

*Developing people
for health and
healthcare*

Derby Hospitals NHS
Foundation Trust

Postgraduate School of
Dentistry Quality
Management Visit

4th November 2014



**Health Education East Midlands
Postgraduate School of Dentistry Quality Management Visit to
Derby Hospitals NHS Foundation Trust
4th November 2014**

Visiting team:

Mr Stephen Dixon – Associate Postgraduate Dental Dean
Professor Peter Harris – Lay Partner
Ms Suzanne Fuller – Quality Manager
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Introduction

Health Education East Midlands are responsible for managing the quality of multi-professional education and training across the East Midlands. We have specified the standards we expect providers to meet in *East Midlands Multi-professional Quality Standards for local training and education providers*. HEEM formally took over responsibility for postgraduate dental education and training in the region from South Yorkshire and East Midlands Deanery on 1st October 2014.

This visit to meet with dental trainees and their trainers formed part of a wider quality management visit to Derby Hospitals NHS Foundation Trust on 4th November 2014. A report of the whole visit can be read here: https://www.eastmidlandsdeanery.nhs.uk/document_store/14216843731_derby_hospitals_nhs_foundation_trust_outcomes_report.pdf

During the visit the team met with a representative group of dental core trainees and dental educators. We would like to thank all those who met with and shared their feedback with the visiting team.

During this visit the team confirmed that there are currently five fully registered dentists in the Dental Core Trainee 1 (DCT1) posts and three in DCT 2 posts. We heard that there are five orthodontic trainees within the department, two of whom are academic trainees from Yorkshire.

Induction

The trainees reported that they had participated in a Trust induction day which they found to be helpful, and also attended a 'Dentist on the Ward' course which was beneficial. One trainee did not receive a formal induction as they started at a different point in the year. Whilst this had presented some challenges, they reported that the other DCTs in the unit at that time had been very supportive. The trainees who participated in four days of shadowing prior to taking up their post reported that they found this to be useful.

Supervision

The trainees reported that they felt they were well supported and supervised by the consultants within the unit. They reported that they did not feel they had to work beyond their competence, although had at times felt a bit 'out of their depth' at night. However, they told us that their senior colleagues were all approachable and available to support them, including out of hours.

The trainees reported that they received good feedback from their consultants on their work. There were no reported concerns about bullying or undermining behaviour.

Rotas

The trainees reported that they undertake 7 nights (in two blocks of four and three) over an eight week period. The DCT 2 trainees also rotate to Burton Hospital where they undertake minor oral surgery and participate in clinics. These placements were regarded positively by these trainees.

The trainees reported that the rota, and out of hours working, did not prevent them from attending teaching sessions.

The trainees reported that when they are on nights they are expected to clerk patients for theatre before morning handover. However if this is delayed, for example due to patients arriving late, the trainees told us that they felt they ought to stay past their rostered hours to complete this task. They also reported that the ward round at weekends can sometimes be delayed, and again felt they ought to stay for this. The trainees said this was not expected of them, and they had recently had clarification that as long as patients had been handed over to the SHO they should go home. However, as they knew all the details of the patients they felt they ought to stay as they would be better placed to contribute to handover. The trainers we met with echoed that trainees should go home and were not expected to stay if they had handed over their patients to colleagues coming on shift. The trainers reflected that those coming on duty in the morning did not start their shift in time to learn the details of each patient prior to them going to theatre. This meant that whilst they might learn about a particular skill they did not learn about the patient as a whole.

The trainees reflected that they had been able to flag their concerns to senior colleagues and they had responded to them.

The trainees said they sometimes feel like they are working 'way beyond' their hours, but this had not been formally monitored. They queried whether it would be better to have two days off at the end of a run of four nights, rather than beforehand as this would enable them to be better rested.

Recommendation

1. The trust should review the arrangements for morning handover to ensure that trainees are able to handover patients in a timely manner, which facilitates those ending their shift to finish on time and those commencing it to gain wider knowledge of their patients.
2. The department should undertake a monitoring exercise to ensure that the trainee rota is compliant with relevant regulations, and establish whether and how often trainees are working beyond their scheduled hours.

Quality of education and training

We heard from some of the trainees that the reason they had applied to work at Derby was because of its reputation for high quality training and its 'strong ethos for education'. Several trainees reflected that they had been particularly impressed by the unit and members of the team they had met during the section process.

The trainees all knew who their allocated educational supervisor is and have met with them and agreed educational objectives for the post.

The trainees reported that it was a 'great team' and they were receiving 'good teaching'. One trainee reflected that it had been a steep learning curve after foundation training, but felt they were learning 'far more than they would as an associate'.

The trainees reported that they have protected teaching time each Thursday. This takes the form of a journal club, in which trainees present to their colleagues. The subjects for presentation are selected by one of the consultants. The trainees gave positive feedback for these sessions. The trainees were unsure about the scheduling of monthly 'divisional days' for teaching and we heard from trainers that the Trust had taken a decision to reduce these to half days, which meant it was harder to cover everything in the

condensed time. These sessions have received positive feedback from trainees in previous years, and the Trust should consider how to ensure this learning opportunity is not lost.

