

General Dental Council

Education Quality Assurance Inspection Report

Education Provider/Awarding Body	Programme/Award
Royal College of Surgeons of Edinburgh	Diploma in Orthodontic Therapy

Outcome of Inspection	Recommended that the Diploma in Orthodontic Therapy continues to be approved for the graduating cohort to register as orthodontic therapists.
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Full details of the inspection process can be found in Annex 1

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 Risk based: focused on all 21 Requirements in the Standards for Education
Learning Outcomes:	Preparing for Practice (orthodontic therapist).
Programme inspection date(s):	Royal College of Surgeons of Edinburgh: 23 & 24 May 2024 University of Bristol: 7 June 2024 University of Central Lancashire: 19 June 2024 Central Manchester School for DCPs: 20 June 2024 Edinburgh Dental Institute: 1 July 2024 Kings Health Partners: 17 July 2024
Examination inspection date(s):	Royal College of Surgeons of Edinburgh: 28 & 29 November 2024
Inspection team:	Helen Poole (Chair and non-registrant member) Norah Flannigan (Dentist member) Barbara Chadwick (Dentist member) Scott Wollaston (GDC Quality Assurance Manager) James Marshall (GDC Quality Assurance Manager)
Report Produced by:	Scott Wollaston GDC Quality Assurance Manager James Marshall GDC Quality Assurance Manager

This report presents the findings of an inspection of the Royal College of Surgeons of Edinburgh (RCSEd) Diploma in Orthodontic Therapy examination. RCSEd also delivers a Diploma in Clinical Dental Technology examination. The inspection was carried out against all 21 requirements outlined in the General Dental Council (GDC) Standards for Education. The review highlights both areas of strength and key actions needed to ensure continuous improvement and compliance with these standards.

The teaching and clinical experience element of the qualification is delivered across five educational institutions: Edinburgh Dental Institute, University of Central Lancashire,

University of Bristol, Kings Health Partners and the Central Manchester School for DCPs. The examination is conducted by the RCSEd, who also award the qualification.

The programme was found to be largely in line with the GDC requirements, however the panel noted several key areas that required attention in order to strengthen the overall quality of education provided. Specifically, RCSEd must enhance communication with its programme delivery centres to provide greater assurance of ongoing educational quality. This involves establishing clearer channels of communication and escalation to address issues that may arise during programme delivery.

Further actions include the need for a more robust system to verify that all students have covered all learning outcomes prior to sitting exams and ensuring that assessments - both clinical and technical - are comprehensively monitored and recorded against these outcomes. Additionally, RCSEd must implement improved processes for internal and external quality assurance to guarantee the effectiveness of programme delivery.

The report also recommends a review of External Examiner reports to ensure that any suggestions or concerns raised by examiners are adequately addressed. Finally, RCSEd must ensure that detailed notes are maintained during assessments, enabling comprehensive feedback to be provided to students when requested.

This inspection was a pilot undertaken by the GDC, to determine its quality assurance processes of the Royal Colleges. Following the pilot, it has been determined that the process will be amended slightly going forward, and that a re-inspection of RCSEd will be necessary within the 2025/26 GDC inspection cycle.

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

Background and overview of qualification

Annual intake	61 students
Programme duration	52 weeks
Format of programme	<p>UCLan 1 Year Programme comprising: Basic clinical sciences and foundation clinical knowledge, Clinical Orthodontic Therapy, Practical Skills Acquisition and Assessments in Clinical Practice Students are based in clinical practices/NHS Trusts for a minimum of 30 hours per week. This is supplemented by formal teaching of clinical skills, basic science instruction and professionalism.</p> <p>Edinburgh Initial Core Programme: Weeks 1 to 4 Fulltime attendance at EDEC. Classroom, Clinical Skills Facility and Clinical settings</p> <p>Workplace based phase: Weeks 5 to 52 In practice training under direct supervision of approved Specialist Orthodontist underpinned by educational events</p> <ul style="list-style-type: none"> • weekly protected learning and tutorial • monthly education days in EDEC/online <p>Examination phase: Weeks 42 to 52</p> <ul style="list-style-type: none"> • Internal Gateway and resit as required • Examination in Dip OT RCSEd <p>KHP Core Programme: Classroom based teaching sessions including clinical demonstrations, hands-on workshops and lectures. Assessment of suitability for working on patients at end of Core. Extended Programme: Students work in clinical setting supervised by Specialist Orthodontists. Attend for lectures two days per month. Complete portfolio of evidence to demonstrate clinical competence. Assessed for suitability for entry to RCS Exam (KHP Final)</p> <p>Manchester 1 week induction programme in June 3-week induction programme in August Students then attend once a month for a full day (x10 days)</p> <p>Bristol The Postgraduate Diploma in Orthodontic Therapy aims to provide students with the necessary skills, knowledge, and behaviours to work as an Orthodontic Therapist, registered with the General Dental Council (GDC) and with the skills to modify practice throughout their careers in response to</p>

	<p>scientific and technical advances in the field. To do this, the programme will lead students through three consecutive units – starting with a focus on Foundations for Practice as an Orthodontic Therapist. The initial unit will provide tuition in the pre-clinical setting that will prepare the student for clinical practice. On completion, students will understand the principles of evidence-based practice and its importance when making appropriate decisions on patient care and management using this approach. The unit aims to introduce law and ethics, reflective practice, communication, and research skills applicable to dentistry with a specific focus on the needs of different patient groups.</p> <p>The aim of the subsequent unit is to develop the knowledge, behaviours and skills gained from Unit 1 subject areas and apply them in clinical practice. Students gain valuable learning experiences from their work-based training, providing the opportunity to develop their acquired skills with a comprehensive and diverse patient base. As part of their day-to-day training, students will present each orthodontic patient case and stage of treatment to their clinical supervisor, which contributes to the development of presentation and reasoning skills that will eventually be assessed by a clinical viva at the end of the unit, as well as Unit 3. Students will develop critical appraisal skills by attending and contributing to monthly journal clubs, alongside the clinicians supervising the whole cohort. This shared experience and associated peer-learning will provide an opportunity to learn by critiquing others' research. It will help students to develop a commitment to lifelong learning and development – taking forward the ability to appraise new materials and methods that will come to market during their career.</p> <p>The final unit provides students the opportunity to consolidate underpinning knowledge, skills, and experience to practice as a safe beginner within the permitted range of practical procedures of an Orthodontic Therapist as specified by the General Dental Council. To demonstrate an understanding of critical appraisal and evidence-based decision making, students will produce a short evidence-based summary and poster, presented at a group conference, to answer a clinical question on a specific aspect of their programme such as the use of a particular material or a clinical technique.</p>
Number of providers delivering the programme	Five

Outcome of relevant Requirements¹

Standard One	
1	Met
2	Met
3	Met
4	Met
5	Met
6	Met
7	Met
8	Met
Standard Two	
9	Partly Met
10	Partly Met
11	Partly Met
12	Met
Standard Three	
13	Partly Met
14	Partly Met
15	Partly Met
16	Met
17	Partly Met
18	Not Met
19	Met
20	Met
21	Met

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

Standard 1 – Protecting patients

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

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

During the inspection the panel was informed that all aspects of programme delivery were the responsibility of the individual education providers. At present, the College does not carry out any independent quality assurance or monitoring activity of programme content delivery, with a reliance being placed on the GDC inspection process to identify any areas of concern. As a result of this, the panel met with each of the five programme delivery partners to review their processes for ensuring a safe educational experience for both students and patients.

