

London North West University Healthcare NHS Trust

Orthodontics

Risk-based review (on-site visit)



Quality Review report

26 September 2019

Final report

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Quality Review details

<p>Background to review</p>	<p>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. A quality review was conducted on 28 March 2019, which identified concerns relating to clinical supervision of trainees due largely to a significantly reduced cohort of consultant supervisory staff, as well as a lack of clarity around the role of clinical supervisor. Efficiency of training and productivity was further compromised by administrative issues around the appropriate booking of patients on to clinics. The review team agreed that a further review should be planned for September 2019 to ascertain whether sufficient progress had been made against the actions set following the review. The Trust was informed that Health Education England would not allow trainees at specialty training level one (ST1) to be placed at the Trust from October 2019 unless significant improvements were demonstrated.</p>
<p>Specialties / grades reviewed</p>	<p>Orthodontics</p>
<p>Number of trainees and trainers from each specialty</p>	<p>The review team met with three orthodontic trainees at specialty training levels two to four (ST2-ST4). The review team also met with clinical supervisors in orthodontics, as well as the following Trust representatives:</p> <ul style="list-style-type: none"> • Chief Operating Officer • Divisional General Manager for Surgery and St Mark's Hospital • Divisional Clinical Director • Director of Medical Education • Associate Medical Director for Medical Education and R&D • Medical Education Manager • Postgraduate Centre Manager • Guardian of Safe Working Hours • Clinical and Training Leads.
<p>Review summary and outcomes</p>	<p>The review team found that significant improvements had been made around clinical supervision, educational governance and support for trainees since the previous review in March 2019. It was therefore agreed that the ST1 trainee could be placed in department from October 2019 and that no suspension of training was necessary. The Trust was commended for the work done to address the concerns highlighted at the previous review and to create a safer and more positive learning environment.</p> <p>Some areas for further improvement were also identified:</p> <ul style="list-style-type: none"> • Introducing a dedicated lead nurse role within orthodontics would remove some administrative burden from the trainees and provide a consistent point of contact for trainees, consultants and nurses • Both trainees and consultants agreed that the introduction of an orthodontic therapist role in the department would improve the training experience and allow the consultants to focus on more complex patient cases • There were ongoing issues with ensuring patients are booked to the correct clinics, which were exacerbated by the complexity of the coding system • The review team noted that communication between the clinical supervisors was largely informal and advised introducing more formal meetings to plan training

- There was a local faculty group in place but the remit of the meetings was unclear. The Trust was advised to ensure that all trainees had opportunities to attend the LFG meetings
- The Trust was advised to develop a more formalised way of managing trainees' expectations around their training programme, including the clinical experience and teaching available at Northwick Park Hospital.

Quality Review Team

HEE Review Lead	Nigel Fisher, Regional Associate Dental Dean, London and Kent, Surrey and Sussex Health Education England	HEE Review Lead	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	Lay Member	Robert Hawker Lay Representative
HEE Representative	Paul Smollen Deputy Head of Quality, Patient Safety and Commissioning Health Education England, London	HEE Representative	Louise Brooker Deputy Quality, Patient Safety and Commissioning Manager Health Education England, London
Observer	Gemma Berry Learning Environment Quality Coordinator Health Education England, London	Observer	Emily Patterson Learning Environment Quality Coordinator Health Education England, London
Observer	Mark Davies Lay Representative		

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

The review team thanked the Trust representatives for their work in preparing for the review. The review leads enquired about consultant staffing in the orthodontic department and clinical supervision arrangements. The Director of Medical Education (DME) reported that the department had made two new consultant appointments and one of the existing consultants had returned from maternity leave in summer 2019, bringing the total number of consultants to five. All the consultants were clinical supervisors (CSs). Previously, educational supervisors (ESs) had received dedicated educator appraisals, while CSs had discussions around training incorporated into their standard appraisals. The DME explained that this practice had been changed and that all current CSs had had an educator appraisal, as well as individual sessions with the DME to discuss their professional development and overall faculty development work with the Postgraduate Medical Education (PGME) team. The Trust was updating its supervisor appraisal template to include more discussion of trainee feedback and

additional questions relating to the revalidation process. The training programme was mainly based at the Royal London Hospital and the CSs were considering ways to liaise more closely with the team there to develop more orthodontics-specific resources and support for supervisors.

