

*Developing people  
for health and  
healthcare*

Lincoln County Hospital

Postgraduate School of  
Dentistry Quality  
Management Visit

21<sup>st</sup> October 2014



**Health Education East Midlands  
Postgraduate School of Dentistry Quality Management Visit to  
Lincoln County Hospital  
21<sup>st</sup> October 2014**

**Visiting team:**

Mr Andrew Dickenson – Postgraduate Dental Dean  
Mr Stephen Dixon – Associate Postgraduate Dental Dean  
Ms Rosalind Maxwell Harrison – 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 1<sup>st</sup> October 2014.

This visit to meet with dental trainees and their trainers formed part of a wider quality management visit to Lincoln County Hospital. A report of the whole visit can be read here: [https://www.eastmidlandsdeanery.nhs.uk/document\\_store/14205578621\\_lincoln\\_county\\_hospital\\_united\\_lincolnshire\\_hospitals\\_nhs\\_trust\\_outcomes\\_report.pdf](https://www.eastmidlandsdeanery.nhs.uk/document_store/14205578621_lincoln_county_hospital_united_lincolnshire_hospitals_nhs_trust_outcomes_report.pdf).

During the visit the team met with a representative group of core and specialty dental 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 four fully registered dentists in the Dental Core Trainee 1 (DCT1) posts plus one post-CCST trainee in Orthodontics.

**Induction**

The trainees reported that they had participated in a Trust induction with medical colleagues, with a lot of the content delivered online. The trainees reflected that it had felt primarily directed at medics so some of the content felt irrelevant, with one trainee saying they felt like they 'were an anomaly'.

The trainees reported that they had also had an informal departmental induction. This had taken the form of a tour of the department and a meeting with the education lead for the department. It also included information about how to access study leave. We heard that for the first two weeks of their post they are paired with an associate specialist who supports them to learn the basics of oral surgery.

The trainees reported that they did not receive a handbook but had decided to develop one for the next cohort of trainees as they felt this would have been helpful to them. We are grateful that the

trainers are willing to share induction resources with HEEM to support the development of a region-wide induction package.

The trainees reported that they had also had the opportunity to shadow their predecessors for two days prior to taking up the post. They said that they had found this to be a valuable experience. The Dean reported that shadowing will be a compulsory requirement for those taking up DCT posts from September 2015.

### **Supervision**

The trainees we met reported feeling well supervised and supported and there was always someone around. They said they were encouraged to, and knew who to ask for help, both in and out of hours. The trainees reported that they had not been asked or felt pressured to work beyond their competence. The trainees confirmed that they do not provide out-of-hours cross-cover for other specialties. They did not report any concerns about bullying or undermining behaviour from colleagues.

The trainees told us they knew the process for raising patient safety concerns, and this was covered as part of their induction. They did reflect that it might be difficult to raise concerns in a small department because of the close working relationship. There appeared to be a mixed level of awareness among the trainees we met about the Francis report and its implications for the dental profession.

### **Rotas**

The trainees reported that handover took the form of a ward round in the morning with consultants and middle grade staff. Evening handover is also during a ward round. An information sheet is provided with relevant patient information and the trainees reported that they dispose of this in the confidential waste. The trainees also reported that there is some informal teaching during handover.

The trainees reported that they rotate to Boston hospital on a 5 week cycle for a one week attachment where they are supervised by the resident Associate Specialist. They also attend twice weekly clinics in Louth, where they are supervised by Staff Grade / Associate Specialist Oral Surgeons.

The trainees said that the rota enabled all trainees to have equal access to training opportunities.

### **Quality of education and training**

The trainees reported that they all knew who their allocated educational supervisor is and have had a meeting to agree their educational objectives and an appraisal to identify what they wanted to achieve and how this might be done.

The trainees reported that they have weekly bleep-free teaching sessions on Friday afternoons, for which there is a published timetable. We heard that two of the Associate Specialists within the department are examiners for the MFDS / MJDF exam, so they try to shape the programme so it is aligned to the requirements of the exam. We heard that at each session one of the DCTs delivers a presentation which is followed by teaching from a consultant. The trainees were unsure what happened to the outputs of these teaching sessions, however we heard from the trainers that presentations are saved on a shared drive for trainees to access at a later date if needed. The visiting team were impressed that the trainers aspired to structure the teaching in a way that would

enable trainees to count this towards their verifiable CPD, but would urge the trainers to remind trainees how they can access teaching materials at a later date.

The visiting team were impressed that the trainees were involved in teaching their peers, and encouraged them to seek written feedback and capture this activity in their ePDP. The trainees reported that they were not actively capturing their educational activity in the e-portfolio, and had not recorded their educational objectives. The visiting team impressed upon the trainees the importance of capturing this information in their ePDP as this is the primary mechanism for them to evidence their progress and achievements. The visiting team reminded trainees that this would become even more critical following the move to regional recruitment in 2015. The trainers reported that they would welcome training in how to use the e-pdp.

