



Health Education England

in collaboration with

London Leadership Academy

Dental Core Training

Exploring Dental Public Health and Leadership



Programme handbook

Developing people
for health and
healthcare

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Contents

Introduction	 1
Background	 1
Exploring Dental Public Health and Leadership Programme overview	 2
Key dates	 3
Getting started	 3
Assessment	 6
Leadership training days	 6
Resources available	 6
Trainee responsibilities and professionalism	 7
Summary	 7
EDPHL Project Team and contact details	 8
Appendices	 9

Introduction

The Dental Core Training Year (DCT) year is an excellent opportunity for trainees to enhance both their clinical and leadership capabilities to help prepare for a career in the ever changing and complex environment of health and social care. This programme will encourage you to 'step outside of the clinical box'. It will support you to consider challenges and solutions to improving oral health from a different perspective. You will be challenged to provide leadership and innovation in delivering a project which encourages individuals, groups and organisations to adopt a pro-active approach to health improvement and disease prevention.

Background

The importance of leadership and management in delivering high quality patient care is well documented and accepted. National documents such as Lord Darzi's next stage review¹ and closer to dentistry- Professor Steele's² review clearly lay out the importance of this and the need to support clinicians in this regard. Clinical leadership is for the entire dental workforce. With structured training programmes such as dental core training, we have the opportunity to support dentists through bespoke training and development opportunities.

In their preparing for practice paper³, the General Dental Council state that management and leadership is one of four key domains. They discuss how it is experience and developed post registration that will influence this domain. The Faculty of Medical Leadership Management have also produced the leadership and management standards⁴ for medical professionals. This document will be used in planning activity for this programme along with the NHS leadership academies leadership toolkit⁵. These documents have been chosen as they are nationally recognised resources and provide a framework around which didactic and self-development work can be structured.

Dental Public Health (DPH) is part of the undergraduate dental degree. Beyond this it is not covered as part of core or higher speciality training programmes other than disease specific epidemiology. The pressures on NHS funding have indicated a need to take a more preventative approach to all health and social care. In 2014, NHS England outlined these changes in the Five Year Forward View (and subsequently FYFV next Steps)⁶. Prevention of disease is key to helping achieve healthy communities and core to achieving some of these changes is entering into a new relationship with patients, carers and the public. All clinicians should therefore be aware of their role in raising public and patient awareness of serious public health problems such as Obesity and Anti-microbial resistance.

This programme supports this approach and looks to support dental core trainees in gaining experience and confidence in dental public health. Where patients are living longer with complex co-morbidities, the importance of delivering dental care as part of a multi-disciplinary team approach, integrated with public health, has never been stronger.

1. [High Quality Care for All, NHS next stage review final report 2008](#)
2. [NHS Dental services in England. An independent review led by Professor Jimmy Steele 2009](#)
3. [Preparing for practice, dental team learning outcomes for registration 2015](#)
4. [FMLM, Leadership and management standards for medical professionals 2nd edition](#)
5. [London Leadership Academy, Leadership Toolkit](#)
6. [The NHS Five Year Forward View, Five Year Forward View Next Steps](#)

Exploring Dental Public Health and Leadership (EDPHL) Programme overview

Health Education England (HEE) have introduced the EDPHL programme within DCT to help support the public health and leadership domains of the 2016 DCT training curriculum. Trainees will engage with a public health based quality improvement project that will have a positive impact for patients and staff in their trust/work place. This will be supported by two bespoke leadership contact days. These will help you get the best from working with your team and structure a project to achieve a desirable and measurable outcome. To get the most out of the programme DCTs will be expected to carry out self-directed learning, with recommended reading lists provided as part of this handbook. It is hoped that you will find this to be an immersive introduction to EDPH and Leadership.

The programme aims to cover core areas of the DCT training curriculum seen below:



Figure 1 Curriculum competencies related to the leadership programme

The full list of curriculum competencies addressed through this unit can be found at appendix A. The programme also aims to meet the following objectives:

- Increased confidence in DCTs in regards to managing self and working collaboratively with multi-professional teams.
- Increased awareness and knowledge of the key DPH issues through relevant PH projects to be completed within trainees' organisations.
- Provide a foundation course which will help support further development of leadership and public health skills.

