

INSPECTION REPORT

Education provider:	King's Health Partners
Programme/Award:	Diploma in Orthodontic Therapy
Remit and purpose:	Full 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 dates:	16 & 17 December 2013
Examination inspection dates:	2 May 2014
Inspection panel:	Julie Stone (Chair and Lay Member) Rosemarie Khan (DCP Member) Alison Williams (Dentist Member)
GDC Staff:	Kathryn Counsell-Hubbard (Lead) Jane Pierce (programme inspection only)
Previous inspection:	First inspection
Outcome:	Recommended that the diploma is approved for the graduating cohort to register as orthodontic therapists but subject to close annual monitoring with a possible re-inspection in 2015/16 or 2016/17.

Inspection summary

This report details the inspection of the Diploma in Orthodontic Therapy programme (hereafter referred to as the 'programme') delivered by King's Health Partners (KHP, also referred to as the 'provider'). KHP comprises Guy's & St Thomas' NHS Foundation Trust, King's College Hospital NHS Foundation Trust, and King's College London, who have collaborated to provide the staff and resources for the first London-based orthodontic therapy programme. The final examinations for the qualification are provided by the Royal College of Surgeons of Edinburgh (RCSEd).

The programme exhibited many positive attributes, most notably the close relationship between the course team and the students. The students' enthusiasm for the programme was evident, as was that of the workplace trainers. The small cohort of just six students, which may increase to 12 in future years, allows for an intensive learning environment where the course team is not only aware of the training environments for each student, but in two cases actually provide the supervision at the work placements personally.

The positive attributes are undermined, however, by a wide-ranging inattention to the finer details of quality assurance and monitoring the work placements, which was found to be very limited. The small cohort size has allowed the course team to perceive that any problems in the work placements can be identified and dealt with in a contemporaneous manner without standardized procedures or policies being implemented. The fact that the current workplace trainers are known personally to the course team reinforces this perception. However, significant concerns arise as to how the programme will progress without formal policies in future. A close relationship with students and workplace trainers cannot be guaranteed in the future, especially as the cohort increases.

Much of the programme operated on good faith between the provider and the workplace trainers with a lack of insight as to where any potential difficulties impacting on students might arise and how these would be dealt with. There was an evident reticence on the part of the course team to implement rules and guidelines to govern students' experience at the work placements. Such reticence may disadvantage students in future.

Explicit, underlying academic methodology for assessing students, particularly in terms of standard-setting and triangulation, was largely absent from the programme. There was a reliance on workplace trainers to assess their individual student's clinical competencies and provide weekly tutorials. However, trainers were not calibrated in the grading system for assessing competency, and the material to be covered in the tutorials was not standardized. This resulted in students being confused in what was required to achieve a competency, and some students receiving significantly more academic support than others.

The introduction of internal and placement-wide policies is a major area for development, and quality assurance as a whole can be greatly improved. The panel is hopeful that the experience of the course team will allow for changes to be developed and incorporated effectively, and have confidence that this programme will continue to deliver enthusiastic and competent orthodontic therapists.

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

Inspection process and purpose of Inspection

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 and new qualifications where it is intended that the qualification will lead to registration.
2. The aim of this quality assurance activity is to ensure that these institutions produce a new registrant who has demonstrated, on graduation, that he or she has met the outcomes required for registration with the GDC. This is to ensure that students who obtain a qualification leading to registration are fit to practise at the level of a safe beginner.
3. The inspection focuses on four Standards, with a total of 29 underlying Requirements. These are contained in the document *Standards for Education*.
4. The purpose of this inspection was to make a recommendation to the GDC to determine whether the programme established by KHP should be approved as a route for registration as an orthodontic therapist. The GDC's powers are derived under the Dentists Act 1984 (as amended) under The General Dental Council (Professions Complementary to Dentistry) (Qualifications and Supervision of Dental Work) [DCP] Rules Order of Council 2006.
5. Inspection reports may 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 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 be approved 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 approval, the report and observations would be presented to the Council of the GDC for consideration.

The Inspection

7. This report sets out the findings of an inspection of the Diploma in Orthodontic Therapy at King's College, part of King's Health Partners (KHP). The final examination provided by the Royal College of Surgeons of Edinburgh (RCSEd) was also inspected. The GDC

publication *Standards for Education* (version 1.0 November 2012) was used as a framework for the inspection.

8. The inspection comprised of two parts. The first visit to the school was carried out on 16 and 17 December 2013 and involved meetings with staff involved in the management, delivery and assessment of the programme, and with all students enrolled on the programme. A further meeting took place on 11 February 2014 with the workplace teachers. These meetings formed the first part of the inspection and are collectively referred to as the “programme inspection”. The second part was a visit to Guy’s Tower to observe examination run by the RCSEd on 2 May 2014. The latter is referred to as the “examination/student sign-off inspection”.
9. The report contains the findings of the inspection panel across the two visits, together with consideration of the supporting documentation prepared by the School to demonstrate and evidence how the individual Requirements under the *Standards for Education* have been met.

Overview of Qualification

10. The Diploma in Orthodontic Therapy is delivered within the Dental Institute at King’s College Hospital. It is the first programme delivered by KHP which is one of England’s five Academic Health Science Centres (AHSCs). The AHSCs bring together the university and NHS Foundation Trust elements so that the research and clinical elements are combined. The decision was made by the course team to run the first course with a small cohort, with plans for an increase to possibly 12 students per year in future. The 2014/15 cohort will consist of 10 students. At present, the programme is expected to run every year.
11. The programme is 52 weeks in duration, commencing in June. Students undertake four weeks of full training (known as the ‘core programme’) at the School at the beginning of the programme with a further 22 days being taught over 44 weeks. These 22 days include 7 days which are allocated to internal examinations, revision days and private study sessions. Outside of the training days, students are at their work placements treating patients, learning and consolidating skills. The workplace trainers are aware of the programme timetable and are expected to provide informal tutorials to support the teaching sessions in addition to supervising students.
12. Competencies are achieved at the work placements. Summative assessment takes place both internally, using vivas, written examinations and Objective Structured Clinical Examinations (OSCEs), and externally with the RCSEd written exam, case presentation and structured oral examination.
13. The programme is delivered by a course team. The course team constitutes two consultant orthodontists (one acting in a ‘lead’ capacity), a Course Manager plus a dental nurse and an orthodontic therapist. The team also includes an Online & VLE Manager who acts as internal moderator of the students’ logbooks. The team collectively manage the programme and have the power to agree and implement changes. The other stakeholders of KHP are informed of the progress of the programme and will be responsible for providing training placements should a student lose their work placement. Additional staff, external to the course team, provide lectures and seminars to the students across the sites at King’s and Guy’s.

Evaluation of Qualification against the *Standards for Education*

14. As stated above, the *Standards for Education* were used as a framework for this inspection. Consideration was given to the fact that the *Standards for Education* were approved in late 2012 and that it may take time for providers to make amendments to programmes to fully meet all of the Requirements under the Standards and to gather the evidence to demonstrate that each Requirement is being met. The inspection panel were fully aware of this and the findings of this report should be read with this in mind.
15. The provider was requested to undertake a self-evaluation of the programme against the individual Requirements under the *Standards for Education*. This involved stating whether each Requirement is met, partly met or not met and to provide evidence in support of their evaluation. The inspection panel examined this evidence, requested further documentary evidence and gathered additional evidence from discussions with staff and students.
16. The inspection panel used the following descriptors to reach a decision on the extent to which the KHP Diploma meets each Requirement:

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.”

Standard 1 – Protecting patients

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

Requirements	Met	Partly met	Not met
1. Students will 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Patients must be made aware that they are being treated by students and give consent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Students will only provide patient care in an environment which is safe and appropriate. The provider must comply with relevant legislation and requirements regarding patient care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. When providing patient care and services, students are to be supervised appropriately according to the activity and the student's stage of development.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Supervisors must be appropriately qualified and trained. Clinical supervisors must have appropriate general or specialist registration with a regulatory body.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Students and those involved in the delivery of education and training must be encouraged to raise concerns if they identify any risks to patient safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Should a patient safety issue arise, appropriate action must be taken by the provider	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GDC comments

Requirement 1: Students will 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*)

Before treating patients, students must complete a four week core programme at the training centre. This period includes a Typodont course featuring a competency checklist which must be completed before students can progress. Gateway assessments are a written examination and a five station OSCE, both of which must be passed before students may treat patients in their work placements.

Students attend a range of lectures and seminars during the core programme. There is also an opportunity for students to practise skills on each other. Non-clinical skills are also taught, including communication skills, legal and ethical issues, and record keeping. Reflection, feedback and study sessions are built into the timetable.

The core programme was felt to be comprehensive and prepared students to attend 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: Patients must be made aware that they are being treated by students and give consent (*Requirement Met*)

The core programme includes teaching of legal and ethical issues. Consent is included within this content. KHP provide a poster for students to display at their placements to inform patients that they may be treated by a trainee orthodontic therapist.

The main teaching on obtaining consent takes place at the work placements. The method for obtaining patient consent is not standardised across all placements but is led by the workplace supervisor, who writes the treatment plan to which the student will work. Supervisors and students are both expected to inform patients of the orthodontic therapist's student status.

