

# **Dental & Maxillofacial Department eHandbook**

**2020-2021**

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September 2020

Dear Trainee

Welcome to your training post at Surrey and Sussex Healthcare. I hope you will enjoy the next year working in a supportive training environment and would like to encourage you to engage fully with the training process, to ensure you get the most from your time with us and the support you need at this stage of your career.

Core Training exists to allow you to apply the knowledge and skills that you have acquired during your foundation and undergraduate years and develop this in a supportive clinical environment. The emphasis throughout the year is for us to provide support, guidance and advice as it is needed to allow you to develop and enhance new skills in specific areas of clinical practice. You will need to be open and honest about your experiences through the year, be they good or bad. By sharing and discussing your problems and achievements, the whole department can learn from your experiences and you can receive the support and advice of your peers and colleagues. The programme is designed to meet your needs, and requires your full participation and a positive attitude to experience the maximum benefit. You are very much in control of your own personal development and will need to liaise closely with your educational and clinical supervisors in achieving your individual targets as identified at the start of core training.

If you have any concerns please let myself or your educational supervisor know.

There are a few things to do within your first few weeks of starting:

- ▶ Attend your workplace and Deanery induction (some key dates are given below)
- ▶ Complete Occupational Health screening process and be signed off to perform clinical work (this may include additional blood tests/innoculations if not previously certified)
- ▶ Sign your contract of employment with Medical Resourcing
- ▶ Complete your ID badge form ([https://sashnet.sash.nhs.uk/application/files/9115/8711/8926/ID\\_Card\\_Application\\_form.pdf](https://sashnet.sash.nhs.uk/application/files/9115/8711/8926/ID_Card_Application_form.pdf)) and send a JPEG photo to [sash.estates.helpdesk@nhs.net](mailto:sash.estates.helpdesk@nhs.net) email address prior to your start date. You will need to collect your ID card from Estates and Facilities
- ▶ Arrange mandatory courses (ILS, PILS and safeguarding)
- ▶ Make an appointment to meet with the LFG and your ES to agree your Personal Development Plan and sign your Learning Agreement. I suggest you start compiling your PDP now and bring it to your first meeting.
- ▶ Review your timetable and organise travel to other SASH sites
- ▶ Familiarise yourself with the DCT Curriculum, e-portfolio, assessment forms, RCP process and elogbook
- ▶ Register on TURAS
- ▶ Familiarise yourself with local policies and Trust protocols (including leave!)
- ▶ It is important that you do not arrange any holidays for the first month of your new role as important inductions and meetings are scheduled during this time
- ▶ Complete your IT/dictation training and obtain passwords (for EPR, Vantage REGO and Dictate IT) including your Smartcard
- ▶ Buy an encrypted USB stick to store information
- ▶ Register at the library and for an OpenAthens account
- ▶ Read this handbook - many of the answers are within these pages!
- ▶ And finally ask questions!

On the Trust intranet or internet sites, you will find lots of useful information to guide and support you whilst working for Surrey & Sussex Healthcare NHS Trust, specifically any HR Forms, self-referral to any occupational health services, and all the Trust policies, procedures and guidelines:

<https://sashnet.sash.nhs.uk/new-starters>

<http://www.surreyandsussex.nhs.uk>

<https://sasheducationcampus.net> or <https://sasheducationcampus.net/medical-education/training-programmes/dental/>

You will also find additional information in the G: drive under dental and maxillofacial.

The year will pass very quickly and I hope that you learn a lot and have an enjoyable and a memorable year. I wish you every success in developing and achieving your future aspirations.

*Shrina Nathwani*

Local Faculty Group Lead for Dental and Maxillofacial Services

[shrina.Nathwani1@nhs.net](mailto:shrina.Nathwani1@nhs.net)

## About the Trust

Surrey and Sussex Healthcare NHS Trust was formed on the 1st of April 1998 following a merger between East Surrey Healthcare NHS and Crawley Horsham NHS Trusts.

Surrey and Sussex Healthcare NHS Trust serves around 535,000 people with a staff of around 3,800 and 250 volunteers. The main site is at East Surrey Hospital, however, services are also provided at: Crawley Hospital; Horsham Hospital; Caterham Dene Hospital and Oxted Health Centre. The Trust takes on 42,200 planned care cases and 43,600 unplanned care cases a year, and has an annual income of £244 million.

We are one of the best performing Trusts in England, highlighted by the following recent achievements:

- The Care Quality Commission (CQC) has given us an ‘Outstanding’ rating
- We are one of the safest hospitals in the country according to CQC’s intelligent monitoring
- Our patients are likely to recommend us as we have the best Friends and Family score in the region
- We achieved 100% for cleanliness in the latest PLACE scores
- Our staff are among the most motivated in the country and are proud to recommend our Trust as a place to work and be treated, according to the latest staff survey.
- New Frailty, Ambulatory and Surgical Units opened in 2017/18.
- This has helped us become one of the top 100 NHS employers.

The Hospital is managed by a Board of Directors chaired by Richard Shaw. He is supported by the Chief Executive, Michael Wilson, together with five Non-Executive Directors and nine Executive Directors representing the following functions:

### Board of directors



 <b>Richard Shaw</b> Chairman and Chair Nominations and Remuneration Committee Chair council of governors	 <b>Michael Wilson CBE</b> Chief executive			
 <b>Paul Simpson</b> Deputy chief executive Chief financial officer	 <b>Jane Dickson</b> Chief nurse	 <b>Ed Cetti</b> Medical director	 <b>Angela Stevenson</b> Chief operating officer	 <b>Gillian Francis-Musanu</b> Director of corporate affairs and company secretary (non-voting)
 <b>Ian Mackenzie</b> Director of information and facilities (non-voting)	 <b>Mark Preston</b> Director of OD and people (non-voting)	 <b>David Sadler</b> Non-executive director Chair of Finance and Workforce Committee	 <b>Pauline Lambert</b> Non-executive director Senior independent director (SID)	 <b>Yasmin Khan</b> Non-executive director
 <b>Paul Biddle</b> Non-executive director Chair of Audit and Assurance Committee	 <b>Caroline Warner</b> Chair of Safety and Quality Committee Non-executive director Chair of Charitable Funds Committee		 <b>Paula Swann</b> Non-executive director	

The healthcare provided to local residents consists of a wide range of acute services which are organised into seven self-sustaining Directorates, each headed by a clinician.

**Chief of women and children's health**  
Ms Karen Jermy

**Chief of medicine**  
Dr Ben Mearns

**Clinical director, Frontier Pathology**  
Dr Bruce Stewart

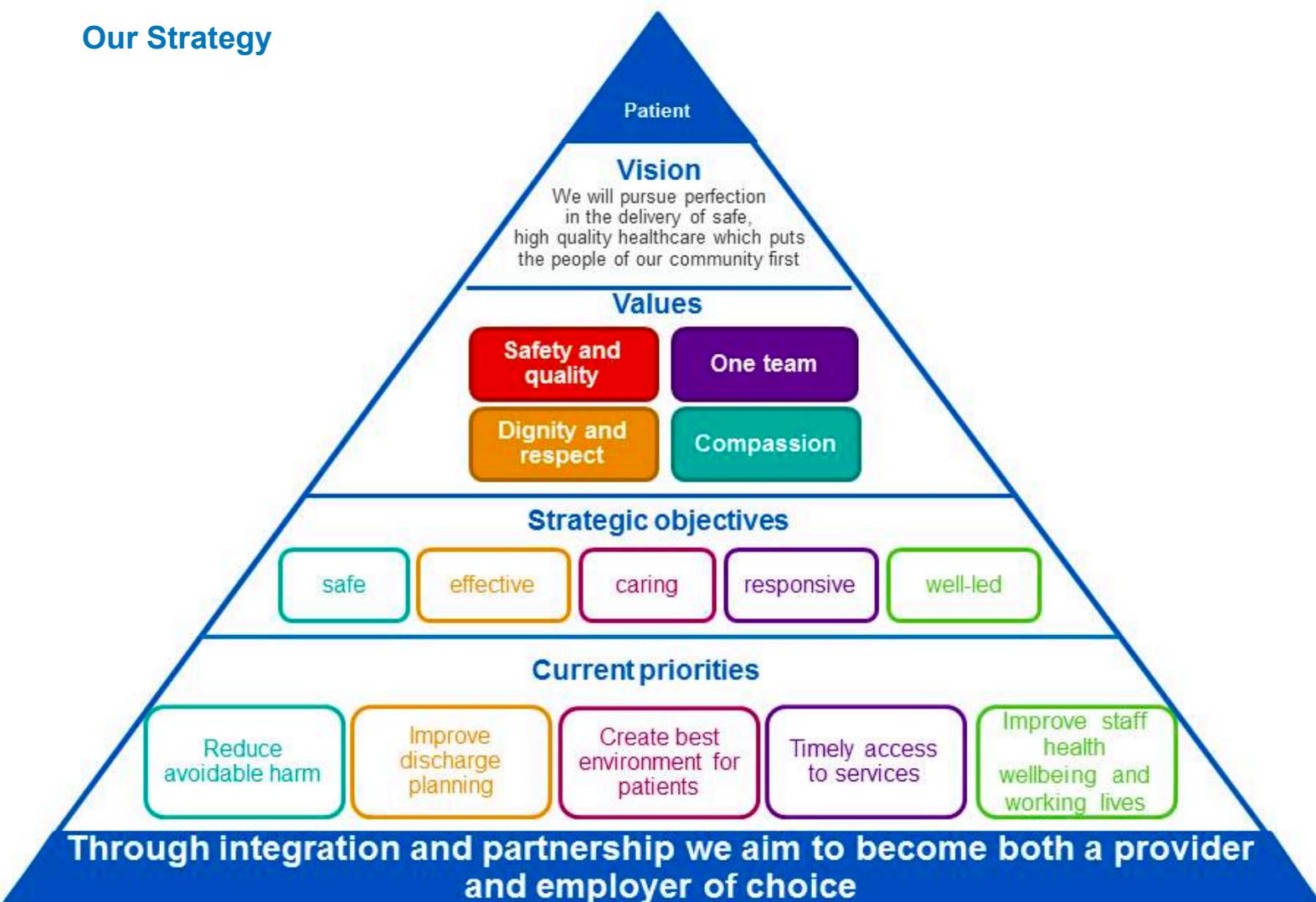
**Chief of surgery**  
Mr Ian Maheswaran

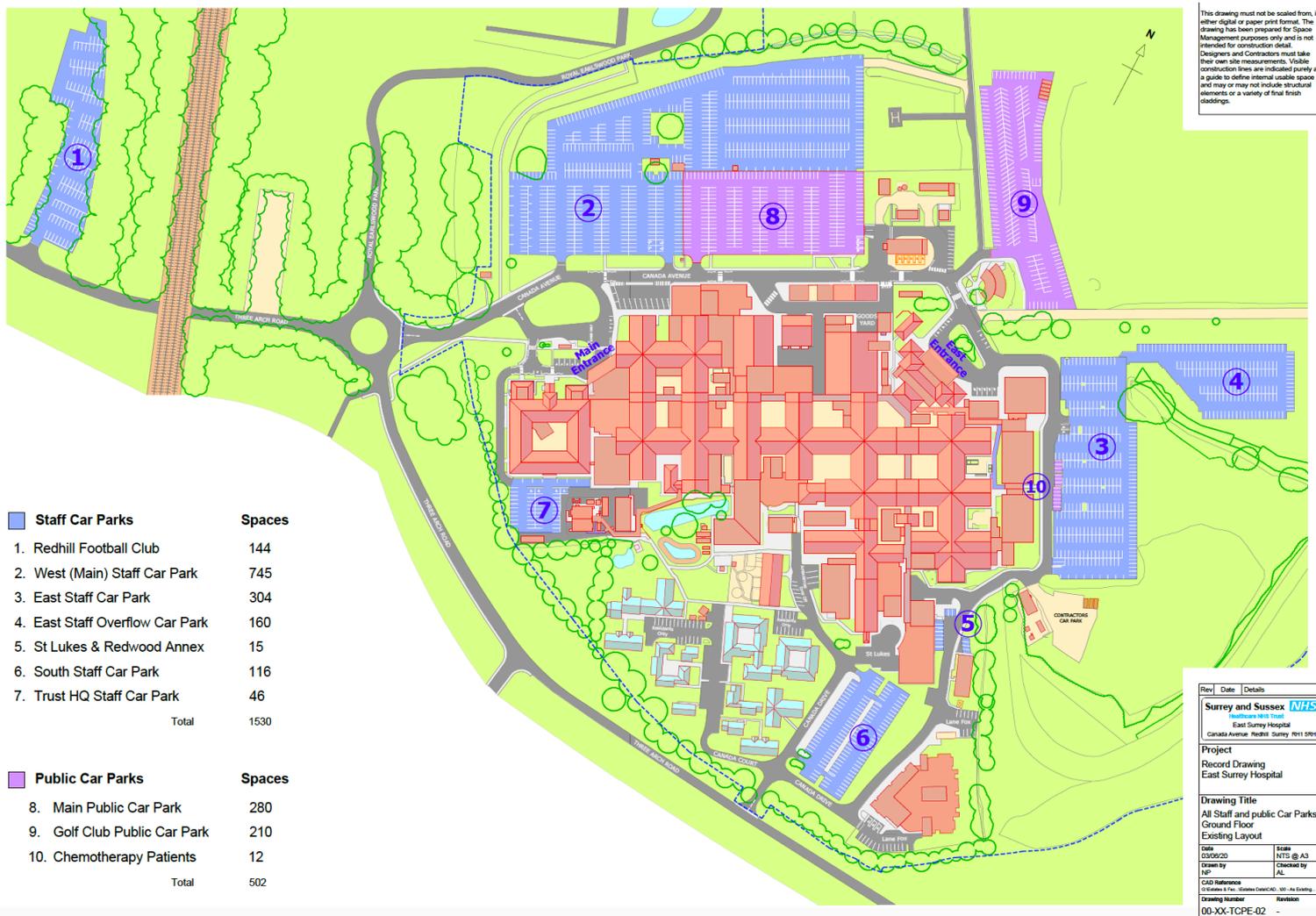
**Chief of cancer**  
Dr Ed Cetti

**Chief of education**  
Dr Sarah Rafferty

**Chief clinical information officer**  
Dr Tony Newman-Sanders

## Our Strategy





## Car Parking

Parking per day is £1.25 and is applicable 24hrs/day, 7days/wk at both East, West and Redhill Football Club Car Parks.

Barriers will raise automatically as you approach them.

You will need to register your car registration number with Estates and Facilities and be issued a permit. Until then please use the kiosk at the main entrances to pay for staff parking.

Further instructions can be found at <https://sashnet.sash.nhs.uk/workspaces/staff-car-parking-east-surrey-hospital> or by contacting [sash.staffcarparking@nhs.net](mailto:sash.staffcarparking@nhs.net)



Ground Floor West Entrance  
Monday to Saturday: 8am – 8.30pm  
Sunday: 10am – 4pm



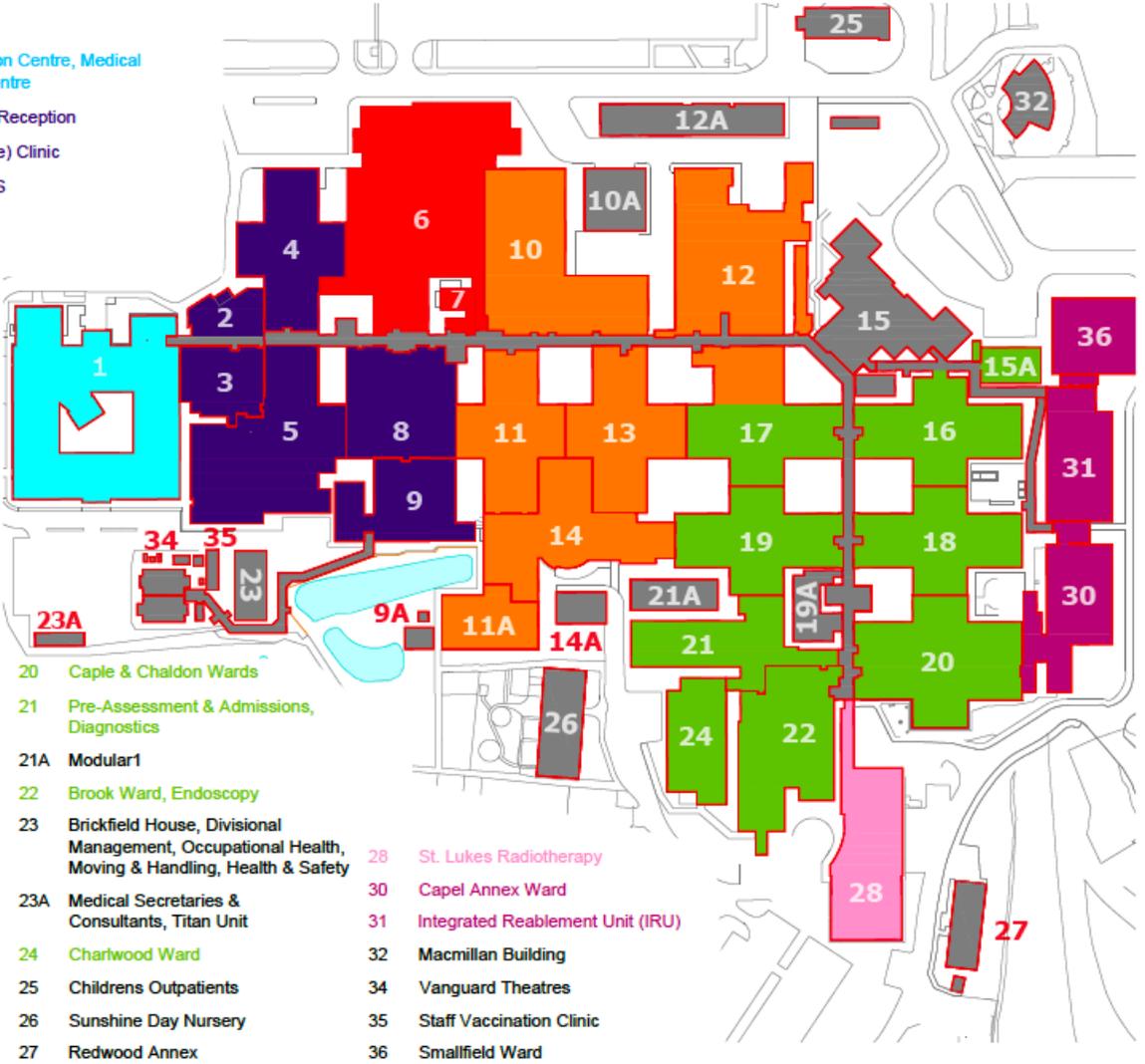
Ground Floor West Entrance  
Monday to Friday: 8am - 7pm  
Saturday: 9am - 5pm  
Sunday: 11am – 5pm



1st Floor Orange Zone  
Breakfast 7.30am - 11am  
Lunch 12 noon - 2.15pm  
Dinner 5.30pm - 7.15pm

## Ground Floor

- 1 Trust HQ, Post-Graduate Education Centre, Medical Library, Community, Children's Centre
- 2 Main Entrance, M&S, WHSmiths, Reception
- 3 Trauma and Orthopaedic (Fracture) Clinic
- 4 Outpatients, Ophthalmology, PALS
- 5 Medical Records, Pharmacy
- 6 Emergency Department (ED)
- 7 ED Clinical Decision Unit (CDU)
- 8 X-Ray, Ultrasound
- 9 CT Scanner, MRI, Radiology
- 9A Radiology Booking Portacabins
- 10 Pathology, Mortuary
- 10a Jacob Bell, Stores
- 11 Acute Medical Unit (AMU)
- 11A AMU Plant Rooms
- 12 Goods In, Stores, Doctors' Mess, External Bed Store
- 12a Estates and Facilities
- 13 Chipstead Outpatients, Holmwood Ward
- 14 Cardiology, Angiography, CCU
- 14A The Hub
- 15 East Entrance, Friends Shop, Discharge Lounge, Cashiers, Chapel, Bereavement Office
- 15A Urology Offices
- 16 Blethingley & Hazlewood Wards
- 17 Therapies
- 18 Chemotherapy Suite, Godstone Ward
- 19 Meadvale & Abinger Wards
- 19A WACH Offices



