QUALITY AND REGULATION TEAM
(LONDON AND SOUTH EAST)

NHS
Health Education England

Croydon Health Services NHS Trust

Dentistry

Risk-based Review

Quality Review report

Date: 12 July 2016

Final Report

Developing people for health and healthcare

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Quality Review details

<table>
<tr><td>Background to review</td><td>The Croydon Health Services NHS Trust dentistry department is based at Croydon University Hospital (CUH), offering orthodontic and restorative services, and oral and maxillofacial surgery.

Health Education England (HEE) last reviewed dentistry at CUH on 15 January 2014. At that previous visit, a number of concerns were investigated, namely that the restorative dentistry services provided at CUH were inadequately resourced and not fully meeting contemporary standards; this was having a negative impact on training needs and the clinical management of patients with complex needs who required multi-disciplinary care across restorative and orthodontic specialties. The restorative dentistry service was highlighted as a key cause for concern at that visit, as a consequence of its increasing case load that was under the management of a large number of part-time general dental practitioners and Dental Foundation year two trainees, with minimal specialist supervision. The decision was taken in 2009 to remove London dental trainees from the site: the visit in 2014 was triggered by the knowledge that KSS had dental trainees at dental core trainee (DCT) level at CUH and that a complaint from the London Local Dental Committee (LDC) in Croydon had been made regarding the level of supervision for dental trainees at CUH.

An additional action arising from that visit was for the Trust clinical lead to conduct a review of the restorative dentistry service within six months to address the issues highlighted by the visit team. In addition, the visit team recommended a refurbishment of clinical facilities, which was seen as crucial to the development of the patient experience and training environment.

The purpose of this visit was to gain clarity on the following issues:
Had progress been made in appointing a substantive consultant in restorative dentistry, providing a consistent and robust level of supervision?
What progress had been made in the refurbishment of clinical facilities at the department?
Was there potential to restore the rotation of London DCTs to CUH?
What level of advance planning and supervision timetabling had been undertaken by the medical education team to prepare for a new cohort of DCTs arriving in September 2016?
What are the contractual commissioning arrangements for the referral of patients to CUH from across the Kent, Surrey and Sussex (KSS) region?
What was the Trust’s vision for the development of a multi-disciplinary dentistry provision at CUH?</td></tr>
<tr><td>Specialties / grades reviewed</td><td>The visit team met trainers who worked in restorative dentistry and orthodontics.

The visit team also had the opportunity to meet the Trust’s CEO, Medical Director, Director of Human Resources, Director of Medical and Dental Education, Clinical Director, lead consultant in orthodontics, and the consultant restorative dentistry lead at King’s College Hospital NHS Foundation Trust (KCHT).</td></tr>
<tr><td>Number of trainees and trainers from each specialty</td><td>The visit team had the opportunity to meet two year one dental core trainees working across restorative dentistry and oral surgery. The visit team also received a written statement of feedback from a post-certificate of completion of specialist training (CCST) practitioner in orthodontics. The visiting panel also requested meeting the general dental practitioners (GDPs) in the department who were supervising trainees, and a member of the nursing staff (senior dental nurse)</td></tr>
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Review summary and outcomes	The visit team thanked the Trust for accommodating the visit and ensuring good attendance at all the sessions. The visit team was concerned to learn that dental core trainees were working in restorative dentistry and that there was no substantive restorative dentistry consultant in post at the Trust; as a result, dental core trainees (DCTs) were performing restorative dentistry procedures under the supervision of non-specialist dental practitioners. In addition, the visit team was concerned that the lack of specialist guidance was placing an exceptional amount of pressure on the existing clinical supervisors (CSs), whose own personal development was affected as a result. The overall management of the restorative department, including high numbers of part-time staff had a detrimental impact on the quality and efficiency of the services offered by the department, and on staff morale. Therefore, the visit team required the Trust to appoint a substantive consultant in restorative dentistry by November 2016; failure to do so would result in a decision to stop the attendance of incoming DCTs on-site in September 2017. It was strongly suggested by the visiting panel that the consultant in restorative dentistry should have a presence at Croydon University Hospital for eight sessions per week (four days). This is to ensure a high calibre of applicants and an applicant who would drive and lead the department. The visit team was concerned at the large number of part-time non-specialist dental practitioners in the department. The visit team would recommend that the Trust move towards the recruitment of substantive posts at higher grades, in order to improve the continuity of care and development of skills and credibility of the department. The visit team was impressed with the commitment and innovation shown by the orthodontic team and clinical lead for dentistry, particularly in their drive and engagement with the development of plans for the future of dentistry services provided at the Trust. The visit team was also impressed with the commitment shown by the nursing and administration teams, who were working under significant pressure at a time of upheaval for the department as a whole. In addition, the visit team welcomed the redevelopment plans for CUH dental clinical facilities and the construction work that was underway at the time of the visit.