While the process of obtaining consent is not overseen by the course team, the panel were aware of the registrant status of both the student and the 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.

It was felt that the course team could support the workplace trainers more in this area by including this within the content for the training days. This is especially important as not all of the current workplace trainers had been involved in training orthodontic therapists previously and future trainers may also be inexperienced. The course team may also wish to consider collaborating with workplace trainers to update or amend consent forms on practice to ensure that these adequately record the patients' consent to student treatment. This would further strengthen the process.

Requirement 3: Students will only provide patient care in an environment which is safe and appropriate. The provider must comply with relevant legislation and requirements regarding patient care (*Requirement Partly Met*)

Any patient care undertaken by students during the core programme or training days takes place at either King's College Hospital or at Guy's Hospital, and is therefore governed by the requisite NHS policies in place at those locations.

The work placements also must meet a list of criteria laid down by the course team and have relevant health and safety policies. There is no requirement from the course team, however, for the work placements to have been inspected by the Care Quality Commission (CQC). Representatives of the course team endeavour to visit the work placements before the course begins. Three out of the four external workplaces were visited by the course team prior to the start of the course. Any deficiencies identified during the visit will be discussed amongst the course team and then addressed directly with the named workplace trainer at the placement. Issues must be resolved before the student may start the programme. Work placements are re-visited approximately halfway through the programme. Students are also required to complete a self-audit of the workplace which is considered as part of the interview process.

The panel were concerned that not all of the work placements had been inspected by the

course team prior to a student starting the programme. Furthermore, discussions between representatives of the placements and the course team, and amongst the course team itself, were not recorded. This meant that there was no recorded evidence of how the decision was made as to the appropriateness of a placement for a student. The provider would meet the Requirement if all placements were inspected before the start of the programme with full recording of how placements meet the provider's explicit, written criteria as a suitable placement.

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

Students are supervised at all times during the core programme. The Typodont course allows for students to obtain key skills under supervision before gaining competence in practice.

Each student has a workplace trainer, who is the main supervisor and responsible for ensuring that all requisite training takes place and all competencies are completed. The workplace trainers are all orthodontists and the majority had prior experience in supervising trainee orthodontic therapists.

The panel were very concerned, however, that other individuals within the work placement could supervise the students as well. These additional supervisors had not been trained by the course team. It was not possible to be assured that students were always appropriately supervised in their work placements.

While it is recognised that all of the students hold GDC registration in respect of their dental nursing qualifications, and therefore have the responsibility to work within the limits of their competence while being adequately supervised, the onus is on the provider to assure itself that supervisors have the requisite knowledge and skills to teach the students. This will be particularly important for the next cohort, as the panel are aware that one of the new workplace trainers does not hold specialist registration as an orthodontist.

The panel felt that while it was likely that the students were being appropriately supervised at all times, there was no documentary evidence to support this. The course team must implement processes to ensure that all individuals who may supervise the students are formally recorded in the logbooks and have been given guidance by the school on how to supervise.

Requirement 5: Supervisors must be appropriately qualified and trained. Clinical supervisors must have appropriate general or specialist registration with a regulatory body (*Requirement Partly Met*)

The panel were satisfied that all of the workplace trainers for the first cohort were appropriately qualified to teach and supervise students. However, the school does not hold any mandatory training for the workplace trainers and instead relies upon any prior experience that the trainers may have in training students. The prior training experience of the workplace trainers is not a consideration when determining whether students have a suitable work placement for inclusion on the programme.

The panel were particularly concerned that the additional supervisors were able to sign off student competence sheets without being known to the course team. While a sheet is available in the logbook for recording the names and signatures of any additional supervisors at a placement, this had not been completed in any of the logbooks at the time of the inspection.

The course team must implement more stringent processes to determine who is supervising

students. They must also ensure that anyone who may be supervising students has been adequately trained. The experience of the workplace trainer should also be a consideration during the pre-programme checks. Attendance at a training day prior to the start of the programme must be mandatory for all workplace trainers with failure to attend the training day meaning that a student cannot commence a placement with that trainer. Consideration should be given to providing extra training to workplace trainers with no previous experience of supervising student orthodontic therapists.

**Requirement 6: Students and those involved in the delivery of education and training must be encouraged to raise concerns if they identify any risks to patient safety
(Requirement Partly Met)**

The programme utilises the King's Trust policy on raising concerns, which is taught during the core programme. A prerequisite for acceptance onto the programme is that students are qualified dental nurses who are registered with the GDC.

Although a dedicated policy and GDC registration provide some assurance, the panel felt that students were likely to encounter a conflict of interest in raising concerns. All of the work placements are also the students' permanent places of employment, where they intend to work following completion of the programme. Raising a concern about the placement would be a challenge as students may feel that to report a concern might jeopardise their ability to continue working at the practice or hospital.

The course team told the panel that, should a student have to leave a placement, they could be absorbed into a KHP facility. Given space and resources, this recourse would only be open to a couple of students however and is not formalised in policy or in the student handbooks. The protection and support given to students in this regard is limited and offers little encouragement to students to raise concerns.

The provider must consider how students can be better encouraged and supported in raising concerns. Support mechanisms need to be defined in student-focussed documents and students must be made aware of the protection the school would offer if such a situation was to arise.

Requirement 7: Should a patient safety issue arise, appropriate action must be taken by the provider (Requirement Partly Met)

The provider's involvement with patient safety issues is minimised for this programme due to the majority of practise taking place outside of the training centre. There is a policy should there be a student-on-student incident but none exists in regards to issues at the work placements. The evidence provided prior to the inspection in respect of this Requirement was felt to be insufficient. The Complaint/Appeal Policy referenced was unclear in terms of who the audience is and exactly when it would come into effect.

Much weight is placed on one of the orthodontist members of the course team who would be responsible for liaising with placements should an issue arise. The orthodontists' powers to act and/or intervene are not defined nor agreed in a contract with the work placements so their actual powers are extremely limited. Learning contracts (Employer Learning Commitments) with the workplace trainers will be introduced for the 2014/15 cohort onwards but were not in place for the first year of the programme. The obligation of the workplace trainer to raise any patient safety issues with the provider was not explicit or formalised.

The provider must create and implement a policy which clearly sets down what their role will be should an incident occur that involves patient safety and one of the programme's students. This policy must be circulated to all interested parties and underpinned by the Employer

Learning Commitment.

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 (*Requirement Met*)

The King's Trust Student Fitness to Practise policy is utilised for this programme. The policy is similarly used for other DCP training programmes provided by KHP stakeholders, and the course team felt that it was appropriate for their programme as well. The need for a formal policy is minimised to some extent by the students' registrant status, and any fitness to practise issue reported to the course team would also be reported to the GDC.

Despite the students' registrant status, the panel would recommend that further supplementary policies are introduced, such as a social media policy. Although the Requirement is considered to have been 'met' overall, the panel felt that more could be done by the course team to ensure that they have relevant policies in place so that there is a more cohesive approach to student fitness to practise.

Actions

No	Actions for the Provider	Due date
2	The provider should seek to strengthen the process of obtaining consent by including specific information regarding consent within the training days for workplace supervisors.	N/A
4	Record sheets in the logbooks of all of the students' supervisors must be completed and checked by the course team.	Targeted annual monitoring in June 2015
5	Stringent checking procedures should be in place to clearly determine the identity of all the workplace supervisors. The prior experience of the workplace trainers must be formally considered in the pre-programme checks. Additional guidance should be considered as an aide for those supervisors who are not as qualified or experienced as the nominated workplace trainer.	Targeted annual monitoring in June 2015
6	The provider must define and explicitly outline what support and protection is available to students should a conflict of interest arise in raising a concern.	Targeted annual monitoring in June 2015
7	The provider must implement a formal, written policy to define their role in a patient safety incident involving a student at their work placement.	Targeted annual monitoring in June 2015
8	The provider should consider introducing policies supplementary to the main student fitness to practise guidance.	N/A

Standard 2 – Quality evaluation and review of the programme
The provider must have in place effective policy and procedures for the monitoring and review of the programme

Requirements	Met	Partly met	Not met
9. The provider will 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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. The provider will have systems in place to quality assure placements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Any problems identified through the operation of the quality management framework must be addressed as soon as possible	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Should quality evaluation of the programme identify any serious threats to the students achieving learning outcomes through the programme, the GDC must be notified at the earliest possible opportunity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Programmes must be subject to rigorous internal and external quality assurance procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. External examiners must be utilised and must be familiar with the learning outcomes and their context. Providers should follow the Quality Assurance Agency (QAA) guidelines on external examining where applicable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Providers must consider and, where appropriate, act upon concerns raised or formal reports on the quality of education and assessment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

GDC comments

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

The programme is subject to an annual review which had not yet taken place at the time of the programme inspection but was subsequently provided. A mid-year audit is undertaken by the Programme Lead with specific benchmarks set down in the relevant policy against which current performance can be measured. Additional quality assurance measures consist of meetings with students and also through the pre-programme activity in visiting the work placements. The course team have the responsibility for monitoring the programme and making changes. All areas for discussion are brought up at regular meetings which are minuted. The mechanism for which the other stakeholders in the partnership are kept informed is not defined. It was therefore difficult to determine that stakeholders will be informed of

issues in a timely manner.

