

Dental & Maxillofacial Department Handbook

2021-2022

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August 2021

Dear Trainee

Welcome to your training post at Surrey and Sussex Healthcare. I hope you will enjoy the next year working in a collaborative 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.

The emphasis throughout the year is for you to apply the knowledge and skills that you have already acquired, and thereafter develop 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 guidance and advice of your peers and colleagues. The programme is designed to meet your needs and requires your full participation and a positive attitude for 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 training. If you have any concerns please let myself or your clinical supervisor know.

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

- ▶ Attend your workplace and Deanery induction
- ▶ Complete the Occupational Health screening process and be signed off to perform clinical work (this may include additional blood tests/innoculations/fit testing 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_for_m.pdf) and send a JPEG photo to 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 lead/educational supervisor to agree your Personal Development Plan and sign your Learning Agreement. I suggest you start compiling your PDP now and email it in advance of 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 (you may need to formulate your own spreadsheet logbook to keep record of every patient encounter or treatment you perform for some clinical activities). Further details can be found at <https://kss.hee.nhs.uk/>
- ▶ Register on Axia
- ▶ 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

Consultant Oral Surgeon

Educational Supervisor and Local Faculty Group Lead for Dental and Maxillofacial Services

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.

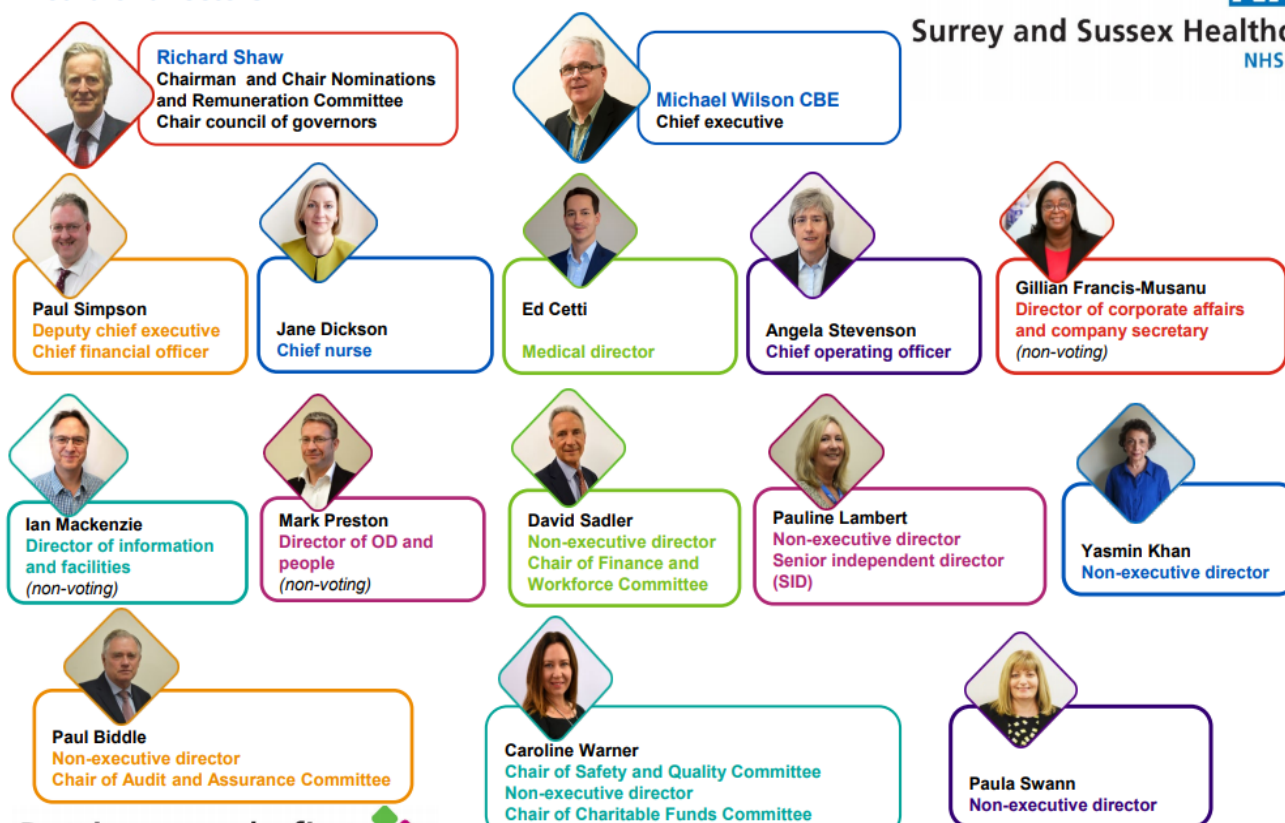
This has helped us become one of the top 100 NHS employers.

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

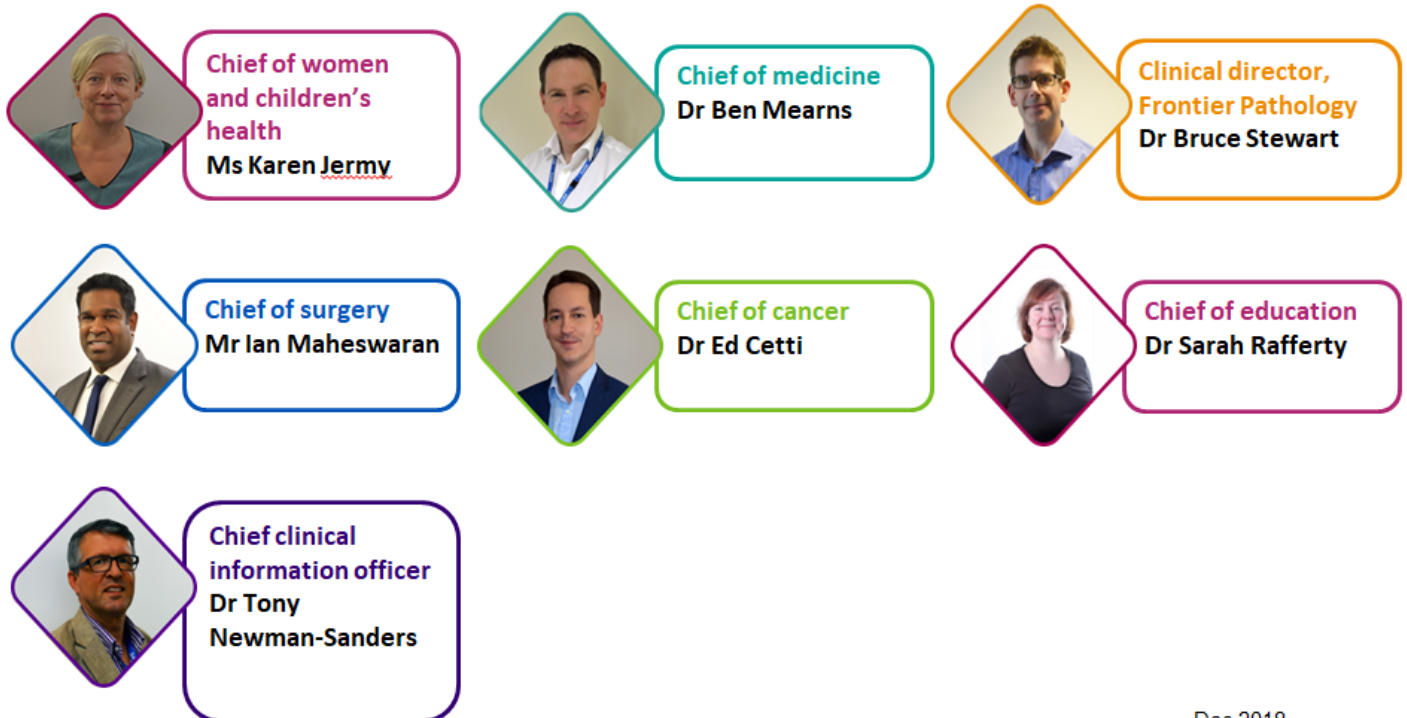


Surrey and Sussex Healthcare
NHS Trust



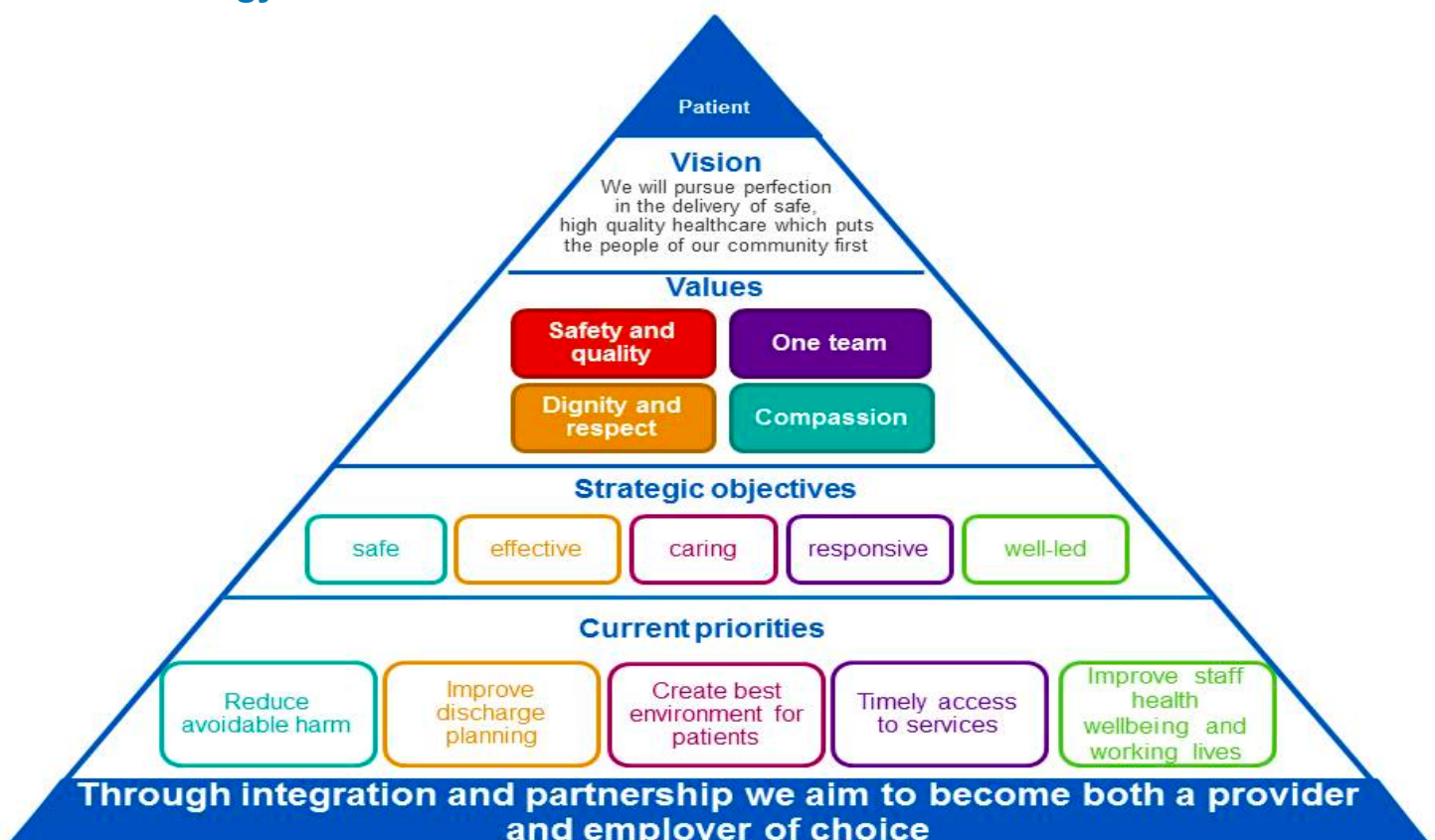
Putting people first
Delivering excellent, accessible healthcare

