QUALITY AND REGULATION TEAM
(LONDON AND SOUTH EAST)

NHS
Health Education England

Barts Health NHS Trust

Dentistry

Risk-based Review (on-site visit)

Quality Review report

Date: 11 July 2016
Final Report

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Quality Review details

Background to review	Although the Trust had been visited a number of times over the preceding years (including a Health Education England multi-professional review which had taken place in spring 2015 which had included dentistry), no formal dentistry-specific visit had taken place since 12 December 2011 at which time, the visit team reviewed oral medicine. Additionally, a visit to review special care dentistry was held on 30 March 2011. As dentistry had not been formally visited since 2011, the visit team was keen to review the education and training provided within dentistry and review the following areas specifically: • Explore the current situation regarding the lack of resources, including nursing staff shortages, and equipment identified at Annual Review of Competence Progression (ARCP) and via correspondence from a specialty trainee in restorative dentistry to Health Education England. • Review the provision of endodontic training within the restorative dentistry programme at the Trust. • Explore the arrangements regarding provision of laboratory services out of hours. • Review the flexible working arrangements by technicians to allow manning of facilities. • Review the arrangements in place to ensure the continued provision of orthodontic training following the retirement of one of the current professors in orthodontics.
Specialties / grades reviewed	The visit team met with trainees in various specialties and grades including: • Dental core trainees (DCT) in restorative dentistry, oral and maxillofacial surgery (OMFS)/general duties and paediatric dentistry. • Specialty trainees in periodontics and prosthodontics. • Specialty trainees in orthodontics and paediatric dentistry, including academic trainees. • Specialty trainees in restorative dentistry, including academic trainees.
Number of trainees and trainers from each specialty	The visit team met with the following number of trainees and trainers: • Four dental core trainees (DCT) in restorative dentistry, oral and maxillofacial surgery (OMFS)/general duties and paediatric dentistry. • Four specialty trainees in orthodontics and paediatric dentistry. • Four specialty trainees in periodontics and prosthodontics. • Four specialty trainees in restorative dentistry, including academic trainees. • Educational supervisors and clinical supervisors within restorative dentistry, orthodontics and paediatric dentistry. • Three consultants in oral medicine.

Review summary and outcomes	The visit team thanked the Trust for accommodating the visit and ensuring good attendance at all sessions. The visit team identified various areas that were working well, including the following: • The trainees within paediatric dentistry reported a good training experience at the Trust. • The visit team heard that the patient mix within the Trust was good and provided a varied training experience. • The teaching within periodontics was reported to be very good. • The trainees reported that there was a good breadth of experience within the faculty. In addition, the visit team identified two serious concerns regarding the following: • The visit team heard that there were patient safety issues raised around the levels of nursing staff for some trainees as not all trainees had access to nursing support. The visit team required the Trust to submit an action plan and related timetable within five days. • The visit team heard that there were issues with the x-ray facilities within the Trust and that some machines were not available on the same floors as the consultation rooms so patients had to walk between floors. This is a particular problem for patients undergoing endodontic treatment. The visit team required the Trust to submit an action plan and related timetable within five days. There were also various areas for improvement that were identified as follows: • The visit team heard from trainees that they appreciated the breadth of experience that the consultant body had but that they did not feel they had access to this experience through didactic teaching and that this was a missed learning opportunity, particularly within the three year prosthodontics programme. • Furthermore, there were also quality concerns with the work received from the external laboratories (expressed by the StRs in restorative dentistry) and the visit team recommended that an audit should be carried out. The trainees had not received feedback from the Datix submissions around these issues. • The visit team heard from the trainees in prosthodontics that there was a lack of equipment within the Trust (e.g. slow hand pieces) and that some equipment was broken or incomplete. Furthermore, feedback was not received following Datix submissions around these issues. The visit team recommended that an audit should be undertaken. • The visit team heard that there was not sufficient focus on the GDC curriculum for the mono specialties and that trainees were not sign-posted to educational resources, including handbooks. • The visit team heard that there were issues with organisation and communication within the Trust.

Quality Review Team			
Lead Visitor	Dr Elizabeth Jones Dean of Postgraduate Dentistry, London	**External Representative**	Dr Serpil Djemal Consultant in Restorative Dentistry & Clinical Lead
Associate Dean	Dr Nigel Fisher Associate Dean For Dentistry, London	**Trainee Representative**	Mr Raj Dubal Trainee Representative

Lay Member	Catherine Walker Lay Representative	**Scribe**	Kate Neilson Learning Environment Quality Coordinator
Deputy Quality and Primary Care Manager	Mabel Sanni Quality and Regulation Team (London and the South East)		

Findings

GDC Theme 1) Protecting patients

Providers must be aware of their duty to protect the public. Providers must ensure that patient safety is paramount and care of patients is of an appropriate standard. Any risk to the safety of patients and their care by trainees must be minimised.

