NHS
Health Education England

London North West University Healthcare NHS Trust

Orthodontics and Dental Core Training

Risk-based Review (on-site visit)

Quality Review report

28 March 2019

Final report

Developing people for health and healthcare

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Quality Review details

Background to review	The 2018 learner survey of orthodontic trainees raised concerns related to clinical supervision and a lack of suitable administrative support for clinics which affected continuity of care and learning opportunities. There were concerns that these issues had the potential to impact dental core trainees (DCTs) as well.
Specialties / grades reviewed	Orthodontics and Dental Core Training
Number of trainees and trainers from each specialty	The review team met with four orthodontic trainees and eight DCTs. The review team also met with educational and clinical supervisors in orthodontics and DCT, as well as the following Trust representatives: • Divisional General Manager for Surgery • Director of Medical Education • Associate Medical Director for Medical Education and R&D • Medical Education Manager • Postgraduate Centre Manager • Education Leads.
Review summary and outcomes	The review team identified several areas of good practice, including the increase in support for supervisors from the postgraduate medical education team, the range of learning opportunities available for orthodontic trainees and the excellent rota coordinator support for dental core trainees (please see Good Practice section below). There was one serious concern around the capacity to provide clinical supervision to orthodontic trainees, given the high workload and difficulty recruiting to consultant posts. Health Education England (HEE) plans to conduct a repeat review in September 2019 to determine whether clinical supervision has improved. In the interim, HEE will not place the specialty training level one (ST1) orthodontic trainee at the Trust for the rotation commencing in October 2019. This does not constitute a suspension of training as the trainee's placement time will be reallocated to the other Trusts in the rotation. This will result in a reduction of trainee input at Northwick Park Hospital for one day per week. Should significant improvements be in place on review in September, this decision will be reversed. Other areas for improvement were also discussed: • DCTs were not informed of the formal process for escalation of concerns during their induction • There was a high level of pressure on the orthodontics service, compounded by failed attempts to recruit consultants and by administrative difficulties • The process of orthodontic clinic allocation, planning and management was not fit for purpose and negatively impacted on training, service provision and patient experience • Supervisors should be made aware of the processes for accreditation and appraisal and requirements around the professional development framework before starting to supervise trainees • The DCTs spent a significant amount of time locating patient notes and finding investigation results on different electronic systems for patients with temporary notes • The DCTs required allocated time for administrative and audit work

	• The orthodontic trainees were not sufficiently involved in departmental audit and governance activities • The orthodontic local faculty group meetings required formal documentation.

Quality Review Team			
HEE Review Lead	Geoff Smith, Deputy Postgraduate Dean Health Education England, north west London	**School of Dentistry**	Nigel Fisher, Regional Associate Dental Dean, London and Kent, Surrey and Sussex Health Education England
School of Dentistry	Helen Tippett, Regional Associate Dental Dean, London and Kent, Surrey and Sussex Health Education England	**External Clinician**	Claire Hepworth, Consultant Orthodontist Interim TPD Orthodontics, Barts and the London School of Medicine and Dentistry
External Clinician	Ulpee Darbar, Consultant Restorative Dentist Director of Dental Education, University College London Hospitals NHS Trust and TPD for Dental Core Training	**Lay Member**	Jane Gregory, Lay Representative
HEE Representative	Louise Brooker, Learning Environment Quality Coordinator Health Education England, London		

Educational overview and progress since last visit – summary of Trust presentation

The review lead enquired about the main issues around training for orthodontics and dental core training and was informed that there were consultant vacancies in orthodontics and Trust-wide difficulties relating to administrative and clerical support.

The orthodontic team had five consultant posts, three of which were filled at the time of the review, including one consultant who was on maternity leave. There were long-term locum consultants working in the team and there had been three unsuccessful rounds of recruitment to substantive posts. The Divisional General Manager for Surgery (DGMS) reported that the Trust was working to adapt the job descriptions and make the posts more attractive to applicants. It was acknowledged that there was a shortage of consultant orthodontists nationally which made recruitment more difficult. The review team heard that understaffing at consultant level had made it difficult to ensure regular, direct supervision of orthodontic trainees. The managers advised that they had been careful to mitigate the effects of consultant vacancies on the dental core trainees (DCTs) by proactively altering the rota to ensure there was always a clinical supervisor available. In agreement with NHS England the Trust had closed to new orthodontics referrals until substantive consultant staffing levels increased.

