Education Quality Interventions Review Report

East Kent Hospitals University NHS Foundation Trust
Dental Core Training in Oral and Maxillofacial Surgery
Focus Group

South East
Date of Review: 14 July 2023
Date of Final Report: 15 August 2023

Review Overview

Background to the review

Dental Core Trainees (DCTs) working in the Oral and Maxillofacial Surgery department at William Harvey Hospital, East Kent Hospitals University NHS Foundation Trust were invited to attend this focus group to discuss their experiences of training in the department in light of concerns relating to the culture within the department.

Postgraduate medical training in Oral and Maxillofacial Surgery at William Harvey Hospital currently remains suspended following allegations of bullying and undermining towards OMFS doctors in training. This is the subject of ongoing quality intervention and a Senior Leader Conversation took place on 22 February 2023; a number of mandatory requirements were issued further to this and remain open for monitoring.

Who we met with

The panel met virtually with five Dental Core Trainees (DCTs) in their first and second years of dental core training.

Evidence utilised

The quality intervention report and associated action plan following the former Health Education England Senior Leader Conversation regarding Oral and Maxillofacial Surgery at William Harvey Hospital informed the key lines of enquiry for this focus group.

Review Panel

Role	Name, Job Title
Education Quality Review Lead	Sana Movahedi, Regional Postgraduate Dental Dean
Specialty Expert	Sonita Koshal, Regional Associate Dental Dean
Lay Representative	Martin Brand
NHSE Education Quality Representative and Scribe	Sarah Stanbridge, Quality Project Officer

Executive Summary

This focus group with dental core trainees (DCTs) working in Oral and Maxillofacial Surgery (OMFS) at William Harvey Hospital was arranged as part of a wider quality review of the clinical learning environment in the Oral and Maxillofacial Surgery department at William Harvey Hospital, East Kent Hospitals University NHS Foundation Trust. This is in light of concerns regarding the culture of the department, including allegations of bullying and undermining, which led to the suspension of Postgraduate Medical training in OMFS in the department.

Main findings from the focus group discussion:

- The panel were pleased to hear positive feedback in terms of the learning and training provided to DCTs, including support for those wishing to pursue specialty training.

- The panel heard that although there was an awareness of work to improve the culture within the department, reports of inappropriate behaviours from consultants continued to be evident.

- The panel heard that the lack of 'middle grades' in the department had impacted on DCTs experiences in terms of support and supervision, particularly during on-call shifts, however no patient safety incidents were reported in relation to this.

- The panel noted there was a lack of structured induction and organised teaching for DCTs within the department.

The panel considered that the focus group findings did not provide adequate assurance regarding the quality and safety of the clinical learning environment for OMFS DCTs. In light of this, NHS England South East have taken the decision to suspend dental core training in OMFS from September 2023.

The panel identified a number of mandatory requirements and recommendations, which are outlined at the end of this report, intended to support quality improvement prior to the reintroduction of dental core training within the department.

The panel agreed that an education quality intervention would be arranged in late 2023 to review progress in addressing the concerns identified and seek assurance regarding the experiences of other learners in the department, including dental specialty trainees.

Review findings

Quality Domain 1: Learning Environment and Culture

Dental core trainees (DCTs) indicated that the culture within the OMFS department could be improved and reported being aware that the Trust were working to address this. When DCTs were asked specifically about the culture from an equality and diversity perspective, it was perceived that at times there appeared to be a lack of awareness among some members of the department in terms of what was appropriate to say, although there was a suggestion from one DCT that this may be improving. **See mandatory requirement reference MR-DCT1.**

In terms of individual experiences, some DCTs stated they had not experienced any inappropriate comments directed at themselves, however some indicated they had either observed or were aware of comments made to colleagues, including fellow DCTs, which they themselves would not consider appropriate. The DCTs declined to provide examples of such comments within a group setting. However, in response to a direct question, it was confirmed these had included comments relating to both race and sex.

When DCTs were asked if inappropriate comments appeared to be targeted at individuals or were made generally, it was reported that some individuals appeared to be affected more than others, however it was considered likely that all DCTs would have heard such comments made in a general setting.

