

Postgraduate Dental Education Department
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Executive Summary: Visit to the Norfolk and Norwich University Hospitals NHS Foundation Trust on the 21 May 2010.

BACKGROUND

- The GMC/PMETB does not include dentistry in their remit.
- OMFS/Dental still maintains the SHO grade in the training process.
- The Deanery is responsible for ensuring the quality management of the training process for dental training grades.
- The Deanery is also inspecting the training in the units with regard to the training provided to junior staff and in relation the recently announced new Dental Foundation Programme curriculum that will be gradually implemented over the next few years.

MAIN FINDINGS

- This is a busy Unit with three OMFS consultants. An additional locum consultant has been appointed on a 1 year contract.
- There is an established link to the James Paget University Hospitals NHS Foundation Trust.
- There is a developing link to The Queen Elizabeth Hospital King's Lynn NHS Trust and Ipswich Hospital NHS Trust.
- The consultants and middle grade staff appear to provide as much supervision and support as they can within their current remit.
- Whilst there is a wealth of hands-on oral surgery experience available much of this work is "advanced" in nature and undertaken under general anaesthetic.
- There is a weekly teaching session with a programmed timetable of topics related to dental foundation curriculum and this runs well. However, the on-call SHO still carries the emergency bleep.
- Good educational aspects in ward rounds and handovers.
- Recording of appraisals and assessments occurs but there is little use of appropriate dental foundation portfolios. In its place there appears to be a haphazard use of logbooks and lack of evidence of reflective learning by the trainees.
- The educational supervisor appears to have little in the way of planned time to undertake this role.

Recommendations for the future

1. The Trust should continue to actively engage with The Queen Elizabeth Hospital King's Lynn NHS Trust in respect of the implementation of a maxillofacial "network". This would improve SHO rotas and make "bleep-free teaching" to a planned programme a reality. There would be benefits to the trainees in their exposure to a wider scope of casemix.
2. The use of Dental Foundation portfolios by the trainees should be made mandatory. The educational supervisor should be proactive in this and assessments of the trainees related to the portfolio should be undertaken. Reflective learning by the trainees should be encouraged.