The University of Central Lancashire (UCLan) confirmed that in the first learning block in preparation for treating patients, students attend lectures and have hands-on sessions, which include practising procedures on phantom heads. Competency is monitored and students complete a pre-clinical assessment for readiness to treat patients. The orthodontic therapy students are all registered dental nurses and are required to maintain their skills in disinfection, radiography, medical emergencies, legal and ethical issues, and safeguarding, topics which are then revisited in learning block 2. In addition to student attendance, all specialist mentors are required to attend training days for course preparedness and assessments calibration.

Within the Edinburgh Dental Education Centre (EDEC), the course starts with a four-week core competencies programme that focuses on areas including professionalism, consent processes, and pre-clinical skills training. At the end of this initial period students are assessed in core competencies in advance of treating patients. Following this, students attend the EDEC once a month while working in their practice setting. During the EDEC programme assessments include written exams, case presentations and direct clinical skills assessments in order to ensure competency levels are maintained before students undertake the College final examination.

For students at Kings Health Partners (KHP), they are also required to complete a four-week core programme that includes a mixture of theory and practical elements. As part of their core programme, they must meet competencies on typodonts and pass written and clinical exams to be assessed as ready for patient care. Student progress is also reviewed through feedback and with the use of reflective diaries.

Students attending the Central Manchester School for DCPs (Dental Care Professionals) carry out an initial one-week induction, which is then followed by a three-week core programme. At the end of this period, clinical competencies are assessed and students must pass both written and clinical assessments before progressing to treat patients.

At Bristol Dental School, their course ensures students are safe to treat patients before they start their second month of the programme. This initial unit focuses on basic dental sciences, orthodontic care and clinical skills. Students must then complete competency assessments, including impression taking and appliance placement, and must pass an OSCE to progress to Unit 2 of the course.

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)

As noted above, the College places emphasis on individual providers demonstrating how they meet programme delivery facets of the qualification. The GDC inspection panel met with individual providers to discuss how they met Requirement 2.

UCLan informed the panel that notices are displayed in clinical environments to inform patients that treatment may be carried out by students. In addition to this, mentors ensure that patients are verbally informed of this and consent in writing is sought before treatment begins, with patients given the option to refuse student treatment without any prejudice.

At EDEC, as part of the recruitment process a virtual practice appraisal is conducted. During this, training sites are required to provide evidence that their patient consent forms inform patients that treatment may be provided by a student orthodontic therapist.

Staff at KHP informed the panel that a laminated statement identifying the location as a training site is displayed in waiting rooms. Furthermore, this is also discussed during pre-course visits and training days. Patients are informed verbally about the student's role and written consent is recorded in the patient's notes. The supervising orthodontist ensures patients are informed that treatment is provided by supervised students, and this is recorded. When patients arrive, students introduce themselves, wear name badges and ensure patients are happy to be treated by them.

For the Manchester DCP School students, notices are located in the training surgery environments, students are required to wear ID badges, and student-specific consent forms are provided by the school. A template is also available in the trainer handbook, should this be required.

During the inspection Bristol Dental School confirmed that they follow GDC guidance and treatment by student orthodontic therapists is always supervised by a Specialist Orthodontist. They noted that patients must be informed that treatment is provided by a student and access to relevant GDC information is made available. Students are required to introduce themselves as orthodontic therapy students, wear identification badges, and ensure written patient consent is obtained. The School works to ensure compliance through patient satisfaction surveys, appraisals, feedback and practice visits.

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)

During the inspection, the panel was provided with assurance from the five education institutions delivering the programme that students were providing patient care in safe and appropriate environments.

The panel was informed that all clinical practices hosting UCLan students were Care Quality Commission (CQC) registered and meet the required patient care standards. They noted that students were required to wear UCLan student badges when treating patients and were trained to introduce themselves to the patients and to explain their role. Before treatment begins, it is confirmed that patients are happy for the treatment to proceed under the student's care and they ensure informed consent is obtained.

The panel noted that at EDEC, a virtual practice appraisal is conducted as part of the recruitment and selection process for all training sites. Each potential clinical workplace is appraised by two NES staff members (the Programme Lead and DCP Workstream Lead) and a Practice Appraisal document is issued in advance to help trainers and trainees prepare for the visit. Following the visit, NES staff provide feedback on any required actions to meet the necessary standards. Trainers must also submit evidence of Infection Prevention and Control training and relevant certifications.

For KHP-based students, a workplace visit is conducted before students begin the course, either face-to-face or virtually, to assess the practice's compliance with the programme's standards. Only practices with satisfactory CQC ratings are allowed to act as work placements. During these visits, relevant policies are checked, and a Workplace Visit Document is completed. Candidates must also submit a pre-course Self-Assessment Form regarding the workplace. KHP ensures that incidents are managed according to Health & Safety policies and an Incident Log is maintained. If any issues arise, students and supervising orthodontists can make complaints through the Complaints Policy, and a log of complaints is kept for review. All students and supervising orthodontists are required to complete an online Equality & Diversity training programme before starting the course, with records of completion centrally stored by KHP.

Manchester DCP School confirmed that training practices are inspected before a confirmed offer is made to students. In addition to this, practices must submit a governance document and address any deficiencies found during the inspection process. All practices must also be CQC certified. Equality and diversity principles, including their legal basis in healthcare, are highlighted to students during the programme and reinforced in the clinical setting. Furthermore, mandatory training within the trust includes an e-learning module on equality and diversity.

