

*Developing people  
for health and  
healthcare*

University Hospitals  
Leicester

Postgraduate School of  
Dentistry Quality  
Management Visit

3<sup>rd</sup> October 2014



**Health Education East Midlands  
Postgraduate School of Dentistry Quality Management Visit to  
University Hospitals Leicester  
3<sup>rd</sup> October 2014**

**Visiting team:**

Andrew Dickenson – Postgraduate Dental Dean  
Stephen Dixon – Associate Postgraduate Dental Dean  
Rosalind Maxwell Harrison – Lay Partner  
Suzanne Fuller – Quality Manager  
Kath Eastwood – Foundation TPD (Observer)

**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 1<sup>st</sup> October 2014.

This visit to the Oral and Maxillofacial Surgery Unit at Leicester Royal Infirmary formed part of a wider visit to University Hospitals of Leicester NHS Trust on 2<sup>nd</sup> and 3<sup>rd</sup> October. A report of the whole visit can be read here:

[https://www.eastmidlandsdeanery.nhs.uk/document\\_store/14181196841\\_university\\_hospitals\\_of\\_leicester\\_nhs\\_trust\\_outcomes\\_report.pdf](https://www.eastmidlandsdeanery.nhs.uk/document_store/14181196841_university_hospitals_of_leicester_nhs_trust_outcomes_report.pdf)

During the visit the team met with a representative group of Dental Core Trainees (DCT) and dental educators. We would like to thank all those who met with and shared their feedback with the visiting team.

The last visit to the OMFS Unit at University Hospitals of Leicester NHS Trust took place on 24 June 2013. This visit was conducted by the South Yorkshire and East Midlands Dental Deanery. At that visit the deanery identified that temporary registrants had been appointed to DCT training posts. The deanery required the Trust to ensure that temporary registrants were not placed in training posts in future. During this visit the team confirmed that there are currently five fully registered dentists in the DCT posts and two temporary registered practitioners in Trust funded SHO posts.

**Induction**

The trainees reported that they had attended a hospital induction at the start of this post. Several trainees also had the opportunity to shadow their predecessor before starting the post. The trainees reported they received an information pack from the department, but did not believe that they had had a formal departmental induction.

When the team met with the trainers, they shared copies of the information provided to trainees at the start of their post. This included a comprehensive handbook setting out key information about working within the department, as well as a folder of pertinent clinical information (eg; Trust

protocols, relevant laboratory forms). The visiting team felt this information was comprehensive and was a valuable source of information for trainees new to the department. However, it was apparent that the trainees did not recognise that this information formed part of their induction, as it had not been labelled as such.

HEEM acknowledge the significant contribution from the Staff Grade Surgeons in developing and supporting Induction and welcome this development.

### ***Recommendation***

The department should review how it presents information to trainees, to enable them to recognise when it is provided to support their induction into a new post.

The visiting team were pleased that the department expressed a willingness to work with HEEM to develop its induction handbook for use across HEEM's DCT programme.

### **Supervision**

The trainees reported feeling well supported and supervised in their work. They said that they felt safe and that there is always someone in the department during the day who they could ask for help. The trainees described their senior colleagues as approachable and would feel comfortable in raising any concerns with them. The trainees reported that they had not identified any patient safety concerns nor been asked to work beyond their competence. The trainees reported that they had not be subject to, or witnessed, undermining or bullying behaviour from colleagues.

The trainees are required to work out of hours, but are not part of the Hospital at Night Programme for the Trust. The trainees reported that there is a face to face handover between each shift which is supplemented by a printout with patient information, although the printout is not always provided at night. There is always a second on-call (usually a specialist registrar or specialty doctor) if the trainees need support and advice and they felt willing and able to contact this person if required. They are not required to cross cover other specialties out of hours.

The trainees reported that the treatment room used out of hours was not always well stocked, so they had created an 'on-call box' of essential kit to use during this period.

The visiting team heard that a number of temporary registered SHOs form part of the out of hours cover, and was concerned about the risks that might arise from this group of dentists practising unsupervised out of hours. This concern was communicated to the Director of Medical Education for the Trust on the day of the visit.

The trainees reported that during the first eight weeks they had essentially been observing procedures and had had limited hands on experience. Some trainees were frustrated by this, as they felt they were not getting sufficient exposure. The trainees reported that they were now beginning to have their own minor oral surgery lists. They also acknowledged that they had learnt a lot about patient management during this period. However, they reflected that eight weeks felt too long a period before gaining more hands-on experience.

The trainers advised that they had developed their programme so that trainees were in effect supernumerary for the first eight weeks and were able to join clinics and other areas of practice that were of interest. The trainers acknowledged that some trainees may have found this frustrating and that they may have been too cautious in developing the programme and would consider how to amend the programme to take account of the trainee's feedback.

