**JOB DESCRIPTION**

Job Title: Leadership Fellow for Managed Clinical Networks and referral factors

Accountable to: Mr James Spencer, Postgraduate Dental Dean, Willow Terrace Road, Leeds, LS2 9JT

Responsible to: Mr James Spencer, Postgraduate Dental Dean, Willow Terrace Road, Leeds, LS2 9JT

Duration: 1 year out of programme opportunity or potentially two-years part time

Base: Sheffield and Leeds – the successful applicant will be expected to travel regionally and nationally

Employment: The successful applicant will be employed by their current employer

**Aims of the post**

Your aims will be:

1. To evaluate the referral factors for the West Yorkshire Paediatric Dentistry Managed Clinical Network (MCN) using the electronic Referral Management System (eRMS) software
2. To explore how these referral factors can inform the development of the future workforce (i.e., right people, right time, right skills) and inform educational delivery in Yorkshire and Humber
3. To ensure the methodology developed for aim 2, is appropriate for other dental speciality MCNs in Yorkshire and other HEE offices
4. To grow and develop the personal skills that will be essential as a healthcare leader working as either a primary-care or consultant clinician

**About the post**

This is a one-year leadership post (flexible training options are possible, e.g., half time over two years) based in Health Education Yorkshire and the Humber (HEE YH). It is one of several Fellowships created under HEE Yorkshire and Humber. If applicable, you will be seconded on an OOPE (out of programme experience) from your speciality training programme or clinical training post. You will develop your leadership skills by networking across the region and beyond, undertaking discreet projects engaging with commissioners, employers and other stakeholders. This is an investment in improved patient outcomes and quality of care. The Fellowship will be aligned to the framework set out in the Healthcare Leadership Model.

Effective electronic referral systems provide commissioners and dental leaders with the opportunity to quantify and understand the reasons for referral from primary dental care (level 1) to specialist dental services (levels 2 and 3). The e-RMS system is an established system that has undergone robust initial evaluation1-4. Since December 2019, the e-RMS has been adopted for all paediatric dentistry referrals in West Yorkshire, a population of 1.3 million people. The Yorkshire and Humber region has some of the highest levels of poor child oral health in England and one of the strongest demands for dental care under general anaesthetic5 6. It is important to note that treatment for dental decay is the most common reason for a young child to have a general anaesthetic with significant costs to the child, family, NHS and society7 8.

The timing of this project is critical as the NHS push forward with new ideas and “restart” plans following the Covid-19 pandemic. Moreover, detailed analysis of referral factors can inform how HEE supports the training of the dental workforce (including Foundation Dentists, Dental Core Trainees and Tier Two Training programmes) as well as what educational support it provides for primary care practitioners. A focus on high and low referrals can provide insight into potential risks within the managed clinical network and deepen our understanding of when and how to provide personalised one-to-one support for practitioners.

The successful applicant will work on this, and other focused project/s, with key stakeholders in the region and nationally. Key stakeholders have agreed to support this project, which is outlined in the supervision section. By the end of the Fellowship, the successful applicant will make a significant contribution to the understanding of dental referrals, as well as developing as a future healthcare leader with national influence. In addition, the fellowship will allow the successful applicant to develop their own leadership qualities and undertake a Post Graduate Certificate in NHS Leadership.

**Post description and duties**

1. To develop professionally within the framework set out in the Healthcare Leadership Model.
2. To understand how the eRMS database can support workforce development and educational delivery for dental teams in the Yorkshire and the Humber region.
3. To attend relevant meetings locally and nationally, as opportunities arise.
4. To share with peers’ innovative ideas, best practice, and their experiences of being a Leadership Fellow.
5. To identify development needs required to become a future healthcare leader.
6. To complete a Post Graduate Qualification in Leadership.