At Bristol Dental School, students provide patient care in clinical placements under the supervision of approved clinical trainers. The programme ensures patient safety, clinical effectiveness, and a positive patient experience through the following measures:

- Recruitment Stage: Practices applying to provide clinical training must be CQC-compliant, and the CQC report for each practice is reviewed during the recruitment process.
- Admissions Stage: After a successful interview, students are offered a place on the programme, contingent on their clinical placement meeting all the standards outlined in the Practice Inspection Checklist. The Programme Lead or Bristol orthodontic therapy tutor conducts the inspection as part of the Clinical Practice Assessment and Student Supervision Policy. An educational agreement must be signed by the specialist orthodontist, the student, and the practice.
- During the Course: The programme monitors students' progress through regular meetings (Months 1, 3, 6, 10, and 12), reviews of appraisals (Months 1 and 6), and the completion of Patient Satisfaction Surveys (Months 4 and 12). These surveys are reviewed at Progress Committees and inform the Month 7 Review Meeting. The results are also discussed during the Annual Programme Review. Students also conduct a practice-supported audit (Month 8), and its findings are reviewed as part of peer learning at the Month 10 study day. Additionally, students are made aware of the procedures for raising concerns, with posters provided to display in staff areas of the practice.
- Equality and Diversity: All clinical staff involved in the programme, including trainers, complete mandatory University of Bristol and NHS Equality and Diversity training, with regular updates. Evidence of current Equality and Diversity training is required from clinical trainers before the programme commences.

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)

The College defers responsibility for student supervision to the individual education providers delivering the programme, with each having their own bespoke method for providing this assurance.

During the inspection, UCLan stated that they ensure students receive appropriate supervision based on their stage of development and the clinical activities they are undertaking. They also confirmed that all supervisors are GDC-registered orthodontic specialists who are required to attend mentor training days to ensure they are equipped to supervise students effectively.

The panel was informed that at EDEC prospective trainers and trainees must submit their work and trainer commitment timetables as part of the application, which would demonstrate their availability in line with programme requirements. In addition to this, the panel was reassured to note that trainers extend appointment times to allow for one-on-one supervision. The Programme Lead holds monthly one-to-one meetings with each student to assess their satisfaction with supervision levels and they conduct random checks to ensure both trainers and students are content with the supervision provided.

The panel noted that students at KHP must have a supervising orthodontist who is registered on the GDC orthodontic specialty register and has signed an Employer Commitment Agreement. The registration details of each supervisor are checked and maintained on the Supervisor List.

For students undertaking the programme at the Manchester DCP School, the panel was reassured that from the application stage, trainers are informed of their supervision responsibilities, including the need to arrange suitable cover during any absences. Supervision obligations and relevant GDC and British Orthodontic Society guidelines are covered at the Trainers' Day, with additional one-to-one sessions provided if necessary. The provider confirmed to the panel that student-to-trainer ratio is maintained at 1:1.

Within Bristol Dental School, the programme requires that all clinical supervisors are registered GDC orthodontic specialists, as students cannot be supervised by General Dental Practitioners (GDPs) or GDPs with a special interest in orthodontics. Supervisor qualifications and registration status are verified during the application process and checked against the GDC register. Supervisors are responsible for seeing patients before and after each treatment, providing detailed prescriptions, and ensuring clinical tasks are completed safely. The importance of proper supervision is emphasised throughout the programme, with support provided if any concerns are raised by students regarding supervision quality. The school confirmed that a practice visit will be conducted if necessary to address any concerns raised.

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)

As part of the inspection, the panel spoke with all providers to gain assurance over the processes involved in ensuring all supervisors are appropriately qualified and trained. UCLan confirmed that all students are supervised according to their stage of development. It was also noted that all supervisors overseeing UCLan students must be GDC-registered orthodontic specialists who are required to attend mentor training days.

Within the EDEC, the application process for trainers requires them to be registered on the GDC specialist orthodontist register and hold a relevant orthodontic qualification. Trainers must undergo preparation, manage their own and the clinic's schedule, supervise student treatment, and provide regular assessments and feedback. They are also expected to demonstrate a commitment to training and work closely with programme staff.

Supervising orthodontists involved with the KHP programme are required to be on the specialist orthodontic register. The panel was assured that details of the supervisor's registration status are checked as part of the recruitment process. Both students and supervisors are required to complete an online equality and diversity course before the core programme. In addition to this, supervisors attend training sessions, including a pre-induction day, to understand their supervisory role, and they must ensure that all treatments are supervised, and every patient is seen by the supervising orthodontist. Furthermore, a second training day focuses on adult learning and maintaining student logbooks.

At the Manchester DCP School, only orthodontists registered on the GDC specialist list are accepted as trainer-mentors. The panel was informed that trainer-mentors must have at least two years of post-specialisation experience. All involved staff must undergo regular equality and diversity training, and practices that have undergone CQC inspections confirm adherence to these principles. Furthermore, NHS Trust staff participate in mandatory equality and diversity training as part of their appraisal and revalidation.

Similarly, a key requirement at Bristol Dental School is for all clinical supervisors to be registered as orthodontic specialists, which is verified during the application process. Supervisors must also provide evidence of current training in equality and diversity, and complaints handling. During the programme induction, supervisors attend workshops covering clinical skill expectations, adult learning theory, mentoring, and providing feedback. Clinical staff at the School are also required to complete mandatory training in equality, diversity, mental health, and supporting student wellbeing, which is monitored through clinical governance processes.

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)

During the inspection the panel spoke with both staff and students at all of the programme providers to gain assurance that all involved in the delivery of education and training were aware of their raising concerns obligations.

The panel noted that UCLan had a clear policy for raising concerns regarding patient safety, which formed part of the curriculum for students. Staff and students were aware of the GDC Standards and the obligation to raise concerns. The panel was informed that the university uses a Structured Event Reporting Form (SERF) to link reporting between the university and external placements. Additionally, students and mentors are provided with guidance documents on the electronic system Blackboard to support this process.

The panel was informed that at the EDEC, students, who are already GDC registrants, are familiar with GDC standards. As part of their induction, they receive a Student Handbook that includes policies on professionalism, whistleblowing, plagiarism, and malpractice, alongside the NES Student Fitness to Practice Policy. Students are given the opportunity to raise any

educational concerns during their monthly one-to-ones with the programme lead, with practical concerns being raised with the practice manager or workplace trainer.

For students studying at KHP, the panel noted that the core induction programme includes sessions on raising concerns during the first, third, and ninth days. Both students and supervisors are given a Raising Concerns Policy, with any issues recorded in the Concerns Log and discussed in committee meetings.

At the Manchester DCP School students and trainer-mentors are informed of their professional obligations regarding raising concerns. They are made aware of the GDC Standards, including the "Principles of Raising Concerns", through the core induction programme. The panel was also informed that practices also have local policies on raising concerns, which are confirmed by their CQC certification.

