

Education Quality Assurance Inspection Report

Education Provider/Awarding Body	Programme/Award	Inspection Dates
King's Health Partners (KHP)	Diploma in Orthodontic Therapy	11-12 March 2020

Outcome of Inspection	Recommended that the KHP Diploma in Orthodontic Therapy programme 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 the annex

Inspection summary

Remit and purpose of inspection:	Inspection referencing the <i>Standards for Education</i> to determine approval of the award for the purpose of registration with the GDC as an orthodontic therapist.
Learning Outcomes:	<i>Preparing for Practice (Orthodontic therapists)</i>
Programme inspection date(s):	11-12 March 2020
Inspection team:	Cindy Mackie (Chair and Non-registrant Member) Richard Cure (Dentist Member) Natalie Watson (GDC Education & Quality Assurance Officer) Angela Watkins (GDC Quality Assurance Manager)

Inspection Summary

This report details the inspection of the Diploma in Orthodontic Therapy programme delivered by KHP. KHP comprises of Guy's & St Thomas' Hospital NHS Foundation Trust, King's College Hospital NHS Foundation Trust and King's College Hospital who collaborate to provide the staff and resources for this programme. The final examinations for the qualification are provided by the Royal College of Surgeons of Edinburgh (RCSEd).

KHP have made positive improvements since the last inspection in 2013 and the number of requirements met, have certainly increased. The panel observed effective leadership and motivation to improve the programme, in the steps which have been taken. There has been no relapse in relation to the originally met requirements in the 2013 report. The introduction of a structured induction for both students and supervising orthodontists is evidently having a positive impact on the programme. This was demonstrated and supported during the inspection through discussion with students and supervisory staff. The panel also recognised the positive impact this has had on areas such as reflective practice. A comprehensive Trainer specification is also evidence of the progressive steps taken to ensure standards are met.

Following the 2013 inspection, KHP's introduction of the online portfolio is providing a good holistic overview of the progress of students and it is being utilised by staff, students and supervising orthodontists. KHP recognise that there are areas to develop this further to ensure this platform captures all aspects of learning, development and reflection in a timely manner.

During the visit the KHP programme team demonstrated their professional leadership and close working relationship with the students and supervising orthodontists, which was evidently recognised by the panel.

The overall consensus of the panel was that there were no major areas of concern within this programme. However, a few areas were highlighted in relation to where further formalisation of current and developing processes are required. There is a definite need to improve the quality assurance and monitoring of work placements, which was found to be very limited with regards to formal process, structure, and evidence of recording systems in particular. The implementation of a more robust process would ensure that any issues within work placements are identified in a contemporaneous manner, addressed at an early point and avoid any potential disadvantage to learners.

Following discussions with staff and examination of documentation the panel highlighted the need for regular training for staff, students and supervising orthodontists around equality and diversity, which is specifically relevant to each respective role. There was some commendable evidence of integration into the programme in the focus provided in some areas of Disability such as Autism, however KHP will also need to ensure that equality and diversity is embedded longitudinally and that students are given exposure to learning in this area.

The development of such role related training will provide skills development for staff and subsequently prepare and develop students to address individual patient centred care and workplace needs.

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

Background and overview of qualification

Annual intake	8 - 10 students
Programme duration	52 weeks (42 days over 52 weeks) Core programme = 20 days, extended programme 22 days (2 days attendance every month)
Format of programme	Weeks 1 – 4 fulltime, Weeks 5 – 48 part time (2 days each month at training centre)

Outcome of relevant Requirements¹

Standard One	
1	Met
2	Met
3	Partly Met
4	Partly Met
5	Partly Met
6	Met
7	Partly Met
8	Met
Standard Two	
9	Partly Met
10	Partly Met
11	Partly Met
12	Partly Met
Standard Three	
13	Met
14	Partly Met
15	Met
16	Met
17	Met
18	Met
19	Partly 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)

Prior to treating patients, students are required to complete a four-week core programme which is conducted at Maurice Wohl Dental Centre, West Norwood. This four-week programme consists of a Typodont course featuring a competency checklist which must be completed before students can progress. KHP ensure that students are equipped with the basic practical skills of an orthodontic therapist, but also the ability to work effectively with an assistant in the clinical environment, maintain patient safety, and offer coping strategies for anxious patients. Gateway assessments consist of a written exam and OSCEs, both of which must be passed before students may treat patients in their work placements.

