

Rising to the challenge

R. S. Austin,¹ K. Ranshi,² E. Jones,³ R. Watt⁴ and P. Briggs⁵ discuss training our future dental leaders and managers to make a positive difference against a background of ever-increasing complexity in NHS organisations.

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A recent article in the *BDJ* posed the question 'Do dentists make poor leaders?' and concluded that the 'characteristics of dentists ... are in conflict with the characteristics of a great leader'.¹ However chastening this may be, it's salutary to consider how one's everyday behaviour matches up to modern definitions of exemplary healthcare leadership in today's increasingly complex healthcare organisations (Table 1).²

When one reflects candidly, in light of these behavioural requirements for successful leadership and management, it becomes evident that formal leadership and management training is now an essential requirement, rather than an optional extra. In response to this, Health Education England recently supported a three-day intensive series of workshops conceived and developed by Mrs Elizabeth Jones and Dr Peter Briggs, Postgraduate Dental Dean and Associate Deans for London in collaboration with Professor Richard Watt, Head of UCL's Department of Epidemiology and Public

Health. This HealthCare Management and Leadership in Dentistry course was designed to supplement the training programme for senior specialty registrars and specialist trainees, who are shortly to take up leadership positions at consultant level within complex academic and NHS organisations.

The programme began with Mrs Jones outlining key NHS organisation's roles and interdependence with a strong emphasis on the importance of developing effectiveness in clinical leadership in the current financial climate. Leadership trainer Fiona Stuart-Wilson then provided a clear vision of how inspirational leadership is perceived – to paraphrase the occupational psychologist and management trainer Peter Honey 'you are your behaviour', therefore leadership is defined by the perception that others have about you. This really brought home the importance of healthcare leadership behaviours such as those emphasised by the NHS Leadership Academy (Table 1),² rather than a specific mindset *per se*.

The focus then shifted to the wider political, socio-economic and demographic context,

not just those issues specific to dentistry. This strong public health theme provided a deeper insight into the seismic shifts which are constantly provoking sweeping changes in our healthcare systems, which became all the more relevant as the EU referendum occurred during this time! This unexpected result to vote for Brexit added to the thought provoking discussions led by Drs Len D'Cruz, Jenny Godson and Vanessa Muirhead on how NHS policies and dental commissioning are impacting on the GDS NHS contract as well as specialist and other services. The profound implications of possible retrenchment for dentistry were discussed in detail, as increasingly dental leaders are being asked to justify the need for their services in the light of financial constraints affecting all publicly funded healthcare organisations. There was however a positive note, in the clear strategy and commitment at the highest levels of the NHS and government to ensure that the synergistic linkages between oral and general healthcare are capitalised on and strengthened. This is exemplified by current Chief Dental Officer Dr Sara Hurley's drive to 'put the mouth back in the body' based on clear messages from the recommendations from the Steele Review³ and the more recent 5-Year Forward View.⁴

On the final day, we were very privileged to be able to catch a glimpse into how a clinical director of a major postgraduate teaching hospital in London is inspiring confidence during probably the most significant change in its entire history. Dr Tim Hodgson described how he was working to communicate a compelling and credible vision of the future move of the UCLH Eastman Dental



Photograph of delegates and organisers

Table 1 Dimensions of exemplary healthcare leadership behaviour²

Leadership behaviour	Relevant questions
Inspiring shared purpose: Making courageous challenges for the benefit of the service	Do I have the courage to challenge beyond my remit even when it may involve considerable personal risk?
	Do I take the initiative and responsibility to put things right outside my remit if I see others fearing to act?
Leading with care: Spreading a caring environment beyond my own area	Do I take positive action to make sure other leaders are taking responsibility for the emotional wellbeing of their teams?
	Do I share responsibility for colleagues' emotional wellbeing even when I may be junior to them?
Evaluating information: Developing new concepts	Do I develop strategies based on new concepts, insights, or perceptive analysis?
	Do I create improved pathways, systems or processes through insights that are not obvious to others?
	Do I carry out, or encourage, research to understand the root causes of issues?
Connecting our service: Working strategically across the system	Do I build strategic relationships to make links across the broader system?
	Do I understand how complex connections across the health economy affect the efficiency of the system?
	Do I understand which issues affect decisions across the system so that I can anticipate how other stakeholders will react?
Sharing the vision: Inspiring confidence for the future	Do I display confidence and integrity under robust and public criticism?
	Do I describe future changes in a way that inspires hope, and reassures staff, patients and the public?
	Do I explain controversial and complex plans in a way that different groups can hear, understand and accept?
Engaging the team: Stretching the team for excellence and innovation	Do I stretch my team so that they deliver a fully 'joined-up' service, and so give the best value they can?
	Do I support other leaders to build success within and beyond my organisation?
	Do I create a common purpose to unite my team and enable them to work seamlessly together to deliver?
	Do I encourage my team to deliver on the shared purpose, as much as on their individual targets?
Holding to account: Creating a mindset for innovative change	Do I encourage a climate of high expectations in which everyone looks for ways for service delivery to be even better?
	Do I share stories and symbols of success that create pride in achievement?
	Do I champion a mindset of high ambition for individuals, the team and the organisation?
Developing capability: Creating systems for succession to all key roles	Do I create the conditions in which others take responsibility for their development and learn from each other?
	Do I take a strategic approach to people development based on the future needs of the NHS?
	Do I share in broad organisational development and succession planning beyond my area of work?
Influencing for results: Building sustainable commitments	Do I contribute calmly and productively to debates arising from strongly-held beliefs, even when my own emotions have been excited?
	Do I build enough support for the idea or initiative to take on a life of its own?
	Do I act as an ambassador for my organisation to gain reputational influence by sharing experiences and best practice nationally and internationally?

Institute to its new premises co-localised with the Royal National Ear, Nose and Throat Hospital. He described how he was ensuring the changes feel achievable and exciting to staff and inspiring hope whilst also reassuring patients and the public. He described situations when he was required to explain controversial and complex plans in such a way that different stakeholder groups can hear, understand and buy-in to, whilst also handling robust and public criticism in an honest and ethical manner.

Finally, the registrars themselves were exposed to mock healthcare management scenarios in order to receive constructive and direct feedback from an impressive array of senior consultant colleagues, including both

the London Postgraduate Dean and Associate Dean, a clinical director, training programme directors and specialist training committee chairs. These healthcare management scenarios were designed to interrogate our ability to apply a working knowledge of dental public health to common issues affecting dentistry across the UK; our understanding of health service management legislation and practice including NHS and other policy agendas; the impact of commissioning on the GDS and hospital services; and finally the role of a modern NHS consultant including managing difficult colleagues.

Fortunately, despite many difficult and soul searching moments – it all ended in smiles! We left feeling more prepared to face up to the

challenges of leading and managing complex healthcare teams in order to make a positive difference, whilst also remaining true to ourselves and emotionally healthy in both our professional and personal lives! Thank you very much to Peter, Liz, Richard and the Team and we strongly recommend this course to the next cohort of senior trainees! ■

- 1 Nalliah R P. Do dentists make poor leaders? *Br Dent J* 2016; **220**: 389–391.
- 2 NHS Leadership Academy. The Healthcare Leadership Model. Version 1.0, ed. Leeds, UK: NHS Leadership Academy, 2013.
- 3 Steele J, Clarke J, Wilson T, Rooney E. NHS dental services in England: an independent review led by Professor Jimmy Steele. London: Department of Health, 2009.
- 4 Stevens S. Five year forward view. NHS England, October 2014. Available at: www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf (accessed Aug 2016).