The Trust had overhauled its reception and clinic administration systems so that many administrative staff now rotated between different clinics rather than working in a single service. This had created difficulties in certain specialities such as orthodontics that were not well understood by the general administrative staff. The Trust intended to implement smart clinics to enable clinicians to view available clinic slots in real time and plan treatment intervals and referrals accordingly. The referral management system was also due to be improved to help reduce acceptance of inappropriate referrals. The DGMS noted that the reduction in reception staff and changes to the administration system had impacted on patient experience but that the Trust management had

become more proactive in resolving issues at an early stage, so the overall rate of formal complaints had remained stable and the proportion of these from orthodontic patients had reduced.

The clinical supervisors (CS) professional development records showed that the CSs for orthodontics and DCT had all recently had supervisor appraisals with the postgraduate medical education (PGME) team. The Director of Medical Education (DME) reported that all supervisors completed portfolios and that there was an expectation from the Trust that they should undergo appraisals every three years, although this was not required by the General Dental Council (GDC). The Trust ran quarterly education forums to discuss supervision issues, for example how to run a local faculty group (LFG) and how to support trainees through the complaint investigation process.

The review team enquired about the processes for communication with trainees and escalation of concerns around training. The DME advised that each team had trainee representatives who attended departmental meetings and LFG meetings where these were in place. The orthodontic trainees and DCTs met separately with their Clinical Leads (CLs) who then fed back to the relevant LFGs, although the DME reported that the teams were considering a more formalised LFG model which included trainee representatives.

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
DCO 1.1	**Patient safety – appropriately trained and assessed trainees** The orthodontic trainees reported that some patients faced delays to treatment and long intervals between appointments due to oversubscribed clinics and clinic cancellations at late notice. The trainees advised that they had referred patients to see a consultant due to concerns about the impact of prolonged treatment, but that these patients were sometimes put back onto the trainees' lists. Orthodontic trainees were reluctant to refuse to see patients, even if they felt that the patient case was not appropriate for training, due to the long waiting time for clinic appointments and potential impact on the treatment process. The trainees were unaware of any patients suffering significant harm due to prolonged treatment or the shortage of consultant appointments.	
DCO 1.2	**Safe and appropriate environment and facilities** The administrative processes relating to clinic management and patient records were described by all trainees and supervisors as a source of stress and delay. The Trust used paper patient notes although investigation results were electronic. The dental core trainees (DCTs) estimated that at the start of their rotation around half of patients seen in clinic had temporary notes as the full notes were not available. This meant that the DCTs had to assemble patient histories by reviewing the temporary notes and checking several electronic systems for results. This took additional time during clinics, but the DCTs advised that they always took the time to complete a full history and that no procedures were performed without this. In the emergency department (ED) trainees had to create duplicate records as they were unable to access the ED electronic notes system. During theatre sessions, the DCTs reported that they completed patient records out of hours or during breaks. The oral and maxillofacial surgery (OMFS) service was shared between multiple Trusts and the DCTs suggested	

	that this contributed to the complexity. The review lead asked how the Trust managed external referrals with a paper patient note system and was informed that many referrals were made through EDs at other hospitals, so full paper copies of patient notes were provided. Other referrals, such as those from primary care settings, were made by letter and included copies of the most recent investigation results which the clinical supervisors (CSs) advised was usually sufficient. The review team heard that the OMFS team had increased the number of DCTs on-call to help manage the number of referrals. The review team heard that the use of temporary notes had reduced since October 2018 after the issue had been reported through departmental meeting and the Datix system. Now notes for patients requiring rapid follow-up appointments were held in the department rather than being returned to the central hospital files. The DCT CSs were aware of the issues around duplicating and tracking patient notes and advised that the Trust was working to address these. The CSs also noted that imaging results were reviewed at St Mary's Hospital and could take up to 24 hours to be returned. The Trust was developing a protocol to improve this process. The DCTs felt well-supported by the CSs and the rota coordinator to take study leave and access training days. All of the DCTs stated that they would recommend their posts to colleagues and would be happy for friends or family to have dental treatment at the hospital. The orthodontic trainees reported finding clinics difficult to manage due to the lack of experienced administrative staff, a shortage of nurses and the long-term consultant vacancies. There was one administrator permanently allocated to the service who booked some of the clinics. Other clinics were booked by general administrative staff who worked across the hospital. The orthodontic trainees suggested that the clinic coding system was overly complex and that administrators who were unfamiliar with the service could find this confusing. The orthodontic trainees advised that there was a cohort of patients who were not allocated to a specific doctor and could see multiple doctors over the course of their treatment. The review team heard that there was no formal process for reallocating a consultant's patients if they left the Trust or went on long-term leave and that patients were sometimes put on a trainee's clinic list as an interim measure when no consultant appointments were available. On occasion, orthodontic trainees had experienced clinics being cancelled at very short notice as there was no consultant cover. The trainees suggested that the Trust could employ associate specialists to improve levels of cover. As well as closing the orthodontics service to new referrals, the CSs reported that the team was developing stricter criteria for accepting patients and for referring patients back to specialist practices where appropriate. The CSs were also trying to establish a cohort of patients to be allocated to trainees on the rotation starting in October 2019. When asked how the orthodontics service could be improved, the CSs suggested that having a clinic coordinator role would have the most positive impact for patients and for trainees. The review team enquired whether there were audits of clinical outcomes, length of treatment or number of patients booked to the incorrect list. The orthodontic trainees reported that the audit meetings were run by the OMFS team so most cases did not involve orthodontics. There was a lack of opportunity for trainees to carry out quality improvement projects and audits in the department.	Yes, please see DCO1.2a Yes, please see action DCO1.2b
DCO 1.3	**Clinical supervision** The orthodontic trainees expressed concern about the ongoing shortage of consultant cover, which impacted on the continuity of care in clinics and therefore on the trainees' ability to maintain a caseload of patients. The CSs reported that consultants supervising trainees in clinic were also responsible for seeing patients. The trainees were asked whether consultants in clinic were responsive if trainees required assistance or advice and the trainees advised that this varied depending on who the consultant was and whether they were the only consultant in clinic that day.	