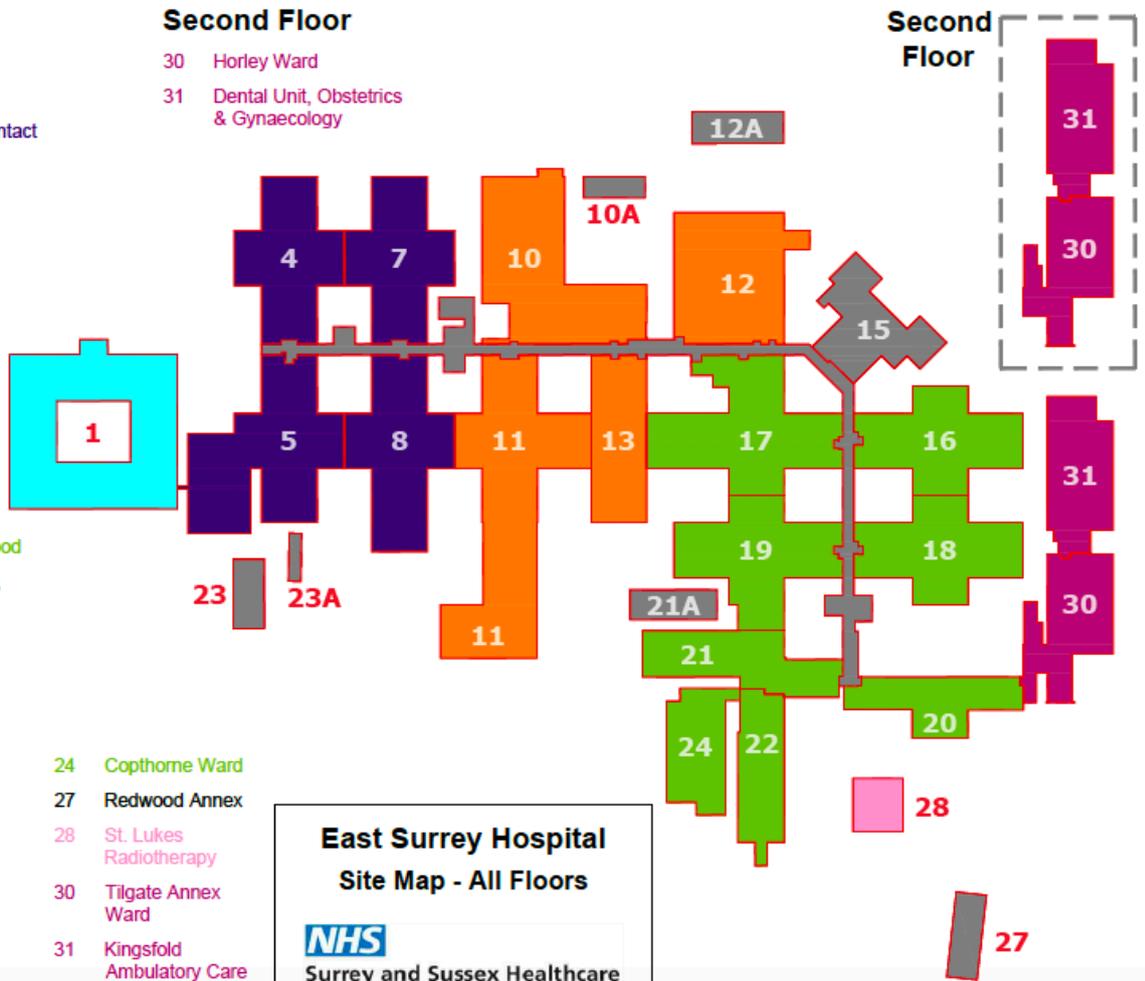
- 20 Caple & Chaldon Wards
- 21 Pre-Assessment & Admissions, Diagnostics
- 21A Modular1
- 22 Brook Ward, Endoscopy
- 23 Brickfield House, Divisional Management, Occupational Health, Moving & Handling, Health & Safety
- 23A Medical Secretaries & Consultants, Titan Unit
- 24 Charwood Ward
- 25 Childrens Outpatients
- 26 Sunshine Day Nursery
- 27 Redwood Annex
- 28 St. Lukes Radiotherapy
- 30 Capel Annex Ward
- 31 Integrated Reablement Unit (IRU)
- 32 Macmillan Building
- 34 Vanguard Theatres
- 35 Staff Vaccination Clinic
- 36 Smallfield Ward

## First Floor

- 1 Trust HQ, Finance, IT & HR
- 4 Limpsfield & Nutfield Wards
- 5 Leigh & Newdigate Wards, Contact Centre
- 7 Buckland & Tandridge Wards, Urology Investigation Unit
- 8 ICU & HDU
- 10 Pathology
- 10a Jacob Bell, Offices
- 11 Theatres 1 - 4, EEG Room (Neurology)
- 12 Restaurant, HSDU
- 12a Estates and Facilities
- 13 Theatres 5 - 7
- 15 Day Surgery Centre
- 16 Ante-Natal Outpatients, Outwood
- 17 Delivery Ward, Neo-Natal Unit, SCBU, AnteNatal Unit
- 18 Rusper Maternity, Brockham GAU/EPU
- 19 Burstow Ward, Birthing Unit, Labour Unit, Post Natal Wards, Ultrasound
- 20 Tilgate Ward
- 21 Princess Alexandra Theatres
- 21A Modular 1
- 22 Woodland Ward
- 23 Brickfield House
- 23A Titan Unit

## Second Floor

- 30 Horley Ward
- 31 Dental Unit, Obstetrics & Gynaecology



## Second Floor

### East Surrey Hospital Site Map - All Floors



Surrey and Sussex Healthcare  
NHS Trust

## Dental & Maxillofacial Department: Useful Contacts

### EMERGENCY CALL 2222

Name	Job title	Ext	Email address	Usual Days
Kelly Austin	Senior Dental Nurse	6243	<a href="mailto:kelly.austin4@nhs.net">kelly.austin4@nhs.net</a>	M-W
Dr Natalie Bradley	StR in special care dentistry	1319	<a href="mailto:natalie.bradley@nhs.net">natalie.bradley@nhs.net</a>	W, Th
Lisa Bull	Dental Nurse Radiographer	1650	<a href="mailto:lisa.bull@nhs.net">lisa.bull@nhs.net</a>	M-F
Ms Monika Cedro	Cons Orthodontist	1650	<a href="mailto:m.cedro@nhs.net">m.cedro@nhs.net</a>	Tu,W
Susan Chalker	Receptionist (+ ext 1844)	2476	<a href="mailto:s.chalker@nhs.net">s.chalker@nhs.net</a>	Th,F
Ms Ziba Cunningham	Cons Orthodontist & Educational Supervisor for DCT 1	1650	<a href="mailto:ziba.cunningham1@nhs.net">ziba.cunningham1@nhs.net</a>	M,T
David Davidson	Waiting List Coordinator	2626	<a href="mailto:david.davidson3@nhs.net">david.davidson3@nhs.net</a>	M-F
Mr Martin Danford	Cons Maxillofacial Surgeon	6234	<a href="mailto:martindanford@nhs.net">martindanford@nhs.net</a>	M,T,T, F
Dr Anika Davis	Specialty Dentist in Oral Surgery	1650	<a href="mailto:anika.davis@nhs.net">anika.davis@nhs.net</a>	M
Ms Mili Doshi	Cons Special Care Dentistry & ES for StR in Special Care Dentistry	6232	<a href="mailto:mili.doshi@nhs.net">mili.doshi@nhs.net</a>	M,W
Janet Elliott	Dental Services Manager	6233	<a href="mailto:janet.elliott3@nhs.net">janet.elliott3@nhs.net</a>	Tu,W,F
Fizziann Frontin	Dental Nurse	1650	<a href="mailto:fizziann.frontin@nhs.net">fizziann.frontin@nhs.net</a>	F,Sa
Dr Daniel Gillway	Dental Officer & Specialty Dentist in Oral Surgery	1650	<a href="mailto:daniel.gillway@nhs.net">daniel.gillway@nhs.net</a>	M-Th
Carolyn Hassall	Dental Nurse	1650	<a href="mailto:carolyn.hassell@nhs.net">carolyn.hassell@nhs.net</a>	Tu-F
Dr Gillian Houston	Dental Officer	1650	<a href="mailto:gillian.houston@nhs.net">gillian.houston@nhs.net</a>	W
Katie Jefcoate	Senior Dental Nurse	1650	<a href="mailto:k.Jefcoate@nhs.net">k.Jefcoate@nhs.net</a>	M,T,W, F
Veronica Jemmison	Dental Nurse Radiographer	1650	<a href="mailto:veronica.jemmison@nhs.net">veronica.jemmison@nhs.net</a>	Tu-Th
Mr Thayalan Kandiah	Clinical Lead & Cons in Paediatric Dentistry	1913	<a href="mailto:thayalan.kandiah@nhs.net">thayalan.kandiah@nhs.net</a>	Tu-Sa
Dr Meg Keddie	Senior Dental Officer	1650	<a href="mailto:megkeddie@nhs.net">megkeddie@nhs.net</a>	M-F
Loraine Lee	MCM	2641	<a href="mailto:loraine.lee@nhs.net">loraine.lee@nhs.net</a>	M-F
Viviet Mambara	Dental Nurse	1650	<a href="mailto:viviet.mambara@nhs.net">viviet.mambara@nhs.net</a>	M-Th
Ms Sophie Marshall	Cons in Paediatric Dentistry & Educational Supervisor for DCT 2	1913	<a href="mailto:sophiemarshall1@nhs.net">sophiemarshall1@nhs.net</a>	M,Tu,Th, F,Sa
Ms Shrina Nathwani	Cons Oral Surgeon & LFG Lead	1650	<a href="mailto:shrina.nathwani1@nhs.net">shrina.nathwani1@nhs.net</a>	Tu,W
Joanne Packman	Dental Nurse	1650	<a href="mailto:joanne.packman@nhs.net">joanne.packman@nhs.net</a>	M,Th
Sharon Park	Senior Dental Nurse	6270	<a href="mailto:sharon.park1@nhs.net">sharon.park1@nhs.net</a>	M,W,F
Ms Naomi Rahman	Cons Oral Surgeon & Clinical Audit Lead	1650	<a href="mailto:naomi.rahman@nhs.net">naomi.rahman@nhs.net</a>	W,F
Mrs Karen Rayner	Medical Secretary	6234	<a href="mailto:karen.rayner1@nhs.net">karen.rayner1@nhs.net</a>	M-W

Mr Damien Reilly	Cons in Special Care	6935	<a href="mailto:d.reilly1@nhs.net">d.reilly1@nhs.net</a>	M,W
Nitty Scott	Receptionist (+ ext 1844)	2476	<a href="mailto:nitty.scott@nhs.net">nitty.scott@nhs.net</a>	M-W
Wendy Shepherd	Bank Medical Secretary	6234	<a href="mailto:wendy.shepherd6@nhs.net">wendy.shepherd6@nhs.net</a>	W, F
Sue Stephenson	Senior Dental Nurse Radiographer	1566	<a href="mailto:susan.stephenson5@nhs.net">susan.stephenson5@nhs.net</a>	M- W
Nicole Taylor	Dental Nurse Team Leader	1650	<a href="mailto:nicole.taylor10@nhs.net">nicole.taylor10@nhs.net</a>	M-F
Chris Treloar	Service Manager	6242	<a href="mailto:christopher.treloar@nhs.net">christopher.treloar@nhs.net</a>	M-F
Jacqueline Tully	Medical Secretary	6234	<a href="mailto:jacqueline.tully@nhs.net">jacqueline.tully@nhs.net</a>	M,Th,F
Amanda Turner	Dental Co-Ordinator	1650	<a href="mailto:amanda.turner7@nhs.net">amanda.turner7@nhs.net</a>	M-F
Julie Vaczi	Bank Secretarial Support Worker	6236	<a href="mailto:Julie.vaczi@nhs.net">Julie.vaczi@nhs.net</a>	Tu, Th
Linda Viner	Senior Dental Nurse	6243	<a href="mailto:linda.viner@nhs.net">linda.viner@nhs.net</a>	Tu-F
Katherine Willis	Dental Nurse	1650	<a href="mailto:Katherine.willis1@nhs.net">Katherine.willis1@nhs.net</a>	M-F
Louise Wilson	Head of Resourcing	2455	<a href="mailto:louise.wilson6@nhs.net">louise.wilson6@nhs.net</a>	M-F
Ewelina Wnuk	Dental Nurse	1650	<a href="mailto:ewelina.wnuk@nhs.net">ewelina.wnuk@nhs.net</a>	Mat Leave
Surgery 1 ext 1571 Surgery 2 ext 1570 Surgery 3 ext 1569 Surgery 4 ext 1548 Surgery 5 ext 1567 Surgery 6 ext 1572 Surgery 7 ext 1573  Godstone Day Unit x1656	<b>All appointment enquires to:</b> 01737 231650 OR <b>ext 1650 or email:</b> <a href="mailto:sash.dental.reception@nhs.net">sash.dental.reception@nhs.net</a>  <b>Dental Department email address:</b> <a href="mailto:dentalmaxillofacial.sash@nhs.net">dentalmaxillofacial.sash@nhs.net</a>	Hole in the Wall: x 2711 PPE Hub x 6831/6902 Consultant's office x 6239/6238 Estates & Facilities x1234/6586 Dictate IT support 02033071501 IT x1717		

**To bleep: dial 88, input bleep number, input your extension number**

## Dental & Maxillofacial Department: Service Overview

### Clinical Lead: Thayalan Kandiah

The Dental & Maxillofacial Department at East Surrey Hospital hosts specialist dental services in response to the dental needs of local people. Our Consultant-led teams provide diagnosis and treatment planning advice for general dental and medical practitioners, and treatment for complex cases requiring secondary care.

### Our Specialist Services

- **Paediatric Dentistry**

Outpatient assessment, advice and treatment, including treatment under inhalation sedation and general anaesthesia, for children with complex dental needs and co-morbidities.

Consultants: Thayalan Kandiah & Sophie Marshall

- **Oral Surgery**

Management of dento-alveolar cases including wisdom teeth  
Management of ectopic teeth  
Assessment and treatment of hard and soft tissue lesions of the jaws/mouth

Consultants: Naomi Rahman & Shrina Nathwani

- **Orthodontics**

Advice and diagnosis for children and adults  
Treatment for complex multidisciplinary cases and patients with special medical needs  
Management of orthognathic patients

Consultants: Ziba Cunningham & Monika Cedro

- **Special Care Dentistry**

Outpatient assessment and treatment at East Surrey Hospital, community-based outpatient care and domiciliary care for those who are housebound.  
Treatment under inhalation and IV sedation and general anaesthesia at East Surrey Hospital

Consultants: Mili Doshi & Damien Reilly

- **Oral & Maxillofacial Surgery**

Management of temporomandibular joint disorders and facial pain  
Specialist fast track soft tissue lesion assessment including 2WW  
Assessment and treatment of intra and extra oral lesions  
Management of the orthognathic patient

Consultants: Martin Danford & Ben Gurney

- **Emergency Dental Service**

Management of pain and infection  
Referral from NHS 111  
Advice, Analgesia and Antibiotics as appropriate

Working Hours: 09:00 - 18:00 Saturday, Sunday and Bank Holidays  
Clinicians: Tom Hennebry, Heike Hess, Daniel Gillway

## Dental & Maxillofacial Department: Education Faculty

### Educational Supervisors

An **ES** is defined as '...a trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a trainee's trajectory of learning and educational progress during a placement' (GMC 2012).

Each trainee will have an individual, named educational supervisor. The role of your ES is to help you plan your training and achieve agreed learning outcomes. Together you will be responsible for the educational agreement and bringing together all relevant evidence to form a summative judgement at the end of your time at ESH. They will be providing regular feedback on progress, advising the LFG Lead about progress and providing evidence and recommendation for completion of training. They will encourage you to regularly complete the relevant Training Portfolio and use the educational tools provided for support.

You should make arrangements to meet formally with your ES, whereby meeting summaries should be uploaded onto TURAS:

1. **The initial meeting** with your ES is a key meeting and discussion that underpins the process of training. This should take place as soon as possible after the start of the placement (in September).

The following areas should be discussed at this first meeting:

- Clear learning agreement and PDP (Personal Development Plan) with SMART objectives (trainee to upload on portfolio)
- Ensure local induction needs are met and completion of relevant documentation
- How to get help in a clinical situation
- Holiday / Sickness / Study Leave policy
- Supervision arrangements
- Dress code
- Punctuality and Team working
- Completing the e-portfolio and reflective practice
- Structured Learning Exercises
- Department / clinic organisation
- Try and schedule your future meetings

2. **The early review meeting** with your ES should take place at 3 months (November end) after the start of training and should use the trainees PDP, Portfolio and objectives as a framework to assess progress made thus far, as well as review any concerns/issues.

3. **Review meeting prior to interim Review of Competence Progression (RCP)** at 6 months is a summative assessment of all the evidence accumulated to date and allows a decision to be made regarding your progress at that point. All assessments, PDP, curriculum completion, skills, trainee reflections and development logs will be reviewed as well as the MSF. New targets/updated PDP may be agreed to achieve completion resulting in Certificate of Achievement.

4. **The end of placement review (Final)** will take place at or around the tenth month of training (mid-June) and will result in a Certificate of Achievement following a summative assessment of all the evidence of progress during the placement. This includes all assessments, personal development plan, curriculum completion, skills and development logs. Together with your ES, reflect on your learning agreement and agreed objectives, identify your next steps and summarise your overall progress through training.

In addition to the expected formal and documented meetings between yourself and your ES, it is likely that there will also be informal “catch up” discussions over your time at ESH. This type of meeting is encouraged, as it allows for a more in depth understanding of your needs and is often a useful way to discuss issues such as career plans and aspirations.

Some of the workplace based assessments (particularly CBD and Peer Assessment Tool (PAT) / Multi Source Feedback (MSF)) will generate a meeting for discussion with your ES and again are a useful opportunity to touch base on the broader aspects of progress as well as completing the SLE (supervised learning event) that is the trigger for the meeting.

### **Clinical Supervisors**

A **CS** is defined as ‘...a trainer who is responsible for overseeing a specified trainee’s clinical work for a placement in a clinical environment and is appropriately trained to do so’ (GMC 2012). S/He will provide constructive feedback during that placement, and inform the decision about whether the trainee should progress to the next stage of their training at the end of that placement’. A CS will report issues of concern/ achievements relating to a trainee to the ES/ LFG. They should be asked to carry out workplace based assessments and to complete elements of your portfolio.

### **Local Faculty Group Lead**

The college tutor or LFG lead for a specialty leads on healthcare education in that department. They oversee the delivery of the training curriculum to all dentists in training and support the development of all dentists in training in the department. The LFG Lead facilitates a learning environment which is challenging, supportive and where applicable, multi-professional. They ensure that the education, pastoral & career planning needs of all dentists in training in your department are being addressed. Your education programme has been tailored to ensure you receive both formal and work based learning opportunities as well as adequate clinical supervision at all times and do not work beyond your clinical competence or compromise patient safety.

### **Training Programme Directors**

Each Core scheme will have a TPD appointed by the Deanery who is responsible for managing the scheme, arranging educational courses (study days, seminars, audit days, etc.) and who provides on-going support for both trainees and Educational and Clinical Supervisors. They are also responsible for advising about recruitment and selection of trainers and trainees and arranging placements. The TPD’s main responsibilities are to organise the scheme within their area, advise on completion/certification, monitor development of trainees and assist in inspection of training environments.



**Health Education England**

Health Education London and KSS  
Postgraduate Dean  
Peter Briggs  
[peter.briggs@hee.nhs.uk](mailto:peter.briggs@hee.nhs.uk)

Training Programme Director KSS  
Sonita Koshal  
[sonita.koshal@nhs.net](mailto:sonita.koshal@nhs.net)

Educational Local Faculty Group  
Lead  
Shrina Nathwani  
[shrina.nathwani1@nhs.net](mailto:shrina.nathwani1@nhs.net)

Educational Supervisor for  
DCT 1  
Ziba Cunningham  
[ziba.cunningham1@nhs.net](mailto:ziba.cunningham1@nhs.net)

Educational Supervisor for  
DCT 2  
Sophie Marshall  
[sophiemarshall1@nhs.net](mailto:sophiemarshall1@nhs.net)

**Clinical Supervisors**

- Thayalan Kandiah
- Naomi Rahman
- Damien Reilly
- Meg Keddie
- Monika Cedro
- Mili Doshi
- Daniel Gillway
- Anika Davis



Director of Medical Education  
and Local Academic Board  
Chair for SASH  
Sarah Rafferty  
[sarahrafferty@nhs.net](mailto:sarahrafferty@nhs.net)

Strategic Medical Education  
Manager  
Tina Suttle-Smith  
[tina.suttle-smith@nhs.net](mailto:tina.suttle-smith@nhs.net)  
Ext 6615

Deputy Medical Education  
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## The Curriculum

The Curriculum for the Dental Core Training Programme can be obtained on the [COPDEND website](#).

