



# Induction

Karl Grimes  
1<sup>st</sup> June 2026



# Welcome

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CONGRATULATIONS!



INTRODUCTIONS

# Objectives

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EXPLAIN THE YEAR LONG  
COURSE




UNDERSTAND THE  
ASSESSMENTS



DESCRIBE THE SUPPORT  
NETWORK AVAILABLE

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# Orthodontic Therapy

- Newest grade of dental care professional in UK
  - 40 years in the making
  - >400 registered orthodontic therapists in UK
- 
- A decorative yellow dashed line in the bottom right corner, consisting of several short, curved segments.

# October 1967

- Gordon Dickson (Chairman of COG)

Orthodontic Department, Royal Portsmouth Hospital,  
Commercial Road, Portsmouth.

11th October, 1967.

At the last meeting of the Consultant Orthodontists' Group it was suggested that the Committee investigate the question of the use of ancillary workers in orthodontics.

At the request of the Committee I have prepared the attached questionnaire and I would be very grateful if you would complete it and return it to me at the above address as soon as possible.

I will try to collate the replies and communicate them to the Group at the earliest opportunity.

Yours sincerely  
G.C.DICKSON

CDS - copy

CONSULTANT ORTHODONTISTS' GROUP

Do you approve, in principle, of the creation of a type of ancillary worker in orthodontics? .. .. YES / NO

If so should they be

(1) trained solely for this purpose? .. .. YES / NO

(2) carry out hygienist work as well? .. .. YES / NO

Should they carry out the following operations:

(1) Take impressions? .. .. YES / NO

(2) Make bands? .. .. YES / NO

(3) Fit removable appliances? .. .. YES / NO

(4) Adjust removable appliances? .. .. YES / NO

(5) Tie-in arches adjusted by the orthodontist? .. .. YES / NO

(6) Tie and adjust arches? .. .. YES / NO

(7) Instruct patients in wearing and cleaning appliances? .. .. YES / NO

(8) Brite arches? .. .. YES / NO

(9) Cement bands? .. .. YES / NO

(10) Any other operations? .. .. YES / NO

----- TAKE SEVERAL YEARS -----

Should they be trained at

(1) New Cross Ancillary School? .. .. YES / NO

(2) A Teaching Hospital? .. .. YES / NO

(3) A special centre? .. .. YES / NO

(4) By individual orthodontists? .. .. YES / NO

Should they be trained

(1) in limited numbers as an experiment? .. .. YES / NO

(2) as a continuous permanent process? .. .. YES / NO

Should the Group take immediate steps to inform these bodies of their views:

(1) General Dental Council? .. .. YES / NO

(2) Ministry of Health? .. .. YES / NO

(3) Royal College of Surgeons? .. .. YES / NO

(4) B.S.S.O.? .. .. YES / NO

Any other comment .. ..

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Can you suggest a suitable title for these workers?

----- ORTHODONTIC HYGIENIST -----

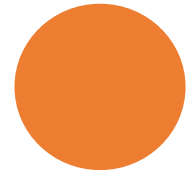
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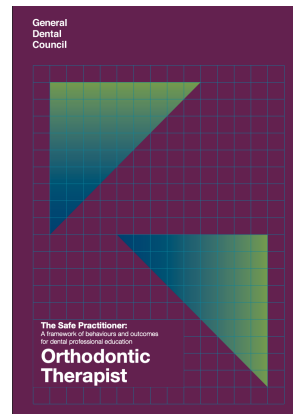
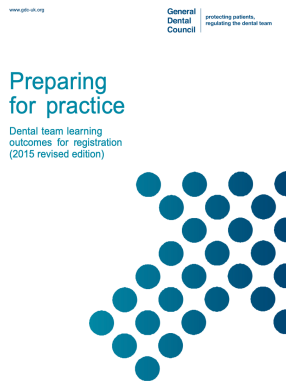
- 2 week pilot study at Bristol Dental School in September 1995
- Dental nurses who had been accepted to train as hygienists
- Level of skills exceeded those of final year dental students

July 2007

- 1<sup>st</sup> orthodontic therapy course at Leeds Dental School



# NI Process and GDC inspection





Royal College  
of Surgeons  
of England

**NIMDTA**  
Northern Ireland  
Medical & Dental Training Agency

# June 2025

- 1<sup>st</sup> Orthodontic therapy course started in Northern Ireland
- RCS England and NIMDTA
- Final exam April 2026