The panel heard that although consultants had been called out by DCTs and a middle grade (who had since left the Trust) on comments they had made, the same behaviour had continued. The panel noted that DCTs had not observed consultants calling out their peers on inappropriate behaviours.

When DCTs were asked if they had observed any inappropriate comments being made to patients, responses were mixed, and the panel were made aware that comments relating to female patients had been heard. It was clarified that the comments had not been made directly to the patients.

When asked directly about incidents of bullying and undermining in the department, DCTs did not offer a response. However, the panel noted a comment made earlier in the discussion that inappropriate comments were perceived to come from a place of ignorance rather than bullying.

The panel heard that conversations had taken place with the Freedom to Speak Up Guardian, the details of these were not discussed during the focus group.

When DCTs were asked if they would recommend their post for training, responses were mixed and it was noted that not all DCTs offered their response. The panel heard that the post would likely be recommended from the perspective of the support and opportunities provided for DCTs wishing to pursue specialty training, however some DCTs indicated they would not recommend DCT training in the department.

When asked if they would recommend the OMFS department for treatment, again not all DCTs offered their response. Two DCTs indicated they would not recommend the department for

treatment. However, the panel heard that the restorative and orthodontic treatment in the department would be recommended.

Quality Domain 2: Educational Governance and Commitment to Quality

This domain was not discussed during the focus group.

Quality Domain 3: Developing and Supporting Learners

The panel noted that DCTs overall reported a positive experience in terms of their learning and the training they had received in the department, for example it was reported that DCTs were exposed to a varied case mix and certain consultants were willing to support DCTs to gain 'hands on' experience.

Supervision and support, including on-call

The panel heard that the lack of 'middle grades' in the department had impacted on DCTs' experiences with regards to support and supervision at times. For example, it was reported that during some sessions there had been no one more senior than the on-call DCT, which could feel daunting particularly for DCTs beginning their first year of training, having been based in a dental practice previously. It was recognised that sometimes the DCTs had to approach consultants with questions they would otherwise have asked the 'middle grade' and the panel heard that these questions were not always received well [by consultants]. The panel heard that on occasions when 'middle grades' were working in the department this made a positive difference in terms of DCTs feeling supported and looking forward to the shift. It was reported that the Trust were trying to increase 'middle grades' at the weekend.

The panel heard positive feedback with regards to support and supervision within restorative dentistry, noting that cases would be discussed in advance and rescheduled if they were anticipated to require more senior support than would be available.

The panel heard that DCT on-call shift patterns this year were much improved and allowed more rest periods following exception reporting during the previous year. When asked if they felt well supported during on-call shifts, DCTs explained this varied shift to shift depending on who else was working on-site, as on some days this was limited to the on-call DCT [from a medical and dental perspective]. It was reported that there was a different on-call consultant each day and the number of DCTs varied. The panel heard that DCTs felt more supported when there were an adequate number of DCTs working. The panel heard that DCTs felt less supported when the on-call consultant was working at a different site within the Trust. It was reported that although DCTs were able to contact the on-call consultant by phone for advice in this situation, there were occasions when DCTs felt they needed the on-call consultant to attend in person, for example in Accident and Emergency. **See mandatory requirement reference MR-DCT2.**

The panel also heard that some consultants were perceived to be more approachable than others, which could lead DCTs to feel hesitant about calling some consultants for advice, particularly during the night when the DCT may otherwise have approached a 'middle grade' colleague. However, there was a recognition that not seeking timely senior advice could delay important decisions regarding patient treatment and the panel did not hear examples indicating this had happened.

It was perceived that the on-call workload for DCTs had increased compared to the previous year and it was reported that DCTs may be required to manage multiple concurrent demands, for example trauma clinic, being called to theatre by the consultant, and responding to the bleep. The panel heard that the on-call DCT could sometimes feel under pressure due to their on-call workload, for example it was reported that the on-call DCT may have 10-15 tasks for completion with no support and it was suggested that there was a lack of empathy and teamwork from consultants at times with regards to the delegation of tasks to the DCTs, particularly those on call. It was perceived that having middle grades working in the department would significantly improve the experiences of DCTs.

