NHS
Health Education England

Programme Review Findings Form

To be completed by the Visit Chair, please return your fully completed form to the Quality Manager. Incomplete forms will be returned.

SECTION 1: DETAILS OF THE VISIT	
Programme Name:	Special Care Dentistry
LEP (Trust/Site) reviewed:	Health Education England (working across Yorkshire and the Humber) Special Care Dentistry Programme Review
Date of Visit:	23rd May 2016

SECTION 2: FINDINGS FROM THE VISIT

SUMMARY

Five trainees attended the programme review representing Sheffield, Leeds/Bradford, Hull/East Yorkshire, North Yorkshire and a Derbyshire based trainee attended too. 11 trainers were in attendance including the North and South TPDs. The trainers and trainees are a largely enthusiastic and positive group with a genuinely caring attitude towards patients.

In the South of the region there is one hospital site and seven community sites into which the trainees have to be inducted. The trainees feel that induction is thorough and relevant although it can be difficult to ensure that all the induction sessions are attended at the start of each placement. The trainees in the North have a Trust induction which is carried out in the first month that the trainee starts in post and induction is repeated at each site that the trainee attends.

On initially starting the post the trainees observed their colleagues at work for six to eight weeks in order to learn about different patients' needs. The trainees feel that this is a long time to not treat patients; however the time is considered a valuable learning experience. One of the trainees had come from a Community background so the step away from treating patients was more frustrating for this individual.

The trainees generally feel well supported by the trainers and reported that getting access to the trainers for guidance and support is not difficult. One trainee raised concerns regarding the level of autonomy granted to trainees at particularly busy times in that trainees are sometimes left to see patients without a significant amount of support or direction. It was accepted by the trainees that autonomy will provide greater learning opportunities (but also the risk of developing bad habits) and none reported feeling out of their depth, but it was questioned as to whether there is a risk that service delivery within the department takes priority over the completion of assessments and general training. One trainee commented that due to the complexity of patient needs, there will often be an array of procedures that the patient requires and the trainee can normally carry out the procedures that they are comfortable with if support from a specific Trainer is not available. The trainers alluded to the different priorities the departments have and they recognise the Trust stance of service provision overriding education. The trainers feel that there is a lack of understanding, on the part of management, that they are teaching within the confines of service demand. The trainers in the North have presented the details of the programme to team leaders to ensure that they understand that provision for training is essential for trainees and the department. This may help to raise awareness in other locations. Despite these concerns the majority of trainees feel that trainers are approachable and available to support and advise.

All the trainees have received extensive training in consent. It was explained by the TPDs that as the patients tend to have a variety of needs, consent plays a large part in their day to day activity. In terms of experience, the trainees are receiving a large variety of cases and the trainers are proactive in allocating cases to trainees based on their learning

needs and areas of interest. The trainees feel comfortable with giving feedback to their trainers. One had requested more opportunity to observe others working in the team in order to learn from them, the request was granted and the trainee has benefitted greatly from this experience.

Trainees in all areas are aware of how to escalate concerns and feel comfortable in raising issues. Trainee feedback regarding training in Duty of Candour was mixed; trainees in the South are receiving this training and could comment confidently on this, trainees in the rest of the region were not as confident in their response. More formalised training in Duty of Candour should be implemented.

There is a strong multi professional ethos within the departments. It was explained that the patients' needs are generally complex and that input from a variety of disciplines and specialties is necessary in order to address the health of the patient as a whole. The trainees are trained to work effectively with the whole team and all have access to theatre where they are trained to work within a theatre environment. Trainees from both sides of the region undergo training with the whole team and these cover scenarios based around medical emergencies and manoeuvring patients. Communication within the department is considered to be very good, with trainees being informed of the support available to them.

The current curriculum is considered, by both trainers and trainees, to be vast. Trainees need to be motivated and self-driven to meet its demands and home study is essential to cover the breadth of the curriculum. Trainee knowledge has to be broad as this is a new specialty and it is difficult for trainees to know how to pitch their assessment preparation. The specialty covers a broad area and trainees may be examined on very specific areas if they are examined by a specialist. The curriculum is due to be reviewed and should hopefully reduce in breadth and training could potentially be conducted across specialties. Trainees are encouraged to undertake a research methods module as this does not currently feature in the curriculum.