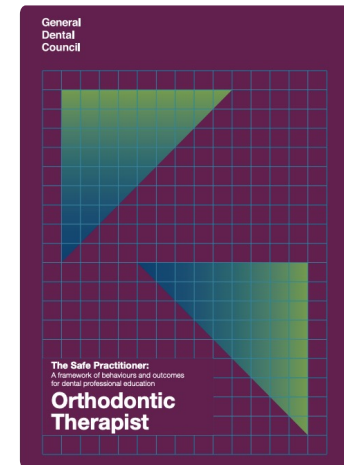
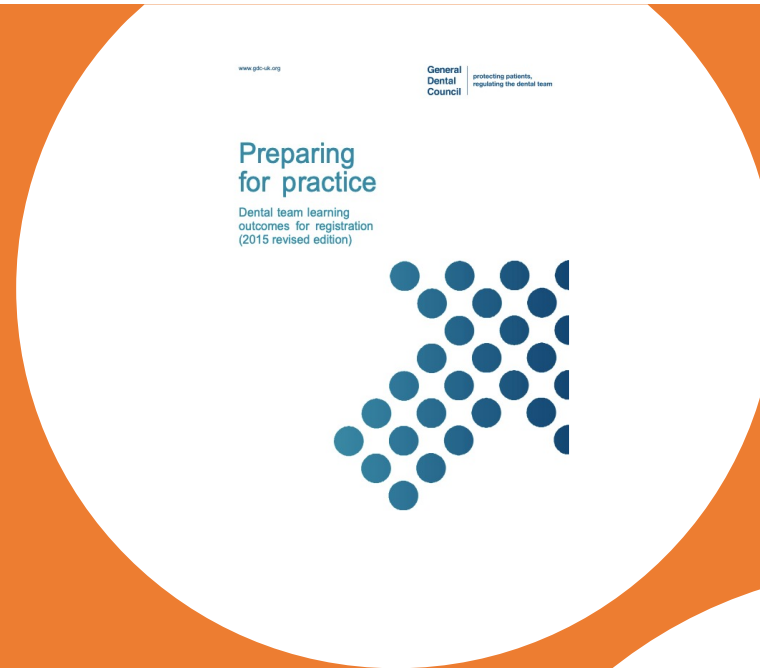
What theory is covered?

- Ethics, Professionalism and GDC
- Fixed, functionals, URA's
- Bonding and brackets systems
- Fixed mechanics
- Oral health/mucosal conditions/risks of treatment/population health/health and safety
- Study models/scanning/scaling/cephs/malocclusions
- Biomaterials/ionizing radiation
- Theory of headgear/facebows
- IOTN



# Theory- what's new?

- Preparing for practice
- Safe practitioner



# Theory-whats new?

- Mental health
- EDI (Equality/Diversity/Inclusion)
- Sustainability



Catherine Brierley  
Tanya Ahmed and Sophy K Barber

## A preliminary survey of knowledge, attitudes and practices in relation to environmental sustainability

**Abstract:** Climate change is now widely accepted as a real and serious anthropogenic threat to the future, driving a need to change our personal and professional behaviour in relation to environmental sustainability. This research aims to establish orthodontists' knowledge, attitudes and current practice in relation to environmental sustainability in the clinical environment. A cross-sectional survey of orthodontists in the UK was carried out using a bespoke online questionnaire developed through literature review, consultation with experts and pre-testing. Information was collected about the perceived importance of environmental sustainability and strategies to improve practice, current practice and policies, and potential barriers and facilitators to change. Data were analysed descriptively to report sample characteristics and frequency of reported attitudes and practice. Free text answers provided additional context and detail. The questionnaire was completed by 146 BDS members (10%). Environmental sustainability was overwhelmingly scored as critical or important, with slightly higher ratings for the importance of environmental sustainability in general than in orthodontics. The environmental strategies rated as often as 'critically important' were: (1) reducing the use of plastics; (2) recycling consumables; (3) reducing the use of single-use items; and (4) rethinking waste management processes. The main concerns associated with facilitating change related to attitudes, culture and the relative benefit and feasibility of making changes. Key perceived barriers to making changes were cost, regulations and organizational policies, largely reported by people working in hospitals. Orthodontists appear passionate about environmental sustainability, but a number of barriers limit their ability to make meaningful changes in practice. This study provides preliminary information about awareness, attitudes and behaviours of orthodontists, which is useful for generating questions for future research.