The **FOUR** competency domains are as follows:

- 1. Professional Behaviour and Trust**
- 2. Communication, Teamworking and Leadership**
- 3. Clinical Safety and Quality**
- 4. Good Clinical Care**

Within these 4 domains there are **18 mandatory outcomes**:

Acts professionally	Delivers patient centred care and maintain trust	Behaves in accordance with ethical and legal requirements	Keeps practice up to date with learning and teaching	Engages in career planning
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Recognise and work within limited of professional competence	Makes patient safety a priority in clinical practice	Contributes to quality improvement
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Works effectively as a team member	Demonstrates leadership skills	Communicates clearly in a variety of settings
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Obtains history and performs clinical examination	Requests relevant investigations or special tests and acts on them	Formulates differential diagnosis and treatment or management plan	Prescribes safely	Performs clinical procedures safely	Trained in managing medical emergencies	Promotes general and oral health
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## Assessments in the workplace

You will need to complete an early stage self-assessment at the start of your placement, which will support construction of an effective and realistic PDP.

Formative assessments (Supervised Learning Events/SLEs) will play an important role in your training and they will become a familiar part of your working routine. Assessments will help you to reflect on your strengths, weaknesses and areas for development.

These must be varied according to the learning opportunities and should capture the breadth of training experiences, as well as a wide range of competencies within the curriculum. The assessments should be of different types for example (Clinical Based Discussion, mini Clinical Evaluation exercise, Direct Observation Procedure and patient questionnaires) and should be undertaken with as many different trainers as is practical. Competences are acquired by treating patients under supervision, carrying out related clinical and non-clinical activities and taking part in defined structured educational programmes.

You should ensure these are accumulated throughout the period of training and not bunched together prior to RCP review. You should not simply complete 24 assessments as a tick box exercise. In order to gain the best learning and development from your post, you should expect to carry out a **MINIMUM of 24 assessments**, and will be encouraged to exceed this figure significantly during your time at ESH. This will inevitably strengthen the final record of attainments within the Certificate of Achievement at the end of your training placement. The organisation and completion of WBAs will remain your responsibility. You should aim to complete your SLEs within two weeks of the event for sign off by your clinical supervisor.

## Review of competence progression (RCP)

RCP represents a formal process by which a panel assesses evidence provided (usually two weeks prior to RCP) relating to your progress in the training programme and makes judgements on progress against the expected learning outcomes as set in your learning agreement/Portfolio.

The RCP process is applicable to all trainees and is aimed at ensuring that the required competences are being gained at an appropriate rate and through appropriate experience.

The reviews are not in themselves a means or tool of assessment but have been designed to:

- provide a means whereby the evidence of the outcome of formal assessment (e.g. SLEs and other assessment strategies) is coordinated and recorded to provide a coherent record of your progress
- make judgements about the competences acquired at the relevant level, provided adequate documentation has been presented
- make recommendations about the development of further competencies during the remainder of that year of the training programme (Interim RCP panel)
- provide a final statement of your successful attainment of the curricular competencies, areas of development and completion of the training programme. This will enable recommendations to be made regarding your future PDP and further training requirements (Final RCP panel)
- In the Final RCP Panel a Certificate of Achievement will be issued if appropriate. If further development of training in the future is recommended, you will have the opportunity to meet with the panel chair to discuss this.

## RCP Indicative Outcomes

Outcomes: 1	Satisfactory progress
2	Inadequate progress - development of specific competencies required
3	Inadequate progress - additional training time required
4	Released from training programme
5	Incomplete evidence presented - additional training time may be required

## E-Portfolio

& Evidence required at RCP

<b>DCT Post Details</b>	As soon as you start in post ensure you are registered with TURAS Training Programme Management (TPM) TURAS TPM will also give details of your TPD, ES and CS (not all trainees will necessarily have a CS listed) Check that the level of post and your unit is correct
<b>Educational Agreement</b>	Conditions of taking up the post, signed and uploaded to TURAS
<b>ES meetings</b>	Initial meeting (within one month): creation of Personal Development Plan (PDP) and objective setting. Recorded on initial meeting with ES form and filed under supervisor forms Early review meeting (at 3 months): progress against PDP and portfolio. Recorded on generic form but clearly title 'Early Review Meeting' Interim meeting (prior to interim RCP in Feb): progress against objectives. Recorded on generic form but clearly title 'Interim Meeting' Final review (prior to final RCP in July): Record on End of Placement form
<b>Personal Development Plan (PDP)</b>	Created by trainee and ES for the year As achievements are met throughout the year ensure the trainee completes this within the PDP and reflects. Form available at <a href="https://www.gdc-uk.org/professionals/cpd/enhanced-cpd">https://www.gdc-uk.org/professionals/cpd/enhanced-cpd</a> upload to achievements sections
<b>Supervised Learning Events (SLEs)</b>	A minimum of 24 varied SLEs to be completed spread throughout the year. Linked to curriculum. Aim to include one 'developing the clinical teacher'
<b>Teaching Others</b>	
<b>Multi Source Feedback</b>	With a variety of colleagues in last six months of placement – can only be signed off by ES if minimum number of colleagues responses & specific roles met. 20 for a 12 month placement.
<b>Project/Research Involvement</b>	Completed clinical governance/quality improvement project (eg audit). Under QI tab.
<b>Study day attendance/ CPD log</b>	With reflections and development outcome domains. Upload to achievements tab. Form available at <a href="https://www.gdc-uk.org/professionals/cpd/enhanced-cpd">https://www.gdc-uk.org/professionals/cpd/enhanced-cpd</a>
<b>Clinical activity log</b>	Anonymised log book uploaded. Under achievements tab.
<b>Patient feedback</b>	20 Patient feedback forms under achievements form
<b>Reflections</b>	The trainee should regularly add reflections throughout training 500 word reflective piece on project to be included
<b>Serious Incidents</b>	Trainee must comment on any SI involvement in reflections tab and the Trust and TPD should be informed

## Induction: Wednesday 2nd September 2020

Time	Session	Room	Personnel
08:30 – 09:00	Meet and greet	Post Graduate Centre Atrium	Shrina Nathwani
09:00 – 09:45	Medical Staffing Registration		Medical Staffing (Hilda/Amaryllis)
09:45 - 10:15	Welcome and year ahead and administration	Dental Sims Lab	Janet Elliot
10:15 - 10:30	Management of service	Dental Sims Lab	Chris Treloar
10:30 - 10:45	Introduction to Audit		Naomi Rahman
	Break		
11:00 - 11:30	Oral Surgery Introduction	Dental Sims Lab	Naomi Rahman/Daniel Gillway
11:30 - 12:00	Orthodontic Introduction	Dental Sims Lab	Monica Cedro/Ziba Cunningham
12:00 - 12:30	Special Care Dentistry Introduction	Dental Sims Lab	Mili Doshi/Damien O'Reilly/Meg Keddie
12:30 - 14:00	Lunch / Estates & Facilities (1-2pm)		
14:00 - 14:30	Paediatric introduction	Dental Sims Lab	Thayalan Kandiah
14:30 - 15:00	The Dental Clinic and COVID measures	Dental Sims Lab	Nicole Taylor
15:00 - 15:30	Library Induction	Library	Karen Skinner
15:30 - 16:00	IT training*	E-learning (see below) inc DERs and Dictate IT	
16:00 - 16:30	Departmental Protocols including PPE	Dental Department	Shrina Nathwani
16:30 - 16:45	End of day meet		

*\*Please contact IT Support desk on extension 1717 on your first day to be set up for network access and receive log in details for PC access.*

## Mandatory and Statutory Training (MAST)

You must complete all mandatory training before approval for study leave can be granted/ for access to the study leave budget for reimbursements

All MAST training is currently being delivered virtually, either via recorded videos (available online) or via Microsoft Teams.

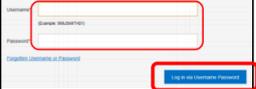
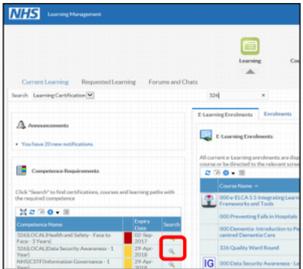
You will be required to make a declaration that you are happy for your compliance record to be updated on ESR (Electronic Staff Record).

You can also access e-learning via [myESR](#). Details are included below

Additional information, including access to the videos/links for Teams Meetings, can be found at <https://sashnet.sash.nhs.uk/workspaces/mandatory-and-statutory-training-mast>

### Quick Start Guide to accessing eLearning in ESR

**IMPORTANT:** Please run the PC Checker tool by clicking on <http://www.esrsupport.co.uk/nlms/> to identify any software issues

A. Login to the Website	B. Searching, Subscribing on a course	C. Play and save a Course
<p>In order to login to ESR, you need a smartcard or username and password.</p> <p><b>1) ESR Smartcard Access</b></p> <p>Visit the  Internet Explorer website. Once on the 'SASHnet' click 'Applications'. Scroll down and select 'My ESR'. Insert your smartcard in the reader, and enter your PIN/Passcode. Select 'Login via with Smartcard' as shown below</p>  <p><b>2) ESR eLearning Access (Username &amp; Password)</b></p> <p>Enter your username eg. 326SPORTER (Initial first, plus 6 characters of surname. Add your password and click on 'Log in via Username &amp; Password'</p>  <p><b>3) You will be directed to 'My ESR' Dashboard. Find My eLearning Portlet and click on the 'Play' to continue your Learning OR</b></p> <p><b>4) Select the Learner Homepage Portlet to Search or view details of all your eLearning enrolments</b></p> 	<p><b>Searching and Subscribing on a course</b></p> <p>To play a module you will first need to subscribe and enroll to it.</p>  <ol style="list-style-type: none"> <li>Look for the eLearning Topic you wish to do, then Click onto the search  icon next to it.</li> <li>Choose the Certification name appropriate to your role. Then click on 'Details'.</li> <li>Click on 'Subscribe'</li> <li>Click 'Finish' to confirm subscription</li> <li>Next, scroll down and select the  yellow briefcase icon to enrol in the class</li> <li>Select 'Apply' to confirm enrolment</li> <li>You are now able to  'Play' the course . See step C opposite.</li> </ol>	<p>Below is an example of the Data Security module....</p> <ol style="list-style-type: none"> <li>Select the  'Play' icon to launch the course you wish to play</li> <li>In order to complete the course, visit each of the chapters shown below. You <b>must</b> complete the e-Assessment with a maximum score of <b>80%</b> in order to pass the course.</li> <li>If you feel you have the necessary knowledge, you can skip straight to the e-Assessment without completing all the knowledge chapters.</li> <li>If you pass, then your Training Matrix will go <b>green</b>.</li> <li>If you fail, you have <b>2</b> more attempts</li> </ol>  <ol style="list-style-type: none"> <li>Click on the  'Home' icon at the top right to save and exit your work correctly.</li> </ol>

Quick-guide-how-to-access-e-learning-in-esr-using-Learning-Certification-window - updated April editedPage 1 of 3

<p><b>D. Remote Internet Access (Home)</b></p> <p>In order to access e-learning outside of the workplace you need to request <b>Internet Access</b>. You <b>cannot</b> use your smartcard remotely.</p> <p><b>Whilst at work....</b></p> <ol style="list-style-type: none"> <li>Log on to the SASHnet with your smartcard or username and password.</li> <li>From My ESR Dashboard select <b>Manage Internet Access</b></li> <li>Select <b>Request Internet access</b> and your ESR Username will be displayed. (This should be the same remotely as it is in the workplace).</li> <li><b>For Smartcard user Only</b> Choose a <b>remote password</b> of your choice (It must be 8 characters long and contain at least one number). For Security reason your password must be different to your normal ESR login.</li> <li>Finally click <b>Submit</b> to proceed.</li> </ol> <p><b>From your home Computer</b></p> <ol style="list-style-type: none"> <li><b>Important:</b> Run the PC Checker tool. (Click on link at the top of this leaflet)</li> <li>Type <a href="https://my.esr.nhs.uk/">https://my.esr.nhs.uk/</a> into your computer web browser</li> <li>Enter your ESR Username and remote Password. Click <b>Log in via Username and Password</b></li> <li>You will be directed to the ESR Portal page where you can <b>play</b> or search for eLearning using the <b>Learner Homepage</b> portlet. You can also view your payslip, your compliance etc.</li> </ol>	<p><b>E. How can I check my Compliance?</b></p> <p>To check your compliance...</p> <ol style="list-style-type: none"> <li>Log on to the ESR Dashboard (where you can see your payslips etc.)</li> <li>Click on 'View My Compliance' Matrix.</li> </ol>  <ol style="list-style-type: none"> <li>Your Training Compliance Matrix will be displayed</li> </ol> <p><b>Green</b> – You are compliant with more than 3 months left  <b>Amber</b> – You are compliant with less than 3 months left  <b>Red</b> – You are not Compliant  <b>Blue</b> – You have the competency but is not required  <b>No Expiry</b> – You have the competence without an end date</p>	<p><b>G. Accessing your Learning History</b></p> <p>Your <b>Learning History</b> displays all training activities to date.</p>  <p>To access your training history...</p> <ul style="list-style-type: none"> <li>Log on to the ESR Portal (where you can see your payslips etc.)</li> <li>Select the 'Learner Homepage' from the Portlet</li> <li>Click on 'Learning History'</li> <li>Scroll down and click on 'Enrolments', to reveal all details of your training</li> <li>Click on 'Export Class History'</li> <li>Your Training records will be exported on an Excel Spreadsheet.</li> </ul>
	<p><b>F. Renew a Learning Certification course</b></p> <p>If the course you wish to undertake have now expired, you can renew the module as follows:</p> <ul style="list-style-type: none"> <li>From the Learner Homepage, click on the 'Certifications' Tab</li> <li>Click the 'Play' button. A message will pop up asking if you wish to Renew and Play the course.</li> <li>Click on 'Renew and Play' the course to confirm</li> <li>A  green corner will be displayed next to the course, under 'Competency Requirements' to show that you have successfully enrolled on the course.</li> </ul>	<p><b>H. Help and Support</b></p> <p><b>Please contact:</b></p> <ul style="list-style-type: none"> <li>IT Services on <b>Ext 1717</b> for Software issues or</li> <li>The Workforce Team on <b>Ext 1327/1325</b>, if you do <b>not</b> have a login details/locked out of ESR/forgotten or locked out of ESR. Email them at: <a href="mailto:sash.workforce.information@nhs.net">sash.workforce.information@nhs.net</a></li> <li>Visit the EPR Team in Room AD22, for unlocking your smartcard or Email <a href="mailto:sash.elearning@nhs.net">sash.elearning@nhs.net</a> or contact <b>Mina Hazlehurst</b> on <b>Ext 6915</b>, for any eLearning queries</li> </ul>

**Please see the below table for reference of required learning before commencement of your post at ESH.**

It is compulsory for all trainees to attend the Trust induction. Further details will be sent from our colleagues in our Post Graduate Education Team. For any questions please contact Victoria Bates, Deputy Medical Education Manager (Victoria.bates@sash.nhs.uk) or Tina Suttle-Smith, Strategic Medical Education Manager (tina.suttle-smith@sash.nhs.uk).

1	<i>Conflict Resolution (e-learning)</i>	<i>3 yearly</i>
2	<i>Data security awareness (e-learning/induction webinar)</i>	<i>Annually</i>
3	<i>Equality, Diversity &amp; Human rights L1 (e-learning)</i>	<i>3 yearly</i>
4	<i>Fire safety awareness (e-learning)</i>	<i>2 yearly</i>
5	<i>Health, safety and welfare (e-learning)</i>	<i>3 yearly</i>
6	<i>Infection prevention and control L1 (e-learning)</i>	<i>3 yearly</i>
	<i>Infection prevention and control L2 (e-learning)</i>	<i>Annually</i>
7	<i>Moving and Handling L1 (e-learning)</i>	<i>3 yearly</i>
	<i>Moving and Handling L2 (practical)</i>	<i>2 yearly</i>
9	<i>Resuscitation – Basic life support L2 (practical)</i>	<i>Annually</i>
10	<i>Safeguarding adults L1 (e-learning)</i>	<i>3 yearly</i>
	<i>Safeguarding adults L2 (e-learning)</i>	<i>Annually</i>
11	<i>Safeguarding children L1 (e-learning)</i>	<i>3 yearly</i>
	<i>Safeguarding children L2 (e-learning)</i>	<i>Annually</i>
	<i>Safeguarding children L3 (face-to-face)</i>	<i>3 yearly</i>
12	<i>Prevent Level 1 &amp; 2 (face-to-face)</i>	<i>3 yearly</i>
13	<i>Dementia Tier 1 (e-learning)</i>	<i>3 yearly</i>
14	<i>Medicines Management (induction webinar)</i>	<i>Annually</i>
15	<i>Major Incidents (video/induction webinar)</i>	<i>Annually</i>
16	<i>ANTT/antiseptic non-touch technique (video/induction webinar)</i>	<i>Annually</i>
17	<i>Medical Devices (video)</i>	<i>3 yearly</i>
18	<i>Counter Fraud Awareness</i>	<i>Once at induction</i>
19	<i>Consent (e-learning)</i>	<i>3 yearly</i>
21	<i>Learning Disability (video/induction webinar)</i>	<i>3 yearly</i>
22	<i>Medical gases (video)</i>	<i>Annually</i>
23	<i>End of Life (video/induction webinar)</i>	<i>3 yearly</i>
24	<i>Mental Capacity Assessment (e-learning)</i>	<i>Annually</i>
25	<i>Deprivation of Liberty (e-learning)</i>	<i>Annually</i>
26	<i>Speaking Up (e-learning)</i>	<i>Once</i>
27	<i>FIT testing/donning&amp;doffing with <a href="mailto:sash.infectioncontrol@nhs.net">sash.infectioncontrol@nhs.net</a></i>	<i>Once</i>

# ESR (Electronic Staff Record)

<http://my.esr.nhs.uk/>

View and update Personal Information:

- Emergency Contacts
- Home Address
- Phone Contacts
- To ensure that your employment information is correct, you must keep your personal data in ESR up to date.

Pay & Rewards Area:

- View your payslip online and download to save/print your payslip (Pay day is the 29th of each month)
- View your P60 online (Current and previous years)
- Bank Details
- Total Rewards Statements (Pension Statement)

Access to MAST training and e-learning

- Total Rewards Statements (Pension Statement)

You can Email us on [sash.workforce.information@nhs.net](mailto:sash.workforce.information@nhs.net)



## Accessing MY ESR and Setting up Remote Access for Access at Home or on the Mobile App

- 1) Firstly start by going to **Internet Explorer** (don't use google chrome as ESR is not supported by google chrome, currently).

- 2) Once on the SASH Intranet home page, you need to go to  on the blue bar at the top of the webpage (just under the SASH logo).

- 3) Once on the Applications page, scroll down to the third row and click on .
- 4) On the next page, you have two options for logging in.

- a. For users that **use a smartcard**, scroll down and click .
  - b. For users that **don't use a smartcard**, you will have a log in screen at the top, put in the relevant information.
    - i. If you don't have a username and password provided, contact the workforce information team on ex 1325 or 1327, and a username and password will be provided.
- 5) Once you have logged in:
    - a. **Smartcard:** You will be taken straight to the portal home page with all your data on it.
    - b. **NON-Smartcard:** You will be prompted to select a new password.
      - i. Please note: The password must be minimum of 8 characters long, with letters and numbers, don't use the same letter or number in a row, don't use any personal data like date of birth or common words or names.

- 6) **To set up remote access** for at home or on the mobile app:

- 7) Firstly at the top right hand corner of the screen you need to click the button .
- 8) The next page will show you, your username:
  - a. If you have logged in with a **smartcard**, you will need this username to log in outside the trust (note

- a. If you have logged in with a **smartcard**, you will need this username to log in outside the trust (note this down), then create a password, and click .
- i. Please note: The password must be minimum of 8 characters long, with letters and numbers, don't use the same letter or number in a row, don't use any personal data like date of birth or common words/names.

- b. If you have logged in with a **username and password**, you just need to click the blue button "Request Internet Access", that appears in the middle of the page.

- c. On the next page you will see .

- 9) You are now set up to access outside the trust

- a. Go to google and search "MY ESR NHS" and it will come up with one of the first results, log in with your username and password.
- b. Or go to the app store on your phone and download "MY ESR".

E P R

## (Electronic Patient Record)/CERNER IT E-Learning

Before you can be issued with an activated SmartCard (provides access to EPR/ CERNER), you must complete the EPR training. This can be done online. Details can be found here: <https://sashnet.sash.nhs.uk/workspaces/it-training>

### 1. Create an account

- From Internet Explorer **ONLY**
- Click or type this link: <https://sash.premierit.host/login>
- Click Register
- Complete all fields – NB If your job does not have a **Professional Reg Number** (e.g. GMC/GDC code or NMC number) please type **N/A**
- Click Register
- The system will send an email to you with your login details – **WARNING:** this might go into your Spam folder.