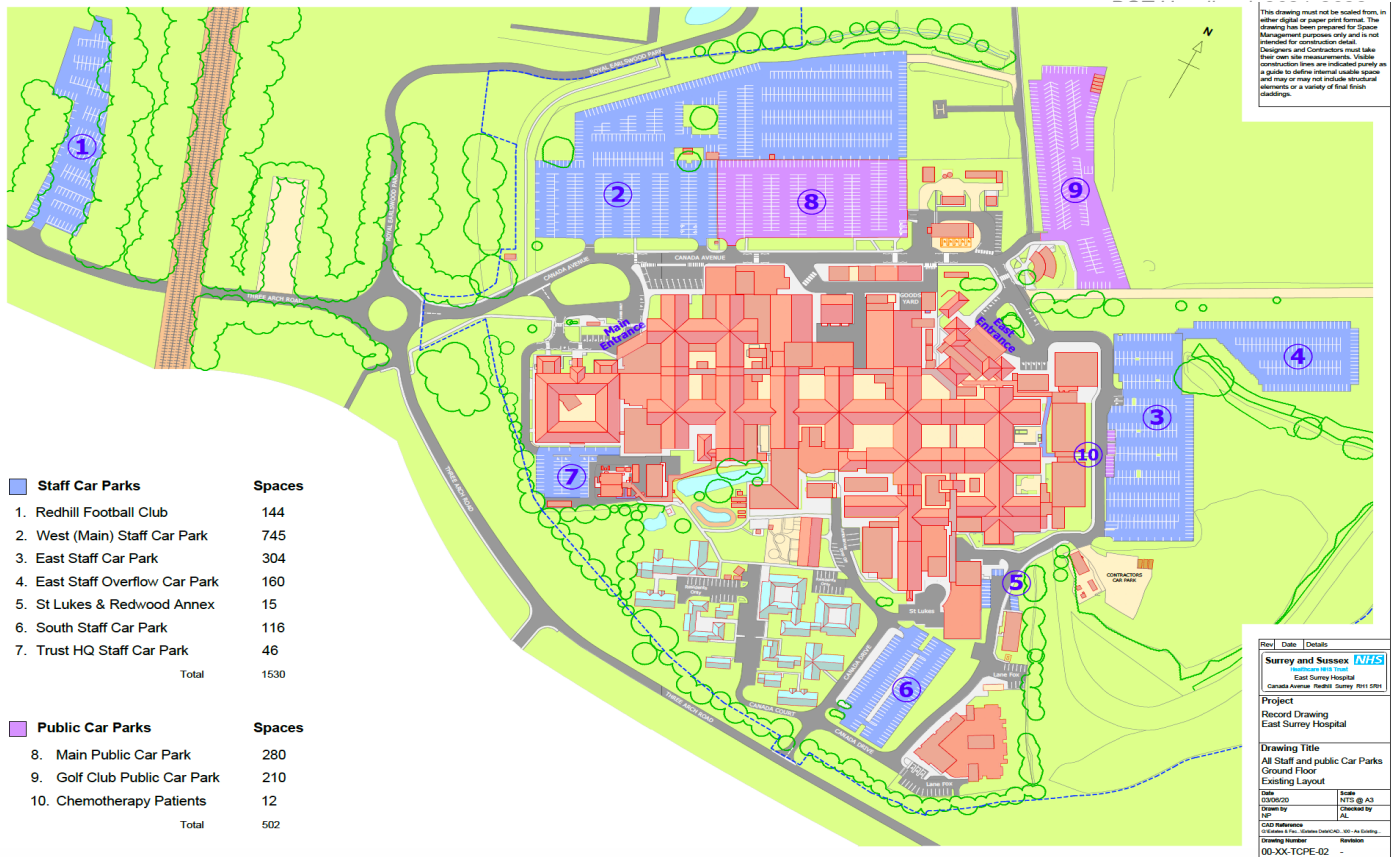
The healthcare provided to local residents consists of a wide range of acute services which are organised into seven self-sustaining Directorates, each headed by a clinician.



Dec 2018

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 (ext 1234) 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



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



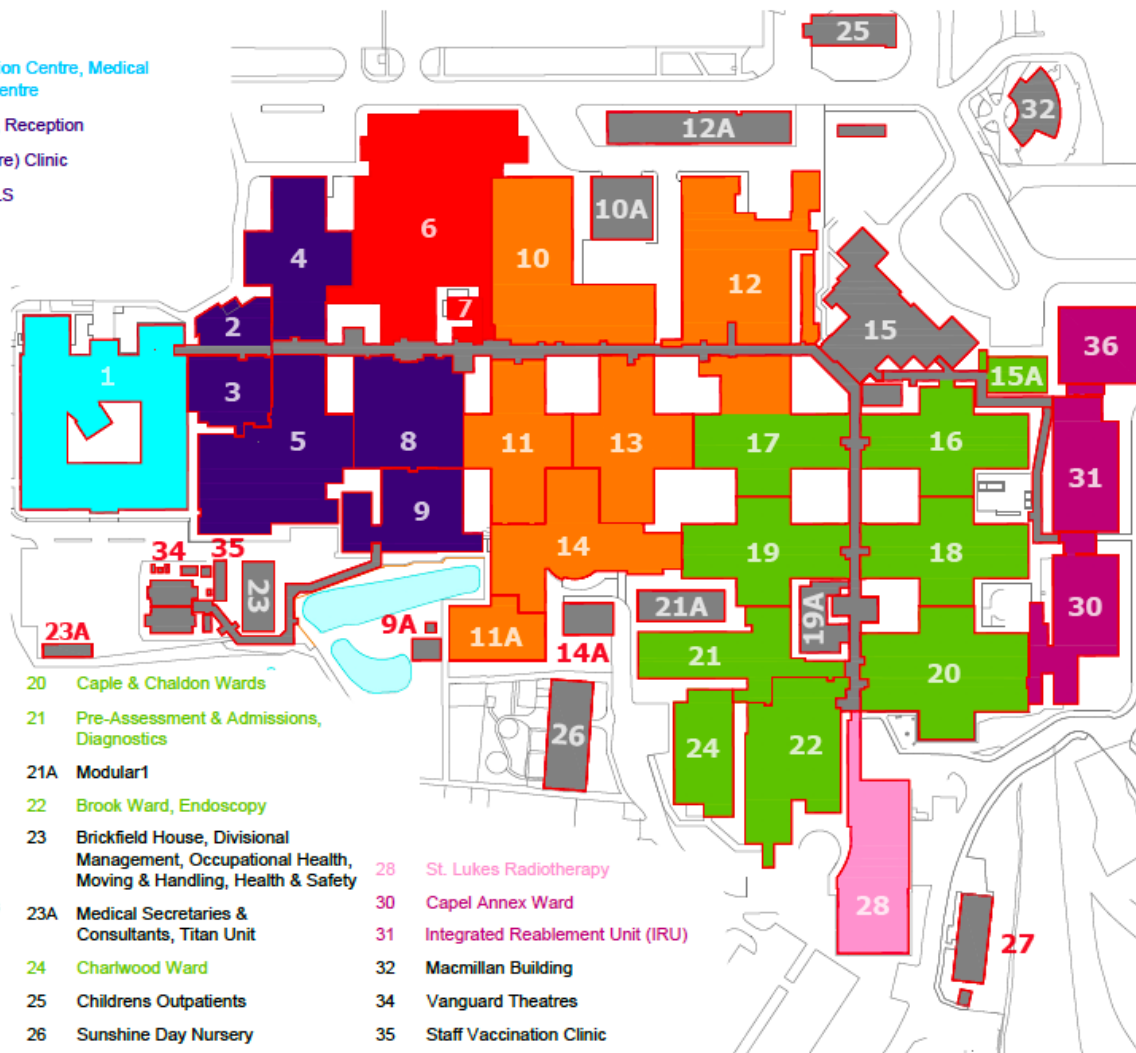
1st Floor Orange Zone
Breakfast 7.30am - 11am
Lunch 12 noon - 2.15pm
Dinner 5.30pm - 7.15pm

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 Charlwood 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

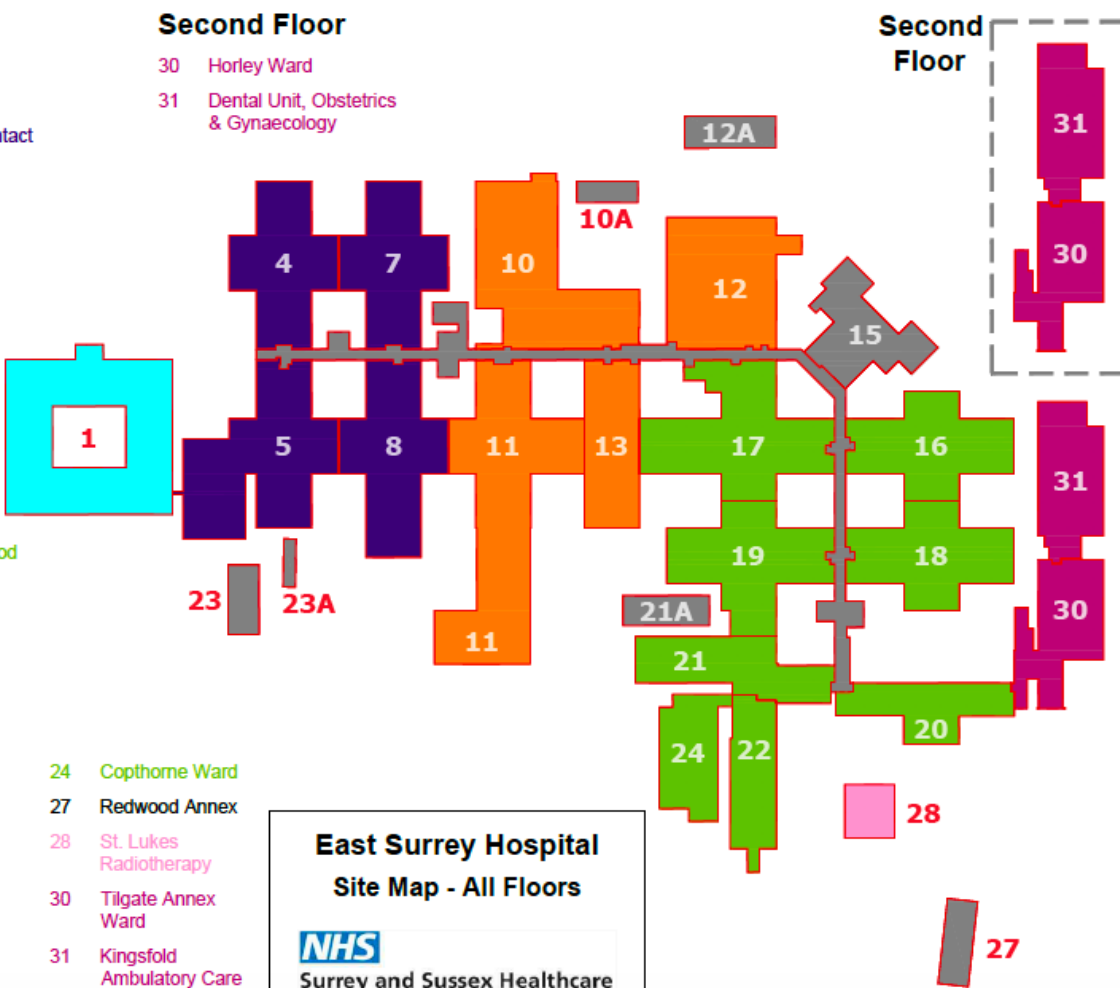


First Floor

- 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



East Surrey Hospital Site Map - All Floors



Surrey and Sussex Healthcare
NHS Trust

EMERGENCY CALL 2222

Name	Job title	Ext	Email address	Usual Days
Kelly Austin	Senior Dental Nurse	6243	kelly.austin4@nhs.net	M-W
Dr Natalie Bradley	StR in special care dentistry	1650	natalie.bradley@nhs.net	W, Th
Lisa Bull	Dental Nurse Radiographer	1650	lisa.bull@nhs.net	M-F
Ms Debbie Casey	Secretary	6234	deborah.casey1@nhs.net	M,F
Ms Monika Cedro	Cons Orthodontist	1650	m.cedro@nhs.net	Tu,W
Susan Chalker	Receptionist	2476	s.chalker@nhs.net	Th,F
Ms Ziba Cunningham	Cons Orthodontist	1650	ziba.cunningham1@nhs.net	M,T
Mr Martin Danford	Cons Maxillofacial Surgeon	6234	martindanford@nhs.net	M,T,T, F
David Davidson	Waiting List Coordinator	2626	david.davidson3@nhs.net	M-F
Ms Mili Doshi	Cons Special Care Dentistry & ES for StR in Special Care Dentistry	6232	mili.doshi@nhs.net	W,F
Janet Elliott	Dental Services Manager	6233	janet.elliott3@nhs.net	Tu,W,F
Fizziann Frontin	Dental Nurse	1650	fizziann.frontin@nhs.net	F,Sa
Dr Daniel Gillway	Dental Officer & Specialty Dentist in Oral Surgery	1650	daniel.gillway@nhs.net	M-Th
Carolyn Hassall	Dental Nurse	1650	carolyn.hassell@nhs.net	Tu-F
Katie Jefcoate	Senior Dental Nurse	1650	k.Jefcoate@nhs.net	M,T,W, F
Veronica Jemmison	Dental Nurse Radiographer	1650	veronica.jemmison@nhs.net	Tu-Th
Mr Thayalan Kandiah	Clinical Lead & Cons in Paediatric Dentistry	1231	thayalan.kandiah@nhs.net	Tu-Sa
Dr Meg Keddie	Senior Dental Officer	1650	megkeddie@nhs.net	M-F
Mr Saad Khokhar	Sp Dr in oral & Maxillofacial Surgery	6234	saad.khokhar@nhs.net	M
Mrs Loraine MacIntyre	MCM	2641	loraine.macintyre@nhs.net	M→F
Viviet Mambara	Dental Nurse	1650	viviet.mambara@nhs.net	M-Th
Ms Sophie Marshall	Cons in Paediatric Dentistry & ES for StR in Paediatric Dentistry	6239	sophiemarshall1@nhs.net	M,Tu,T h,F,Sa
Miss Rosie McGarry	Dental Nurse	1650	rosie.mcgarry1@nhs.net	M→F
Pamela Namutebi	Medical Resourcing Coordinator	6624	Pamela.Namutebi@nhs.net	M→F
Ms Shrina Nathwani	Cons Oral Surgeon & LFG Lead/Education Supervisor for DCTs 1&2	1650	shrina.nathwani1@nhs.net	Tu,W

