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Nottingham University Hospitals NHS Trust

Postgraduate School of Dentistry Quality Management Visit

21st November 2014

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Health Education East Midlands

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Postgraduate School of Dentistry Quality Management Visit to
Nottingham University Hospitals NHS Trust
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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
Andrew North – Foundation TPD, Nottingham Scheme

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 the Queen's Medical Centre site of Nottingham University Hospitals NHS Trust on 21st November 2014. A report of the whole visit can be read here:

https://www.eastmidlandsdeanery.nhs.uk/document_store/14224653961_nottingham_university_hospitals_nhs_trust_outcome_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 seven fully registered dentists in the Dental Core Trainee 1 (DCT1) posts, one in a DCT 2 post and one in a DCT 3 post. There are currently no temporary registrants working within the department. The DCTs in this Trust do not work at night.

Induction

The trainees reported that they had participated in a one day Trust induction at the start of their post. It included information about Athens log in, administrative processes and the Trust's computer systems. The trainees were generally positive about this induction.

The trainers we met with reported that trainees participate in a two day departmental induction, and are sent a handbook prior to commencing in post. Locum cover was provided to ensure that this time was protected. Trainees were given the opportunity to double-up with colleagues on clerking patients and had the opportunity to shadow their predecessor for two days. Both trainees and trainers reported that shadowing was a beneficial experience.

The trainees we met with who had started in August, reported that this departmental induction worked well. In contrast, the trainees who had begun in post in February were less positive. They told us that they felt as though they had been left in a room to read a lot of documents. The trainees did say that the DCTs who were already in post at that time had been supportive and helped orientate them to the department. We were informed by Trainers after the visit that a full induction teaching programme was more difficult to

provide in February for 2 new-starters, but more shadowing & doubling up had been arranged in the first few weeks so new trainees were not on their own for on-call, emergency clinics or clerking.

The trainers brought with them an example of the handbook provided to trainees as part of their induction. The visiting team are grateful that the trainers expressed a willingness to share this resource with us and feed into the development of a region-wide handbook.

Supervision

The trainees we met reported that they generally felt well supervised. They all said they knew who to ask for help should they need it and felt able to do so. They told us that colleagues within the department were supportive and approachable.

On the whole, the trainees said they were not required to work beyond their competence. However, some trainees told us there was a large element of experiential learning involved, particularly during their on call days. They commented that on occasion they felt they were left to undertake procedures, such as cannulation, which they did not feel particularly skilled in, during the early stages of their programme. The trainees reported that they knew how to raise concerns about patient safety, and felt they would be able to do so should such a concern arise. There were no reported concerns about bullying or undermining behaviour. Trainees are not required to cross-cover for other specialties.

The trainees reported that they did not always inform a registrar or other senior if they admitted a patient whilst on call, and seemed unclear as to what the appropriate routes of escalation are.

Recommendation

The trust should clarify with DCTs when they should notify senior colleagues of decisions and actions, such as admitting a patient.

Rotas

The DCTs do not work at night in this Trust, with cover being provided by dentally qualified medical students. The DCTs work long days, from 6.30am until 7pm, including weekend days. Following the visit the Trust have informed us that they are looking at ways of using Medical Foundation trainees to remove all out-of hours activity in the future, but the Trust will currently not allow us to use the 'Hospital at Night' service.

Handover takes the form of a spreadsheet which captures key information about patients, which is supplemented by verbal handover.

The trainees told us that they often leave late in the evening, with 9pm reported as a typical example. The trainees told us that the reason for this is that they feel the night team are inefficient and do not complete tasks. Therefore, the DCTs feel they need to stay until all administrative tasks are complete so they are not left for the team coming on duty in the morning. The trainees also reported that the night team do not always see patients in the emergency department or acute admissions wards. We heard that as the morning ward round takes place at 8.30am, the night team do not interact with the consultants as they have already finished their shift by 6:30am. The trainees told us that they have flagged up their concerns about the arrangements for cover at night, and the trainers we met with told us they were aware that there was an issue with inadequate handover which they were trying to address.