We hope that the programme will add breadth and depth to the portfolio of outcomes you can offer when applying for your next role either in primary, community or secondary care settings.

Key dates

The programme will take place throughout the course of your 2018/19 DCT post.

- Induction 4 September 2018
- 1st PDP with Educational Supervisor agreed
- Leadership study day 11th January 2019
- Interim Review of Competence (IRCP) Progress February 2019
- Leadership study day 4th April 2019
- Annual Review of Competence Progress (ARCP) June 2019
- Presentation/poster day June 2019
- Chichester Cup July 2019

Getting started

Step 1: Choose a project

Your first step is to identify the project that you will undertake over the 12 month training period. The project can be carried out individually or in teams of up to 3. Each member of the project team should have clearly defined roles. You are advised to select the project which will best meet your learning needs and also one that fits with the organisation within which you are based. You should discuss the opportunities that exist within your workplace with your educational supervisor and use this handbook to help make your decision.

To help you get started, seven project examples have been provided as part of this handbook. Each topic has its own project pack. These packs provide a summary of the project on a page, FAQs, a getting started guide, templates, an evaluation tool and a list of further reading. The eight suggested projects are:

1. Improving oral health for hospital inpatients (adults in hospital >24 hours)
2. Improving oral health in medically complex patients
3. Tackling Antimicrobial Resistance (AMR) through dental prescribing
4. Promoting sustainability in dental settings
5. Increasing access to dental services in very young children (“Dental Check By 1”)
6. Prevention of oral cancers
7. The wider sugar debate: reducing sugar and childhood obesity using PHE Resources
8. Digitise your service

Your final project choice, be it one of the examples or your own idea, should be finalised at your first Personal Development Plan (PDP) meeting with your ES.

Hint box 1

It is recommended that you set aside some time at the beginning of the year to explore the following points:

1. Background reading (see reading list)
2. Explore the characteristics and needs of the organisation you have been allocated to. What is happening within your work place? Where is there energy for you to explore a project?
3. Your personal development requirements
4. Research the key stakeholders*, e.g. if working with an acute trust on oral health of inpatients one of your key stakeholders will be the ward on which you choose to pilot your project.
5. Develop an understanding of what intervention/s you wish to deliver and why you have chosen it in the context of the organisational setting

*Please see FAQs for details of stakeholders

The project should also be registered with HEE. Should your project change, or you take on an additional project then please update the information on the project register.

Step 2: Design your project

It is important to design a project that can be delivered in the time you have available. Consider SMART objectives when planning – specific, measurable, achievable, relevant, and time-related. You may wish to consider the following simplified planning cycle, to help you break the project down into manageable steps.

Figure 2 Project planning cycle



Hint box 2

This is a trainee led programme and you are therefore responsible for devising an appropriate project plan, assigning roles within the group (if working as a group), and successful delivery of the project. This will require considerable preparatory work, ongoing monitoring of progress and close liaison with your stakeholders. Remember, fundamental to delivering an effective project will be direct engagement with the key stakeholders.

Step 3: Write your project plan (audit or Quality Improvement Project [QUIP]):

Write your plan based upon your chosen project and initial discussions. This will likely need sign off by your ES and/or your local audit lead.

Hint box 3

Each trust may have a local audit/QUIP proforma which you could use. Consider the following points:

- Aim – what is the overall goal?
- Outcomes – What do you want see happen as a result of the project
- Time line and milestones/resources – how will you achieve everything in the time frame. Can you set small deadlines to keep you on track?
- Risk assessment – What might happen that will stop you from achieving your outcomes?
- Evaluation method – How will you know you have achieved your aim?

Step 4: Deliver the intervention.

This step will look different for each DCT/group, as it will depend on who you are working with and the chosen project. Ideas for projects can be found in the project packs, however these can be adapted dependant on your workplace.

Step 5: Evaluation

This is the opportunity to consider whether your project has been effective. You will need to follow up the intervention to determine the impact of your project. This could include a measure of patient experience, a change in practice or the introduction of a new guideline, examples will be included in each project pack.

