

# Barts Health NHS Trust

## Orthodontics

### Risk-based Review (on-site visit)



## Quality Review report

28 February 2018

Final Report

Developing people  
for health and  
healthcare

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## Quality Review details

<b>Background to review</b>	<p>The quality review team was keen to explore the results of the 2017 Royal London Hospital learners' survey within orthodontics. The survey returned unsatisfactory results between October 2015 and January 2018 for overall educational experience, induction, learning opportunities away from placement, communication between staff about patients, availability of opportunities to be involved in improving quality within placement, and patient care improvement suggestions.</p> <p>The learners' survey also showed a need for improvement in regard to: the attitude of the people in charge of placements, education and training, feedback on performance, learning opportunities to meet training programme requirements, group or forum placement arrangements for trainees, and friendly staff and support.</p> <p>The survey results had not been shared with the Trust either prior to, or during the visit.</p>
<b>Specialties / grades reviewed</b>	<p>Orthodontics</p>
<b>Number of trainees and trainers from each specialty</b>	<p>The review team met with orthodontic trainees at the following grades:</p> <ul style="list-style-type: none"> <li>• Specialty training Year 1 (4)</li> <li>• Specialty training Year 2 (3)</li> <li>• Overseas postgraduate students (2)</li> </ul>
<b>Review summary and outcomes</b>	<p>The review team would like to thank the Trust for accommodating the Risk-based Review (on-site visit).</p> <p>During the course of the review, the team identified areas that were working well with the orthodontic training at the Trust, including the following:</p> <ul style="list-style-type: none"> <li>• The quality review team heard that the orthodontic trainers were committed to training and ensuring that there was good organisation and structure to the orthodontic National Training Number and Post-CCST training programmes and time given for monitoring and teaching their trainees.</li> <li>• The trainers informed the quality review team that they felt they were supportive and accessible to trainees.</li> </ul> <p>Furthermore, the quality review team highlighted a number of areas for improvement which are outlined below:</p> <ul style="list-style-type: none"> <li>• The quality review team heard that in comparison to a District General Hospital (DGH), there were a number of general organisational difficulties identified at Bart's relating to supervision rotas, laboratory issues, nursing support and sourcing equipment and instruments within the department which had an impact on the quality and efficiency of training.</li> <li>• It was heard by the review team that some trainee dental nurses were very inexperienced and lacked the competencies required to work with orthodontic trainees. As a result, trainees often had to undertake some of the duties for which the trainee nurses should have been responsible. This</li> </ul>

was a particular problem with Specialty Training Year 1 (St1) higher trainees.

- Some trainees reported that they sometimes felt undermined when they were corrected by their consultant supervisor during a clinic, whilst in the presence of patients. It was heard that the content, manner and tone in which they were sometimes communicated in was patronizing and not conducive to a positive working environment.
- It was reported by trainees that they were not given adequate time for supervisor feedback following the completion of their workplace based assessments and that supervisors sometimes did not provide feedback for up to three months after the clinical interaction.
- It was heard by the quality review team that the order of the educational delivery at the beginning of their training could be improved. An example given was detailed teaching of cleft lip and palate before teaching of the management of class 3 occlusion. There was some general concern also of the impact of adjusting to the change from Master's to a Doctorate university programme and the requirement for both university examinations and Membership in Orthodontics (MOrth) examinations in Year 3 which had previously not been the case. There was also concern that not all trainees were getting access to MOrth Case presentation discussions and practice.

**Quality Review Team**

<b>HEE Review Lead</b>	Peter Briggs, Interim Postgraduate Dental Dean for London, HEE	<b>External Clinician</b>	Jayne Harrison, Consultant Orthodontist, Liverpool University Dental Hospital; TPD HEE North West (Mersey)
<b>Trust Liaison Dean / County Dean</b>	Nigel Fisher, Associate Dental Dean, Secondary Care, HEE	<b>Scribe</b>	James Coeur-de-Lion, Learning Environment Quality Co-ordinator
<b>Lay Member</b>	Ryan Jeffs, Lay Representative	<b>Observer</b>	Andrea Dewhurst, Quality, Patient Safety & Commissioning Manager