The senior orthodontic therapist conducts on-clinic assessments of various treatments to ensure students' competence, there are also opportunities for students to practise skills on each other. Teaching space is challenging for KHP and at times there is difficulty in locating suitable rooms, however the team have access to transportable equipment which can be utilised where necessary. The panel recommends that permanent teaching facilities are identified and available to the KHP programme to avoid potentially disadvantaging the learners in the future, should this impact the programme. The lack of access to phantom heads during this four-week core programme, was noted by the students and it is something that KHP should consider. Although, KHP currently allow students to enhance clinical experience on both peers and colleagues and felt that learners were not disadvantaged.

The core programme was comprehensive and prepared students to suitably progress into the work placements as trainee orthodontic therapists. The Typodont course is a recognised programme for teaching orthodontic skills and the competencies required to pass the core programme were well defined.

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

The core programme includes teaching of legal and ethical issues, of which consent is included. The online student portfolio includes a consent form which is utilised by students when treating patients in the practice or hospital setting. The completed consent form would be scanned into the online portfolio which is accessible to KHP staff and supervising orthodontists, which does allow for effective monitoring.

KHP provide a poster for students to display at their work placements, which informs patients that they may be treated by a trainee orthodontic therapist. There is also a requirement for students to wear identification badges. During a workplace visit, KHP would ensure that both the poster and identification badges are being utilised. Students in hospital settings are required to wear specific uniforms, which allows patients to identify them as an orthodontic therapy student.

Students are provided by KHP with a uniform which is worn during clinical sessions during the course and when they undergo formal examinations. While the process of obtaining consent is

not overseen by the course team, the panel was aware of the registrant status of both the student and supervising orthodontist. The need for obtaining consent is part of the GDC's Standards for the Dental Team with which all registrants are required to comply.

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

Prior to the initial four-week core programme commencing, KHP conduct a mandatory work placement visit. The expectation is that the work placements meet the criteria laid down by KHP and have the relevant policies in place. The panel agreed that it is unclear specifically what the full expectations are in relation to the specific policies required to be reviewed during this visit, and a robust formal recording process of such would be beneficial to the programme. KHP utilise a pre course self-audit which is reviewed annually, however have not yet felt it necessary to make any changes or necessary updates to this. KHP advised the panel any changes with regard to the self-audit would feed into team meetings which are formally conducted every six months. The panel felt there should be an opportunity for increasing the frequency of formal meetings to allow for more regular review of the programme also.

The KHP course team also complete a second workplace visit which allows for any areas of concern to be discussed between the course team, students and supervising orthodontists. Following on from documentation and discussion during the inspection, the panel felt that there is a lack of understanding in relation to some areas in the supervising orthodontists' role and expectations which allows for disparity across students' level of supervision. The KHP course team should ensure there is a more robust and regular monitoring of students whilst in their work placements, in order to be assured that students and patient safety is maintained. This should include focus on the timeliness of supervised sessions, completion of documentation and the timely recording of patient notes by students.

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

Due to the concerns noted as part of requirement three, the panel was not assured all students are consistently supervised appropriately throughout. During the inspection it was clear that KHP had some challenges around identifying the lack of supervision of students in a timely manner. However, it was noted by the panel in a recent and evidenced matter that once issues arose, KHP acted appropriately and immediately to ensure matters are resolved suitably.

The introduction of an effective induction process for both students and supervising orthodontists was positive and allows for initial training around supervision expectations and standardisation for grading assessments. Whilst staff were evidently fully aware of their roles and responsibilities KHP recognised the need for a staff induction handbook, which is being considered and there are plans in place to ensure this is utilised within the programme.

