



COPDEUK

Hospital Trainer's Perspectives

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**Dental Foundation Training
and Dental Career
Development Posts in
District General and Dental
Hospitals**

Historical Perspective

- Pre MMC SHOs were all doing similar jobs be they Dental or Medical graduates
- MMC for better or worse has brought huge changes to the delivery of medical and dental education across the NHS
- Against this backdrop we are struggling to deliver a comprehensive training to Dental “Starters” as they develop their early skills

Historical Perspective

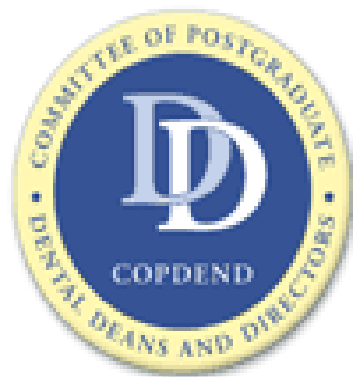
- Over the last 10 to 15 years there has been a steady decline in the practical ability of new dental graduates to undertake very basic dental procedures
- Most new dental graduates have done very few dental extractions
- Most new dental graduates are not trained at all in basic oral surgery techniques

Political Perspective

- The new dental contract does not seem to encourage General Dental Practitioners to undertake even the most mundane of surgical procedures in the practice setting
- This may be leading to an even greater disinterest in new dental graduates to acquire the skills necessary to carry out Minor Oral Surgical procedures in their clinical practice

What are we trying to achieve?

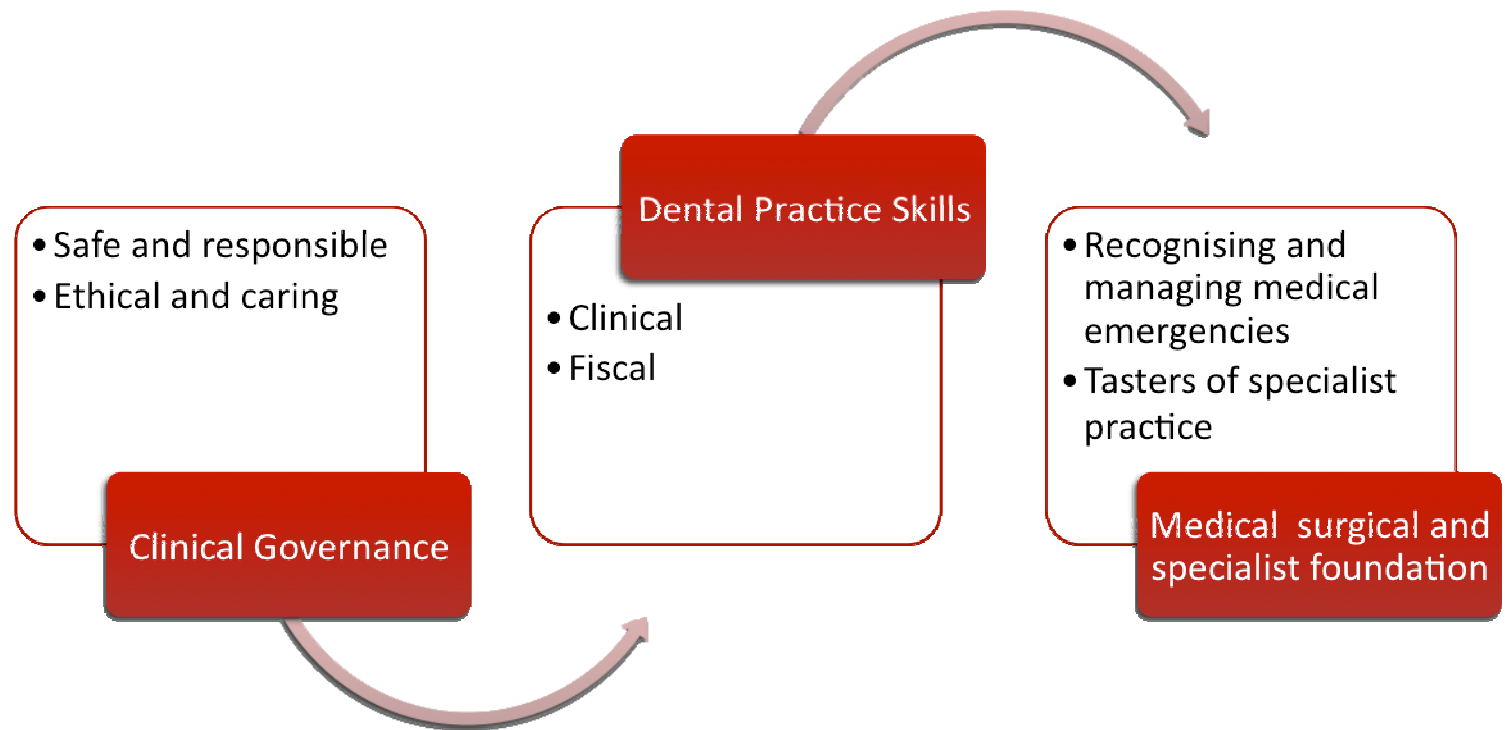
- My deanery regards newly qualified dentists as “Safe Starters”
- It is acknowledged that we need to increase the time spent training all dentists before they emerge into the world of totally independent practice
- Most now are agreed that one year of VT is not enough



A Curriculum for UK Dental Foundation Training

Dental Foundation Training

What do we want it to do?

