

### Programme Review Findings Form

To be completed by the Visit Chair, please return your fully completed form to the Quality Manager. Incomplete forms will be returned.

SECTION 1: DETAILS OF THE VISIT	
Programme Name:	Dental Foundation Training (DFT) Barnsley & Doncaster schemes
LEP (Trust/Site) reviewed:	Health Education England (working across Yorkshire and the Humber) DFT schemes Barnsley & Doncaster
Date of Visit:	27 <sup>th</sup> June 2016

SECTION 2: FINDINGS FROM THE VISIT			
<b>SUMMARY</b>			
<p>There was very good attendance from both Foundation Dentists (FDs) and Educational Supervisors (ESs). The Doncaster and Barnsley schemes each had 13 FDs in attendance. 15 Doncaster ESs and 10 Barnsley ESs attended.</p> <p>All the FDs and the ESs would recommend the training programme.</p> <p>None of the FDs feel that they are working outside of their capability and their work/life balance is good.</p> <p>No instances of bullying or harassment were reported from either scheme.</p>			
<b>AREAS OF STRENGTH</b>			
No	Site	Area	
1	All		<b>Excellent support</b> – The FDs on both schemes feel well supported and feel confident and prepared to take the next step in their careers at the end of the DFT year. The FDs feel valued and that their opinions and feedback are acted upon, FDs from both schemes reported feeling more like an associate than a trainee.
2	All		<b>Peer support</b> – The ‘buddy visits’ were praised as an effective way of ensuring that FDs are appropriately assessed by their ESs. This is because a ‘buddy’ ES will assess the FD to offer some calibration and ESs find this a reassuring process. The ‘buddy visit’ was also deemed a great way to share ideas and to connect with other ESs.
3	All		<b>Study day programme</b> – The FDs thoroughly enjoyed the hands-on study days and feel that the Minor Oral Surgery course was relevant and interesting. The FDs from both schemes prefer the hands on study days to more didactic courses.
4	All		<p><b>TPD communication</b> – Both Fleur Kellett and John Cottingham were praised for their communication skills and for helping ESs to feel up to date and well informed. The ESs feel that they received constructive feedback as part of the trainer appraisal process and feel supported as a result of the introduction of this process and the interaction with their TPDs.</p> <p>The admin team also praised Fleur and John for their communication skills and their input into DFT. Both Fleur and John are contactable, flexible and make themselves</p>

				available to the administrators.	
				<b>Admin communication</b> – Communication streams between the Programme Support team, the FDs and ESs is effective. Admin attendance at the joint induction study day is proving to be extremely useful in enabling FDs to identify who to contact regarding queries and also how to follow processes such as the T&S claim process.	
AREAS FOR IMPROVEMENT					
No	Site	Area	ITEM	Recommendation	Timeline
1	All schemes			<b>Foundation Dentist engagement with the curriculum</b> – FDs openly admitted that they are not accessing the DFT section of the website on a regular basis, this correlates with admin feedback and this is causing duplication of effort for the admin team in that they are answering queries that could easily be answered via the website. There was uncertainty on the part of FDs on both schemes regarding the content of the curriculum and the Blue Guide. These documents need to have more prominence on the DFT website and FDs and ESs need to be encouraged to use the website both for information and to alleviate the burden on the admin team.	September 2016
2	All schemes			<p><b>Formalisation of the induction process</b> – A formalised induction process should be released for all schemes in order to ensure consistency of FD experience. There was a large degree of variance in the type of induction the FDs received as well as the length of the induction with some practices devoting up to a week and some only half a day to it. It was considered better for practices not to book in patients for the FD on their first day as familiarisation with the work area is essential to ensure patient safety. From discussion with the FDs and the ESs it was decided that subjects such as banding prices, communication and medical emergencies should be covered as part of a week-long induction to ensure that patients are safe and that they have the best experience possible. Confusion regarding the banding for treatment was highlighted as an area causing concern with some patients feeling misled and misinformed. The importance of clear communication between FDs and patients, particularly at the start of training, is essential to ensure that the patient understands that the FD may take longer to examine them.</p> <p>The induction process should involve the whole dental team.</p> <p>A recent alteration has been made to consent law. Guidance on consent should form part of the induction guidance.</p> <p>The regional induction study day should include details about the Take Time support service. The FDs had forgotten about the availability of this service and may have found it helpful during training. It would be useful to include this information in the formalised induction guidance.</p>	September 2016