Concerns were raised over the number of DOPS that trainees are expected to complete in a year; at 17 this is considerably higher than in other specialties. The trainees feel that they are on track to complete the assessments but that it is a stressful process, particularly with getting access to ESs to complete assessments when they have heavy clinical commitments. Some trainees questioned the validity of the DOPs process in terms of choosing procedures to write up in order to meet the demands of the curriculum rather than focusing on actual patient need. It is understood that the SAC are working to develop this process. The panel chair has agreed to write to the SAC regarding this.

One of the trainers commented that he could not envisage undertaking an academic training post as the curriculum is too large for a three year programme, although the trainees would really appreciate one as the SCD does not have a strong academic base. The trainees are managing to complete MiniCEXs and CBDs. Trainees are meeting their ESs regularly and the appraisals are being completed at the beginning, middle and end of placements.

As mentioned above the academic side of the programme needs development. The curriculum is large but the trainees do not receive any local didactic teaching. The trainees would appreciate a formal study day programme, led by a named trainer, which trainees could organise by selecting topics for discussion and arranging their own teaching dates. Most trainees are studying towards the diploma in Special Care Dentistry which provides trainees with a good grounding in the specialty. Trainees have no difficulty in getting study leave for courses and have time allocated for admin duties.

Some concerns were raised regarding access to online learning resources such as journals. The trainees in the North of the region do not have remote access, trainees in the South do. At some point in their training, the trainees will be expected to teach undergraduates and this would be a route to access these resources.

The trainees commented that they would like access to a skills lab and that access to phantom heads would help them to develop their ability to deliver advanced restorative work.

Career prospects are not currently abundant, with trainees anticipating waiting for colleagues to retire before being able to secure a job. A number of trainees aspire to become consultants.

The trainees would be happy for a member of their family or a friend to be treated in the department. The trainees feel that the programme has definitely allowed them to develop their skills and they would recommend the post to others. The North and South of the region work closely and flexibly and share learning opportunities allowing trainee

learning needs to be met.

No instances of bullying or harassment were reported although one of the trainees based in the Hull/East Yorkshire area mentioned instances of feeling unvalued due to being excluded from making decisions affecting training.

The trainers have faced barriers to training and trainers reported difficulties in getting access to training. In the Leeds site trainers have had to fight to have training recognised as part of their job plan. Trainers in the South mentioned that they are very keen to ensure that the education element of their role is not overlooked due to their large clinical commitments. The trainers commented that they did not feel that the Trust had fully engaged with the educational requirements of the programme and that there needs to be a balance between service provision and education.

AREAS OF STRENGTH

No	Site	Area	
1			Flexibility between the North and the South allows learning opportunities to be shared amongst the trainees.
2			Good support from trainers in identifying and catering to learning needs.

AREAS FOR IMPROVEMENT

No	Site	Area	ITEM	Recommendation	Timeline
1		All		Training in Duty of Candour to be formalised for all areas. Trainees in the South were aware of the process but trainees in other areas were not so certain.	September 2016
2		All		Formalised teaching should be available to trainees. This can be trainee led but with consultant involvement with dates and topics set in advance.	September 2016
3		All		All trainees should have remote access to library resources. Only trainees in the South have remote access.	September 2016
4		All		Access to clinical skills facilities must be made available for trainees in developing restorative dentistry skills.	September 2016
5		All		The PG Dental Dean is to write to Trust MDs and DMEs outlining the expectations of Training and the time required for this by trainers.	September 2016
6		All		The PG Dental Dean is to write to the Chair of the SAC to express concerns about the curriculum and its associated assessments.	July 2016
7		All		A review of the first 6-8 weeks of training is required with regard to the content and the way that it is presented to trainees. The possibility of whether trainees could see some patients during this period needs to be investigated.	September 2016

SECTION 3: OUTCOME (PLEASE DETAIL WHAT ACTION IS REQUESTED FOLLOWING THE REVIEW)	
No further action required – no issues identified	
Monitoring by School	Yes
Speciality to be included in next round of annual reviews	
Level 2: Triggered Visit by LETB with externality	
Level 3: Triggered Visit by LETB including regulator involvements	

Section 4: Decision (To be completed by the Quality Team)
NEXT PROGRAMME REVIEW TO TAKE PLACE IN THREE YEARS (**2019**).

Section 5: Approval	
Name	Mr James Spencer
Title	Postgraduate Dental Dean, Health Education England (Yorkshire & Humber)
Date	23rd May 2016

DISCLAIMER:
In any instance that an area for improvement is felt to be a serious concern and could be classed as detrimental to trainee progression or environment this item will be escalated to a condition and included on the Quality Database for regular management.