Little guidance exists on what constitutes major and minor changes, and the framework suffers from being new and untested. The programme has not been changed since it started in July 2013 and it is not clear how changes are to be made in the future. The Quality Assurance Policy needs to be reviewed to identify where it can be expanded to include guidance as to when stakeholder engagement should take place and what kind of changes will require input from others outside the course team.

The framework as a whole appears to suffer from two main deficiencies: first, because the programme is still in its' infancy, many facets of the framework have not been tested. Aspects of the framework may be missing because there have been no issues to date to highlight where the framework needs to be made more robust. Secondly, there is little evidence of oversight or review from sources external to the programme. While the other partners within KHP are informed and may comment on the programme, no form of regular review or input appears to exist and there is no other agency that has provided oversight.

As KHP is a new entity in relation to the Orthodontic Therapy, the support the course team receives is potentially not as extensive as it could be. The course team shoulder considerable responsibility not only in continually reviewing student attainment, but also in quality assuring the programme, quality assuring the work placements and providing pastoral care for the students. This lack of external support also means that the course team relies on the fact that the first cohort is small to ascertain that everything is running correctly. The panel was concerned that these aspects of the programme might suffer when the cohort sizes increase, as it already has for the 2014 intake.

For the Requirement to be fully met, the course team need to consider introducing a form of external review to ensure that the programme is properly quality assured. Such external quality assurance would also help highlight any potential deficiencies in existing policies so that the course team can be confident that they will be robust in the future. Formal procedures for when to engage with the other KHP stakeholders need to be created and implemented. A formalised structure for making changes to the programme and recording those changes must be introduced to ensure that there is clear management of the programme. The evaluation of changes to the programme should also be recorded.

**Requirement 10: The provider will have systems in place to quality assure placements
(Requirement Partly Met)**

The current quality assurance process comprises a visit to potential work placements prior to the commencement of the programme and a self-audit completed by the student in conjunction with their workplace trainer. All the students are training at their places of employment and intend to continue working for those employers after completion of the programme.

The visit involves the use of a checklist that ascertains whether specific types of equipment, practice policies and facilities are in place. Should a placement be deficient in any area, the workplace trainer would be contacted by the Lead Orthodontist Consultant in the course team. To date, there have been no reported issues with placements meeting the criteria of the checklist, although the lead orthodontist did have to email one placement to ask for extra resources to be put in place.

Aside from these measures, the quality assurance process is limited. Students are only visited at their work placements after half of the programme has elapsed. The course team have decided against conducting unannounced visits due to the small cohort size. Such visits may be required in future as the cohort grows. The workplace trainers are made aware of the

competencies and teaching they will need to cover with the students but there is no formal learning agreement in place to describe how much theory and how much practical training should be included on a weekly basis. The workplace trainers are left to determine the individual student's training plan which means that there are discrepancies between the amount, content and nature of the one-to-one teaching students get in different placements. One student reported receiving very little time for tutorials with their workplace trainer while another student had access to several supervisors who could offer regular tutorials. The course team relies upon there being a small number of students in order to monitor the placements, the rationale being that with fewer students there is greater contact between each of them with the course team and therefore greater likelihood that problems would be disclosed.

As there is no ongoing, formal process to ensure quality and consistency across placements, the panel were concerned that some students may receive less training than others or training of a different quality. However, at the interview stage, students are required to complete a questionnaire that determines the range and quantity of patients seen in the workplace in an average month. In addition, there was no evidence that the course team have considered the clinical and academic differences between the placements or that they have plans to address these. The majority of students have placements in specialist practices, whereas two students work at large London hospitals and therefore have access to a wider range of patients. The students currently intend to work at their placements after they graduate from the programme, and so the course team do not consider the potential lack of experience in all areas of orthodontic therapy to be an issue. The panel was concerned that this potential lack of exposure would limit students from working with groups of patients other than those they have trained to work with on their work placement. The panel felt that a formal learning agreement would help to bridge any gaps in student experience across placements.

While the panel recognise that students and their trainers must hold some responsibility in bringing any such issues or concerns to the attention of the course team, it was felt that proper and regular quality assurance of the placements would help to identify any problems early enough so as not to be detrimental to the students being entered for their final exams. The panel would feel more reassured that this Requirement is being met if there were more formalisation of how any deficiencies with placements identified before the programme would be addressed by the course team.

Requirement 11: Any problems identified through the operation of the quality management framework must be addressed as soon as possible (*Requirement Partly Met*)

The course team are responsible for the regular quality management of the programme. The team have a "free hand" with the programme and have the authority to resolve problems. Reporting lines exist between the course team and the other KHP stakeholders so problems of particular concern could be referred upwards. The close relationship established between the course team and the students, due, in part, to the small cohort size, allows for problems with the programme from the students' perspective to be reported quickly.

As detailed for Requirement 9, the documentary evidence of how the course team discuss and resolve issues was limited. There was no indication as to how quickly the other KHP stakeholders would be informed of issues. How the process would work, such as if a meeting would be convened and within what timeframe, is not defined. The effectiveness of KHP stakeholders has not been quantified.

The panel recognises that it is difficult to provide evidence that this Requirement is met when no problems, which would be identified through the quality management framework, have arisen to date. However, it is felt that the course team need to consider how they would

address problems formally; how any relevant email correspondence would be centrally held so that there is an evidence trail, and the acceptable time frames within which certain actions should be taken. This would assure the panel that any problems would be identified and dealt with quickly and appropriately.

Requirement 12: Should quality evaluation of the programme identify any serious threats to the students achieving learning outcomes through the programme, the GDC must be notified at the earliest possible opportunity (*Requirement Partly Met*)

There was little evidence that the course team have considered what might constitute a serious threat. The potential threat of a student losing their placement had not been adequately considered. Students train at their places of employment. Should an issue with that employer mean that they have to leave, or if the practice closes for any reason, that student would not be able to continue with the programme. The contingency in place is for the students to be absorbed by one of the large hospitals within the Trusts that are KHP stakeholders. However, this contingency has not been formalised into policy. Whilst the panel acknowledged that this might provide a solution should one student need to be relocated, it was concerned that no thought had been given to the logistics of several students from the same cohort needing to be relocated.

The panel were informed that a member of the course team would notify the GDC of a serious threat but were not confident that the team would be able to identify what constituted a 'serious threat'. This was supported by the lack of formalisation regarding the student placement contingency.

The panel need to see evidence that serious threats, relevant to this programme, have been identified and considered, and that appropriate policy has been put in place to deal with these should they arise. The placement of students within a KHP facility needs to be set down formally so that there is clear procedure to follow if required.

Requirement 13: Programmes must be subject to rigorous internal and external quality assurance procedures (*Requirement Met*)

The annual review is undertaken within three months of the end of the programme and involves a self-review by the course team. This review is provided to nominated offices within each of the stakeholder organisations and the course team will then be advised whether the stakeholders feel any changes are necessary. The mechanism for formal feedback within the process is not described. Whether the course team must act on all recommendations from stakeholders or not is not defined. The effectiveness of the process is unclear as a result.

The panel were pleased that the programme is subject to a formal review and evaluation. Further formal review by an external body is not completed although an external examiner does report on the final internal exams. An external examiner is not used for the core programme which would be useful considering that the programme is new.

It was considered that this Requirement was met after sight of the annual review meeting minutes and external examiner report following the exam inspection. The panel would recommend that the course team invite more external scrutiny of the programme for future cohorts. This would be useful because the course team are responsible for the vast majority of the planning, monitoring, and development of the programme. This coupled with teaching and supervising (in the case of the orthodontists) challenges the timeliness and effectiveness of future quality assurance. As the cohort has increased for 2014/15, and may do so again, assistance in the quality management of the programme would help to ensure quality in the future.

Requirement 14: External examiners must be utilised and must be familiar with the learning outcomes and their context. Providers should follow the Quality Assurance Agency (QAA) guidelines on external examining where applicable (*Requirement Met*)

The external examiner for the programme is a specialist orthodontist and examiner of orthodontic therapy and Masters in Orthodontics assessments for RCSEd. The examiner provided oversight and feedback for the internal final exams for the programme in a report and also examined students during the final case presentations. The external examiner is an appropriate registrant and has examined in line with QAA guidelines.

The panel were disappointed that the external examiner had not been utilised for the core programme, particularly for the gateway assessments. Such quality assurance activity would ensure that the assessments are robust and set at the correct standard from the commencement of the programme.

This Requirement is considered to be met due to the involvement and appropriateness of the external examiner. However, the provider should formalise the role and expectations of an external examiner in a written policy. This will help not only to inform the external examiner what is expected of them but also assist the course team in assuring that the examiner is being utilised fully and appropriately.

