

Derbyshire County  
Local Dental Committee

# Outcomes of a Feedback-Informed Oral Surgery Placement in Longitudinal Dental Training

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## Background:

The Midlands Joint Dental Foundation and Core Training (JDFCT) pilot programme was developed as a longitudinal approach to early postgraduate dental education.

The two-year programme incorporates alternating weekly placements in primary and secondary care. The initial pilot year involved six trainees, organised in three alternating pairs with each pair based in one primary care dental practice and a single secondary care setting, spanning OMFS units at Royal Wolverhampton or Royal Worcester, or the oral surgery unit at Birmingham Dental Hospital. At the end of Year 1, trainees reported limited clinical experience with surgical procedures, affecting both confidence and competence. It was also noted that experience and opportunities were not evenly distributed across the secondary care sites. These challenges were attributed to the pilot nature of the programme compounded by trainees supernumerary status. In response, a targeted intervention was collaboratively developed with the Derbyshire LDN. A supervised enhanced surgical skills placement embedded within iMOS services.

## Methodology:

Trainees completed structured preparation, including both online and in person theory and practical sessions followed by three supervised full-day iMOS clinical placements. Evaluation was via mixed-methodology qualitative and quantitative evaluation using pre- and post-placement questionnaires on MS Forms (pre-course N=6; post-course N=4) and feedback from host practices and supervisors (N=3).

The initiative was kindly initiated, managed and funded by the Derbyshire LDN with support of training program directors and NHS Midlands.

## Program Structure :

Training under the iMOS service has been approved by NHS Commissioners. Trainees attend in pairs for a full day, working under the direct supervision of an iMOS oral surgeon. Each practice identifies six patients from their usual iMOS referral list suitable for trainee treatment. Procedures should ideally involve flap raising, use of a surgical drill to section teeth and/or remove bone, and suturing. Complex impacted third molars should be avoided. Patients were contacted in advance to confirm attendance and gain informed consent. Feedback is provided via trainees ePortfolio. One observation/case discussion is completed per day per trainee. Trainees log cases in their personal surgical logbook.

## Finances:

An agreed day rate was paid alongside practices supporting the oral surgeon's salary as planned. Trainees and supervisors were directed to contact their personal indemnity provider to confirm inclusion in the scheme and ensure adequate cover.

## Results:

Trainees reported improvements in both confidence (average score 5 to 6) and clinical skills (5-7) across all assessed domains of investigated. Post-placement score ranges were narrower, suggesting a more consistent level of competence across the cohort. All trainees accessed the PGVLE section and attended the pre-placement session. Supervisors rated trainees' confidence and clinical skills consistently at an average score of 6 across oral surgery domains. Supervisors unanimously reported that trainees acted professionally, were engaging throughout the placement and highlighting strong interpersonal and professional attitudes.

## Results:

Figure 1: Average response from trainees in self-reported clinical confidence pre and post placement