	One of the long-term locum orthodontic consultants was due to move to a post at another Trust and the trainees anticipated that this would lead to more clinics being cancelled due to lack of consultant cover. This locum consultant provided considerable educational support for the trainees and they were anxious about how this role would be fulfilled in future. The trainees also noted that the locum consultants made significant contributions to teaching and supervision as well as service provision. The review team heard that clinics were not always cancelled in cases of planned consultant absence due to leave or other clinical commitments. The orthodontic trainees had not been provided with clinic timetables and details of consultant cover so were unable to plan around this. The CSs reported that the team had started to share clinic plans three weeks in advance to allow better planning. The review team heard that the orthodontic trainees were not given target or indicative numbers of patient cases to aim for. The trainees were unsure whether their CSs monitored how many cases they were allocated as there appeared to be no treatment waiting list and consultants allocated patients directly from new patient clinics. The orthodontic trainees had opportunities to meet with the CSs and educational leads but did not have a formal schedule for these meetings. The educational supervisors (ESs) for orthodontics were based at the Royal London Hospital. The CSs met with the ESs at annual trainers' meetings and communicated through phone calls and informal meetings throughout the year. The CSs felt that more frequent communication with the ESs would be helpful but did not believe that it was necessary to have an additional ES at the Northwick Park site.	Yes, please see action DCO1.3
DCO 1.4	**Appropriately qualified and trained supervisors** The CSs for orthodontics and DCT reported that they were not consistently made aware of the requirements for supervisor appraisals and professional development frameworks when they were appointed as supervisors. The majority of CSs had undergone a supervisor appraisal. The review team observed that most of these appraisals had taken place in the weeks preceding the review and that for some this had been the first CS appraisal in appointments spanning more than 15 years. The orthodontic CSs welcomed the increased involvement with the PGME team and felt that this was a good source of information and support. Time for supervision and administrative work was included in job plans but in reality the CSs advised that they sometimes struggled to find enough time for these tasks.	Yes, please see action DCO1.4
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.**		
DCO 2.1	**Appropriate framework in place to manage the quality of the programme** The review team was informed that the DCTs had not submitted any exception reports for additional hours worked or missed educational opportunities. The DCTs reported that they occasionally worked past their contracted hours but did not submit exception reports as there were opportunities to leave early after certain clinics. DCTs who had worked late in theatres advised that they had been given time off in lieu after contacting the rota coordinator, so had not needed to exception report. There was weekly protected teaching time for DCTs as well as access to clinical governance meetings and a range of audit projects. The DCTs' rotas did not include daily time for administrative work and clinical audits. The CSs were aware of this issue and were working to reallocate time for these tasks. The CSs reported that there was a clear process for escalation of concerns about trainees or the training programme, including Datix reports and discussion at departmental meetings and local faculty groups (LFGs). The DCT CSs advised that trainees were not informed of the formal escalation process during departmental induction.	Yes, please see action DCO2.1a Yes, please see action DCO2.1b