Step 6: Prepare a project report.

Your trust will require you to feedback your outcomes via a project report. You will also need to upload this to TURAS (Audit/QUIP section). Your project report is a method of feeding back your outcomes and development of the project. If you do not finish your project you will be required to produce an interim project report based on your outcomes to date. Ensure you include details of the handover arrangements.

Step 7: Personal reflection

Evaluate and reflect on what you have learned from the project. What went well? What went less well? What would you do differently next time? In what ways has your understanding changed as a result of this project? This 500 word reflection needs to be uploaded into your TURAS e-portfolio.

Hint box 4

Reflection will allow you to get the most out of the programme. Use the simple guide to reflection in appendix C. What will you do next to help your own development?

Assessment

This programme is formative but will be subject to satisfactory completion as decided by your Educational Supervisor and the submissions which are reviewed at IRCP and ARCP. There are specific requirements that you must complete:

1. Register your project (this project counts as you Audit/QUIP submission- mandatory for all DCTs)
2. Submit interim documentation to demonstrate progress for your IRCP (See FAQs)
3. Complete the project within the given timescales. Upload a final project report to TURAS for final ARCP
4. Write a 500 word reflective report of your learning from within the EDPHL programme. This should be uploaded to TURAS for final ARCP. If you do more than 1 project you will be expected to write two separate reflective pieces
5. Attend two mandatory Leadership Study days (11 January and 4 April 2019).

There are also several optional opportunities that you may wish to take up:

- Presentation at a regional presentation day for Management and Leadership projects across London and South Eastern Deanery (subject to authorisation by TPD). There will be a prize for the winner in each year of DCT
- Presentation of your findings and outcomes at Trust governance and departmental meetings.

Leadership training days

These two days will help you explore clinical leadership. You will be introduced to various tools that will help you develop your own leadership capabilities. The days will be delivered by the London Leadership Academy and their associates. More information will be emailed to you in advance of the days. Please note you will be asked to bring your own ideas and experiences – drawing upon your FD year and your DCT experience to date. This will be essential in order for you to get the most out of the days. Ahead of the first leadership day, you will be also be asked to carry out a self-assessment using the HealthCare Leadership Model. Details on how to complete this and obtain your report will be sent ahead of the first day via email.

Resources available

A number of resources will be available to support you to implement your chosen project, these include;

- Individual Project Packs
- National clinical guidelines and policy documents (a suggested minimum reading list can be found at Appendix B)
- Resources available locally through the educational department in your trust.

The programme has a focus on project planning and delivery, however you will also gain valuable experience of working with organisations and individuals with a view to supporting health improvement strategies such as; 'Delivering Better Oral Health', 'Change for life' and NICE guidance to improve oral health.

Trainee responsibilities and professionalism

It is important you observe the core ethical principles of practice in the GDC document “Standards for the Dental Team” and behave professionally and responsibly at all times.

You must familiarise yourself with all local health and safety policies, fire and emergency procedures and accident and incident reporting systems whilst in the trust. It is essential to make sure you comply with all information governance, including the General Data Protection Regulation (GDPR), especially in regard to patient identifiable information. All documentation submitted to TURAS must be anonymised.

Summary

Now you should have all the information that you need to take up one of these projects. If you have any further queries, please take a look at the FAQ document at Appendix D. The best projects will be selected at the end of the year for the presentation day and there will be an award for the best project by a DCT1 and a DCT 2.

We would also like you to contribute to future iterations of the EDPHL programme. There will be opportunity to feedback over the year. With your input we can continue to ensure the DCT training programme gives you the best training options.