Since the previous review in March 2019, the department had introduced a local faculty group (LFG). The DME noted that all CSs and trainees worked less than full-time at the Trust, so both groups were encouraged to identify representatives who could attend the meetings and share feedback with them in advance. The DME described good engagement with the LFG, although the remit and format of the meetings needed more clarification. It had been suggested that a trainee could chair an LFG meeting but the DME advised that it was thought to be more appropriate for the Training Lead to chair, especially while the meetings were still being established. The PGME team had offered support around running the LFG and had invited the department to send a representative to the surgical training board.

The review team heard that the trainees had all participated in audit projects and that these were discussed at the LFG. The Clinical Lead (CL) explained that trainees had previously attended clinical governance meetings run by the oral and maxillofacial surgery (OMFS) service and that there were plans to reintroduce this opportunity. One of the orthodontic consultants had taken on the Governance Lead role for the department.

At the review in March 2019, clinic administration was raised as an area requiring significant improvement. The CL reported that a full-time coordinator for orthodontic clinics had been appointed during the summer and was responsible for timetabling clinics, including aligning consultant and trainee clinics to ensure supervision was in place. The CSs received clinic forecasts so were aware in advance of when they would be supervising trainees and how many patients were booked into each clinic, which avoided overbooking. The department had previously closed to new referrals due to the backlog of new patients waiting to be seen and delays to ongoing treatment because of a lack of available clinic appointments, but these issues were being resolved now that there were more consultants in the department. The review team heard that patients were now usually allocated to the appropriate clinic and clinician for their treatment and that administrative mistakes could be picked up and addressed in a timely way. The coordinator was invited to attend the LFG in order to ensure that training needs were considered when developing administrative processes. The CL reported that patient flow had improved considerably and that consultants' workloads had reduced now that clinics were no longer double or triple booked.

The Trust was undergoing a staffing reconfiguration aimed at streamlining processes and reducing costs. The Divisional General Manager advised that the next steps were to work with nurses in training and investigate advanced practitioner roles to develop staff and alleviate pressure on consultant clinics. The department had introduced a monthly nurse-led clinic and most nurses working in orthodontics had undergone specialist training. It was hoped that this would improve patient experience and allow more time for training. The Training Lead (TL) explained that there was work being done to engage more with dental core trainees (DCTs), such as involving them in audit projects and the orthodontic conference, as well as offering orthodontics courses for DCTs in the evenings and at weekends.

The Divisional General Manager noted that following the Trust-wide and department-specific changes discussed above, there had been a reduction in patient complaints relating to orthodontic clinics and that there had been no complaints from orthodontic patients in the five weeks preceding the review.

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
O1.1	Patient safety – appropriately trained and assessed trainees	

	<p>The trainees agreed that the department provided high quality, safe treatment to patients and that they would be happy for friends and family members to be treated there.</p>	
<p>O1.2</p>	<p>Safe and appropriate environment and facilities</p> <p>The trainees reported that the clinic administration arrangements had improved since the previous review in March 2019, partly due to the introduction of a dedicated clinic coordinator. The reception staff worked on a rotational basis so only remained in the department for two-month periods. This created difficulties as, due to the prolonged nature of orthodontic treatment and the need for continuity of care, the booking arrangements were more complex than in other hospital clinics. The booking system could only be accessed via the receptionists' computers, so trainees were unable to book in appointments themselves or alter incorrect bookings. The trainees advised that they often felt the need to micromanage the reception staff and that they kept separate records in their own diaries to ensure that follow-up appointments were booked correctly and to maintain continuity of care. The trainees suggested that the clinic coding system was overly complex and that this might confuse receptionists who were not familiar with the department, leading to errors. However, the review team heard that there were far fewer errors than there had been at the start of the training year and that patients were usually allocated to the appropriate clinician now, whereas before they had been allocated to any clinic with available slots. The CSs indicated that some of the receptionists were more skilled than others at understanding the booking codes and systems, and that one had developed a process map for others to use in order to avoid mistakes.</p> <p>The department had introduced email and text messaging systems which patients could use to check and move appointments without having to speak to the receptionist. This reduced the receptionists' workload and meant that patients who needed to speak to a receptionist could do so more quickly.</p> <p>Nursing posts were also rotational, with nurses working across oral maxillofacial surgery (OMFS) and orthodontics. The lead nurse was based in the OMFS department. This meant that the clinic coordinator was the only full-time, permanent member of staff in orthodontic clinics. The CSs, trainees and nurses all advised that having a dedicated lead nurse for orthodontics would be highly beneficial. The review team heard that this role would provide continuity within the service and remove some of the administrative burden from trainees and consultants, such as following up investigation results, ensuring staff availability for clinics to improve efficiency, maintaining oversight of the clinics and acting as a consistent point of contact for the team.</p>	<p>Yes, please see action O1.2a</p> <p>Yes, please see action O1.2b</p>
<p>O1.3</p>	<p>Clinical supervision</p> <p>The trainees and nurses reported that the increased number of consultants in the department had improved clinical supervision as there were now enough supervisors to cover the majority of clinics. The nurses noted that there was a good culture of multidisciplinary working and learning. The consultants suggested that this could be further improved by introducing an orthodontic therapist post, as this would release the consultants from more straightforward patient cases and allow them to focus on complex treatments and on training.</p>	<p>Yes, please see action O1.3</p>
<p>O1.4</p>	<p>Serious incidents</p> <p>The nurses advised that they were not aware of any serious incidents occurring in orthodontics but that the department had a culture which supported staff to escalate concerns and report incidents.</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.

