

BAOS Feature

Much to my regret, my time on Council has come to an end after two terms which have been an absolute pleasure – it has been a privilege to work with so many talented and driven people during my time on Council and I have made so many good friends along the way.

Whilst I'll no longer be sitting on Council, I intend to carry on doing everything I can to support the specialty through my membership of two Managed Clinical Networks. I would urge everyone to engage with their local MCN (or devolved nation equivalent) as there's lots going on at the moment, with electronic referrals probably the biggest single change for those areas that haven't yet gone digital. It's vital that clinical voices are heard to get the implementation right and BAOS will continue to support information sharing between MCNs and engagement with commissioners.

My NHS Trust recently had its GIRFT (Getting It Right First Time) visit – although technically this was the second as we were visited by the OMFS team too. The OMFS report was published late last year and the Hospital Dentistry programme is now underway – this involves visits to all units with a Consultant Orthodontist or Consultant Oral Surgeon so there will be some OMFS units excluded but any with an orthodontic service will receive a visit even if there aren't any Consultant Oral Surgeons.

The visit is rigorous and the data extensive but hampered significantly by the shortcomings of Hospital Episode Statistics. For example, as co-morbidities aren't coded for outpatient visits the data doesn't tell the full story of how complex the outpatient caseload has become. Nor is the method of anaesthesia coded so it's impossible to tell the difference between conscious sedation and general anaesthesia in most units. I am sure that these problems will be identified as action points in the final report and will hopefully lead to better real-time data that will help to plan services. That's going to be essential if we are to properly understand current provision and it will enable MCNs and commissioners to provide the right services in the right places.

One of the key actions we have is to think about how we capture data for patients where we provide support to other specialties such as cardiology and haematology. This is a service which really does put "the mouth back in the body" – our ability to make patients dentally fit (often at short notice so they can proceed with surgery or chemotherapy) is absolutely vital to the NHS, yet in most Trusts almost completely invisible as far as the data is concerned. This seems especially absurd when one considers how time-consuming treatment for these patients can be and the level of expertise that is required. We have started creating special clinic slots for these patients but it was a helpful reminder that we must be advocates not only for oral surgery but for the contribution of oral health to the NHS in general. We need to make sure that Trust leaders and commissioners understand and value these sorts of services too.

If you've got a GIRFT visit coming up please do ask to be involved or just to see the data as it's a fascinating insight into how your service compares to others. We found the visit supportive and a welcome external validation of what we're doing and the GIRFT team are incredibly professional and knowledgeable.

Finally, if you haven't already completed the Antimicrobial Stewardship e-learning Modules I would urge you to do so. They are available at www.baos.org.uk/elearning and provide up to three hours of free CPD. The threat of antimicrobial resistance is growing every day and our actions to reduce inappropriate prescribing can make a real difference.



Greg Gerrard

BAOS Council Member

Spotlight

Last year I became past president of BAOS, this March I stepped down from FDS RCS Board and in June I demitted as Chair for the OS ISFE. I hope I have no 'delusions of grandeur' but I do feel that having reached out and put myself forward to be elected to these roles, I hope that I have made some improvements to patient care.

The up side of becoming involved in your specialty and extended roles means that you have opportunities to network and meet influential people and societies. In my role as FDS RCS elected board member I hope to have significantly raised Oral Surgery specialty issues to the forefront whilst being made aware of other dental specialty predicaments. I was FDS RCS representative on Dental Senate, OS SAC, Chair for Invited review mechanism for Oral Surgery, Oral Surgery commissioning panel and regularly raising OS issues at the board, particularly the plight of non-consultant grades not having career opportunities. I chaired the National LOCSSIPs panel and brought patient safety to the top of FDS RCS agenda. I contributed to several clinical guidelines and I also chaired the M3M Guidelines group, yet to be released. Over the years I organised many National Oral Surgery study days and Multidisciplinary focus days on the ageing population, prevention of nerve injuries, MRONJ and patient safety.

These small achievements, on top of my 'day job', have given me incredible satisfaction. I have had the opportunity to meet and work with some remarkable people leading further unforeseen opportunities that I am so glad not to have missed out on.

It has been suggested that the younger generation are less likely to be a member of their specialty associations or put themselves forward for 'pro bono' work. Without people undertaking these roles our specialty and our patients will suffer. Many of you will miss out on the opportunity to really make a difference. I urge you to look above the 'parapet' and put yourself forward for extended roles be it locally (BAOS regional reps, MCN, LDNs) or national roles (BAOS council, GDC, Royal college boards, FGDP).

Your patients and Oral Surgery need you. Go make a difference!



Tara Renton
BAOS Council Member

Hot Topics in Oral Surgery

Human Factors and Wellbeing

A few months ago I attended the NHS Education for Scotland Dental Education Conference, which had an underlying theme of Human Factors. It was eye-opening, with honest discussions about how applying Human factors principles to unpick scenarios can be hugely favourable.

Human Factors (or Ergonomics) is an established scientific discipline that has been used in many other industries, notably aviation. This approach encompasses safety and quality improvement science to boost performance and wellbeing, and fundamentally uses a systems approach.

Systems are defined as a 'set of inter-related activities or entities such as tools, hardware, software, buildings, spaces, communities and people'. Understanding and applying the systems approach concept is the starting point for encompassing human factors into the way we work on an individual level (micro-system), as a team (a meso-system), or as part of a complex sociotechnical system (a macro-system).

Elements that contribute towards human error include a lack of: communication, resources, teamwork, awareness, knowledge and assertiveness. Stress, pressure, fatigue, distraction, complacency and perceived norms are often triggers for human errors. Some of these elements can be addressed by remembering simple things such as taking a deep breath or a short break (who doesn't remember a busy day when you have not had the chance to go to the loo!).

Focussing on our individual wellbeing and looking out for team members will also optimise performance. A culture of openness, honesty and discussion should be encouraged in every healthcare setting. These qualities do not show weakness, but rather strength, resilience and courage. By integrating a Human Factors approach, we can we can improve existing processes, design new systems, investigate incidents and optimise human (patient and staff) wellbeing and overall system performance.

Reference: Human Factors in Health and Social care - white paper (available as a digital download from www.ergonomics.org.uk)



Sarah Ali

BAOS Council Member