Quality Review Team			
Lead Visitor	Elizabeth Jones, Dean of Postgraduate Dentistry, London	**Associate Dean**	Nigel Fisher, Associate Dean of Dentistry, London
Associate Dean	Peter Briggs, Associate Dean of Postgraduate Dentistry, London	**Scribe**	Jennifer Quinn, Learning Environment and Quality Coordinator
Lay Representative	Diane Moss, Lay Representative	**Observer**	Lizzie Cannon, Learning Environment and Quality Coordinator

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**
1.1	**Patient safety – appropriately trained and assessed trainees** The visit team heard that senior members of the nursing team feared that a serious incident could take place in the restorative dentistry department, in the absence of a substantive consultant and leader of the team. In addition, the visit team was informed that the lack of consultant leadership and appropriate supervision and staffing in the restorative dentistry department was causing serious pressures to the provision of patient care; notification had been sent to local community GDPs to warn them of the current situation. However, the visit team noted that a significant backlog of patients had been accrued and patients requiring complex multi-disciplinary care could be lost on the waiting lists. The visit team also heard that there was a significant backlog of endodontics patients on the waiting list due to an endodontics practitioner going on long-term sick leave. As set out above, the visit team was concerned about the lack of consultant leadership of the restorative dentistry department, and required clarity as to the contractual pathways for treatment for patients referred to treatment at CUH. The visit team highlighted the inadequacy of the system that was in operation, whereby local GDPs were referring patients to CUH for more complex care, yet care was subsequently provided by DCTs who were less skilled and experienced than those referring patients in. The visit team was advised that the lack of consultant presence at restorative dentistry clinics made it almost impossible to allocate new patients to appropriate appointment slots; senior members of the nursing team reported being asked by overwhelmed administrative staff to make decisions on where best to allocate patients, which they declined to do on the grounds of the potential risk this posed to patient safety.	Yes – see D1.1 below
1.2	**Appropriately qualified and trained supervisors** The visit team was disappointed to learn that no progress had been made by the Trust in appointing a substantive consultant to lead, supervise and improve the restorative dentistry service, following the issuing of recommendations after the visit in January 2014. The visit team learned that two non-specialist dental practitioners were acting as CSs to three KSS DCTs, who were placed at CUH. The visit team was advised that the trainees split their time between that site and East Surrey Hospital (ESH). The visit team was advised that only one of the two CSs had received training in teaching and assessment. It was reported that both supervisors worked two days a week at CUH. The visit team learned that the dentistry department had experienced a high turnover of consultant cover following the death of the lead consultant in restorative dentistry at CUH, in January 2016. The CSs advised that a total of four separate locum appointments had been made in the intervening period; at the time of the Review, the	Yes – see D1.2a below Yes – see D1.2b below

trainees advised that consultant presence on-site was only available on Thursdays and Fridays. However, the CSs stated that they had, when necessary, been able to maintain contact and obtain advice by email, and that they managed as best as they could under the present circumstances.

The visit team was informed that the consultant support available for both trainees and clinical supervisors had changed substantially since both the most recent locum consultant departure and the death of the lead consultant. The supervisors described that under the most recent locum appointment consultant cover from KCHT, they received constant support, and a dedicated caseload that the consultant would pass on specifically to match the supervisors' areas of expertise.

The visit team was concerned to hear that although the present consultant was managing treatment plans, the cover was at best itinerant and work was delegated without thorough knowledge of the supervisors' workload. Furthermore, the visit team was unclear whether the present locum consultant cover on Fridays was aware of the fact that DCTs were treating the patients that were referred to the restorative dentistry department.