Portfolios and assessments

No concerns were raised regarding the completion of assessments and portfolios within OMFS, however it was noted that there were a small number of consultants who DCTs would generally approach for sign off to avoid delays.

The panel heard praise for the supervisor of the OMFS DCTs in their year of training, particularly regarding the support they had provided to DCTs in preparation for the Final Review of Competency Progression (FRCP).

Induction

The panel heard that there was no structured induction for DCTs joining the OMFS department and this was perceived to be an area for improvement. It was reported that the induction for the current DCT cohort had been led by a DCT in their second year of training within the department. The panel heard this had been appreciated by the group and it was noted that the new DCTs would otherwise have been unprepared to start their on-call work. There was a suggestion from within the DCT group that DCTs should receive one week of structured induction and cover should be arranged for on call shifts during this period. **See mandatory requirement reference MR-DCT3.**

Quality Domain 4: Developing and Supporting Supervisors

This domain was not discussed during the focus group.

Quality Domain 5: Delivering Programmes and Curricula

The panel heard that DCTs did not have access to regular structured teaching sessions, which was perceived to be an area for improvement. It was reported that previously some teaching had taken place during the monthly audit meeting, however it was suggested that weekly protected teaching within the DCT timetable would be beneficial for both education and team bonding. The panel heard an example highlighting how structured teaching would have been particularly helpful to support DCTs who had not previously worked in an acute setting. The panel also heard a suggestion from within the DCT group that a curriculum outlining what DCTs should achieve within their first six months in post and then what DCTs could teach each other in the subsequent six months should be considered. **See mandatory requirement reference MR-DCT4.**

The panel heard positive comments regarding the consultant teaching provided in theatre.

Quality Domain 6: Developing a Sustainable Workforce

This domain was not discussed during the focus group.

Requirements

Mandatory Requirements

Requirement Reference Number	Review Findings	Required Action, Timeline and Evidence
MR-DCT1	The panel heard that although there was an awareness of work to improve the culture within the department, reports of inappropriate behaviours from consultants continued to be evident.	This will supersede the existing requirement reference MR-OM1, which required the Trust to seek external input with the proposed actions to address concerns around the culture in the department. It is recognised that the Royal College of Surgeons of Edinburgh Non-Technical Skills for Surgeons (NOTSS) course has taken place and the 'Civility Saves Lives' intervention is planned for September 2023. The Trust are required to consider further external input to address concerns around the culture in the department. Further work should include evidence of: • Evaluation of the onboarding and induction process. • A process to gauge leadership at agility towards change. • External observations of team interactions if possible. • A 'lessons learnt' forum for the department[1]. • The setting of standards of behaviour which staff at all levels understand their role in upholding. The Trust must ensure a system is in place to capture the outcomes as a result of such interventions and share the outcomes, including evidence of changes, with NHS England by 31 October 2023.

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[1] Suggested questions for a 'lessons learnt' forum include:

• What could the department do differently?
• What have the department done better since interventions to address culture have been put in place?
• What break-through moments have they experienced (if any)?
• What is holding the department back?
• What can each of member of the team do differently to be more helpful to each other?

MR-DCT2	The panel heard that the lack of 'middle grades' in the department had impacted on DCTs experiences in terms of support and supervision, particularly during on-call shifts.	This will supersede the existing requirement reference MR-OM7. Trust to develop plans to ensure a sustainable middle tier for the OMFS on-call rota. This is likely to be improved by the introduction of Hospital at Night arrangements and consideration of collaboration with other relevant specialties and OMFS units where feasible. The Trust should ensure the availability of a clinical (not necessarily dental) representative that DCTs could approach for support and clearly outline escalation mechanisms. An update on plans must be provided by 31 October 2023.
MR-DCT3	The panel heard that there was no structured induction for DCTs joining the OMFS department.	The introduction of a structured induction programme for new DCTs is required. The Trust's whistleblowing policies and processes must be clearly outlined to DCTs as part of the induction programme. The Trust must provide a copy of the proposed induction programme by 31 October 2023.
MR-DCT4	The panel heard that DCTs did not have access to regular structured teaching sessions.	The introduction of structured regular teaching sessions with the DCTs is required. The Trust must provide a copy of the proposed teaching timetable by 31 October 2023.