Supervising orthodontists are required to complete the student logbook with feedback, which is then reviewed by the KHP course team during student one to one meetings that are typically conducted monthly. At this meeting, members of the course team are able to discuss progress and any concerns identified within the logbooks with the student, KHP would then discuss any concerns identified, with the supervising orthodontist via telephone. Interim moderation of the online logbook content is conducted by KHP and any areas of concern identified would also feed in to the next and adjacent monthly meeting. KHP have recently introduced final moderation, which is due to take place with effect from the current cohort. This new process includes, a final quality sample of the online portfolio, prior to sign up for examinations.

Succession planning is an area needs to be considered by KHP to avoid the programme becoming adversely affected should course staffing issues arise.

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 Partly Met)

Although the panel was satisfied that all the workplace trainers were appropriately selected and qualified to teach and supervise students, there were concerns around specific training in relation to equality and diversity in order to provide supervisory staff with the necessary skills relevant to their role, as opposed to generic training.

KHP advised that staff, trainers and students currently complete an online training module in equality and diversity as part of the recruitment process and there are plans to incorporate additional training around unconscious bias. The panel was of the opinion that the training presently completed is not specifically relevant to specific roles and is also not conducted regularly. It was a concern that there is only the need to conduct this training once, and although KHP advised it was, we did not see evidence during our visit, that this is part of annual training plans.

The improved induction process was noted by the panel as a positive step and now encourages the programme leads to recognise the need for regular review and development, to ensure it continues to have an ongoing and positive impact.

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)

KHP provided various policies which gave reassurance to the panel around the formal process for raising concerns. The course team were confident that the first line of approach with raising concerns would be an informal discussion with the supervising orthodontist or KHP course team. If the matter was not resolved at this stage, following appropriate action, there would be a need to formalise the concern and the necessary form would be completed and submitted.

The student handbook outlines the process and includes contact details of staff, of whom students can forward their concerns. If the concern was in fact with a member of the course team, KHP utilise a Speaking up Guardian who would then discuss this with SOTD. If the concern was in relation to the workplace trainer, KHP would communicate with them to try to resolve any issues. If there is a need to find an alternative work placement, KHP would support the student during this process.

The student group were clearly able to articulate their responsibilities and awareness with regard to raising concern and the process to be followed. This assured the panel that the programme staff were evidently strongly embedding this aspect of knowledge throughout the programme.

The four-week core training programme includes teaching around raising concerns and duty of candour, and students have access to policies on the online platform that is utilised by KHP.

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 Partly Met)

Although KHP informally identify lessons learnt in relation to concerns raised, there was insufficient evidence of the recording of these actions and no formal documentation. As KHP advised, there is a formal team meeting every 6 months and it was agreed by the panel that there are not suitable timely opportunities to formally discuss and regularly review this aspect of the programme.

The panel believes there is a need to increase team meetings, which have a structured agenda, including matters such as concerns to be discussed. This will ensure concerns are dealt with appropriately in a timely manner and will also allow for avoidance of such issues arising in the future, due to lessons being learnt and shared.

Although workplace visits are conducted, there is little evidence to suggest that regular audits on issues which may affect patient safety take place and there is a need to formalise and evidence these processes.

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 induction process newly appointed programme staff, students and supervising orthodontists are trained in embedding the Standards for the Dental Team. KHP conduct teaching observations, specifically assessing the GDC standards which includes clear criteria students must meet. Training is provided around professionalism and there is an opportunity for this to be assessed during OSCE examinations. Students are continuously assessed by their trainer and this is recorded in the online logbook.

KHP have a fitness to practise policy and this would be applied where required. The panel was satisfied that improvements had been made for this requirement since the last inspection and KHP have since introduced a social media policy which was suggested during the last visit.

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)

Due to the restricted opportunity to formally meet and review the content of the programme, the panel could not be assured that there is a robust framework which effectively manages the quality of the programme.

