

# Engaging dental professionals in NHS leadership – the challenges, the opportunities and the risks

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## IN BRIEF

- Raises the profile of NHS leadership opportunities for dental professionals.
- Gives an honest account of challenges faced.
- Gives an opinion on the risks of not taking up opportunities in the current climate of rapid change.

Leadership training in dentistry and the wider NHS is often overlooked or seen as an unnecessary distraction from front line duties. Dentists themselves are often reluctant to adopt formal leadership learning due to the way work is structured and rewarded. So, what is it like for a dentist to undertake leadership training and how can the gap be bridged between the need for highly trained leaders in dentistry and the reticence of front line professionals to take time away from practice?

## A PERSONAL PERSPECTIVE

My venture into formal leadership training began at the Leeds-based NHS Leadership Academy back in October 2013.

The first week's residential programme left me utterly exhausted, daunted and overwhelmed. Yet at the same time, I was enthused about the role NHS dentistry has to play in an integrated healthcare system and the contribution that I may make towards building a better NHS.

The Nye Bevan programme is bursting with talented and passionate NHS medics, commissioners and managers, ranging from clinical directors of acute trusts, financial and IT experts and area team nursing directors. Six cohorts of 49 each have embarked on the Nye Bevan journey to date. All are caring healthcare workers, keen to learn and experience leading in the NHS at executive level. Within the first hour of day one, I realised that the intake was vastly under represented by primary care, both in medicine and dentistry, but also a marked lack of other health professionals such as pharmacists and optometrists too: I was the only dental professional on the Nye Bevan programme of 294 delegates.

My realisation of my uniqueness only served to reinforce my 'imposter syndrome' doubts, which have niggled away in

my subconscious for the last 25 years. I wondered how I was going to perform on an equal footing to seemingly high flying NHS graduate scheme fast-track managers and medical directors. I soon realised I was not alone in my misgivings, most other people in the room that day also succumbed to self-doubt and the worry that one day they would be found out and that they weren't really good enough to be in their roles.

I constantly reverted back to questioning where all the magnificent people from primary care were. Where were all the dental leaders? My initial disappointment soon turned into a determination to spread the word and to try to make a positive contribution to the future recruitment of dental professionals and other primary care workers into one of the many NHS leadership programmes run by the Academy.

I am in the fortuitous position of spending my weeks combining clinical work in general practice with providing clinical advice on contracting, performance and education. As I opted to spend less time chair side and more time in my other roles, it felt like the right time to focus in on proper planning and development of my leadership skills.

I had observed, and talked to, many senior clinicians, who, like me, had not been formally trained in leadership. But NHS organisations habitually assume that the skills necessary to lead come with clinical experience and age. I, like many of my peers, am in a position of power and authority without any formal training in management or leadership. I had taken my skills, or lack of them for granted but the realisation of the gaping hole in my skill set alarmed me and forced me to consider the underpinning

rationale for why I led the way I did and what demons I really needed to overcome to be the best I could be.

My previous clinical and non-clinical experience had not suitably prepared me for the role I found myself in or equipped me to realise my future aspirations. I felt that my leadership 'style' had evolved without direction or real purpose; I see this as a result of a combination of reasons. As an experienced dental practitioner, my focus was initially on gaining clinical expertise and competence. As a hands-on clinician, reflection on actual experiences or procedures I carried out gave me, and continue to give me, the opportunities to then build upon for my next encounter of that particular procedure. The experiential learning cycle<sup>1</sup> fits well with the practical skills of dentistry and is done almost subconsciously when repeating a similar clinical task over and over again.

Could this model be applied to leadership training? I thought if you were a leader then you must have been born to lead: you either have it or you don't. I had not considered that great leadership can be taught, that those skills can be acquired and very many successful leaders have benefited from the guidance and support of a mentor or a sound role model. A true leader will manage talent, develop new blood and expect team members to be the best that they can be.