Immediate Mandatory Requirements

No immediate mandatory requirements were issued.

Recommendations

Recommendations will not be included within any requirements for the placement provider in terms of action plans or timeframe. They may however be raised at any future reviews or conversations with the placement provider in terms of evaluating whether they have resulted in any beneficial outcome.

Related Education Quality Framework Domain(s) and Standard(s)	Recommendation
Domain 1	The panel recommend that the Trust consider multi-professional team building exercises within the unit to breakdown hierarchy and build internal working relationships.
Domain 1	The panel recommend that the Trust seek an opportunity to work with another OMFS unit within Kent, Surrey and Sussex which offers a positive experience with regards to culture and training, to consider any learning which could be applied to the OMFS department at William Harvey Hospital.

NHSE Education Quality Domains and Standards for Quality Reviews

Quality Standard	Education Quality Domain 1 Learning Environment and Culture	Requirement Reference Number
1.1	The learning environment is one in which education and training is valued and championed.	
1.2	The learning environment is inclusive and supportive for learners of all backgrounds and from all professional groups.	MR-DCT1
1.3	The **organisational culture** is one in which all staff are treated fairly, with equity, consistency, dignity and respect.	MR-DCT1
1.4	There is a **culture of continuous learning**, where giving and receiving constructive feedback is encouraged and routine.	
1.5	Learners are in an environment that delivers safe, effective, compassionate care and prioritises a positive experience for patients and service users. • **Patient safety discussions**	
1.6	The environment is one that ensures the safety of all staff, including learners on placement.	MR-DCT1
1.7	All staff, including learners, are able to speak up if they have any concerns, without fear of negative consequences. • **Freedom to Speak up Guardians** • **Survey intelligence including GMC NTS/NETS/PARE/GoSWH etc.**	
1.8	The environment is sensitive to both the diversity of learners and the population the organisation serves.	
1.9	There are opportunities for learners to take an active role in quality improvement initiatives, including participation in improving evidence-led practice activities and research and innovation. • **Programme Review trainee representation discussions** • **Learner Educator trainee representation discussions**	
1.10	There are opportunities to learn constructively from the experience and outcomes of patients and service users, whether positive or negative.	
1.11	The learning environment provides suitable educational facilities for both learners and supervisors, including space and IT facilities, and access to library and knowledge services and specialists.	

	• **Facilities** • **IT provision** • **Library and knowledge services**	
1.12	The learning environment promotes multi-professional learning opportunities. • **Multi-professional discussions around opportunities**	
1.13	The learning environment encourages learners to be proactive and take a lead in accessing learning opportunities and take responsibility for their own learning.	

Quality Standard	Education Quality Domain 2 Educational Governance and Commitment to Quality	Requirement Reference Number
2.1	There is clear, visible and inclusive senior educational leadership, with responsibility for all relevant learner groups, which is joined up and promotes team-working and both a multi-professional and, where appropriate, inter-professional approach to education and training. • **GoSWH discussions i.e. Junior Doctor Forum/Trainee Led Huddle**	
2.2	There is active engagement and ownership of equality, diversity and inclusion in education and training at a senior level. • **Discussions about racial discrimination/undermining – Trust engagement**	
2.3	The governance arrangements promote fairness in education and training and challenge discrimination • **Discussions about racial discrimination/undermining – promotion and actions within Trust**	
2.4	Education and training issues are fed into, considered and represented at the most senior level of decision making.	
2.5	The placement provider can demonstrate how educational resources (including financial) or allocated and used.	
2.6	Educational governance arrangements enable organisational self-assessment of performance against the quality standards, an active response when standards are not being met, as well as continuous quality improvement of education and training. • **SAR**	

2.7	There is proactive and collaborative working with other partner and stakeholder organisations to support effective delivery of healthcare education and training and spread good practice. • **Good practice discussions**	
2.8	Consideration is given to the potential impact on education and training of services changes (i.e. service re-design / service reconfiguration), taking into account the views of learners, supervisors and key stakeholders (including NHSE and education providers).	

