

HEKSS DENTAL FOUNDATION TRAINING
UNIVERSITY OF KENT PGC in PDC for FDs

KEY SKILLS IN PRIMARY DENTAL CARE - Module
KEY SKILL IN LAW AND ETHICS - Professionalism module

INTRODUCTION

In the past Key Skills portfolios have been used for a number of purposes including: as a quality assurance document demonstrating compliance to 'good' practice guidelines, an examination requirement, and a device to signal completion of Dental Foundation Training.

For the purpose of this postgraduate certificate you will still need to display compliance in areas of good and best practice, but it also needs to display your own understanding of the whole issue of practice 'structure'.

This is all to be delivered at 'Masters' level; all this means is that you think critically and with an evidence base around issues that you might have accepted without questioning at undergraduate level.

You will need to be reflective and prospective, taking an equal position on how it is done, how it could be done, and how you might do it given total clinical and managerial freedom and even how you might do it when you own your own practice (including the financial element).

This of course all needs to be evidenced and even challenged, an example being current guidelines / regulations in infection control - are the guidelines evidence based and relevant in a typical health care delivery setting?

SETTING OUT YOUR REQUIRED KEY SKILLS

- 1) Watch the appropriate Smile-on "Key Skills in Primary Dental Care" on line resource?
- 2) Check out e-den for appropriate sections
- 3) Provide the whole document, as instructed, as an electronic portfolio with a single sheet **statement signed and dated from the Trainer that the compliance evidence file has been checked for completeness**. The key skills document should be electronic but the "statement" is a signed hard copy that can be scanned into the portfolio.
- 4) Start with a single CONTENTS page
- 5) This should be followed by an INDEX of evidence items – numbered appropriately.
- 6) Each individual Key Skill (KS) should be in a completely separate electronic document preferably in MS Word, this is important as your script could be checked for plagiarism
- 7) Each key skill should have an INTRODUCTION – this is an overview and should be comprehensive, include comments on what is significant about this key skill area and why it is important. There is no definitive word count but around 1750 words are expected for each KS.[guidance only]
- 8) You should then identify, outline and explain guidelines, standards and legislation relevant to this K.S. It is appropriate here to evidence base these guidelines and even critique them, how feasible and relevant are they. What

about the differing expectations of practice compliance for guidelines, standards and legislation. An example might be the HTM 01-05 document for infection control and decontamination.

- 9) Next you should have your REFLECTIVE COMMENTARY – ensure it is relevant to your introduction, to your present practice and any future practice developments by you taking an equal position on how it is done, how it could be done, and how you might do it given total clinical and managerial freedom and even how you might do it when you own your own practice. Describe your [and the practice's]activity in each Key Skill area and provide supporting evidence in the form of evidence items such as documents , protocols and photographs. The evidence items should be referred to in the text and indexed but the items themselves should remain as hard copy in the practice for assessment by your trainer.
- 10) It would also be appropriate here to overview the KS with a conclusion, how do you think your present practice is performing in this core skill area and what improvements [if any] you might suggest.
- 11) You will need
 - a) a list of resources used e.g. GDC, FGDP, Resus Council, Standards in Dentistry, BDA advice sheets etc.
 - b) a list of evidence and the references and you have used, these need to have the appropriate citing in the document. The actual references are then listed at the end of the KS document in Harvard style
- 12) The EVIDENCE ITEMS FOR COMPLIANCE should be hard copy. This will not be submitted but as stated above the trainer will confirm its accuracy and completeness. Examiners may request sight of this document after initial marking is completed

TIPS FOR A GOOD PORTFOLIO

- Use valid sources of referencing – NHS EVIDENCE /PUBMED/ COCHRANE etc Wikipedia IS NOT A VALID REFERENCE!!
- Do not use copies of blank forms/ protocols as evidence – they should be working documents
- Make sure all evidence of compliance items are anonymised (e.g. patient record card)
- Images of documents should be IN SITU – e.g. Algorithms photographed on the wall as opposed to just a copy of it. Ensure these are in focus & big enough to be read.
- Large chunks of printed material e.g. cut and pasted from websites or B.D.A. publications are not evidence or appropriate narrative and constitute plagiarism if not cited.
- Ensure you include all the evidence of compliance items that are on the advice sheet. If you do not have an evidence item then do not simply state “the practice does not have one” – find one and include it in your portfolio and give it to your trainer to possibly use – It shows understanding and evidence of change.
- You can insert photographs into the KS if it reinforces the script however be discriminatory, if they don't reinforce the text they are superfluous
- DO NOT PLAGIARISE – it does not benefit you, the practice or patients. It constitutes Serious Professional Misconduct as stated by the GDC. The Faculty stance includes referral to the GDC and the UoK will commence disciplinary procedures
- Ensure your trainer has seen the Key Skill at least a week before you hand it in so any omissions can be corrected. Please ensure your trainer signs the “sign off” document.

