicing reflection daily.

The students told us that when they are in their workplaces and completing procedures, the workplace trainer allows longer appointment times in order to provide feedback after each session.

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

During the inspection, the panel met with staff from RCS. The process of how they check the examiners was explained to us and they advised us that they have five training days a year. As mentioned previously, they have one lead examiner who calibrates with all other examiners at the exams.

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

As highlighted previously, the External Examiners have oversight over the RCS exams, and are briefed before and after the internal gateway exams. The school also have an internal verifier to oversee the course, including the internal gateway exam.

It was identified that the school should look to recruit someone to act as an independent external reviewer. This will allow a more thorough and objective oversight to the whole programme delivery.

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

During the inspection, the panel were told about the internal gateway assessment and how this mirrors the final RCS examination. Students will therefore know what to expect when going to sit the final exam. Summative assessments are standard set via the Angoff method. RCS also advised us that they have a minimum competency level, so any student not meeting that at the internal gateway assessment would not sit the final exam, in order to ensure safe beginner level.

The assessments the students will sit are clearly set out from the start so they know what is happening and when. The RCS system allows students to have four attempts at the exam, though the school advised us this is not often needed. They did say that if a student was to pass the written part of the exam and fail another section, they retake the section they failed. If they fail the same section again, they retake everything. If they fail the written part, they retake everything.

The school advised us that are able to accommodate students with additional needs and can offer things such as; extra reading time, different font, coloured paper etc. They liaise with RCS if this was ever needed.

## Summary of Action

Req. number	Action	Observations & response from Provider	Due date
9	The school should consider formalising a process of dialogue and actions/processes of any changes that need to be implemented. Students and trainers are aware how to raise issues and make changes to curriculum but a more formalised process should be documented.	Discussed upon induction to the programme. An end of year "Questback" programme surveys the trainees and trainers to ascertain if they feel there are any gaps in the training. This is reviewed by the Specialist Lead Tutor and Programme Lead and any changes to the curriculum implemented.	
10	The school should develop a contract with employers regarding disputes in practice.	Guidance on National Whistleblowing Standards included within Programme Handbook, with link for further guidance.	
11 & 12	The school must obtain feedback from patients in practice.	PAQ Implemented in 2020. Students issued with tablets to gather data from patients.	
17	The school must utilise patient feedback in assessments once it is gathered.	PAQ Implemented in 2020. Students issued with tablets to gather data from patients. This feedback is used as part of a reflective development session with the student	
20	The school should recruit an external person for oversight of whole programme.	Mr Richard Cure appointed as External Verifier in 2020. To date Mr Cure has reviewed the Programme Handbook in preparation for 2021-2022 Cohort.	

## Observations from the provider on content of report

*The report offers a fair reflection of the inspection and recommendations were welcomed and acted upon*

## Recommendations to the GDC

<b>Education associates' recommendation</b>	Qualification continues to be approved for holders to apply for registration as an Orthodontic Therapist with the General Dental Council
<b>Date of next regular monitoring exercise</b>	2021/22