Sir,

During the COVID pandemic, five Oral and Maxillofacial Surgery (OMFS) Dental Core Trainees (DCT) in our hospital were redeployed to the Department of Critical Care (DCC). Following redeployment, a structured evaluation was conducted with assistance from the University of Gloucestershire, to explore the impact of this redeployment on their professional development. Respondents completed an online survey consisting of 14 open-ended questions, and data were analysed using a thematic approach.[1] All redeployed DCTs completed the survey. Respondents were three females and two males with an average age of 26. This evaluation identified many opportunities for training aligned with developmental outcomes set out by the UK Dental Core Training Curriculum[2] and the General Dental Council (GDC).[3] Identified themes included: Professionalism, Communication, Team working, Leadership, Clinical Safety and Quality Care. When invited to redeploy, anxieties emerged; 'I was pretty fearful and anxious – I was concerned about the risk of catching COVID-19, or carrying it home and passing it on to my loved ones. I was also worried about what I would experience/be exposed to – the end of life, people dying during your care', but a strong sense of duty was felt by being part of 'something big'. Clinical duties included blood sampling, delivering medication, setting infusions, washing and proning patients, and oral/tracheostomy care. With greater experience, further skills were gained and DCTs subsequently taught other redeployed staff. Confidence grew significantly in terms of communicating with colleagues, raising and discussing concerns, and what good quality patient care looked like within the context of critical care. Respondents were exposed to differing leadership styles, linking to communication and decision making under challenging circumstances. Negatives were also highlighted. The upheaval of redeployment was identified as problematic, with destabilisation of newly developed skills and confidence in OMFS that were still being embedded. Participants at times experienced negative perceptions of their own professional competencies, with one respondent stating; 'it could be embarrassing at times… felt like we were underselling the work we have done to become dentists.'

Notably, DCTs felt the experience had not been as traumatic as expected. Good organisation, a strong sense of camaraderie, and willingness of colleagues to up-skill redeployed staff, and being redeployed with peers contributed to this. They valued the acquisition of critical care skills and knowledge they were previously gaining, citing that it would have been beneficial for their prior OMFS role if this experience had been provided at the start of their year. Language cited when discussing non-clinical development domains included leadership, communication, and professionalism, which suggests that respondents felt personal and professional improvements

consistent with development criteria set out by the UK DCT National Curriculum and GDC. No untoward events occurred. We conclude that redeployment of DCTs to DCC is safe, and provides unique and ongoing opportunities for dental training, however, future redeployment requires COVID risk assessments for trainees prior to redeployment, and psychological support should be available throughout.

References

1. V. Braun, V. Clarke. Using thematic analysis in psychology Res Psychol, 3 (2006), pp. 77-101 CrossRefView Record in ScopusGoogle Scholar

2. Committee of Postgraduate Dental Deans and Directors. Dental core training and curriculum. Available from URL: https://www.copdend.org/postgraduate-training/dental-core-training-curriculum/ last accessed 28 October 2020). Google Scholar

3. General Dental Council. Enhanced CPD 2018. Available from URL: https://www.gdc-uk.org/education-cpd/cpd/enhanced-cpd-scheme-2018 (last accessed 28 October 2020). Google Scholar