EDPHL Project Team:

- Dr Jackie Sowerbutts: Consultant in Dental Public Health and Training Programme Director for Dental Public Health Clinical Fellows
- Dr Priya Thakrar: Oral Medicine StR and 17/18 Darzi Fellow in Clinical Leadership
- Dr Yasmin Allen BEM: Dental Public Health Fellow
- Dr Devika Vadher: Dental Public Health Fellows
- Dr Rachel Otukoya: Dental Public Health DCT
- Dr Laura Daly: Dental Public Health DCT
- Dr Javeriah Mahmood: Dental Public Health Clinical Fellow
- Dr Francis Clough: Dental Public Health Clinical Fellow
- Dr Sara Harford: Centre for Sustainable Health Fellow
- Dr Darshini Ramasubbu: Centre for Sustainable Health Fellow
- Dr Ashvir Bara: Dental Public Health Clinical Fellow

Table 1 Overview of EDPHL projects

Project Title	Project Summary
Antimicrobial Resistance	Audit the team's prescribing habits to assess whether they are in line with the FGDP's guidelines.
Mouth Care Matters: Medically Complex Patients	Run a focus group of allied healthcare professionals working with medically complex patients to find out what training or resources they need to provide effective mouth care for their patients. Provide the required resources/training identified.
Mouth Care Matters: Dentist on the Ward	Assess patients who have been referred to you from other allied healthcare professionals. Choose one case study from this to write up.
Environmentally Sustainable Dentistry	Choose and implement up to 3 sustainable changes (from a list of 10) in their practice/ward and carry out an evaluation of the impact and benefits of the changes.
The wider sugar debate: reducing sugar and childhood obesity using PHE Resources	Using Public Health England resources (e.g. Change4Life and Top Tips for Teeth), work with health care professionals to implement awareness project on their wards.
Dental Check by One	Liaise with paediatric teams to deliver teaching/training about the importance of oral hygiene and how they can deliver evidence based oral health promotion to children and young people.
Digitise Your Service	Identify a workflow, element of care, or prevention strategy that could benefit from digitisation. Design a workshop or programme to improve the digital skills of your team members.
Oral Cancer prevention	Develop an innovative approach to addressing the high incidence and prevalence of oral cancer in the population through health advocacy, prevention strategy or workforce training.

Appendices

Appendix A DCT Curriculum competencies

By completing this programme you will gain experience in the following generic learning outcome areas. These will be supplemented by the learning outcomes related to the specific project/s chosen. These are detailed in the relevant project pack.

Domain 1.1 Acts professionally

- Act with professionalism in the workplace and in interactions with patients (and where necessary carers and relatives) and colleagues
- Demonstrate punctuality and organisational skills
- Participate actively in all aspects of training
- Work in partnership with others in an open and transparent manner, treats people as individuals and respects their perspective/views on their own treatment
- Take personal responsibility for and is able to justify decisions and actions

Domain 2.1 Communicates clearly in a variety of settings

- Communicate in an appropriate and effective manner and develops these skills (verbal, non-verbal, written and electronic methods)
- Demonstrate empathy and understanding when communicating with others and dealing with straightforward queries from patients, their carers and relatives.
- Demonstrate understanding of barriers to communication.

Domain 2.3 Demonstrates leadership skills

- Act as a role model and where appropriate a leader for students and other junior dentists, and assists and educates colleagues including DCPs
- Demonstrate a leadership role within the team in certain clinical situations, e.g. when supporting dental students on clinics
- Make decisions when dealing with complex situations.
- Demonstrate extended leadership role within the team by making decisions and dealing with complex situations.

Domain 3.3 Contributes to quality improvement

- Undertake clinical audit, significant event analysis and/or peer review.
- Manage, analyse and present at least one quality improvement project and use the results to improve patient care.

Domain 4.7 Promotes general and oral health

- Provide advice about the prevention of dental caries and periodontal diseases

Domain C10 Dental Public Health & Epidemiology

Demonstrate an understanding of:

- The prevention of dental disease including water fluoridation
- Strategies for improving oral health (e.g. Delivering Better Oral Health in England)
- The role alcohol plays in dental disease and traumatic injury
- The role smoking and tobacco products play in oral health and how to offer brief intervention and referral
- The impact of dementia on society, oral disease and dental services
- Dental epidemiology – collection and use of information.