Requirement 15: Providers must consider and, where appropriate, act upon concerns raised or formal reports on the quality of education and assessment (*Requirement Partly Met*)

The minutes of the Course Review Meeting were provided after the exam inspection. These included evidence of response to feedback on the programme, which was gathered by sending questionnaires to tutors and workplace trainers. The questionnaire and collated feedback were provided. The questionnaire gives the tutors/workplace trainers the opportunity to feedback on negative as well as positive aspects. Issues were identified in the feedback that had been discussed by the panel, such as the lack of definition as to the exact support students need and can reasonably expect from their supervisors, and that more guidance on completing the logbook is required.

The Course Review Meeting is a formal process that is defined in the programme policy documents. The Course Audit Policy stipulates, however, that mid-year and end of year reports will be written and discussed amongst the course team. These reports will also be provided to the KHP stakeholders. Such reports have not been provided to the panel and there is no evidence that this process is being followed.

The external examiner report has been seen by the panel. This reported on the full range of assessments at the internal final exams. However, according to the Programme Director, this report was received in April 2014 and is due to be discussed in September 2014. This delay in discussing and responding to the report is felt to be unacceptable by the panel. There is no evidence that the course team are responding to the only formal report to be received from an external source. The timeframe within which the provider must consider and act upon reports must be shortened and defined in policy. This will ensure that concerns are dealt with in a contemporaneous manner and that the quality of the programme is actively assured.

Actions

No	Actions for the Provider	Due date
9	The provider must introduce external review of the programme to ensure that it is properly quality assured. A formal structure and process for implementing changes to the programme must	Targeted annual monitoring in

	also be introduced.	June 2015
10	The processes for the initial quality assurance of placements should be formalised with learning agreements introduced to help ensure consistency. The provider must also implement a procedure to quality assure placements throughout the programme to ensure that discrepancies in training and range of patients are identified and addressed as soon as possible.	Targeted annual monitoring in June 2015
11	Improved documentation regarding the quality management framework must be created.	Targeted annual monitoring in June 2015
12	The provider must formalise plans to deal with possible threats to the programme.	Targeted annual monitoring in June 2015
13	The provider should consider utilising external examiners during the core programme.	N/A
14	The use of external examiners should be formalised in an appropriate policy.	N/A
15	Formal reports must be discussed and responded to in a timely manner. The course team must evidence that they are adhering to the Course Audit Policy to ensure the quality of the programme.	Targeted annual monitoring in June 2015

Standard 3– Student assessment

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

Requirements	Met	Partly met	Not met
16. To award the qualification, providers must be assured that students have demonstrated attainment across the full range of learning outcomes, at a level sufficient to indicate they are safe to begin practice. This assurance should be underpinned by a coherent approach to aggregation and triangulation, as well as the principles of assessment referred to in these standards.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. The provider will have in place management systems to plan, monitor and record the assessment of students throughout the programme against each of the learning outcomes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18. Assessment must involve a range of methods appropriate to the learning outcomes and these should be in line with current practice and routinely monitored, quality assured and developed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Students will have exposure to an appropriate breadth of patients/procedures and will 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. The provider should seek to improve student performance by encouraging reflection and by providing feedback ¹	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Examiners/assessors must have appropriate skills, experience and training to undertake the task of assessment, appropriate general or specialist registration with a regulatory body	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22. 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Assessment must be fair and undertaken against clear criteria. Standard setting must be employed for summative assessments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24. Where appropriate, patient/peer/customer feedback should contribute to the assessment process	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
25. Where possible, multiple samples of performance must	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

¹ Reflective practice should not be part of the assessment process in a way that risks effective student use

be taken to ensure the validity and reliability of the assessment conclusion

26. 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

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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GDC comments

Requirement 16: To award the qualification, providers must be assured that students have demonstrated attainment across the full range of learning outcomes, at a level sufficient to indicate they are safe to begin practice. This assurance should be underpinned by a coherent approach to aggregation and triangulation, as well as the principles of assessment referred to in these standards (*Requirement Partly Met*)

Attainment throughout the programme is measured with in-course assessments and completion of competencies at the work placements. The students continue to attend the school for taught sessions for two days each month following the core programme. In-course assessments comprise written exams and moderation of the logbooks. Moderation occurs twice during the programme and is the opportunity for a member of the course team to ensure that competencies are being completed and paperwork correctly completed.

Between moderations of the logbooks there are opportunities for informal reviews. Students are not required to routinely or regularly submit evidence to the provider of their work on placement but may bring record or competency sheets to meetings with their tutor. The final moderation allows for the range of competencies to be checked. There is internal recording of summative assessments and the two sources can be triangulated at this time. The moderation is the formal opportunity for assessing student progression. The course team were confident that progression issues occurring during the course would be identified as they arose through communication with the students.

KHP's own final assessments comprise a written exam, a seven station OSCE and case presentations followed by a structured oral exam. The written paper and case presentations are based on the format of the RCSEd final assessments so that students are aware of how they will be examined during the final summative assessments. The internal finals also act as the sign-up for students and must be passed for the students to be entered for the RCSEd finals. There are marking guides in place for written exams and the mark schemes for assessments are either those used by King's College London (KCL) or RCSEd. Written papers were seen at the exam inspection and were double marked.

There is no compensation between either the internal or RCSEd finals. All marks contribute to the overall assessment score but a student cannot pass one element, fail another, and still pass the programme.

The strategy to award the qualification has many positive attributes but was felt to be undermined by several areas of weakness.

The triangulation of student performance is cumbersome due to the use of paper logbooks. These are kept by the students and there is no opportunity for an ad hoc review should a member of the course team have a concern about a student. There is no central recording of competencies which further limits the ability for continuous monitoring of student attainment against summative assessment results.

The course team do not utilise blueprinting or mapping to the learning outcomes. The only evidence seen by the panel of a formal mapping exercise was the completion of the GDC's

pre-inspection forms. Such absence of mapping or blueprinting means that the course cannot quantify on how many occasions a student is being tested on a particular outcome and how they are being tested. Triangulation is further limited in this way. The moderation of the logbooks is completed by a member of the course team who is neither an orthodontic therapist nor an orthodontist. Their judgement as to how the student is progressing could be limited by their lack of clinical expertise.

The sign-up process is largely unrecorded and undefined. The panel were not presented with information regarding the final OSCE although this was noted in the Assessment Policy. The assessment itself consisted of seven stations and cannot formally be considered to be an OSCE in an educational sense due to the low number of stations. There was no evidence of a formal discussion amongst the course team following the internal finals. How the decision was made as to which students may progress to the RCSEd exams and any issues that arose are not recorded. The RCSEd have entry criteria for their exams but the provider does not have their own. It is therefore not defined whether a pass in every assessment is sufficient or whether a minimum mark, after a pass, must be achieved. The sign-up process cannot be considered to be robust because of these deficiencies.

The sign-up process could be further undermined for the 2014/15 cohort. One of the entry criteria for the RCSEd exam from the Regulations Relating to the Diploma in Orthodontic Therapy (October 2013) is that the student must have evidence of at least nine months' full-time practice experience at an exclusive orthodontic practice "under the supervision of a Registered Dentist who is on the Specialist List in Orthodontics". The panel are aware of one workplace trainer for the new cohort who is not on the specialist register. The course team will need to plan how the student will meet the criteria and be eligible for the RCSEd exams. Further information about this must be provided to the GDC.

There is no formal methodology for the standard setting of assessments. The written paper, for example, comprises questions put forward by the course team and are agreed collectively. The marking schemes for assessments are taken from either KCL or RCSEd but there is no evidence that the provider has utilised the standard-setting used for external assessments in creating their own.

The introduction of more formalised sign-up procedures, standard-setting and assessment strategy must be implemented by the provider for the Requirement to be considered as met. The panel were satisfied that the students were safe to practice but the assessment process needs to be more robust. Student progression must be evaluated particularly in regards to central recording. The panel would recommend that students are required to provide regular updates on their competencies so that a record can be kept internally. Consideration must be given as to whether there is a more secure method of logging patient contacts and competencies.

In regards to the external final exams, some serious limitations were observed by the panel. The clinical element of the RCSEd exams is limited, being confined to a case presentation and structured oral. The panel felt that the amount of clinical reasoning seen was not wide-ranging. There was no evidence that the OSCE administered by KHP as part of their internal finals was considered by RCSEd when accepting students for the exams. One of the RCSEd examiners also being the lead orthodontist for the programme, and therefore being familiar with the candidates personally, meant that the objectivity of the exams was diminished. Furthermore, the lead orthodontist chose the clinical pictures which formed the basis of the oral examination. This further undermines objectivity and the appearance of objectivity. The introduction of a further structured assessment of clinical skills, such as a directly observed assessment like an OSCE, which has been used by other programme and/or exam providers, would be a useful element for the RCSEd to assure itself that students had the necessary skills to be safe beginners.

The written exam, case presentation and structured oral are all marked independently and there is no compensation. There was no evidence of triangulation by the RCSEd at the final exams and further information on the discussion of marks or on a failed student has not been provided by the College. The regulation documents provided in regards of the final exams do not detail or define the standard-setting methodology for the calculation of the pass marks nor for any psychometrics that might be applied.