Recommendation

The Trust should review the arrangements for night cover, and handover with the day team, and ensure that there is clarity about the respective roles of each team.

The Trust should work with trainees to identify issues that may be causing them to work beyond their rostered hours, and develop appropriate solutions. This may include monitoring hours worked to establish the frequency at which trainees are working late

As part of their rota, all DCTs rotate to King's Mill Hospital for two weeks where they are supervised by an Associate Specialist. Whilst they are at King's Mill they are not supernumerary and participate in minor oral surgery clinics.

Quality of education and training

The trainees reported that they all have an allocated educational supervisor, and had an introductory appraisal meeting.

We heard from trainers and trainees that there are weekly 'bite-size' teaching sessions for DCTs on Tuesday mornings at 7.45am. The trainers reported that it is difficult to find time for formal teaching sessions due to service pressures, hence the scheduling of these sessions.

The trainees told us that the 15 minute teaching sessions on Tuesdays were peer to peer, with little or no senior input. They reflected that a lack of senior input limited the value of these sessions, particularly as there was no one there to ensure that what was being discussed was accurate, or provide feedback on the quality of their own teaching. When we met with the trainers it was their perception that now trainees no longer have night duties they are able to attend these teaching sessions more easily. However the trainees told us that not many are able to attend (an example of three attendees per session was given as typical) due to clinical commitments, time off and other reasons.

We heard that there are similar 15 minute sessions on Friday mornings for Registrars, but these were not aimed at a DCT level of understanding so were not particularly valuable. The trainers reported that there are also six departmental study days per year, and some ad hoc teaching days. We heard that a teaching day had recently been provided on pain management. The visiting team noted that there may be scope for the Foundation scheme to work with the Trust to deliver sessions that are of benefit to both groups of trainees.

Recommendation

The Trust should develop a plan to deliver a formal teaching programme for DCTs, which has the support of, and input from, senior colleagues within the department. The School does not believe the early morning self-directed tutorials are of educational value without senior input and guidance. There is also the risk of increasing the potential breach of contracted hours by having such an early start time.

The trainees told us that they were frustrated by a lack of hands-on experience, particularly in minor oral surgery, with some trainees reflecting that their role was largely administrative and that they were "essentially ward clerks".

We heard that trainees felt they had least support in areas they had least experience of, such as managing patients on a ward, but had little opportunity to undertake procedures they had some experience of, such as extractions.

The trainers told us that whilst attending QMC clinics the DCTs were supernumerary, so had the opportunity to attend clinics that were of particular interest. For example, we heard that one trainee with a particular interest in restorative dentistry attends the weekly clinic of the restorative consultant. Whilst on rotation to King's Mill trainees are not supernumerary, and run their own clinics.

The trainees reported that they feel frustrated that locums are employed to undertake minor oral surgery at QMC, as this is a lost learning opportunity for them, particularly as there is not a lack of cases coming into the department. We understand that the Trust had employed Locums for the specific purpose of addressing a backlog of MOS cases and providing maternity cover for a Staff Grade, and therefore this work could not be absorbed by DCTs in the first few months of their post. The Trust have informed us that the Locums have now finished their contract.

Trainees felt this lack of cases was compounded due to the relatively high number of trainees within the department, which meant not all received equal exposure to cases. We heard that there are no designated minor surgery training lists, although acknowledge that training in the Day Case Unit with the Staff Grade Surgeons were valuable. Conversely, whilst at King's Mill, the trainees appreciate the hands on experience but told us that if they need to ask for help the case is taken over by a senior colleague so they lose the

opportunity to learn as they receive only limited feedback. Some of the trainees told us that they were undertaking only basic extractions and did not feel that they were advancing their surgical skills. Some trainees said they were concerned about becoming deskilled due to the lack of hands-on experience. The visiting team reminded trainees that a DCT post was not solely about developing these skills, but a wider development of their clinical knowledge and skills. The trainees did acknowledge that whilst the surgical procedures they undertake are not advanced, the patients they are treating may be more complex than they would manage in general practice.