The risk register had not been reviewed since 2016 and there is no evidence of monitoring of this document feeding into formal meetings. If KHP were to increase the frequency of team meetings, it would be beneficial to include a review of the risk register as part of the agenda or, as a minimum, review the register prior to a new cohort enrolling onto the programme. This would ensure that this is a live document and there would be a clear audit trail in relation to how risks are identified and managed appropriately.

Currently feedback is being collected from a range of sources, which also includes suggestions from students in relation to the format and structure of the programme. The actions resulting from this feedback is not formally documented and again there is no opportunity for this to feed into the programme effectively. This is also an aspect of the programme that could be incorporated into the agenda of timetabled and more regular meetings.

The lack of evidence and formal process under this requirement was of concern to the panel and it was clear that there is a need for KHP to recognise that these processes must be formalised and evidenced. The panel recognises some aspects are in place however also believe there can be improvements made by KHP, to ensure that a robust framework is embedded and any concerns around the quality of the programme are identified at an earlier opportunity.

The programme is subject to an annual review and is also internally moderated at the midpoint of the programme. The recent introduction of final moderation will be beneficial to ensure the quality of the programme, so long as there is effective recording of this process and actions which feed into the recommended regular meetings.

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

Prior to the mid-course internal moderation taking place, KHP course staff visit the work placements to ensure that students are working safely and in accordance with relevant processes. Online portfolios are reviewed, incorporating the use of a detailed sampling plan. To ensure online portfolios are utilised appropriately, there is a completion of a report by KHP that is accessible for staff, students and supervising orthodontists.

The panel was of the opinion that there are room for improvements within the internal moderation process. The auditing of the online portfolio does not currently allow for concerns to be highlighted in a timely manner. As the current internal moderation model consists of merely ensuring completion of the portfolio rather than also assessing the actual specific and

measurable content, there is the potential of a delay in highlighting areas of concern that would potentially impact the quality of the programme. Although KHP advised there is an opportunity to discuss progression clinically and academically during individual student reviews, the panel was not assured that these meetings are formalised to the standard expected.

The online portfolio is of great benefit to the programme, however there is a need to ensure that monitoring of this platform is more robust and that KHP introduce more effective ongoing and timely recording systems to allow for a clearly evidenced audit trail.

It was a concern to the panel that the quality of students' training is not currently consistent across all work placements and there is some disparity in the level of supervision. It was agreed by the panel that this could be avoided with the introduction of improved monitoring systems as explained above.

KHP require students to submit a training register to ensure that workplace tutorials are regularly completed by supervising orthodontists. This document is a positive step and includes details around the topic that has been covered during the tutorial and the total time spent. If the student is not receiving adequate tutorials in the work placement, this would be identified during the monthly meetings between students and the KHP course team. There is an informal process for communication between KHP and the workplace supervising orthodontist, should there be a need to discuss any concerns identified.

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

The improvements from the previous inspection were recognised and the panel was assured that the external examiner is making positive contributions to the programme and has the opportunity to make appropriate recommendations to improve the quality of the programme.

During the inspection, the panel was provided with evidence of a variety of sources from which feedback is collected. There was, however, some uncertainty around how this feedback is utilised to improve the quality of the programme. KHP recognised the need for a formal process which allows the feedback gathered to inform programme development.

The lack of formalised meetings and meeting minutes raised concerns for the panel as feedback is not currently recorded as influencing the contents of the programme. As previously suggested, increasing the frequency of meetings with a structured agenda to address this, will allow for regular review of the ongoing feedback which is actively collected. The implementation of formal actions will ensure that all feedback is utilised effectively.

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

Workplace visits are conducted prior to a student commencing the programme and KHP utilise a Practice visit checklist to record their visits. It would have been useful to see formal documentation of this process during the inspection, which outlines the structure and

timeframes for this activity. The panel would have expected further detail, specifically in relation to the list of workplace policies that are reviewed during this visit. Although the policies are documented on this checklist, it was not clear what KHP are reviewing other than ensuring the policy was in place. This process was confirmed to take place by the supervising orthodontists and students, during our visit. There was, however, no clear recording of issues identified or scheduled timeframes to rectify highlighted issues. It would be of benefit to the programme to have this in place. The panel was of the opinion that there are areas for improvement in relation to the recording system for the workplace visits that take place.

