

*Developing people
for health and
healthcare*

Chesterfield Royal
Hospital NHS
Foundation Trust

Postgraduate School of
Dentistry Quality
Management Visit

7th October 2014



**Health Education East Midlands
Postgraduate School of Dentistry Quality Management Visit to
Chesterfield Royal Hospital NHS Foundation Trust
7th October 2014**

Visiting team:

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

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 the Oral and Maxillofacial Surgery Unit at Chesterfield Royal Hospital formed part of the wider visit to Chesterfield on 7th October. A report of the whole visit can be read here: https://www.eastmidlandsdeanery.nhs.uk/document_store/14192609491_chesterfield_royal_hospital_nhs_foundation_trust_outcome_report.pdf.

During the visit the team met with a representative group of Dental Core Trainees (DCT), Specialty trainees (StR) 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 four fully registered dentists in the DCT posts (DCT2 x 3; DCT3 x1) and no temporary registered practitioners. There are 3 Orthodontic trainees (StR x 2; Post-CCST x 1).

Induction

The visiting team met with 3 Dental Core Trainees (DCTs) and 3 orthodontic trainees. The trainees had all received a hospital and departmental induction which provided them with adequate information at the beginning of their post. The trainees reported that they had attended a hospital induction at the start of this post.

Supervision

The trainees reported that they felt they had adequate clinical supervision and that their senior colleagues were supportive and approachable. They knew who to approach out of hours if they needed advice or support, and felt able to do so. They reported that they had not had any patient safety concerns but understood what they should do if they did in the future. There had been a few occasions when there was only one consultant within the department and no registrar, due to leave, but on the whole there they were well staffed and supported. The trainees did not report

any bullying or undermining behaviour within the department.

Rotas

The trainees reported that their rota was compliant with EWTD. When on-call out of hours they are non-resident from 9pm, and are required to live within half an hour of the hospital. The trainees reported that dental handover is face to face, supplemented by a computer record.

Quality of education and training

The trainees reported that they all knew who their educational supervisor is. They are encouraged to complete their ePDPs, but the trainees acknowledged that they had not been vigilant in ensuring it is up to date. We heard that they have regular discussions with their educational supervisors and are encouraged to take study leave and attend appropriate courses.

The orthodontic trainees reported that their clinics were well set up with good facilities. Their consultant is very hands on and supportive. They are able to attend teaching and have protected study time.

Access to educational resources

Trainees reported that they had internet access within the department but were unable to access online journals via Athens log in. The trainees were aware of the library facilities but did not access these facilities.

The role of HEEM

Among the trainees the visiting team met with, there was differing levels of understanding of the role of HEEM in relation to their education and training. As all the trainees had previous DCT experience they had not been invited to attend the induction day delivered by HEEM.

Trainees reported that on the whole they found communication from HEEM to be good. The visiting team were delighted to note that one of the DCT2 trainees has recently been appointed as the trainee Representative of the Dental School Board which had improved communication with the trainees.

Areas for improvement

The trainees reported that they were required to cross-cover for ENT out of hours. They had received minimal induction for this work. Handover is verbal. The trainees reported that they found this to be valuable clinical experience, for example removing a foreign body from the ear. The on-call ENT consultants were reported to be supportive. We heard from the dental trainers that this arrangement had arisen out of a need to support ENT colleagues to deliver their service. The dental trainees were unsure what the indemnity arrangements were for this aspect of their work.

The visiting team were concerned about the patient safety risks arising from this arrangement. Whilst the trainees were positive about this aspect of their role, they did not seem aware of the risks of working outside of their competence. It is also unclear that there is any educational benefit

to dental trainees. The visiting team advised the Trust of its concerns on the day of the visit and that this arrangement must cease as soon as possible. We also shared our concerns with our external partners. The Trust informed us on the day of the visit that they were already working towards ending this arrangement by August 2015.

Requirement

The Trust must identify alternative methods to support the ENT on-call rota without reliance on the DCTs as soon as possible, and no later than August 2015.

The Dental Core Trainees reported that they have protected education time on Friday afternoons. They are able to attend formal teaching sessions in Sheffield if they wish, but the trainees reported that they tend not to participate in these sessions as logistically it is difficult to get to Sheffield for the start of the teaching.

The trainers acknowledged that they do not monitor how trainees use this time on Friday afternoons, and do not provide their own formal teaching sessions. We heard that as there are currently only two consultant maxillofacial surgeons within the department it was difficult to find capacity to develop and deliver a formal teaching programme. Dr Iain Dods, DME, has been notified that the trainees are not consistently accessing the teaching programme in Sheffield.

Recommendation

The Trust and Educational Supervisors must ensure that protected teaching time is incorporated into the DCT rota.

The visiting team suggested that there may be scope for specialist registrars to support this activity. We would encourage the department to review the teaching available to these trainees, to ensure that they receive an appropriate programme of formal teaching, alongside hands-on training.

We heard from the core trainees that they have had some difficulties being released for regional teaching and were being required to provide supplementary evidence to Medical Staffing in order for them to be released. The visiting team were disappointed that trainees were facing such barriers to their teaching.

Recommendation

The Trust should review their requirement to request dental trainees to apply for study leave to attend regional teaching.

The core trainees reported that they have their own minor oral surgery lists and are able to become involved in sedation. However they are getting limited exposure to dento-alveolar work. The bulk of their patients are medically compromised but require basic extractions.

We heard from trainers that cases are triaged and more complex cases are dealt with by specialists in the community, with mainly medically compromised patients requiring simple procedures being referred into the hospital. We heard from a trainer that this was a significant problem arising from local commissioning arrangements. However, it was getting close to the stage where the quality and mix of cases being referred into the hospital is compromising the education and training experience. HEEM will support the Trust where it can to minimise the

impact on education and training arising from commissioning arrangements.

We heard that discussions are currently underway to reconfigure head and neck services, which could result in the service moving outside of Chesterfield. We would encourage the Trust to ensure the education and training implications of any reconfiguration are considered throughout these discussions.

Overall Comments

Overall the trainees would recommend their post to a colleague, although several reflected that given the current clinical case mix, it might be better suited to a DCT1 post.

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.