**CPD/Clinical Relevance:** Orthodontists appear passionate about environmental sustainability, but a number of barriers limit their ability to make meaningful changes in practice.

**Ortho Update 2025; 18: 82-90**

Over the past few years environmental sustainability and climate change have received increasing media coverage fuelled by protestors, world leaders, thinktanks, researchers and businesses'

such that climate change is now widely accepted as anthropogenic in nature and an urgent worldwide crisis.' Research on environmental sustainability in dentistry has followed suit: 'The World Dental

Federation (FDI) vision 2030 document calls for 'urgent action on oral health' and states that 'as oral health care providers, we have an ethical and moral responsibility to manage the impact of our activities on the environment and ensure that we do this in a sustainable manner'. Challenges to sustainable health care practices include 'perceived costs', individual attitudes and difficulties in the implementation of measures within constraints of legislative frameworks'.<sup>1-4</sup> Much of the research on sustainable environmental practice in dentistry has been focused on general dentistry. Two

**Catherine Brierley, BDS(Hons), MFDS, MClintDent Orthodontics, MOrth, FOrth, Consultant Orthodontist, Charles Clifford Dental Hospital, Sheffield and Chesterfield Royal Hospital. Tanya Ahmed, BDS, MFDS RCS, GCert Med Ed, Clinical Teaching Fellow in Dental Sciences, School of Dental Sciences, Newcastle University. Sophy K Barber, BDS, MSc, PG Dip Health Res, PhD, MFDS RCS Eng, MOrth RCS Ed, FOrth RCS Ed, Clinical Lecturer and Honorary Consultant, University of Leeds. email: catherinebrierley@nhs.net**





What practical is covered?

- Posture and use of dental mirrors
- Fixed appliance placement
- Seps and bands
- Fixed mechanics on typodonts
- Functional bite registration
- Impressions and photography
- Medical emergencies
- End of course assessment

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# Patients and your student therapist

- All patients to be seen at start and end of each appointment
- All patients to sign consent agreeing to treatment by therapist



**CONSENT OF PATIENTS TO PARTICIPATE IN  
ORTHODONTIC THERAPIST EDUCATION  
FACULTY OF DENTAL SURGERY, RCS ENGLAND**

Patients name .....

Date of Birth .....

In the orthodontic clinic here there are student orthodontic therapists. They have all previously qualified as either dental nurses, hygienists or technicians and are currently enrolled on the Orthodontic Therapy Course which is under the auspices of the Faculty of Dental Surgery of the Royal College Surgeons of England

The success of the training of these students depends on them having personal practical experience of all but the most complex orthodontic tasks before they qualify. They are supervised closely in every aspect of their care by an orthodontist.

Your participation with this is entirely voluntary and any decision before or during your treatment not to be seen by a student orthodontic therapist will be respected.

I am the patient/parent/guardian (delete as necessary)

I understand and accept that:

- the above named patient may during the course of orthodontic treatment be seen for treatment by a student orthodontic therapist.
- both the orthodontist responsible and the student therapist will ensure that at all times the treatment will be carried out under the direct supervision of an orthodontist.

Patient/parent/guardian signature ..... Date..........

Orthodontist signature ..... Date..........

Student Orthodontic Therapist signature ..... Date..........



# Consent form





Training in  
progress

- Advertise that you are a training practice/department of orthodontic therapists in the waiting room
- ID Badges

# Time for each appointment

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- Time pressure kills the learning environment
- Guide for appointment times
- Any patient
- Any stage in treatment



# Appointment times

<i><b>Procedure</b></i>	On return from core course (mins)	After 4 months (mins)
Photographs	17	12
Impressions	15	9
Separators	11	10
Functional Bite Reg.	19	24
Banding Teeth	30	28
Bond-up	80	55
Space Closure	29	22
Debonding	41	37
Fitting Functional Appliance	24	17
Fitting Removable Retainer	17	12

# 1<sup>st</sup> live patient

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- With you in the workplace
- Monday 29<sup>th</sup> June 2026



# 1<sup>st</sup> live patient

- Start with a bond up
- Allow 60-80 mins for appointment
- Look at records in advance and discuss
- Whole procedure is observed and do a DOPS
- Get photos on completion
- Feedback away for the clinic to discuss after