The supervisors expressed that they needed a stronger consultant presence, and that the existing rotation of part-time, non-specialist support was not alleviating the pressure on both them and the department.

However, the visit team was pleased to learn that the trainees reported that they felt confident with the cases that they managed at CUH, and were never pushed to work beyond their competency. The trainees stated that their clinical supervision was good, and they were always available to assist the trainees in their clinic; the visit team heard that the supervision was so direct as to be monitoring trainees 'over the shoulder'.

The trainees also reported that they were happy with the 'helpful and friendly' supervision that they received in oral surgery on Fridays; they explained that they received the opportunity to work on a variety of cases alongside more senior staff grades, which increased their confidence.

The visit team was disappointed to learn of the demise in consultant input to the trainees' development; the trainees reported that with the previous consultants, they would always have a de-brief and would discuss any interesting or complex cases and develop techniques for treatment. In addition, the trainees stated that they were present for treatment planning. Unfortunately, the trainees stated that this was no longer possible since that consultant's departure from KCHT and thus CUH to move overseas.

The visit team heard that the substantive consultant appointed part time at CUH and who worked across CUH and St George's University Hospitals NHS Foundation Trust (SGUH) left after only a few months in post, which placed further strain on the running of the department following the lead consultant's death. It was reported that the consultant worked one day per week at CUH, with a very intense work load spanning a 12 hour day with new patient and complex clinics, in addition to administrative tasks. The visit team heard that the consultant was struggling and sought support but was left unaided by the Trust management. It was also reported that the lead consultant's close management of the department caused a sense of isolation for that consultant, which was compounded as the pressure built up following the lead consultant's death.

GDC Theme 2) Quality evaluation and review of the programme

Standards

The provider must have in place effective policy and procedures for the monitoring and review of the programme.

2.1	**Appropriate framework in place to manage the quality of the programme** The visit team noted a lack of governance over the referral and subsequent allocation of patients, which was having a detrimental impact on the overall management of the restorative department. The Trust's senior management team stated that it was considering a number of options to develop a 'spoke and hub' service with either SGUH, KCHT or Epsom and St Helier University Hospitals NHS Trust (ESH). It was also reported that historically, the Trust's preferred partner was SGUH. However, that option was no longer viable due to the pressures faced by that institution and the lack of engagement from SGUH. The senior management team stated that it had partnered with KCHT in order to maintain the provision of both service and training on-site. The Trust explained that KCHT was able and willing to assist, which would facilitate further discussions about the development of a closer link between the two organisations. The visit team acknowledged that it had once shared the view that a link with SGUH would be most beneficial, but that it was now keen for the Trust to consider a wider range of options that would best serve the dentistry department and the provision of service for the wider community. The Trust's chief executive officer (CEO) stated that in terms of a long-term strategy, the Trust was looking at what it could do better across South London as a whole, including the potential introduction of paediatric dentistry and implants services. The CEO explained that CUH had good day case facilities, which would be able to accommodate the needs of local children who were being referred to hospitals such as SGUH and KCHT that couldn't cope with the volume of paediatric dentistry referrals they were receiving. The visit team explained that it supported CUH in its development plans, and that given that it had an established orthodontic department, and oral surgery department and the soon to be refurbished clinical facilities, there was potential for it to become a fully multi professional service incorporating paediatric dentistry. However, the visit team set out clearly that the Trust needed to urgently appoint a substantive, permanent consultant to lead and take forward and lead the regeneration of the restorative dentistry department. This consultant should work at least four days each week at CUH and one day at whichever partner site the Trust forges a collaborative link with. The visit team observed that given the number of part-time GDPs it is employing, the Trust clearly had the sessions and funding available to remunerate at least one substantive restorative consultant and to become a major training institution. The visit team heard that conversations had taken place with the CEO of ESH, with a view to developing an open network between ESH with spokes at CUH and SGUH. However, the visit team was advised that the Trusts had not reached agreement and were therefore unable to take those plans forward. The senior management team explained that it was considering plans to develop a multi-Trust network with CUH, SGUH and ESH all feeding in to KCHT. The visit team advised the Trust to make contact with the Level Two Managed Clinical Network in South London, which includes access to two NHS enhanced practitioners in Streatham and Kingston. This service is also used currently by Kingston, ESH and SGUH, to alleviate the pressure and ensure that correct complexity is managed in secondary care.	Yes – see D2.1a below