Joanne Packman	Dental Nurse	1650	joanne.packman@nhs.net	M,Th
Sharon Park	Senior Dental Nurse	6270	sharon.park1@nhs.net	M,W,F
Ms Naomi Rahman	Cons Oral Surgeon & Clinical Audit Lead	1650	naomi.rahman@nhs.net	W,F
Mrs Karen Rayner	Medical Secretary	6234	karen.rayner1@nhs.net	M-W
Mr Damien Reilly	Cons in Special Care	6935	d.reilly1@nhs.net	M,W
Nitty Scott	Receptionist	2476	nitty.scott@nhs.net	M-W
Sue Stephenson	Senior Dental Nurse Radiographer	1566	susan.stephenson5@nhs.net	M- W
Dr Chivani Taylor	Oral Surgeon	1650	chivani.taylor2@nhs.net	M
Nicole Taylor	Dental Nurse Team Leader	1650	nicole.taylor10@nhs.net	M-F
Chris Treloar	Service Manager	6242	christopher.treloar@nhs.net	M-F
Jacqueline Tully	Medical Secretary	6234	jacqueline.tully@nhs.net	M,Th,F
Amanda Turner	Dental Co-Ordinator	1650	amanda.turner7@nhs.net	M-F
Julie Vaczi	Bank Secretarial Support Worker	6236	Julie.vaczi@nhs.net	Tu, Th
Linda Viner	Senior Dental Nurse	6243	linda.viner@nhs.net	Tu-F
Katherine Willis	Dental Nurse	1650	Katherine.willis1@nhs.net	M-F
Louise Wilson	Head of Resourcing	2455	louise.wilson6@nhs.net	M-F
Ewelina Wnuk	Dental Nurse	1650	ewelina.wnuk@nhs.net	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 Nurse Station 1566 Godstone Day Unit x1656	All appointment enquires to: 01737 231650 OR ext 1650 or email: sash.dental.reception@nhs.net Dental Department email address: dentalmaxillofacial.sash@nhs.net		Hole in the Wall: x 2711 PPE Hub x 6831/6902 Consultant's office x 6239/6238/6237 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 & Shrini Nathwani
- **Orthodontics**
 - Advice and diagnosis for children and adults with malocclusions
 - 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/Telephone Triage
Working Hours: 09:00 - 13:00 Saturday, Sunday and Bank Holidays
Clinicians: Tom Hennebry, Heike Hess, Daniel Gillway, Manisha Patel

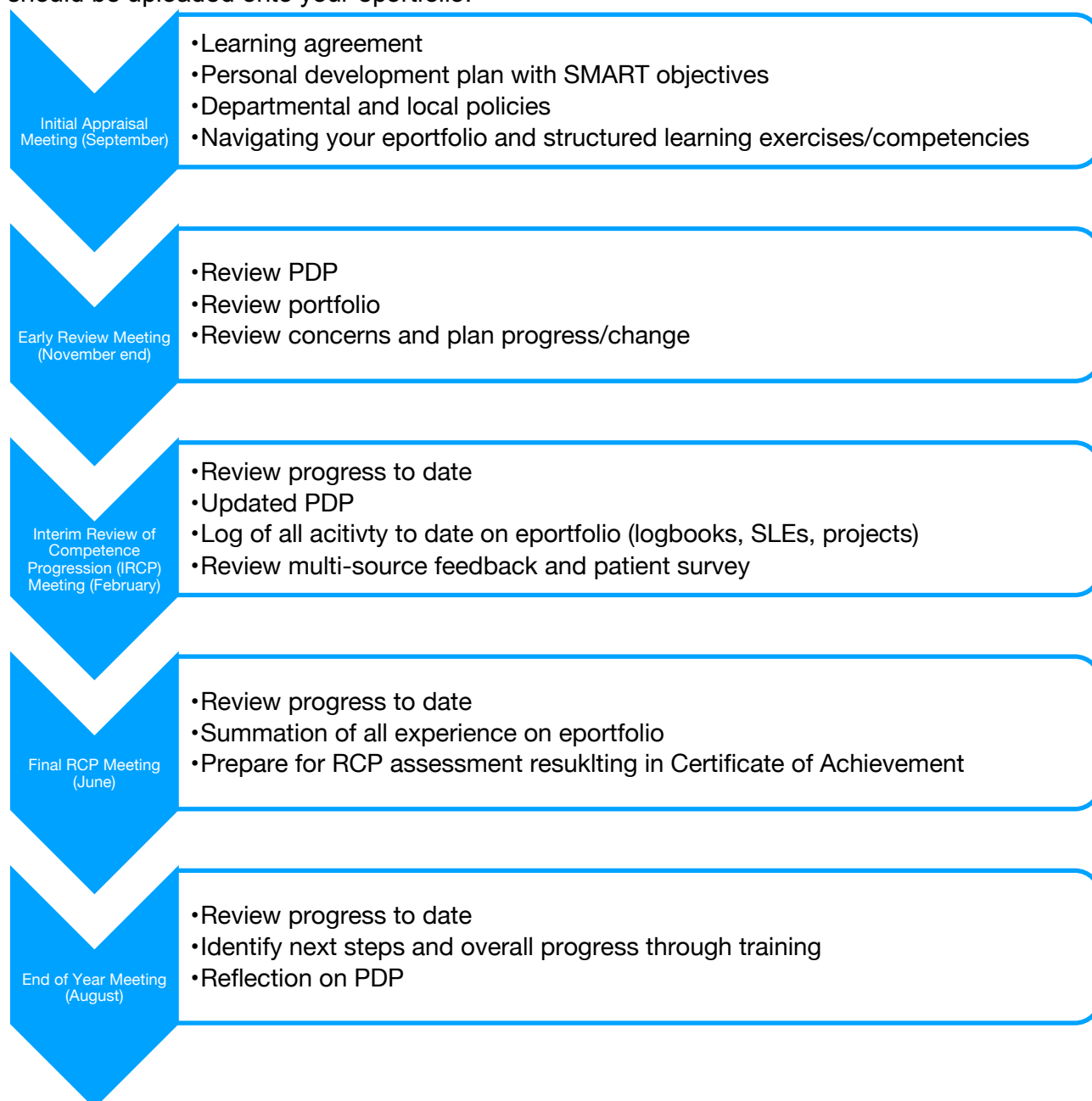
Dental & Maxillofacial Department: Education Faculty

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).

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 Local Academic Board/Deanery 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 your eportfolio:



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. The LFG Lead chairs meetings in October, February and June of every academic year to discuss trainee progress with all the supervisors. It is the trainees opportunities to highlight any concerns or areas of exceptional supervision. Trainees will receive formal feedback after these meetings.

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

Training Programme Director KSS
Sonita Koshal
sonita.koshal@nhs.net

Educational Local Faculty Group
Lead & Educational Supervisor for
DCTs 1&2
Shrina Nathwani
shrina.nathwani1@nhs.net

Educational Supervisor for StR
in Special Care Dentistry
Mili Doshi
mili.doshi@nhs.net

Educational Supervisor for StR
in Paediatric Dentistry
Sophie Marshall
sophiemarshall1@nhs.net

Clinical Supervisors

- Naomi Rahman
- Thayalan Kandiah
- Damien Reilly
- Meg Keddie
- Monika Cedro
- Ziba Cunningham
- Daniel Gilway
- Chivani Tailor



Director of Medical Education
and Local Academic Board
Chair for SASH
Sarah Rafferty
sarahrafferty@nhs.net

Strategic Medical Education
Manager
Tina Suttle-Smith
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Ext 6615

Deputy Medical Education
Manager
Victoria Bates
victoria.bates3@nhs.net
Ext 6617

Dental Education Administrator
Claire Parsonage
claireparsonage@nhs.net
Ext 6623

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.

Case Based Discussion (CBD)

Structured discussion of a clinical case managed by you, the trainee. It can be used to evaluate understanding and knowledge. It is used to investigate and feedback on a trainee's clinical reasoning.

CBD Example

A 27 year old patient is seen by you on clinic following referral from his GDP for extraction of his lower left third molar which has caused episodes of pericoronitis. The tooth appears close to the inferior dental nerve on the dental panoramic radiograph and you have discussed the options for treatment with the patient.

Direct Observation of Procedure (DOP)

A procedure is performed on a patient in the workplace, observed by a trainer who observes the trainee's performance. Feedback is provided to identify learning needs and plan future learning opportunities.

DOP Example

You are in theatre working with the Paediatric Consultant on a list where one patient requires an open exposure of an impacted canine. You have observed and assisted with similar procedures previously and the Consultant is happy for you to carry out this procedure under direct supervision.

Mini Clinical Evaluation Exercise (mini-CEX)

The mini-CEX provides snapshot of how you interact with patients in a clinical setting. Each mini-CEX should represent a different clinical scenario.

Mini-CEX Example

You are carrying out a new patient clinic in the Restorative department and anxious patient has been referred for re-root canal treatment. You need to explain the procedure to the patient.

Developing the Clinical Teacher

This is an assessment of a trainee's skill in teaching and/or making a presentation. This can be used for one-to-one teaching or group teaching. Ideally a different assessor should be used for each teaching assessment.

Clinical Teacher Example

On a treatment clinic you have an undergraduate trainee observing you on clinic. They have never carried out an inferior dental block injection and your supervisor asks you to teach this technique to the trainee.

