

King's Health Partners (KHP) **Orthodontic Therapy Training** **Programme**

Trainer Specification & Approval **Form** **Terms & Conditions** **2020/21**

TRAINER SPECIFICATION

To be eligible to join the course, the Trainer/ Supervising Orthodontist needs to:

Factor	Essential	Desirable
Qualifications	<ul style="list-style-type: none"> ▪ Registered on the Specialist List of the GDC in Orthodontics 	<ul style="list-style-type: none"> ▪ Registered Diploma of Membership in Orthodontics of one of the Royal Colleges or equivalent
Training Skills & Abilities	<ul style="list-style-type: none"> ▪ Attend all training sessions that are requested by KHP as the supervising orthodontist to support the trainee ▪ Willing to undertake the necessary training sessions outlined within the course to become and remain a trainer 	<ul style="list-style-type: none"> ▪ Experience acting as a trainer
Audit & CPD	<ul style="list-style-type: none"> ▪ Proven commitment to post graduate education and CPD 	
Commitment to the KHP programme	<ul style="list-style-type: none"> ▪ Willing to feedback to the KHP team on student progress throughout the duration of the course ▪ Willing to re-organise own daily routine and those of the practice to take account of the presence of a trainee orthodontic therapist ▪ Willing to supervise student for every patient, every visit ▪ Ability to demonstrate a desire to train and an enthusiasm for orthodontic therapy training ▪ Be prepared to supervise an audit and other relevant projects during training ▪ Demonstrates the ability to monitor the student progress within the clinical setting, assessing competencies and overseeing appropriate patient caseload as specified by the course ▪ Be prepared to work closely with the course directors and course team throughout the duration of the entire course 	
Training Environment	<ul style="list-style-type: none"> ▪ Ensure the training environment consistently meets the list of clinical setting requirements in the hospital or practice ▪ Ensures the appropriate nursing and administrative support is made available for the student therapist ▪ Actively supports workplace inspection visit and willingness to respond to report ▪ Works as part of a team within a well-run practice or hospital department 	<ul style="list-style-type: none"> ▪ Can demonstrate involvement in staff appraisal, training and development ▪ Is up to date on current best clinical practice

Skills & Abilities	<ul style="list-style-type: none"> ▪ Good communicator ▪ Good basic IT skills – confident with use of email and the internet – and prepared to assist student in these areas 	<ul style="list-style-type: none"> ▪ Familiar with use of digital photography ▪ Experience with PowerPoint presentations
Disposition	<ul style="list-style-type: none"> ▪ Willing to offer appropriate pastoral support to a student orthodontic therapist ▪ Evidence of high degree of integrity in all professional areas and understands confidentiality ▪ Open to educational opportunities 	<ul style="list-style-type: none"> ▪ Leadership qualities ▪ Motivational skills ▪ Enthusiastic and positive
Other	<ul style="list-style-type: none"> ▪ Able to work as trainer throughout duration of course ▪ Aware and committed to the requirements of the course and guarantee to attend training and study days when required ▪ Demonstrates a desire to learn 	

TRAINER APPROVAL FORM

This form needs to be completed by all orthodontists who will be supervising the student orthodontic therapist. An individual form will need to be completed for each supervisor and each candidate if you have more than one.

Name of Student:

Supervising Orthodontist Information			
1.	Surname		
	First Name		
	Date of Birth		
	GDC No.		
2.	Practice Address		
	Telephone		
	Mobile		
	Email		
	Home Address		
	Postcode		
3.	Qualifications		Date Awarded

4. What is your status in the practice or department? (Please tick)					
	Sole owner	Partner	Expense Sharing Partner	Associate	Consultants
5. Are you due to retire before the end of your students training programme?					
				Yes	No
6. Will there be other orthodontist in the practice/department who will be involved in training?					
				Yes	No
	If yes, please state their names & GDC number(s):				
7. Will an experienced /qualified dental nurse work with the student orthodontic therapist?					
				Yes	No
8. How many fully operational surgeries are there in practice or department?					
9. Will it be necessary to build/re-equip a surgery for a student orthodontic therapist?					
				Yes	No
10. Will the student orthodontic therapist have their own surgery?					
				Yes	No
11. Will the student orthodontic therapist work between two practices or departments?					
				Yes	No
	If so, please specify.				
12. What will be the hours of work of the student orthodontic therapist?					
13. What percentages of patients are likely to be NHS?					
14. Do you use : (Please circle)					
	Removable appliances			Yes	No
	Functional appliances			Yes	No
	EOT			Yes	No
	Straight wire			Yes	No
	Do you have any speciality interest:				
	Self-ligating appliances			Yes	No
	Lingual appliances			Yes	No

	COFF appliances	Yes	No
	Invisalign	Yes	No
	TADs	Yes	No
	Orthognathic surgery	Yes	No
	If yes, please indicate what formal training, if any, you have had.		
15.	What educational resources are available within the practice to the student orthodontic therapist?		
16.	Do you have internet and email access in the practice/department?	Yes	No
17.	Do you use digital photography in the department?	Yes	No
18.	Are you prepared to engage in a formal weekly discussion/seminar period with the student? Time required is a minimum of 30 minutes per week.	Yes	No
19.	Are you willing to attend a trainer interview at either Guy's or King's Hospital?	Yes	No
20.	Are you willing to formally assess and monitor the student orthodontic therapist's progress and complete reports on their development?	Yes	No
21.	Have you been in dispute with any professional organisation or authority leading to discipline proceedings? If yes, please explain circumstances/outcome on a separate sheet.	Yes	No
22.	Please state your reasons for wishing to be involved with this course. If there is any further information that you feel would be helpful, please continue on another sheet.		

23.	Please help us to make our equal opportunities policy effective by placing a tick in the box which is appropriate to you.				
Asian or Asian British					
Indian		Pakistani		Bangladeshi	
Chinese		Other Asian background			
Black or Black British					
Caribbean		African		Other black background	
Mixed Race					
White and black Caribbean		White and Asian		Other mixed background	
White and black African					
White					
British		Irish		Other white background	
Other					
Other Ethnic Background	Please state:				

TERMS & CONDITIONS

The information you provide will be held by King's Health Partners. The information will not be shared with any other body without your express consent. It will be used solely in connection with the operation of the Diploma in Orthodontic Therapy and stored in accordance with the Data Protection Act 1998.

We will only use the information you have supplied for administrative purposes. The course may occasionally be requested to supply data to members of staff for research purposes, such as mailing of questionnaires.

Please tick box if you DO NOT wish your personal data to be used in this way

While we make every effort to run courses as advertised, we reserve the right to change the timetable where necessary and /or the teaching staff without prior notice and to cancel any courses without liability.

The candidate will comply with the standards and regulations set out by the course leads. Failure to do so may result in course dismissal.

Term 1		
I understand that the course fee is a non- refundable fee and that the work place practice is liable for the full course fee of £13,000 regardless of whether or not the trainee completes the course to its entirety.	Yes	No
Term 2		
I understand that the course fee is a non- refundable fee and that the student is liable for the full course fee of £13,000 regardless of whether or not the Completed to its entirety.	Yes	No

I confirm that I have read, understood and agree to comply with the terms and conditions of the *Orthodontic Therapy Course* above.

Signature (Supervising Orthodontist):	Date:
Name:	