O2.1	<p>Appropriate systems in place to quality assure placements</p> <p>The CSs reported that they contributed to the orthodontic local faculty group (LFG) at the Royal London Hospital and that the department at Northwick Park Hospital (NPH) had started holding separate LFG meetings, which had been well-received. It was agreed by the review leads, CSs and trainees that the meetings required a clearer remit to distinguish the LFG from departmental meetings. The trainees felt that the LFG was a useful forum to raise issues and give feedback and were eager to be more involved in running the meetings. The review team was informed that the newly appointed Training Lead was to be responsible for the LFG and for the work around teaching timetables. The review lead recommended that the department establish separate meetings for operational matters and audits, and suggested that the trainees could chair these and involve other members of the multidisciplinary team.</p> <p>Since the previous review, the CSs had been working with the Trust Postgraduate Medical Education (PGME) team on building the LFG, the training and support available for CSs and sharing best practice from other departments around educational governance. The CSs gave positive feedback about the support received from the Director of Medical Education and the wider PGME team. All CSs had undergone educator appraisals and had personal development plans in place.</p> <p>The review leads asked about the relationship between the CSs at NPH and the ESs, who were based at the Royal London Hospital. The CSs agreed that more frequent communication with the ESs would be useful and reported that they were looking at whether this was best done through meetings or phone calls. The department planned to assign named consultants for the trainees to give feedback about the overall training programme, which could be escalated to the LFG at the Royal London Hospital or discussed with the ES as appropriate.</p>	<p>Yes, please see action O2.1</p>
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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.

O3.1	<p>Appropriate system in place to plan, monitor and record the assessment of students throughout the programme against each of the learning outcomes</p> <p>The review team enquired about the teaching seminar timetable and the trainees advised that this was not running yet. The trainees received the majority of their didactic teaching at the Royal London Hospital and felt that it would be more beneficial to have allocated time to discuss cases and treatment plans with their CSs rather than having a separate teaching programme at NPH.</p> <p>The CSs all worked less than full-time at NPH and advised that they often relied on email and WhatsApp messaging to keep in contact as there were few times when they were all on-site. The review team heard that there were departmental meetings every few months, that the LFG meetings were an additional opportunity to meet and discuss training. In addition, the Clinical Lead kept in regular contact with all the CSs.</p>	<p>Yes, please see action O3.1a</p> <p>Yes, please see action O3.1b</p>
O3.2	<p>Trainees must have regular exposure to an appropriate breadth of patients/procedures</p>	

	<p>The trainees advised that they had good access to joint clinics but that there had been issues with ensuring access to new patient clinics. This situation had improved somewhat during the year as staffing levels had increased and the department had re-opened to new referrals, but not all trainees had been able to attend sufficient numbers of new patient clinics. The CSs were aware of this and reported that there was a plan in place to ensure that all trainees would be able to access the clinics they needed for the 2019-2020 training year. The review leads recommended that the CSs monitor the trainees' timetables to ensure that they were exposed to the necessary range of clinics throughout the year even if not all clinics were available weekly.</p> <p>Overall, the trainees reported that there was a good range of learning opportunities available and that they had gained more breadth of experience than many of their colleagues who were based at other Trusts.</p>	
O3.3	<p>Feedback</p> <p>The CSs were concerned that the original review was partly triggered by trainee survey results and that the supervisors had not had the opportunity to address the trainees' feedback prior to the review. The review leads encouraged the CSs to consider the feedback mechanisms available to trainees. It was acknowledged that there had previously been limited time for in-person discussions between trainees and CSs due to consultant vacancies and high workloads. The review leads suggested that the annual review of competency progression (ARCP) should also act as a trigger for CSs to meet with trainees in advance to give feedback and discuss educational development. The CSs were encouraged to establish regular meetings to liaise with the ESs and TPD and discuss progress of trainees across all units. The trainees reported that they valued opportunities to meet with CSs to discuss cases and receive feedback and that these were becoming more frequent as the consultant staffing levels improved.</p> <p>The CSs described some disparity between the trainees' expectations of their training at NPH and the reality of the training programme, particularly in terms of what should be provided by the base site and by satellite sites. The review leads suggested that this should be addressed at the trainee induction and that this would allow the team to showcase the training opportunities available at NPH.</p>	Yes, please see action O3.3.
GDC Theme 4) Equality and Diversity		
<p>Standards</p> <p>The provider must comply with equality and diversity legislation and practice. They must also advocate this practice to trainees.</p>		
	Not discussed at this review.	