The RCSEd final exams would benefit from additional transparency in regards to its standard-setting process and triangulation of marks. An additional clinical element would also help to strengthen the exams which, at present, focus on theoretical knowledge as opposed to solidly testing and stretching the students in a clinical capacity.

Requirement 17: The provider will have in place management systems to plan, monitor and record the assessment of students throughout the programme against each of the learning outcomes (*Requirement Partly Met*)

As detailed for Requirement 16, student assessment is reviewed through moderations of the logbook. A data sheet is held centrally that contains summative assessment data.

Student performance is more easily monitored during the core programme due to the amount of time students are spending at the school and the gateway assessments. The time between moderations is underpinned to some degree by the personal tutor reviews and the regular contact students maintain with the programme leads.

However, the panel were concerned that a struggling student may not necessarily be quickly identified during the work placements because there are few opportunities for a review of the evidence of students' performance. While a close relationship exists between the course team and the first cohort, such a relationship cannot be guaranteed in future. A non-communicative student may not disclose difficulties they are experiencing with the programme. Appropriate measures need to be put in place by the course team to identify struggling students as soon as possible so that support can be provided.

Mapping is a weak area for the programme. This had not been completed prior to the GDC inspection and there is no evidence that an internal mapping document is in place. Without such mapping, the management of student attainment against each learning outcome is difficult to achieve.

Limited mapping and central recording with irregular review of student attainment outside of the school means that this Requirement can only be considered to be partly met. The course team need to consider the security of paper records in conjunction with the introduction of some form of central recording. Internal mapping must also be introduced so that the course team may easily cross-reference assessments and competencies with the learning outcomes.

Requirement 18: Assessment must involve a range of methods appropriate to the learning outcomes and these should be in line with current practice and routinely monitored, quality assured and developed (*Requirement Partly Met*)

The range of assessments was felt to be appropriate. A written exam and OSCE are utilised for the gateway assessments following completion of the core programme. The assessment methods employed are all recognised, widely used methods, and comparable with those employed by other providers. While this element of the Requirement is met, the second element in terms of routine monitoring and development is not met.

As mentioned for earlier Requirements, quality assurance of the programme is limited. The

course team do utilise student feedback, and regular sessions for obtaining such feedback was evidenced in the programme timetables. This feedback forms part of the monitoring process. How this feedback is used was not formally evidenced, as much of the course team's communication is informal by email. The annual review contained evidence of discussion on the assessment processes. The value of these discussions may be limited, however, as the final summative assessments had not taken place by the time of the review.

Evidence provided by the course team and students revealed that only two out of the four grades for marking competencies are routinely used. The workplace trainers hadn't been formally trained and calibrated in the use of the grades. There was also confusion amongst the workplace trainers as to whether the grade awarded was an indication of a student's overall competency in a clinical skill or an assessment of their progress relative to their stage in the course. Marking schemes are key to the assessment process. The panel understood the grades are based on the RCSEd grading system, which is relevant to the final examination, but the use of half of a grading scheme suggests that it may be inappropriate or wrongly applied to the programme. Evaluation of the marking schemes was not seen within the Course Review Meeting minutes. The absence of formal discussion on such a key element of the assessment process challenges the effectiveness of the quality management of the programme.

The absence of mapping or blueprinting to the learning outcomes was also a concern in regards to monitoring and developing assessments. The course team stated that they used other orthodontic therapy programmes as a template for creating the KHP programme. While this may be a meaningful starting point, the provider does not have a strategy in place to ensure that these assessment methods are the best way to test student attainment and ability in this setting. The ability to cross-reference learning outcomes to assessments would allow a more structured approach in considering whether each method continues to test the skill or knowledge as required.

The Requirement is considered to be partly met. The course team need to create a strategy for the regular review and development of their assessments. Maintaining a mapping document would assist the course team in checking which assessments cover which learning outcomes. This will be useful as the programme develops for ensuring that the particular assessment method specified is still valid.

Requirement 19: Students will have exposure to an appropriate breadth of patients/procedures and will 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*)

A full range of procedures appropriate to the role of orthodontic therapist is taught at KHP. Students achieve the skills that enable them to commence their practise and then obtain competence at their work placements. A student must have a work placement before they can be accepted onto the programme. The range of placements between students can therefore vary.

Every patient contact is recorded in the students' logbooks. Each of the key clinical procedures, in which the students must achieve competency, are ascribed a numerical value for the number of times the student must complete them during the course. The numbers do not relate, however, to how many a student must do before undertaking a competency assessment: that is left for the student to decide. The numbers are defined in the logbook and provided to the workplace supervisors prior to commencement of the programme so that the breadth of experience required is understood. The logbooks are moderated to ensure achievement and are also considered by RCSEd as part of their admittance criteria for the final exams.

The course team told the panel that the procedure numbers were derived from finding out what other programmes do, discussing this amongst the course team and deciding on what would be appropriate using professional experience. This process has not been recorded and was not discussed as part of the Annual Course Review meeting. Procedure numbers were referred to in the external examiners report but the report has not been discussed by the course team to date. It is unclear whether procedure numbers will be considered as part of the evaluation and review processes in future.

The breadth of patients is difficult for the provider to guarantee other than that they must be patients requiring orthodontic treatment. The course team request a questionnaire to be completed prior to interview to state the number of patients seen and the types of treatment carried out in the workplace. The course team do not dictate what types of patient should be available. An Employer Commitment Agreement is in place for the 2014/15 cohort but no such agreement existed for the first cohort. All placements are assessed along with the students' academic ability before an offer is extended to join the programme. Although the course team appeared reticent to engage with workplace trainers in a prescriptive way regarding student experience, the interview process and pre-course audit do lend some assurance that only those students with placements that are suitably broad orthodontic practices, or clinics within large hospitals, would be allowed to undertake the programme. The Employer Commitment Agreement will strengthen the process moving forward.

The primary factor that undermines the provider's ability to meet the Requirement is the lack of mapping between competencies and the learning outcomes. As mentioned previously, the course team cannot be assured that a learning outcome is being assessed on multiple occasions because there is no recording of where and how the outcomes are being assessed. Mapping has been completed since the start of the programme but this was in preparation for the GDC inspection, not as a quality assurance tool.

The panel welcomes the introduction of the Employer Commitment Agreement but feel that this should be underpinned by a robust protocol for how the course team would deal with non-compliant workplace trainers. The course team need to consider formalising the possibility of absorbing students into KHP into policy and devise a way for this to happen if it were to be required. While there was no reported difficulty in obtaining competencies for this cohort, the provider must consider how they could assist students in future cohorts should a difficulty arise. The use of mapping or blueprinting of competencies to the learning outcomes must be implemented to ensure coverage of all the outcomes.

Requirement 20: The provider should seek to improve student performance by encouraging reflection and by providing feedback (*Requirement Met*)

Within the programme timetables, time is allocated for students to reflect on previous teaching sessions and provide feedback to the course team. Students are also required to keep reflective diaries of their clinical experiences. Students reported that the reflective diaries were useful initially but are less so as the programme has progressed. There was no evidence that the diaries are discussed within the course team or used for formative assessments. The course team may wish to consider how the reflective diaries could be used more effectively in aiding students with their learning.

There is opportunity for formal feedback to be given to the students on the log sheets but some students felt that they had to "chase" the course team or their workplace trainer to give such feedback. Students are informed, however, of their need to be proactive before the commencement of the programme. Additionally, the need for specific feedback sessions with workplace trainers has been included within a new Employer Commitment Agreement, which should aid future cohorts in getting the feedback they require.

While the reflective diaries may be utilised to better effect, the panel felt that the Requirement was met.

Requirement 21: Examiners/assessors must have appropriate skills, experience and training to undertake the task of assessment, appropriate general or specialist registration with a regulatory body (*Requirement Partly Met*)

The workplace trainers for the first cohort were all qualified orthodontists with appropriate specialist registration. The majority of the trainers had prior experience in training orthodontic therapists, although this is not a prerequisite for being a workplace trainer. A training day is held prior to the commencement of the programme but this is not mandatory, and those trainers who did not attend were still allowed to supervise students. The second training day was not held until a considerable portion of the programme had passed. The consistency of competency assessments on placement could not be ensured as not all the workplace trainers had been calibrated.

Despite the confidence in the marking scheme reported by the workplace trainers, the limited calibration was a concern to the panel. Another cause for concern, as discussed previously, was that clinicians, other than the designated workplace trainers, were also grading student's clinical work in some placements. Making the training for the supervising orthodontists mandatory and holding a second training day mid-way through the programme, are two measures that will help to ensure that the workplace trainers have the skills and knowledge required to assess students.

The internal examiner for the programme is the lead orthodontist within the course team and also examines at other schools on behalf of the RCSEd. The external examiner is also an orthodontist and examines on behalf of RCSEd. Both examiners are experienced and hold the appropriate specialist registration with the GDC. Both were familiar with layout for the final clinical exams but the panel saw little discussion on types of questions to be employed or use of the marking scheme. It was unclear whether any calibration had occurred before the day of the exams.