### 2. Complete the SaSH EPR e-learning

- Log in at: <https://sash.premierit.host/login>
- Click on the menu 
- Click Library
- Select E-Learning
- Select the folder relevant to your position.
- Select the relevant course, if unsure please refer to the list below; then click Enrol



Position/Job Role	Course Name
Doctors working on the wards	Inpatient Doctor EPR Training - All Modules
Doctors working in clinic	Outpatient Doctor EPR Training - All Modules

### 3. To View the e-learning

- Click on a module. Click **Launch**.
- When you've completed a module click **X**

Once all assessments have been completed, click  if offered

### 4. Smartcards Access and Activation to use SaSH EPR

- Cards are issued on your joining the Trust by Medical Staffing (6860), or if you have an existing smartcard it is set up for use within Surrey & Sussex Healthcare NHS Trust by the Medical Resourcing team.

- Your access to SaSH EPR cannot be granted until you start with the Trust, and have completed all the relevant EPR e-learning. You will then need to contact the EPR team on **extension 4135** to ask for your smartcard to be activated. The EPR Team will verify your completion of the relevant e-learning and assessments.
- If required, a trainer can arrange to meet with you to go over any extra elements that you need and which are not included in the EPR e-learning. Contact extension 2175 to speak directly to an EPR/IT Trainer. NB: If a trainer is not available, please visit the **EPR/IT Training Office** (AD22) or [EPRTrainingTeam@sash.nhs.uk](mailto:EPRTrainingTeam@sash.nhs.uk)

## Vantage Rego



<https://ref.management/login>

While you are working as a DCT, you will both treat patients referred from other practices and sometimes hospital departments. NHS Referrals will normally be made to a named specialist or consultant as part of an agreed referral pathway or contract. All such referrals will initially be assessed by a Consultant, who will agree a written treatment plan to be shared with the patient. Some or all aspects of this treatment may be delegated to a Dental Core Trainee. The Clinical Supervisors will ensure that you have sufficient competencies to safely undertake these delegated procedures and the scope of treatments able to be undertaken will increase as the year progresses.

Currently, NHS referrals are made via the DERS (Dental Electronic Referral System)/Rego. **You will be given log in details on commencement of employment.**

Referrals can be searched via patient name, date of birth or the URN (Unique Reference Number). Referrals will include a prescription for treatment from the referring practitioner (GDP/GMP), as well as relevant medical history details and imaging. Where imaging is not available on Rego, it can be requested or available on CERNER/EPR.

For further guidance on using Rego, please see <https://ref.management/login> and request remote support. Alternatively, your supervisor may be able to help.

## Dictate IT

Using Digital Dictation doctors can save electronically the letters they dictate to patients, dentists and GPs. Secretaries can then access these saved audio files and transcribe them.



The entire process of dictating, transcribing and signing the letters is now electronic, enabling the Trust to email letters directly to referrers. You must ensure that any dictated letters are signed off within 1-2 days (urgent) or 1-2 weeks (routine). Letters can be signed off remotely at <https://www.dictate.co.uk/SASH/EApprove/Account/Login>.

Getting Set Up with a Dictate IT account

**A Dictate IT account will be set up for you on commencement of your employment.**

Do you need training?

The below link has access to online training and help guides to help you navigate the digital dictation system. <https://sashnet.sash.nhs.uk/workspaces/it-training/digital-dictation>

You can also find useful YouTube tutorial links here:

- Dictation capture speech mike

[https://youtu.be/8J\\_mtWeIY58](https://youtu.be/8J_mtWeIY58)

- e-Approve

<https://youtu.be/jsrV5wbra4I>

- Web approve

<https://youtu.be/mHUNccvyDUU>

- Notes to secretary workflow

<https://youtu.be/DfOrbjd-oQ0>

Help Desk Support for Dictate IT:

Dictate IT Support Desk telephone number is 0203 307 1501. Open from 9am until 5.30pm.

## Key Study Dates at ESH

DATE/TIME	EVENT	SPEAKER	VENUE
Tuesday 8th September (9am-12pm)	<b>Orthodontics:</b> 1) Introduction to orthodontics	Ziba Cunningham/ Monika Cedro	Dental Department
Wednesday 9th September (9am - 5pm)	<b>Special Care:</b> 1) Sedation	Mili Doshi/Damien Reilly	Dental sims lab
Thursday 10th September (2-5pm)	<b>Paediatric:</b> 1) Trauma & splinting 2) Behaviour management in children 3) Preformed metal crowns	Sophie Marshall	Dental sims lab
Wednesday 16th September (2-5pm)	<b>Special Care:</b> 1) Ward Care 2) MCM	Mili Doshi	Dental sims lab
Wednesday 7th October (9am-5pm)	<b>Oral Surgery:</b> 1) Surgical principles 2) Soft tissue management 3) Management of Complications 4) Case Review	Naomi Rahman/Shrina Nathwani	Dental sims lab
Tuesday 22nd September (2-3pm) DCT1 only	<b>Critical Appraisal Training &amp; How to prepare for journal club</b>	Karen Skinner <a href="mailto:karen.skinner2@nhs.net">karen.skinner2@nhs.net</a>	ESH Library/ Microsoft Teams (TBC)
Thursday 24th September (9-10am) DCT2 only			
Tuesday 20th October (4-5pm) Both DCTs			
	PILS/ILS*	<a href="mailto:sash.resuscitation.education@nhs.net">sash.resuscitation.education@nhs.net</a>	
	Safeguarding Level 3*	<a href="mailto:sash.safeguardingchildren@nhs.net">sash.safeguardingchildren@nhs.net</a>	

\* These courses are mandatory. Study leave is required for their attendance. It is recommended you book these early.

***This list is not exhaustive - additional study days will be made available from HEE and ESH throughout the year.***

## DCT Timetable 2020-21

Please note that this timetable is a guide and is subject to change depending on service/training needs

Attendance is from 8:30am to 5pm unless stated as earlier for GA

### DCT 1

	MON	TUES	WEDS	THURS	FRI		SAT
A M	Oral Surgery outpatient treatment clinic/LA (AD) 09:00 - 13:00  1 in 4 TOIL	Orthodontic clinic (ZC/MC) 09:00 - 13:00  Orthodontic/ Paediatric Joint Clinic (First Tuesday of the Month) 09:00 - 13:00  Orthognathic Clinic (3rd Tuesday of the month) 08:30 - 12:30	Weeks 2&4: Oral Surgery outpatient treatment clinic IVS/ LA(DG)  Weeks 1&3: Oral Surgery new patient clinic (NR)  09:00 - 13:00	Paediatric IS treatment clinic (DG)  09:00 - 13:00	Weeks 1&3: Treatment (IVS)  Weeks 4: Assessments (MD/MK)  09:00 - 17:00	Week 2: Oral Surgery GA CR (NR)  07:30 - 17:00	Paediatric GA 1 in 4 07:30 - 19:30
P M	Special care (DR) Outpatient Assessment/ treatment (sedation)  13:45 - 17:00  1 in 4 TOIL	Audit/Admin  13:45 - 17:00	Week 1: GA ESH  Week 2,3,4: Special Care Theatre (DR) IVS Godstone  13:30 - 17:00	Ward based Activity (DG/ MK/NB)/ MCM (LL)  13:45 - 17:00			

# DCT 2

	MON	TUES	WEDS	THURS	FRI	SAT
AM	Special care (DR) Outpatient Assessment/treatment (sedation)  09:00 - 13:00  1 in 4 TOIL	New patient paedics clinic (TK) 09:00 - 13:00	New Patient Paediatric clinic (TK)  09:00 - 13:00	Audit/Admin 09:00 - 13:00	Paediatric GA 3 in 4 (TK)  Week 4: Oral Surgery GA ESH (NR)  07:30 - 17:00	Paediatric GA 1 in 4  07:30 - 19:30
PM	Oral Surgery outpatient treatment clinic/LA  13:45 - 17:00  1 in 4 TOIL	Week 1,2&4: Oral Surgery Crawley Theatre/GA (SN)  13:30 - 18:00  Week 3: Ortho clinic (MC/ZC)  13:45 - 17:00	Week 1 & 3: Oral Surgery NP clinic (SN)  Weeks 2&4: Paediatric IS treatment clinic (TK)  13:45 - 17:00	Paediatric IS treatment clinic (SM)  13:45 - 17:00		

## Theatre Calendar

This calendar shows the four week rota.

Sep-20								Oct-20								Nov-20								Dec-20							
Week No	M	TU	W	TH	FR	SA	SU	Week No	M	TU	W	TH	FR	SA	SU	Week No	M	TU	W	TH	FR	SA	SU	Week No	M	TU	W	TH	FR	SA	SU
4		1	2	3	4	5	6	4				1	2	3	4	4							1								
1	7	8	9	10	11	12	13	1	5	6	7	8	9	10	11	1	2	3	4	5	6	7	8	1	1	2	3	4	5	6	
2	14	15	16	17	18	19	20	2	12	13	14	15	16	17	18	2	9	10	11	12	13	14	15	2	7	8	9	10	11	12	13
3	21	22	23	24	25	26	27	3	19	20	21	22	23	24	25	3	16	17	18	19	20	21	22	3	14	15	16	17	18	19	20
4	28	29	30					4	26	27	28	29	30	31		4	23	24	25	26	27	28	29	4	21	22	23	24	25	26	27
																1	30							1	28	29	30	31			

Jan-21								Feb-21								Mar-21								Apr-21							
Week No	M	TU	W	TH	FR	SA	SU	Week No	M	TU	W	TH	FR	SA	SU	Week No	M	TU	W	TH	FR	SA	SU	Week No	M	TU	W	TH	FR	SA	SU
2			1	2	1	2	3	3	1	2	3	4	5	6	7	3	1	2	3	4	5	6	7	3				1	2	3	4
3	4	5	6	7	8	9	10	4	8	9	10	11	12	13	14	4	8	9	10	11	12	13	14	4	5	6	7	8	9	10	11
4	11	12	13	14	15	16	17	1	15	16	17	18	19	20	21	1	15	16	17	18	19	20	21	1	12	13	14	15	16	17	18
1	18	19	20	21	22	23	24	2	22	23	24	25	26	27	28	2	22	23	24	25	26	27	28	2	19	20	21	22	23	24	25
2	25	26	27	28	29	30	31									3	29	30	31					3	26	27	28	29	30		

May-21								Jun-21								Jul-21								Aug-21							
Week No	M	TU	W	TH	FR	SA	SU	Week No	M	TU	W	TH	FR	SA	SU	Week No	M	TU	W	TH	FR	SA	SU	Week No	M	TU	W	TH	FR	SA	SU
3						1	2	4		1	2	3	4	5	6	4				1	2	3	4	4							1
4	3	4	5	6	7	8	9	1	7	8	9	10	11	12	13	1	5	6	7	8	9	10	11	1	2	3	4	5	6	7	8
1	10	11	12	13	14	15	16	2	14	15	16	17	18	19	20	2	12	13	14	15	16	17	18	2	9	10	11	12	13	14	15
2	17	18	19	20	21	22	23	3	21	22	23	24	25	26	27	3	19	20	21	22	23	24	25	3	16	17	18	19	20	21	22
3	24	25	26	27	28	29	30	4	28	29	30					4	26	27	28	29	30	31		4	23	24	25	26	27	28	29
4	31																							1	30	31					

## Aims & Responsibilities

### Professional

- Awareness of Trust values and behaviour in keeping with them
- Ensure compliance with Trust policies, including mandatory training, organising leave and reporting of absence
- Act professionally in the workplace and in your interaction with colleagues and patients
- Demonstrate responsibility, honesty and integrity
- Aspiration to excellence via continuous improvement
- Demonstrate punctuality and organisational skills
- Participate actively in all aspects of training and show a willingness to learn
- Work in partnership with others in an open and transparent manner, treats people as individuals and respects their perspective on their own treatment
- Takes personal responsibility for and is able to justify decision and actions
- Prioritise the needs of patients above personal convenience without compromising personal safety or safety of others
- Ensure continuity of patient care is established and that it is communicated clearly to patients and relevant colleagues
- Communicate clearly and effectively with patients and their carers as well as other peer groups/healthcare workers to demonstrate empathy and understanding with others
- Practice in accordance with GDC Standards for the Dental Team and other relevant guidance
- Protect confidentiality of patient information and ensure the appropriate use and sharing of clinical information (compliance with information governance and GDPR)
- Understand your personal role within the team and take an initiative to provide a supportive role within the team
- Act as a role model
- Comply with dress policy and show professionalism in approach and appearance
- Demonstrate a personable and approachable style, building trust and liaising well with other team members.
- Willingness to support other staff and reorganise workloads as necessary.

### Clinical

- Treating patient and their families with dignity and respect at all times.
- Provide care and treatment in accordance with the principles of patients' best interest, autonomy and rights
- Learn to manage patients with more challenging and complex conditions (for example patient with complex dental, medical, mental health/psychiatric conditions or a combination of these)
- Deliver high quality care in accordance with local or national guidance
- Working as part of multi-disciplinary teams or multi-agency teams in order to provide patients with the best possible care
- Enhance broad range of skills in relation to holistic professional practice
- Awareness and understanding of each member's role and responsibilities within the team, with correct utilisation of other members of the dental team
- Acting with care and compassion to improve the lives of your patients
- Take personal responsibility and work independently where appropriate to manage all aspects of patient care
- Recognise and practice within the limits of professional competence and in accordance with prevailing standards to ensure patient safety (for example duty of candour)

- Ensure to involve patients in the decision making of their care and obtain informed consent as appropriate (in relation to capacity and safeguarding)
- Seek advice in a timely manner from more experienced staff when appropriate and deal with challenges. Be able to accept appropriate direction and allocation of tasks
- Know when to seek help and when to refer, but ensure completion of any tasks delegated are done so to an appropriate standard
- Work in a supportive environment where you are adequately supervised, enabling you to learn through service delivery whilst ensuring that patients are not put at risk
- Organise handover and task allocation when required to allow for continuity of patient care
- Attendance is from 8:30am unless otherwise specified, to allow preparation and review of notes for clinics as well as attendance at the morning huddle
- Maintain accurate and contemporaneous records
- Be able to make a clear and accurate referral to other specialities
- Participate in LocSSIPs (Local Safety Standards for Invasive Procedures), clinical governance, risk assessment and quality assurance systems

### **Administrative**

- Approving patient letters within 1 week of dictation-Dictate IT is available remotely, and as soon as possible for urgent letters (i.e. within 1-2 days)
- Ensuring personal treatment sessions are fully booked (liaise with reception as necessary)
- Preparation of the general anaesthetic (GA) lists 1 week in advance of the list. Notes can be requested by the dental secretaries. Please allow 2-3 days for notes to arrive. There is a GA template for use when preparing these lists which needs to be cross-referenced with the GA diary. Notes must be reviewed when preparing these lists. This list needs to be checked for last minute changes up until the day before the GA list
- Preparation of clinics as per specialty guidance
- Liaising with education supervisor, clinical lead, senior dental nurses and Janet Elliott regards annual and study leave
- Ensuring cover for GA lists in the event of your absence due to study or annual leave
- Regularly check and reply to messages via email or letter
- Completion of the huddle form and uploaded on a weekly basis into the shared drive
- Managing patient queries

### **Education**

- You will be enrolled in a local induction which will introduce the programme and set out how it will be delivered and assessed. There will be speciality led inductions and Deanery study days also arranged which require mandatory attendance
- You will agree a personal development plan with your educational supervisor at the beginning of the training period and collect evidence of training in the defined areas including workplace based assessments. Allow and encourage your trainer to observe your clinical work, seeking and acting upon constructive feedback. Learn from many different supervisors in different settings
- Trainees should complete the necessary competencies outlined in each specialty section through completion of 24 work-based assessments (WBAs). It is up to the trainee to organise WBAs with their clinical supervisor. Areas for improvement in the trainees personal development plan can be developed through WBAs throughout the year. You will also be expected to complete a multi source feedback (MSF), which will be discussed with your ES

- Be proactive in clinics and operating lists - tell your senior at the start of the session that you would like to complete an assessment and they are more likely to make time for you to do so
- You are encouraged to use your e-portfolio as a record of learning alongside an e-logbook (such as <https://www.elogbook.org>). We ask that records of your work is kept contemporaneously and signed off as you progress through the year. Failure to do this can result in refusal to sign off, so please ensure this is done within two weeks of the event/procedure
- You will be encouraged to reflect, record and learn from all your experiences during your placement to improve your own skills. This could include recognising errors and demonstrating measures to learn from them through discussion and reflection. If you struggle to write reflective pieces, consider using a model such as Gibbs Reflective Cycle - description (what happened), feelings (what you were thinking/feeling), evaluation (what was good or bad about the experience), analysis (what sense can you make of the situation), conclusion (what else could you have done), action plan (if the situation happened again, what would you do)
- Education and clinical supervisors are available to support trainee driven learning and help trainees where appropriate. They are available for one to one meetings to discuss your performance and suggest actions which will further help develop your skills in the workplace
- You will be encouraged to study and take postgraduate exams eg Membership of the Faculty of Dental Surgery (MFDS) if not already done so, as well as carry out audits, be involved in quality improvement projects, present at local and national meetings as well as make contributions to peer reviewed publications. There is an expectation for work to be delivered to a good standard and on time
- Active engagement and participation in journal clubs, tutorials and study days. Maintain your PDP and make it available at all tutorials and day release study days
- Additional training opportunities include those available on the [list of pre-approved Mandatory and Optional courses](#)
- Awareness and application (with regard to individual patient needs) of guidelines and current literature in the relevant specialities. The library at ESH is recommended for further training on appraisal of literature and access to relevant journals/resources (register with the library service and OpenAthens)
- Demonstrate awareness of local policies (for example complaints, infection control).
- Be involved in organisation or speaking on courses to teach other dentists/students. Seek and reflect on feedback from learners and supervisors to improve own teaching and training skills
- Encouraged to enrol in relevant courses yourself to support your own learning. ILS/PILS and Safeguarding courses are mandatory training
- Arrange and prepare own appraisal in a timely manner
- Have an understanding of career opportunities and pathways
- We ask that you regard all undertaking as learning opportunities, whether they be clinical or non-clinical tasks. This may include involvement in patient care pathways, managing handovers and working in a multidisciplinary team
- Attendance at training days is mandatory and you should aim not to take annual leave at the same time. Failure to achieve attendance will require you to make up the required learning in your own time and at your expense
- Participate in the Local Faculty Group Meeting that is held three times per year (Nov, Feb, Jun). This is a face to face opportunity to discuss progress, highlight good practice, issues and incidents arising in the training programme. A reporting template will be sent out for completion to capture specific information. Be able to give and receive honest, effective feedback through open and appropriately directed communication

- Please ensure you keep a record of your training and ensure this is signed off
- You must comply with GDC requirement for Enhanced Continuing Professional Development (CPD) and maintain up to date knowledge/CPD in the relevant specialities.
- You should also keep a record of your verifiable and non-verifiable CPD to allow you to complete annual General Dental Council returns. There is a section for recording verifiable CPD in the e-portfolio. Copies of CPD certificates should be retained for 5 years after the end of your CPD cycle.(Since a CPD cycle is 5 years long, you are recommended to keep all CPD records, including certificates and course aims objectives and learning outcomes for 10 years, as the GDC can ask to see these)

## Paediatric Dentistry

	Role	Contact	Working Days
<b>Thaylan Kandiah</b>	Consultant and Clinic Lead	<a href="mailto:thayalan.kandiah@nhs.net">thayalan.kandiah@nhs.net</a>	Tue, Wed, Thu, Fri, Sat
<b>Sophie Marshall</b>	Consultant and Education Supervisor for DCT 2	<a href="mailto:sophiemarshall1@nhs.net">sophiemarshall1@nhs.net</a>	Mon, Tue, Thu, Fri, Sat

### ***Your roles and responsibilities in paediatric dentistry include:***

- Treating patient and their families with dignity and respect at all times.
- Working as part of multi-disciplinary teams or multi-agency teams in order to provide patients with the best possible care.
- Attending ahead of clinic start times to review the notes for that clinic.
- Prioritising patient issues above non-patient related administration tasks.
- Approving patient letters within 1 week of dictation-unless you are on leave, and as soon as possible for urgent letters (i.e. within 1-2 days).
- Administration tasks include, but are not limited to; booking outpatient and general anaesthetic appointments, dealing with patient queries, arranging translators, liaison with allied healthcare professionals regarding vulnerable, looked after or medically compromised children, arranging investigations for patients, follow up of children who were not brought to appointments and clinic and general anaesthetic list preparation.
- Preparation of the joint orthodontic/paediatric dentistry clinics. There is a clinic preparation sheet which needs to be completed following review of letters for patients/notes for all joint cases at least 1 day prior to the clinic. Preparation will also require the DCTs to follow up imaging (i.e. CBCT requests) for patients. Preparation for this clinic should be evenly split between DCTs. If you are on leave when you are due to prepare a joint clinic you must arrange cover for this. These needs to be considered 8 weeks prior to taking leave.
- Preparation of the general anaesthetic (GA) lists 1 week in advance of your general anaesthetic list. Notes can be requested by the dental secretaries. Please allow 2-3 days for notes to arrive. There is a GA template for use when preparing these lists which needs to be cross-references with the GA diary. Notes must be reviewed when preparing these lists. This list needs to be checked for last minute changes up until the day before the GA list. The day before the GA list the notes need be taken by you and tracked to Outwood Ward in the morning. Please ask the secretaries to track the notes for you. If you are on leave when you are due to prepare a GA list

you must arrange cover for this, or prepare the list ahead of taking leave. This needs to be considered 8 weeks prior to taking leave.

