NHS Education for Scotland (NES), Clinical Effectiveness, Oral Medicine Education and Training Programme (OMETP) Pilot Summary Report

Oral medicine is the specialty of dentistry concerned with the diagnosis and management of adult and child patients with chronic recurrent and medically related disorders of the mouth, face, and jaws.

There are high referral numbers of patients to oral medicine departments from both dentists and doctors but a limited number of specialists and departments in this specialty resulting in long waiting times. Many of these patients could be managed in primary care with further education and training of the primary care workforce.

This report describes the findings from a pilot oral medicine education and training programme for primary care dentists. This programme was developed and implemented by the Clinical Effectiveness workstream within NES to help improve the care of patients with oral medicine concerns.

Key Points

- The programme was piloted by NHS Tayside.
- The model of learning utilised the Project ECHO model https://projectecho.unm.edu/.
- Eight dentists participated in the pilot.
- The specialist content knowledge experts were oral medicine consultants from Dundee Dental Hospital and School.
- Evaluation was incorporated throughout the programme using the Kirkpatrick model.
- Participants feedback to the programme was positive.
- 100% of responding participants indicated they had gained an increased confidence and improved collaboration with secondary care because of this programme.
- Suggestions for programme improvements from dentist participants and the specialist team have been incorporated into the second pilot in NHS Greater Glasgow and Clyde.

Background

The purpose of this project was to develop and deliver initiatives to provide new education and training opportunities for members of the dental team with the aim to improve patient care by improving the workforce's knowledge and skills.

To support the development and focus of these initiatives' stakeholder needs were explored via anonymous survey, semi-structured interviews and hospital data regarding patient referral numbers and waiting times.

Findings revealed face-to-face training and webinars the most popular type of learning requested, with verifiable CPD and an increased confidence what the workforce would like to achieve. Secondary care data which demonstrated long waiting times for appointments identified oral medicine to be a specialty in which a new education and training programme should be focused.

Aim of pilot programme

The aims of the OMETP pilot were to increase knowledge, understanding and treatment of the oral medicine conditions that can be managed within a primary care setting with secondary aims to improve confidence and promote collaboration between primary and secondary care.

Methods

Participants and Recruitment

Specialist team - two oral medicine consultants from Dundee Dental Hospital and School in NHS Tayside.

Clinicians - NHS Tayside's Director of Dentistry (DoD) and the Clinical Dental Director (CDD) of PDS recruited the clinicians for the pilot. Participants were provided with a participant information sheet and completed a consent form. Continual Professional Development Allowance (CPDA) was available.

Method of learning

An innovative model that complemented the stakeholder survey results was introduced this was based on Project ECHO (Extension for Community Healthcare Outcomes) which was developed by the University New Mexico https://projectecho.unm.edu/

- Virtual innovative platform of learning (Microsoft Teams).
- Group size of eight clinicians: four general dental practice and four public dental service.
- Six 90-minute sessions of learning over a longitudinal period of seven months.
- Oral Medicine consultant provided an introduction lecture of a specific oral medicine topic.
- Participants presented anonymised and consented case-based examples to promote peer learning with consultant best practice guidance.

Learning outcomes for the pilot group

- Identify, describe, distinguish, differentially and definitively diagnose oral medicine focussed chronic, recurrent, and medically related disorders of the mouth, face, and jaws.
- Classify, manage, and treat patients locally that do not require initial onward secondary care referral and develop a standard operating procedures (SOPs) for reviewing patient's progress.
- Justify and judge when to refer patients for specialist diagnosis and treatment.

Data collection

Evaluation was incorporated throughout using pre-training individual interviews, anonymous responsive evaluation forms after each session and an anonymous post training Microsoft form evaluation and questionnaire together with continual dialogue with the cohort via email.

Evaluation Model

Evaluation was based on the Kirkpatrick Model https://www.kirkpatrickpartners.com/the-kirkpatrick-model/ a recognised method of evaluating the results of training and learning programmes that determines both formal and informal training methods and rates them against four levels of criteria: reaction, learning, behaviour and results.

Post training CPD certificates

Following the pilot the eight participants were awarded their CPD certificates

Governance

Permission granted by Dundee Dental Hospitals Clinical Directors. Data collected was anonymous and managed according to NES information governance policies.

RESULTS

The participating dentists were an experienced group of clinicians mostly qualified over ten years, none declared any previous oral medicine training, but some had historic additional oral surgery training that had allowed access into oral medicine clinics. They were a low referring group all stating that they referred less than three patients to oral medicine per month.

Qualitative analysis of themes from pre-training interviews

- Support and collaboration for managing patients.
- Communication between primary and secondary care.
- Reason for participating in the programme.
- Current standard operating procedures.
- Reasons for patient referrals.

Summary of findings from post sessional feedback

Level 1 Reaction: positive to engagement, enjoyment and felt the programme was relevant to their role and the Project ECHO model was an effective way for them to learn:

"have really enjoyed these sessions and have got a lot out of them"

Level 2 Learning: gained new knowledge and able to remember previously gained knowledge and observed and understood good practice:

"it was well organised and enabled me to recall information from the past"

Level 3 Behaviour: the group expressed the learning would likely change their professional practice:

"*relevant to my practice and have picked up a few tips which I will definitely be using going forward"*

Level 4 Results – NES strategic themes of "**People, Partnerships and Performance**" and responding to sessional feedback was used to ensure that the People (participants) were at the centre of this initiative. This promoted relationships with secondary care to build on the Partnerships.