There were three particular concerns the panel felt with the use of examiners and assessors. The first is the issue with the non-specialist registered dentist supervisor as described for Requirement 16. The panel need to see how this issue is to be addressed as soon as possible. The second is the lack of independence of the RCSEd examiners chosen for the first cohort. The objectivity of the internal examiner was questioned due to their being familiar with the students and, in that light, the fact that they chose the clinical pictures that were the basis of the oral exam. The second examiner was also acting as external examiner for the programme. The third area for concern was in regards to a third examiner at the final clinical exams. A trainee examiner for the RCSEd was sent to the exams in order to observe and learn the assessment process. This examiner was neither an orthodontist nor an orthodontic therapist, but a dental nurse. The third examiner observed between two to three case presentations and structured orals before being invited to examine students directly.

The concerns arose primarily from the use of the third examiner's marks. While the third examiner examined students the internal examiner would observe only and would not mark. This meant that there was no mitigation of the third examiner's marks, which is of particular concern given that this examiner did not have specialist expertise or registration as an orthodontic therapist. The third examiner's ability to examine and mark students in a field they are not trained for undermines the reliability of their marking and the validity of the results of those students who were examined by that examiner. The concerns would have been mitigated if the internal examiner continued to mark students while they were observing, and if the three sets of marks were discussed and agreed upon afterwards. None of these procedures were observed. Whilst the panel recognises the evident need for examiners to train

to examine students, the fact that they are training must be taken into consideration. The panel felt that the provider should have taken additional action to ensure that all students were treated fairly and examined to the same standard. It must be noted that the panel did not observe any students passing the assessment who they felt did not demonstrate the appropriate skill or knowledge. This may not be possible for future cohorts if such a situation occurred again.

The provider must ensure that only appropriate professionals are allowed to assess and examine students. The course team must interact with the RCSEd if issues arise. Increased training and calibration for the supervising orthodontists must be introduced. The panel are aware that such training days will be mandatory in future but this should be formalised in policy. The RCSEd themselves should also consider their training practices and ensure that only those examiners who are properly trained and registered are allowed to examine orthodontic therapy students and that procedures are in place to confirm the objectivity of the examination process.

Requirement 22: 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 (*Requirement Met*)

The external examiner is required to submit a report on the internal final exams which will be submitted to the lead orthodontist and, subsequently, the KHP stakeholders. The expected content and detail of the report is not defined in supporting policy. The external examiner's report was seen and included comment on the internal written exam, case presentations, structured orals and the logbooks. The report drew attention to both positive areas and those that required improvement. The report did not comment on the pass marks or the standard-setting of the exams.

The Requirement is met on the basis that the external examiner has provided a report that addresses the range of assessments that comprise the KHP final exams. The role of the external examiner and what they are expected to report on has not been defined in policy. It is not possible to determine whether the examiner has been asked to comment on all the areas included in their report, so it is unclear what future reports may detail. The retention period of the external examiner is also not known. There is a possibility that, without supporting policy, a different external examiner may be used in future who will not comment on the full range of assessments and their rigour. The course team should implement relevant policy and formalise their expectations of an external examiner as soon as possible.

For the RCSEd exams, there was no evidence of the use of external examiners to oversee the quality of the assessment. A report submitted by one examiner, who is also the internal examiner for the provider, was seen but there does not appear to be any external quality assurance or review.

Requirement 23: Assessment must be fair and undertaken against clear criteria. Standard setting must be employed for summative assessments (*Requirement Partly Met*)

The marking criteria for assessments are contained within policy documents and those parts relevant to clinical competencies are provided to the workplace trainers. It is not clear whether students are formally made aware of the standard required for assessments as information of this kind is not included within the student handbook.

The marking guides for the internal and RCSEd final exams were seen by the panel. The marking scheme used by the provider for the internal finals is the same as that used for the RCSEd Membership in Orthodontics exam, of which the internal and external examiners are

familiar. Other marking schemes came from KCL. In all cases, the pass mark used by the provider was that which had been set by the originating institution.

The panel may assume that a formal standard-setting methodology has been utilised by RCSEd or KCL, however, there is no evidence of this or of any independent standard-setting by the provider. The pass marks utilised could be considered to be arbitrary in this regard as the course team have not considered what is appropriate for their particular students.

There was no evidence of the use of psychometrics. All written summative assessments use cumulative marks while intention marking was observed at the RCSEd clinical finals. Some informal standard-setting is utilised in composing the written papers. The course team collaboratively decide on which questions should be included, utilising professional experience. Those who write a question must also write a model answer and the marks are then agreed within the team. The panel recognised that it is difficult to standard-set the case presentations and structured orals, but some discussion between examiners as to the kinds of questions to be put to students and the standard expected would have been useful.

A method for standard-setting assessments, including the pass marks, needs to be implemented and documented. The panel appreciated that the programme is small and therefore standard-setting need not be at the level operated by larger providers. However, this does not negate the need for standard-setting entirely, and the provider needs to be assured that assessments are being set at the correct level to fully test student knowledge and ability.

The fairness of some of the summative assessments was called into question during the RCSEd final exams as the panel were concerned by some of the practices observed during the case presentations and structured orals. Subjective commenting, leading questions, and rushing students from one question to another were seen at times from the external examiner for all six candidates. Students did not appear to be given a full opportunity to explore or expand on their cases, and many of the questions focussed on knowledge that could have been tested in a written exam. The panel did not observe any form of calibration or informal standard-setting between the external and internal examiners. The use of the third, trainee examiner, as detailed in Requirement 21, also undermined the fairness of the assessment.

The course team must explore what best practice for examiners is and seek to implement this to ensure fairness for all students. Communication must be established with the RCSEd to ensure that final exams are fair in future. The provider must also be assured that the RCSEd finals are standard-set to ensure that students are being tested to a clear, appropriate standard.

Requirement 24: Where appropriate, patient/peer/customer feedback should contribute to the assessment process (*Requirement Not Met*)

Students have limited opportunities to work together and there was no evidence of feedback to one another as peers. Patient feedback is only collected at some placements and this is for the practices' own uses and not specifically in relation to student performance. The feedback is not shared with the provider and therefore has no role within the assessment process.

The provider must create and implement a strategy for collecting patient feedback on each student's clinical performance. This strategy must be rolled out to all placements, with a written policy defining how the feedback will contribute to the assessment process.

Requirement 25: Where possible, multiple samples of performance must be taken to ensure the validity and reliability of the assessment conclusion (*Requirement Partly Met*)

Students' performance is tested in multiple ways, both clinically and theoretically. A good range of assessments was felt to be utilised. The use of minimum numbers for clinical procedures also provided assurance that multiple samples of performance are being reviewed.

The lack of initial mapping to the learning outcomes, discussed under other Requirements, impacts on how the provider has met this Requirement. The provider could not provide evidence that each learning outcome was assessed on multiple occasions before the GDC inspection. This is an important factor in considering how valid the various assessments methods are, and, subsequently, whether the results from these assessments can be considered to be reliable.

The panel were satisfied with the levels of experience the students were achieving at their placements. Many of the students were able to complete the majority of competencies before the halfway point of the programme. Students did not report any difficulties in having access to the range of patients required. This patient exposure must be taken into account in considering this Requirement as the majority of the programme is completed at arm's length from the provider. While the processes underpinning the assessment conclusion need to be evaluated and improved by the course team, the performance on practice did not concern the panel. The Requirement is therefore considered to be partly met.

Requirement 26: 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 (Requirement Partly Met)

Students reported feeling confident in understanding the standard expected of them. A close working relationship between programme staff and students was reported. Students feel comfortable in discussing difficulties and obtaining further information on assessments from their tutors. Preparation sessions for assessments were evidenced in the programme timetable. There is also a student handbook which includes full details of the learning outcomes. Programme timetables are provided during the induction so students are aware of when they will be assessed.

The core programme is further regimented with the use of the Typodont course. A checklist of clinical skills is provided to students and must be completed before progression onto the extended programme. The core programme documentation was felt to be clear and informative.

There were some areas where the provider needs to improve in. The student handbook does not include details on the marking criteria for clinical competencies or summative assessments. It was not evidenced that students receive this information.

Elements of the logbook also gave rise to concern. Some students reported that they had expected clinical competencies to be obtained as soon as possible, so had felt pressure to work hard at the beginning of their work placement to get all the competencies completed. Others thought that competency in a clinical procedure should only be assessed when they had reached the highest possible clinical standard. As such, the latter students were under-reporting their overall clinical experience in their logbooks. The course team recognised during the inspection that this was an issue and have taken steps to rectify for future cohorts by improving the guidance given to students.

The logbooks also showed gaps where pages had not been completed fully or at all. The moderation of the logbooks is an important factor in student assessment and progression, and the provider must therefore ensure that the logbooks are fully completed in future.

The issue with the training of workplace trainers, as reported elsewhere previously, also gave

rise to concerns that not all of those involved in assessing students are aware of the standards expected. Documentation regarding policies and the logbooks were issued to the workplace trainers before commencement of the programme but without mandatory pre-programme training, the panel were not assured that the trainers were adequately calibrated.

The provider must improve the student-focussed material to include full information on marking criteria and better guidance on completion of the logbooks. Mandatory pre-programme training and calibration will help to address staff awareness of standards, and the panel is aware that this has been introduced for the new cohort.

