

'IT IS TIME TO EFFECTIVELY DELIVER INTER-PROFESSIONAL LEARNING'

University life as a student is fraught with challenges, excitement and development opportunities – personally and professionally – but what is life like for the staff? David Westgarth met with the Executive Dean of the College of Clinical and Biomedical Sciences at the University of Central Lancashire, StJohn Crean, about life in Preston.



What are the main developments since you arrived at UCLan?

Since arriving in 2010 from Peninsula College of Medicine and Dentistry I have looked to consolidate the good work done here since the opening of the dental school in 2009 and to bring postgraduate and undergraduate dentistry into one school. The biggest area of change was to broaden our horizons into courses for those working in areas complementary to dentistry, such as orthodontic therapy, clinical dental technology, oral health sciences and later this year, dental hygiene and therapy.

I was very fortunate to find the University Executive was very ambitious and innovative, traits that suit me very well. I was also particularly keen to introduce undergraduate medicine (MBBS) into the portfolio – an ambition for which I was fully supported.

Why introduce medicine?

From an institutional, industrial and economic perspective, given the university's influence over such a large area of Lancashire and South Cumbria, it seemed to be the natural development for a region heavily populated and challenged economically. There is a need for a major health educator that wasn't being satisfied by the existing infrastructure. The programme got underway last September [2015] and I am delighted that we have already doubled our applicants for the upcoming year.

There appears to be a parallel between your approach and the new Chief Dental Officer, Sara Hurley's, approach to joined-up thinking. Do you agree?

It really is time to effectively deliver inter-professional learning. Learning

'My vision is to CREATE a college of 'One Health' with people working together with one focus – the patients...'

in isolation from other healthcare professionals, from an undergraduate perspective, is not the best way to deliver quality outcomes. Thus, as programmes evolve within the College, we will see classes structured with a patient – virtual or otherwise – as the focus surrounded by a number of different healthcare students. They are all going to be learning alongside each other, which helps to contextualise what each other is doing, but more importantly shows the role of the different professionals and how those professionals can work together, all looking to reduce the burden placed on secondary care.

Dentistry has always been such a specialised vocation. Do you think this approach will help or hinder that development?

The vast majority of clinical dental problems that require opinions, interventions or treatments can be managed in primary care. There hasn't been the structure or culture for practitioners to be comfortable referring to other practitioners in the primary care setting. That has changed over the last decade and is gathering momentum and our new Chief Dental Officer (CDO) is adamant that this is the way dentistry will go.

We have had the opportunity to build and mould a dental school here in Preston that isn't the usual dental hospital with different departments. Our model is based in the community and our students are very much learning their trade in their communities. Whatever comes through their door in the dental education centres is what they will treat that day. It allows them to apply for foundation training work with an extremely broad spectrum of knowledge and experience under their belt.

What's the oral health spectrum of the region like?

Challenging. Very challenging. There are some very affluent pockets that can be found in most regions, but there are extremely deprived areas too. That means not only oral health problems but, as we see time and time again, they map to general health problems, such as cardiovascular, diabetes, Alzheimer's disease, mental health issues and many other health related issues.

Graduates are encouraged not to just treat oral disease but consider why the disease appears in the first place, whether that be social, economic or geographical challenges, associated with dental health. We urge them to reflect on how they could influence policy makers to try to reduce problems in a certain area. It's no coincidence we work very closely with Public Health England in the region and the Deputy CDO, Eric Rooney, who has been and is a very big part of the strategic development of our undergraduate dental programme.

Is that why you can be so innovative? Because of the region's health issues?

Yes that's right. When we speak to stakeholders and suggest innovative approaches to healthcare, like our new dental, medical schools and a range of other planned programmes, they are very keen to work with us. It reflects well on UCLan. It's a very innovative place to learn and has pushed the envelope in many different directions. I know that if I have a series of developmental meetings with local stakeholders, I can develop and submit a business plan to the Vice Chancellor (VC) in fairly quick time. Our current VC, Professor Mike Thomas, is extremely receptive to his

university influencing the region's health footprint.

What's your take on the current state of oral health across the UK?

I speak to a lot of dentists and work as a consultant in a local hospital on a part-time basis to retain that clinical link. I'm actually quite optimistic. I'm wise enough to know there will always be strategic pressures in dentistry, dating back to when I qualified in 1982. There's a cyclical nature to these issues currently being wrestled with. The reason for my optimism is because of the people working in dentistry who are hard-working, with their patients' best interests at heart. The new CDO's arrival is definitely a bit of a shake-up but I think dentistry is ready for that. Primary care is ready to emerge as a significant comprehensive service delivery force and academic environment for dentistry to flourish and influence health in general. If my daughter said to me 'I'd like to be a dentist', I'd be delighted.

How important is it for a relatively new dental school like the one here to have research published?

It's vital. Any new university is subjected to – and rightly so – strict regulations and monitoring by the governing body in its first few years. However, it's easy to forget the academic currency of university success in the United Kingdom is judged by research output. It's been my aim to bring more research-active academics into the environment to demonstrate a clear image of translatable research to our students. If they don't experience that, they won't get a feel of how research can effect change. Dentistry is always judged very critically on its research output against other academic disciplines.

What is the appetite like among students to pursue research?

The vast majority of people who qualify in dentistry will work in primary care. That in itself brings its own stresses and strains. The chances to publish are limited by the time they spend delivering their service. If you look at the messages coming out of NHS England, there's a pressure to get the population dentally fit and keep them at that level. However, a fair proportion of our graduates (who are all graduate entry students) are in academic and specialist training roles, confirming there is an appetite which has not been dulled during their undergraduate journey.

You touched on the GDC earlier. What's your take on dentistry's regulatory body?

They have a very difficult job. We have to have a regulatory body, of that there is no

question. There are frustrations with some of the things they have done from an end user perspective, but they have a very, very tough job.

The world we operate in as healthcare professionals is one in which the general public is being encouraged to find fault. If they find fault they assume there is a duty to report. My conversations with the GDC have always left me feeling they are doing their utmost to protect the public. I don't detect any malicious feeling that they're out to disadvantage service providers. Yes, maybe their processes can be improved a little, and I suspect on reflection they would admit there are things they would have done differently. I hope improved dialogue with the profession will re-appear over the next few years.

Looking to the future, what's on the horizon for your work here at UCLan?

We're just about to introduce a programme for dental therapy in line with the joined up approach we have previously discussed. They will be spending all their time with dental students, right from the outset. Their course is a year shorter, but most of the learning outcomes will be shared enabling truly inter-professional learning, which we believe is important to meet the future need of the population.

My vision is that I will create a college of 'One Health' with people working together who emerge with different skills but with one focus, you and I – the patients. If they are going to individuals who know a little about all the interrelationships of all health professionals of health, it's got to be a good thing.

You oversee a lot of activity here, so how do you find time to relax?

It's a bit of an old cliché but I find work relaxing. I'm less relaxed when I'm not working. I get up in the morning and look forward to coming to work. I do because UCLan is innovative and encourages new ideas and approaches. It's all you can ask for when you go to work. I hope to leave a significant footprint on the university and the region. The campus has expanded at a phenomenal rate over the last decade, and we are now starting to flex our muscles in new arenas, but it all began with the emergence of dentistry.

Interview by David Westgarth

StJohn Crean will be providing an MJDF exam taster session at the British Dental Conference & Exhibition 2016 in Manchester. The conference will take place at the Manchester Central Convention Complex from 26-28 May 2016. Register online at www.bda.org/conference.