Post training CPDA Evaluation form summary:

Level 1 Reaction: "*Good learning experience"*

Level 2 Learning-: *"learned some new things, and they have also served as a reminder for the things I already knew."*

Level 3 Behaviour. *"the production of SOPs has been really useful for in practice"*

Improvements from open response questions

- More definite structure with dates and times.
- Topics to be known well advance to allow participants to find suitable cases.
- A training offering on how to use Microsoft teams.
- Detailed information on what is expected from participant presentations.

Post training Questionnaire form summary

Level 1 Reaction - participants agreed or strongly agreed that they were satisfied with the programme, that Project ECHO model was an effective way to learn, they felt comfortable asking questions and expressing opinions and would recommend this programme to a colleague. All responded their relationship with the oral medicine secondary care department had improved.

"It was great to make contact with the specialists over a number of sessions and now feel like I could easily approach them for advice even before making a referral."

Level 2 Learning - participants agreed or strongly agreed that they had gained new knowledge and consolidated their professional practice

100% responded their confidence had increased

> *"Thank you very much for organising, I found it really informative, and it has definitely improved my understanding and enjoyment of oral medicine."*

Level 3 Behaviour -participants agreed or strongly agreed the way they manage oral medicine patients will improve. They made statements about changes made to managing referrals including the increased use of photography and sharing of the knowledge learned with their colleagues. Some participants have introduced SOPs. Some feel their referral number will reduce.

> *"I definitely feel my own confidence has improved and have now had several colleagues coming to me to ask for advice on different clinical scenarios, so it has definitely encouraged team knowledge sharing and discussions."*

Level 4 Results -NES 2023-2026 strategy:
NES Strategic themes of: People, Partnership, Performance

People
"*Lead and deliver high-quality education, training and continuous professional development across all health and social care disciplines*" - This was a peer led specialist guidance programme with participants gaining enhanced CPD.
"Realistic medicine principal become improvers and innovators "– The Project ECHO method is an innovative model new to the oral medicine specialty and not before used in NES Dental.

Partnership
"Work in partnership to scope the skills and training required to deliver and implement health care research, development and innovation" This programme worked with NES, NHS Tayside, The University of Dundee, The Director of Dentistry and Clinical Dental director of Public Dental Services.
"Build our capability around workforce supply to develop resourcing strategies which address supply shortages and provide centralised co-ordination and recruitment expertise." Oral medicine was piloted due to long waiting in part due to the limited number of specialists.

Performance
"Develop education and training products that encompass sustainability and climate change to develop the knowledge and skills of the workforce in protecting our environment and tackling the climate emergency." staff and patient travel impact climate change by delivering online travel was removed with a secondary long-term aim to reduce some referrals and therefore patient travel.

Post training actions

Session six had some focus on participants creating and sharing SOPs based on the programme's topics. These were distributed to the group for interest only. Following feedback, a request was to have written summaries/ documents/protocols around the sessions. Papers and protocols were collated and shared.

Oral medicine consultants Feedback

- They enjoyed being part of this programme
- Thought the number, frequency and length of sessions was appropriate
- They were happy with the structure and learning environment

- Engagement needed to be more maintained and the demographic of participants more aligned to the aim

One of the consultants replied to the feedback request stating:

"Anecdotally I have seen a few referrals from our cohort of practitioners on vetting which have excellent clinical detail, and some have carried out sensible primary care interventions prior to secondary care referral. I don't think we could ask for more!"

Discussion

The primary aim of this education and training programme was to improve patient care by increasing the knowledge and the skills of the clinicians in primary care. This pilot focused on oral medicine due to the wants of the workforce and the needs of secondary care. The Project ECHO model facilitated communication, collaboration and relationships built with peers and consultants to share learning and improve confidence in this speciality. Feedback established that learning has been imparted to colleagues creating the ripple effect of learning sought.

There is much insight from this pilot that could lead to improvements in the programme namely:

- Dates and topics known in advance to prepare for each session.
- A detailed expectation of what participants are expected to present.
- An option of Microsoft teams training to ensure participants are appropriately prepared
- A written summary of learning after each session with sessional supporting documents.
- A mixed response to the development of SOPs with the valid suggestion that SOPs should be vetted by consultants.
- Increasing the number of participants in each cohort.

Next Steps for Oral Medicine Education and Training Programme

This pilot is currently being repeated in NHS GG&C with the improvements learned from the original in NHS Tayside. A learning outcome change has been made to implement procedures for reviewing patients progress as opposed to the development of SOPs. There are six oral medicine speakers, a combination of consultants and registrars each individually presenting on a particular topic and 20 participants on the programme with dates all confirmed prior to the commencement of the programme and details of topics to be discussed given in advance.

Future

Data from each of the two pilots will be compared to further improve this model of learning. Collaborative working between NES and different Health Boards and clinicians could lead to an expansion of this programme. This initiative has given strong support to how this model of learning could be utilised and improved upon to positively impact patients dental care not only in oral medicine but all dental specialties.

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Report Preparation

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