The trainers reflected that DCTs are usually keen to develop skills in oral surgery, but these posts are also about developing skills in supporting medically compromised patients. They also reflected that at present there is no clear distinction between activity undertaken by DCT1 and DCT2s.

Recommendation

The Trust should develop a plan for providing DCTs with exposure to some experiential learning in minor oral surgery, which balances the educational needs of trainees with the safe delivery of care to patients within a busy department.

The trainers we met told us they were disappointed by the lack of engagement of the DCTs with their e-PDP. They reflected that beginning practice in a hospital setting is such a steep learning curve the DCTs may be preoccupied with getting to grips with their new role, leaving little time to focus on the ePDP.

The trainees acknowledged that they had not been engaging with their ePDP. The visiting team impressed upon the trainees the importance of capturing activity 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 we met with told us that not many of the senior staff within the department were familiar with the ePDP, and this was echoed by the trainees. We heard that a work around has been developed, in the form of paper forms for capturing assessments, which are then inputted by one educational supervisor once the trainee has entered the information into the ePDP. The visiting team recognise that this is a positive effort to ensure that trainees capture activity in their portfolio, but are concerned that this places a burden on one individual within the department, and therefore may not be sustainable in the long term. The trainers reported that they would welcome training for colleagues in how to use the e-PDP, and HEEM will explore this further.

The visiting team were encouraged to hear that that one Associate Specialist has 1 PA within their job plan for educational activity. They were recognised by the trainees as supportive and engaged in their training. The Orthodontic consultant within the department also has 0.25PA for educational activity. However, the visiting team were concerned that the responsibility for education and training appeared to fall disproportionately on one individual, particularly given the large number of trainees, and were disappointed that others within the department who have responsibility for clinical and educational supervision of the DCTs did not take the opportunity to meet with the HEEM visiting team.

The trainees told us that there was one associate specialist in particular who provided excellent practical teaching. The trainees reported that she provided support and timely feedback in theatre which was especially appreciated.

Recommendation

The department should work with the Trust postgraduate team to ensure that the current approach to educational and clinical supervision within the department is sustainable, and draws on the range of expertise across the department. Additional support should be provided where appropriate.

HEEM would welcome trainer engagement with any future commissioned clinical and educational supervisor training events.

The trainees reported that they all had been allocated a Trust audit, but said it was at times difficult to find time to work on this project due to their workload. They told us that in addition to the Trust audit they could develop or contribute to other projects, but were expected to be proactive in identifying opportunities.

Access to educational resources

The trainees reported that they had a log in for Athens access. They told us that they were able to access the library, but said that the range of maxillofacial resources was not large. The trainers told us that they encourage trainees to make use of the library. The visiting team encouraged the trainees to make use of the library resources to ensure they remain in place, and particularly at King's Mill Hospital, which is recognised to be an excellent facility.

The role of HEEM

The trainees we met with did not appear to be familiar with the role that HEEM plays in their education and training.

The trainers we met with told us they would welcome support from HEEM in training for educational supervision.

Overall comments

The trainees told us that working in this post they exposed to working in a busy department with a wide range of interesting maxillofacial cases that would not be seen in a district general. However, they were concerned that the balance of work was too heavily tipped towards service provision and did not feel they were gaining enough formal or practical teaching.

HEEM welcomes the innovative approach to reducing the trainees hours by using local dentally qualified medical students for the out of hours cover. However we recommend that the late start and early finish times are reviewed in order to reduce the additional administrative burden on the trainees.

The visiting team would like to nightlight that they heard positive and enthusiastic support for two members of staff who are striving to deliver a education and training within a busy department. We feel they would benefit from greater support both within the department and from the Trust Postgraduate Education team. In particular, greater involvement from the Consultant body in educational activity would be welcome. HEEM will work with the Trust to help develop their educational programme and support those involved in delivering it.

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.