	The visit team was impressed with the quality of the orthodontic placement attended by a post–CCST trainee. The clinical lead described how the trainee benefited from one-to-one training, orthognathic clinics, and oral surgery, and attended the Eastman Dental Hospital (EDH) for multidisciplinary team experience. Additionally, after the lead consultant died, the orthodontic team identified a number of gaps in the rotas and liaised with the EDH, which it was reported was very accommodating, offering cleft training and craniofacial clinical experience. The visit team was impressed by the level of support offered by the orthodontic team to both trainees and the wider department, and was encouraged to learn that the clinical lead was taking part in high-level discussions with the senior management team. The visit team was encouraged by the Trust's refurbishment plans for clinical facilities, and attended a tour of the department. The visit team was impressed with the plans for the new clinical facilities. The plans showed that a total of eight new chairs will be installed – with one for any left-handed GDPs – and a dedicated cone beam x-ray suite, trained radiology nurse's desk and training room will be based on-site exclusively for the use of the new facilities. However, the visit team believed that CUH could accommodate more chairs in the new dental suite, and advised the Trust to consider retaining the existing facilities alongside the new, to maximise future service provision on-site. This was thought particularly important if there are future plans to develop a secondary care paediatric dentistry service. The visit team observed two video-linked lecture theatres offering crisis resource simulation and the clinical skills lab, which had capacity for 13 chairs. In addition to its existing uses, the visit team encouraged the Trust to consider recruiting a technician and installing Scotia Medical Observation and Training System video camera facilities; the visit team believed that this could assist in opening up the lab to be shared with medical trainees, as well as making the facilities more attractive to any prospective applicant for the restorative consultant post. The visit team also encouraged the Trust to liaise with KSS dental education colleagues to discuss the potential sharing of the skills lab facility with its trainees.	Yes – see D2.1b below
2.2	**Appropriate systems in place to quality assure placements** The visit team was concerned to discover that DCTs were training in restorative dentistry at CUH, which ran contrary to the information it had prior to the visit. When discussing the placement of DCTs at CUH, the visit team observed a discrepancy between the senior management and CSs with regard to their understanding of the forward planning that had been completed for the next cohort of DCTs arriving in September 2016. The CSs were under the impression that there would be no DCTs in restorative dentistry, whereas the SMT stated that the DCTs would be spread across oral surgery, with some in restorative dentistry with consultant supervision. The visit team stated that the bias for trainee allocation should be toward oral surgery, until the situation changes in restorative dentistry. The visit team was concerned that no firm decisions had been made about the incoming DCTs, particularly as the job description for the next recruitment round would be circulated from September 2016 onwards. It was highlighted that in light of the potential link between CUH and KCG, the Trust needed to make decisions about its DCTs, as there existed the possibility that HEE would link DCTs across CUH and KCL and would need a map of core trainees. The Trust was encouraged to consider what could be offered, once the new department was fully operational. The visit team stated that there was long-term potential for the Trust to reinstate higher trainees. However, this depended on the Trust's ability to implement its refurbishment plans and redevelop the restorative dentistry provision at CUH, by recruiting a substantive consultant in restorative	