Due to the limited recording system for the visits conducted, KHP are currently not able to disseminate information in relation to work placements, to other supervising orthodontists in a formalised manner, however recognised that any common trends in issues arising, could feed into the following cohort allowing for a more standardised approach. KHP have acknowledged there are areas for improvement under this requirement.

Standard 3– Student assessment

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

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

Attainment throughout the programme is effectively measured with in-course assessments and completion of competencies at the work placements. The students attend the school for two days each month following the core programme. Moderation occurs twice during the programme which allows for the opportunity to ensure that competencies are being completed via the online logbook.

The panel was assured by the evidence provided in relation to the internal examinations conducted by KHP and were also content with the sign-up procedure in place. The internal final examinations also act as the sign up for students, which must be passed to be entered for the RCSEd examination.

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*)

Although the online portfolio has made a positive impact on the programme it is not being utilised to its full potential. The panel was concerned that a struggling student may not necessarily be quickly identified whilst in their work placement because there are few opportunities in the moderation role of portfolio evidence within the programme to review students' performance. This currently is informally during one to one meetings or during the interim moderation process which is limited. Although KHP advised there is an opportunity to discuss this at monthly reviews with students, there remains areas for improvements in relation to the monitoring and recording aspects of this requirement.

It was also a concern that a non-communicative student may not disclose difficulties they are experiencing with the programme. Appropriate measures should be taken by KHP to identify struggling students as soon as possible so that support can be provided.

During the visit the panel was given a demonstration of the online portfolio platform. It was during this aspect of the inspection that KHP provided evidence of the training registers that are completed by students to confirm the topics and length of time spent in workplace tutorials. The panel found that this area could be improved as this document would, ideally, be countersigned by the supervising orthodontist to approve the content.

The external examiner has appropriate involvement in the programme and is able to feed into various aspects of the programme including the review of internal examinations prior to sign up to the final examination with RCSEd.

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

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)

The panel was assured that assessments are fit for purpose and deliver results which are valid and reliable. KHP utilise the Angoff method for standard setting and this was evidenced during our visit.

Following assessments, KHP will review the pass rates and the questions are explored as to whether there are any discrepancies that may be causing a high fail or pass rate. The panel was satisfied that there is live data available which can be reviewed, specifically relating to all assessments.

The examiners are suitably prepared ahead of conducting internal OSCEs, to ensure that questions are considered, and model answers are available. If an answer is not included as part of the marking guide, the course team would discuss this to ensure consistency and agree an answer

If KHP have concerns, or a student doesn't perform as expected, this would be referred to the external examiner to reach a final conclusion as to whether they can pass.

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 Met)

During the initial induction to the programme, supervising orthodontists are calibrated and provided with training in relation to grading assessments. KHP provide scenarios which require marking and this is discussed with the supervising orthodontists so that a standardised approach can be agreed. The programme utilises the same descriptors as the Royal College which ensures consistency.

Recent feedback from the external examiner suggested KHP have too many DOPs in place for students, however KHP felt they wanted to show progression across the course and didn't want to compromise quality. It was evident that the feedback received was effectively taken on board and KHP reacted appropriately in this instance.

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

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

KHP produced evidence to the panel in the form of the Employer Commitment document which lists actions included in the role of the supervising orthodontist. This document suggests there is an opportunity for them to provide exam questions to the KHP examination bank, however there has not been much uptake. KHP welcome assistance in this area and would fully support this process if there was an appetite for it.

As there is an opportunity to share resources with King's College London, KHP has access to the standards and guidelines for exam questions as well as the moderation of this process.

The panel was assured that the initial training conducted prepares supervising orthodontists suitably to carry out assessment. During a second visit to the work placement KHP discuss expectations with the supervising orthodontists and ensure they are adhering to the standards.