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
10.1	Training disrupted by COVID19 (in agreement with ES and TPD) due to redeployment (C3) , prolonged self-isolation (C4), incomplete evidence (C6), other issues including access to workplace (C12) - will require Covid Disruption Supplementary Form in support

E-Portfolio

& Evidence required at IRCP/FRCP

DCT Post Details	As soon as you start in post ensure you are registered with Axia Dental E-Portfolio Axia 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
Educational Agreement/Induction Checklist	Conditions of taking up the post, signed and uploaded to Axia
ES meetings (using the Axia template)	Initial meeting (within one month): creation of Personal Development Plan (PDP) and objective setting. Recorded on 'ES Induction meeting form'. Early review meeting (at 3 months): progress against PDP and portfolio. Recorded on generic form 'Educational Supervisor Generic Meeting Form'. Interim meeting (prior to interim RCP in Feb): progress against objectives. Recorded on 'IRCP – ES Report form'. Final review (prior to final RCP in July): Record on 'FRCP – ES Report form'.
Personal Development Plan (PDP)	Created by trainee and ES for the year with progress against PDP using SMART objectives. As achievements are met throughout the year ensure the trainee completes this within the PDP and reflects. Form available at https://www.gdc-uk.org/professionals/cpd/enhanced-cpd upload to achievements sections
Supervised Learning Events (SLEs)	A minimum of 24 varied SLEs to be completed spread throughout the year. Linked to curriculum. At least 8 DOPS, 4 Mini-CEX, 4 CBDs and 1 Developing Clinical Teacher. (12 required by IRCP)
Teaching Others	
Multi Source Feedback	With a variety of colleagues in first six months of placement – can only be signed off by ES if minimum number of colleagues responses & specific roles met. Consider second MSF in last six months. Feedback from ES.
Project/Research Involvement	Completed clinical governance/quality improvement project QI - Systematic, data-guided activities designed to bring about immediate, positive changes in the delivery of healthcare. Uses quantitative or qualitative data to identify problems in the delivery of care and their causes and then acts to achieve improvement in an aspect of care Audit - A QI process that seeks to improve care and outcomes through systematic review of care against explicit criteria and the implementation of change Comparing actual patients care to the type of care that represents best practice and act on the findings to achieve improvement in delivering best practice
Study day attendance/ CPD log	With reflections and development outcome domains. Upload to achievements tab. Form available at https://www.gdc-uk.org/professionals/cpd/enhanced-cpd
Clinical activity log	Anonymised log book uploaded. Under achievements tab.
Patient feedback	20 Patient feedback forms under achievements form (10 by IRCP) with verified summary.
Reflections	The trainee should regularly add reflections throughout training 500 word reflective piece on project to be included
Serious Incidents	Trainee must comment on any SI involvement in reflections tab and the Trust and TPD should be informed

Induction: Wednesday 1st September 2021

Time	Session	Room	Personnel
08:30 – 09:30	Meet and greet Welcome and year ahead and administration	Dental Department	Shrina Nathwani
09:30 – 10:00	Medical Staffing Registration	Dental Sims Lab	Medical Staffing (Pamela Namutebi)
10:00 - 10:15	Management of service	Dental Sims Lab	Malgorzata Higley
10:15 - 10:45	Introduction to Clinical Governance/Audit	Dental Sims Lab	Naomi Rahman
	Break		
11:00 - 11:30	Oral Surgery Introduction	Dental Sims Lab	Naomi Rahman/Shrina Nathwani
11:30 - 12:00	Orthodontic Introduction	Dental Sims Lab	Monika Cedro
12:00 - 12:30	Paediatric Introduction	Dental Sims Lab	Thayalan Kandiah
12:30 - 14:00	Lunch / Estates & Facilities (1-2pm) / Fit Testing (by appointment)		
14:00 - 14:30	Special Care Dentistry introduction	Dental Sims Lab	Mili Doshi
14:30 - 15:00	The Dental Clinic and COVID measures/PPE	Dental Sims Lab	Susan Stephenson
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	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 + NHS.net account.*

Mandatory and Statutory Training (MAST)



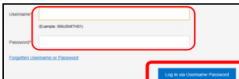
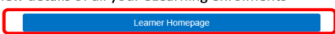
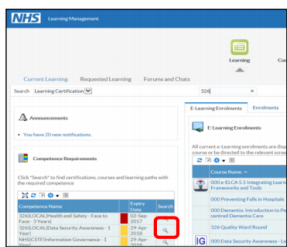



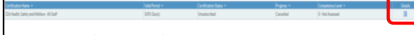



You must complete all mandatory training before approval for study leave can be granted/for access to the study leave budget for reimbursements

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

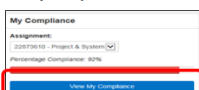

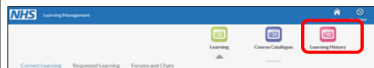
Additional information, including access to the videos/links for Teams Meetings, can be found at <https://sashnet.sash.nhs.uk/workspaces/mandatory-and-statutory-training-mast>

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

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

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

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

***You must complete all mandatory training before study or annual leave can be granted.**

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

<https://sasheducationcampus.net/trust-induction/esr-account-elfh-modules/>

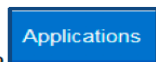
You can Email us on sash.workforce.information@nhs.net



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).

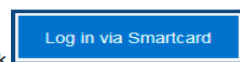
- 2) Once on the SASH Intranet home page, you need to go to **Applications** on the blue bar at the top of the webpage (just under the SASH logo).



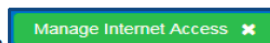
- 3) Once on the Applications page, scroll down to the third row and click on
- 4) On the next page, you have two options for logging in.



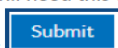
- a. For users that **use a smartcard**, scroll down and click
 - b. For users that **don't use a smartcard**, you will have a log in screen at the top, put in the relevant information.
 - i. If you don't have a username and password provided, contact the workforce information team on ex 1325 or 1327, 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



- 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".




EPR (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> and <https://sasheducationcampus.net/trust-induction/epr-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 EPRTTrainingTeam@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 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.

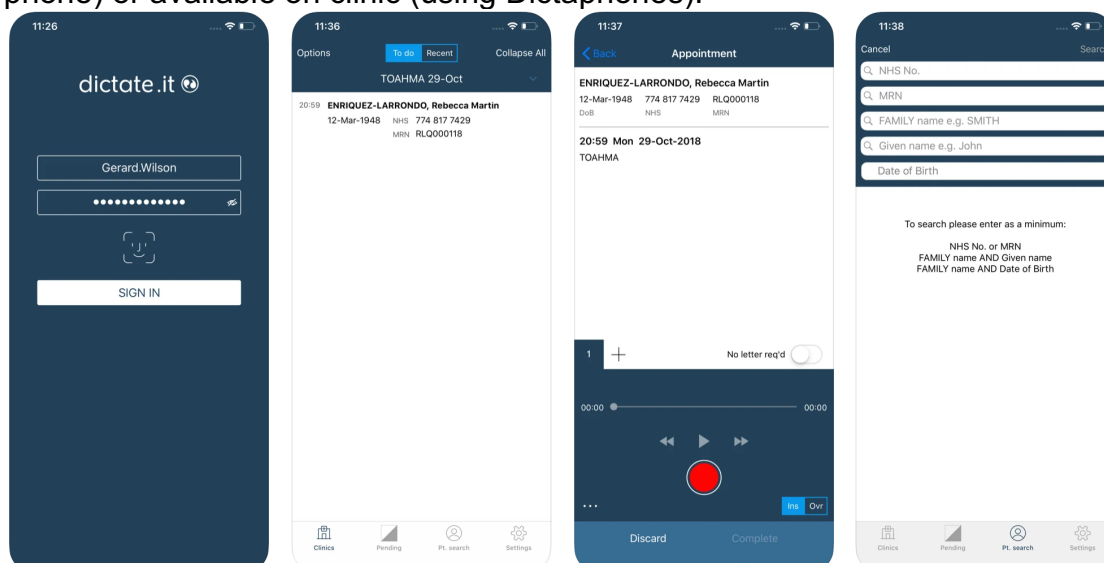
For further guidance on using Rego, please see <https://ref.management/login> and request remote support. Alternatively, your supervisor may be able to help.

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 DIT3 live application is available on internet explorer under 'favourites' or alternatively on SASHnet at <https://sashnet.sash.nhs.uk/applications>

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 1-2days (urgent) or 1-2 weeks (routine). Letters can be dictated and signed remotely via an application available on Apple or Android devices (including your phone) or available on clinic (using Dictaphones).



Getting Set Up with a Dictate IT account

You can register for a DictateIT (DIT3) account using your nhs.net email and a User Request form (https://sashnet.sash.nhs.uk/download_file/view/10965/567)

Do you need training?

The below link has access to online training and help guides to help you navigate the digital dictation system. <https://sash.premierit.co.uk/login>

Follow the links to e-learning > doctors > select Dictate 3 for clinicians

There is also learning support available at <https://sashnet.sash.nhs.uk/workspaces/dictate-it>

DIT3 Smartphone Application

Letters can be dictated and approved on your smartphone. The application can be downloaded from the relevant app store. Please log in to the web version first to validate your email account and password. Email validation **cannot** be performed on your smartphone. Your username is your NHS mail address and password is P@ssw0rd. you will be directed to change this at first log in on the web. once you have validated you will be able to download and log in to the DIT 3

Help Desk Support for Dictate IT:

Dictate IT Support Desk telephone number is 0203 307 1501. Open from 8am until 6pm.

support@dictate.it

Further support is available for digital dictation queries at sashmanagedservice@dictate.it

CBCT Scan Report Request

ESH uses MIP (Medical Imaging Partnership) to order reports for CBCT scans taken by the dental team. This is accessible via

<https://www.mipreferrals.org.uk/login>

Username – sashdental

Password - available on commencement of employment



You must 'create new patient' and input all details into the request form. Please ensure to note that a CBCT scan has been taken at ESH (with date of scan) and the referring consultant clinician name. All CBCT scans **MUST** have consultant approval. The request should detail questions to be answered in the report (for example 'relationship of the IDN to the LR8' or 'confirm presence of resorption').

To enable you to use this facility you will require level 1 CBCT training to ensure you are a competent referrer. This should be completed alongside your IRME/IRR training and you can seek study leave for this.

CBCT Scan Report/Image Viewing



ESH uses Intelconnect to view reports and images for CBCT scans. This is accessible via

<https://portal.medicalimaging.org.uk/Portal>

Username – sashdental

Password - available on commencement of employment

All reports that are ready to view will be made available to the requesting clinician/consultant. Reports are available under the name of the patient. Together with a report are key images. These are useful to use when preparing GA lists.

Key Dates at ESH

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).

You will also be invited to attend The London/KSS DCT Presentation Day (June) to give a 10 minute presentation (if your abstract is shortlisted). You can present your work under two categories 1) QIP/audit project or 2) clinical care presentation. A panel will judge and nominate the best presentation to receive a Certificate of Achievement.

Leadership Development

You are encouraged to take part in and complete a leadership programme during your time at SASH. Further information is available at www.kssleadership.co.uk

The Edward Jenner and LEAP programmes are funded by HEE. Other programmes of interest will require aspirational codes and approval by the TPD.

Tutorials:

Trainees are responsible for key topic presentation and must approach clinical supervisors as per below timetable to arrange tutorial topics.

Remember to bring lunch for as these will be held on week 3 during lunch (unless otherwise agreed)

September 2021	Paediatric Dentistry	Thursday
October 2021	Orthodontics	Tuesday
November 2021	Special Care	Wednesday
December 2021	Oral Surgery	Wednesday
January 2022	Paediatric Dentistry	Thursday
February 2022	Orthodontics	Tuesday
March 2022	Special Care	Wednesday
April 2022	Oral Surgery	Wednesday
May 2022	Paediatric Dentistry	Thursday
June 2022	Orthodontics	Tuesday
July 2022	Special Care	Wednesday
August 2022	Oral Surgery	Wednesday

Grand Round

You are expected to organise and speak at the Grand Rounds with the aid of your supervisors. It is beneficial to your portfolio as a local presentation and for 'developing the clinical teacher'. 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.

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).



Clinical Governance Meetings:

Clinical activity will be cancelled to allow attendance. You are encouraged to use this opportunity to present your audits/organise teaching for the department. Teaching topics include the GDC's core CPD topics and involve a 1 hour presentation and quiz for all dental staff. You are encouraged to devise feedback forms and provide CPD certificates. You can add this activity to your portfolio ('Development of the clinical teacher').

Journal club will occur at the end of each clinical governance meeting and is led by the trainee with support from clinical supervisors. Please liaise with relevant specialty (see below) to organise material for review/presentation.