	The orthodontics LFG was relatively new and the CSs had attended one LFG at the Royal London Hospital site and one at Northwick Park Hospital. Neither the DCTs or the orthodontic trainees attended the LFG meetings but were encouraged to submit Datix reports and had opportunities to meet with their respective Clinical Leads to give feedback.	Yes, please see action DCO2.1c
DCO 2.2	**Appropriate systems in place to quality assure placements** The orthodontic trainees were aware that the consultant staff were under strain due to understaffing and reported that they would not apply for consultant posts at the Trust unless the levels of support and leadership in the team improved. The DCTs spent time at other Trusts across north London and the East of England including the Hillingdon Hospital, St Mary's Hospital, Watford General Hospital and the Central Middlesex Hospital. The review team noted that it was important to liaise with the other placement sites in the rotation and the relevant Health Education England (HEE) regional offices, particularly those outside London. This was to ensure that trainees were appropriately supported and managed in case of a serious incident or concern around their training or practice. The orthodontic trainees commented that they enjoyed gaining experience at different Trusts and learning different teams' ways of working.	
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.**		
DCO 3.1	**Trainees must have regular exposure to an appropriate breadth of patients/procedures** Both the DCTs and orthodontic trainees described the Trust as offering a good caseload mix and wide range of clinical experience. The orthodontic trainees also commended the opportunities for multidisciplinary working, particularly in the joint clinics. The orthodontic trainees explained that, although the Trust was meant to take only complex patient referrals, there were a proportion of cases which were straightforward but which had been on the Trust waiting list for an extended period and so were not referred on. The CSs advised that the reduced number of consultants impacted on the variety of specialist experience they were able to offer the trainees.	
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.**		
	N/A	

Good Practice and Requirements

Good Practice

The supervisors valued the recent increased communication and support from the Postgraduate Medical Education team.
The DCTs were an engaged and enthusiastic group and all said that they would recommend their training posts to colleagues.
The DCTs complimented their rota coordinator, who they described as responsive and helpful.
The Trust offered a good range of learning opportunities for orthodontic trainees.

Immediate Mandatory Requirements			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GDC Req. No.**
	None		

Mandatory Requirements			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GDC Req. No.**
DCO 1.2b	The orthodontic trainees should be encouraged and supported to conduct audit work.	Please provide evidence that orthodontic trainees are involved in audit projects. This could be in the form of trainee feedback, LFG minutes or departmental meeting minutes where the audit projects are discussed. Please provide the first update on this item at the end of June 2019.	3
DCO 1.3	The Trust should ensure that trainees have access to appropriate clinical supervision in clinics and that clinics are cancelled if consultants are not available to supervise.	Please provide copies of trainee feedback showing that plans for clinic supervision are shared in advance and carried out, as well as confirmation that clinics are cancelled when no consultant is available. Please provide this feedback by the end of June 2019.	4
DCO 1.4	Supervisors should be made aware of the processes for accreditation and appraisal and requirements around the professional development framework before starting to supervise trainees.	Please provide evidence of communication with all current supervisors detailing the Trust's expectations around supervisor training, appraisals and completion of the professional development framework. Please also provide evidence that this information is communicated to newly appointed consultants taking on supervision responsibilities. This item will be ongoing and will be discussed at the follow-up review in September 2019.	5
DCO 2.1a	The DCTs require allocated time for administrative and audit work.	Please provide copies of DCT timetables for July and August 2019 including allocated time for administration and audit work.	12
DCO 2.1b	DCTs should be informed of the formal process for escalation of concerns during their induction.	Please provide evidence that this information is included in the DCT induction in October 2019.	6
DCO 2.1c	The orthodontic LFG meetings should be formally documented and include a trainee representative.	Please provide minutes following the next two LFG meetings showing trainee participation.	11

Recommendations

Rec. Ref No.	Recommendation	Recommended Actions	GDC Req. No.
DCO 1.2a	The department requires a sustainable system for clinic management and an improved administrative structure.	The Trust is advised to consider introducing clinic coordinator roles to assist with patient allocation, patient flow and clinic administration.	3

Other Actions (including actions to be taken by Health Education England)	
Requirement	**Responsibility**
There were concerns about the capacity to provide clinical supervision to orthodontics trainees given the high workload and difficulty recruiting to consultant posts. HEE will conduct a review in September 2019 to determine whether clinical supervision has improved. If it has not, the specialty training level one (ST1) orthodontic trainee will not be placed at the site for the rotation commencing in October 2019.	HEE

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Dr Geoff Smith
Date:	29 April 2019