

General Guidelines and Protocol for the Recognition of Posts Suitable For Training Under the MFDS/MFD and the MRCS (Eng.) Regulations

Visitations for the purpose of recognition and the granting of educational approval to training posts in dental teaching, district and regional hospitals and other training establishments are generally carried out at five yearly intervals. If after inspection these posts are considered suitable for training under the appropriate regulations they are recognised for a maximum of five years. The Hospital Recognition Committee (HRC) may recommend to Faculty that the period of recognition should be shorter and that further visits be required at shorter intervals in those training posts where the criteria are not fully satisfied. It is the duty of the nominated consultant (senior clinician in some community posts) responsible for the training programme, preferably in liaison with the Faculty Regional Tutor, to request a visit for purposes of recognition. This applies also when recognition is granted for less than the full five years. Failure to do so may result in a lapse of recognition and withdrawal of educational approval under the relevant regulations.

It is necessary for Hospitals and others with recognised training programmes to notify the Faculty of Dental Surgery of any change in the grade or duties of a recognised posts. Recognition when granted is always back dated to the time when the existing post holder was appointed and if recognition were to be withdrawn from an existing post, the incumbent would retain recognition until his/her resignation from that post.

Application for a Visit of Inspection

A visit to a Hospital, Trust or community dental training post can only go ahead once an application has been received by the Faculty and the relevant information and documentation has been returned from the nominated consultant or senior clinician (in Community Dental Service) responsible for that training programme. This information should have been collated in conjunction with the Faculty Regional Tutor and/or the College Surgical Tutor, as appropriate. The information must detail the nature of the training establishment, its clinical workload and case mix to which the trainee is exposed. The relevant agreed timetables (see specimen timetable) and rotas of all the training posts to be inspected must be provided together with a list of all staff involved in the training programme and the level of consultant (or senior clinician) supervision. An inventory of the relevant clinical facilities and accommodation is required. All of this basic information can be entered on the forms supplied by the Faculty for this purpose and should be available to the visitor(s) at least six weeks prior to the visit.

If Hospitals do not return the required information, a visit cannot take place. In the event the Hospital/Trust/department is in danger of losing educational approval of its posts from the time the post(s) next becomes vacant and until a subsequent satisfactory visit can be arranged.

For those training programmes which are being re-inspected the visitor's report from the previous visit will be available to the Faculty Visitor. Frequently, Regional Advisors will be asked to ascertain whether earlier Faculty recommendations have been implemented within a reasonable time scale or not.

The Visitor

On behalf of the Faculty of Dental Surgery the HRC will appoint a visitor (or in the case of a Dental Teaching Hospital, three senior Visitors selected from members of the Faculty Board). The Visitor (or lead visitor) will liaise directly with the nominated consultant (or senior clinician) responsible for the training programme and with the Faculty Regional Adviser as to a suitable time for the visit to take place. It is the responsibility of the consultant in charge of training (or senior dental officer in Community Dental Service) to inform the Faculty Regional Tutor, and as is appropriate, the Hospital Chief Executive, Hospital Medical Director, Postgraduate Medical Dean, Postgraduate Dental Dean or Adviser and all consultants or senior clinicians involved with the training programme that the visit is to take place. The Faculty should be kept fully informed of these arrangements.

The Faculty would be grateful if those organising the visit would remember that the Visitor(s) may not know the training establishment personally. Advice to the Visitor(s) as to the best travel arrangements will be greatly appreciated, and when appropriate, the provision of car parking space made available. Claim forms for the reimbursement of expenses incurred the Visitor(s) should be made available at the time of the visit.

A timetabled programme for the visit should be circulated to all parties by the nominated trainer well in advance of the visit.

Faculty Regional Adviser

The regional faculty adviser or his nominated deputy should be present on the day of the visit. The Adviser's function as an observer extends to a duty to the Faculty to ensure that deficiencies in facilities and in training are exposed, as well as a duty to local colleagues to assist in providing information regarding the adequacy and strengths of the training provided. He should be present at all interviews.

The Visit

The visit includes the following:-

Inspection of clinical facilities. The Visitor will wish to inspect the clinical facilities including all the inpatient and outpatient accommodation relevant to the post. An opportunity for the Visitor to see and meet colleagues in the supporting diagnostic and technical facilities which are relevant to the work being carried out should be allowed for. Similarly the Visitor may wish to visit staff and facilities in ITU/HDU, in the Accident and Emergency Department and in the Medical Illustration and Clinical Photographic Departments.

Inspection of educational facilities. The Visitor will wish to visit and inspect the postgraduate library and meet with the librarian. The facilities for audit should be open for inspection together with the quality of case notes. The Visitor will want to ascertain that:-

- * Trainees have adequate desk/office space with access to a personal computer
- * A departmental seminar room is available.
- * Bench books are available and can be accessed in the department.
- * There is a well stocked library with relevant textbooks, current journals, and medline (or equivalent literature search facility) which can be readily accessed by the trainee is available.

Inspection of accommodation. Both the Colleges and the Postgraduate Deans carry out these inspections. Nevertheless, the Visitor will want to satisfy him/herself that the domestic accommodation for the resident trainee is secure, readily accessible and of a satisfactory standard. Enquires of the trainees as to any perceived problems with the accommodation and the availability of acceptable food and hot meals will be made.