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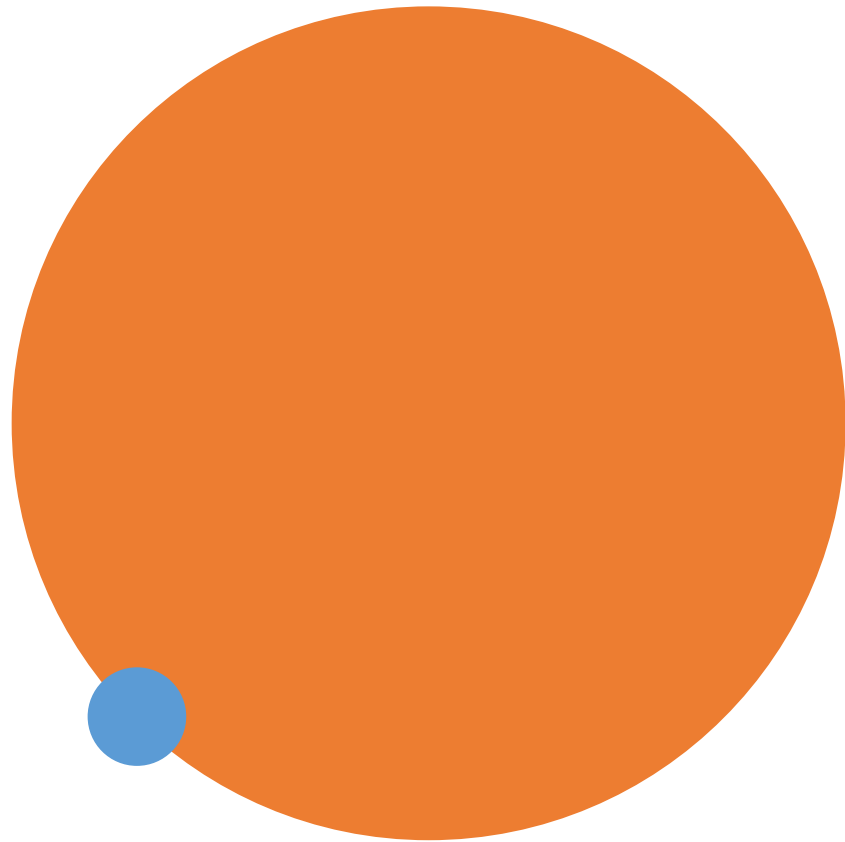
Every patient  
is a learning  
opportunity

- Make a note of questions on clinic



How will your progress be monitored?





- Logbook and assessments in the workplace

# Objectives



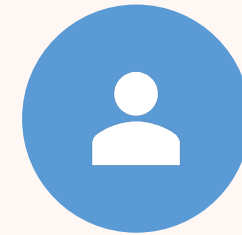
INFORMAL ASSESSMENT  
WITH DAYBOOK



FORMAL ASSESSMENT  
WITH DOPS



OTHER ASPECTS OF  
LOGBOOK



WHO LOOKS AFTER THE  
PORTFOLIO

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# Assessments

- Informally with Daybook
- DOPS



# Daybook

- Every patient must be seen by supervisor
- Every patient must be recorded



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# Daybook

Student completed

Supervisor completes

Date	Treatment				Comment	Supervisor

---

# Grading



The trainer will then tick the appropriate coloured box, according to how well the treatment was undertaken:

- **Green** Ticking the green box means that the student undertook the procedure perfectly and no improvements could be made
- **Orange** Ticking the orange box means that the majority of the treatment was correct, but there were small areas of improvement that could have been made.
- **Red** Ticking the red box indicates that there were a number of areas of improvement required

# Daybook completion

- Green should only be scored when everything was perfect and there is no room for improvement in any aspect of the procedure
- If red or orange are scored, a comment is made so you can learn from this for the next time



- 
- Purpose of daybook is to provide learning outcomes for you
- 

# OT logbook

OT Logbook

## Orthodontic Therapy Logbook

Log in

Log in using your email address

Email address

Password

Log in

# Reports

## Reports

### Daybook Summary

Treatment	Entries
Separator placement	31
Bands placement	46
Bond-up	45
Bite registration	88
Impressions	137
Photos	303
Debond	25
Bonded retainer placement	1
Fit removable appliance	31
Fixed adjust	352
Space closing mechanics	120
Functional bite registration	9
Fit functional appliance	8