Appendix B – suggested reading list

Dental Public Health

- Essential Dental Public Health, 2nd Edition. Oxford University Press. Recommend chapters covering prevention and oral health promotion
- Delivering better oral health: an evidence based toolkit for prevention (PHE 2014) available at: www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention
- Local authorities improving oral health: Commissioning better oral health for children and young people, an evidence informed toolkit for local authorities (PHE 2014) available at: www.gov.uk/government/publications/improving-oral-health-an-evidence-informed-toolkit-for-local-authorities
- Oral health: approaches for local authorities and their partners to improve the oral health of their communities (NICE 2014) available at: www.nice.org.uk/guidance/ph55
- Oral health: Evidence-based recommendations on oral health promotion for dental teams (NICE 2015) available at: www.nice.org.uk/guidance/ng30
- Oral health: Evidence-based recommendations for adults in care homes (NICE 2016) available at: www.nice.org.uk/guidance/ng48
- Social inequalities in oral health (ICOHIRP 2015) available at: www.icohirp.com/monograph.html
- Fair society healthy lives. The Marmot review – executive summary (2010) available at: www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review
- Sugar reduction. The evidence for action (PHE 2015) available at: www.gov.uk/government/uploads/system/uploads/attachment_data/file/470179/Sugar_reduction_The_evidence_for_action.pdf
- Smokefree and smiling. Helping dental patients to quit tobacco (PHE 2013) available at: www.gov.uk/government/publications/smokefree-and-smiling
- Actions for Government to improve oral health (Faculty of Dental Surgery, Royal College of Surgeons of England 2015) available at: www.rcseng.ac.uk/fds/Documents/actions-for-the-government-to-improve-oral-health/view
- The state of children's oral health in England (Faculty of Dental Surgery, Royal College of Surgeons of England 2015) available at: www.rcseng.ac.uk/fds/policy/documents/fds-report-on-the-state-of-childrens-oral-health

Leadership

Key resources

NHS London Leadership Academy (n.d.) Leadership toolkit

<https://www.londonleadershipacademy.nhs.uk/leadershiptoolkit> [Accessed 16.08.18]

Swanwick, Tim & McKimm, Judy (2011) *The ABC of clinical leadership*. John Wiley & Sons: Chichester

Leadership in today's NHS: Delivering the impossible. King's Fund: London

Accessible at https://www.kingsfund.org.uk/sites/default/files/2018-07/Leadership_in_todays_NHS.pdf

Anandaciva, Siva; Ward, Deborah; Randhawa, Mandip, and Edge, Rhiannon (2018)

Developing People – Improving Care: A national framework for action on improvement and leadership development in NHS-funded services.

Available at https://improvement.nhs.uk/documents/542/Developing_People-Improving_Care-010216.pdf

National Improvement and Leadership Development Board (2016)

[Further information and additional material in respect to this key initiative around leadership and improvement in health and social care can be found here - <https://improvement.nhs.uk/resources/developing-people-improving-care/>]

Leading in a clinical context

Lee, Thomas J (2010) Turning doctors into leaders. Harvard Business Review. April 2010. pp50-58

Mountford, James & Webb, Caroline (2009) When clinicians lead. McKinsey Quarterly. Number 9. pp18-25 (Accessible at https://www.mckinsey.com/~media/mckinsey/dotcom/client_service/healthcare%20systems%20and%20services/health%20international/hi09_clinicians_lead.ashx)

Understanding systems

Children's Party

<https://www.youtube.com/watch?v=rSHPvFIBqI> (4'35")

The Cynefin Framework

<https://www.youtube.com/watch?v=N7oz366X0-8> (8'38")

How wolves change rivers

<https://youtu.be/ySa5OBhXz-Q> (4'33")

Gray B (2017) The Cynefin framework: applying an understanding of complexity to medicine. Journal of Primary Health Care 9(4) 258-261

<http://www.publish.csiro.au/hc/HC17002>

Khan S et al (2018) Embracing uncertainty, managing complexity: applying complexity thinking principles to transformation efforts in healthcare systems. BMC Health Services Research 18(192)

<https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-018-2994-0>

Leading change

Atkinson J et al (2015) The art of change making. Leadership Centre: London

<https://www.leadershipcentre.org.uk/wp-content/uploads/2016/02/The-Art-of-Change-Making.pdf>