- As with other marked modules within the PGC -
Font – Arial 12 font
Double line spacing
Harvard Referencing
Page numbers to be included in a footer at lower right corner of each page of your written text.

KEY SKILLS in General Dental Practice

A1 Prevention and management of medical emergencies

Questions

- How does the practice minimise the possibility of medical emergencies?
- What drugs are present in the practice for dealing with medical emergencies? What other apparatus is required?
- How are these drugs selected / used? Where are they located?
- Is there a protocol for dealing with the collapsed patient?
- What staff training is there for dealing with medical emergencies and is it recorded?
- Are patients risk assessed e.g. A.S.A. category?
- Has a timed exercise been carried out for dealing with the collapsed patient?
- Who makes the rules about CPR training?
- Where is your nearest A&E -- ?response time? Might this reflect the need for an A.E.D.?

Visit <http://www.resus.org.uk/pages/MEdental.htm>

Evidence

- Current certificates in CPR [copies or photos].
- Current list of emergency drugs [? photo] and how the list was derived.
- List and location of other emergency equipment e.g. oxygen cylinder. [photo]
- Practice Medical History sheet [completed example] and protocol for checking
- Protocol for checking drug expiry and emergency O2 maintenance.
- Location of emergency drugs and O2 relative to clinical areas.
- Plan of practice showing points of access and drugs location
- Minutes of last CPR exercise and learning outcomes for the practice team.
- Record of practice in-house training --- timed exercise against the clock.
- Protocols for dealing with collapsed patient in various practice locations.
- Laminated sheets [fool proof guide] -- response required to various medical emergencies including drugs and actions involved.
- Current practice protocols for dealing with the common medical emergencies. Reflection on how this differs from guidance [if at all].
- Reflective account of how the practice manages emergency situations including examples [if any] Simple faint is enough.
- Reflective account of how the practice minimises anxiety in general and helps to reduce potential problems in compromised patients.

B) Infection Control

Questions

How is Infection Control managed in your practice?
Is there an Infection Control Policy?
How does Health & Safety law affect Infection Control?
What guidelines are there for Infection Control procedures? Are current guidelines followed? Would it be possible to improve current procedures?
What staff training is there? [e.g. what happens when a new staff member joins the practice?]
Does your surgery design enable you to carry out good cross infection control procedures?
How do you cope with the problem of aerosols?
How are hard surfaces cleaned and disinfected?
What happens to Clinical Waste?
What is the practice policy on immunisation of staff, are there records?
How is laboratory work treated?
What happens after an inoculation injury?
How are instruments cleaned & sterilised, is there a decontamination protocol
Are there records [validation and testing] relating to sterilisation equipment?
How do you prevent contamination of water lines?
What disposables are used?
Is there a plan for moving towards “best practice” as defined by HTM01-05 and new B.D.A. A12?
Essential requirements reached for C.Q.C. registration?

Evidence

Practice Infection Control Policy
Awareness of Dept of Health HTM01-05 and implications,
Possible plan for moving towards best practice.
Any relevant extracts from practice Clinical Governance programme.
Relevant team training e.g. s4dental , courses.
Records of in-house training e.g. minutes of staff meetings, induction checklist.
Infection Control risk assessment
Pressure vessels testing and records
Sterilisation / decontamination protocols
Hep.B protocols and immunisation records
Use of protective clothing
Prevention of waterline infection
Dealing with spillages
Medical History sheets
Types of waste and their disposal
Disinfection of impressions
Photos of surgery showing zoning etc.
Worked example of a procedure [e.g. extraction] with photos, showing how your procedures work. [decontamination loop]
Records of Induction training in Infection Control
Treatment of sharps injuries and P.E.P. arrangements
Possible entry from Accident Book and [if available] R.I.D.D.O.R. --- critical incident analysis.
Reflective account of how the practice manages infection control including photos showing surgery layout, zoning, instrument storage.
Reflective account of how practice infection control procedures could be improved, including any audit evidence.