Meeting with Consultant or Senior Clinician in CDS. This is an important part of the visit and the Visitor will expect to meet with the Consultants or Senior Dental Officers and the appropriate Clinical Director involved with the training programme early in the visit. This often takes place over lunch. Senior Clinicians from all specialties relevant to the programme should be present so that the Visitor may gain an insight into current problems, local difficulties, developments, plans and aspirations. It is possible that as the visit progresses difficulties may be brought to light which may affect the quality and running of the training programme. In this situation the Visitor may request a further opportunity to meet with a consultant trainer(s). It is helpful to the speedy resolution of such problems if key players keep themselves available to meet with the Visitor again towards the end of a visit.

Meeting with the Chief Executive. The Visitor and the Faculty Regional Adviser will welcome the opportunity to meet the Chief Executive to learn about plans and developments, particularly those that impact on training. In any event a suitable, senior representative from the Hospital/Trust/Service management should be available to meet with the Visitor if the Chief Executive cannot attend.

Meeting with the Medical Director. It is anticipated that the Visitor(s) may wish to meet with the Medical Director of the hospital or Trust.

Confidential Meeting with the Trainees. Adequate time must be allocated for this most important part of the visit which involves only the trainees and Visitors. It may be possible to interview each trainee separately. If the numbers prohibit this in the time available then the trainees may be seen in small groups. Any comments made by the trainees are in confidence and non-attributable. Each trainee will be taken through his/her timetable (which has been submitted prior to the visit) so as to ensure that this meets the requirements agreed by the Royal Colleges. In addition any perceived strengths and weakness of the training programme can be discussed between the

visitor and trainee. It is at this time that the trainee's personal log book may be inspected.

The Visitor's Report.

The Faculty Visitor is expected to submit his/her report within **six weeks** of the visit having obtained the agreement of the trainer on its factual content. Only the accompanying Faculty Regional Advisor may be consulted as to both the factual and confidential components of the report before it is submitted to the Faculty via the HRC. The Faculty Visitor is at liberty to send to the hospital 'factual data' for verification subsequent to the visit, if he/she wishes to do so, But all confidential data and recommendations that will be incorporated into the report **should not under any circumstances be sent to the Hospital or trainers.** The Faculty secretariat will not send out separate 'factual reports' on behalf of the visitors and the practice of sending out factual data to hospitals for verification need only be done when undertaking large and complex visits such as to a Dental Teaching Hospital.

The Visitor(s) should report on:-

1. Outpatient and inpatient accommodation and facilities.
2. The levels of supporting and ancillary staff.
3. Exposure of junior staff to an adequate case mix appropriate to the post.
4. The level of supervision received from senior staff.
5. Structured teaching training and research.
6. Audit at unit, district and regional levels.
7. Educational, library and study facilities.
8. Standards of domestic accommodation including security.
9. Implementation of study leave and expenses.
10. Compliance with regulations governing juniors' hours of work.
11. Trainee log books.

Recommendations may be made on any of the above. All recommendations must be clearly listed in the report with justifications for each recommendation.

However, the Visitors will not be expected to comment in depth on local purchasing strategies nor to make recommendations of a business management nature except where such strategies have a direct adverse effect on the quality or implementation of the training programme.

Failure to submit the report promptly grossly undermines the credibility of the College as an independent champion of professional standards. Visitors and regional advisers must be committed to their roles, which are always appreciated by both local trainers and Faculty. However, whilst recognising the many demands on clinical and other professional time of visitors and advisers, the Faculty is obliged to review the position of those who accept the task of visiting but repeatedly fail to produce the reports in due time.

Subsequent Action by the Hospital Recognition Committee.

Upon receipt of the Visitor's report by the Faculty, the Visitor will be thanked and a decision made by the Chairman of the HRC as to whether the recommendations of the report may be relayed to the trainers and interim recognition given until ratified by the full Committee. Where difficulties are found and where complex issues are raised by the report a decision as to recognition of the training programme will be deferred until the next meeting of the full HRC. Any reports raising contentious matters and all reports following visits to Dental Teaching Hospitals will automatically be reviewed by the full HRC before any action is taken.

Once a decision as to recognition has been made by the HRC either directly or by Chairman's action and subsequently approved by the Faculty Board, the secretariat will use the Visitor's report as a basis for their letter of recommendation which will be addressed to the consultant in charge of training (or senior dental officer in CDS). If appropriate, draft letters of recommendation may be forwarded to the Visitors and the Chairman of HRC for their comments prior to distribution of the final draft of the letter. All decisions of the HRC are subject to ratification and approval by the Board of Faculty. The Postgraduate Medical Dean, Postgraduate Dental Dean or Advisor, Hospital Chief Executive, Faculty Advisor and Faculty Regional Tutor will be informed by the Faculty as to its recommendations in respect of educational approval.

Action by the Consultant or Senior Clinician in Charge of Training.

It is important that the trainer after receipt of the Faculty's recommendations gives written confirmation that these recommendations can be, or have been implemented. This information is of fundamental importance to the Hospital Recognition Committee.

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