## 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	<p><b>Patient safety – appropriately trained and assessed trainees</b></p> <p>When discussing nursing support, trainees informed the review team that nurses could have taken on more responsibility for some of the duties which the trainees had to undertake in preparation for their clinical work. It was heard that this caused significant delays in starting clinics on time. It was reported that at peripheral sites, nurses took on more responsibilities and that their level of expertise was at a higher level compared to the trainee nurses at the Royal London site. The trainees advised the review team that the organisation of the department needed to be improved, specifically, the nursing support provided. However, it should be noted that the trainees reassured the review team that patient care was not negatively affected, but that increased nursing support would have potentially helped their days run smoother.</p> <p>When nursing support was discussed, the clinical director explained that each trainee had a designated nurse. It was reported that the peripheral units were not training hospitals for dental nurses and that it was more likely that those sites would have trained orthodontic nurses. The clinical director was informed that trainees had reported in one case that a trainee nurse had been unable to mix alginate; the clinical director noted that this was a simple procedure which the trainees should be able to undertake if it had been a significant problem, but did question whether the wider, new model of nurse training had really been working well.</p>	Yes, please see below D1.1
D1.2	<p><b>Clinical supervision</b></p> <p>The training supervisors reported that their training programme director (TPD) ensured that as supervisors, they met with their trainees three or four times a year. The TPD explained that trainees had a clinical supervisor, a mentor and another supervisor at the Royal London site. Between each of these, trainees had been made aware of which consultant was there to support them in their training if they had any concerns or issues. As a training group, the consultants felt there was no division between them and their trainees and that they encouraged trainees to be mature about their higher training, wanting them to develop both academically and clinically.</p> <p>The quality review team was informed that the consultant supervisors had an open-door policy for trainees to raise concerns and that the culture within the consultant team was to encourage trainees to work as a team. The consultant supervisors could identify 2 individuals who did not collaborate with the other trainees and advised that they had been engaging with the trainees and working to integrate those trainees who had isolated themselves.</p> <p>The quality review team was informed by the trainees that their consultants had been readily available and happy to assist them. However, some trainees questioned the professionalism of some of the supervising consultants, highlighting that when they made errors in the presence of patients, the manner in which their consultants had</p>	

	<p>spoken to them was not always conducive to a positive working environment. On reflection, trainees felt that perhaps there needed to be a better way for consultants to deliver feedback in a more appropriate way, whether it be in the presence of patients or in private.</p> <p>When the clinical director was informed of the trainees concerns towards some supervising consultants who they had felt were undermining them in the presence of patients, the clinical director suggested that consultants could attend a leadership course to enhance personal reflection.</p> <p>The review team suggested a team building exercise or away day for the supervising consultants who were on-site. On another note, the clinical director noted that perhaps supervising consultants had an attitude and approach to training that some of the junior trainees may not have previously experienced and that perhaps being managed in this way might have been a factor with how they were perceiving the way consultants were addressing them.</p>	Yes, please see D1.2
	<p><b>Appropriately qualified and trained supervisors</b></p> <p>N/A</p>	
	<p><b>Serious incidents</b></p> <p>N/A</p>	

## 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.

D2.1	<p><b>Appropriate framework in place to manage the quality of the programme</b></p> <p>The trainees reported to the review team that the order of the educational delivery at the beginning of their placements could be improved, highlighting the problem of receiving the teaching on cleft lip and palate before teaching of the management of class three occlusion. It was also heard that trainees felt it would have been beneficial within the first two weeks of their placements to have training on the core aspects of what would be required of them when they had started in clinic.</p> <p>The consultant supervisors briefly commented that the induction provided for trainees was very detailed, with instructions provided on how trainees navigate through their Intercollegiate Surgical Curriculum Programme (ISCP) site.</p> <p>The clinical director advised the review team that there was a joint Royal London Hospital and Queen Mary University London (QMUL) induction which took place over a week and that it incorporated the Trust induction as well. Additionally, it was heard that there was a local induction specific to the orthodontics training programme.</p>	Yes, please see below D2.1
D2.2	<p><b>Appropriate systems in place to quality assure placements</b></p> <p>The trainees expressed that they did not feel encouraged or supported to raise concerns regarding their training and commented that when they had done so, they did not feel that any subsequent action had been taken to address the issues and that they had been advised to just continue with their duties. It was heard that trainees were unsure of other ways in which they could raise concerns. However, it was reported that the consultant supervisors encouraged trainees to share ideas on how they felt there</p>	Yes, please see below, D2.2