Actions

No	Actions for the Provider	Due date
16	The processes for progression, sign-up, standard setting and the assessment strategy must be improved and made robust. Internal recording of clinical achievement must be implemented to allow for effective and regular monitoring of student progression.	Targeted annual monitoring in June 2015
17	The provider should also consider whether an alternative recording method for the logbooks would be feasible and should also consider the effectiveness of the current monitoring of students when the cohort increases.	Targeted annual monitoring in June 2015
17, 18, 19, 25	Internal mapping to the learning outcomes must be introduced and kept as a 'living' document to ensure coverage of the learning outcomes. Mapping must also be used in the review of assessments.	Targeted annual monitoring in June 2015
19	The mechanism for addressing deficiencies in the patient mix for individual students or in providing a placement should a students' own fall through must be formalised into policy.	Targeted annual monitoring in June 2015
20	The provider should consider if the reflective diaries could be used more effectively in the teaching and assessment of students.	N/A
21, 26	Training days for the supervising orthodontists must be mandatory and include calibration. The course team must raise issues and concerns with the RCSEd if issues are identified at the final exams.	Targeted annual monitoring in June 2015
22	The responsibility and scope of the external examiner and their report should be formalised in policy and implemented.	N/A
23	The Assessment Policy must be reviewed and amended to ensure that the standard setting methodology is robust and clear. Further calibration of the workplace supervisors must be introduced to ensure fairness across all placements.	Targeted annual monitoring in June 2015
24	The provider must implement a strategy to collect patient feedback for all students and create a policy detailing how the feedback will be used in the assessment process.	Targeted annual monitoring in June 2015
26	Students must be informed formally of the standard expected in assessments through improvements to the student-focussed material.	Targeted annual monitoring in June 2015

Standard 4 – Equality and diversity

The provider must comply with equal opportunities and discrimination legislation and practice. They must also advocate this practice to students

Requirements	Met	Partly met	Not met
27. Providers must adhere to current legislation and best practice guidance relating to equality and diversity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Staff will receive training on equality and diversity, development and appraisal mechanisms will include this	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
29. Providers will convey to students the importance of compliance with equality and diversity law and principles of the four UK nations both during training and after they begin practice	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

GDC comments

Requirement 27: Providers must adhere to current legislation and best practice guidance relating to equality and diversity (*Requirement Met*)

The programme utilises the King’s College Hospital Equal Opportunities policy to govern its’ equality and diversity activity. The policy was used during the recruitment of students. The programme also falls under the remit of the King’s College Hospital Disciplinary Policy, Procedure and Behavioural Standards document which aims to ensure the equity of treatment all staff.

Outside of the school, work placements must provide evidence of an equality and diversity policy. This was present in all the placement audits completed by students and checked when the course team visited placements halfway through the programme.

Requirement 28: Staff will receive training on equality and diversity, development and appraisal mechanisms will include this (*Requirement Partly Met*)

All staff involved with the programme are employed by one of the KHP stakeholders and are subject to regular equality and diversity training. Completion of such training is checked by the relevant Trust. In addition, staff recently attended a lecture on equality and diversity by a dental lecturer which was felt to be useful.

The workplace trainers do not receive any equality and diversity training from the provider. This is not included in training days and there is no requirement from the course team for the trainers to have been trained in this area within a particular time frame, such as annually. The majority of placements are private, and therefore regular NHS stipulations on the frequency of equality and diversity training are not in place. However, the practices are subject to CQC inspections and the workplace trainers are registrants, and therefore subject to the GDC’s Standards for the Dental Team, which stipulates that they must keep up to date with relevant legislation that allows them to “treat patients fairly, as individuals and without discrimination”. The workplace trainers are also likely to engage in equality and diversity training as part of their continuing professional development.

However, the course team do not assure themselves that the workplace trainers are

undertaking such training to ensure they meet their registrant obligations in regards to equality and diversity. The Requirement can therefore only be considered to be partly met. The course team must assure themselves that such training is being completed or, alternatively, include a session on equality and diversity during their training days.

Requirement 29: Providers will convey to students the importance of compliance with equality and diversity law and principles of the four UK nations both during training and after they begin practice (*Requirement Partly Met*)

All students are registrants and had an understanding of the principles of equality and diversity. The importance of the four UK nations is conveyed by the Programme Director although the panel weren't sure if this is a regular theme or was taught in preparation for the inspection.

There was a heavy reliance on the students' registrant status when interviewing the course team. Direct teaching was not evidenced in the programme timetable and there did not appear to be an appreciation that students were transitioning from assisting with patients to providing treatment. There was also great disparity in the amount of training in this area that students were receiving at their work placements. Those at placements within the KHP hospitals received more training than those at practice placements. This disparity was not addressed by the provider with further training at the school.

This Requirement is considered to be partly met because evidence of formal teaching on equality and diversity within the school was not provided. The course team stated that the principles of such training were "embedded" within the programme but there was no evidence to support the assertion. Consideration of the different amounts of training available at work placements must be considered and addressed by the provider.

Actions

No	Actions for the Provider	Due date
28	Equality and diversity training received by the workplace trainers must be monitored or such training included within the providers' training days.	Targeted annual monitoring in June 2015
29	Formal teaching on equality and diversity must be introduced. The provider must also assess what training is being received outside the school and introduce such training where necessary.	Targeted annual monitoring in June 2015

Summary of Actions

Req. number	Action	Observations Response from Provider	Due date
2	Provider should seek to strengthen the process of obtaining consent by including consent during the training days for workplace supervisors.	The information provided to workplace trainers was strengthened for the 2014 cohort. Consent was discussed at the training day on 14 July 2014 and also on the trainer update session on 3 November 2014. A generic Orthodontic Therapist consent form will be introduced for the 2015 cohort.	N/A
4	Record sheets in the logbooks of all of the students' supervisors must be completed and checked by the course team.	The Supervising Orthodontist (SO) List on page 8 of the June 14 cohort log book requires all supervisors to sign this document. This requirement is checked when the portfolio is moderated at the mid-course stage. This is checked again prior to the final submission of the portfolio.	Targeted annual monitoring in June 2015
5	Stringent checking procedures should be in place to determine who all of the workplace supervisors are. The prior experience of the workplace trainers must be formally considered in the pre-programme checks. Additional guidance should be considered as an aide for those supervisors who are not as qualified or experienced as the nominated workplace trainer.	Supervisors for the 2014 cohort were required to complete a Trainer Approval form. This form was completed by all the trainers in the workplace A nominated trainer also attended an interview with the Course Director and the Course Manager prior to the student commencing the course. The core programme training day for the supervisor provides a specific session on adult learning. Specific questions relating to training experience will be added to the Trainer Approval form and asked at interview for the June 2015 cohort. The	Targeted annual monitoring in June 2015

		workplace trainer will be interviewed with the student for the June 15 intake.	
6	Provider must define and outline what support and protection is available to students should a conflict of interest arise in raising a concern, thought given as to how to mitigate against the inherent difficulties in reporting concerns given that students hope to remain at their work placements upon satisfactory completion of the course.	<p>A course policy is in place to raise any concerns by the student. Individual student reviews with the course team also facilitate an environment for the student to raise any concerns in relation to their clinical workplace.</p> <p>The centre has developed a course deferral policy which outlines a process when student are unable to continue with the course.</p> <p>However the course team acknowledge that this process needs to be further formalised. A process will be developed for the 2015 intake in the event that a workplace concern is raised. This will be included in the deferral policy.</p>	Targeted annual monitoring in June 2015
7	The provider must implement a formal, written policy to define their role in a patient safety incident involving a student at their work placement.	A formal policy is to be discussed at the January 2015 course team meeting and introduced for the 2015 cohort.	Targeted annual monitoring in June 2015
8	Provider should consider introducing policies supplementary to the main student fitness to practise guidance.	In addition to the Fitness to Practice policy a Social Media policy has been introduced.	N/A
9	The provider must introduce external review of the programme to ensure that it is properly quality assured. A formal structure and process for implementing changes to the programme must also be introduced.	The programme is externally reviewed by the King's Health Partners Education Academy (KHPEA). The external review of the course was conducted by the programme external examiner and a King's College London Senior Academic and quality assurance expert.	Targeted annual monitoring in June 2015

		<p>Any course changes have to be submitted to KHPEA. So far no changes have occurred that need to be submitted to KHPEA.</p> <p>The annual course review was completed in April 2014 and was sent to KHPEA. The 2014 course review will take place in the Spring of 2015.</p>	
10	<p>The processes for the initial quality assurance of placements should be formalised with learning agreements introduced to help further ensure consistency. The provider must also implement a procedure to quality assure placements throughout the programme to ensure that discrepancies in training and range of patients are identified and addressed as soon as possible.</p>	<p>Quality assurance of the workplace commences on receipt of an application for the course. This process is consistently reviewed. All the practices for the 2014 cohort were visited prior to the student commencing the course. A second workplace visit for all the placements has taken place in November and December of this year. This was conducted by a consultant orthodontist and the lead DCPs.</p> <p>Changes and updates for the 2015 course include the clinical requirement form to be completed by the SOs prior to interview. All SOs will be interviewed with their prospective students. The Employer Commitment Policy will be strengthened to include more detail on access to the range of clinical procedures as well as process for in house work place learning to occur.</p>	<p>Targeted annual monitoring in June 2015</p>
11	<p>Improved documentation regarding the quality management framework must be created.</p>	<p>Quality matters are discussed at course team meetings and at the annual course review. Any problems and matter relating to quality are recorded and held centrally by the Course Manager.</p> <p>The course team acknowledge that this process needs to be more formalised and a process will be implemented for the 2015 intake.</p>	<p>Targeted annual monitoring in June 2015</p>

