

*Developing people
for health and
healthcare*

Northampton General
Hospital NHS Trust

Postgraduate School of
Dentistry Quality
Management Visit

15th October 2014



**Health Education East Midlands
Postgraduate School of Dentistry Quality Management Visit to
Northampton General Hospital NHS Trust
15th October 2014**

Visiting team:

Mr Andrew Dickenson – Postgraduate Dental Dean
Mr Stephen Dixon – Associate Postgraduate Dental Dean
Prof Peter Harris – Lay Partner
Ms Suzanne Fuller – Quality Manager
Mr Geraint Evans – 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 1st October 2014

This visit to meet with dental core trainees (DCTs) and their trainers formed part of a wider quality management visit to Northampton General Hospital NHS Trust on 15th October 2014. A report of the whole visit can be read here:

https://www.eastmidlandsdeanery.nhs.uk/document_store/14192562991_northampton_general_hospital_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. During this visit the team confirmed that there are currently eight fully registered dentists in the DCT posts (DCT1 x5; DCT2 x3) and no temporary registered practitioners. There is a 6 month rotational post based in special care dentistry, which is community focused. The trainees rotate every seven weeks to Kettering General Hospital for a period of ten days (without out-of-hours commitment to Kettering).

Induction

The trainees reported that they all attended a Trust induction at the beginning of their post. This included an induction to the Trust's library facilities. In addition they reported that they also received a departmental induction. This took the form of a talk from registrars and SHOs currently working in the department, as well as an opportunity to meet with technicians.

The trainees reported that they were issued with a handbook, with useful information about working within the department. We heard from the trainers that this included a template job description, to give trainees a sense of their daily duties. The visiting team were pleased to hear that the department would be willing to contribute to the development of a region-wide induction package, by sharing its own materials with HEEM. The trainers reflected that it would be useful for trainees to have access to training programmes such as 'Dentist on the Ward' prior to taking up a DCT 1 post, to help them prepare for their first hospital job. We heard that some of the current trainees had had the opportunity to shadow their predecessors in their posts, which was reported to be valuable experience. The Dean reported that from 2015, shadowing will be a national requirement prior to taking up a DCT post, starting on 24th August prior to their contractual start date of the 1st September).

Supervision

The trainees confirmed that they do not cross-cover for other specialties. They reported that they did not feel they were required to work beyond their competence. The trainers reported that they aim to have a nominated clinical supervisor available. Trainees confirmed that there was always a senior colleague available in the department, and that they were friendly and approachable. They told us that they felt supported by senior colleagues whilst on-call.

The trainees reported that they were not aware of any patient safety issues. There was some uncertainty among the group about how they would go about raising a concern should one arise in the future: some of the trainees recalled that this was covered in induction but there was not clarity within the group on this point. This led on to a discussion about the Francis report and its implications for dentists. The trainees appeared to have limited knowledge of the report and the implications for their practice in future.

Recommendation

The Trust should remind trainees of the process for raising concerns about patient safety.

Rotas

The trainees reported that they had some concerns about their current rota and the impact that it is having on their education and training. The rota had been redesigned as its predecessor had not been compliant with the relevant regulations. This had been raised with HEEM during a visit to the Oral and Maxillofacial Surgery Department in January 2014 (The focus of that visit had been on surgical training within the department).

The trainees reported that, whilst compliant, the new rota, resulted in three handovers a day. Handover was usually face to face in the mornings, and involved DCTs, registrars and consultants. However the third handover between DCTs carried a risk that patients could be lost. The trainees reflected that the current rota left them feeling stretched, with one person on-call covering A&E, wards and clinics. The trainees reflected that because they were so busy delivering service, it was having a detrimental impact on their ability to maximise education and training opportunities. We heard that trainees felt they should stay later to get all their work done, and a trainer reported that they had not had a trainee in theatre on Monday for the last couple of weeks and that trainees could no longer attend clinic in Daventry on Mondays due to staffing levels, both of which are missed educational opportunities. The trainees reflected that whilst based at Kettering there were more staff available, which made it easier to take advantage of learning opportunities and to complete assessments.