NHS Improvement (2018) Quality, service improvement and redesign (QSIR) tools. <https://improvement.nhs.uk/resources/quality-service-improvement-and-redesign-qsir-tools/> [Accessed 16.08.18]

Plowman D A et al (2007) Radical change accidentally: The emergence and amplification of small change. Academy of Management Journal. Vol 50: No 3. pp515-543

Approaches to leadership

van Dierendonck, Dirk (2011) Servant Leadership: A Review and Synthesis. Journal of Management. Vol. 37 No. 4. pp 1228-1261

Avolio, Bruce J.; Walumbwa, Fred O., and Weber, Todd J. (2009) Leadership: Current theories, research, and future directions. Annual Review of Psychology. 60 (2009). pp. 421-449

Timmins, Nicholas (2015) The practice of system leadership: Being comfortable with chaos. King's Fund: London (Available at https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/System-leadership-Kings-Fund-May-2015.pdf)

Hulks, Sally et al (2017) Leading across the health and care system: Lessons from experience. Kings Fund: London. (Available at https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/Leading%20across%20the%20health%20and%20care%20system.pdf)

Information about NHS structure

- 'An alternative guide to the new NHS in England' – King's Fund: www.youtube.com/watch?v=8CSp6HsQVtw
- 'How does the NHS in England work?' – King's Fund: An alternative guide www.youtube.com/watch?v=DEARD4I3xtE

For Interest

Books

- 'Thinking, fast and slow', Daniel Kahnemann
- 'Outliers', Malcolm Gladwell
- 'Bounce', Matthew Syed
- 'The Chimp Paradox', Prof Steve Peters
- 'The Seven Habits of Highly Effective People', Stephen R. Covey
- 'Start with why', Simon Sinek
- 'The Culture Code: The Secrets of Highly Successful Groups', Daniel Coyle

Websites, articles and videos

- The Healthcare Leadership Model – NHS Leadership Academy:
www.leadershipacademy.nhs.uk/wp-content/uploads/2014/10/NHSLeadership-LeadershipModel-colour.pdf
- Institute for Healthcare Improvement -
www.ihl.org
- NHS Improvement Resources:
<https://improvement.nhs.uk/resources/>
- Lessons to learn from other industries e.g. Toyota's 'lean' approach:
<https://hbr.org/2004/05/learning-to-lead-at-toyota>
- 'Being Mortal: Medicine and what matters in the end' – Atul Gawande:
www.youtube.com/watch?v=mviU9OeufA0
- 'How great leaders inspire action' – Simon Sinek:
www.ted.com/talks/simon_sinek_how_great_leaders_inspire_action?referrer=playlist-the_most_popular_talks_of_all
- 'Forget the pecking order at work' – Margaret Heffernan:
www.ted.com/talks/margaret_heffernan_why_it_s_time_to_forget_the_pecking_order_at_work
- Leadership and Leadership Development in Healthcare: The Evidence Base – King's Fund:
www.kingsfund.org.uk/sites/default/files/field/field_publication_file/leadership-leadership-development-health-care-feb-2015.pdf
- Big Med: Restaurant chains have managed to combine quality control, cost control, and innovation. Can health care? – Atul Gawande:
www.newyorker.com/magazine/2012/08/13/big-med

Appendix C EDPHL Reflection guide

Over the course of your Dental Core Training year you will have many learning and professional development experiences. In particular, the new EDPHL programme will offer you a way of developing and learning around core areas of leadership and public health. How we learn and reflect shapes our future journey as a dental practitioner and it is a core skill to master. You will have experience of reflective thinking and writing from your FD year.

It is a point in time where we look back after an event and process our thoughts and feelings about the experience. Schon (1983) describes this as reflection being the common practice of thinking back to an event and assessing it and our conduct in relation to it — sometimes referred to as ‘reflection-on-action’. It is a personal experience that will be unique to each of you. As you come towards the end of this programme, we would like you to write a 500-word reflection on your learning from the EDDPHL programme. You may choose to reflect on one specific aspect such as your learning from conducting a project within an NHS trust, or the leadership study days. However, you may wish to reflect on your overall learning from the programme. Remember this is not a descriptive piece or a list of learning points.