## ***Recommendation***

HEEM recognises that the initial supernumerary period is evidence of good practice and supervision and prepared the trainees for integration into the clinical workplace. In retrospect HEEM would recommend that the length of the supernumerary period is reviewed 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. This may simply require a more detailed explanation at Induction or combining with an 'introduction to hospital practice' assessment. The School of Dentistry would welcome the opportunity to support UHL in this programme development.

The trainees reflected that working in this Trust provided them with an opportunity to see a diverse mix of cases, which was a useful learning experience for them. The trainers reported that they endeavoured to provide exposure to all aspects of the work of the department, and give trainees the opportunity to learn a wide range of skills, for example managing medical emergencies.

## **Rotas**

Trainees reported that their rota had been somewhat unstable and liable to change at short notice. This had been somewhat disruptive and had made it difficult to plan leave. The trainers reported that there had been some administrative challenges with managing the rota, and that sometimes impacted on trainees. They also reported that the rota sought to balance the needs of service with providing trainees opportunities to experience a range of clinical work which in turn meant that working patterns were not always the same. They acknowledged that the trainees might not fully appreciate this.

## **Quality of education and training**

Trainees reported that they have formal teaching sessions on Thursday mornings. This takes the form of a Grand Round, in which a trainee presents a patient during a ward round and is then asked questions by the consultant and colleagues. Trainees reported that they were not capturing these sessions on their ePDP. A teaching session away from the ward immediately follows. The trainers provided information about the topics covered, which link to required topics for verifiable CPD.

The trainees we met with were unclear who their designated educational supervisor is, however the trainers provided the team with information that had been shared with trainees about who was the allocated educational supervisor for each trainee. The visiting team felt that communication between trainer and trainee was not working as effectively as it might.

The visiting team heard that each trainee had recently had an appraisal with the five trainers working within the department. The trainers acknowledged that this was not a typical approach for appraisal, but everyone was keen to be involved in the process. They reflected that they probably would not take a similar approach again. The visiting team felt that this format would not facilitate formative discussions about trainees' development, and would recommend a one to one approach.

## ***Recommendation***

The department should review its approach to appraisal to ensure that it is formative and enables exploration of individual training needs.

Prior to this appraisal meeting the trainees did not have agreed educational objectives for their post, but each now has an agreed PDP. The team heard that this was not linked to their ePDP and that variable use was being made of this tool. This was in part due to not knowing who can sign off assessments and a perceived lack of familiarity with and access to the ePDP amongst trainers. The trainers we met with acknowledged that not all those with educational responsibilities were up to date with the ePDP. Given the importance of the ePDP in demonstrating educational development and attainment of competences, the visiting team encouraged trainees to keep it up to date and engage with their trainers to ensure its content is signed off. The visiting team offered to facilitate training and will arrange this with the local Foundation TPD after the visit. The visiting team felt that it was important for trainees to fully engage with their ePDP as it provides evidence of their progression and development.

The trainers reported that all trainees now have a list of audits and those that meet the required standard will be registered on the Trust audit register. HEEM would encourage the department to ensure that trainees have equal opportunity to be involved in audit activity and are supported (for example through audit clinics or workshops) to develop their skills in this area.

The trainers reported that they currently did not have SPAs in their job plan for educational activity. The Trust is currently undertaking a round of job planning, and it is vital that new job plans reflect the educational aspects of their role. HEEM would encourage and support those within the department involved in educational activity to ensure they have up to date training in educational supervision.

## **Access to educational resources**

Trainees reported that they had internet access within the department and were able to access online journals via Athens log in. They reflected that the library facilities were poor and it was difficult to access computers there. The Trust as a whole has recently begun a redevelopment of its educational facilities, which will include new library 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. The trainees reflected that they had found the induction day delivered by HEEM to be particularly useful and had provided them with a better understanding of the role and work of a DCT. Trainees reported that on the whole they found communication from HEEM to be good.

## **Overall comments**

The visiting team encountered a department endeavouring to provide a valuable educational experience to its trainees. This is the first year that the department has not recruited temporary registrants to LETB funded posts, and they have made a good start in delivering a DCT programme although acknowledge that further refinement is required. The department should ensure that they manage the expectations of trainees at the beginning of the post so all have a clear understanding of the objectives.

Overall, trainees reported a positive experience of the Trust. They were positive about the support and supervision they receive from colleagues. Their concerns about increasing clinical activity were now being addressed, which would provide them with a good training environment. Some trainees reflected that they did not feel that there was a discernible difference between their role as trainees and those of Trust funded SHOs. The trainees would welcome more structure with perhaps more protected teaching time.

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.