Both trainees and trainers recognised that the current situation was neither suitable nor sustainable, and the visiting team were encouraged to hear that the trainees were already working together to identify alternative options. We heard that a proposal has been made which would reduce the handovers from three to two per day: this was currently with medical staffing. HEEM recognises that the trainee engagement in working to resolve these issues will provide valuable management experience for this group of trainees, but it is vital that both service managers and those involved in delivering their education provide support and leadership, to ensure that a solution is found that is both compliant with regulations and provides an optimal educational experience. HEEM will support the Trust to achieve this.

Recommendation

The Trust should ensure that new rota arrangements for DCTs are put in place which are compliant with relevant requirements and provide trainees with appropriate educational opportunities.

Quality of Education and Training

Trainees reported that they have timetabled teaching on Fridays. Once a month this is led by a consultant. This is a formal programme of teaching, with a published timetable of topics, which is recognised as good practice. On other Fridays teaching is led by registrars. We heard from the trainees that there have been a few issues with the delivery of this teaching due to the turnover of registrars within the department. Some

also reported that they had on occasions missed teaching due to service pressures. The trainers reflected that these teaching sessions were more ad hoc in nature and suggested that they could formalise these sessions too. HEEM would support the Trust in initiatives aimed at ensuring trainees receive high quality teaching during their placements.

We also heard that the department hold monthly mortality and morbidity meetings. Trainees take turns to present the cases at these meetings, which are attended by all available consultants. The trainees reported that they found these meeting to be interesting and useful. They reflected that they provided a good opportunity for the allocation of audit, research and case presentations. The visiting team were impressed by this innovative practice, but would urge trainees to ensure they capture this activity in their e-portfolios, as we heard from trainees that this was not currently happening.

All trainees reported that they knew who their allocated educational supervisor was, had met with them in the first two weeks of starting their post and agreed educational objectives. The trainers reported that they undertake appraisals twice a year.

The trainers reported that they try to involve trainees in theatre, and the trainees told us they were learning a lot about maxillofacial and oral surgery. They also participate in a trauma clinic each morning. We heard from trainees that they do not receive feedback on whether they are appropriately listing patients for surgery and that there is no differentiation in minor oral surgery clinics between DCT1s and DTC2s.

The visiting team were particularly interested in the special care post based within the community. This appears to be a valuable training opportunity which gives experience of this vital area of dental practice. The visiting team were pleased to hear from the trainers that they valued having trainees within the special care team and appreciated the contribution that they make. We would urge the Trust to further promote and develop this innovative training opportunity, and HEEM will support the Trust in this endeavour

Recommendation

The Trust should consider how it can promote and further develop training posts within special care dentistry.

The trainers reported that they have identified SPAs within their job plan for educational activity. They requested support from HEEM to ensure that all educational supervisors are able to access appropriate training. The visiting team advised that there will be resources available for those involved in dental education as part of HEEM's Recognition of Trainers project.

Recommendation

The School will arrange appropriate training for educational supervision of dental trainees and inform the Trust of the arrangements

The trainers reported that they encourage trainees to keep their e-pdp up to date. However, the trainees did not appear to be fully engaged with it and reported that they were not generally recording activity in their portfolios. The visiting team impressed upon the trainees the importance of capturing activity in the e-pdp, as this is the mechanism through which they evidence their progression and development.

Access to educational resources

The trainees reported that they have good access to educational resources. They are able to access the internet and the library.

The role of HEEM

Among the trainees we met there was a variable level of understanding of the role of HEEM in delivering their training. They reported that they had received a handbook but were unsure how to contact HEEM if they needed to.

Overall comments

The visiting team encountered a department that is committed to delivering a high quality training experience and willing to engage with HEEM to develop and innovate. We heard about several areas of good practice which we would encourage the department to promote more widely.

Whilst the trainees expressed difficulties arising from the current rota arrangements, they felt their posts gave them exposure to a wide range of educational opportunities which they appreciated. The trainees were particularly positive about their experiences at Kettering, but this was largely because the adverse impact of the rota was felt less keenly whilst on rotation there. Once the issues with the rota are addressed, the trainees said they would recommend this post to a colleague.

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.