The panel was informed that Bristol Dental School follows strong patient safety practices. Students are guided on how to raise concerns through the Student Handbook and procedures, including a Raising a Concern Poster and a Student Concerns Referral Form. Students are encouraged to raise concerns with the Programme Team, Clinical Supervisor, or through the clinical governance policy. A Duty of Candour policy is in place and incident reporting is monitored locally. The students' online logbook includes a section for "Significant Events" and the programme encourages open reporting through a range of mechanisms. If students are unable to raise concerns informally, they have multiple formal escalation options, such as contacting the Programme Director or using the University's formal complaint procedures. Bristol confirmed that anonymity is possible via the University's Report and Support tool.

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)

During the inspection, all providers were given the opportunity to share with the panel and assure them of the processes they have in place to identify and record any patient safety issues.

UCLan confirmed to the panel that they have established policies for Untoward Incidents and Whistleblowing. They stated that all practices follow their own internal policies, with all students made aware of these procedures during their induction and as part of the curriculum.

Students at the EDEC are provided with a Student Handbook that covers policies related to Professionalism and Whistleblowing, as well as the NES Student Fitness to Practice Policy. Additionally, an Educational Agreement is signed by students, trainers, and NES, outlining roles and responsibilities. The panel was informed that as students are employed in clinical settings, their workplaces have individual policies for patient safety, and compliance with Combined Practice Inspections is verified during recruitment. If any patient safety concerns arise, students follow the reporting procedures at their respective workplaces.

For students studying at KHP, should a patient safety issue arise, the panel was informed that students must report to their supervisor and follow their workplace policies. The incident must also be reported to the KHP course manager, recorded in the Concerns Log, and discussed at the next Committee Meeting. Urgent concerns are immediately addressed by the Course Director.

At the Manchester DCP School, the inspectors noted that students and mentors are made aware of their professional responsibilities as GDC registrants. They were told that if patient

safety issues arise, the school collaborates with the orthodontic practice to address concerns, ensuring compliance with patient safety standards. Furthermore, practices are required to complete a Quality Assurance booklet, which includes incident logs, health and safety policies, and public liability documentation. If any concerns are identified during practice inspections, then appropriate action plans are implemented.

Bristol Dental School's clinical governance framework manages incidents using an incident management platform, Radar, which is monitored by the Clinical Governance Board. The panel was informed that all external clinical placements must be CQC compliant, with policies reviewed during pre-course inspections. Health and safety audits ensure adherence to infection control, incident reporting, and operational safety standards. Students are encouraged to report and reflect on significant events in their online logbook and to raise concerns through the GDC Fitness to Practise process if local reporting does not resolve the issue.

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)

During the inspection the panel scrutinised the process and procedures each provider had in place to ensure there was suitable mechanism for managing student fitness to practise issues.

UCLan confirmed to the panel that they have a clear Fitness to Practise Procedure, which aligns with the GDC's guidelines for student fitness to practise. This policy is covered during student induction and incorporated into the curriculum. Furthermore, students are provided with a link to the policy in their Course Handbook and on Blackboard. All staff delivering the programme are familiar with UCLan's 'Regulations for the Conduct of Students' and GDC Fitness to Practise guidance.

Students at the EDEC are already GDC registrants and there is an expectation that they are familiar with the GDC Standards. Professionalism is taught and assessed throughout the programme and all students receive a Student Handbook detailing policies on professionalism, whistleblowing, plagiarism, and malpractice. Additionally, the NES Student Fitness to Practice Policy is provided, and every student, trainer, and NES must sign an Educational Agreement outlining their roles and responsibilities. Any concerns about education are raised with the programme lead, while concerns in practice should be directed to the practice manager or trainer.

At KHP, the panel was informed that all students, staff, and supervisors are given a Fitness to Practise Policy as part of their Policy Pack. The GDC's Standards for the Dental Team are integrated into the curriculum and continuously reinforced. Students are assessed against these standards in their logbooks.

For students at Manchester DCP School, during the induction they are made aware of the school's Fitness to Practise policy. They are also required to complete a declaration outlining their obligations as dental care professionals. Any fitness to practise issues in the clinical environment are addressed collaboratively, ensuring patient safety and public protection. Practices follow a quality assurance/governance process, which includes incident logs, health and safety documentation, and public liabilities.

All orthodontic therapy students at Bristol Dental School must be GDC-registered as dental

nurses and are subject to standard GDC Fitness to Practise procedures. The panel noted that professionalism is emphasised during the recruitment process, including questions about scope of practice, handling concerns, and professional development. A pre-employment health questionnaire is completed by accepted applicants, and occupational health screens their fitness to undertake clinical practice. Students are required to sign an Educational Agreement with their clinical trainer and practice management before starting the programme. The induction day covers GDC ethical principles, professionalism, patient consent, and the raising of concerns. Students also receive specific handbooks that outline GDC guidelines and procedures for raising concerns.

Throughout the course, students' professionalism and clinical performance are regularly assessed, including through the CAFS (Complete Assessment Feedback System) electronic logbook, direct observed procedures (DOPs), and patient satisfaction surveys. The programme also includes internal appraisals and progress reviews, with a focus on monitoring professional behaviour and fitness to practise.

The panel was pleased to note that students at Bristol are encouraged to engage with resources on professionalism, such as the GDC "Focus on Standards," and their performance is reviewed through case studies, feedback, and reflection on clinical episodes.

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 Partly Met)

During the inspection, the panel identified that there was a variance in approach from the College and individual providers over ensuring the quality of the programmes. As noted in Standard 1, from a College perspective the five providers are responsible for their own quality management process, with minimal external oversight.

The programme at UCLan undergoes regular reviews aligned with the UCLan Academic Quality Standards Policy, which integrates feedback from students and mentors. The module descriptors and assessments are mapped against both course-specific and GDC Learning Outcomes. The Head of Dentistry holds overall responsibility for quality assurance, while the Principal Lecturer for Undergraduate Programmes manages operational aspects of this. The Undergraduate Dental Course Management Committee, which reports to the Dental Academic Committee, oversees the programme, and is reviewed at termly meetings. UCLan confirmed that any planned curriculum changes are communicated to the GDC, and any relevant changes from national bodies, such as the GDC or Department of Health, are reviewed and incorporated when necessary.

The panel was informed that the Programme Lead at EDEC is responsible for the annual review of the programme, including evaluating feedback, question banks, module reviews, and student evaluations. Feedback data is gathered anonymously via an online survey at key stages of the programme. This data is analysed by the Programme Lead, Associate PG Dental Dean, and Dental Tutors to identify areas for improvement. The evaluation questions align with NES DCP Programmes' strategic key performance indicators. The panel was pleased to note that regular feedback is also sought from workplace trainers and lecturers. The programme

adapts to meet new legislative requirements, including the ongoing development of 'Transition Action Plans' to align with the GDC Safe Practitioner Framework by 2025.