The panel recognises as indicated, staff engaged in both summative and formative assessment and examination roles across the programme, should where required, be provided with training and development in Equality and Diversity relevant to that specific role. It is accepted examiners /assessors from other examining bodies will have training in this regard.

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)

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)

KHP advised the panel that there is an opportunity for double marking and if there were any concerns identified it would be discussed through the moderation process.

During the induction process, both students and supervising orthodontists are taught about the course structure and assessment. It is clearly laid out what the expectations are of both the student and the supervising orthodontist. The KHP course team also cover RCSEd standards and the marking criteria.

The training is also separated for the students and supervising orthodontists to ensure that assessment is explored with the workplace trainers, to ensure a consistent approach is maintained in relation to the grading of assessments. If the supervising orthodontist has a student in the next cohort, they would be required to attend the induction training.

Summary of Action

Req. number	Action	Observations & response from Provider	Due date
1	KHP to secure designated teaching rooms for each cohort, so that learners are not disadvantaged and staff have access to suitable teaching space. KHP to consider incorporating phantom heads into the programme, which would be beneficial to the students.	<p>The course team consider the current teaching rooms to be suitable. All teaching rooms are booked in advance of the course starting. KHP uses King's College London centrally timetabled rooms. These are managed by the university and have all the appropriate resources to deliver training.</p> <p>In the core 4-week programme practical skills are trained using a 'dental setup' (typodont). Although this is not a phantom head per se, it is very similar in two aspects: it helps in developing manual dexterity at the correct scale and distance from the 'patient'. This, in combination with the training of clinical skills that is undertaken on fellow students (e.g. photography, impression taking, placing separators and bands and a sectional bond up) gives, in our opinion, sufficient opportunity for developing the motor skills required.</p>	Monitoring 2021/22
3	KHP to increase formalisation of the process for workplace visits that take place and introduce a more robust recording process which allows for evidenced documentation.	<p>The course team consider the current workplace visit process robust. Currently this consists of a pre course self-audit, a visit to the practice with discussion with the student and the supervisor, the completion of a workplace form with a checklist, the checking of work place policies and the production of a report post visit. A more robust process will be discussed at the next course team meeting which is scheduled for July 2020 and additions can be made to the existing paperwork.</p>	Monitoring 2021/22
4	Increase opportunity to audit online portfolios and ensure there are regular meetings which allow for review of findings to identify any concerns at an earlier	<p>The online portfolio and the progression of the student is currently monitored at least every 8 weeks when students attend individual reviews. Progress is recorded in the review notes. In the future these notes can be uploaded onto the online platform.</p>	Monitoring 2021/22

	<p>opportunity. These meetings should be minuted and actions recorded appropriately.</p> <p>The interim moderation process should be reviewed to allow for closer scrutiny of the portfolio with regard to measurable content and the communication of issues which may emerge.</p>	<p>Meetings every 4 months have been arranged for the course team. This will provide a forum to discuss concerns with student progression and the portfolio.</p> <p>The internal moderator will review the IM policy and facilitate a process to allow greater scrutiny. In light of the current COVID-19 situation the intention is to change this for the 2021 cohort.</p>	
5	<p>E&D training should be required more regularly and should be specifically relevant to the role.</p>	<p>All students and supervisors are required to complete the online E & D training prior to the student commencing the course. KHP staff are required to complete E & D training as part of their mandatory CPD.</p> <p>KHP staff are to be informed of the array of E & D training in relation to teaching on the KCL intranet. Staff will also be supported in attending any training external to KHP or the partner trusts.</p> <p>A session will be added to August 2020 cohort timetable with a focus on E & D and how this impacts and affects the care of patients.</p>	Monitoring 2021/22
7	<p>Frequency of team meetings should be increased and actions should be reviewed in a formalised manner.</p>	<p>Currently the course team aspire to meet formally every 4 months with additional meetings take in place to focus on specific course issues. Since the Autumn of 2019, the Admin post has been vacant and the scheduling of meetings has lapsed slightly. The post has now been filled and formal team meetings have been arranged for 3 times a year in addition to ratification meetings held post exam.</p> <p>The agenda will be structured to address key findings identified during the inspection process such as policy review, issues relating to E & D and increased sampling. These meetings will be additional to the current course specific meetings such as course timetabling and examination planning.</p>	Monitoring 2021/22

