

PHILLIP CANNELL: 'A SUCCESSFUL PRACTICE DEPENDS ON ITS PEOPLE'

Phillip Cannell is a partner at Chalkwell Dental Practice in Southend and a senior lecturer at the University of Essex. His research interests include the use of skill mix within primary care dentistry, clinical audit and work-based education.

If a member of your team is interested in learning more about the new therapist training programme at the University of Essex which was initiated by Phillip, more information can be found at: <https://www.essex.ac.uk/hhs/documents/subjects/bsc-oh-flyer.pdf> or by contacting Lizzie Norris at hhsolth@essex.ac.uk

Who or what inspired you to study dentistry?

It was my dentist as a child, a chap called Patrick Wright. His surgery was always an interesting place with lots of gadgets and equipment. He also had a rowing oar on the wall which was a bit different. It turns out that Pat rowed in the Mexico Olympics as captain of the British rowing squad. He was a strong role model; quite an imposing character but always interesting and encouraging.

After university, I came back to Patrick's practice as an associate. Then I became his partner and have been there for 20 years. He is retired now and I have a new partner, Richard Metcalf, who I trained with at UCL.

What do you think the make-up of UK dental practices will be in ten years?

Looking at the ongoing NHS pilots in England and talking to the people involved, I think it makes a lot of sense for them to be thinking about using more hygienists, therapists and dental nurses with extended skills. The likelihood is that the scope of the skills of dental care professionals will continue to evolve over time. We are already seeing that happening now with the revised scope of practice in September 2013. We are also going to see a reduction in the number of dental undergraduate places (by 10% in 2014), so there are all sorts of drivers going on in the background. It will take probably 5-10 years before we see changes to skill-mix occurring fully in practice.

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trained dentists so that helps in terms of employment. There are still vast opportunities for dentists, though they might be different to what they were ten years ago. Only a few of the foundation dentists I talk to are thinking of practice ownership; more are thinking about making themselves employable and looking at a particular specialism. There are a whole host of other opportunities for dentists – for example, you could work in general practice and get into education, or get involved in law and ethics, salaried services or special care dentistry. When talking to friends

I always say that dentistry is a brilliant career because there are so many avenues that you can go down.

Your practice has won awards for staff management. In your own experience, what are the best ways to manage the people in a team?

If the practice is going to be successful in whatever direction it takes, it depends on its people. They are the most important thing.

In this day and age if people want to run a practice they need to be reasonably savvy about what they want to achieve. For example, do they want to be a wholly NHS practice, do they want to be a specialist referral practice? Once you've got your aims established, then you can start setting objectives and work out how you are going to achieve them. A lot of that is going to be through the training and development of the people in the practice and that is where the time, support and money side of things comes in. You need to have

a training budget that you actually assign to the people who require it so that you achieve your objectives.

What advice would you give to a dental student just about to leave university?

Don't panic. Dentistry is a fantastic career. I, personally, have had loads of opportunities. You need to grab these when they come around. Just to give you an example, ages ago there was a clinical audit and peer review process set up for dentistry by the DH, and the BDA set up places around the country where they trained people to facilitate it. I got involved though I had only been qualified for about four years. As a result I went on to do lots more facilitation and I wrote much of the BDA's advisory material on the topic. Then, I completed a master's degree researching the subject and ended up advising the DH. So you see how these things roll on and how different opportunities can develop.

It's about having your eyes open and seeing the opportunities that are out there. For your foundation training don't limit yourself to a particular location. You might have to make up your weeks working in more than one place but that's not a bad thing as it can provide you with a range of different experiences.

What is the most rewarding thing about lecturing? Most challenging?

The most challenging part is finding the time. The most rewarding bit is definitely to see someone right through the process from interview, to starting on a programme and growing in all sorts of ways (emotionally and educationally, as well as developing their practical and clinical skill set), and then going on to see them graduate and go out into the big wide world. I will never tire of that.

Developing new courses is both

challenging *and* rewarding. We are currently doing this at Essex with our new therapy programme. It's an innovative course in that we are offering existing hygienists the opportunity to undertake another year of full-time study to develop their competencies to achieve a qualification as a therapist. It is rewarding to have established the only one-year course in the country (all others are two years). The really innovative element is using the existing workplace of the hygienist for the practical workplace aspect of the programme. That was really challenging to set up as a model but it means that: (1) these people don't have to take a career break and can continue working and (2) the practices are learning throughout the course of that year how to integrate a therapist so it's not just the therapist who is learning. When they have got to the end of the programme, the practice should have a fully functioning idea of how to use a therapist effectively.