## Direct Observation of Procedural Skills (DOPS)

Student Therapist:

Assessor:

Clinical Task: **Separators** **Impressions** **Functional bite registration** **Banding teeth**

**Bond-up** **Space closure** **Debonding** **Fitting Functional**

**Fitting removable retainer** **Fitting bonded retainer**

**Photographs** **Casual appointment**

Number of previous DOPS undertaken by assessor: 0 1 2 3 4 5-9 >9

Complexity of case:  Low  Average  High

Please grade the following areas using the scale	Below expectation for course completion (1)	Borderline for course completion (2)	Meets expectation for course completion (3)	Not assessed
Demonstrates understanding of indications and techniques of procedure				
Obtains appropriate consent				
Demonstrates adequate preparation pre-procedure				
Technical ability				
Appropriate cross-infection technique				
Seeks help where appropriate				
Post procedure management				
Communication skills				
Professionalism				
Overall ability to perform procedure				

Please use this space to record areas of strength or any suggestions for [development](#) (continue on back if required)

Student satisfaction with fairness of DOPS (grade from 1 (not at all) to 10 (highly):

Assessor satisfaction with fairness of DOPS (grade from 1 (not at all) to 10 (highly):

Time taken for observation (in mins):

Time taken for feedback (in mins):

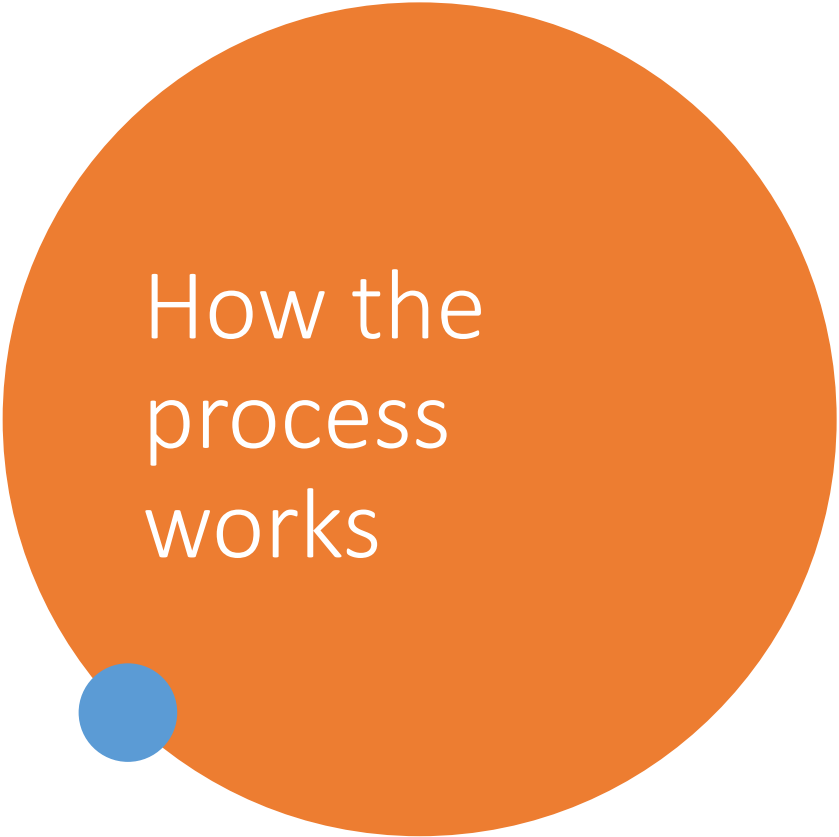
Assessor Signature: \_\_\_\_\_

Assessor name printed: \_\_\_\_\_


Date: \_\_\_\_\_

# DOPS

- Direct Observation of Procedural Skills
- Use DOPS form
- Whole procedure is observed
- Judgments made on specific areas
- Each area is graded
- Immediate feedback given
- Student to transfer to ePortfolio



## How the process works

- 
- Assessor must be a specialist and have read instructions
  - Process is student led

## DOPS (12)

- Separators
- Impressions
- Functional bite registration
- Banding teeth
- Bonding teeth
- Space closing mechanics



## DOPS (12)

- Debonding
- Fitting a functional appliance
- Fitting a removable retainer
- Fitting a bonded retainer
- Photographs
- Casual appointment
  