12	The provider must formalise plans to deal with possible threats to the programme.	<p>There have been no serious threats to a student achieving the learning outcomes.</p> <p>As stated in requirement 6 the centre has developed a course deferral policy which outlines a process when student are unable to continue with the course.</p> <p>However the course team acknowledge that this process needs to be further formalised. A process will be developed for the 2015 intake in the event that a workplace concern is raised. This will be included in the deferral policy.</p>	Targeted annual monitoring in June 2015
13	The provider should consider utilising external examiners during the core programme.	<p>Currently an external examiner is utilised in the KHP final examination. At present the course do not consider the need for the external examiner to be present at the core programme examination.</p> <p>However the external examiner will be asked to review the content of the core examination and propose changes if necessary for the 2015 intake.</p>	N/A
14	The use of external examiners should be formalised in an appropriate policy.	Plans are in place to develop an external examiner policy.	N/A
15	Formal reports must be discussed and responded to in a timely manner. The course team must evidence that they are adhering to the Course Audit Policy to ensure the quality of the programme.	<p>At the time of inspection the 2013 cohort had not fully completed the course in order for all the requirements of the Course Audit Policy to be completed.</p> <p>All the evaluations as set out in the Policy have now been completed for the 2013 cohort and are ongoing for the 2014 cohort.</p> <p>Team meeting dates for the 2014 cohort have</p>	Targeted annual monitoring in June 2015

		been increased and evaluation and feedback are discussed in these meetings.	
16	The processes for progression, sign-up, standard setting and the assessment strategy must be improved and made robust. Internal recording of clinical achievement must be implemented to allow for effective and regular monitoring of student progression.	<p>The course portfolio is discussed with students at every individual student review meeting.</p> <p>Clinical achievement is recorded via the clinical competence sheets contained in the portfolio. The portfolio is moderated at 6 months into the course.</p> <p>Tracking sheets record the progress of the student throughout the course. Three additional days were added to the 2014 intake timetable to focus on reviewing portfolios and student progress in developing their portfolios.</p> <p>Standard setting and improving the assessment strategy and policy are ongoing. The course team have access to a bank of specialist staff both internally and externally who are able to review and comment on the KHP examination.</p>	Targeted annual monitoring in June 2015
17	The provider should also consider whether an alternative recording method for the logbooks would be feasible and should also consider the effectiveness of the current monitoring of students when the cohort increases.	<p>Currently the components of the log books are recorded manually by the students.</p> <p>The course team are to review whether an e portfolio could be considered for future intakes.</p> <p>Student progress and achievement is monitored via individual student reviews and the additional days added for portfolio review and development.</p>	Targeted annual monitoring in June 2015
17, 18, 19, 25	Internal mapping to the learning outcomes must be introduced and kept as a 'living' document to ensure coverage of the learning outcomes.	<p>The course timetable provides mapping to all the learning outcomes. The mapping document submitted as part of the inspection process is considered to be a live document by the team.</p> <p>All lessons delivered during the course have the</p>	Targeted annual monitoring in June 2015

		<p>learning outcomes stated.</p> <p>The course team recognise the need to ensure that the portfolio competences and assessment documentation state the links to the learning outcomes.</p> <p>An updated logbook and course handbook for the 2015 intake will map learning outcomes.</p>	
19	The mechanism for addressing deficiencies in the patient mix for individual students or in providing a placement should a students' own fall through must be formalised into policy.	<p>The moderation of the portfolios and the student reviews address deficiencies in any lack of case mix.</p> <p>The 2013 and 2014 cohorts have yet to identify any concerns where a lack of clinical activity has been an issue. The partners within KHP have the facility to provide access to patients should a shortfall in clinical procedures arise. As of yet there is no formal process in place to arrange this. Each student, if the need arose, would be discussed on a case by case basis.</p>	Targeted annual monitoring in June 2015
20	The provider should consider if the reflective diaries could be used more effectively in the teaching and assessment of students.	The provision of reflective accounts for the 2014 cohort has been strengthened. The internal moderation conducted in December will provide feedback to the course team if reflection is being carried out more effectively.	N/A
21, 26	Training days for the supervising orthodontists must be mandatory and include calibration. The course team must raise issues and concerns with the RCSEd if issues are identified at the final exams.	The training days for the 2014 intake have been increased. One and a half training days were provided in July 2014 and a further half day session was held in November. A calibration exercise in relation of the grading of the clinical competence was provided in the July training sessions.	Targeted annual monitoring in June 2015

		<p>Dialogue has taken place with RCSEd in relation to the issues discussed in the report regarding the final examination of the June 2013 intake.</p> <p>If any issues arise with the June 2014 cohort when they sit their final examination they will be forwarded on to RCSEd.</p>	
22	The responsibility and scope of the external examiner and their report should be formalised in policy and implemented.	A role descriptor for the external examiner is in progress and will be implemented for the June 2014 cohort exam in March 2015.	N/A
23	The Assessment Policy must be reviewed and amended to ensure that the standard setting methodology is robust and clear. Further calibration of the workplace supervisors must be introduced to ensure fairness across all placements.	<p>Standard setting is conducted for the KHP final examinations. As stated in requirement 16, the assessment policy will be reviewed.</p> <p>Calibration of the supervisors is carried out as detailed in requirement 21, 26.</p>	Targeted annual monitoring in June 2015
24	The provider must implement a strategy to collect patient feedback for all students and create a policy detailing how the feedback will be used in the assessment process.	<p>Patient feedback is now collected. The June 14 intake is required to obtain feedback from patients as part of a requirement of their portfolio. All students are given a KHP patient feedback form to ensure standardisation of data collected.</p> <p>Feedback is collected by students from patients at the beginning, middle and end of their training.</p>	Targeted annual monitoring in June 2015
26	Students must be informed formally of the standard expected in assessments through improvements to the student-focussed material.	The assessment policy given to students during their induction provides information on the standard required across all assessed components of the course. The assessment policy and other policies and course documents are provided to students on a data stick at induction.	Targeted annual monitoring in June 2015
28	Equality and diversity training received by the workplace trainers must be monitored or such training	Equality and diversity was included in the training days for the 2014 cohort's supervisors. In order to	Targeted annual monitoring in June

	included within the providers' training days.	assess any gaps in knowledge in future cohorts, supervisors will be asked to provide details of any training they have attended regarding equality and diversity in the Trainer Application form Any gaps will be addressed at the training days. The centre is also considering providing online training in equality and diversity for the 2015 intake.	2015
29	Formal teaching on equality and diversity must be introduced. The provider must also assess what training is being received outside the school and introduce such training where necessary.	As above	Targeted annual monitoring in June 2015

Observations from the provider on content of report

KHP are very grateful to the inspection team for their thorough inspection and report. It was pleasing to note the positive attributes of the report which reflects all the work carried out by the course team and the 2013 cohort of Orthodontic Therapy students.

With regards to the comments relating to the Royal College examination, we would like to advise the GDC that we have asked the Chair of the Standing Advisory Board of the Dental Care Professionals (Margaret Ross) and the College Educationalist (Yvonne Hurst) as well as the examinations convener (Fraser McDonald) of the Royal College of Surgeons of Edinburgh to comment separately.

We feel it is important to point out that we have complied with KCL university examination regulations, where it is correct and standard practice for all registration examinations for the examiners to come from the teaching cohort and therefore to have some knowledge of the trainees and hence the candidates for examination. It is also absolutely normal practice that trainers directly involved teaching a course, set exam questions and examine. Although there is a nationally agreed set of learning outcomes for all registrants for the General Dental Council UK, all schools teach subtle differences which are examined accordingly within each school. We do not yet have a national examination for registration in this area, nor indeed in dentistry itself. According to the requirements of the Quality Assurance Agency and their guidelines on visiting examiners, the external examiner is used for quality control and fairness of the examination and at no time participates in the examination itself.

We hope this addresses your concerns and would be happy to provide further information should you so wish.

The information in the report allows us to address the actions identified and ensure that we continue to improve our Orthodontic Therapy programme. The course team look forward to welcoming the GDC inspection team back to review our progress.

Recommendations to the GDC

The inspectors recommend that this qualification is approved for holders to apply for registration as an orthodontic therapist with the General Dental Council.

The School must provide detailed information regarding how they have met, or are endeavouring to meet, the required actions set down in this report in 2014/15. Based on the responses received, a re-inspection may take place in either 2015/16 or 2016/17 to ensure that the changes to the programme have been effective.