	could be improvement regarding the quality of their training. In relation to audits and quality improvement, it was heard that all trainees had to undertake one audit project on-site and one at their peripheral site, bar in their second year which was their academic year.	
<b>GDC Theme 3) Student assessment</b>		
<b>Standards</b>		
<b>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.</b>		
D3.1	<p><b>Assessments</b></p> <p>The trainees reported that from the commencement of their placements it had been a very steep learning curve and that the structure and order of teaching was perhaps not logical compared to their peripheral placements. It was heard that trainees felt there had been organisational issues surrounding the laboratory, supervision rotas, nursing support and sourcing equipment and instruments within the department which had an impact on the quality and efficiency of training. Trainees felt that overall, across the clinical, academic and research programmes, there was good supervision with a good case mix. One of the trainees highlighted concerns about the arrangements of study models, expressing that there were not sufficiently organised and that they had spent a large amount of time having to rummage through four boxes of study model in order to find the ones required. It was noted that the trainee had escalated these concerns and had not received any subsequent feedback from any of the senior consultants.</p> <p>In response to the concern from a trainee regarding the model organisation and storage, the clinical director informed the review team that it was the role of the nurse to have these ready for the trainees. However, the clinical director advised that there was a firm capable of potentially installing a digital storage system.</p>	
	<p><b>Appropriate system in place to plan, monitor and record the assessment of students throughout the programme against each of the learning outcomes</b></p> <p>N/A</p>	
D3.2	<p><b>Trainees must have regular exposure to an appropriate breadth of patients/procedures</b></p> <p>The trainees reported positively on their timetables, noting the clinical exposure and good number of clinics and caseloads available compared to the other peripheral sites.</p>	
D3.3	<p><b>Feedback</b></p> <p>When reflecting upon feedback provided by consultants, the trainees pointed out that the only opportunities to receive consultant feedback was before their ARCPs. The trainees noted that they would have liked more consultant face-to-face feedback and support during their placements. The trainees specifically explained that when they completed their workplace based assessments with some consultants, it was often rushed and that the consultant feedback when provided, was often quite generic. The trainees further noted that the feedback was often provided up to three or four months after the workplace based assessment had taken place. Some trainees informed the review team that they worked through the training programme not knowing how they were progressing until their annual and interim reviews. It was heard that regular feedback on trainee progression would have been beneficial.</p>	Yes, please see D3.3 below

	<p>The supervisors informed the review team that time was given for trainee feedback during clinics and case based presentations on a week to week basis. Additionally, the review team heard that there were trainee representatives for the first, second and third year trainees, with an available forum open to all trainees in which feedback could be provided. It was explained that supervisors met with their trainees one month before the structured Health Education England (HEE) led annual review of competence progression.</p> <p>The quality review team heard that trainees completed ten workplace based assessments a year either on-site or at their peripheral sites. The supervisors noted that trainees reflected on these and that as supervisors, they provided feedback. It was heard that the consultants were very focused and diligent with the education of their trainees, ensuring that they uploaded all that is required through the ISCP site.</p> <p>The TPD agreed with the review team when the idea of having extended time for consultants to give trainee feedback following their workplace based assessments was proposed. It was suggested by the review team that the responsibility would need to be placed on the trainees to book in time for this to take place with their consultants.</p> <p>When a lack of trainee feedback was discussed, the TPD highlighted that the issue might have been related to how trainees were perceiving what feedback was, as they were not aware of any concerns, explaining that each trainee had a lead who was readily available to support them in their training.</p>	
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#### 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.**

	<p><b>Equality and diversity</b> N/A</p>	
	<p><b>Staff appraisal</b> N/A</p>	

## Good Practice and Requirements

Good Practice	Contact	Brief for Sharing	Date

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 Trust to consider and implement measures to ensure that adequate, competent nursing support is provided.	Trust to submit report detailing what has been done to ensure that adequate, competent nursing support is provided.	7
D1.2	Supervisors who behave in a manner that undermines the professional confidence of trainees should receive appropriate training.  Trust to ensure that trainees are not undermined and dealt with an appropriate and professional manner at all times.  The Trust should implement a programme of training for the consultant supervisors which allow them to understand how their behaviours can be misconstrued.	<ul style="list-style-type: none"> <li>Trust to monitor this by the local faculty group and provide trainee feedback demonstrating that this is no longer taking place.</li> <li>Trust to submit course dates to consultant supervisors, with a report of attendance records</li> </ul>	9
D2.1	The Trust to review the topics covered during the first few weeks of the trainee placements, and ensure that they cover the necessary core aspects of training in order for trainees to be better prepared for when they start clinical work.	<ul style="list-style-type: none"> <li>Trust to submit timetable of teaching programme and feedback from the trainees through local faculty group meetings demonstrating that these issues have been addressed</li> </ul>	6
D2.2	The Trust to review process of how trainees raise concerns and how they receive feedback after their concern has been raised.	<ul style="list-style-type: none"> <li>Trust to submit documented evidence of the process in which trainees can raise concerns, and how feedback is then provided to the trainees.</li> </ul>	6
D3.3	The Trust to implement appropriate time for consultants to provide feedback to trainees immediately following their work based assessments	<ul style="list-style-type: none"> <li>Trust to confirm arrangements made, and reported evidence that system is in place for consultants</li> </ul>	7



Recommendations			
Rec. Ref No.	Recommendation	Recommended Actions / Evidence	GDC Req. No.

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

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	
Date:	

DRAFT