The trainees reported that day to day they work alongside Associate Specialists who give them informal feedback and talk them through procedures, which they found helpful.

The visiting team also heard that a community special care dentist comes to the department each Thursday. The trainees said they have the opportunity to join them in theatre and the clinic, which they find beneficial.

We heard that an audit meeting takes place once a month. These meetings provide an opportunity to discuss work underway, proposals for other audits and actions to be completed. The trainees reported that they all have an audit topic with timelines for completion.

The trainees reflected that their case mix was well balanced, and as there are no registrars within the department they have ample exposure to clinical material. They reported that they also have opportunities to be involved in the orthodontic clinics.

The trainees reported a mixed experience of working within the Emergency Department. Some reflected that they would find it beneficial to receive more induction for this aspect of their work, and that they sometimes felt that they were 'getting in the way'. However, other trainees within the group had had positive experiences.

The trainees we met with were very positive about the supportive staff with whom they work. We heard that the training received is good with a positive atmosphere.

During the visit we heard that there is only one of the Maxillofacial Surgeons who is fully registered the General Dental Council. The visiting team were concerned about the risk to the sustainability of the programme that this poses. We heard that Associate Specialists undertake clinical supervision and perform some educational supervisory functions, so the Trust could explore the development of these individuals.

### ***Recommendation***

The Trust should develop a plan for ensuring the sustainability of supervision of DCTs, and give consideration to developing the Associate Specialists to fulfil this role.

We also heard that the named Educational Supervisor for the DCTs does not have allocated SPAs for educational activity within his job plan, and is not remunerated for this activity. We heard that the Trust had not agreed for other PAs to be reduced to free up time to undertake this work. We heard that this created significant pressure on time with an example given of exit appraisals being undertaken during weekend on-calls.

## ***Recommendation***

The Trust should review how they recognise educational supervision within job planning for dental trainers.

## **Access to educational resources**

The trainees reported that they have access to the library. Whilst the stock of books was not excellent, we heard that the library were always willing to order in books for them. The trainees were unsure if they had a log in access to Athens.

## **The role of HEEM**

The trainees we met with had some understanding of the role of HEEM in their education and training. They reflected that it might be useful to have more information about the LETB's role. The trainees discussed how best HEEM could communicate with them, although there was no consensus among the group as to whether the best mechanism was email, social media or through other routes.

## **Other areas of concern**

During the visit, the team were given the opportunity to look round the department. The visiting team were concerned about the condition of the facilities. We saw a surgery with cracked window panes which had been temporarily repaired, damaged work surfaces and cupboards and ripped fabric on a dental examination chair, all of which may adversely impact on infection control. Patient records were kept in corridors as there is no space for appropriate storage. There is very limited office space and computer access for staff. During the visit, an insect was found in the sink in one of the surgeries. The visiting team was particularly concerned about a mobile x-ray machine which was being used in a surgery which appeared too small to comply with radiation protection requirements.

Both trainees and trainers expressed concerns about the poor physical environment in which they were working and training. They told us that their concerns have been flagged with management and an initial plan had been drawn up last year, but nothing further had come of this.

We raised these issues with Trust on the day and reported them to the Care Quality Commission immediately after the visit. We understand that immediately after the visit the Trust also began to investigate these concerns.

## ***Requirement***

The Trust must take immediate steps to address concerns about radiation protection within the maxillofacial department. They must also develop an urgent action plan to improve the physical environment within the department, which includes the concerns about infection control, storage of patient notes and office space.

We heard that several of the consultant orthodontists are nearing retirement or are working less than full time. It was not apparent that there was a clear plan in place to for safeguarding the provision of this service. This was also having an impact on workload.

### ***Recommendation***

The Trust should take steps to plan for the loss of senior experienced staff in orthodontics, to ensure that specialty training remains viable.

The trainees reported that they had 12 month contracts in place. As the start date for DCTs will move to 1st September from 2015, all trainees taking up a post in August 2014 should have been given 13 month contracts. The visiting team were concerned by the risk this posed to the Trust, as the trainers we met acknowledged that it would be a challenge to continue to deliver services if the trainees left at the end of their 12 month contract. HR departments were made aware of the need to issue 13 month contracts, and the Trust should take urgent action to address this issue.

### ***Recommendation***

The Trust should take urgent action to address the risks to service posed by DCT's having been issued with 12 month contracts, rather than 13 month contracts.

### **Overall comments**

The trainees we met with were positive about the quality of education and training that they were receiving. They reported that the department was supportive and friendly, and they enjoyed working there and would recommend it to others. The visiting team felt that the primary trainer was committed and striving to deliver a quality training experience. However, this was being hampered by inadequate resources, both in terms of the physical environment and support and recognition of individual trainers. The Trust must take steps to address these risks to training. HEEM School of Dentistry would welcome the opportunity to support further development of the training programme within Lincoln.

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.