Quality Standard	Education Quality Domain 3 Developing and Supporting Learners	Requirement Reference Number
3.1	Learners are encouraged to access resources to support their physical and mental health and wellbeing as a critical foundation for effective learning.	
3.2	There is parity of access to learning opportunities for all learners, with providers making reasonable adjustments where required.	
3.3	The potential for differences in educational attainment is recognised and learners are supported to ensure that any differences do not relate to protected characteristics.	
3.4	Supervision arrangements enable learners in difficulty to be identified and supported at the earliest opportunity.	
3.5	**Learners receive clinical supervision** appropriate to their level of experience, competence and confidence, and according to their scope of practice.	MR-DCT2
3.6	**Learners receive the educational supervision** and support to be able to demonstrate what is expected in their curriculum or professional standards to achieve the learning outcomes required.	
3.7	Learners are supported to complete appropriate summative and/or formative assessments to evidence that they are meeting their curriculum, professional standards, and learning outcomes.	
3.8	Learners are valued members of the healthcare teams within which they are placed and enabled to contribute to the work of those teams.	
3.9	**Learners receive an** appropriate, effective and timely **induction** into the clinical learning environment.	MR-DCT3
3.10	Learners understand their role and the context of their placement in relation to care pathways, journeys and expected outcomes of patients and service users.	
3.11	Learners are supported, and developed, to undertake supervision responsibilities with more junior staff as appropriate.	

Quality Standard	Education Quality Domain 4 Developing and Supporting Supervisors	Requirement Reference Number

4.1	Supervisors can easily access resources to support their physical and mental health and wellbeing.	
4.2	Formally recognised supervisors are appropriately supported, with **allocated time in job plans**/ job descriptions, to undertake their roles.	
4.3	Those undertaking **formal supervision roles are appropriately trained** as defined by the relevant regulator and/or professional body and in line with any other standards and expectations of partner organisations (e.g. education providers, NHSE).	
4.4	Clinical Supervisors understand the scope of practice and expected competence of those they are supervising.	
4.5	Educational Supervisors are familiar with, understand and are up-to-date with the curricula of the learners they are supporting. They also understand their role in the context of learners' programmes and career pathways, enhancing their ability to support learners' progression.	
4.6	Clinical supervisors are supported to understand the educational needs (and other non-clinical needs) of their learners.	
4.7	Supervisor performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for continued professional development and role progression and/or when they may be experiencing difficulties and challenges.	

Quality Standard	Education Quality Domain 5 Delivering Curricula and Assessments	Requirement Reference Number
5.1	Practice placements must enable the delivery of relevant parts of curricula and contribute as expected to training programmes.	MR-DCT4
5.2	Placement providers work in partnership with programme leads in planning and delivery of curricula and assessments.	
5.3	Placement providers collaborate with professional bodies, curriculum/ programme leads and key stakeholders to help to shape curricula, assessments and programmes to ensure their content is responsive to changes in treatments, technologies and care delivery models, as well as a focus on health promotion and disease prevention.	
5.4	Placement providers proactively seek to develop new and innovative methods of education delivery, including multi-professional approaches.	
5.5	The involvement of patients and service users, and also learners, in the development of education delivery is encouraged.	
5.6	Timetables, rotas and workload enable learners to attend planned/ timetabled education sessions required to meet curriculum requirements.	

Quality Standard	Education Quality Domain 6 Developing a sustainable workforce	Requirement Reference Number
6.1	Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.	
6.2	There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities.	
6.3	The provider engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs of patients and service.	
6.4	Transition from a healthcare education programme to employment and/or, where appropriate, career progression, is underpinned by a clear process of support developed and delivered in partnership with the learner.	

Report Approval

Report Completed by	Sarah Stanbridge, Quality Project Officer
Review Lead	Sana Movahedi, Postgraduate Dental Dean
Date signed	26 July 2023

NHSE Authorised Signature	Professor Jo Szram, Postgraduate Dean
Date signed	26 July 2023

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