Within the KHP setting, the Evaluation Policy specifies feedback collection methods, which include external examiner reports, patient and student feedback, and supervisor evaluations. Any changes based on external guidance, such as from the GDC or the College, are discussed at team meetings and reviewed at the annual meeting. Feedback from students, supervisors, and patients is also considered when determining necessary programme adjustments.

Bristol Dental School provided evidence that they adhere to a robust quality assurance framework, including external examining, annual reviews, and ongoing feedback mechanisms. The programme is overseen by the Programme Lead, with support from senior staff within the Dental School. Regular meetings are held to ensure continued quality, with anonymous feedback from students and trainers being collected and reviewed at various stages. Peer observation of teaching is mandatory, and external examiners are invited to assess summative assessments. The Programme Leads report to the annual review meeting with representatives from across the Dental School, ensuring continuous programme improvement based on feedback and external recommendations.

While the panel was satisfied that at a local level there were robust processes in place for managing the quality of programme delivery, they were concerned that there was no oversight from the College and limited communication between the College and providers. Going forwards, the College must ensure there is an enhanced communication strategy between itself and the programme delivery institutions to provide greater ongoing assurance of the quality of education being provided.

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 Partly Met)

As noted in Requirement 9, each individual provider maintains their own quality management framework, which includes the use of both internal and external reports.

At UCLan, the panel was informed that quality management issues are addressed through the regular review of reports and audits by the Principal Lecturer for Undergraduate Programmes. If serious risks are identified that may affect students' ability to meet learning outcomes, these are reported to the GDC, with actions taken to ensure the outcomes are still achieved. Such risks are also added to the School Risk Register. Students can raise broader concerns during Staff/Student Liaison (SSLC) meetings, where minutes are shared with the course team and students. Operational issues are addressed by the course team, with wider concerns escalated to the School Executive Team as part of the Annual monitoring process.

At EDEC quality assurance reports, including internal evaluations and external reports such as those from the GDC, are reviewed by the Programme Lead and Associate PG Dental Dean (DCP). Immediate actions are taken to resolve any issues identified. Students receive a Student Handbook detailing policies on professionalism, whistleblowing and fitness to practise. Additionally, all students, trainers, and NES sign an Educational Agreement outlining responsibilities. As part of the recruitment process, the clinical workplaces undergo checks to ensure they meet patient safety requirements. In the case of patient safety concerns, students are encouraged to raise issues with the Programme Lead. Staff are required to undertake mandatory whistleblowing training.

At KHP the Course Director holds overall responsibility for the quality assurance of the programme, with management delegated to the QA Lead. Feedback from various sources, including the GDC's Quality Monitoring processes, is reviewed at Committee Meetings. Any serious threats identified are reported to the GDC, with an action plan developed in response. Feedback from these processes contributes to ongoing quality development.

The panel was informed that at Manchester DCP School, issues that arise within the programme are addressed through adjustments to the course structure or by liaising with Mentor Trainers. Immediate changes are made where necessary, and further changes are implemented for future cohorts. Feedback is collected at various stages, including the end of the programme, and is used for programme review and enhancement. Regular logbook reviews are conducted, and fitness to practise concerns are addressed immediately. A whistleblowing policy and risk management procedures are in place to address any concerns that arise during the programme.

Bristol Dental School confirmed that they adhere to a formal quality management framework, ensuring rapid responses to any issues identified. Feedback from students, trainers, and external examiners is reviewed through regular meetings with clear agendas. Actions arising from these meetings are tracked for completion, with a strong emphasis on resolving issues quickly. Students are encouraged to raise concerns with their trainers, tutors, or student representatives, with multiple feedback mechanisms in place to ensure concerns are promptly addressed. A pastoral support session is available for students during study days. Clear expectations and responsibilities are outlined in the Educational Agreement and Trainer Handbook, and feedback from trainers is provided during individual appraisals. Regular assessments ensure students meet GDC Learning Outcomes, with minor changes reviewed at regular meetings. The School confirmed with the panel that starting in 2025, the programme will transition to the Safe Practitioner learning outcomes.

The panel noted the positive steps individual providers take to ensure that quality is maintained and the programme remains current, however the lack of input from the College and overreliance on GDC inspections of providers delivering a College-awarded qualification was of significant concern. The panel agreed that should concerns arise with a provider delivering a College-awarded qualification that leads to registration, the College should be notifying the GDC of the concerns and steps being taken to address them, not the other way around. Going forwards, the College must take steps to engage more appropriately with its education providers, with clear lines of communication and channels of escalation, should issues arise with programme delivery.

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)

As reported in Requirements 9 and 10, quality management and oversight of programme delivery, according to the College, is the responsibility of individual providers. The College does not check any process relating to the external quality assurance of programmes, however during the inspection the panel spoke with all providers regarding quality assurance at a programme delivery level.

UCLan confirmed to the panel and provided evidence to demonstrate that their Orthodontic Therapy programme adheres to both internal and external quality assurance procedures in line with the university's QA policies and the guidelines set by the Quality Assurance Agency

(QAA). These processes ensure the programme meets established academic standards and provides a framework for continuous improvement.

The EDEC team confirmed that the programme's summative examinations are created and overseen by the Royal College of Surgeons Edinburgh (RCSEd), providing external oversight. Additionally, an Internal and External Verifier (EV) are appointed by NES, who review the programme before its commencement and towards its conclusion. The EV evaluates the TURAS portfolio, student experience, and overall programme delivery. Internal verification includes a review of all student portfolios to maintain consistency in assessments.

The KHP programme undergoes external quality assurance through the appointment of an External Examiner (EE) for the final examination, who ensures the fairness and equity of the assessment system. The EE is provided with a handbook detailing the exam content and marking criteria and attends the exam to observe its fairness. Following the exam, the EE submits a report which is discussed during the course review. Students are required to collect patient feedback at regular intervals, which is reviewed during moderation meetings. This feedback is used to improve both the student experience and patient care. The EE also reviews this feedback as part of the external assessment process.

The panel was informed that the programme at Manchester DCP School aligns with the GDC's guidance, currently mapping its learning outcomes to the GDC's "Preparing for Practice" framework. Their EE report, alongside input from the programme director and principal tutor, informs the final review of the programme, ensuring that learning outcomes are met and adjustments are made for future cohorts. Feedback from students and trainer-mentors is gathered throughout the programme and used to implement real-time changes and inform the review process. The RCS Edinburgh final examination serves as the external assessment.

Bristol Dental School's programme is governed by a comprehensive quality management framework that includes both formal and informal mechanisms for addressing issues as they arise. Internal processes involve regular reviews of student and trainer feedback, as well as EE reports, which are considered during the Annual Programme Review (APR). Students and staff are encouraged to raise concerns through various channels, including Student Staff Liaison meetings and direct discussions with tutors or the Programme Lead. Feedback from patients is also collected, informing continuous programme development. The use of EEs and student evaluations via the "Bristol Live Unit Evaluation" tool ensures the programme maintains high academic standards and responds promptly to feedback.