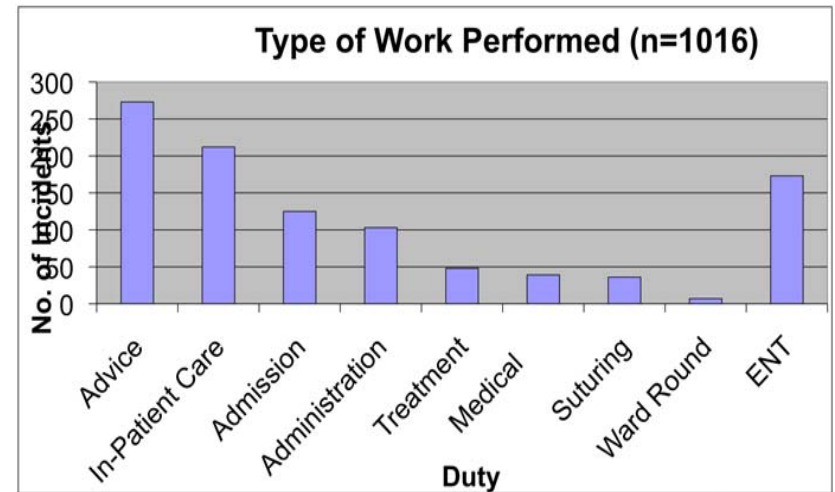
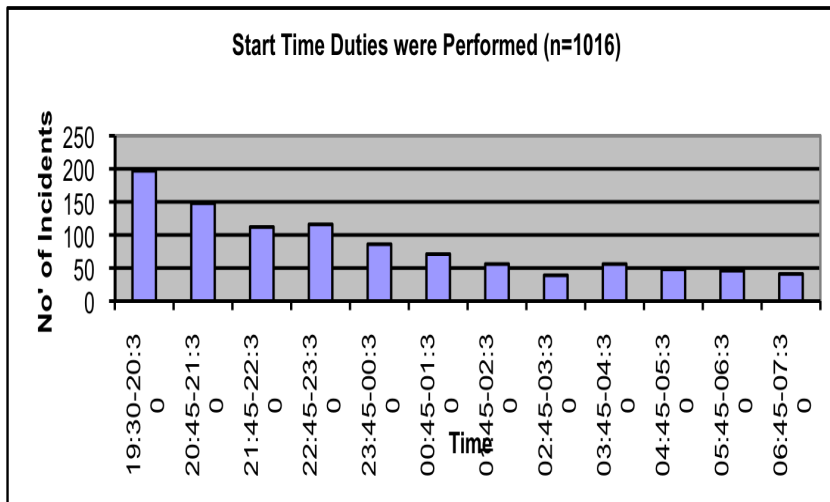


A major controversy is On-Call

- Should the hospital component of DFT include time out of hours on-call?
- A difficult issue when we are all faced in secondary care with the nonsense of attempting to deliver clinical training in a 48 hour week
- An easy hit in a congested timeframe

Audit of out of hours work done by SHO's

➔ Figure 1 shows a steady though not huge stream of duties during the night



An SHO perspective of on call:

- SHO night on-call gives the junior trainee much more insight into inpatient care and allows a greater degree of continuity of care; it stops the mentality that at 5pm the patient no longer needs looking after as 'their job is done'. Managing patients in the A&E setting helps develop patient management and decision making skills with the second on-call a phone call away. Suturing lacerations allows techniques shown in the theatre setting to be assimilated at the trainees' own pace helping develop their surgical skills. Admitting a patient gives a more rounded view of the individual as a whole rather than a 'task' to complete the next day.

An SHO perspective of on call:

- “Medical emergencies comprised 4% of the work performed at night. This is an experience the junior trainee learns a great deal from and necessitates communication with other specialities. Having a dedicated Maxillofacial SHO on the ward helps with the management of the poorly patient and teaches the trainee what warning signs to look for”.
- “On-call SHO teaches the trainee that patient care is continuous around the clock until the patient is discharged home. Loss of on-call at night would severely limit the learning opportunities provided by a Maxillofacial SHO post and would be detrimental to their development as a healthcare professional due to the new skills and knowledge acquired in the secondary care environment”.

My proposal for the shape of Dental FY training:

- Mandatory two year FY training for all new graduates*
- Develop a “buddy” scheme
- At appointment all new FY1s will do practice and second year induction in their first week
- Each “VT” post (FY1) will have an FY2 post linked
- The holder of the FY2 post will be the buddy for the FY1 post-holder

Dental FY2

- Will be a mixture of posts selected from DGH posts, Dental hospital posts, second year FY posts in GDP, posts based in the community dental services.
- Applicants for the FY scheme will choose their posts based on their preferred option for FY2 as well as their preferred practice
- There will be a system of competency assessment throughout FY training so that the trainees performance can be properly assessed

The “Buddy” Scheme

- The trainee in FY1 will have the trainee who vacated that post to enter FY2 as a Buddy
- Every week the FY 1 Trainee will swap with the FY2 trainee for one day i.e. the FY1 will work 4 days in practice, 1 day elsewhere, and vice versa
- This will allow the FY2 trainee to keep up their Dental Practice skills, and give the FY1 trainee a gentle introduction to their FY2 year.
- This will also test comprehensively both trainees ability to manage their time appropriately!

In Summary:

- OMFS Surgeons in the UK are committed to helping to provide quality training environments for dental foundation trainees
- As a specialty OMFS makes a significant contribution to the education of both undergraduate and postgraduate dental practitioners
- A significant element of that hospital learning experience comes from out of hours work
- The development of dental foundation training gives us a chance to produce a package of high quality training for dentists of the future – don't let preconceptions and mistrust allow us to mess it all up!

And Finally *

- Foundation training in medicine and in dentistry has a lot of commonality
- A review of the medical and dental curricula for foundation training just completed shows this
- Competence based foundation training will surely allow for a dentist who has completed dental foundation training to be exempt one year of medical foundation training (already accepted by Medical Postgraduate Deans) and VICE VERSA (COPDEUK please take note!)