Source Material

Dept. of Health Publications – HTM01-05 decontamination guidance

HTM01-05 audit document

F.G.D.P. ---- Current Guidelines & “Standards in Dentistry”

B.D.A. ---- Information leaflet A12

B.D.A. Good Practice Scheme

D. of H. + s4 dental Team Training CD Rom

www.s4dental.com

Advice sheets from your defence organisation

C1 Radiography

Questions

- What selection criteria are in use for taking radiographs?
- How does the practice comply with IRR99 & IR[ME]R 2000?
- What are the Health & Safety implications of taking radiographs?
- What protocols does the practice have for radiography? Is there a Radiation Protection file.
- What is your Quality Assurance system for your radiography?

Evidence

- Example of a radiograph along with justification, findings, interpretation and Q.A. grading.
- Discussion on your understanding of the legislation applicable to dental radiography [IRR[99] & IR[ME]R 2000]
What does this legislation actually mean in practice?
- Reflective commentary on the criteria used for radiography in your practice [including Selection Criteria /ALARP]
- Record of recent formal and informal staff training, including Induction training, plus your understanding of G.D.C. C.P.D. requirements for all the dental team.
- Reflective commentary on the Quality Assurance programmes used for radiography in your practice
- Certificate[s] for your x-ray machine
- Local rules for your surgery
- Diagram of your surgery showing direction of the primary beam and the materials of the walls
- Inventory of x-ray equipment in the practice
- Roles of all personnel with regard to radiography
- Protocols for processing [if applicable]
- Any recent audits

Source Material

- F.G.D.P. booklet on Selection Criteria
- B.D.A. advice sheet A11
- F.G.D.P. "Standards in Dentistry"
- N.R.P.B./D. of H. booklet "Guidance notes --- on the safe use of X-ray equipment" 2001
- Core of knowledge / undergraduate notes
- Standard texts e.g. Eric Whaites

D] Key Skills --- Law & Ethics

“We recommend that those of you working in a clinical environment carry out C.P.D. [verifiable or general] to make sure you are up to date in” :-

- Legal and Ethical Issues
- Complaints Handling

[G.D.C. 2006]

Questions

How does your practice handle:-

- Consent
- Confidentiality [including training]
- Complaints Handling
- Safeguarding children and vulnerable adults
- Raising Concerns [whistleblowing]
- Acceptance and treatment of high risk patients
- Data Protection
- Security, storage and disposal of patient records
- Equal Opportunities / Recruitment
- How do patients know what contract they are being treated under ? i.e. N.H.S. , Denplan , Private ? Are staff trained in explaining reasons / differences?

Issues

- Putting patients interests first
- Status of infected healthcare workers if relevant
- Negligence --Standards in Dentistry --- conduct, standards of treatment , negligent treatment [first, do no harm]
- Dentists’ Ethical Principles [G.D.C. – Standards for Dental Professionals]
- Blaming the system [i.e. the N.H.S.]
- Meeting current C.Q.C. outcomes.

Sources of Information

B.D.A. Advice sheet B1 --- Ethics in Dentistry

B.D.A. Advice sheet B10 --- Complaints Handling

B.D.A. Advice sheet B11 --- Private patient complaints

B.D.A. Advice sheet B2 --- Data Protection

B.D.A. Practice Compendium 2007 --- version 5

B.D.A. Advice sheet B12 --- Performance concerns

B.D.A. Advice sheet D13 --- Equality and Diversity at work

Standards in Dentistry [F.G.D.P.] edited by Ken Eaton

G.D.C. --- Standards for Dental Professionals / Raising Concerns

12 Key points on Consent --- Dept. of Health 2001

Ethics and Law for the Dental Team --- Brennan & Oliver

Dental Law & Ethics --- edited by P. Lamden

Dental Complaints Service [www.dentalcomplaints.org.uk]

Dentists’ Health & Support Scheme

Your Local P.A.S.S. [Practitioner Advice and Support Scheme] if you have one.

Suggested Evidence Items

- Practice Confidentiality Policy
- Evidence of training in Confidentiality
- Practice Equal Opportunities Policy

- Copy of practice Complaints Procedure
- Any P.C.T. guidance on Complaints
- Anonymised copies of a letter of complaint and the reply
- Completed sample of a Consent form for a clinical procedure
- Anonymised extract from a patient's notes showing treatment options discussed
- Copy of a completed, signed, treatment plan / estimate e.g. FP17DC
- Sample patient advice leaflets
- Evidence of aids used to explain treatment to patient e.g. photos, models
- Risk Management Strategy for Record Keeping
- Results of any Record Keeping Audit
- Practice Data Protection Policy [including Access to Records]
- Evidence of Child Protection training and practice Safeguarding Children Policy
- Practice "whistle blowing" policy [or evidence of local P.A.S.S. arrangements]
- Records of a D.R.O. visit to the practice [if any]
- Any practice protocol on Disclosure of Information
- Any practice protocol on Communication