DATE/TIME	EVENT	Speaker/Organiser	VENUE
<i>Mandatory Courses (require study leave)</i>	PILS/ILS*	sash.resuscitation.education@nhs.net	
	Safeguarding Level 3*	sash.safeguardingchildren@nhs.net	
	CBCT Level 1	See study leave handbook	
Monday 6 th September	Trust induction	Various	Tbc
Wednesday 8 th September (9am-5pm)	Dental Clinicians: 1) Ward Care 2) Mouth Care Matters 3) Pathways in Dental Department	Consultants	Dental Sims Lab

DATE/TIME	EVENT	Speaker/Organiser	VENUE
Friday 10 th September (9am - 5pm)	Special Care: 1) Sedation	Mili Doshi/Damien Reilly	Dental sims lab
Tuesday 14 th September (9am-12pm)	Orthodontics: 1) Orthodontic assessment 2) Basic mechanics of orthodontic treatment 3) Multidisciplinary clinics Orthodontic emergency management	Ziba Cunningham/Monika Cedro	Dental Department
Tuesday 21 st September 2021	Clinical Governance Meeting (no journal club) Teaching Led by Orthodontics – Photography & Impression Taking	Thayalan Kandiah (chair) Ziba Cunningham/Monika Cedro	Dental Department
Monday 20 th September (2-3pm) DCT 1 only	Critical Appraisal Training & How to prepare for journal club and write an article	Karen Skinner karen.skinner2@nhs.net	ESH Library/Microsoft Teams (TBC)
Monday 20 th September (9-10am) DCT2 only			
Thursday 30 th September 2021 13:00-13:30	Orthodontic Grand Round	DCT1/2 & Ziba Cunningham/Monika Cedro	PGEC Lecture Theatre/MS Teams (TBC)
Wednesday 6 th October (9am-5pm)	Oral Surgery: 1) Surgical principles 2) Soft tissue management 3) Management of Complications Case Review	Naomi Rahman/Shrina Nathwani	Dental sims lab
Thursday 21 st October (9-10am) Both DCTs	Critical Appraisal Training Follow up	Karen Skinner karen.skinner2@nhs.net	ESH Library/Microsoft Teams (TBC)
Wednesday 27 th October 2021	Clinical Governance Meeting (Oral Surgery Journal Club) DCT led teaching TOPIC: ORAL CANCER	Thayalan Kandiah (chair) DCTs	Dental Department
Monday 8 th November 2021 (am only)	South West Thames Regional Audit Meeting (orthodontics)	James Grant	Guildford
Thursday 18 th November 2021	Clinical Governance Meeting (Paediatric Journal Club) Teaching led by Paediatric Dentistry	Thayalan Kandiah (chair) Thayalan Kandiah/Sophie Marshall/StR	Dental Department

DATE/TIME	EVENT	Speaker/Organiser	VENUE
Friday 26 th November 2021	ILS/PILS training	Resus Team	Atrium/ PGEC
Thursday 30 th December 2021	Special Care Grand Round	DCT1/2, StR & Mili Doshi/Damien Reilly	PGEC Lecture Theatre/MS Teams (TBC)
Tuesday 25 th January 2022	Clinical Governance Meeting (Orthodontic Journal Club) DCT led teaching TOPIC: COMPLAINTS HANDLING	Thayalan Kandiah (chair) DCTs	Dental Department
Wednesday 23 rd February 2022	Clinical Governance Meeting (Special Care Journal Club) Audit Meeting	Naomi Rahman (chair)	Dental Department
Thursday 3 rd March 2022	Paediatric Dentistry Grand Round	DCT1/2, StR & Thayalan Kandiah/Sophie Marshall	PGEC Lecture Theatre/MS Teams (TBC)
tbc	Paediatric: 1) Trauma & splinting 2) Behaviour management in children 3) Preformed metal crowns	Thayalan Kandiah/Sophie Marshall	Dental sims lab
Thursday 24 th March 2022	Clinical Governance Meeting (Paediatric Journal Club) DCT led teaching TOPIC: DENTAL RADIOLOGY	Thayalan Kandiah	Dental Department
May 2022 (date tbc)	Clinical Governance Meeting (Orthodontic Journal Club) Nurses to lead teaching/INFECTION CONTROL	Thayalan Kandiah	Dental Department
June 2022 (date tbc)	Clinical Governance Meeting (Oral Surgery Journal Club) Audit Meeting	Naomi Rahman (chair)	Dental Department
July 2022 (date tbc)	Presentation Day	HEE/London-KSS Deanery	London/Virtual
Thursday July 2022 (date tbc)	Oral Surgery Grand Round	DCT1/2 & Naomi Rahman/Shrina Nathwani	PGEC Lecture Theatre/MS Teams (TBC)

DATE/TIME	EVENT	Speaker/Organiser	VENUE
July 2022 (date tbc)	Clinical Governance Meeting (Paediatric journal club) DCT led teaching TOPIC: DENTO-LEGAL/ETHICS	Thayalan Kandiah	Dental Department

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

Trainee Timetables 2021-22

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/later for GA

Dental Core Trainee Year 1						
	MON	TUES	WEDS	THURS	FRI	SAT
AM	Oral Surgery outpatient treatment clinic/LA 09:00 - 13:00 (Weeks 1,2,3) <i>TOIL</i> (week 4)	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 1&3: Oral Surgery new patient clinic (NR)/LAMOS Treatment (SN) Weeks 2&4: Oral Surgery outpatient treatment clinic IVS/LA (DG) OR as per weeks 1&3 09:00 - 13:00	Paediatric IS treatment clinic (DG) 09:00 - 13:00 <i>TOIL</i> (week 2)	Week 1: Paeds GA (TK) 07:30-17:00 Weeks 2: SCD Assessments (MD/MK) 09:00 - 17:00 Weeks 3: SCD IVS Treatment (MD/MK) 09:00 - 17:00 Week 4: Oral Surgery GA Crawley (NR) 07:30 - 17:00	Paediatric GA Week 1 & 3 (SM/TK) 07:30 - 19:30
PM	Special care (DR) Outpatient Assessment/ Treatment (Weeks 1,2,3) 13:45 - 17:00 <i>TOIL</i> (week 4)	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 <i>TOIL</i> (week 2)		

Dental Core Trainee Year 2

	MON	TUES	WEDS	THURS	FRI	SAT
AM	Special care (DR) Outpatient Assessment/treatment (sedation) 09:00 - 13:00 <i>TOIL</i> <i>(week 1)</i>	Paeds IS/AGP treatment clinic (TK) 09:00 – 12:30 <i>TOIL</i> <i>(week 3)</i>	New Patient Paediatric clinic (TK) 09:00 - 13:00	Audit/Admin 09:00 - 13:00	Week 1: SCD IVS Treatment (MD/MK) 09:00 - 17:00 Week 2: Oral Surgery GA ESH (NR) 07:30 - 17:00	Paediatric GA Weeks 2&4 (SM) 07:30 - 19:30
PM	Oral Surgery outpatient treatment clinic/LA 13:45 - 17:00 <i>TOIL</i> <i>(week 1)</i>	Week 1,2&4: Oral Surgery Crawley Theatre/GA (SN) 13:00 - 18:00 <i>TOIL</i> <i>(week 3)</i>	Week 1 & 3: Paediatric treatment clinic (TK) Week 2&4: Oral Surgery IVS MOS (DG) or Oral Surgery NP Clinic (SN)/LAMOS (NR) 13:45 - 17:00	Paediatric New Patient Clinic (SM) 13:45 - 17:00	Week 3&4: Paediatric GA (TK) 07:30-17:00	

Paediatric Specialty Trainee					
	MON	TUES	WEDS	THURS	FRI
AM	Kings College Hospital site	East Surrey Hospital	Kings College Hospital site	East Surrey Hospital	Week 1,3,4: Paeds GA (TK)
	Patient Based Activity/Treatment Clinic	New Patient Clinic (SM) Orthodontic/ Paediatric Joint Clinic (First Tuesday of the Month)	1:2 Hypodontia Clinic 1:2 Trauma Clinic	IS treatment clinic (SM)	Weeks 2: Treatment Clinic (SM)
PM	Kings College Hospital site Audit/Admin	East Surrey Hospital Audit/Admin	Kings College Hospital site 1:2 joint clinic paed/ortho/oral surgery 1:2 treatment clinic	East Surrey Hospital Audit/Admin	
Special Care Specialty Trainee					
	MON	TUES	WEDS	THURS	FRI
AM	Guys Hospital	Guys Hospital	ESH GA (MD)	Royal Hospital for Neuro-Disability	ESH Outpatient Clinics (MD)
PM	Guys Hospital	Guys Hospital	ESH Admin	Royal Hospital for Neuro-Disability	ESH Outpatient Clinic (MD)

Theatre Calendar

Sep-21								Oct-21							
Week No	M	TU	W	TH	FR	SA	SU	Week No	M	TU	W	TH	FR	SA	SU
4						4	5	4					1	2	3
1	6	7	8	9	10	11	12	1	4	5	6	7	8	9	10
2	13	14	15	16	17	18	19	2	11	12	13	14	15	16	17
3	20	21	22	23	24	25	26	3	18	19	20	21	22	23	24
4	27	28	29	30				4	25	26	27	28	29	30	31
Nov-21								Dec-21							
Week No	M	TU	W	TH	FR	SA	SU	Week No	M	TU	W	TH	FR	SA	SU
4								1							
1	1	2	3	4	5	6	7	2			1	2	3	4	5
2	8	9	10	11	12	13	14	3	6	7	8	9	10	11	12
3	15	16	17	18	19	20	21	4	13	14	15	16	17	18	19
4	22	23	24	25	26	27	28	1	20	21	22	23	24	25	26
1	29	30							27	28	29	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 session 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 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
Thaylan Kandiah	Consultant and Clinic Lead	thayalan.kandiah@nhs.net	Tue, Wed, Thu, Fri, Sat (1:3)
Sophie Marshall	Consultant and ES for StR in Paediatric Dentistry	sophiemarshall1@nhs.net	Mon, Tue, Thu, Fri, Sat (2:4)
	Speciality Registrar		

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-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. The day before the GA list the notes need to 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.

Knowledge	Skills and Behaviour
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.

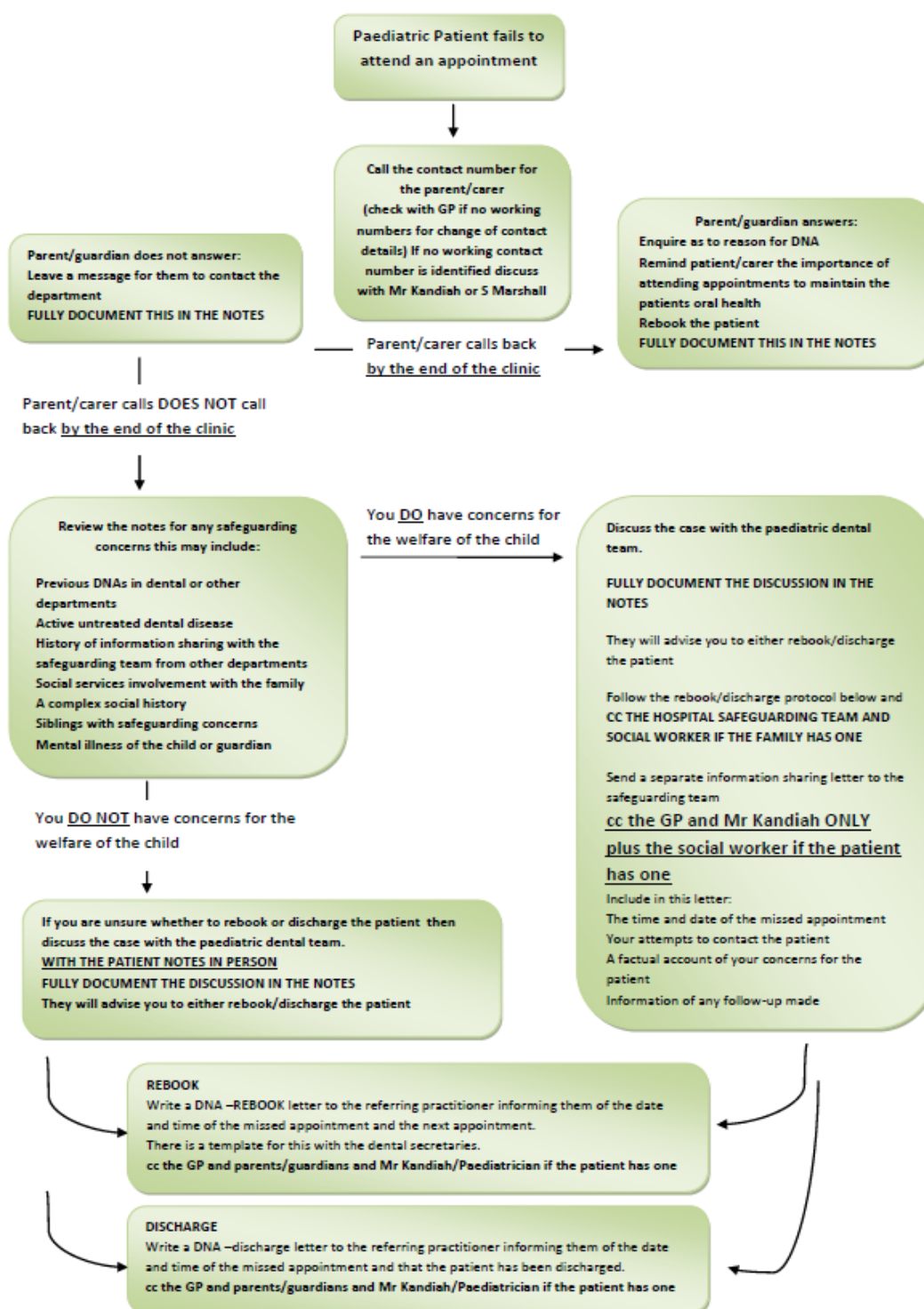
- The NELA checkbox would most likely need to be UNCHECKED for any dentist booking a case since this only relates to patients having a laparotomy or laparoscopy. By unchecking, this obviates the need to populate a NELA mortality.
- Once the case has been added to the bookings area, you will need to discuss 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 2021:

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 2022:

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 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