- Attending GA lists at 0730 on Outwood Ward, appropriately dressed.
- Having an awareness of possible safeguarding issues and raising concerns with a senior colleague. Trainees will be expected to complete safeguarding sharing information forms where directed by a senior colleague. The process for this will be described by a senior clinician on clinic.
- Trainees should complete the necessary competencies outlined below through completion of the listed work-based assessments (WBAs) which will be driven by the trainee. It is up to the trainee to organise WBAs with their clinical supervisor. This is not an exhaustive list of competencies, areas for improvement in the trainees personal development plan can be developed through WBAs throughout the year.

<b>Knowledge</b>	<b>Skills and Behaviour</b>
Current evidence based guidelines relevant to Paediatric dentistry.	Appropriately manages child behaviour.
Dental development abnormalities and management techniques.	Diagnoses complications associated with the developing dentition.
Behavioural management techniques.	Applies knowledge of children's rights to the clinical situation.
Inhalation sedation.	Describes and applies the principles of child protection procedures.
Dental eruption dates.	Able to undertake restorative treatment and place stainless steel crowns.
Recognises presentation of child physical abuse.	Able to provide good pain control.
The management of non-vital immature permanent teeth.	Able to restore traumatised teeth with open/closed apices.
	Able to undertake root canal treatment of a single root canal.
	Able to undertake appropriate treatment planning for children.
	Able to extract primary and permanent teeth.
	Able to provide treatment under Inhalation sedation (supervised).
	Able to provide care under General Anaesthetic (Supervised).
	Demonstrate acute management/treatment of trauma to primary teeth.

	Demonstrate Acute Management/treatment of trauma to permanent teeth.
	Demonstrate Orthodontic extrusion of traumatised teeth.
	Demonstrates restoration of teeth with crown, crown/root and root fractures.
	Recognises dental anomalies and management techniques.

### How to book an urgent case onto the CEPOD (emergency GA list)

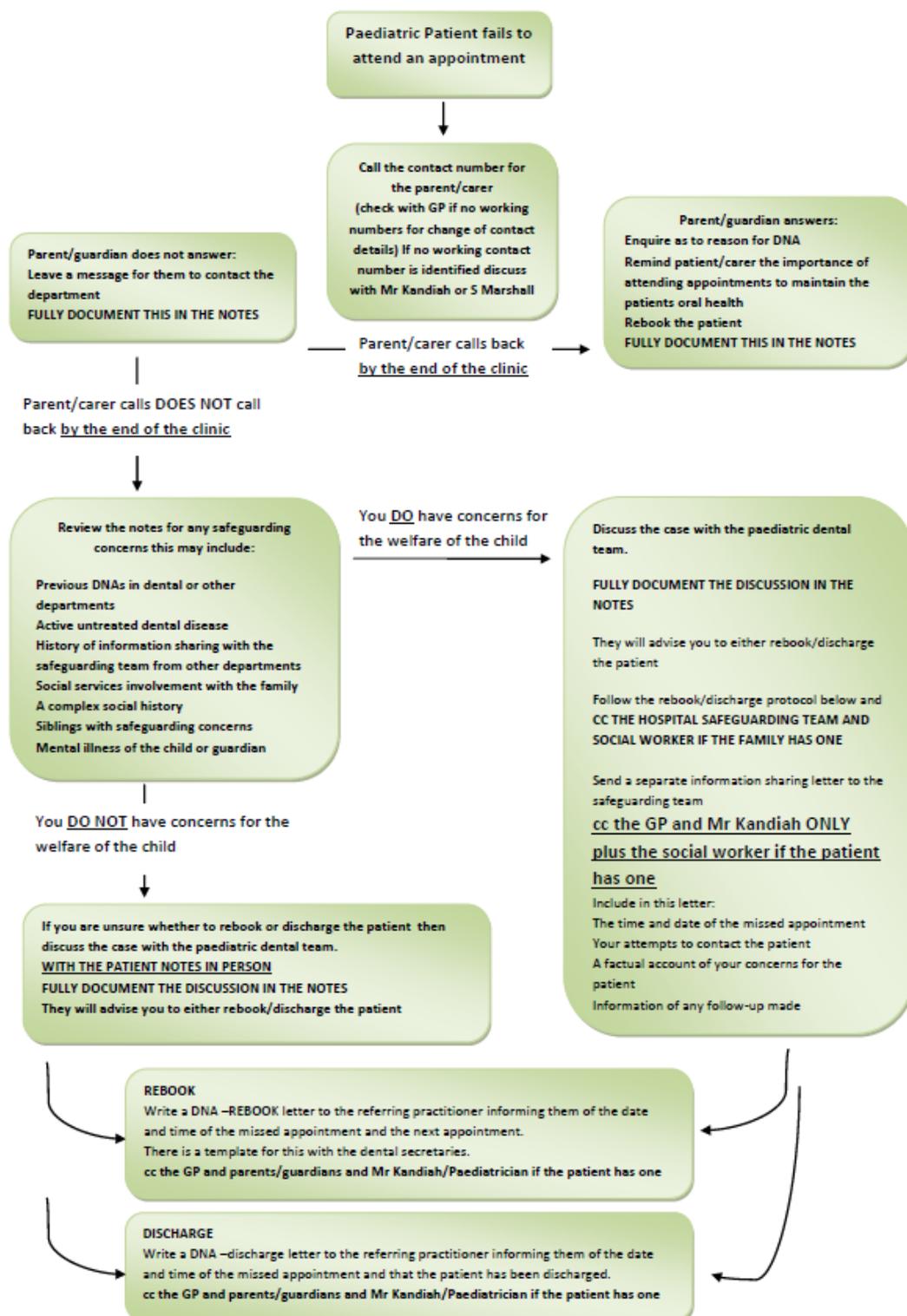
- Confirm treatment plan, with consent with a consultant in paediatric dentistry
- Take the patient's notes to Outwood Ward and book the patient in at the desired date/time and confirm this with a senior nurse. There is a folder used to log these patients on outwood ward and the nurse in charge can show you how to do this.
- Take the patient's details to the CEPOD board in main theatres. This can be accessed from either the PC/Display Board outside of theatre 8 (CEPOD) or via a Google Chrome Browser at <http://fm02/fmi/webd/CEPOD>.
- The Board is usually logged in, but if not, ask one of the theatre staff to login first.
- The web access is via an internal server without a "valid certificate" so the web browser will warn you that it is not secure. Don't worry about this. Please select "LOGIN AS GUEST"
- Once logged in, click BOOK NEW CEPOD CASE or BOOK PICC from the web browser or BOOK NEW CASE from the CEPOD Display Board.
- The popup box that appears will let you know which fields still need to be populated. When finished click save.
- For the operating surgeon, please type the surname and click search to see a list. If the surgeon is not in this list, click on NOT IN LIST to be able to add the name to the list for future reference.
- The NELA checkbox would most likely need to be UNCHECKED for any dentist booking a case since this only relates to patients having a laparotomy or laparoscopy. By unchecking, this obviates the need to populate a NELA mortality.
- Once the case has been added to the bookings area, you will need to discuss with the anaesthetist and nursing in charge. The case will not be added to the planned cases list until an anaesthetist has "approved" the case with a password. The on call anaesthetist for cepod can be bleeped on "930" if they are not in theatre 8.

## Managing Children who Were Not Brought (WNB)

Children who WNB should be considered a potential child safeguarding issue. Children who WNB should be managed according to the department WNB protocol (see next page).

Trust wide child safeguarding contacts, policies procedures and resources can be found on the intranet at: <https://sashnet.sash.nhs.uk/workspaces/safeguarding/children>

Any child safeguarding concerns should be discussed with a consultant in paediatric dentistry and the discussion and action plan fully documented in the patient's notes. Sharing information forms for children should be completed, where indicated, on cerner, the details of this process can be found on the intranet link highlighted above.



## Competencies

The following competencies need to be assessed by WBA by end of 2020:

1. Taking consent for general anaesthetic
2. Taking consent for inhalation sedation
3. Placement of fissure sealant
4. Placement of fluoride varnish
5. Separator placement
6. Hall crown placement
7. Conventional PMC placement
8. 10 supervised inhalation sedation sessions

The following competencies need to be assessed by WBA before September 2021:

1. Endodontic management of a mature incisor
2. Endodontic management of an immature incisor
3. Composite restoration of a permanent incisor
4. Management of dental trauma in a child
5. Splint placement/removal in a child
6. Management of molar-incisal hypomineralisation
7. Extractions in a child under local anaesthetic
8. Extractions in a child under inhalation sedation
9. Comprehensive care of a child under general anaesthetic
10. Surgical extraction in a child under general anaesthetic
11. Management of a child with a medical co-morbidity for general anaesthetic

## Publications and Conferences

Trainees are encouraged to publish or present service improvement projects, interesting cases or peer-reviewed articles. These are self-directed by the trainee but will be supported by clinical supervisors. Trainees are also encouraged to attend conferences, within paediatric dentistry the British Society of Paediatric Dentistry Conference takes place in September each year with abstract submissions by March. The European Association of Paediatric Dentistry Conferences takes place in Spring/Summer each year with abstract deadlines in January. If you are interested in presenting a project to either conference please discuss with T.Kandiah or S.Marshall.

## Key Contacts

Child Safeguarding	2642
Outwood Ward	1677
Outwood Ward Day Surgery	2045
GA List Coordinator	2626
Anaesthetic Secretaries	6046
Paediatric Emergency Department	6905/6668

## Key Guidelines

DCTs are expected to be familiar with the following key guidelines in paediatric dentistry:

### Behaviour Management

BSPD Non-Pharmacological Behaviour Management & Clinical Holding

<https://www.bspd.co.uk/Resources/BSPD-Guidelines>

BSPD Guidelines for the Management of Children Referred for Dental Extractions under General Anaesthetic

<https://www.bspd.co.uk/Resources/Partner-Guidelines>

### Dental Disease Management:

Delivering better oral health: an evidence based toolkit for prevention

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/605266/Delivering\\_better\\_oral\\_health.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/605266/Delivering_better_oral_health.pdf)

SDCEP Prevention and Management of Dental Caries in Children

<https://www.sdcep.org.uk/wp-content/uploads/2018/05/SDCEP-Prevention-and-Management-of-Dental-Caries-in-Children-2nd-Edition.pdf>

RCS Diagnosis, Prevention and Management of Dental Erosion

<https://www.rcseng.ac.uk/dental-faculties/fds/publications-guidelines/clinical-guidelines/>

Guidelines for Periodontal Screening and Management of Children and Adolescents

<https://www.bspd.co.uk/Resources/BSPD-Guidelines>

### Trauma Management:

Treatment of Avulsed permanent teeth in Children <https://pdfs.semanticscholar.org/0745/ae0c8fe133d21e7c86b429e8a48231e48f22.pdf>

IATD Dental Trauma Guidelines

<https://www.iadt-dentaltrauma.org/1-9%20%20iadt%20guidelines%20combined%20-%20r%20-%2011-5-2013.pdf>

Management and Root Canal Treatment of Non-Vital Immature Permanent Incisor Teeth

<https://www.bspd.co.uk/Resources/BSPD-Guidelines>

### Medically Compromised children:

RCS The Oral Management of Oncology Patients Requiring Radiotherapy, Chemotherapy and / or Bone Marrow Transplantation.

<https://www.rcseng.ac.uk/dental-faculties/fds/publications-guidelines/clinical-guidelines/>

### Multidisciplinary:

RCS Management of Unerupted Maxillary Incisors

<https://www.rcseng.ac.uk/dental-faculties/fds/publications-guidelines/clinical-guidelines/>

RCS Management of the Palatally Ectopic Canine

<https://www.rcseng.ac.uk/dental-faculties/fds/publications-guidelines/clinical-guidelines/>

RCS Guideline for the Extractions of First Permanent Molars in Children

<https://www.rcseng.ac.uk/dental-faculties/fds/publications-guidelines/clinical-guidelines/>

## **Child Protection**

Child Protection and the Dental Team

[https://bda.org/childprotection/Resources/Documents/Childprotectionandthedentalteam\\_v1\\_4\\_Nov09.pdf](https://bda.org/childprotection/Resources/Documents/Childprotectionandthedentalteam_v1_4_Nov09.pdf)

## Orthodontics

	Role	Contact	Working Days
<b>Ziba Cunningham</b>	Consultant and Education Supervisor for DCT 1	<a href="mailto:ziba.cunningham1@nhs.net">ziba.cunningham1@nhs.net</a>	Mon, Tue
<b>Monika Cedro</b>	Consultant	<a href="mailto:m.cedro@nhs.net">m.cedro@nhs.net</a>	Tue, Wed

### ***Your roles and responsibilities in orthodontics include:***

- Have a basic understanding of orthodontic provision in the secondary care service
- Be able to make basic orthodontic diagnoses and undertake basic and emergency orthodontic treatments
- New Patient Assessment clinic: Review notes to ensure no booking errors / assess patients / update records / CBDs
- Treatment clinics – review notes to ensure no booking errors / prepare treatment list / carry out supervised treatments / CBDs
- Joint orthodontic/paediatric clinics – Prep clinic by completing the preparation sheet at least 1 day prior to the clinic & email to all team. This will also involve ensuring no booking errors and that imaging is returned and reported.
- Orthognathic clinic – prep clinic (as per Ortho/Paeds clinic) / assess patients / update patient notes / coordinate lab work/ transfer of notes to RSCH
- Coordinate orthodontic unscheduled appointments

Knowledge	Skills and Behaviours
Identify normal and abnormal facial growth, physical, mental and dental development and explain their significance	Undertake an orthodontic assessment
Oral health in relation to orthodontic therapy	Able to make appropriate Orthodontic referrals – at the appropriate time
Common craniofacial abnormalities – including cleft lip and palate and orthodontic needs of these patients (knowledge of how these patients are best managed)	Able to interpret radiographs to accurately locate impacted teeth, using parallax techniques

Knowledge of IOTN and commissioning levels	Able to assess an impacted tooth and can give treatment options to a patient in broad terms
Identify and explain the principles of interceptive treatment	Able to place separators for orthodontic bands.
Identify and explain developmental or acquired occlusal abnormalities	Able to design a removable orthodontic appliance to treat cross bite (with displacement) or to retain
Treatment principles for types of malocclusion e.g. class II 1, crowding, ectopic canines	Ability to adjust an orthodontic appliance to render comfortable and safe without compromising its effectiveness – removable, functional and fixed appliance
Able to assess the risk/benefit of orthodontics	
Be aware of common complications of orthodontics and iatrogenic damage.	

### **Competencies:**

The following competencies need to be assessed by WBA by end of 2020:

1. New patient assessments
2. IOTN
3. Impressions / photographs (Orthodontic records)
4. Interpretation of Radiographs for Orthodontic treatment
5. Parallax explanation
6. Identification and management ectopic canines / unerupted central incisors

The following competencies need to be assessed by WBA before September 2021:

1. Placement and removal of orthodontic separators
2. Bond / debond of fixed appliance bracket
3. Adjustment of a fixed appliances
4. Design of RA
5. Activation / fit of RA
6. Fit and explanation of retainers

### **Publications and Conferences**

Trainees are encouraged to publish or present service improvement projects, interesting cases or peer-reviewed articles. If you are interested in presenting a project please discuss this with Ziba Cunningham and Monika Cedro.

## Special Care Dentistry (and Community Dental Services/CDS)

	Role	Contact	Working Days
<b>Mili Doshi</b>	Consultant and Educational Supervisor for StR in Special Care Dentistry	<a href="mailto:mili.doshi@nhs.net">mili.doshi@nhs.net</a>	Wed, Fri
<b>Damien Reilly</b>	Consultant	<a href="mailto:d.reilly1@nhs.net">d.reilly1@nhs.net</a>	Mon ,Wed
<b>Natalie Bradley</b>	StR	<a href="mailto:natalie.bradley@nhs.net">natalie.bradley@nhs.net</a>	Wed,Thu
<b>Meg Keddie</b>	Senior Dental Officer Band B and Outreach Lead	<a href="mailto:megkeddie@nhs.net">megkeddie@nhs.net</a>	Mon - Fri
<b>Daniel Gillway</b>	Dental Officer Band A	<a href="mailto:daniel.gillway@nhs.net">daniel.gillway@nhs.net</a>	Mon,Tue, Wed (weeks 1,3), Thu
<b>Gilly Houston</b>	Dental Officer Band A	<a href="mailto:gillian.houston@nhs.net">gillian.houston@nhs.net</a>	Wed

### ***Your roles and responsibilities in relation to special care dentistry include:***

- Administration tasks include obtaining medical information from GMP practices, finding next of kin/ lasting power of attorney details. Liaising with advocacy agencies.
- Having an awareness of possible safeguarding issues and raising concerns with a senior colleague. Trainees will be expected to complete safeguarding sharing information forms where directed by a senior colleague. The process for this will be described by a senior clinician on clinic.
- Have an understanding of the improvement of oral health of individuals and groups in society who have a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability or, more often, a combination of a number of these factors.
- Have an understanding of a holistic approach that is specialist led in order to meet the complex requirements of people with special needs.
- Have an understanding of disability issues and the impact that they can have on oral health; as well as a comprehensive understanding of the impact that oral health can have on the lives of people with disabilities and complex needs.
- Have an understanding of the use of pharmacological techniques for people with disabilities including conscious sedation and general anaesthesia
- Understand the principles of the mental capacity act 2005 and how to work in best interest of patients who do not have capacity

<b>Knowledge</b>	<b>Skills and Behaviours</b>
Aware of common medical , physical and cognitive disorders and their impact on oral health	Able to manage and deliver oral health care, and oral health promotion programmes.
Awareness of anxiety management techniques.	Able to use behaviour management techniques required to provide oral care for people who have a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability and able to provide comprehensive oral care using the most appropriate treatment modality.
Awareness of behaviour management techniques.	Able to administer Inhalation Sedation safely and competently under supervision
Understanding of behavioural sciences.	Able to undertake cannulation.
Awareness of Sedation guidelines and protocols.	Able to administer sedation.
Knowledge of appropriate selection of treatment techniques.	Demonstrates patience when undertaking patient care.
Understands / knows how to deal with a patient who does not have the capacity to consent.	Able to modify patient's behaviour with positive outcome and acceptance.
Understanding of how social history/ medical history impacts provision of care.	Able to treatment plan for special care patients recognising appropriate compromise.
Knowledge of General Anaesthetic treatment modalities.	
Knowledge of Cognitive Behavioural Therapy.	
Knowledge of Hypnosis.	
Knowledge of Psychology as it relates to behaviour modifications and change.	

## **Competencies**

The following competencies need to be assessed by WBA by end of 2020:

1. Carrying out mental capacity assessments
2. Assessment of patients for sedation and GA
3. Sedating patients according to clinical need

The following competencies need to be assessed by WBA before September 2021:

1. 20 IV cases
2. 10 inhalation sedation cases
3. 10 sedation assessments
4. Completion of sedation accreditation MCQ and WBA
5. Assessment of a patient undergoing oncology care
6. Assessment of special care patients with urgent dental conditions
7. Attending outreach clinics as appropriate, including Farmfield, Remeo and domiciliary care
8. Joint presentation a special care Grand Round

## **Publications and Conferences**

Trainees are encouraged to publish or present service improvement projects, interesting cases or peer-reviewed articles. These are self-directed by the trainee but will supported by clinical supervisors. Attendance at special care dentistry and sedation-related conferences is encouraged.

## **Key Contacts**

Lorraine Lee (MCM) ext 2641 [loraine.lee@nhs.net](mailto:loraine.lee@nhs.net)

## **Key Guidelines**

DCTs are expected to be familiar with the following key documents relating to sedation and special care dentistry.

- IACSD Standards for Conscious Sedation in the Provision of Dental Care – 2015 Report.
- RCS The Oral Management of Oncology Patients Requiring Radiotherapy, Chemotherapy and / or Bone Marrow Transplantation.
- Other documents relating to sedation and special care dentistry as collated on the BSDH, SAAD, and DSTG and BSG websites.