- Each task should be observed at least twice



## How they grade them

- Compared to standard your trainer would expect you to reach at the end of course
- Grades 1-3
  - 1= Below expectations for course completion
  - 2= Borderline for course completion
  - 3= Meets expectations for course completion
- Descriptors available for every grade for skill for every procedure



# Skills assessing

Understanding

Consent

Preparation

Technical ability

Appropriate cross infection

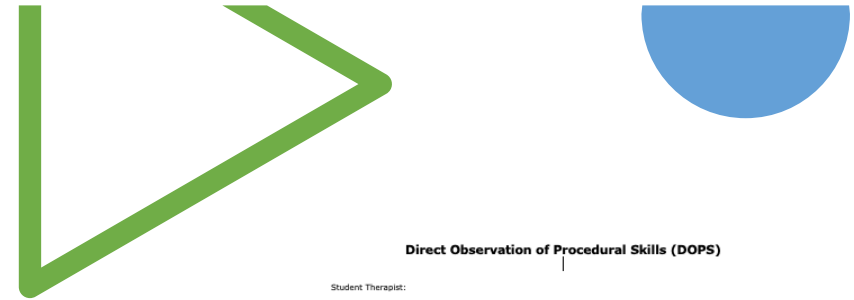
Seeks help if required

Post-procedure care

Communication skills

Professionalism

Overall ability to perform procedure



**Direct Observation of Procedural Skills (DOPS)**

Student Therapist: \_\_\_\_\_  
 Assessor: \_\_\_\_\_

Clinical Task: **Separators Impressions Functional bite registration Banding teeth**  
**Bond-up Space closure Debonding Fitting Functional**  
**Fitting removable retainer Fitting bonded retainer**  
**Photographs Casual appointment**

Number of previous DOPS undertaken by assessor: 0 1 2 3 4 5-9 >9

Complexity of case:  Low  Average  High

Please grade the following areas using the scale	Below expectations for course completion (1)	Borderline for course completion (2)	Meets expectations for course completion (3)	Not assessed
Demonstrates understanding of indications and techniques of procedure				
Obtains appropriate consent				
Demonstrates adequate preparation pre-procedure				
Technical ability				
Appropriate cross-infection technique				
Seeks help where appropriate				
Post procedure management				
Communication skills				
Professionalism				
Overall ability to perform procedure				

Please use this space to record areas of strength or any suggestions for development (continue on back if required)


Student satisfaction with fairness of DOPS (grade from 1 (not at all) to 10 (highly): \_\_\_\_\_)  
 Assessor satisfaction with fairness of DOPS (grade from 1 (not at all) to 10 (highly): \_\_\_\_\_)

Time taken for observation (in mins): \_\_\_\_\_ Time taken for feedback (in mins): \_\_\_\_\_  
 Assessor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Assessor name printed: \_\_\_\_\_



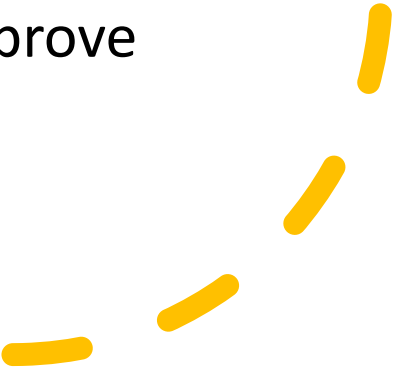
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## Other areas of form

- Number of previous assessments you have done
  - Complexity of case
  - Satisfaction of you and student with fairness of the process of this assessment (not a mark out of 10 for quality)
  - Feedback
- 
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# DOPS

- Start early in training-to allow you learn from them
  - Grade for standard you would expect at end of course
  - Provide action plan of how to improve
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# Feedback

- Needs to be as soon as possible after the event
- Give student:
  - Agreed areas of strength
  - Areas for development
  - Action plan



# Creating a positive relationship between trainer and trainee

- Demonstrate mutual respect
  - Close and supportive supervision
  - Welcoming approach to request for advice
  - Trainee given clinical independence within their limits
  - Trainee allowed to explore their clinical limits under supervision
  - Accessible and engaged in learning process
- 

**Weekly log**

Name of student: ..... Name of trainer: .....

Week commencing: .....

Please comment on the week's events:

Tutorial topics: .....

Experiences:

- Best .....  
.....  
.....

- Worse .....  
.....  
.....

Difficulties: .....

Achievements .....

Possible future learning needs:

.....  
.....