The panel agreed that for future cohorts, the College must make improvement to current processes for gaining assurance of the internal and external quality assurance processes that are in place to manage programme delivery. The panel also agreed that an improved review process would not only give the College greater assurance, but would also enhance the opportunity for shared learning amongst the providers, with the College as the central conduit.

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

During the inspection the panel reviewed the systems in place to quality assure placements across the different programme providers. The panel noted that while there was not a consistent approach from the providers, the result of the various methods was sufficient to provide assurance.

The panel noted that UCLan has implemented a comprehensive policy to ensure the quality of

placements, which is already operational within the BDS/Therapy programme. Furthermore, feedback is systematically collected from both students and patients to ensure continuous improvement.

Students on the EDEC programme work within clinical environments that adhere to their own internal patient safety protocols. Evidence confirming that the workplace meets the Combined Practice Inspection or equivalent standards is verified during recruitment and selection as part of the practice visits. The panel was informed that to gather patient feedback, students distribute anonymous online Patient Assessment Questionnaires, which are compiled using Microsoft Forms. Regular one-to-one meetings between students and Programme Leads, along with triangulated meetings involving trainers, ensure effective support and feedback.

For students on the KHP programme, all clinical placements are required to submit a pre-course Self-Assessment Form. Following acceptance onto the programme, each placement undergoes a site visit, during which a checklist and report are completed to assess any areas of concern. Furthermore, the Maintaining Quality in Orthodontic Therapy Workplaces Policy and the Employer Commitment Agreement establish specific quality assurance requirements. The panel was informed that students are expected to gather feedback from patients three times per year, with results uploaded to their online logbooks. This feedback is reviewed during interim moderation meetings, and further input is collected from staff, students, and supervisors at various stages of the programme.

Before students are formally accepted onto the programme at the Manchester DCP School, all clinical practices undergo an inspection process. Practices are required to submit a governance booklet, which is reviewed prior to finalising offers. Any support needs identified are addressed before students begin their clinical placements. The quality of student logbook entries is regularly audited to ensure performance is on track. Additionally, patient feedback is evaluated and communicated to both students and trainer-mentors, enabling adjustments to practice where necessary. Practices are inspected against a comprehensive checklist covering surgery, equipment, facilities, and health and safety standards. Regular logbook reviews, patient satisfaction surveys, and a progress interview six months into the programme ensure that students receive appropriate support and supervision.

Bristol Dental School ensures that all clinical placements are CQC compliant, with inspections carried out using a defined checklist before acceptance into the programme. The School also functions as a registered CQC provider for patient care. The panel noted that quality assurance at placements is ensured through careful assessment of practice environments during recruitment and admission, as well as clear communication of roles and responsibilities at the Programme Induction. Regular monitoring of student performance, patient satisfaction surveys, internal student appraisals, and audits support ongoing quality assurance. Students are also made aware of how to raise concerns, ensuring transparency and accountability throughout the programme.

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 Partly Met)

The RCSEd exams team receives lists from each delivery centre, of students they are signing up to sit each upcoming orthodontic therapy and clinical dental technology exam. The programme lead for each delivery centre signs the students off and sends the confirmation to RCSEd. Providers are required to sign a declaration stating:

"I confirm that the candidate has fulfilled the entry requirements as specified in the Regulations and that the candidate will have completed an appropriate amount of clinical training by the end of the training period as described in the General Dental Council's Learning Outcomes for Orthodontic Therapy. I also confirm that any GDC inspections of the training course/programme have been satisfactory."

The panel noted a level of assurance can be gained through this declaration, however they remain concerned that there is no explicit confirmation from providers that all GDC Learning Outcomes have been covered during the programme.

During the inspection, RCSEd told the panel it is not possible for them to cover all learning outcomes at each exam diet, however all outcomes are covered within their exam question bank, which are utilised on a sample basis within each diet. They stated that they do not request or receive data from delivery centres on which learning outcomes the students have covered during their training, as they would not be able to verify the data. They were not aware of any learning outcomes that were not able to be assessed by the delivery centres. RCSEd also confirmed that they do not attend the 'sign-up to finals' meetings run by each delivery centre. The exam lead uses the exam blueprint, mapped against the GDC learning outcomes to select material for the exam that maps to a range of learning outcomes from across the syllabus for each diet. They do not currently have a mechanism in place to review the learning outcomes covered across each diet, but they have new software they will be introducing soon, which will help them facilitate this. RCSEd confirmed during the inspection that work will begin shortly to blueprint the exams to the GDC's updated learning outcomes, the Safe Practitioner Framework. This needs to be in place for any students starting their course from August 2025.

Each delivery centre confirmed to the panel during the inspection that all learning outcomes are covered during programme delivery. Only students who have demonstrated attainment and competence, and safe practitioner level, are signed up for the RCSEd exam.

The panel have not seen a copy of the sign-up declarations from each delivery centre. RCSEd must ensure that all students signed up to their exams have covered all learning outcomes. The panel consider this requirement to be partly met.

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)

RCSEd rely on each delivery centre to have systems in place to record student attainment. They rely on the declarations they receive from each delivery centre's programme lead, signing up students to sit the exams, however as noted previously, the College do not check or monitor the students' experience against the learning outcomes. RCSEd also stated they rely on GDC inspections of the delivery centres to assure themselves of student experience.

Each delivery centre has its own recording system, which captures student attainment across the programme and is used to demonstrate clinical experience. The panel were satisfied with all delivery centres' recording of student experience.

RCSEd must put a system in place to monitor and record student assessments, including clinical/technical experience against each learning outcome, with consideration given to enhancing the current provider declaration to reflect this. The panel consider this requirement to be partly met.

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)

RCSEd have a policy in place to ensure that different learning outcomes are assessed multiple times within the exams, and do not rely on one single assessment per learning outcome. RCSEd do not appear to have a standardised approach to the percentage of learning outcomes covered at each diet. RCSEd do not review student portfolios before they sit the exam and rely on the sign-up declaration sent by the programme leads that each student put forward for the exams has sufficient clinical/technical experience and is competent.

Each of the delivery centres uses its own internal recording systems to monitor that sufficient clinical and technical experience is achieved. Should there be any difficulties in a student achieving the required levels or breadth of experience, this would be managed locally and not escalated to RCSEd.

The action set under Requirement 14 would enable RCSEd to be assured that all students sitting their exams have sufficient clinical/technical experience. The panel consider this requirement to be partly met.