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

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-%20lr%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

Orthodontics

	Role	Contact	Working Days
Ziba Cunningham	Consultant	ziba.cunningham1@nhs.net	Mon, Tue
Monika Cedro	Consultant	m.cedro@nhs.net	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. Study models are stored in 'the hole' - nurses can show you this.
- 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 2021:

1. New patient assessments
2. IOTN/IOFTN
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 2022:

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
Mili Doshi	Consultant and Educational Supervisor for StR in Special Care Dentistry	mili.doshi@nhs.net	Wed/Fri
Damien Reilly	Consultant	d.reilly1@nhs.net	Mon ,Wed
Natalie Bradley	StR	natalie.bradley@nhs.net	Wed,Thu
Meg Keddie	Senior Dental Officer Band B and Outreach Lead	megkeddie@nhs.net	Mon - Fri
Daniel Gillway	Dental Officer Band A	daniel.gillway@nhs.net	Mon,Tue, Wed (weeks 1,3), Thu
Lorraine Lee	Mouth Care Matters nurse	loraine.lee@nhs.net ext 2641	Mon-Fri

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

Knowledge	Skills and Behaviours
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 2021:

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 2022:

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 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
Shrina Nathwani	Consultant and LFG Lead for Dental & Maxillofacial Services	shrina.nathwani1@nhs.net	Tue (weeks 1,2,4), Wed
Naomi Rahman	Consultant & Clinical Audit Lead	naomi.rahman@nhs.net	Wed, Fri (weeks 1,2,4)
Chivani Tailor	Specialty Dentist	chivani.tailor2@nhs.net	Mon, Fri
Daniel Gillway	Specialty Dentist	daniel.gillway@nhs.net	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.
- 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, structured notes in CERNER 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) at consultation
 - for IVS procedures perform a preoperative assessment to determine suitability for IVS in department.
 - 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, has a change in treatment plan or is at high risk of MRONJ please confirm with the consultant before booking for treatment.
- All patients under the age of 16 must be reviewed by Naomi Rahman
- All patient in need for intravenous sedation must have a completed sedation assessment form and be discussed with the treating clinician.
- For GA procedures, complete a TCI (To Come In) form on EPR (to include operation, clinician and location hospital).
- Liaise with consultant, anaesthetist, David Davidson and preassessment team 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:
 - 1) Confirm consent – confirm with consultant
 - 2) Check medical history and relevant allergies
 - 3) WHO form filled in
 - 4) Patient fasted appropriately
 - 5) Escort and transport arrangements
 - 6) Go over post-op instructions
 - 7) Mark the patient (if appropriate)
 - 8) Preassessment checks written in notes
 - 9) Radiographic images (correct images have been taken to aid surgical planning)

- a. OPGs, periapicals, USOs
- b. CBCT images (in all 3 planes)
- 10) MRSA swabs (if appropriate)
- 11) COVID swabs (if appropriate)
- 12) Pathology reports
- 13) Bloods: U+E, FBC, LFTs, Coag screen
- 14) ECG: Routine for those with cardiac history
- 15) AB prophylaxis (if appropriate)
- 16) VTE (Venous Thrombo-Embolic) risk assessment

After Surgery:

- 1) E-discharge done by end of theatres
 - 2) Dictate letters to referring practitioner explaining details of procedure and any other relevant details
 - 3) Update handover/de-brief
 - 4) 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.

Knowledge	Skills and Behaviours
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 2021:

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 2022:

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 supported by clinical supervisors. Attendance at BAOS, ABAOMS, BAOMS, EACMFS, DSTG symposium, SAAD, RSM, ICDMFR and other conferences for Oral Surgery related CPD is encouraged. Membership to these is required for presentation at national conferences.

Key Contacts

David Davidson (waiting list coordinator) david.davidson3@nhs.net or ext2626

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://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

- 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

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:



Audit

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
- Re-audit

The Audit team:

Lisa Norton: Senior Clinical Audit and Governance Facilitator for the surgical division
email address: lisa.norton1@nhs.net

Dr Naomi Rahman: Clinical Audit Lead for dental
email address: naomi.rahman@nhs.net

The Audit process at East Surrey Hospital

How to register an audit?

All audits, service evaluations (SE) and quality improvement projects (QIP) have to be registered on DATIX and a notification email is sent to confirm that you have submitted the proposal for registration. Set yourself a realistic completion date on DATIX as this will be reviewed by the audit team. **Please notify the clinical audit lead about any potential audits/SE/QIP prior to registration so that the audit team can help you and forward your email confirmation from DATIX once you have received it to the audit lead. If you do not receive this, please email Dr Naomi Rahman and Lisa Norton.**

How do I know if my audit is registered?

Rolling half day reports are circulated every few months (please note these are sent a month after the meeting) which show the status of audits/SE/QIP (active, completed etc.). If the report shows the audit is active - this means it has been approved. If you need to find out if it is approved, please email Dr Naomi Rahman and Lisa Norton and we can get back to you. When the rolling half day report is sent, those involved in these projects need to

check their emails and inform the clinical audit lead if the information is correct or if an audit needs to be registered (the DATIX system on occasion fails to register an audit). Once an audit has been approved, Lisa will send an email to the project proposer (and to you) from within Datix to let you know it's been approved along with the Datix reference number.

What do I do once I have completed the first audit cycle?

Action plans need to be completed after each cycle of the audit/SE/QIP. All audit presentations, action plans and correspondence need to reference the Datix audit ID. This form has 'actions' - these are uploaded onto DATIX, usually by Lisa to show improvements that are being made (i.e. training or leaflet) following an audit cycle. You must inform the clinical audit lead if the audit will be ongoing i.e. a second cycle or complete. The local audit meeting is an opportunity to present this information to the audit team. The actions on DATIX will also be reviewed by the audit team, therefore, if you plan to make improvements by providing a patient information leaflet or any other improvement 'action,' please set a realistic time frame as to when you will complete this. If this is not achieved this will be registered as incomplete.

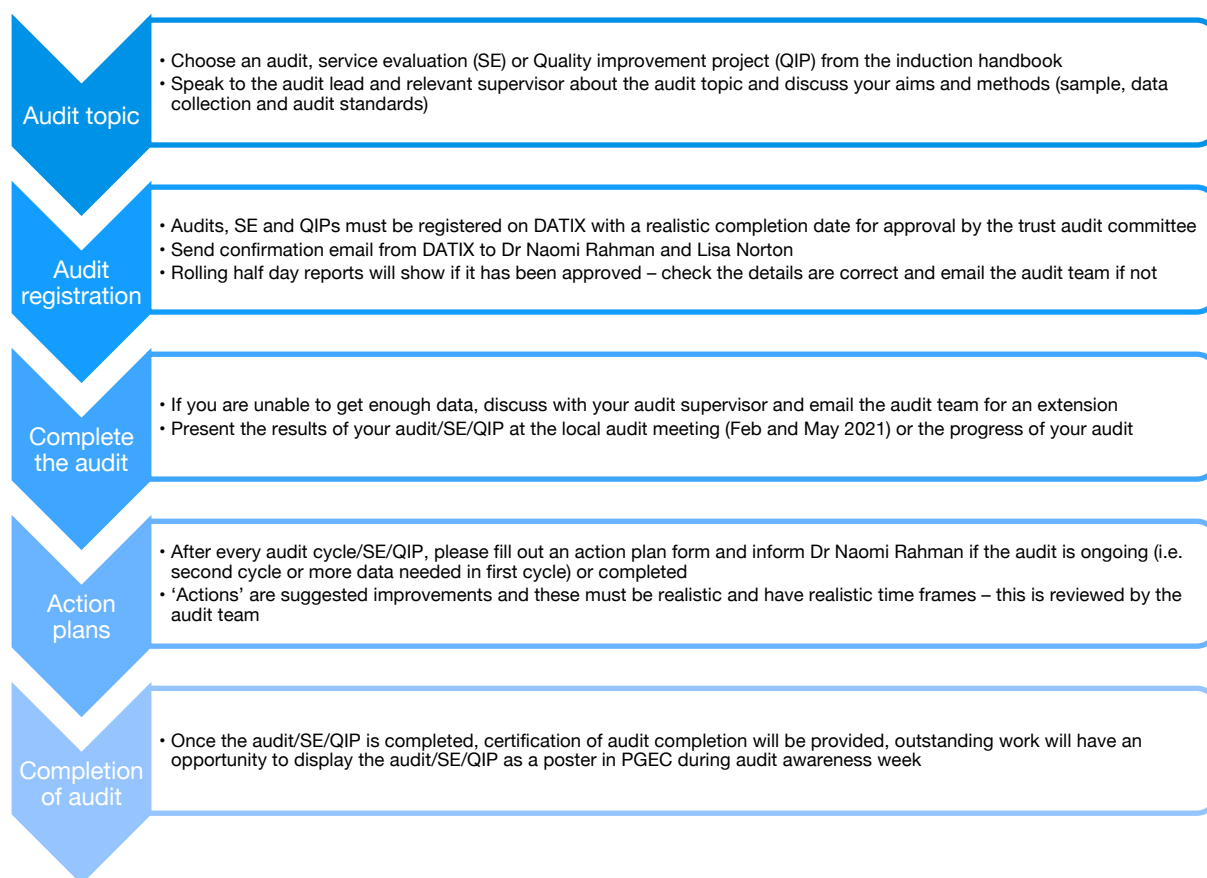
What can I expect once I have completed an audit/SE/QIP?

The audit team can provide a certificate to show that you have completed an audit/SE/QIP. This will only be provided if all action plans including intended actions and audit/SE/QIP work are completed. This can be added to portfolios. Outstanding quality improvement work will have an opportunity to present their work as a poster format for audit awareness week. The satisfaction that you have provided key quality improvement within the department, which we always welcome. Please email Lisa Norton for the certificate if the audit has been completed.

What happens next?

Completed audits (and non-active/active audits that need chasing) are briefly summarised in a report by audit facilitator at divisional board every month, they are then presented to the Clinical Effectiveness Committee which is chaired by the Medical Director on a quarterly basis (project teams more than welcome to present any audit work they're proud of at this committee!) Clinical Effectiveness feeds into the Safety and Quality Committee which is attended by the Executive Team and Trust Board so there is a high-level overview of all audits done at the trust. The main focus is usually around core audits but always happy to champion any good audit work that's been done at the committees. On the flip side there is also high level scrutiny of audits that aren't being done, being abandoned or, where we have poor action plans. We can get challenged on these. If there have been any prizes, publications, awards for any of these registered projects, please send the audit team this information via email to Lisa Norton and Dr Naomi Rahman, which will also be presented the at the divisional meeting.

A flow chart to summarise the audit process



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

Trainees are expected 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 above). You must also submit the results and action plans to the audit lead for each project/audit cycle.

National audits – department compliance required

Orthognathic- BOS national audit (please speak to Dr Ziba Cunningham or Dr Monika Cedro)

Unusual cysts national database (please speak to Dr Naomi Rahman or Dr Shrina Nathwani)

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

Important audit days to remember:

Local departmental audit half day – February 2022 and May 2022

Suggested departmental audit or service evaluation projects:**Paediatric audits (please contact Dr Sophie Marshall or Dr Thayalan Kandiah)**

- Sharing information forms and outcomes from sharing this information with the child safeguarding team
- Review of appropriateness of referrals i.e. no. that are tier 2/3 (and where they have come from)
- Patient satisfaction following the management of dental trauma

Oral Surgery audits (please contact Dr Shrina Nathwani or Dr Naomi Rahman)

- Informed consent audit across the dental department
- Oral Surgery referral to treat (RTT) pathway audit
- Evaluating safety of Oral Surgery sedation service (oxygen saturation levels)

Orthodontics audits (please contact Dr Ziba Cunningham or Dr Monika Cedro)

- Re-audit: Second cycle of referral appropriateness
- Orthodontics - Breakage/unscheduled appointment audit

Special Care audits (please contact Dr Mili Doshi or Dr Damien Reilly)

- Sedation related audit
- Ward related audit

Previous or ongoing audits (please liaise with Dr Naomi Rahman for further information):

- Antibiotic prescribing
- LocSSIPs compliance
- Oral Surgery PROMS and PREMS
- Paeds PROMS and PREMS inhalation sedation and general anaesthetic services
- Virtual clinics in Oral Surgery
- Virtual Clinics in Paeds
- Quality of record keeping for cardiac patients
- Radiograph reporting within the Dental & Maxillofacial department
- Patient Satisfaction with preformed metal crowns
- Sedation complications including flumazenil use
- Additional procedures carried out for special care patients having sedation or GA
- Patient Satisfaction Survey: Fixed Appliance Orthodontic Treatment
- Audit of parent/patient satisfaction with the joint orthodontic paediatric clinic
- Re-audit: Confidence and Training in the use of Clinical Holding
- Oral health improvement in care homes- A quality improvement project with focus on mouth-care, access to dental services and prevention of denture loss
- Diabetes and Oral health awareness
- Sedation safety including use of flumazenil
- IV sedation for older adults
- Dental radiographs taken with hand held unit
- PREMS/PROMS of patients undergoing GA

- Evaluation of additional procedures
- Are wards patients being referred appropriately to the dental department?
- Denture loss over last 5 years
- Evaluation of the myeloma service
- Complexity of patients 3a/3b

Further learning:

Further learning: SASH intranet <https://sashnet.sash.nhs.uk/workspaces/clinical-audit-effectiveness>

Electronic	Project	Registration	web	link
http://iis05datix/datix/live/index.php?form_id=1&module=PAL				

Best Practice in Clinical Audit (HQIP) <http://bit.ly/2BgHv4b> Making Data Count (NHS improvement) <http://bit.ly/2qTID93>

National Quality Improvement Clinical Audit Network Forum <http://forum.ngican.org.uk>

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. Be sure to take with you and wear appropriate PPE and dispose of this correctly.