Ref	Findings	Action required? Requirement Reference Number
D1.1	**Safe and appropriate environment and facilities** The DCT trainees in restorative dentistry, oral and maxillofacial surgery (OMFS) and paediatric dentistry reported that they had received a Trust induction with other junior doctors in September. It was noted by the prosthodontic NTN-holding trainee that there was no formal induction for trainees that commenced their post out of sync with the rest of the cohort. The specialty trainees in periodontics and prosthodontics advised the visit team that they did not feel they received value for money. The main concern for the trainees in prosthodontics was the lack of nursing support they received as they shared two nurses between ten trainees whereas trainees in orthodontics had one-to-one nursing support. These trainees in prosthodontics told the visit team that as a result of the lack of nursing support they received, they spent longer seeing patients rather than compromising the quality of care. It was noted that this would affect the number of patients they could see which would in turn affect their Annual Review of Competence Progression (ARCP). These trainees advised the visit team that when they had raised concerns around the nursing support they received, this had negatively impacted on their relationship with the nursing staff. The visit team considered this a potential patient safety issue and would draw attention to Standards for the Dental Team 6.2.4: “If you are providing treatment in a hospital setting you should be supported by a GDC registrant or a registrant of another healthcare regulator”. The specialty trainees in prosthodontics advised the visit team that there was a lack of equipment within the Trust (e.g. slow hand pieces) and that some equipment was often broken or incomplete. Furthermore, feedback was not received following Datix submissions around these issues. The visit team recommended that an audit be undertaken. It was reported that there had been occasions when patients had had their treatment sessions cancelled due to lack of availability of appropriate equipment. The visit team heard from the specialty trainees in prosthodontics and restorative dentistry that didactic teaching was sometimes inaccessible because of a clash with clinic sessions. These trainees noted that there seemed to have been a breakdown in communication between the department and programme leads which meant that they did not liaise with each other around timetables. The DCT trainees in OMFS informed the visit team that there was OMFS teaching every Friday morning and that it covered relevant topics and was pitched at the appropriate level. These trainees advised that they had good input into these sessions, including the opportunity to do presentations. Regarding the restorative dentistry teaching, this was held on a Wednesday after work	Yes. See D1.1a below. Yes. See D1.1b below. Yes. See D1.1c below.

	but was often cancelled so the trainees felt that this was not a consistent programme. Subsequent to the visit, the education leads stated that the trainee cohort had agreed to cancel the after-hours teaching sessions and that alternative teaching had been put in place for them. They also commented that the DCT cohort later decided that they would prefer the evening seminars and these were rescheduled. They also stated that the intention in future was for the trainees to have protected time on Friday mornings for teaching. Paediatric dentistry teaching was reportedly held monthly. The trainees in periodontics told the visit team that the teaching they received was good and that they also had seminars and external evening workshops. It was noted that their educational supervision was also good. However, there were gaps in their knowledge following the first year and there was a lack of clarity around the timetable and learning plans for the coming year. As a result of the programme changing, the Trust was unsure about the timetable for next year and trainees were expecting to receive this in August 2016. The trainees in periodontics confirmed that whilst they received an induction at the beginning of their first year, they were not given the related handbook until ten months after commencing the course. The trainees advised the visit team that the implant training was good but that they had to push to get these sessions for Membership in Restorative Dentistry (MRD) exam preparation. It was noted that regarding MRD cases, there was not parity across institutions within London and the lead visitor did comment that all three institutions have been requested to meet to discuss MRD cases. The specialty trainees in restorative dentistry advised the visit team that they always had nursing support although the quality was variable. They noted that consultants would not expect them to work without nursing support. These trainees reported they also had issues with equipment shortages which was likely due to delay in receiving it back from the sterilisation unit. In addition, equipment was often damaged but not removed from use or reported. The visit team was concerned that this could compromise and/or delay patient care. The visit team heard that rather than all teaching in the Trust being available to all trainees some was restricted to fee-paying individuals. The reason given for this was that adding other trainees would dilute the impact of the teaching. The visit team heard that the standard of work being returned from the outside laboratory contracted was of a poor standard. The trainee reported that they had complained about the standard but no improvements had been made. The trainees were concerned that substandard laboratory work can compromise patient care and therefore some had chosen not to use the contracted laboratory. However reliance on the in-house laboratory led to delays in patient care. Trainees wanted to use the laboratory facilities after hours as this was deemed useful for learning but there was no access after 5pm. When requesting to use the laboratory before work they had been denied access with health and safety given as a reason. An audit had also been carried out regarding this issue. It was reported by trainees that if they had access to the laboratory out of hours then this would alleviate the issues with the standard of work from the external laboratories.	Yes. See D1.1d below. Yes. See 1.1e below.