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)

RCSEd told the panel during the inspection that they do not utilise psychometrics within the orthodontic therapy or clinical dental technology exams, due to the small numbers of candidates sitting them. They do have the new software being introduced for their exams which can assist in that respect, by giving them more granular detail and flag any areas they need to enhance.

During the panel's observation of the orthodontic therapy exams on 28 and 29 November 2024, an external assessor was observing each of the two pairs of examiners. They also spoke with the students once they had finished their exams, to gather their feedback. Once all students had sat both exams, the examining team met to debrief at the end of the second day, and the external assessors fed back verbally on their findings, as well as the student feedback. They then write a report for RCSEd to consider and act upon any recommendations set. RCSEd also told the panel during the inspection that they have an internal examiner, who feeds back about the levelling of the assessments.

In terms of improving their validity and reliability, RCSEd told the panel that they will bring in external reference points and possibly look at GDC fitness to practise data of individuals who have an RCSEd qualification. They have also moved away from essays and to single best answer questions.

Every five years, the lead examiners conduct reviews of the exam process. RCSEd told the panel during the inspection that this cycle is flexible, as other external factors may impact it, such as the updated GDC learning outcomes and standards.

All of the delivery centres run mock exams to prepare students for the RCSEd exam. The panel consider this requirement to be met.

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 Partly Met)

RCSEd gather feedback from the students who have sat the exams, as well as the examiners and the external assessor. They state that this all goes to the exams team, who review it and identify any issues and decide the course of action.

However, RCSEd are not aware of the feedback collated and utilised by the delivery centres; they stated they rely on the GDC inspections process to ensure this is sufficient for each centre.

Each delivery centre requires students to gather feedback from patients throughout the courses, as well as other members of the dental team which is considered in their reviews of the students. Each centre also utilises an external examiner who reviews the course material and processes and feeds back to the course staff via a report. RCSEd do not request a copy of these reports. RCSEd must review the external examiner reports from each delivery centre and ensure any recommendations have been followed up.

The panel consider this requirement to be partly met.

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 Not Met)

RCSEd do not offer feedback to all students as standard. During the observation of the orthodontic therapy exams on 28 and 29 November 2024, the panel did observe the lead examiner during the morning briefing encouraging the examiners to record detailed notes during the assessments, so they were able to provide comprehensive feedback if a student requested it.

At the orthodontic therapy exams, the panel spoke with a selection of students. During these discussions, the panel became aware that some of the students were resitting following their failure of the exams in June 2024. The panel were told that some complaints were raised to RCSEd relating to one specific examiner from the June exam. RCSEd provided us with a copy of the external assessor's report from the June diet, along with feedback given to failed candidates and their communication with the examiner in question.

The external assessor's report did not identify any issues with the examiners throughout the day - the report highlights that examiners were consistent and fair in their marking. From the report, it is not clear if the external assessor spoke to the students in June following their exams. The report does note that the lead examiner spoke with them at the end of each day to gather immediate feedback; no issues with the examiner in question are included within the report, and as such it is assumed that no immediate issues were raised during the exams.

The resitting students told the panel that the feedback they requested following their first attempt in June was not appropriate or detailed. We requested a copy of the complaints received and the responses from RCSEd, as well as the feedback provided to students. The feedback provided to students was found to be generic and not sufficiently detailed to support meaningful reflection and improvement. While it is understood that feedback cannot be overly detailed to avoid giving away answers or unduly assisting students in their resits, the current level of feedback does not adequately address students' needs for constructive guidance.

RCSEd must ensure they record detailed notes during assessments, so that detailed feedback can be provided to any student that requests it.

Again, RCSEd told the panel that they rely on GDC inspections to ensure that delivery centres provide feedback to students and reflect on their practice. They also assume that appropriate reflection and feedback has taken place by them being signed up to the exam by their programme lead.

All delivery centres either encourage or require the students to complete reflection on their clinical work. They also provide feedback to the students regularly. The panel consider this requirement to be not met.

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*)

RCSEd advised the panel during the inspection that they do not have a mechanism for ensuring consistency of all examiners or assessors utilised by the delivery centres. Examiners and external assessors are recruited via an open advert and applications are screened against the job description and person specification. Successful applicants are then reviewed by the relevant board and the Dental Exams Committee for ratification. RCSEd state that equality and diversity training is an integral part of generic examiner training. New examiners must complete this training before they are permitted to examine, and they must revalidate every five years.

When requesting the details of the complaints surrounding one examiner from the June 2024 diet, RCSEd provided the panel with copies of their responses to the complainants as well as an internal email from the convenor of dental examinations to the director of examinations on 6 December 2024. The email outlined that the examiner had been spoken to and their perspective on the issues was gathered. The email concluded that they had no concerns about the examiner continuing to examine going forwards however, they included some suggested changes to the exams, as well as ensuring that expectations of examiner behaviour are provided during the examiner briefing and the examiner training material is reviewed. The panel would encourage the provider to implement these changes.

All delivery centres confirmed during the inspection that the staff and clinical mentors in the students' practices have undertaken equality and diversity training. Also, all clinical mentors are registered orthodontists on the GDC's specialist register. All teaching staff within the delivery centres are also GDC registrants and have the appropriate skills, experience and training to undertake assessment. The panel consider this requirement to be met.

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 noted previously within this report, RCSEd have an external assessor present at their orthodontic therapy exams to observe and ensure consistency between examining pairs. They then complete a report which is sent to the exam committee. During the inspection, RCSEd told the panel that they do not currently have an external assessor for the clinical dental technology exams, and the RCSEd Dental Exam Convenor is currently undertaking this role.

Some of the delivery centres told the panel that they do not currently have sight of the external assessors' reports. The panel suggests it would be good practice to share the reports with the delivery centres, for their information.

The delivery centres all confirmed during the inspection that they have external oversight of their programmes, via an external examiner or similar role. All receive reports on the assessment process to ensure it is fair and equitable. The panel consider this requirement to be met.

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*)

RCSEd state that all multi-short answer (MSA) component questions are banked with model answers. The marking scheme for the structured oral component is provided in the guide to candidates. The MSA component of the exam is standard set using a modified Angoff process. A minimum of six panellists are used to standard set questions. Training on the Angoff process is provided routinely as part of face-to-face generic dental examiner training and again as part of the online examiner refresher training, which is available to examiners on request.

All delivery centres told the panel that they run internal exams before students go to sit the RCSEd exam. All of these assessments are reviewed by their respective external examiners. The panel consider this requirement to be met.