## Oral Surgery

	Role	Contact	Working Days
<b>Shrina Nathwani</b>	Consultant and LFG Lead for Dental & Maxillofacial Services	<a href="mailto:shrina.nathwani1@nhs.net">shrina.nathwani1@nhs.net</a>	Tue (weeks, 1,2,4), Wed
<b>Naomi Rahman</b>	Consultant & Clinical Audit Lead	<a href="mailto:naomi.rahman@nhs.net">naomi.rahman@nhs.net</a>	Wed, Fri (weeks 1,2,4)
<b>Anika Davis</b>	Specialty Dentist	<a href="mailto:anika.davis@nhs.net">anika.davis@nhs.net</a>	Mon
<b>Daniel Gillway</b>	Specialty Dentist	<a href="mailto:daniel.gillway@nhs.net">daniel.gillway@nhs.net</a>	Wed (weeks 2,4)

### ***Your roles and responsibilities in relation to oral surgery include:***

- Attendance is at 8:30am to allow time to prepare for the clinic and be present at the daily huddle. Clinics start at 9am and 1:45pm.
- Attendance for GA Lists is 1hr before start time (7:30am Friday and 1pm Tuesday) to allow for consent confirmation and clerking of patients. For GA lists at ESH clerking is done either on Adult Surgical Preassessment unit or Outwood Ward (paediatric). For GA lists at Crawley Day Surgery Unit, Phoenix ward is based within the DSU. Please be punctual.
- Be prepared to help out other new patient clinics running alongside yours (either seeing new patients, follow ups, post op reviews or sedation assessments). The more you get involved the more you will learn!
- Preparation of notes:
  - a) 24hours in advance for new patient clinics and treatment sessions in the dental department (on clinic day sheet)
  - b) One week in advance for GA lists (using patient notes and GA diary) utilising the attached preparation sheet. This must be sent to the supervising clinician.
    - ensure all notes are present and complete of information required eg referral, patient imaging, medical history (look up medications in the BNF available online [here](#) or via an app).
    - first stage consent must be complete for all procedures (LA, IVS, GA)
    - for IVS procedures perform a preoperative assessment to determine suitability for IVS in department.
    - All cases to be discussed with the supervising clinician.
- Complete outcome forms for all patient visits (indicate if next visit is LA/IVS/follow up in person/virtual clinic) and ensure next appointment booked.
- If a patient requires a CBCT scan, IVS or GA appointment please confirm this with the supervisor before promising this to the patient.

- For GA procedures, complete a TCI (To Come In) form on EPR (to include operation, clinician and location hospital).
- Liaise with consultant and anaesthetist if there are queries in relation to medical history/ TCI form/requirement for further investigations.
- Provide necessary information/leaflets to patient.
- A letter must be dictated for every patient seen on a clinic/operating list.
- Preparation for LA clinics:
  - a) Notes present and contain information required (include referrer details and medical history/allergy status).
  - b) Relevant imaging is displayed.
  - c) Consent forms must be signed again to confirm consent.
  - d) Completion of the LocSSIP form.
  - e) Discharge patients on Vantage Rego and via letter to the referring practitioner (Dictate IT).
- Preparation for IV Sedation Clinics:
  - a) Ensure escort is present - NO ESCORT=NO TREATMENT.
  - b) Ensure all drugs and equipment is available.
  - c) Notes present and contain information required this includes assessment proforma.
  - d) Relevant imaging is displayed.
  - e) Consent forms must be signed again to confirm consent.
  - f) Completion of the LocSSIP form. Include sedation details on operation sheet.
  - g) Discharge patients on Vantage Rego and via letter to the referring practitioner (Dictate IT). All cases to be discussed with supervising clinician.
  - h) Complete IV logbook.
- GA Daycase preparation - On the day and before patients arrive in theatres:
  - e) Confirm consent – confirm with consultant
  - f) Check medical history and relevant allergies
  - g) WHO form filled in
  - h) Patient fasted appropriately
  - i) Escort and transport arrangements
  - j) Go over post-op instructions
  - k) Mark the patient (if appropriate)
  - l) Preassessment checks written in notes
  - i) Radiographic images (correct images have been taken to aid surgical planning)
    - OPGs, periapicals, USOs
    - CBCT images (in all 3 planes)
  - j) MRSA swabs (if appropriate)
  - k) COVID swabs (if appropriate)
  - l) Pathology reports
  - m) Bloods: U+E, FBC, LFTs, Coag screen
  - n) ECG: Routine for those with cardiac history
  - o) AB prophylaxis (if appropriate)

p) VTE (Venous Thrombo-Embolism) risk assessment

After Surgery:

- a) E-discharge done by end of theatres
  - b) Dictate letters to referring practitioner explaining details of procedure and any other relevant details
  - c) Update handover/de-brief
  - d) Ensure follow up appointments are made
- Crawley Hospital Day Surgery Unit (is clearly sign posted on entry to the hospital via main entrance). There is a canteen and small shop onsite. The DSU unit has kitchen facility with microwave etc. DSU is situated on the first floor and adjoins the Phoenix Ward that is split into male and female. Parking is available in the staff car park (requires ID badge for access) or residential streets (beware of permit holder signposting) which is a 5-10mins walk away. You will require a separate ID badge for access to the DSU which is available from Estates and Facilities (on site at Crawley Hospital). Please ensure you wear your ID badge when on site. If you are taking public transport please plan in advance to ensure you are punctual. Where delays are likely, please inform your supervisor/Consultant.

<b>Knowledge</b>	<b>Skills and Behaviours</b>
Diagnosis of common mucosal diseases.	Able to take a detailed medical, surgical and social history focussed on presenting complaint.
Understands when mucosal biopsy in primary care is appropriate.	Able to undertake routine extractions.
Knows a variety of incisional/ excisional biopsy techniques and when to use each technique.	Able to remove retained roots including raising an appropriate mucoperiosteal flap independently.
Knowledge of dental & oral pathology.	Has excellent manual dexterity.
Understands the basis of pain and anxiety management.	Able to demonstrate skills around inpatient management.
Has a working knowledge of clinical medicine and relevance to surgery.	Able to assess impacted third molars.
Knowledge of surgical procedures and techniques.	Able to surgically remove third molars.
Knows the origin and management of dental infections.	Able to recognise when to undertake surgical extractions as a starting point.
Knows what investigations are required for teeth that require extraction.	Able to treat/drain infection intraoral and/or remove tooth.
Able to describe common indications for tooth extraction.	Able to use instruments safely and appropriately.
Able to describe the pharmacology and therapeutics of analgesia.	Able to carry out techniques under local anaesthesia, or sedation.
Describe the anatomy of mouth, jaws, teeth and supporting structures relevant to the operation.	Able to undertake surgical exposure or transplantation of unerupted tooth, including techniques of exposure and bone removal.
Recognises the importance of basic science in understanding health and disease.	Able to formulate a treatment plan including aftercare.
Knows when to submit tissue for pathological examination.	Able to undertake techniques for tooth splintage.
Understands sensitivity and specificity of diagnostic tests.	Able to undertake intra-oral suturing technique.
Describes complications associated with removal (and retention) of impacted teeth.	Able to resist pressure from patient or carer to provide inappropriate treatment e.g. extraction of tooth that does not warrant such.
Understands indications for removal of impacted wisdom teeth including National Institute for Health and Care Excellence (NICE)/ Scottish Intercollegiate Guidelines Network (SIGN) guidelines.	Able to institute aftercare and review
Understands potential complications and how to manage them.	Able to surgically remove a fractured tooth: Use techniques of bone removal and tooth division.
Understands relevant pharmacology and therapeutics of postoperative analgesia prescribed.	Able to explain potential complications to the patient.

	Able to provide appropriate emergency care.
Able to explain why and when to leave a retained root.	Able to undertake extra oral suturing.
Understands immunocompromised states and their relevance to treatment.	Able to take a mucosal biopsy of a simple lesion.
Knows when it is appropriate to biopsy.	Able to handle soft tissue appropriately.
Understands the place and practice of surgical endodontics.	In the management of Infection able to: a. Recognise the relevance of early involvement of microbiologist. b. Treatment/drain infection intra-orally c. Recognise airway risk. d. Recognise difference between local and spreading infection. e. Recognise signs of systemic sepsis. f. Recognise infection as an early indicator of immunosuppression e.g. diabetes.
Knows when it is appropriate to biopsy.	Able to undertake Intravenous cannulation.
Able to explain: - Signs and symptoms. - Differential diagnosis. - Potential complications. - Aetiological factors and differential diagnosis. - Investigations. - Possible relationship to systemic disease. - Relevant pharmacology and therapeutics. - Signs of malignant disease.	Able to undertake emergency admission of patients.
	Take into account any systemic factors likely to have a bearing on treatment.
	Use all appropriate investigations (e.g. radiographic, sensitivity and vitality tests to diagnose oral problems.

## **Competencies**

The following competencies need to be assessed by WBA by end of 2020:

1. Removal of tooth via simple extraction independently
2. Raising a muco-periosteal flap
3. Safe sectioning of teeth using a surgical drill or other instruments
4. Removal of bone using a surgical drill +/- other instrumentation
5. Safe use of all surgical instruments including luxator
6. Assessment of lower wisdom/ectopic teeth and referral for CBCT
7. Appropriate referral for IV Sedation and GA
8. Able to take a detailed complaint, medical and social history, and prepare a investigations and a treatment plan

The following competencies need to be assessed by WBA before September 2021:

1. 20 IV cases including cannulation
2. Removal of surgical tooth independently (including lower third molar)
3. Publication in peer reviewed journal
4. Presentation at local or national conference
5. Teaching others on an oral surgery related topic
6. Management of soft tissue lesions and identification of the suspicious or at risk lesion
7. Management of complications
8. Assessment of medically compromised patients (including need for treatment)

## **Publications and Conferences**

Trainees are encouraged to publish peer reviewed articles and present service improvement projects or interesting cases. These are self-directed by the trainee but will be supported by clinical supervisors. Attendance at BAOS, ABAOMS, BAOMS, EACMFS, DSTG symposium, ICDMFR and other conferences for Oral Surgery related CPD is encouraged.

## **Key Contacts**

David Davidson (waiting list coordinator) [david.davidson3@nhs.net](mailto:david.davidson3@nhs.net) or 2626

## Key Guidelines

### **NICE - Guidance on the Extraction of Wisdom Teeth 2000**

<https://www.nice.org.uk/guidance/ta1/chapter/1-Guidance>

### **Radiographic Assessment of Wisdom Teeth**

**Rood J.P and Nooraldeen Shehab B A A. The radiological prediction of inferior alveolar nerve injury during third molar surgery. 1990. 28 (1) DOI:https://doi.org/10.1016/0266-4356(90)90005-6**

[https://www.bjoms.com/article/0266-4356\(90\)90005-6/pdf](https://www.bjoms.com/article/0266-4356(90)90005-6/pdf)

### **SedentexCT - CBCT for Dental and Maxillofacial Radiology 2012**

[http://www.sedentexct.eu/files/radiation\\_protection\\_172.pdf](http://www.sedentexct.eu/files/radiation_protection_172.pdf)

- When assessing the lower wisdom teeth for extraction:
- If there are 2 or more of the following radiographic signs of the ID canal and wisdom tooth relationship:
  1. Superimposition of tooth on canal
  2. Increased radiolucency (dark banding across root)
  3. Interruption of the radiopaque border of the canal
  4. Diversion of the canal
  5. Narrowing of the canal

Then the case should be discussed with seniors.

- CBCT scanning may be necessary to proceed.
- This will need to be discussed with a senior. Arrange a CBCT via letter referral to QVH. Arrange a review appointment with enough time to get the scan and report done (2 months).
- In close relationship cases coronectomy may be a treatment option.

### **SDCEP – Management of Acute Dental Problems 2013**

<https://www.sdcep.org.uk/published-guidance/management-of-acute-dental-problems-madp/>

### **SDCEP - Drug Prescribing for Dentistry 2016**

<https://www.sdcep.org.uk/published-guidance/drug-prescribing/>

Routine procedures do not warrant 'prophylactic' antibiotics

In exceptional circumstances staff should exercise clinical judgment and consider use when:

- Patient exhibits significant signs & symptoms from dental infections
- Patient is at increased risk due to medical history eg immunosuppressed (including those on steroids)
- Patients suffering from sickle cell disease
- Procedure has confirmed risk, which could result in significant infection e.g. In presence of bone disease
- Extensive surgery (soft or hard tissue )

## **SDCEP – Oral Health Management of Patients at Risk of Medication-related Osteonecrosis of the Jaw 2017**

<https://www.sdcep.org.uk/published-guidance/medication-related-osteonecrosis-of-the-jaw/>

## **Royal College of Physicians Medication-related osteonecrosis of the jaw: guidance for the oncology multidisciplinary team 2019**

<https://www.rcplondon.ac.uk/guidelines-policy/medication-related-osteonecrosis-jaw-guidance-oncology-multidisciplinary-team>

## **MRONJ AAOMS Position Paper – 2014 Update**

[https://www.aaoms.org/docs/govt\\_affairs/advocacy\\_white\\_papers/mronj\\_position\\_paper.pdf](https://www.aaoms.org/docs/govt_affairs/advocacy_white_papers/mronj_position_paper.pdf)

## **Medications related to Osteonecrosis of the Jaws: BRONJ/MRONJ**

### **1. Bisphosphonates**

#### **Management** (discuss with seniors)

- Avoid extractions if possible
- Drug holidays – little evidence to support
- Warn of risks (<1%) (less in oral pts)
- Atraumatic / avoid flaps

#### Oral BP

- Treat as normal, no indication for routine antibiotics
- > 4 years use increases risk
- Review at 8 weeks

#### IV BP

- Give pre-operative corsodyl to begin 48hrs before (BD) and continue 1 week post
- Consider antibiotic cover 1 hour before = Clindamycin (good bone penetration , but bad for GI system) – **discuss with senior**
- Extractions as atraumatic as possible (avoid multiple extractions)
- 7 day post op course of antibiotics (Amox/ metro)
- Review after 4 weeks and 8 weeks

Exposed bone present for >8 weeks considered osteonecrosis

Patients taking BP & Steroids may be at higher risk, so consider corsodyl and post-op antibiotics

### **2. Denosumab**

#### **Management**

- Give pre-operative corsodyl to begin 48hrs before (BD) and continue 1 week post
- Usually given at 6 month intervals therefore treat at 6 months after last dose
- Delay new dose until healing confirmed at 8 week review

### **3. Anti-angiogenic medications**

#### **Management**

- Give pre-operative corsodyl to begin 48hrs before (BD) and continue 1 week post
- Consider antibiotic cover 1 hour before = Clindamycin (good bone penetration , but bad for GI system) – **discuss with senior**
- Extractions as atraumatic as possible (avoid multiple extractions)

- 7 day post op course of antibiotics (Amox/ metro)
- Review after 4 weeks and 8 weeks

## **SDCEP - Management of Dental Patients Taking Anticoagulants or Antiplatelet Drugs 2015**

<https://www.sdcep.org.uk/published-guidance/anticoagulants-and-antiplatelets/>

### **Management of patients on**

#### **1. warfarin**

- Check INR on day with clinic coagulometer.
- INR less than 4.0 = Extraction of up to 3 teeth in visit
- Local measures – Surgicel and sutures in all cases
- INR greater than 4.0 = Venous sample to haematology
- If high level confirmed – patient to return to see their physician (GP/anti-coagulation clinic) re-book 1-2 weeks.
- NSAIDS, Metronidazole & Miconazole are contraindicated in these patients.

#### **2. DOACs (Apixaban, Dabigatran, Rivaroxaban, Edoxaban)**

- 1 – 3 dental extractions/ session
- If considered low risk (1-3 simple teeth to be removed) - treat as normal with local measures
- If considered high risk (if more than 3 teeth for removal/ large resulting wound/ complex extractions)–
  - a) ask patient to miss morning dose of drug
  - b) restart 6 hours after
  - c) Local measures postoperatively
  - d) If oozy/ bleeding then consider 5% tranexamic acid mouthwash post op for up to 5 days QDS
- NSAIDS & some anti-fungals contraindicated in these patients
- Issues can also arise if patient has **Renal impairment** which potentially increases the bleeding risk, therefore consider prior bloods and **liaison with physician**

### **Anti-Platelet Drugs (Aspirin, Clopidogrel, Ticagrelor)**

increased bleeding time significant with dual therapy

#### **Management**

- 1-3 teeth extracted / session
- Controllable with local measures

**Guidance on the dental management of patients with haemophilia and congenital bleeding disorders 2013 – published in BDJ** <https://www.nature.com/articles/sj.bdj.2013.1097>

#### **Management**

- Thorough history taking
- Blood tests
- Correspondence with their physician/ haematology to plan treatment as necessary

### **Other Medical Conditions associated with Increased Bleeding Risk**

Patients with:

- 1) Haematological malignancy (leukaemia, lymphoma) – impaired platelet and coagulation function (even in remission)
- 2) Chemotherapy – pancytopenia including reduced platelets
- 3) Advanced heart failure – resulting liver failure

- 4) Idiopathic thrombocytopenic purpura (ITP) – reduced platelet numbers
- 5) Chronic renal failure – associated platelet dysfunction
- 6) Liver disease (hepatitis, cirrhosis) – reduced coagulation factors and platelet numbers.
- 7) Patients on dialysis – Management:
  - a) Where they have dialysis
  - b) When they have dialysis / frequency. Plan extractions on non-dialysis days - best time for extraction is day after dialysis, when there has been maximal benefit and effect of heparin has worn off.
  - c) Consider that patients are usually heparinised during dialysis (Heparin half-life 2-4 hours)
  - d) Prior blood tests may be of benefit

All the above conditions require discussion with a supervisor and may require blood tests (FBC, LFTs, Coagulation screen, U+Es) and liaison with physicians.

### **SDCEP -Conscious Sedation in Dentistry 2017**

<https://www.sdcep.org.uk/published-guidance/sedation/>

#### **Complete Sedation Pre-assessment**

- 1) Indication - anxiety/gag reflex/complex treatment/conditions worsened by stress (hypertension, epilepsy, asthma, mild movement disorders)
- 2) Patient factors - profession/alcohol/drugs
- 3) Escort including name, no children/ dependants, English speaking
- 4) Transport to and from hospital
- 5) Blood Pressure – if diastolic > 100mmHg, repeat 5 mins, discuss with senior
- 6) Heart Rate
- 7) Weight and height (BMI) - if BMI >30 for treatment in theatres
- 8) Veins Assessment – history of difficult cannulation, assess yourself
- 9) Mallampati score
- 10) ASA Status (ASA 1 & 2 in department only)
- 11) Leaflets given

#### **Relative contraindications** (to be discussed with senior):

1. Antidepressant/ Antipsychotic drugs
2. Alcoholics
3. Drug users
4. Active thyroid disease

#### **Absolute contraindications:**

1. ASA III & IV (consideration for theatres at ESH)
2. Prolonged surgery/ multiple visits
3. Chronic alcoholism
4. Psycho-social (No escort, children)
5. Unco-operative
6. BMI > 35
7. Extremely difficult venous access (consideration for treatment in theatres)

**RCS - [Temporomandibular Disorders \(TMDs\): an update and management guidance for primary care from the UK Specialist Interest Group in Orofacial Pain and TMDs \(USOT\) 2013](#)**

**RCS – [Management of the Palatally Ectopic Maxillary Canine](#) 2016**

**RCS & The British Society for Disability and Oral Health, [The Oral Management of Oncology Patients Requiring Radiotherapy, Chemotherapy and/or Bone Marrow Transplantation](#) 2018**

**Radiotherapy**

Discuss with seniors

Patients who have received head & neck radiotherapy:

- If extractions unavoidable, trauma should be kept to a minimum, raising as little periosteum as possible, ensuring sharp bone edges are removed, suturing carefully.
- Give pre-op chlorhexidine to use BD 48hrs prior to extractions
- Post-op antibiotics for up 1- 2 weeks.
- Review patient after 2 weeks

**Chemotherapy**

Discuss with seniors

- Patients who have had recent chemotherapy need to be assessed
- Require blood tests (anaemia, bleeding tendencies and are susceptible to infection).

**RCS & British Endodontic Society, [Guidelines for Periradicular Surgery](#) 2020**

<https://www.rcseng.ac.uk/dental-faculties/fds/publications-guidelines/clinical-guidelines/>

Other Protocols in Oral Surgery:

**Oro-antral Communication**

If OAC confirmed during procedure – inform seniors

Treatment will vary depending on size of the communication.

Implement antral regime.

Arrange 1 week review.

If OAC determined at later date - inform seniors

Implement antral regime.

Arrange 1 week review.

**Antral Regime:**

1. No nose blowing for 2 weeks
2. Antibiotics
3. Steam inhalations
4. Nasal Decongestant – Commonly Ephedrine HCL 1% Nasal drops tds 3 days

**Review:**

Upon review may spontaneously close.