	dentistry.	
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.**		
3.1	**Appropriate system in place to plan, monitor and record the assessment of students throughout the programme against each of the learning outcomes** The trainees stated that their educational supervisors were based at East Surrey Hospital, where they completed personal development pans at the beginning of their training. The trainees advised that they did not have any formalised, set teaching sessions at CUH. However, they received impromptu teaching during any discussion of cases. The trainees reported that most teaching was one-to-one and that they attended study days with KSS for a diploma accredited by the University of Kent. The trainees reported that the diploma provision was worthwhile, and provided exposure to research protocol, ethics approval, and education, in addition to training on legislation and policy that had not been covered at dental school.	
3.2	**Trainees must have regular exposure to an appropriate breadth of patients/procedures** The CSs advised that they used to take part in a reading club on Tuesdays, and offered trainees exposure to the clinical and lab stages of denture construction and endodontics. The trainees reported that their rotation at CUH was a good post, despite the turbulent time experienced by all in the department. The trainees were satisfied that they had received the opportunity to learn from a varied pathology, and received extra treatment sessions that were described as a ‘really valuable experience’. The visit team learned that the trainees received strong exposure to paediatric dentistry cases at East Surrey Hospital and that they found sedation training really helpful. In addition, the visit team received a written statement of feedback from a post-CCST in orthodontics at CUH and EDH, who spoke very highly of the programme and training received. The trainee set out that: • Lead consultants across both units made an effort to identify all training needs • Offered excellent supervision and support • Varied clinical exposure • Protected time was ensured twice a month • Contact with supervisors was ‘excellent’ Overall, all trainees reported a positive experience at CUH, and were able to optimise departmental camera facilities to build their own personal case logbooks.	

GDC Theme 4) Equality and Diversity		
Standards **The provider must comply with equality and diversity legislation and practice. They must also advocate this practice to trainees.**		
4.1	**Staff appraisal** The visit team was disappointed to discover that the CSs did not carry out their own work whilst supervising the trainees, and had to work through allocated breaks in order to attend to their own personal development. The visit team felt that the supervisors were essentially keeping the restorative dentistry provision afloat at the expense of their own learning and progression, and in one example had sacrificed planned postgraduate training because the previous year at CUH had been so problematic. With regard to reflective practice, the CSs advised that they used to keep logbooks of their work, but had to suspend that due to time constraints imposed by their difficult working conditions. The visit team learned that they received some consultant support with their personal development on Fridays. The supervisors also advised that the trainees had online portfolios where they formally discussed cases that were accessed and reviewed by the trainees' educational supervisors.	Yes – see D4.1 below

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.**
	N/A		

Mandatory Requirements			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GDC Req. No.**
D1.1	The visit team requires the Trust to appoint a substantive consultant in restorative dentistry by November 2016; failure to do so will result in a decision to stop the attendance of incoming DCTs on-site in September 2017. It was strongly suggested by the visiting panel that the consultant in restorative dentistry should have a presence at Croydon University Hospital for eight sessions per week (four days). This is to ensure a high calibre of applicants and an applicant who will drive and lead the department.	The Trust will liaise with HEE on the drafting of a job description for the post of restorative dentistry consultant and will provide regular updates on progress with the subsequent recruitment process.	S1.5

D1.2b	The Trust will support the existing clinical supervisors in receiving training in education and assessment and should seek to ensure that all trainers are trained within the GDC trainer framework.	The Trust is required to provide a list of the trainers within the dentistry department and evidence of the correct modules completed.	S1.5

Recommendations

Req. Ref No.	Recommendation	Recommended Actions / Evidence	GDC Req. No.
D1.2a	The Trust should review its staffing arrangements and make efforts to recruit more specialist dental practitioners to improve the level of clinical supervision and overall skill mix in the department.	The Trust should provide for HEE regular updates on its staffing configuration, and any efforts made to recruit more specialists.	S2.10
D2.1a	The Trust should provide regular updates to HEE on its proposals to forge collaborative links with trusts across the South East.	The Trust should provide regular updates to HEE, with evidence of minuted faculty/senior management meetings, with attendance register, where possible.	S2.10
D2.1b	The Trust should produce a proposal setting out its vision for the sharing of the dental skills lab as a multi-disciplinary simulation and education facility.	The Trust should produce its proposal and send to HEE for review.	S2.10
D4.1	The Trust should ensure that clinical supervisors have protected teaching time in their job plans to allow adequate time for their continued professional development.	The Trust should provide evidence of relevant job plans produced for clinical supervisors.	S2.10

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

Requirement	Responsibility
The Postgraduate and/or Associate Dean for Dentistry will, following receipt of a proposal as set out above in Recommendation D2.1b, liaise with the Postgraduate Dean for Health Education South London to review the options of collaborative use of the dental skills lab at CUH.	Elizabeth Jones, Dean of Postgraduate Dentistry, London

Signed

By the Lead Visitor on behalf of the Visiting Team:	Elizabeth Jones
Date:	11 August 2016