It may be helpful to follow a reflective model to help shape your answer. Below is Gibb’s Model of Reflection which breaks down the process into 6 stages. Really think about your personal action plan and how you are going to build on the introduction to leadership and public health over the next stage of your career.

Stage	Content
Description	What are you going to reflect on? Describe what happened and set the scene
Feelings	What were your reactions and feelings? What did you think and feel?
Evaluation	What was good and bad about the experience? Make value judgements
Analysis	What sense can you make of the situation? Bring in ideas from outside the experience to help you. What was really going on?
Conclusions	What can be concluded, in a general sense, from these experiences and the analyses you have undertaken? What can be concluded?
Personal Action plans	What are you going to do differently in this type of situation next time? What steps are you going to take on the basis of what you have learnt?

Guidelines for Reflection: Gibbs’ model of reflection taken from Gibbs (1988)

As with any submissions to your portfolio, there should be no patient or staff identifiable data/material in your writing.

Further reading and useful material:

Watton P, Collings J, Moon J. (2001) Reflective Writing Guide. Available at: www.exeter.ac.uk/fch/work-experience/reflective-writing-guidance.pdf

References:

Gibbs, G.1988. Learning by doing. A guide to teaching and learning methods. Further education unit, Oxford Polytechnic, Oxford.

Schön, D. (1983). The Reflective Practitioner: How professionals think in action. London: Temple Smith

Appendix D Frequently Asked Questions

1. What is leadership and management and why is it relevant to dentistry?

People understand the word 'leadership' in many different ways. Historically, it has been associated with hierarchy and focused on one individual. Clinical leadership is relevant to all members of the dental team and is integral to delivering high quality patient centred care. All members of the team have a responsibility to demonstrate values and behaviours that contribute towards leadership – ensuring they contribute to the effective running of their organisation and its future. For further reading see the resources section.

2. Where do I start?

Read the project briefings and decide what interests you. What is happening in your organisation? Do some of these projects already exist? Discuss it with your colleagues, your ES and then make a decision. Make sure your ES supports your choice. Once you have decided register your project. If it is not working out for you as expected you can start another one and re-register.

3. How do I register my project?

Through the Synapse portal. Information is on the website.

4. What are the steps I need to take to structure a project of this type?

There are quite a few resources in the handbook to give you some starting ideas. In addition, there is so much information on the internet about project work much of it quite complicated. Keep it simple! Talk it through with a colleague because they will be doing a project as well and have to make similar decisions to you.

5. Should I work alone or in a group?

Whatever suits you? There are no hard and fast rules. Some projects are more suitable to working as a team e.g. AMR and Sustainability. Whatever your project, you will need to learn to work with others in your organisation in order to work efficiently and effectively. We suggest that there should be no more than 3 of you working on a project in your departments as this will help to avoid duplication of effort and everyone should know what their role is within that group.

6. When do I have to decide which project I am going to do?

By the time you agree your PDP with your ES or earlier so that you can get started ASAP. Once you have decided you need to register your project to help us target supporting resources.

7. What are the deadlines?

- A decision on which project needs to be made when you agree your PDP or before if possible.
- You will be expected to be able to demonstrate some progress by the IRCs in February.
- A 500 word reflection should be uploaded to Turas ready for your ARCP
- Projects should be completed by the time the ARCPs are decided in June. Some projects may overrun this deadline especially a very complex one, in which case you should clearly justify why this is the case

8. I don't feel I am getting the support I need from my ES, who else can I approach.

The handbook, colleagues, HEE programme support lead. HEE TPD etc.

9. Although my ES supports me I am struggling to engage the Trust -what can be done to remedy this?

Discuss this with your ES. They will be able to support you with Trust engagement or suggest an alternative way to do the project.

10. Can I do more than one project?

Yes

11. I don't have enough time in the week to implement project, I am struggling -what should I do?

Your curriculum requires you to demonstrate that you can complete a Quality Improvement project or audit. Discuss how you can prioritise your workload to do your project to fulfil the requirement of the post. If you do not do this, then successful completion of the year will be at risk.