# Weekly reflective log



- Reflect on what you have done that week and learn for it
- Record tutorial topics



# Tutorial topics



1 HOUR PER WEEK



BASED ON  
EXPERIENCE ON  
CLINICS



LOOK AT HANDOUTS  
FROM LECTURES ON  
COURSE

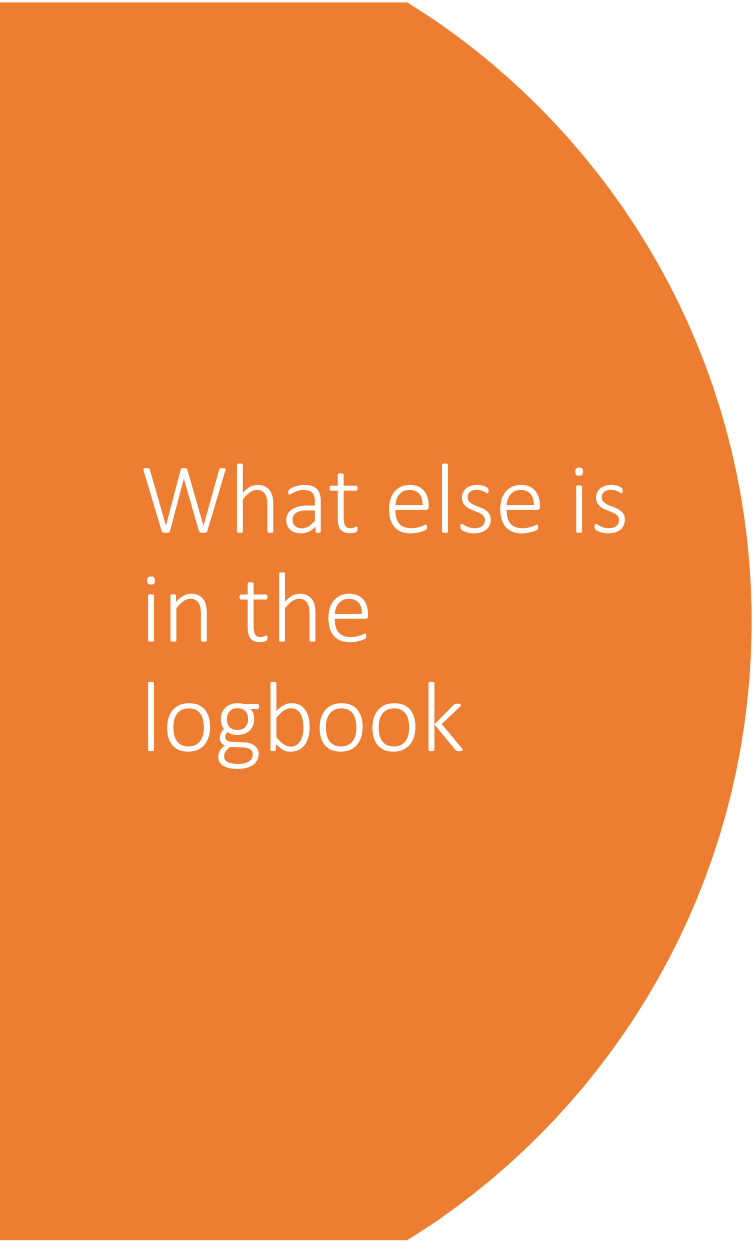


STUDENT TO DRIVE  
TOPIC CHOICE




LOOK AT GDC  
OUTCOMES  
DOCUMENT




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## What else is in the logbook

- Daybook
  - DOPS
  - Weekly reflective log
  
  - Reflective log linked to GDC syllabus
- 
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# GDC reflective log

- Student keeps a record to demonstrate experience related to selected GDC outcomes
  - They collect these 'experiences' throughout the year
- 

## What else is in the logbook

- Daybook
- DOPS
- Weekly reflective log
- Reflective log linked to GDC syllabus
  
- Photo/Traced Ceph
- Audits/presentations
- Significant event analysis



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# Significant event analysis

- From airline industry
- To learn from mistakes or 'near misses'



# Significant event analysis

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What was the event

Upper and lower bond up, patient attended a couple of times due to the brackets coming off.

Describe what happened

Did an upper and lower bond up, whilst ligating the appliance 3 brackets came off then bonded back on , 2 days later another 3 brackets came off , 1 week later patient attended again as another bracket came off, rebounded that bracket whilst cinching back the 016 niti wire the Lower right 6 bracket came off.