3	All schemes			<p><b>Formalisation of the tutorial process</b> – Both ESs and FDs would appreciate a more structured approach to the tutorial process with guidance from HEE YH regarding content. Optimum times for tutorials to be booked should be communicated to all schemes as well as guidance regarding times to avoid (lunchtimes, after work). Some tutorial content should be mandatory to ensure that all FDs receive guidance on key areas. Key topics identified are GDC Guidance and ethics. ESs would appreciate an email alert and details of the content covered in study days for linked tutorials in order to help their FD get the most from these sessions. FDs commented that some of the tutorials should be focused to address FD personal learning needs.</p>	September 2016
4	All schemes			<p><b>Introduction of an ES PDP to target ES learning needs</b> – As part of the ES appraisal process the ESs are asked about their learning needs. If the completion of an ES PDP forms part of the appraisal process, learning needs can be easily identified and ESs may be able to secure funding for training courses linked to their role as an ES. A funding approval process for DFT ESs is currently in place whereby ESs have course funding approved by their TPD and the APD.</p> <p>If a larger number of ESs identify similar learning needs this will enable HEE YH to plan larger scale courses. MOS and chrome dentures came up as learning needs for both schemes.</p>	October 2016
5	All schemes			<p><b>FDs working across sites</b> – It needs to be established as to whether FDs can work in another practice in order to gain experience different to that available in the FDs own practice. This would be beneficial in terms of ensuring FDs have ample MOS experience and experience of treating a variety of patients with different needs thus creating more experientially rounded practitioners.</p>	September 2016
6	All schemes			<p><b>ES 14 sessions for DFT</b> – The ESs were not clear on the number of sessions they need to complete as part of their commitment to DFT. The ‘Buddy visits’ are included in the 14 sessions. The ESs reported feeling disconnected from HEE YH and from each other, these sessions could be used for ESs to connect through the arrangement of peer review meetings allowing ESs to communicate with each other. Better advertisement of the 14 required sessions is needed and guidance on how the sessions can be used would be helpful to the ESs.</p>	September 2016
7	All schemes			<p><b>Recommendations to TPDs</b> – In the instance of a TPD no longer practicing NHS dentistry it is important to ensure that the TPD maintains relevant knowledge about this area in order to help FDs with any queries or challenges they may be facing.</p> <p>Decisions regarding appropriate communication with FDs and ESs need to be considered carefully. It may be more</p>	Immediate

				appropriate to use email or a phone call rather than the ePDP to impart feedback.	
8	All schemes			<b>Recommendations for DFT admin</b> – Both Jean Campbell and Angela Walker feel that training in Excel would help them to streamline their processes and to create a more efficient working environment. A lot of the data used by Angela and Jean is Excel based and building skills to more effectively manage and manipulate the data in this format would help them in their roles.	September 2016

### SECTION 3: OUTCOME (PLEASE DETAIL WHAT ACTION IS REQUESTED FOLLOWING THE REVIEW)

No further action required – no issues identified	
Monitoring by School	Yes
Speciality to be included in next round of annual reviews	
Level 2: Triggered Visit by LETB with externality	
Level 3: Triggered Visit by LETB including regulator involvements	

### Section 4: Decision (To be completed by the Quality Team)

NEXT PROGRAMME REVIEW TO TAKE PLACE IN FOUR YEARS (2020).

### Section 5: Approval

<b>Name</b>	Mr James Spencer
<b>Title</b>	Postgraduate Dental Dean, Health Education England (Yorkshire & Humber)
<b>Date</b>	27 <sup>th</sup> June 2016

### DISCLAIMER:

In any instance that an area for improvement is felt to be a serious concern and could be classed as detrimental to trainee progression or environment this item will be escalated to a condition and included on the Quality Database for regular management.