If not arrange for further review or surgical flap closure.

**Steroids**

Confirm duration of steroid therapy and dosage – discuss with seniors

**Daily dose of prednisolone > 10mg**

Inform patient to double dose of steroids before procedure on that day.

Discuss with a senior. Steroid I.M. injection may be used in some cases alternatively.

**Daily dose of prednisolone < 10mg**

No supplementation required

Also reduce stress and risk of acute crisis, good pain control and use of sedation is beneficial.

If patient stopped taking steroids > 3 months previously, no supplement required.

**Diabetic patient**

Record when patient last took medication and ate.

If patient feels unwell record glucose level using the glucometer.

**Management of low BG: if below 4.0mmol/l**

Administer glucose drink

**Management of elevated BG: if above 10mmol/l**

Continue with treatment

If acute pain/infection believed to be cause, will settle post-operatively.

If no obvious cause, advise patient to return to GP or diabetic clinic for review.

**Hypertension**

BP Reading:

- Less than 160/100: treat as planned.
- Above 160/100, with an upper limit of 180/110:
  - I. Greater than 180/110 repeat to confirm
  - II. Refer GMP to improve management (risk of stroke) and defer elective treatment (rebook after 6 weeks)
  - III. Consider treatment under sedation. (Proven to lower blood pressure – peri-operatively)
  - IV. Consider local measures - surgical and sutures. As BP may rise again after Midazolam wears off.

**Epilepsy**

- Determine patients typical pattern of seizures; i.e. last fit, frequency, nature.
- Any relevant medication used.
- Usually treat under IV sedation, as this limits stress during procedures which may trigger seizures.
- Seizures of less than 4 minutes, in known epileptics should be treated supportively.
- Prolonged or recurrent seizures should receive appropriate emergency treatment.

**HIV**

Patients with HIV are usually aware of their CD4 count and viral load, as are often on ART medication and have regular monitoring.

CD4 count:

- Above 200 cells/mm of blood – treat as normal
- Less than 200 – check bloods – FBC, LFT's, coagulation screen & contact patients physician.

Viral load:

- Patients on ART usually 50 or below (HIV RNA copies/mm blood).
- 50,000+ indicates high infectivity and progression of HIV.

**Sickle cell disease**

All black, coloured or mixed race patients.

Perform Sickledex test (If positive then all patients should be treated as if they have full disease until the results of the electrophoresis is available)

Emotional stress and anxiety can precipitate a crisis – consider treatment under IV sedation.

Also supplementary oxygen via nasal prongs during procedure is beneficial.

Consider antibiotics.

(Treat Sickle cell trait as normal)

***In addition to these policies, you are asked to familiarise yourself with documents in the Shared G: Drive > Dental & Maxillofacial > Oral Surgery***

## GA Preparation Sheet

CLINICIAN:

DATE:

CLINIC:

PATIENT DETAILS	REFERRER	PROCEDURE	MEDICAL HISTORY	ALLERGIES	EQUIPMENT
NAME DOB MRN					15 BLADE HANDPIECE SUTURE SURGICEL DIATHERMY EXPOSURE AND BONDING KIT OTHER:



## DCT Activities

The department actively encourages the trainees to be involved in education activities including teaching and training, audit/quality improvement projects and journal clubs.

### Deanery Study Days

Attendance is mandatory

You will not receive your certificate of completion of DCT without a CPD certificate for each study day. These days are part of your study leave allowance so you must complete a study leave form in good time (8 weeks notice).

### Tutorials:

Trainees are responsible for key topic presentation, organising attendance register and issuing certificates of attendance.

Remember to bring lunch for as these will be held on week 3 between 13:00 - 13:45.

September 2020	Paediatric Dentistry	Thursday
October 2020	Orthodontics	Tuesday
November 2020	Special Care	Wednesday
December 2020	Oral Surgery	Wednesday
January 2021	Paediatric Dentistry	Thursday
February 2021	Orthodontics	Tuesday
March 2021	Special Care	Wednesday
April 2021	Oral Surgery	Wednesday
May 2021	Paediatric Dentistry	Thursday
June 2021	Orthodontics	Tuesday
July 2021	Special Care	Wednesday
August 2021	Oral Surgery	Wednesday

### Clinical Governance:

Meetings are held in the department on the following dates:

- Tues 08.09.20 (no journal club)
- Wed 21.10.20
- Thurs 19.11.20
- Tues 12.01.21
- Wed 17.02.21
- Thurs 25.03.21

Clinical activity will be cancelled to allow attendance. You are encouraged to use this opportunity to present your work/audits/organise teaching for the department.

***Journal club will occur at each clinical governance meeting.***

**Audit projects:**

The National Institute for Clinical Excellence defines clinical audit as:

***“A quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change.”***

It is essential that any audit or quality improvement project is seen to be worth doing. It should result in improved clinical practice, increased efficiency, better clinical outcomes or more cost-effective service, all of which are part of clinical governance. It should also provide opportunities for learning for all staff involved in the care of patients and essentially improve patient care.

When undertaking an audit or quality improvement project (QIP) consider the following stages:

- Why is the audit worth doing?
- The ‘gold standard’ – guidelines or locally agreed
- Assess local practice:
  - Data items to be collected
  - Sample size or time period
- Compare findings with standard
- Changes for improvement
- Reaudit

Details of how to conduct a good quality audit/quality improvement project will be provided at induction.

**We expect trainees to lead a minimum of two audits and a QIP per year. Please liaise with the clinical audit lead (Dr Naomi Rahman) prior to undertaking these projects as they will need to be approved via DATIX (see diagram below). You must also submit the results to the audit lead for each project/audit cycle.**

**Suggested audit or service evaluation projects:**

1. Compliance to LocSSIPs (re-audit)
2. Patient Satisfaction with preformed metal crowns
3. Use of virtual clinics in paediatric dentistry
4. MRONJ patient satisfaction questionnaire
5. Quality of record keeping
6. Informed Consent audit
7. Post- operative complications - patient reported outcome measures (PROMS) and patient related experience measures (PREMS)
8. Antimicrobial prescribing
9. Smoking cessation audit
10. Audit of unscheduled orthodontic appointments
11. Audit of clinicians/dental nurses knowledge of GDPR
12. National audit of unerupted incisors
13. National orthognathic audit
14. Audit of unscheduled orthodontics appointments
15. Audit of clinicians/dental nurses knowledge of GDPR in the Dental and Maxillofacial Department at ESH
16. Records audit of joint clinics (orthodontic/paediatric/orthognathic)

17. Analysis of appropriateness of ward referrals to the dental department
18. Additional procedures carried out for special care patients having sedation or GA
19. Patient/carer/staff satisfaction for people using the recliner/bariatric bench
20. Sedation complications including flumazenil use

COVID-19 related audits will be prioritised, please discuss this with the audit lead.

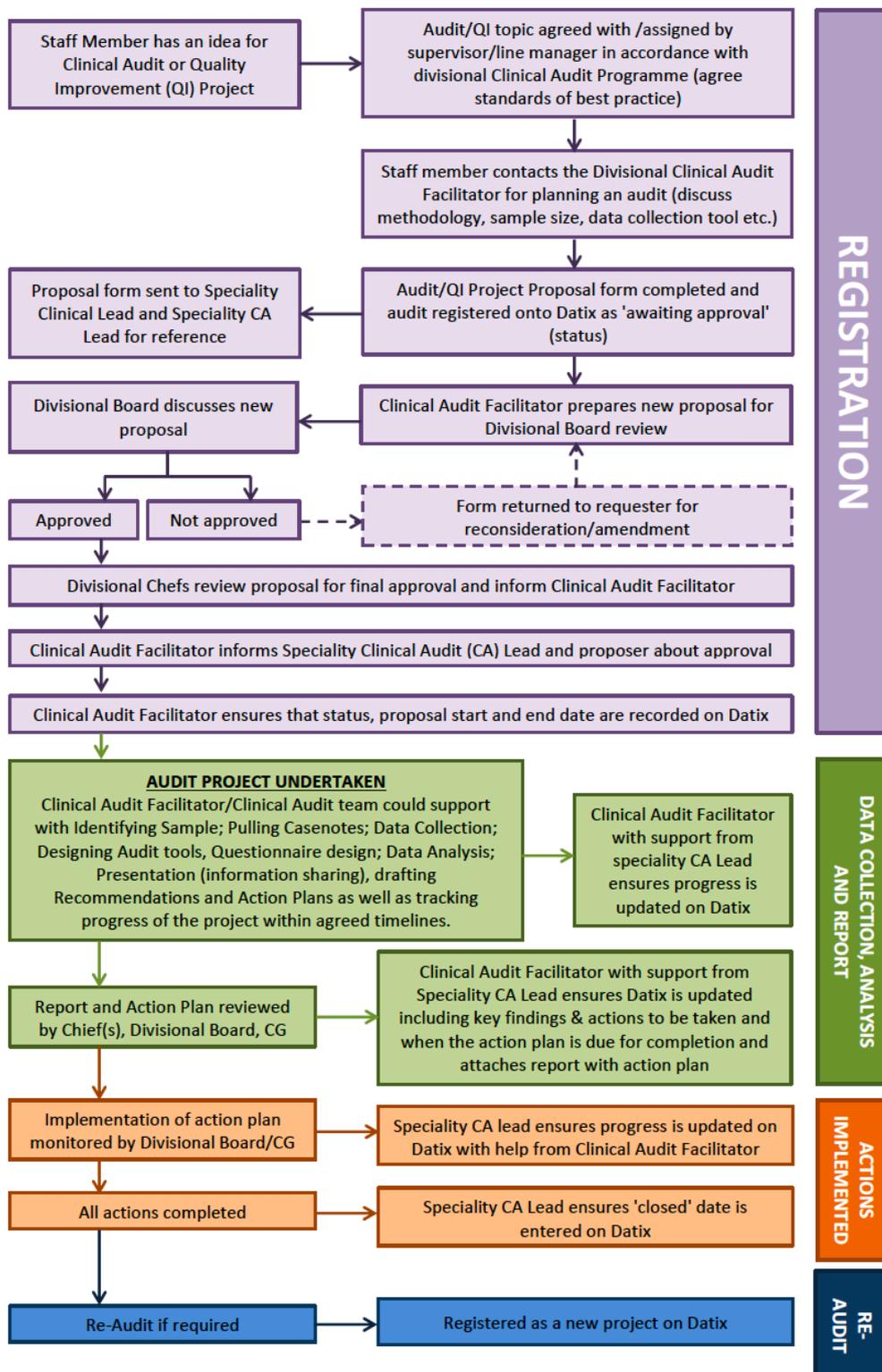
DCTs are encouraged to present their audits or QIP at local and regional audit days.

**Important audit days to remember:**

**Local departmental audit half day** – April/May Clinical Governance meeting

**Chichester cup** – regional audit day at East Surrey Hospital 21st May 2021

**South East Regional Audit Orthodontic Meeting** - Quarterly at Royal Surrey Hospital



### Conscious Sedation training:

East Surrey Hospital is an accredited conscious sedation provider.

You will have a day of conscious sedation theoretical and practical skills training. You will need to complete intermediate life support and paediatric life support training and maintain a sedation logbook with a minimum of **20 IV sedation cases and 10 inhalation sedation cases** for eligibility for accreditation completion. Following a successful assessment, you will become an accredited sedation provider. To book ILS/PILS training please contact [sash.resuscitation.education@nhs.net](mailto:sash.resuscitation.education@nhs.net) for further information including dates.

### Paediatric Safeguarding training

You will need to complete Level 3 Paediatric Safeguarding. This can be carried out at SaSH.

Please contact the child safeguarding team on: [sash.safeguardingchildren@nhs.net](mailto:sash.safeguardingchildren@nhs.net) to book onto the next available course.

Further details on Safeguarding please visit <https://www.surreyandsussex.nhs.uk/patients-visitors/safeguarding/>

### Dental Simulation Lab

The dental simulation laboratory is designed to facilitate the continued education and practical training for the dental team. We are privileged to host such state of the art facilities. The use of these facilities is available to all dental team members for their personal development. It is located on the ground floor of the Postgraduate Education Centre. The facility is managed by Thayalan Kandiah. For bookings please contact Claire Parsonage ([claireparsonage@nhs.net](mailto:claireparsonage@nhs.net)).



### Grand Round

You are expected to organise and speak at the Grand Rounds with the aid of your supervisors. Grand Round is open to all professionals across the Trust, wishing to know more about showcasing commendable research, novel therapies or highlighting interesting patient cases. It has achieved a high-level of popularity amongst all staff. Once a week, a guest speaker is invited to present on a topic of interest. The focus is on innovative medical challenges and change as well as the latest research/treatments in specialist areas. It is a great opportunity for sharing knowledge and improving patient care. It also forms a part of your overall medical education and governance agenda, providing a great way to discuss and debate with professionals across all disciplines.

Venue - PGEC Lecture Theatre

When - Thursdays 13:00-13:30

Dental Grand Rounds - 29th October 2020 and 21st January 2021

## Ward Referrals

The dental service provides an 'urgent' dental service to inpatients and also supports the Mouth Care Matters lead nurse. You will be provided with additional training to help provide this service.

What you might be called for:

- Advice on the management of facial trauma
- Management of acute dental sepsis
- Requests for assessment of dental health prior to cardiac surgery or starting bisphosphonate treatment
- Management of traumatically avulsed teeth
- Advice on diagnosis for oral mucosal pathology
- Mobile teeth that are an aspiration risk
- Mouth care advice for medically compromised patients

**The dental unit is not obliged to make every patient in the hospital dentally fit.** However, the unit is obliged to treat patients with dentoalveolar sepsis and dental conditions that are impacting on their recovery.

You are expected to support the MCM lead nurse with issues that are not within the scope of practice of a dental nurse.

All ward referrals should be seen within 1 working day and should be discussed with senior staff where possible.

What to take with you when you go to the ward.

You need to attend the ward dressed appropriately, abiding by the hospital's dress code (bare below the elbows, no watch and no tie). Set good clinical standards by making sure that you wash your hands before and after seeing the patient and dispose of gloves in the yellow bins.

You should take disposable dental mirrors with you for intraoral examination and a pen torch from the department.

## Documentation

Whenever you have seen a patient on the ward you must document what you have done and what you have said in the medical records and in the ward log book in the unit.

Minimum standards of documentation for ward visits are:

- Date and time
- Who has seen the patient and what is their grade and specialty (SHO, Dental & Maxillofacial Department)
- A legible signature
- Clinical documentation should follow a structure so that it is easy understand the logic of the clinical decision making process and the expected outcome
- Please complete the Ward book log kept at reception

## Mouth Care Matters

Mouth Care Matters is a quality improvement programme to improve the oral health of adult inpatients. The Mouth Care Matters initiative was developed at East Surrey Hospital and has been implemented in many trusts in England. Mini Mouth Care Matters is the arm of MCM focussing on paediatric inpatients. Dental core trainees have played an important part in the programme and have been involved with:

- Developing resources for the MCM website
- Training junior doctors and allied health care professionals
- Providing advice to staff on oral health related matters
- Carrying out audits
- Presenting posters and writing papers

During your year at East Surrey we expect our dental core trainees to be involved with the MCM initiative in the following ways:

- Working with MCM lead nurse to see ward patients that require dental input
- Carrying out training sessions for doctors and allied health care professionals
- Working on oral health QIP in hospital and community

Please refer to the MCM website and become familiar with the training resources and publications

<https://mouthcarematters.hee.nhs.uk/links-resources/mouth-care-matters-resources-2/>

Publication by former SaSH dental core trainees:

9. [Standardising the delivery of oral health care practice in hospitals](#)
10. [An investigation into denture loss in hospitals in Kent, Surrey and Sussex](#)
11. [Putting the mouth back into the body](#)
12. [Management of a hospitalised patient with dementia](#)
13. [Selecting the right tools for mouth care delivery in hospitals](#)
14. [Principles of effective oral and denture care in adults](#)
15. [Knowledge of junior doctors in managing oral conditions in adult inpatients](#)
16. [Dental care pathways for adult inpatients in an acute hospital: a five-year service evaluation](#)

## Leave Policy

### Sickness

- In line with the Trust's absence policy, you must report your sickness to First Care on 0333 321 8053 to 'start' your absence. When you are ready to return to work this needs to be 'closed' by phoning the same number. You should also call First Care if there is a change in your return to work date. This is a 24hr service. (<https://sashnet.sash.nhs.uk/workspaces/workforce>)
- Please phone the office and department first thing in the morning of your first day of absence so we can make any necessary changes to your day
- When you return to work please make an appointment for your return to work interview with your ES (if required)

### Annual leave

- You are entitled to 27 days' annual leave per year
- All annual leave must be applied for in writing at least **8 weeks in advance**
- Your leave should be taken evenly through the year. It is your responsibility to ensure you have taken all your leave before the end of your appointment as any unapproved leave remaining at the end of your contract will be lost
- Normally no more than 2 weeks' continuous absence will be approved. If necessary, apply in writing with an explanation of why >2 weeks is needed
- You will be issued with a leave card and a leave form. Please fill in your leave dates and give to Janet Elliott to be approved
- You must to inform the Consultants you work with, the Senior Dental Nurses and the Receptionist your leave dates so that clinics can be cancelled. Use your [nhs.net](#) calendar to inform clinical staff/nurses and secretarial support of your absence
- It is your responsibility to ensure your clinics are cancelled. For leave taken during a GA list you will need to arrange appropriate cover
- Only one DCT is to be off at any one time. Please liaise with your colleagues to ensure cross cover and cancellation of clinics as appropriate

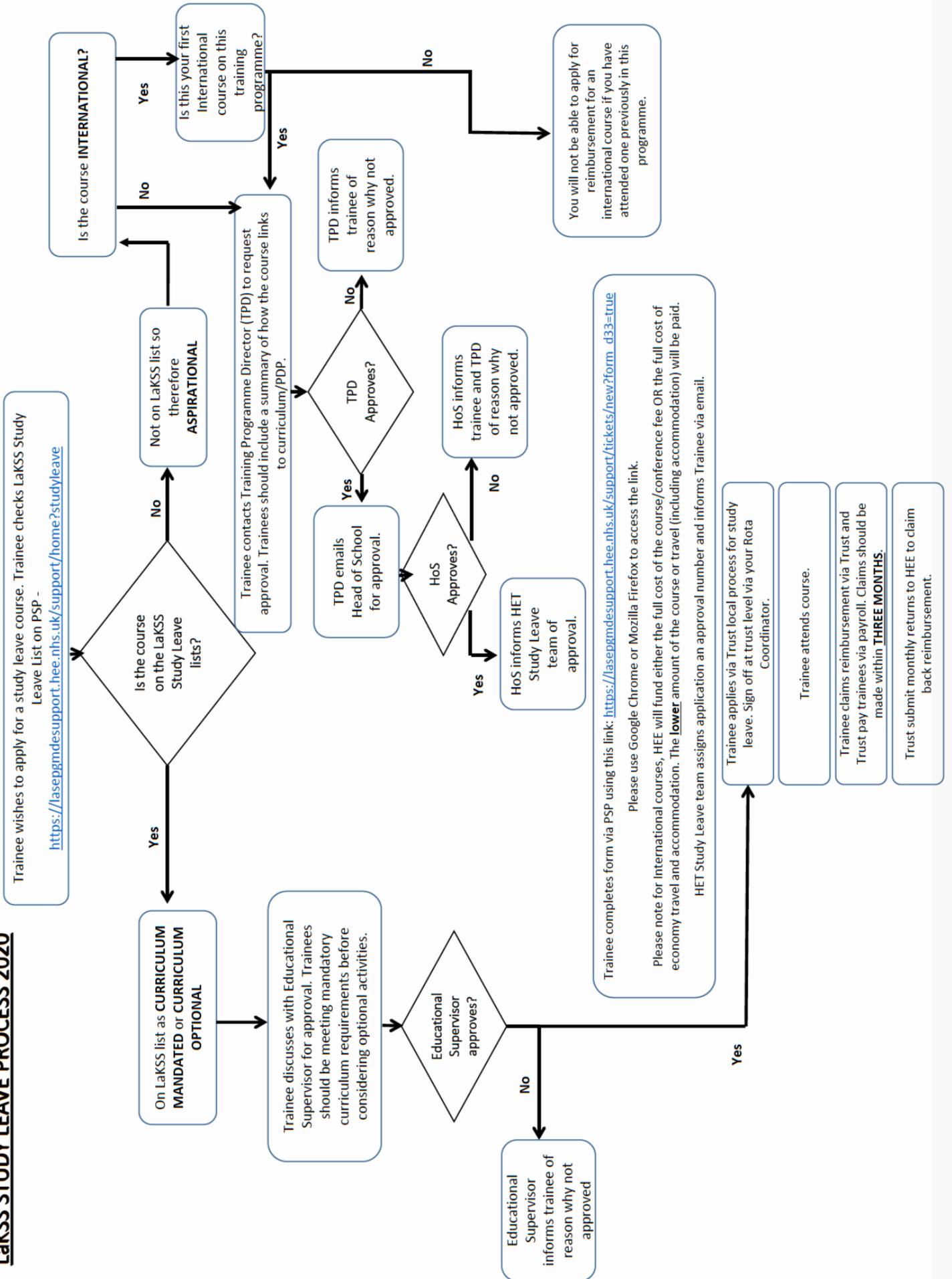
### Study Leave

- The purpose of study leave remains to support training and education that is aligned to your individual learning needs as defined by your curriculum and PDP. Therefore please discuss any intention to take study leave with your ES/LFG
- You are entitled to 30 days' study leave. Some of these days will be for mandatory training including conscious sedation training, ILS/PILS (requirement for sedation accreditation), paediatric safeguarding Level 3 and Deanery organised teaching
- Plan ahead for any courses or conferences you would like to attend
- Be aware that **study leave can only be granted following completion of all local induction training**. This includes EPR training (to allow issue of your Smartcard) and MAST training
- Applications for Study Leave will continue to be made via your Trust local process
- Sign-off at trust level is by your **Educational Supervisor and LFG to ensure any study leave aligns with your PDP. This process can take up to two weeks**
- All study leave must be applied for at least **8-weeks in advance** by completing the [study leave application form](#)
- Study Leave monies will be managed centrally at the L&KSS HEE Office
- Learning events are now designated:
  - **Mandatory:** Learning events the attendance at which is a requirement of the relevant curriculum
  - **Optional:** Learning events deemed complementary to the curriculum. The list is a recommended guide and is not intended to be prescriptive and there is no expectation

that you attend all events on the list. Repeat attendance at any given event in the period of the training programme requires special permission from the TPD