9	KHP should review the risk register regularly and this should also feed into the suggested increased meetings. There is a definite need for an evidenced audit trail in various areas. There is also a need to review feedback more often, and this should also be incorporated into the team meetings.	<p>The risk register will be reviewed at the next meeting. It will also be added as a standard agenda item. The policy will be reviewed as indicated on the policy</p> <p>The reviewing of feedback is already a standard agenda item. Feedback is discussed at team meetings as and when it occurs. The review of feedback is also included in the annual course review.</p>	Monitoring 2021/22
10	Strengthen internal moderation process to allow for closer scrutiny. The online portfolio should be reviewed more often in a formal manner and there needs to be clear recording of all related actions.	The moderation for the current June 19 cohort is set at 6 months and 10 months. As stated in Req. 4 scrutiny is also carried out by the DCP course tutors at student reviews. Recording of any issues can be uploaded to the online portfolio. The moderation process will be discussed at the next team meeting.	Monitoring 2021/22
11	KHP to introduce a process which allows feedback to feed into the programme and actions from feedback to be regularly reviewed and evidenced.	All feedback received is currently reviewed at team meetings and as part of the process to compile the annual course review required by KHP. As per criteria 4 & 7 this feedback will still be reviewed in team meetings.	Monitoring 2021/22
12	KHP to consider developing a more detailed recording system for workplace visits, including the polices that are checked during the pre-course visit.	The current recording system comprises of a review of the submitted pre course self-audit, the completion of inspection report and the checking of a list of polices contained in Appendix 1 of the visit documentation. The course team will review the additions of any further policies that should be seen during practice visits and reflect on any good practice identified in visits. The reviewing of the workplace Equality & Diversity policy will be added to the policy checklist. The team acknowledge that as per the feedback given at the time of the inspection that further policies needed to be added to the practice visit checklist.	Monitoring 2021/22
14	KHP to increase the frequency of monitoring and recording of the online portfolio. KHP to consider introducing a process for	To be actioned as per criteria 4 & 10. The countersigning of the training register by the supervisor can be added electronically or by the addition of a signed statement by the supervisor.	Monitoring 2021/22

	supervising orthodontists countersigning the training register.		
19	Examiners and Assessors performing this role should where required be provided with Equality and Diversity training and development opportunities, relevant to their remit.	KHP staff are required to complete E & D training as part of their mandatory CPD set by their trust employer. KHP staff are to be informed of the array of E & D training in relation to teaching on the KCL intranet. Staff will also be supported in attending any training external to KHP or the partner trusts. The course team acknowledge that E & D needs to be embedded in course assessments further.	Monitoring 2021/22

Observations from the provider on content of report

Refer to guidance

KHP were pleased to receive this report which recognised the improvements made by the team since our last inspection. We were pleased that the effective leadership and structured induction of the course were observed by the panel along with the improvements to our portfolio and the transfer of the portfolio from paper based to electronic.

The course team welcomes the feedback and will use the recommendations as a means to continue to improve the course and the learning experience of our students.

Recommendations to the GDC

Education associates' recommendation	Qualification continues to be sufficient for holders to apply for registration as an orthodontic therapist with the General Dental Council
Date of reinspection / next regular monitoring exercise [Delete as applicable]	Monitoring 2021/22

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

A Requirement is partly met if:

"Evidence derived from the inspection process is either incomplete or lacks detail and, as such, fails to convince the inspection panel that the provider fully demonstrates the Requirement. Information gathered through meetings with staff and students may not fully support the evidence submitted or there may be contradictory information in the evidence provided. There is, however, some evidence of compliance and it is likely

that either (a) the appropriate evidence can be supplied in a short time frame, or, (b) any deficiencies identified can be addressed and evidenced in the annual monitoring process.”

A Requirement is not met if:

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

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

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

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