How could the event be avoided


Checked the composite to see the date. Good moisture control Went through post op instructions with patient.

What measures could be employed to prevent the event re-occurring?

Checked the composite to see the date. Good moisture control Went through post op instructions with patient. Make sure the nurse is putting enough composite on to the brackets. Making sure the SEP is mixed properly.

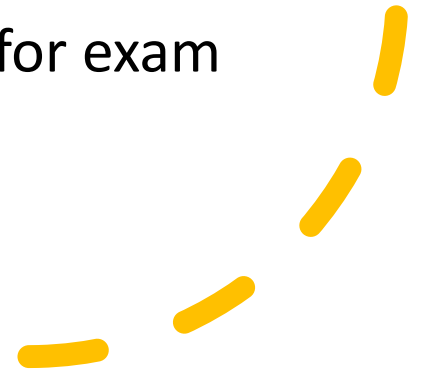
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## What else is in the logbook

- Daybook
  - DOPS
  - Weekly reflective log
  - Reflective log linked to GDC syllabus
  - Photo/Traced Ceph
  - Audits/presentations
  - Significant event analysis
  
  - PDPs
  - Appraisals
- 
- A decorative yellow dashed arc in the bottom right corner of the slide, consisting of several short, curved segments.

## Who looks after the logbook?

- Student responsibility, but...
- Trainers should monitor logbook progress
- Orthodontic tutor will also monitor them
- Course director will look at DOPS and daybook/weekly logs
  
- Whole logbook available to RCS for exam





# Important document to help

## Common mistakes



### Common Errors – important areas for trainers to avoid

- 1. DOPS – started to late**

The students will often delay undertaking the DOPS to ensure they perform well as well as possible in the assessment. This is a mistake. The DOPS are designed to help the students identify early on what they are doing well and what they need to improve on. The DOPS is not about passing or failing – it is identifying learning outcomes. The student needs to show progress and improvement as they do more DOPS.
- 2. DOPS over-scored**

As the supervisor it is important to remember that you are assessing the student against the level they should achieve once qualified. This is so they know what they are aiming for. It would therefore be most unusual in the first few DOPS for the student to reach the level required of a qualified therapist.
- 3. DOPS – no learning outcomes provided**

The aim of the DOPS is provide learning outcomes – areas for the student to work on in the future. If the student underperforms in any aspect of the DOPS a clear summary of how to improve the performance should be provided on the form.
- 4. DOPS – satisfaction of fairness score filled in incorrectly**

At the bottom of the form the student and trainer has the opportunity to record whether they felt the assessment was fair or not. This is a safety check in case there were particular, problems that may have made it difficult for the student to perform well. It is NOT a score of how well the student did.
- 5. Tutorials – not provided every week**


A tutorial time of 1 hour during normal work hours needs to be in place each week. The content of the tutorial will vary depending on the stage of the course, and this will be discussed at the Training the Trainers Day.
- 6. Tutorials – what to cover and what depth?**

A syllabus is provided with this pack to give trainers an idea of the range of areas to cover. The students will be provided with handouts of all their lectures on the core course, so it is worth asking to see what was covered during the core course to gain an insight to the depth of knowledge required. If you are at all unsure about what tutorials to provide, use the core course timetable as a guide of topics to be covered.
- 7. Daybook – don't forget to score at the level of the qualified therapist**

It is important to score the student against the level of a qualified therapist – this allows the student to know what they are aiming for. This will inevitably mean initially that the student will get a lot of “amber” and “red” scores. And remember to give learning outcomes of how to improve in the future.
- 8. Daybook – providing learning outcomes**

One of the key reasons for the daybook is to help the students learn from their mistakes. Whenever they score an “amber” or “red” the supervisor must provide a brief comment on the daybook explaining what they need to do better next time.

## 5 top mistakes to avoid

- 1. DOPS started too late
  - 2. DOPS and Daybook over-scored
  - 3. DOPS and Daybook-no learning outcomes provided
  - 4. DOPS-satisfaction of fairness incorrect
  - 5. Tutorials not provided every week
- 

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End of Core  
Course

- Short Answer Questions
- Feedback





Conclusions



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# Support network

- Karl Grimes
- Catherine Doherty
- Amanda Jackson
- Emma Jones