- **Aspirational:** Learning events not included on the Mandated and Optional Lists. In discussion with their ES, LFG **AND** TPD, the Trainee must ensure that an Aspirational course is relevant to their development needs. The PG Dental Dean will have final sign-off, based upon sufficient funds being available. Levels of financial support will be determined by remaining budgets and trainees should not expect that Aspirational claims will be met in full. Trainees should not commit to the financial aspect of Aspirational applications until notified of the level of funding that will be provided. Once an Aspirational course has been pre-approved, a unique approval code will be sent to you by the Study Leave Team for you to add to your claim form that you submit to your Trust
- Lists of pre-approved **Mandatory** and **Optional** courses have been uploaded to the PGMDE support portal study leave page: <https://lasepgmdesupport.hee.nhs.uk/support/home?studyleave> . Please make a note of the relevant approval code from the course list, as you will need to include this on your claim form when you submit your expenses to your Trust
- Please see the attached process flowchart for more information
- Update you portfolio with evidence of attendance after the event
- Funding for courses / conferences held overseas are subject to separate rules
- Study Budget does NOT cover postgraduate exam fees
- Re-imburement of study leave expenses remains via your Trust Payroll (although you will now need to include the relevant mandatory/optional course code or aspirational approval code for your course). Ensure you keep all receipts and upload on to EOL. This must be done within three months of the event
- It is your responsibility to tell the Consultants you work with, the Senior Dental Nurses and the Receptionist your leave dates so that clinics can be cancelled. Use your [nhs.net](https://nhs.net) calendar to inform clinical staff/nurses and secretarial support of your absence.
- Visit our SASH Education Campus website, to read about our study leave approvals process, download study leave forms, and access information on how to claim via EOL: <https://sasheducationcampus.net/medical-education/study-leave/>
- If your request for study leave is not approved you will be informed by your ES/LFG in writing with reasons for this decision. To appeal this decision and for further information, guidance can be found at <https://lasepgmdesupport.hee.nhs.uk/support/home?studyleave>

# LaKSS STUDY LEAVE PROCESS 2020



## Claiming for study expenses at SASH (Allocate/EOL)

For further information: <https://sashnet.sash.nhs.uk/workspaces/workforce/allocate>

1. You can only claim for courses for which you have an approved study leave application form
2. You cannot claim for any expenses >90 days after the course/event
3. To be set up with an EOL account or need your password reset, please contact Workforce Information ([sash.workforce.information@nhs.net](mailto:sash.workforce.information@nhs.net), or call using ext x1327). An EOL registration form is accessible via the link above.
4. Log in at <https://sasheol.allocate-cloud.com/EmployeeOnlineHealth/SASHLIVE/login>
5. Click “Expenses”

The screenshot shows the 'EMPLOYEE ONLINE' interface. The top navigation bar has 'Rostering', 'My Profile', 'Timesheets', and 'Expenses' (selected). The main content area is titled 'Personal Roster' and shows a calendar for 'July — August 2019'. The calendar grid has columns for days of the week (Mon-Sun) and rows for weeks (31-34). The date '4' (August 4th) is highlighted in yellow. The left sidebar has 'View Rosters', 'Record Availability', 'Leave', and 'Request Duty'. The top right corner shows 'Change Password', 'Logout', and 'Sophie Marshall'.

6. Click “New Claim”

The screenshot shows the 'EMPLOYEE ONLINE' interface. The top navigation bar has 'Rostering', 'My Profile', 'Timesheets', and 'Expenses' (selected). The main content area is titled 'All Claims' and shows a summary: 'Current Claims 0', 'Submitted Claims 1', and 'Sent for Payment 6'. There is a 'New Claim' button and a message: 'You have no current claims.' The left sidebar has 'Claims' and 'Vehicle Info'. The top right corner shows 'Change Password', 'Logout', and 'Sophie Marshall'.

7. Next to posting select “Dental Medical Staff”

Next to approving unit select “PGEC”

EMPLOYEE ONLINE

Change Password Logout Sophie Marshall

Rostrering My Profile Timesheets Expenses

Claims

Vehicle Info

New Claim

Claim description: Claim for Aug-2019

Posting: Dental Medical Staff (DR Dental Medica)

Approving unit: PGEC

Notes:

Total value (excl. mileage): £0.00

Total miles: 0

Cancel Create Submit

8. To claim for Course Fees select Supplemental Tab and click “new expense”

EMPLOYEE ONLINE

Change Password Logout Sophie Marshall

Rostrering My Profile Timesheets Expenses

Claims

Vehicle Info

Claim Details — Ref 24443595-20001

Claim description: Claim for Aug-2019

Posting: Dental Medical Staff (DR Dental Medica)

Approving unit: PGEC

Notes: RCS Eng Management and Leadership Supporting ISFE

Total value (excl. mileage): £300.00

Total miles: 0

Mileage 0 Travel 0 Subsistence 0 Supplementary 1

New Expense

Expense Type	Incurred On	Description/Notes	Value Of Claim	Actions
✓ Course Fees	03 Aug 2019	Course Fees	£300.00	✕ ✎

1 - 1 of 1 items

Back to claims Save Submit

9. Be sure to complete:

- Supplementary expense title
- Expense type
- Date incurred (this must be the date of course)
- Claim amount
- Attach receipt of payment, and certificate of attendance on the course  
N.B. this will not accept PDFs and will only accept IMAGE files (eg JPEG)
- Click save

EMPLOYEE ONLINE

Change Password Logout Sophie Mann

Rostering My Profile Timesheets Expenses

Claims

Vehicle Info

Claim Details — Ref.: 24443595-20001

Supplementary Expense — Course Fees

Expense Type: Course Fees

Claim Amount (£): 300

Incurred On: 03 Aug 2019

Receipt Available

IMG\_5059 (2).jpg

Cancel Save Save and New

Back to claims Save Submit

10. Repeat step 8 for “Milage/Travel/Subsistence” if you wish to claim for these
11. Once completed click “save” and “submit”. You will be asked to confirm that all expenses were incurred on the course attended
12. You will receive an email from the study claims email address confirming payment submission or informing you if the claim has been rejected. Click on the orange icon next to your rejected claim (it will be in the “current claims” tab if rejected) to read the reasons why.

EMPLOYEE ONLINE

Change Password Logout Sophie Mann

Rostering My Profile Timesheets Expenses

Claims

Vehicle Info

Claim Details — Ref.: 24443595-20001

Supplementary Expense — Course Fees

Expense Type: Course Fees

Claim Amount (£): 300

Incurred On: 03 Aug 2019

Receipt Available

IMG\_5059 (2).jpg

Cancel Save Save and New

Back to claims Save Submit

Understanding Claiming Categories – Employee Online (EOL)

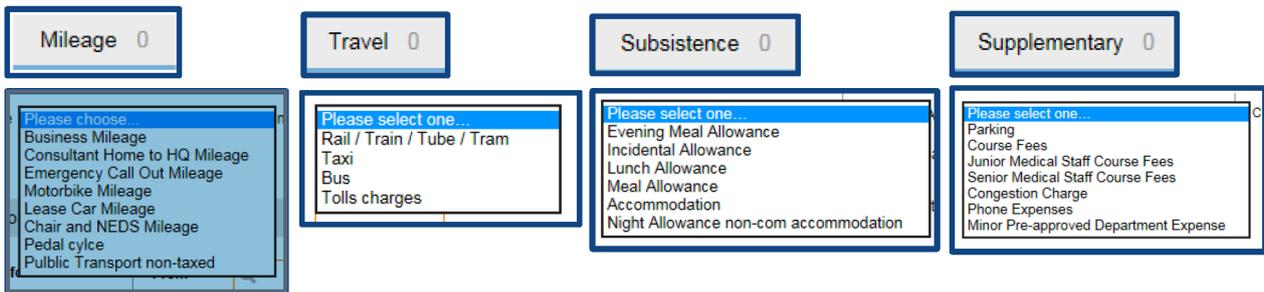
To begin with once you have created a new claim and need to then add expense, you need to select the correct category (See below for the four category's you can select from, which will then contain sub-category's)

The Four Category's (You will need to click the appropriate one):

Mileage / Travel / Subsistence / Supplementary



You can see the sub-categories for each of these expense types listed below:



## Dress Code Policy

See also [https://www.surreyandsussex.nhs.uk/wp-content/uploads/2019/04/Uniform\\_Policy\\_FINAL\\_November\\_2018.pdf](https://www.surreyandsussex.nhs.uk/wp-content/uploads/2019/04/Uniform_Policy_FINAL_November_2018.pdf) for further guidance

DESCRIPTION	Dos and DON'Ts
Uniform / General workwear	Clothes need tidy and freshly laundered, e.g. free from obvious dirt, stains and odours No shirt or other sleeves below the elbow when providing direct patient care in clinical area
ID Badges	Trust ID badge visible at all time and secured with a clip/pin. Maximum of 3 badges only. Take care during manual or close handling of patients
Beards	Short, neatly trimmed or tidily secured
Belts	Buckles cannot be worn when participating in direct patient care
Chewing gum	Staff are not permitted to chew gum whilst on duty
Facial / Body piercings	Visible nose/ tongue studs not permitted (to be removed whilst on duty). If a member of staff has piercings for religious or cultural reasons, they must be covered
Footwear	Must be safe, have suitable sole grip and be easily cleanable
Hair	Clean, neat and tidy Long hair should be tied back, above the collar when working in clinical setting and should not require frequent re- adjustment. Head wear worn for religious purposes are permitted
Jewellery	Jewellery should be discreet, appropriate, not cause offence or be a health and safety hazard Clinical staff must not wear items of jewellery, other than: 1 pair of stud earrings Wedding band No visible neck chains
Make-up	If worn, should be minimal/unobtrusive
Nails	Clean and well-manicured. For clinical staff nails must be short and unvarnished. Artificial nails should not be worn in clinical areas
Tattoos	Visible tattoos are to be discouraged and where present should not be offensive to others. Where they may be deemed to be offensive they should be appropriately covered
Theatre Scrubs	To be worn on site ONLY Royal Blue Scrubs to be worn in operating theatres and X-ray ONLY and NOT in restaurant or refreshment areas, shops etc.
Ties	Not to be worn in clinical areas
Tights/ Stockings	Black/Natural
Socks	Dark
Smoking	Trust is a non-smoking site and staff should not smoke during working hours and should not be seen to do so in Trust identifiable clothing whether in or out of the workplace
Watches	Wrist watches must not be worn whilst delivering clinical care
<b>Remember Bare Below the Elbows</b>	

<https://www.surreyandsussexlibraryservices.nhs.uk/>

# Hello and welcome to



# Surrey and Sussex

Healthcare NHS Trust



## Evidence Alerts



Keep up to date with latest guidelines, policy documents and summarised evidence

Sign up for  **KnowledgeShare**  
our targeted current awareness service

### East Surrey Hospital

Tel: 01737 768511  
Enquiries & renewals: x 6056  
[library.esh@nhs.net](mailto:library.esh@nhs.net)

**Mon, Thur, Fri** 9am - 5pm  
**Tue, Wed** 9am - 6:30pm



### Crawley Hospital

Tel: 01293 600368  
Enquiries & renewals: x 3368  
[librarycrawley@nhs.net](mailto:librarycrawley@nhs.net)

**Mon-Thur** 9am - 5pm  
**Fri** 9am - 4pm



Ask about  
24hr access

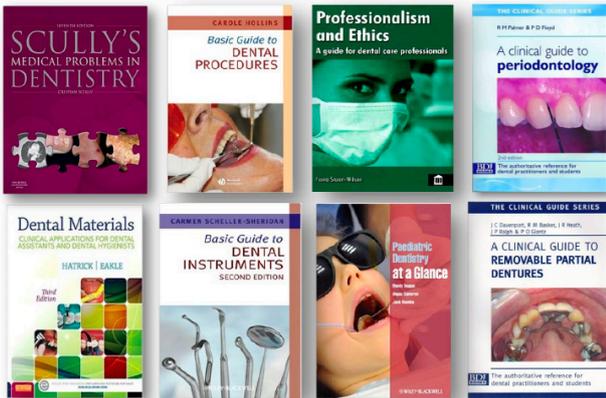


[www.surreyandsussexlibraryservices.nhs.uk](http://www.surreyandsussexlibraryservices.nhs.uk)

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with us!



## USEFUL BOOKS IN STOCK



Check our catalogue to see what other books are available  
[www.southeastlibrarysearch.nhs.uk](http://www.southeastlibrarysearch.nhs.uk)

## USEFUL ONLINE JOURNALS

- Dental Clinics of North America
- Dental Materials
- Dental Nursing
- Dental Traumatology
- European Archives of Paediatric Dentistry
- International Dental Journal
- Journal of Dentistry



## ONLINE RESOURCES



Register for an NHS OpenAthens account to access all of the online resources available to you <https://openathens.nice.org.uk/>

**ANATOMY.TV**  
 POWERED BY PRIMAL PICTURES  
[www.anatomy.tv](http://www.anatomy.tv)

Interactive 3D resource bank of images, video clips and slides



3D HUMAN ANATOMY AS YOU'VE NEVER SEEN IT BEFORE

**ClinicalKey®**  
 Lead with answers.

[www.clinicalkey.com](http://www.clinicalkey.com)

The clinical search engine that adapts to you.



Provides access to a large collection of reference material, books, journals, images and videos

Books Journals Drug Monographs Guidelines Patient Education Clinical Overviews Multimedia

### BMJ Case Reports

<https://casereports.bmj.com>

Collection of cases to locate information on common and rare conditions

Staff from SASH and Sussex Partnership Trust who are submitting a case report can contact the Library for details of the free fellowship code

Browse case reports by: Speciality | Latest content | Most read | Responses | Videos | Images

**KS** Surrey & Sussex Library & Knowledge Services

**NHS** Surrey and Sussex Healthcare NHS Trust

# DENTISTRY

## RESOURCES

Supporting you to give the best patient care

SIGN UP FOR OUR TARGETED CURRENT AWARENESS SERVICE



Keep up to date with latest guidelines, policy documents and summarised evidence



## POINT OF CARE TOOLS

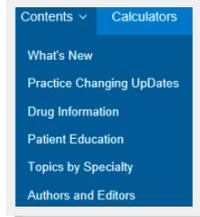
**UpToDate®**

The latest clinical information for you and your patients

[www.uptodate.com](http://www.uptodate.com)



Download the UpToDate Anywhere app



- Register on a trust PC for a username and password to log into the app
- Access on a trust PC with no login
- Login via a trust PC every 90 days to re-verify your access

This resource includes updated reviews of clinical topics in 27 medical specialties

*Please note: drug information in UpToDate is designed for use in the USA, so may differ from UK product licenses and accepted practice*

**BMJ** Best Practice

A clinical decision support tool that offers a step-by-step approach to help manage patient diagnosis, prognosis, treatment and prevention

<https://bestpractice.bmj.com/>



Download the BMJ Best Practice app

Accessing via your Institution?

3 reasons why you need a personal account

1. Access BMJ Best Practice outside of your institution
2. Use your account details to download (for free) the award winning app for offline, anytime access
3. Automatically track your activity to gain CME/CPD points and certificates

- Access on a trust PC with no login
- Register on a trust PC for a personal account to log into the app



## Occupational Health

Dental Core Trainees must contact the occupational health at the Trust and follow all occupational health procedures.

Trainees must provide relevant health screening and immunisation details and follow relevant protocols for inoculation, injuries and subsequent occupational health screening.

Trainees must also take appropriate precautions in relating to safer sharps practice and use the required personal protective equipment for safe dental practice and practise infection control.

Inform your educational supervisor, LFG Lead and training programme director of significant events or issues relating to your occupational health. In addition your ES, LFG Lead, TPD or Trust may choose to refer you to Occupational Health if there are particular health issues that may affect your ability to complete your Training year.

Phone: 01737 231631 or x1631

[sash.occupational.health@nhs.net](mailto:sash.occupational.health@nhs.net)

Location Brickfield House, East Surrey Hospital

Opening hours: Monday - Friday 8am to 4pm

<https://sashnet.sash.nhs.uk/workspaces/occupational-health-and-wellbeing>

## Additional Support

If you do have concerns about your training, it is important that you contact your educational supervisor/LFG/TPD immediately.

Additional support is available from the Trust:

- Postgraduate centre team (<https://sasheducationcampus.net/medical-education/career-welfare-support/external-health-wellbeing-support/>)
- Occupational Health (<https://sashnet.sash.nhs.uk/workspaces/occupational-health-and-wellbeing>)

Support from the Deanery is available at:

- Professional Support Unit (PSU) at <https://london.hee.nhs.uk/professional-development>
- Professional Support and Development from Health Education England: <https://www.lpmde.ac.uk/professional-development/professional-support-unit>
- PGMDE Support Portal (PSP) at <https://lasepgmdesupport.hee.nhs.uk/support/home>

## Useful Websites

British Association of Oral Surgeons, <a href="http://www.baos.org.uk">www.baos.org.uk</a>
British Association of Oral and Maxillofacial Surgeons, <a href="http://www.baoms.org.uk">www.baoms.org.uk</a>
British Dental Association, <a href="http://www.bda.org.uk">www.bda.org.uk</a>
British Society for Oral Medicine, <a href="http://www.bsom.org.uk">www.bsom.org.uk</a>
British Orthodontic Society, <a href="http://www.bos.org.uk">www.bos.org.uk</a>
British Society for Restorative Dentistry, <a href="http://www.bsrd.org.uk">www.bsrd.org.uk</a>
Committee of Post Graduate Deans and Directors <a href="http://www.copdend.org.uk">www.copdend.org.uk</a>
Defeat Depression Leaflet, Royal College of Psychiatrists - <a href="http://www.rcpsych.ac.uk">www.rcpsych.ac.uk</a>
Dental Defence Union, <a href="http://www.the-ddu.com">www.the-ddu.com</a>
Dental Protection Ltd, <a href="http://www.dentalprotection.org/uk/">www.dentalprotection.org/uk/</a>
Dental public health, <a href="http://www.bascd.org">www.bascd.org</a>
Faculty of General Dental Practice, <a href="http://www.fgdp.org.uk">www.fgdp.org.uk</a>
General Dental Council, <a href="http://www.gdc-uk.org">www.gdc-uk.org</a>
Healthcare Learning for online “webinars” and courses, <a href="http://www.healthcare-learning.com">www.healthcare-learning.com</a>
Narcotics Anonymous, <a href="http://www.ukna.org">www.ukna.org</a>
NHS Careers <a href="http://www.nhscareers.nhs.uk">www.nhscareers.nhs.uk</a>
OMFS, <a href="http://www.baoms.org.uk">www.baoms.org.uk</a>
Oral Pathology, <a href="http://www.oralpath.com">www.oralpath.com</a>
Paediatric dentistry, <a href="http://www.bspd.co.uk">www.bspd.co.uk</a>
Special Care Dentistry, <a href="http://www.bsdc.org.uk">www.bsdc.org.uk</a>
The Royal College of Surgeons of England <a href="http://www.rcseng.ac.uk/career">www.rcseng.ac.uk/career</a>