Recommendation

3. The Trust should consider how to mitigate the impact of divisional days for teaching being reduced to half a day, and ensure that trainees still have adequate time for formal teaching.

The trainees reflected that they were gaining a lot of theoretical knowledge, but were frustrated by the lack of hands on experience. They reported that they had been told they would be eased into surgical work, an approach they supported, but felt that this had been too slow. The trainees told us that for the first month they were supernumerary, with a phased introduction after that. We heard that DCT 1s were only now beginning to hold their own MOS clinics, having started in post in August. The trainees reflected that much of the work performed in theatre was beyond the scope of their competence, but one of the reasons for applying for a DCT post was to get surgical experience. The trainees reflected that they were learning a lot of theory related to surgery. They told us that there were sufficient cases coming into the department, but that it was 'the luck of the draw' as to who got exposure to the cases, as there are no dedicated surgical lists for training. Some of the trainees said they were concerned that this lack of exposure to surgical procedures may be causing them to 'slow down' and become 'deskilled'.

The trainers we met with acknowledged that trainees had been phased slowly into surgical work, as many aren't equipped with basic surgical skills when they join the Trust. They told us that the large number of trainees within the department means that the availability of appropriate cases can be diluted. The trainers reported that trainees received one-to-one supervision when undertaking bilateral surgical work, however it was this type of work the trainees had told the visiting team they would welcome more exposure to.

The trainers reflected that there was perhaps a need to better manage the expectations of the trainees, as they ought to be aware the posts were not just focused on dentoalveolar work, but the wider management of maxillofacial patients.

Recommendations

4. The Trust should review its approach to, and timescales for, phasing in DCTs to surgical practice, to ensure that the expectations of trainees are managed and that this period strikes the right balance between providing a safe introduction to hospital practice and meeting the educational needs of trainees.
5. The Trust should review how it ensures trainees get equal exposure to the case mix within the department.

We heard from the trainers that as there is a medical Foundation Year 1 trainee within the department, who is based on the ward, this was a beneficial opportunity for inter-professional learning.

The trainees reported that whilst working at night they were more focused on delivering service than gaining educational experiences. However, some of the trainees reflected that they found out of hours working to be beneficial as it helped them to develop confidence in their own decision making. There was a mix of views among the trainees we met as to whether they would prefer not to work out of hours. Trainers reflected that night duty was a beneficial educational experience as it enabled them to see what happens to their patients during this period, and also learn how to develop their decision making and time management skills.

The trainees did not seem to be engaging with their ePDPs, and some told us they avoided using it. We heard they were not actively recording assessments. The trainees reported that not all supervisors had had a log in for the e-PDP. The visiting team impressed upon the trainees the importance of capturing assessments in their ePDP, and being proactive in doing so. This was particularly important given the move to regional recruitment, as the ePDP is the main mechanism for capturing and evidencing their progress and development. The trainers we met with reported that they were not all trained in how to use the ePDP

and would welcome support with this from HEEM. They reported impressing upon trainees the importance of the portfolio, but it would be helpful for HEEM to support them in this.

The trainees reported that they all had an audit project, following discussion with the audit lead for the department. They told us that they were expected to be proactive in identifying projects themselves, but the team within the department were helpful. We heard from the trainers that these audits are presented at the end of the year, and they aim for some of these to be included in the regional audit meeting.

Access to educational resources

The trainees reported that they were able to access computer workstations when needed. They told us that the library was good and they had no problems with accessing it. They also said they have log-in access to Athens. The trainees reported that they had been informed about the process for applying for study leave, but none had as yet done so.

The role of HEEM

The trainers told us that they would value the opportunity for educational supervisors from across the East Midlands to join together for a meeting to share training and learning. This would help them to understand what is expected of them in their role. HEEM will explore this suggestion further.

We also heard that there was some apprehension regarding a loss of educational opportunities following the transition from the previous deanery to HEEM. The visiting team heard an example where an orthodontic registrar had missed out on a training opportunity during the transition phase. The visiting team assured the trainers every effort would be made to ensure trainees were not disadvantaged, but urged them to contact HEEM directly when concerns arise.

Other areas of concern

During the visit, the trainees raised a concern relating to their salary. This related to whether their base salary from Foundation training ought to have been matched once in their DCT post. They were also concerned that they were being paid a lower base salary than colleagues in equivalent posts working in other Trusts within the East Midlands. The visiting team advised that whilst this fell outside the scope of the visit, they would raise this with the Trust separately.

The trainers we met also raised their concerns as to whether maxillofacial surgeons within the department were required to hold dual registration with both the GMC and GDC. HEEM will explore this issue and report back to the Department.

Overall comments

The trainees we met with reported working and training within a positive and supportive environment, with open-minded colleagues. In particular the trainees reflected that there was a strong ethos for education and training within the department. On the whole trainees said they would recommend this post to others, but voiced some concern about the lack of exposure to experiential learning. The Trust should take steps to address these concerns, in order to build on and enhance the department's reputation for providing high quality education and training.

Following the visit, the Trust submitted an action plan, detailing how they will address the areas for improvement identified. HEEM will work with the Trust to support and monitor progress against this action plan.