D1.2	**Clinical supervision** The visit team heard from the majority of DCT trainees that they received adequate clinical supervision and that there was always a named consultant who they could seek advice from, when required. These trainees confirmed that they did four clinics a week with a consultant and two morning emergency clinics at which they felt well supervised by consultants. It was noted that emergency clinics were cancelled if there was no consultant available. In these instances, the DCT trainees advised the visit team that they would complete administrative work or try to attend another clinic. Furthermore, it was reported by these trainees that they would speak to their educational supervisor in the first instance, if they had an issue. Subsequent to the visit, the educational leads commented that such cancellations were driven by safety and supervision issues that were only temporary in nature. The visit team heard from one DCT trainee that getting access to supervisors within restorative dentistry was more difficult than other specialties. One DCT trainee in restorative dentistry reported that whilst in their current post, they felt they had deskilled in terms of treatment planning and diagnostically as they received treatment plans from the consultants so they had little freedom to make decisions. Furthermore, most of the patients the trainee saw were straight forward cases and if there were any complex cases, then the consultant would deal with these. It was noted that in these cases, clinical supervision was available if there were any issues but not in terms of discussing patients and treatment plans. The visit team acknowledged that the above was the view of one trainee only. The specialty trainees in orthodontics advised the visit team that there was adequate consultant cover within the department to ensure sufficient clinical supervision and that the clinical supervision in the department was good; that they were always able to seek advice from consultants. There was consistent consultant cover by the same consultant at the Monday and Tuesday clinics. However, it was noted that in some instances, six or seven specialty trainees in orthodontics were supervised by one consultant so there could be a time pressure and a delay when waiting for supervision. These trainees informed the visit team that they had sufficient access to joint clinics. It was noted that the caseload at the Royal London Hospital site was high which was good in terms of experience for trainees. The visit team acknowledged that the above was the view of one trainee only. The specialty trainees in restorative dentistry told the visit team that specialist endodontic teaching was sometimes lacking. It was also noted that getting access to phantom head facilities was difficult as it was not included within the restorative dentistry timetable. The visit team heard from the specialty trainees in restorative dentistry that they received weekly consultant-led seminars which they noted had improved in the last year. Whilst these trainees noted that overall the environment within the Trust was supportive with a good breadth of teaching, they would have appreciated more didactic teaching from a variety of the consultants. At the time of the visit, the visit team heard from the trainees that didactic teaching was provided by one consultant despite the fact that there was a wide breadth of experienced consultants within the Trust. The visit team heard from the trainers within oral medicine that they did not attend the Specialty Training Committee as they had been advised not to do so. The visit team advised that a representative from the Trust should attend the Specialty Training Committee. The visit team noted that at the time of the visit, there was no specialty trainee in oral medicine at QMUL/Barts Health Trust.	Yes. See D1.2a below.
D1.3	**Serious incidents** The visit team heard from the majority of trainees that although they had submitted Datix forms related to the issues (detailed above), they had not received feedback on this. The trainees in prosthodontics informed the visit team that they had submitted Datix forms due to the lack of nursing staff and related patient safety concerns but had not seen an improvement or received feedback. The visit team heard from the specialty trainees in restorative dentistry that although they had raised concerns some of these were not dealt with, including the x-ray machine that had been out of commission since March 2016. It was noted that this was	Yes. See D1.3a below. Yes. See D1.3b below.