Good Practice and Requirements

Good Practice
<p>The nursing team described excellent working relationships between the multidisciplinary team in orthodontics and a culture which encouraged learning.</p>
<p>The department had begun holding LFG meetings and there was a plan to assign each trainee to a named consultant to provide an additional feedback mechanism. Consultants in the department showed a willingness to work together to improve the training environment.</p>

The review team noted that the Trust had increased focus on and support for the department, for example by inviting a representative to the surgical training board and providing input from the PGME team. The consultants gave particularly positive feedback about the support received from the DME.

The trainees reported that working in the department gave them access to a wide range of clinical experience and that trainees at more senior levels were encouraged to develop their own ways of working to help them prepare for consultant posts.

Immediate Mandatory Requirements

Given the severity of an Immediate Mandatory Requirement, the risk rating must fall within the range of 15 to 25 or have an Intensive Support Framework rating of 3. This risk rating will be reviewed once the Trust has provided their response to the Immediate Mandatory Requirement.

Req. Ref No.	Requirement	Required Actions / Evidence	GDC Req. No.
	None		

Mandatory Requirements

The most common outcome from a quality intervention. The risk rating must fall within the range of 8 to 12 or have an Intensive Support Framework rating of 2.

Req. Ref No.	Requirement	Required Actions / Evidence	GDC Req. No.
O2.1	The remit of the LFG meetings should be clarified and minutes should be cascaded to all trainees and consultants. The Trust is advised to ensure that all trainees have opportunities to attend the LFG meetings and that each meeting includes a trainee representative.	Please provide a terms of reference for the LFG which demonstrates that the meetings are focused on education and training and evidence that the minutes are cascaded as appropriate.	S2/R8

Minor Concerns

Low level actions which the Trust need to be notified about and investigate, providing HEE with evidence of the investigation and outcome. Given the low level nature of this category, the risk rating must fall within the range of 3 to 6 or have an Intensive Support Framework rating of 1.

Req. Ref No.	Requirement	Required Actions / Evidence	GDC Req. No.
O3.1a	The department is advised to revise the seminar timetable to avoid duplication of the teaching sessions offered at the Royal London Hospital and to allow more time for other training and supervision activities.	Please provide a revised teaching timetable and evidence that sessions have been reallocated for other activities such as case presentations or feedback sessions between trainees and their CSs.	S2/R8
O3.1b	The CSs require opportunities to meet regularly as a group to formally discuss supervision and training.	Please provide a timetable for CS meetings and minutes showing that all CSs are able to attend the meetings (except in cases of unanticipated leave).	S2/R11
O3.3	The department should clarify trainee expectations around the training programme and which elements of training will be provided by the base site rather than	Please include information about this at the next trainee induction and provide evidence of this. This could include trainee feedback or induction slides or handouts.	S3/R16

	at NPH. The Associate Dental Deans can assist with this through their input at the trainee induction.	
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Recommendations

These are not recorded as 'open' on the Trust action plan so no evidence will be actively sought from the Trust; as a result, there is no requirement to assign a risk rating.

Rec. Ref No.	Recommendation	Recommended Actions	GDC Req. No.
O1.2a	The department is advised to review and simplify the clinic coding system in order to make it easier for the rotational receptionists to learn and to reduce the incidence of coding errors.		S1/R3
O1.2b	The department should consider introducing a dedicated lead nurse for the orthodontics service.		S1/R3
O1.3	The department should consider introducing an orthodontic therapist role, as this would reduce the number of straightforward cases referred to consultant clinics, allowing more time for training activities. Employing orthodontic therapists is very much in line with the future direction of the delivery of orthodontic care and as such it is important that orthodontic trainees learn how to work with, supervise and manage orthodontic therapists as part of their speciality training.		S1/R3

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

Requirement	Responsibility
None	

Signed

By the HEE Review Lead on behalf of the Quality Review Team:	Nigel Fisher Helen Tippett
Date:	25 October 2019