I have found that the acquisition of leadership skills to be challenging but the Nye Bevan programme makes you delve into your past successes, setbacks and default modes of operation; there is no defined rigid curriculum to follow. When it comes to leadership training, it is quite clear that one

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size does not fit all, but we are all capable of being great leaders if we have ambition, self-awareness and believe in what we are doing. I know that I believe in the value, quality and contribution to general health that NHS dentistry can make.

The NHS Leadership Academy programmes provide clinicians and non-clinicians alike the opportunity to learn side by side, focusing on self-reflection, self-development and the setting of learning goals tailored to your own needs (essential self-managed learning and goal setting is at the core of the Nye Bevan programme) for those ready to take up the challenge.

With many primary care dentists and an increasing number of DCPs being self-employed and dedicated to achieving their UDA target, it is virtually impossible for us to take off 4 weeks in the year for formal training days and to also fit in approximately 10 hours a week of self-managed learning. But, consider this: what if we as a profession don't take up this chance? What will be the long-term costs? We could end up with leaders who are highly skilled at self-promotion but have not had the opportunity, or training, to envisage the 'bigger picture', see the future and engage with the right groups to guide NHS dentistry with respect, courage and passion.

Yes, I struggle at times to balance the day job, home life and the Nye Bevan programme, but I regard it as a small sacrifice to make for the riches that are gleaned from the development on offer. It's not every day you are taught by Harvard Business School on the Monday, MPs on the Tuesday and then take on the role of Chief Executive of a failing Community Health Trust during a Board simulation on the Wednesday.

Successful completion of leadership on this level of the programme is determined by your peers; your learning set recommends whether you pass or fail. At the first meeting of our learning set, what really stood out for me was that we had eight high achieving leaders in the set, but all of us had reached it from startlingly different backgrounds and values. We shared common concerns and aspirations. The structure of the programme allowed us to form deep bonds with set members from an early stage. I have huge respect for my learning set colleagues and feel highly privileged to be in the situation I am in. I feel confident that my set will provide me with the critical review and feedback that I need to develop to my potential; whether they recommend me for the award at the end of the programme is yet to be determined.

Could NHS England, the Commissioning Board, commissioners, Local Dental Networks and educators consider how well placed we are right now in dentistry to ensure we have a workforce fit for purpose to meet the demands of modernising NHS dentistry? The future will become even more complex with contract reform, an ageing population, increased financial scrutiny and budget caps to name but a few pressures. We will be forced to work innovatively and engage with patients, collaborate with fellow healthcare sectors and commerce in ways never seen before. Throughout all of this we will need to remain strong, respectful and passionate about NHS dentistry and our leaders will be key to all of this.

The NHS England mandate<sup>2</sup> clearly sets out the expectations of the future NHS including enhancing the quality of life for people with long-term conditions and ensuring

people have a positive experience of care. Challenges such as these are fundamental to developing a caring, quality NHS but success will require expertise, brave decision making and strong leadership.

From my experience, the opportunities are there for us to take, but dental professionals need support in order to make attendance realistic. Perhaps an incentive scheme to get dental professionals out of the surgery and into the Leadership Academy? This would go a long way to ensure we, as a profession, are doing what we can to foster meaningful integration into the NHS system, leading the way forward for enhanced patient care with a skilled and committed workforce.

In order for dentistry to develop compassionate, quality, patient-focused care, it is widely accepted that we must move away from a quantity to a quality-based contract delivered by an appropriate skills-mix, enabling professionals to work to their full scope of practice.

As a leader in the NHS, now and in the future, I intend to learn, change, develop and contribute to the aspirations of my organisation, myself and my peers. I expect to build upon my experience, personality and reflections to achieve the necessary skills.

Leadership in dentistry is, in my opinion, an overlooked skill and likely to remain so unless we can accept that leadership skills don't just evolve; skills are there to be learnt and positive action is needed now to take the best leaders and train them to be even better.

1. Kolb D. *The process of experiential learning*. 1984. <http://academic.regis.edu/ed205/Kolb.pdf>.
2. Department of Health. *A mandate from the Government to NHS England: April 2014–March 2015*. London: DH, 2013.