	raised as a patient safety issue as patients had to walk between floors to get to a working x-ray machine. The visit team heard from one of the paediatric dentistry trainees who had been involved in an incident where they had put the incorrect sticker with patient details on a set of patient notes. The incident was reported via Datix. This trainee informed the visit team that they felt well supported by the consultant involved as well as their educational supervisor but that they felt undermined by the Trust management's handling of the situation.	
GDC Theme 3) Student assessment		
Standards **Assessment must be reliable and valid. The choice of assessment method must be appropriate to demonstrate achievement of the GDC learning outcomes. Assessors must be fit to perform the assessment task.**		
D3.1	**Assessments** The specialty trainees in restorative dentistry confirmed that consultants were willing to complete workplace-based assessments so they were able to get these signed off.	
D3.2	**Appropriate system in place to plan, monitor and record the assessment of students throughout the programme against each of the learning outcomes** The DCT trainees advised the visit team that they had a handwritten portfolio which was signed off but that the ePortfolio was not working.	
D3.3	**Trainees must have regular exposure to an appropriate breadth of patients/procedures** The visit team heard from all trainees that they had exposure to a varied caseload of patients at the Trust. Trainees in oral surgery, oral medicine and restorative dentistry received a good mixture of cases in the emergency clinics. The trainee in OMFS informed the visit team that his training was more observational and theoretical learning rather than hands-on experience. This was due to the fact that there were not many personal, hands-on clinic sessions (once every four weeks on the rota) and that there were a lot of specialty trainees who took priority. However DCT trainees in OMFS did get more practical experience when working on call during the day, which was once every six weeks. It was noted that these trainees did not work on call shifts at night. The trainee in OMFS noted that if he had completed a full year in this rotation, then the lack of practical experience may have deskilled him. The ACF trainees in paediatric dentistry informed the visit team that the Trust had been accommodating in terms of releasing them to attend lectures and fit clinics into their schedule. These trainees also had the opportunity to go to Great Ormond Street Hospital as part of their training. The specialty trainees in paediatric dentistry advised the visit team that they received adequate supervision and that consultants were approachable.	

Good Practice and Requirements

Good Practice	Contact	Brief for Sharing	Date
N/A			

Immediate Mandatory Requirements			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GDC Req. No.**
D1.1b	The visit team heard that there were patient	The visit team require the Trust to submit	

	safety issues raised around the levels of nursing staff for some trainees as not all trainees had access to nursing support.	an action plan and related timetable within five working days.	
D1.3b	The visit team heard that there were issues with the x-ray facilities within the Trust and that some machines were not available on the same floors as the consultation rooms so patients had to walk between floors.	The visit team required the Trust to submit an action plan and related timetable within five days.	

Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence	GDC Req. No.
D1.1a	Trust to ensure that all trainees receive an induction when starting their placement, even those trainees who commence placement mid-year.	Trust to submit confirmation of induction arrangements as well as induction material. Trust to circulate an induction survey to trainees and submit feedback received. Performance of induction should be monitored through LFG meetings.	
D1.1c	Trust to ensure that there is sufficient equipment in working order, available to trainees.	The visit team require the Trust to complete an audit on the Datix submissions related to lack of or damaged equipment. Compliance with this action should be monitored through LFG meetings.	
D1.1d	Trust is required to ensure that the teaching for the mono specialties is mapped to the GDC curriculum. Trust is required to sign-post these trainees to educational resources, including handbooks, prior to commencing their placement.	Trust to submit copies of the handbooks for the 2016/17 academic year for the periodontics and prosthodontics programmes. Compliance with this action should be monitored through LFG meetings.	
D1.2a	Trust is required to develop the didactic teaching and ensure that there is regular, structured input from a range of consultants with differing expertise and experience.	Trust to submit copies of the revised didactic teaching programme and evidence that it has been circulated to trainees and consultants. Compliance with this action should be monitored through LFG meetings.	
D1.3a	Trust to review and strengthen the serious incident process. Trust to ensure that all trainees who submit Datix reports receive feedback, including details of how the issue has been dealt with.	Trust to provide summary of feedback to trainees versus a log of Datix forms submitted by trainees. Trust to ensure that serious incident reporting is added as a standing item to the LFG meeting's agenda and register of attendance.	
D1.1e	Trust to conduct an audit of the quality of laboratory work.	Trust to provide outcome of audit including any plans to address deficiencies in this area.	

Recommendations

Req. Ref No.	Recommendation	Recommended Actions / Evidence	GDC Req. No.
	N/A		

Other Actions (including actions to be taken by Health Education England)

Requirement	Responsibility
Health Education England to explore the possibility of trainees at Barts Health NHS Trust attending didactic teaching at other institutions within London and resolve barriers surrounding this.	Dr Elizabeth Jones / Dr Nigel Fisher
Health Education England to investigate barriers around members of the oral medicine faculty attending the Specialty Training Committee.	Dr Elizabeth Jones / Dr Nigel Fisher

Signed

By the Lead Visitor on behalf of the Visiting Team:	*Elizabeth Jones*
Date:	*13 October 2016*