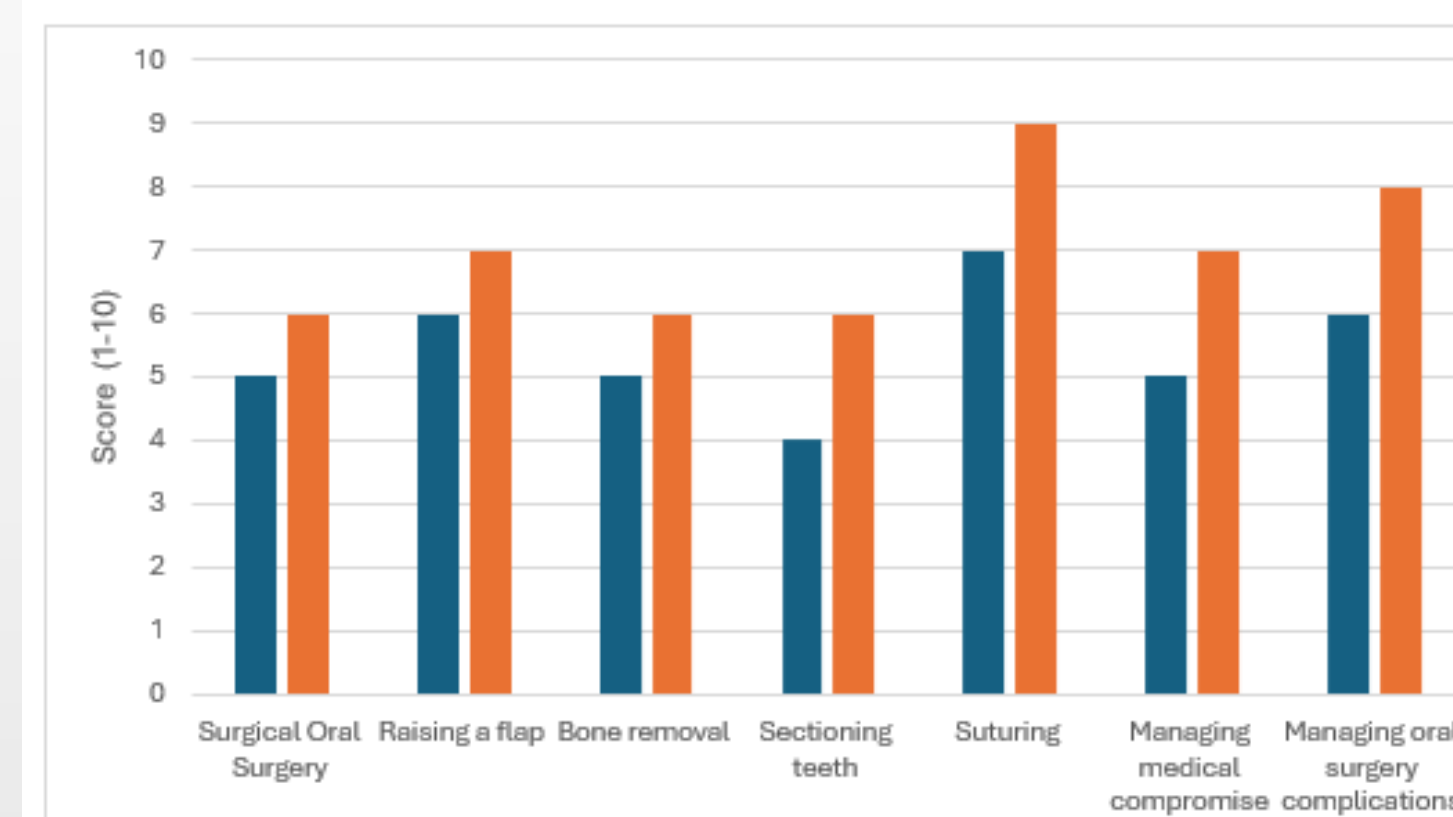
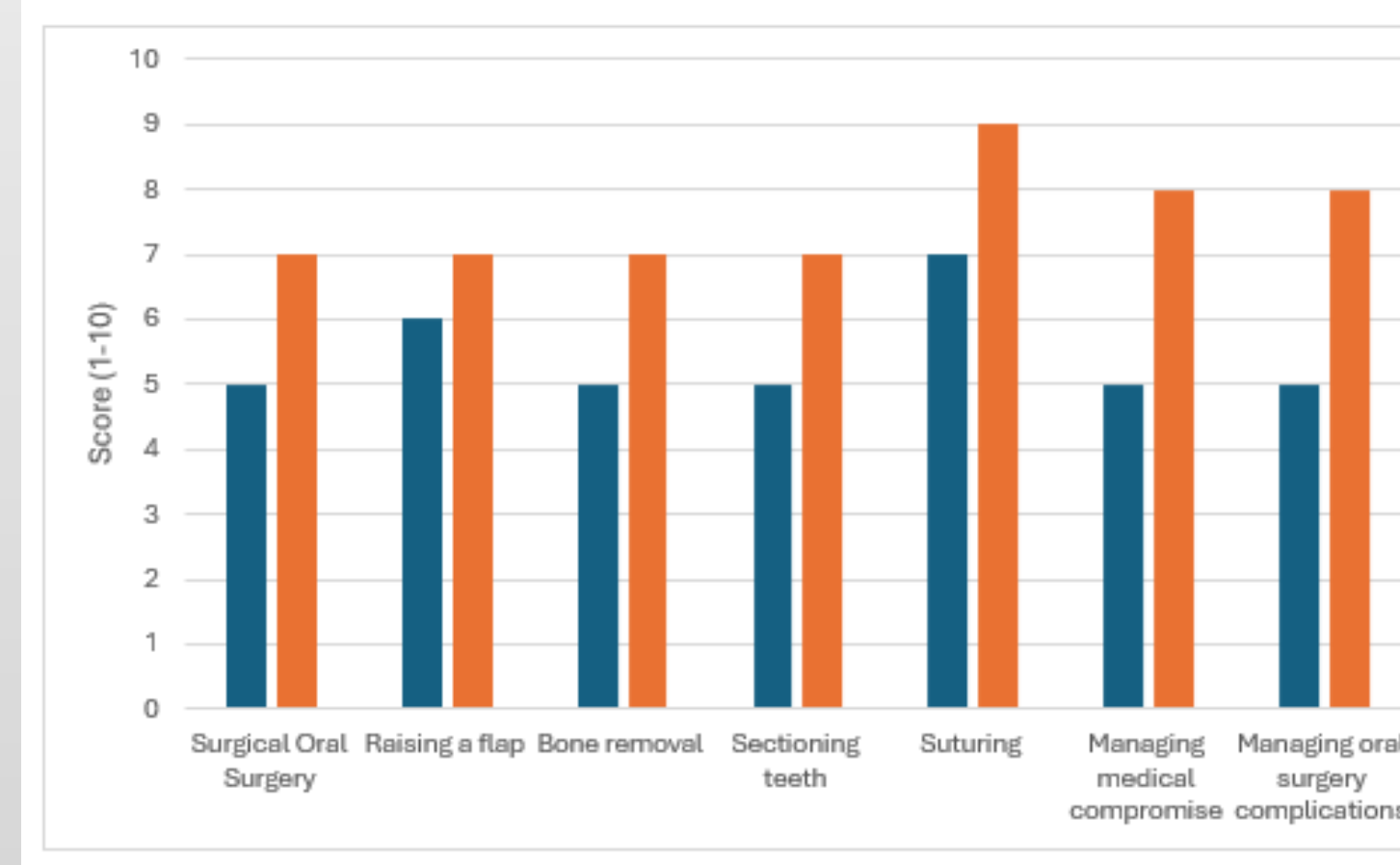