If you were Minister for Health, what would you aim to achieve?

We talk about inequalities of health around the UK and oral health follows the same pattern. So although people are getting healthier and we are seeing less caries, there are pockets of poor oral health due to social and economic determinants. We have to have an understanding that just telling people to behave in a different way doesn't work for everyone. A coordinated approach is required from a political point of view, in relation to housing, employment and education, in order to improve things. From a practical point of view, I think we need some political acknowledgement that it takes time to create behaviour change. That is something that has really been brought home to me through my work with the hygiene programme because our students get a lot more time than a hygienist or dentist would usually spend with the patient. They can spend time finding out about the patient – what their background is and what makes them tick. Do they behave in a certain way with regards to maintaining their oral health because that's what their family has always done or is it

their peer group? Perhaps they don't floss because they believe it makes their gums bleed. It often takes time to achieve behaviour change with individuals. So whatever system there is must provide time for us to try to change behaviour because simply *telling* someone at the end of a treatment to make sure you take time to brush your teeth twice a day isn't going to cut the mustard.

What are your views on direct access?

I think direct access is a great idea in principle. Certainly, the learning outcomes that the GDC prescribe for hygienist-therapist training programmes are very advanced in terms of diagnosis and treatment planning. So I have no problem whatsoever that people trained as hygienists or therapists can see patients directly. What bothered me was that one day we didn't have direct access and the next day we did. There was a massive vacuum in terms of information.

Whenever there is a vacuum there is a very real danger that people will start to do things that are not appropriate, as in any walk of life. We need more guidance on how people will get the training, if indeed they do need training, to undertake the particular skill set required for direct access. There is a real risk in the way it did come about that people could run into problems. So it's a great idea and it's definitely the way things will go as regards skill mix, but we don't want patients being treated inappropriately just because we have a system that not everyone can understand.

How do you recommend achieving good quality in a dental practice?

I think it goes back to people management again. You need to have clear ideas of what you are doing with the practice and everyone needs to have the opportunity to buy into them. You can train, support and develop people to attain good practice right across the spectrum of patient care – both in the clinical and non-clinical aspects. I think that there was some research done in Wisconsin many years ago which looked at how people judge the quality of the dentistry that they receive. They determined that it had nothing to do with specific dental treatment, such as how well a crown fits, but it was much more to do with things like how well patients were welcomed at reception.

There are also quality improvement initiatives and tools that practices would be well advised to use – like clinical audit or patient satisfaction surveys. Many people may groan when you mention these but if you look at successful organisations they always take on board what their customers, in our case patients, want.

We do patient surveys about once a year. It is really important to think about doing a survey on something you are considering changing, such as the introduction of a new service; for example, opening in the evening or introducing a cosmetic aspect to your practice.

It's also important to involve your staff as much as possible in every aspect of the practice. People tend to buy into stuff if they know about it and involvement is widely recognised as quite a strong motivator for a person. Also, 15 brains thinking about an idea rather than just one allows you to come up with a whole host of opportunities you may never even have considered on your own.

What do you feel is the best way for dentists to take part in CPD?

In the past you tended to go to the postgrad centre once a month to listen to a lecture and that was the only real way to obtain CPD. Now there are so many different ways to learn, for example on the web, reading books and doing courses. Something I've done in the past has been to find a colleague who does something I want to learn about and to find out from them what they are doing. Then I organised some formal training for myself on the topic but I continued to use him as a mentor so I could talk through tricky cases. That's a really good way of doing hands-on CPD. People need to think what the best ways are for them to learn and it might not be just one set method.

If we are going to improve quality we need to be looking at the areas that we are *not* so good at as practitioners or members of the team. So you might think 'I like endo, I'll go on an endo course' but actually what we need to be saying is 'I don't really need to go on that so what things challenge me more?' I think the idea must be that we have some method of looking at the areas in which we *need* to do CPD and actually addressing that as well as having the opportunity to develop the areas that we *want* to do more of. If we are going to be effective clinicians we need to be up to date with all the things that we do day in day out.

What makes you get out of bed in the morning?

My son has started a new school for which he has to be up very early to catch a bus so we are up about 6 am now which is a shock to both of us! I am very enthusiastic about the opportunities that I have so there's never a dull moment. I have an opportunity, particularly in the university side of things, to shape new developments and to make a bit of a difference to what is going on in dentistry. Sometimes there is a bit too much stress flying around and you have to find ways of dealing with that, for example I've started to dabble in triathlons. I decided I had to be fit to maintain the schedule I have!

INTERVIEW BY RUTH DOHERTY