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 to understand the logic of the clinical decision making process and the expected outcome
- Please complete the Ward book log kept at reception

***For more information please see the Standard Operating Procedure:
"Urgent Dental Care Ward Referrals"***

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:

- 1) [Standardising the delivery of oral health care practice in hospitals](#)
- 2) [An investigation into denture loss in hospitals in Kent, Surrey and Sussex](#)
- 3) [Putting the mouth back into the body](#)
- 4) [Management of a hospitalised patient with dementia](#)
- 5) [Selecting the right tools for mouth care delivery in hospitals](#)
- 6) [Principles of effective oral and denture care in adults](#)
- 7) [Knowledge of junior doctors in managing oral conditions in adult inpatients](#)
- 8) [Dental care pathways for adult inpatients in an acute hospital: a five-year service evaluation](#)

Sedation Accreditation

What is the purpose of the course?

To train dentists working at East Surrey Hospital in the practice of safe basic conscious sedation techniques (Inhalation and Intravenous sedation). Dental nurses will be expected to assist in the delivery of sedation.

Separate courses will be run and the content will be more specific to their role in the delivery of sedation

What are the aims and objectives of the course?

To provide theoretical and practical training in delivering safe conscious sedation. (There will be one-day course with theory and practical stations followed by a period of supervised practice and quality control meeting at the end of training)

- To understand the place for conscious sedation as part of pain and anxiety control
- To demonstrate the importance of complying with standards relating to the provision of conscious sedation
- To recognise the indications and contraindications for sedation
- Understand the importance of delivering safe sedation in terms of training, patients assessment, equipment and facilities
- To be able to manage sedation related complications

What are the learning outcomes?

These are mapped against the relevant IACSD syllabus/es (knowledge, skills, attitudes and behaviours).

On completion of the training the trainee in basic conscious techniques for children, young adults and adult should:

1. Be able to describe the different techniques of conscious sedation and demonstrate an understanding of the indications and contraindication of each technique.
2. Be able to describe the principles of consent, the mental capacity act and deprivation of liberty act.
Be able to assess capacity, and work towards the best interest of a patient and respect the patients and carers autonomy.
Be able to discuss the benefits of the treatment planned and be able to articulate the risks and side effects of the proposed treatment.
3. Have an understanding of the spectrum of dental anxiety and be able to recognise the signs and symptoms of dental anxiety and phobia. Demonstrate an empathic and caring attitude towards anxious patients and special care patients.
4. Be able to describe the relevant anatomy, physiology and pharmacology relevant to sedation and apply this knowledge to the planning of conscious sedation techniques.
5. Must be able to fully assess patients for sedation by obtaining a detailed medical, dental, social, anxiety level and previous management history. Be able to identify problems that might impact on the safe delivery of conscious sedation and seek advice or clarification when necessary. Use the information when planning and preparing patients for IV sedation.
6. Describe the ASA classification and how this may affect the setting where sedation can be performed
7. Be able to communicate with patients and give pre and post sedation instructions to patients or their carers as appropriate.

8. Understand the indications and contraindication for the administration of nitrous oxide and midazolam and apply the knowledge when deciding routes and administration of the drugs.
9. Describe the principle of minimal intervention and administer drugs accordingly.
10. Able to understand and demonstrate how to carry out all the necessary safety checks for inhalation sedation equipment including scavenging.
11. To appropriately deliver a mixture of nitrous oxide and oxygen (dentist only) to the correct end point and monitor the patient clinically (dentist and nurse)
12. To understand the nitrous oxide elimination times and provide appropriate post sedation instructions for patient and escort
13. To be able to prepare surgery for treatment under intravenous sedation.
14. Understand how to select and peripheral vein for cannulation and demonstrate how to safely cannulate or assist with cannulation of a patient.
15. Understand why midazolam needs to be titrated to an end point and be able to confidently monitor as patients both clinically and with electrical monitoring.
16. Be aware of the how midazolam is metabolised and excreted and be able to safely discharge a patient having provided post operative instructions to the patient and escort.
17. Be able to describe the medico legal requirement for providing sedation including training, management of sedation related complications and clinical governance (audit, policies, patient information, and consent) and apply when necessary
18. Be aware of the quantity of sedation related CPD that needs to be carried out in a 5 year cycle and be prepared to keep up-to-date with sedation related literature and guidelines
19. Be able to recognise signs and symptoms of sedation related complication and manage them appropriately as a team.

What is the course content?

These are mapped against the relevant IACSD syllabus/es (knowledge, skills, attitudes and behaviours).

Day 1 Class room teaching including lectures, problems solving and practical skill stations

Period of Supervised clinical experience including pre and post sedation feedback, all cases will be logged.

At an agreed time quality control meeting with sedation lead to look through log sheets, work based assessments and reflections and multisource feedback. The purpose of this meeting is to check the progress of the trainee prior to sign off

MCQ examination at the end of the training period

What is the programme for the course?

Day 1

- Introduction to sedation 15m
- Anatomy, physiology and pharmacology 45m
- Patients assessment 45 m
- Inhalation sedation 60m
- Intravenous sedation for person over 16 60m
- Managing sedation related complications 30 m
- Medico legal issues and clinical governance in sedation 30 min
- Non pharmacological techniques for managing anxiety 30 min

1.5 hours of practical skills to be incorporated into the day

Period of supervised sedation practice over 9 months:

- 5 patient assessments
- 10 inhalation sedations
- 20 IV sedations

Assessment:

Sedation quality control meeting (VIVA) with sedation lead and any other supervisors

MCQ at the end of the training period

***For more information please see the Standard Operating Procedure:
“Delivery of Dental Treatment under Conscious Sedation Policy”***

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

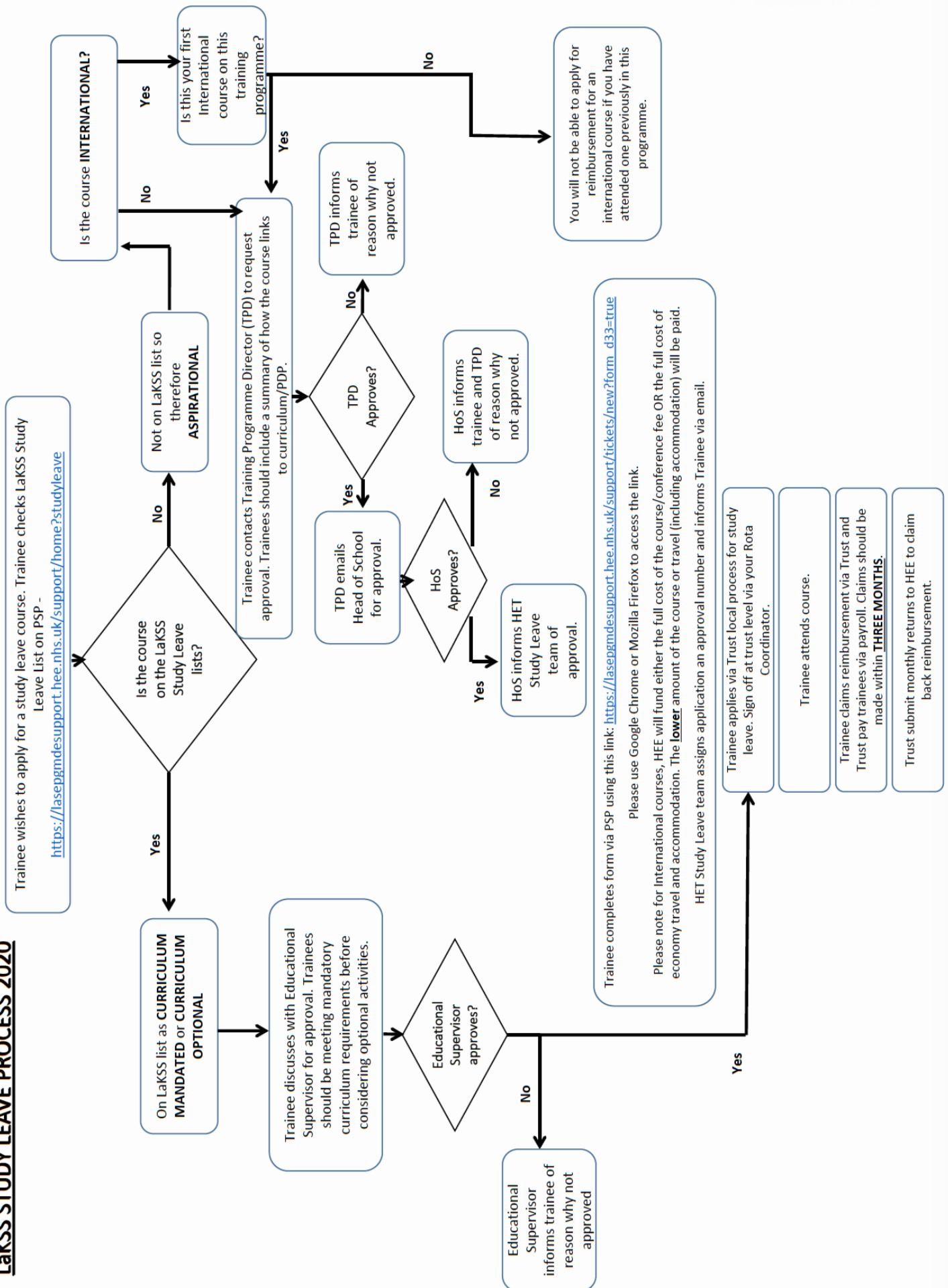
- You are entitled to **27 days** 'annual leave per year
- All annual leave must be applied for in writing at least **8 weeks in advance**
- Your leave should be taken evenly through the year. It is your responsibility to ensure you have taken all your leave before the end of your appointment as any unapproved leave remaining at the end of your contract will be lost
- Aim to take half of your leave within the first six months of your post
- 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 forms**. Please fill in your leave dates and give to leave cards to Janet Elliott and leave forms to be signed off by ES (leave forms must be signed by supervisors where clinics are missed and DCT covering if required).
- You must 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 and include CS and ES.
- 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.
- ***In the eventuality that your clinical supervisor is on leave you will be allocated other clinical activities by the ES (for example attendance at an alternate clinic)***

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
- You are entitled to take up to two days of study leave before an examination (eg MFDS)
- 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 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 (also available in the PGEC)
- 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
- If Study Leave taken does not require reimbursement/incur expenses (free online course) - this will not require a course code
- 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-imbursement 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 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