12. My ES won't give me permission to attend the leadership study days as we are short of staff, do I have to attend?

The two study days are mandatory and your ES will have been given plenty of notice of when these days are and should be able to arrange suitable cover. Ensure you book the two days as study leave as soon as you start the programme. Sometimes people are sick at the last minute but you are required to attend if at all possible.

If you still do not get permission to attend this needs to be escalated to HEE.

13. How can I present the project? What media can be used? Where can I present?

Please discuss this with your ES who will be able to give you some ideas. You can use Powerpoint, Prezi or other similar programmes. You might also consider using a Blog or short Video. It depends what you feel would work best for your message to your target audience. Nb Ensure your trust are happy with your chosen medium.

You also need to consider who you want to influence with your project's message. Discuss this with your ES but suggestions would include trust governance meetings, team meetings, conferences and the final DCT presentation day?

14. What are stakeholders and who are they?

A stakeholder is a person, group or organisation that needs to be involved, consulted or who will be impacted by an action or project. They have an interest in the success of the project and can be within or outside of the organisation that is sponsoring the project. Stakeholders can have both a positive and negative effect on the project. It is key to identifying who these people are from the outset of your project. Immediate stakeholders will be the team you work with and patients.

For this programme this includes but is not limited to:

- Patients and the public,
- Organisations including Health Education England, NHS England, your Trust and Clinical Commissioning Groups,
- Dental groups
- Healthcare professionals including doctors, nurses, pharmacists and allied healthcare professionals,
- Third sector including charities and social enterprises.

15. I have my own idea for a project, can I do this instead of the assigned projects?

Yes- with the correct guidance and justification, especially if it matches the priorities of your trust and post. Discuss this with your ES who will be help to help and support you.

16. Who can I approach to discuss the project and help me?

Your ES as a first stop. Also consider speaking to your local governance lead and your department's clinical audit lead. HEE also has a dedicated programme lead and will be setting up a Twitter handle and a Blog.

17. Who can I contact if I am having difficulties?

Your ES as a first stop but if they still are unable to support you then HEE also has a dedicated programme lead and will be setting up a Twitter handle and a Blog.

18. How do I evaluate my project?

All the projects will have an evaluation tool within the resource pack for you to use as a starting point. You can also create your own.

19. I need funding. Where should I look?

Your ES will be your first point to work this through with you. These projects have been designed to not require funding but need dedicated time from you to make them successful.

20. I am stuck for ideas. What should I do?

Ask your colleagues especially the specialist trainees. They will have done projects before and may even have examples you can use. There are eight different projects on offer so go through the packs again and then try firming something up with your ES.

21. Now I have decided how do I register my project?

Through the Synapse portal.

22. What is audit?

"A systematic review of a practice, process or performance to establish how well it meets predetermined criteria. The procedure includes identifying problems, developing solutions, making changes to practice, and then reviewing the whole operation or service again. For example, an audit may be carried out on a specific service (such as 'stop smoking' services), to check whether it complies with laws, regulations or policies. See also Clinical audit."⁷

23. What is a QUIP

"Quality improvement is the application of a systematic approach that uses specific techniques to improve quality.

A quality improvement project (QUIP) should be a continuous process of learning, development and assessment, and part of a wider QI programme. There are many quality improvement activities that take place in general practice, including audit, significant event analysis, analysing prescribing and referral data, and the Quality and Outcomes Framework."⁸

24. What documentation is required for IRCP

You need to be able to demonstrate some progress in the implementation of your chosen project. This could include a draft plan for training of hospital department staff, a presentation you have already provided, examples of resources you have produced (including draft versions), proof of engagement with stakeholders (anonymised email correspondence). These documents need to be uploaded into the relevant sections of the TURAS portfolio prior to the IRCP assessment date.

7. [High Quality Care for All, NHS next stage review final report 2008](#)

8. [NHS Dental services in England. An independent review led by Professor Jimmy Steele 2009](#)



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