Summary of Action

Requirement number	Action	Observations & response from Provider	Due date
9	RCSEd must ensure there is an enhanced communication strategy between itself and the programme delivery institutions to provide greater ongoing assurance of the quality of education being provided.	We are happy to explore ways in which communication channels and data sharing with programme providers could be enhanced, to support greater assurance regarding student preparedness for assessment. Whilst we are unable to undertake detailed oversight of the educational programme delivered by the delivery institution, we are happy to explore ways in which proportionate changes to our processes can be made to provide additional reassurance.	Reinspection
10	RCSEd must take steps to engage more appropriately with its education providers, with clear lines of communication and channels of escalation, should issues arise with programme delivery.	<p>As with the Specialty Examinations, we understood that our primary function is to set, maintain, and quality assure the standards of the examination leading to the Diploma in Orthodontic Therapy. The responsibility for the delivery of the curriculum, including direct oversight of teaching and clinical placement activities, lies with the individual programme providers and our reliance on the inspections performed by the GDC was felt to be in line with the process for undergraduate schools (and the Specialty Examinations) where the assurances provided by the GDC QA process are sufficient reassurance that their Standards are being met.</p> <p>However, in light of subsequent discussions with the GDC, we are happy to explore ways in which a proportionate process can be implemented without adding unnecessary burden onto providers or blurring the lines of accountability.</p>	Reinspection
11	RCSEd must make improvements to current processes for gaining assurance of the	We are happy to look at ways in which we can achieve this in a proportionate manner, but any process	Reinspection

	internal and external quality assurance processes that are in place to manage programme delivery.	whereby the College would provide assurance over ongoing educational delivery is an area that we are not currently resourced to oversee. Expanding our remit into this domain will place significant operational strain on our current resources and may also potentially blur the lines of accountability between the educational providers and the awarding body, so we would appreciate a cooperative approach to developing this. We have discussed the inspection process with some of our providers, who are currently inspected by the GDC, as well as a number of other bodies (such as Skills for Health and NHSE). There was little appetite for us to provide an additional inspection process for aspects of the courses that had already been inspected, but we will draft a proposal for discussion with stakeholders.	
13	RCSEd must ensure that all students signed up to their exams have covered all learning outcomes.	<p>We note the comments related to ensuring that all candidates have covered the relevant Learning Outcomes during their course of study. The application form for the examination can be found in our initial response letter, and comment on the application form has been added by the GDC to their comments on requirement 13 in this report.</p> <p>Again, we believe the overall responsibility for the delivery of the curriculum, including direct oversight of teaching and clinical placement activities, lies with the individual programme providers, but will look at ways in which we can better demonstrate that the examination applicants have attained the required knowledge, skills, and behaviours described in the GDC Safe Practitioner framework.</p>	Reinspection

14/15	RCSEd must put a system in place to monitor and record student assessments, including clinical/technical experience against each learning outcome, with consideration given to enhancing the current provider declaration to reflect this.	As above in response to requirement 13, the application form was not submitted in our initial submission but has since been accepted by the GDC. The Director of the course signs a statement confirming that students have completed an appropriate amount of clinical training as described in the GDC's learning outcomes for the DipOT exam. As we understood the responsibility for the curriculum and direct oversight of teaching and clinical placement activities lay with the programme providers, we felt this declaration was sufficient to fulfil this requirement. We are, however, happy to work with the GDC to obtain a mutually acceptable framework for this process for the future.	Reinspection
17	RCSEd must review the external examiner reports from each delivery centre and ensure any recommendations have been followed up.	<p>We are reviewing our current assessment documentation and external examiner processes to ensure appropriate records and follow-ups are maintained.</p> <p>We will ask partner institutions about access to External examiner reports, but we do have concerns around whether certain information, such as EE reports, responses to EE reports, and discussions at Award Boards/decisions on progression which are based upon these, can be provided to the College from the centres. We will, however, explore the limits of co-operation and data sharing. This recommendation will require further exploration with the GDC in order to agree a shared understanding as to how this might be achieved.</p>	Reinspection
18	RCSEd must ensure they record detailed notes during assessments, so that detailed feedback can be provided to any student that requests it.	While it is standard practice to provide feedback for failed candidates, we will review the detail that can be provided, while also ensuring that no details of the assessment items that could advantage future	Reinspection

		candidates is disclosed. In the short term, we will continue to impress upon the examiners the importance of written feedback, and will explore the potential for enforcing feedback once an electronic marking system is in place (anticipated implementation date 2027).	
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Observations from the provider on content of report

As an awarding and examining body, RCSEd does not deliver the educational or clinical teaching provided through the five associated educational institutions, however we note the GDC's recommendations about areas for development in the future.

We acknowledge the importance of continued alignment with the GDC's *Standards for Education*, and we are committed to supporting high standards of assessment and professional development for dental professionals. We are also fully committed to ensuring our processes remain transparent, robust, and reflective of the expected quality assurance benchmarks for qualifications that lead to registration.

We note that this inspection was part of a pilot review, and we understand a re-inspection is scheduled within the 2025/26 cycle. We welcome the opportunity to engage with the GDC ahead of that process to further clarify roles and expectations, and to ensure a proportionate and sustainable quality assurance approach for qualifications such as the Diploma in Orthodontic Therapy.

Recommendations to the GDC

Education associates' recommendation	The Diploma in Orthodontic Therapy continues to be approved for holders to apply for registration as an orthodontic therapist with the General Dental Council.
Date of reinspection	Academic year 2025/26

Annex 1

Inspection purpose and process

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

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

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

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

A Requirement is met if:

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

A Requirement is partly met if:

"Evidence derived from the inspection process is either incomplete or lacks detail and, as such, fails to convince the inspection panel that the provider fully demonstrates the Requirement. Information gathered through meetings with staff and students may not fully support the evidence submitted or there may be contradictory information in the evidence provided. There is, however, some evidence of compliance and it is likely that either (a) the appropriate evidence can be supplied in a short time frame, or, (b) any deficiencies identified can be addressed and evidenced in the annual monitoring process."

A Requirement is not met if:

“The provider cannot provide evidence to demonstrate a Requirement or the evidence provided is not convincing. The information gathered at the inspection through meetings with staff and students does not support the evidence provided or the evidence is inconsistent and/or incompatible with other findings. The deficiencies identified are such as to give rise to serious concern and will require an immediate action plan from the provider. The consequences of not meeting a Requirement in terms of the overall sufficiency of a programme will depend upon the compliance of the provider across the range of Requirements and the possible implications for public protection”

5. Inspection reports highlight areas of strength and draw attention to areas requiring improvement and development, including actions that are required to be undertaken by the provider. Where an action is needed for a Requirement to be met, the term ‘must’ is used to describe the obligation on the provider to undertake this action. For these actions the education associates must 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 monitoring process. Serious concerns about a lack of progress may result in further inspections or other quality assurance activity.

6. The Education Quality Assurance 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.