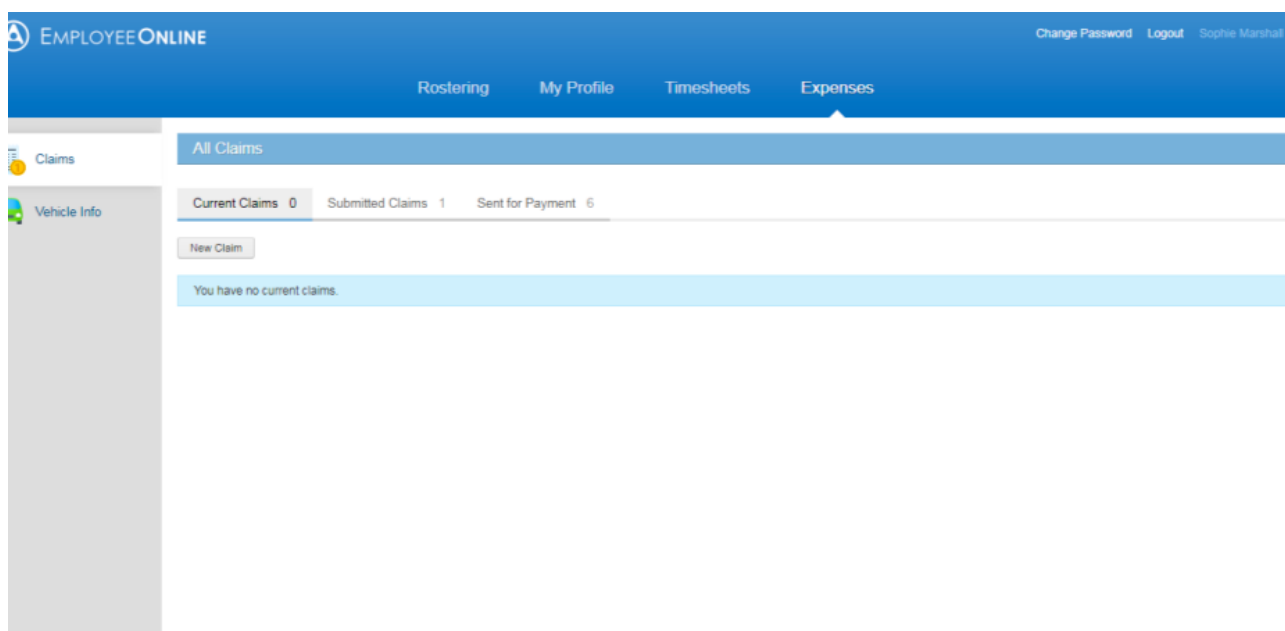
Claiming for study expenses at SASH (Allocate/EOL)

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, 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>

The screenshot shows the 'EMPLOYEE ONLINE' interface. The top navigation bar includes 'Rostering', 'My Profile', 'Timesheets', and 'Expenses' (which is highlighted). The main content area is titled 'Personal Roster' and shows a calendar for July and August 2019. The calendar has columns for days of the week (Mon, Tue, Wed, Thu, Fri, Sat, Sun) and rows for weeks (31, 32, 33, 34). A yellow highlight is visible on Sunday, August 4th. The left sidebar contains links for 'View Rosters', 'Record Availability', 'Leave', and 'Request Duty'. The top right corner shows 'Change Password', 'Logout', and the user name 'Sophie Marshall'.

5. Click "Expenses"



EMPLOYEE ONLINE

Change Password Logout Sophie Marshall

Rostering My Profile Timesheets Expenses

Claims

Vehicle Info

All Claims

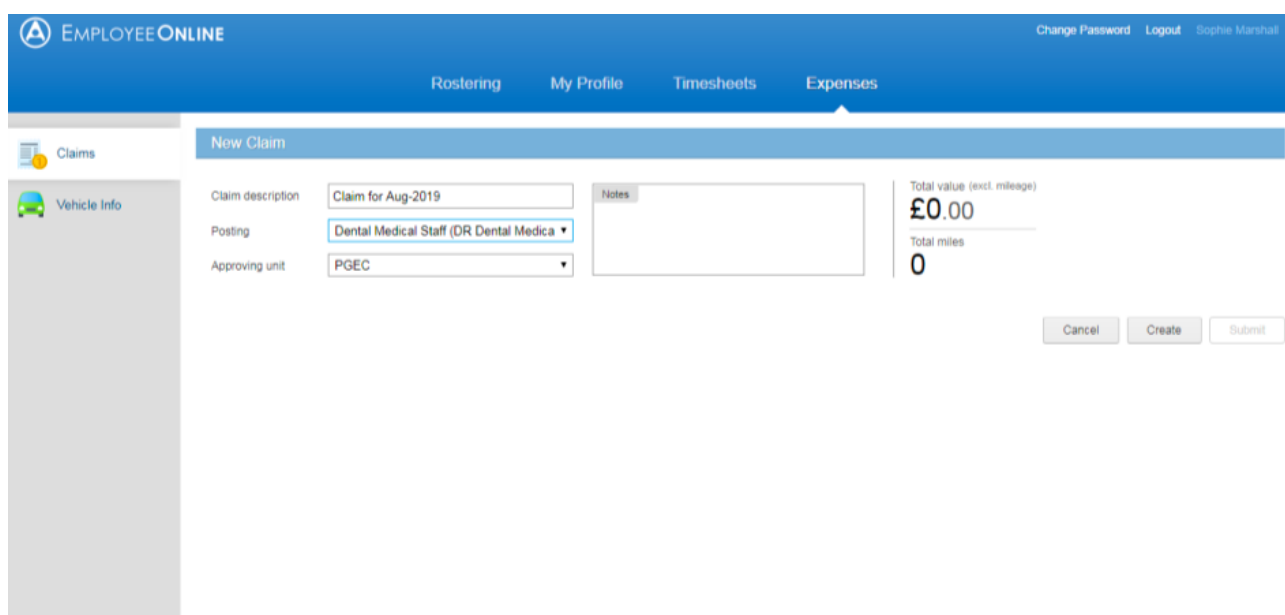
Current Claims 0 Submitted Claims 1 Sent for Payment 6

New Claim

You have no current claims.

6. Click “New Claim”

7. Next to posting select “Dental Medical Staff”



EMPLOYEE ONLINE

Change Password Logout Sophie Marshall

Rostering 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

Next to approving unit select “PGEC”

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

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)

f. Click save

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.

The screenshot displays the 'Employee Online' interface. At the top, there's a navigation bar with 'Rostering', 'My Profile', 'Timesheets', and 'Expenses'. The 'Expenses' tab is active. On the left, there are icons for 'Claims' and 'Vehicle Info'. The main content area shows a 'Claim Details' form for reference number 24443595-20001. The form is titled 'Supplementary Expense - Course Fees'. It has two columns. The left column contains 'Expense Type' (set to 'Course Fees') and 'Incurred On' (set to '03 Aug 2019'). The right column contains 'Claim Amount (£)' (set to '300') and a checked 'Receipt Available' checkbox. Below these fields are 'Cancel', 'Save', and 'Save and New' buttons. To the right of the form, there's a section for adding images, showing two thumbnails: 'IMG_5059 (2).jpg' and another partially visible one. At the bottom right of the form, there are 'Back to claims', 'Save', and 'Submit' buttons.

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):

The screenshot shows a horizontal bar with four categories: 'Mileage 0', 'Travel 0', 'Subsistence 0', and 'Supplementary 0'. The 'Mileage' category is highlighted with a blue bar underneath it.

Mileage / Travel / Subsistence / Supplementary

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

Mileage 0	Travel 0	Subsistence 0	Supplementary 0
<div>Please choose...</div> <div>Business Mileage</div> <div>Consultant Home to HQ Mileage</div> <div>Emergency Call Out Mileage</div> <div>Motorbike Mileage</div> <div>Lease Car Mileage</div> <div>Chair and NEDS Mileage</div> <div>Pedal cycle</div> <div>Public Transport non-taxed</div>	<div>Please select one...</div> <div>Rail / Train / Tube / Tram</div> <div>Taxi</div> <div>Bus</div> <div>Tolls charges</div>	<div>Please select one...</div> <div>Evening Meal Allowance</div> <div>Incidental Allowance</div> <div>Lunch Allowance</div> <div>Meal Allowance</div> <div>Accommodation</div> <div>Night Allowance non-com accommodation</div>	<div>Please select one...</div> <div>Parking</div> <div>Course Fees</div> <div>Junior Medical Staff Course Fees</div> <div>Senior Medical Staff Course Fees</div> <div>Congestion Charge</div> <div>Phone Expenses</div> <div>Minor Pre-approved Department Expense</div>

Annual Leave Form

SURREY AND SUSSEX HEALTHCARE APPLICATION FOR ANNUAL LEAVE Dental Core Trainees

Notes: Leave entitlement is 27 days per year. All leave requires minimum of 8 weeks notice. Leave requires confirmation from supervising consultants +/- DCT needed to cover the leave (for theatre lists). All staff including senior nurses, reception and secretaries MUST receive notification of your leave to allow clinics to be cancelled. This form must be completed alongside your annual leave card (to be given to Janet Elliott).

Part One (For completion by Applicant)

Surname First Name(s)

Grade Specialty

Date Appointed Hospital Base

ANNUAL LEAVE DATES REQUESTED:

From To (Inclusive)

Which represents days in total

Applicant's Signature Date

Please give the name of the person who will be covering theatre commitment and ask that person to sign the form before you seek approval to the annual leave dates (if required)

Name of Covering Doctor

Signature of Covering Doctor

When completed in FULL please take to Supervising Consultant/s (for session/s missed)

Part Two (For completion by Consultant/s)

Session: Consultant Signature Date

Session: Consultant Signature Date

Session: Consultant Signature Date

Session: Consultant Signature Date

Part Three (For completion by Educational Supervisor/Clinical Lead)

Leave Approved Yes / No

Signed Date

Dress Code Policy

See also https://www.surreyandsussex.nhs.uk/wp-content/uploads/2019/04/Uniform_Policy_FINAL_November_2018.pdf for further guidance

DESCRIPTION	Dos and DON'Ts – REMEMBER BARE BELOW THE ELBOW
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

Library

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

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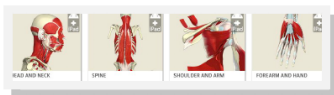
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<https://casereports.bmj.com>

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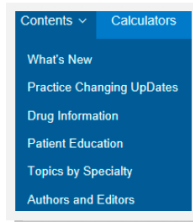
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This resource includes updated reviews of clinical topics in 27 medical specialties

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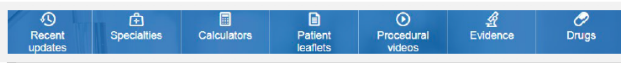
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Occupational Health

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

Location Brickfield House, East Surrey Hospital

Opening hours: Monday - Friday 8am to 4pm

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

Fit Testing

Before attending for fit test session please ensure:

- 1) You are medically fit (let the tester know if you have recently recovered from COVID19)
- 2) You are clean shaven (beards/stubble can affect the seal of masks and results in an ineffective fit. If you do not wish to shave please speak with PPE hub/infection control about alternative options)
- 3) In the previous 30minutes do not eat, drink, chew gum, smoke or vape.

You can book a fit test online via SASHnet or ext 7258

Please see the below link for further information:

(<https://sashnet.sash.nhs.uk/workspaces/covid-19-coronavirus/ppe-training-sessions>)

FIT testing session are held at the East Entrance at East Surrey Hospital, Monday-Friday 8am-8pm

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>)
- Staff Resilience Hub (www.sabp.nhs.uk/resilience) - emotional wellbeing information and support during the pandemic
- Chaplaincy and Spiritual Care Team supports staff whatever their faith, belief or philosophy (ESH: ext6120 and Crawley Hospital: ext3141 or sash@chaplains@nhs.net or text message 07790970531)
- CIC Confidential Care Employee Assistance Programme provide free, independent and confidential advice available 24hours a day (0800 085 1376)

- Critical Incident Stress Management (CISM) provide peer to peer support after difficult experience or event (sash.cism.sash@nhs.net)

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 Resources

British Association of Oral Surgeons, www.baos.org.uk
British Association of Oral and Maxillofacial Surgeons, www.baoms.org.uk
British Dental Association, www.bda.org.uk
British Society for Oral Medicine, www.bsom.org.uk
British Orthodontic Society, www.bos.org.uk
British Society for Restorative Dentistry, www.bsrd.org.uk
Committee of Post Graduate Deans and Directors www.copdend.org.uk
Defeat Depression Leaflet, Royal College of Psychiatrists - www.rcpsych.ac.uk
Dental Defence Union, www.the-ddu.com
Dental Protection Ltd, www.dentalprotection.org/uk/
Dental public health, www.bascd.org
Faculty of General Dental Practice, www.fgdp.org.uk
General Dental Council, www.gdc-uk.org
Healthcare Learning for online “webinars” and courses, www.healthcare-learning.com
Narcotics Anonymous, www.ukna.org
NHS Careers www.nhscareers.nhs.uk
OMFS, www.baoms.org.uk
Oral Pathology, www.oralpath.com
Paediatric dentistry, www.bspdp.co.uk
SASH Education Campus https://sasheducationcampus.net/weekly-learning-schedule/ (with additional information available on PGEC notice boards)
Special Care Dentistry, www.bsdh.org.uk
The Royal College of Surgeons of England www.rcseng.ac.uk/career