Figure 2: Average response from trainees in self-reported clinical skills pre and post placement



## Notable Quotes:

Very grateful to be given this opportunity to learn and develop my clinical experience in oral surgery under the supervision of a more senior practitioner (trainee 1) Highlights were getting to extract teeth independently and working with colleagues (trainee 2) and getting more hands on experience, and exposure to the tips and techniques of different dentists (trainee 3) An excellent initiative and very positive for the service, We encourage further roll out of this scheme in future iMOS services (supervisor 1) More notice given to practices so could space the days out to ensure more availability of the right patients (supervisor 2). Was very useful but they need a bit more. Extra sessions would help them to do these procedures as stand-alone dentists (supervisor 3).

## Conclusion:

The placement was associated with improvements in both confidence and practical skills across core surgical oral surgery domains. Trainee feedback indicated that the preparatory materials and practical sessions were valuable and felt prepared for the placement, although some refinement could enhance effectiveness. Overall, the placement was well received by both trainees and supervisors, with feedback highlighting the value of supervised hands-on experience, opportunities for independent practice, and exposure to a range of clinical approaches. Feedback supports the view that the placement was effective in developing early-stage surgical skills and professional attributes. Logistical challenges related to compressed timescales, geography and patient availability, opportunities exist to strengthen standardisation, case complexity planning, and overall structure in future iterations. Changes to the JDFCT programme, including removal of supernumerary status and delivery of unit specific feedback, it is anticipated that such a scheme will not be required in the future.

## Discussion:

The scheme illustrates how collaborative commissioner-supported educational innovation can rapidly address identified competency gaps and provide increased support. Ultimately to support workforce development, enhance early career confidence, and contribute to sustainable service and increased patient access to primary care.

## Acknowledgements:

We acknowledge the contributions of trainees, iMOS providers, host practices and NHS Midlands for their support this initiative.

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