**Assessment**

This shall be mostly formative during the course of the year with satisfactory attendance as a basic requirement plus:

* Completion of an end of fellowship report stating what has been achieved during the programme and what needs to be done moving forward
* Satisfactory completion of PG Cert in Leadership

**Leadership Fellow for Future Leaders Programme**

**Person Specification**

|  |  |  |
| --- | --- | --- |
|  | Essential | Desirable |
| Eligibility | Holding a substantive NHS contract  | Successful completion of the ISFE |
| Skills, Abilities and Knowledge | Clear understanding and vision of the role of leadership fellow.Enthusiastic self-starter with awareness of own limitations; seeks help appropriately.Excellent interpersonal skills and ability to work in partnership with others.Excellent organisational skills.Proven ability of working in a multi-disciplinary team environment and delivering team objectives.Knowledge and understanding of issues relevant to HEE workforce development.Awareness of current initiatives and priorities of HEE | Evidence of previous leadership role |
| Experience | Evidence of active participation in audit or other quality improvement projects. Demonstrates commitment to CPD. | PG Certificate in Health Research Methods |
| Fitness To Practice | Is up to date and fit to practice safely. |  |
| Health | Meets professional health requirements in line with GMC or GDC standards (where appropriate). |  |
| Personal attributes | Effective judgement and decision-making skillsCapacity to manage time and prioritise workloadEvidence of ability to present oneself in an organised, professional mannerTakes responsibility for own actionsAbility to undertake travel |  |

**Supervision**

Supervision will be led by Mr James Spencer. Other key stakeholders have already signed up to support this project. They include: MCN in paediatric dentistry chair (Stephen Fayle) and North Yorkshire & Humber Local Dental Network chair (Simon Hearnshaw), Yorkshire and Humber dental commissioning lead (Debbie Pattinson), HEE tier 2 paediatric dentistry training lead (Racheal Nichols), HEE Associate Dean for Dental Foundation training (Jason Atkinson), eRMS developer (Iain Pretty) and with academic support from (Peter Day, Richard Balmer, Alan Mighell, Richard Moore [methodologist], Kara Gray-Burrows [methodologist] and Amrit Bhatti [methodologist]). Day to day supervision of the project and monitoring of progress will be through the senior leaders providing academic support with Professor Peter Day acting as academic lead.

Induction will include establishment of learning objectives for the year, and assessment of leadership competencies against the revised NHS Leadership Framework. Progress against both learning objectives and leadership competencies will be reviewed during the year with regular (3-monthly) appraisal. Opportunities will be sought to develop the trainee’s own network of senior NHS contacts, and a senior mentor relationship external to the organisation will be developed (provisional agreement in place).

1. Montgomery-Cranny J, Edmondson M, Reid J, et al. Development of a managed clinical network in oral medicine. *Br Dent J* 2017;223(9):719-25. doi: 10.1038/sj.bdj.2017.890 [published Online First: 2017/11/04]

2. Moore RJ, Pretty I, Douglas G, et al. An evaluation of referrer factors for 98,671 referrals made to the West Yorkshire Oral Surgery Managed Clinical Network over a 3 year period. *British dental journal* 2021;Accepted for publication(x):x-xx.

3. Goldthorpe J, Sanders C, Macey R, et al. Exploring implementation of an electronic referral management system and enhanced primary care service for oral surgery: perspectives of patients, providers and practitioners. *BMC Health Serv Res* 2018;18(1):646. doi: 10.1186/s12913-018-3424-z [published Online First: 2018/08/22]

4. Goldthorpe J, Sanders C, Gough L, et al. Implementing and evaluating a primary care service for oral surgery: a case study. *BMC Health Serv Res* 2018;18(1):636. doi: 10.1186/s12913-018-3420-3 [published Online First: 2018/08/16]

5. Public Health England. Oral health survey of 5-year-old children 2019. <https://www.gov.uk/government/statistics/oral-health-survey-of-5-year-old-children-2019>, 2020.

6. Broomhead T, Rodd HD, Baker SR, et al. National patterns in paediatric hospital admissions for dental extractions in England. *Community Dent Oral Epidemiol* 2021;49(4):322-29. doi: 10.1111/cdoe.12603 [published Online First: 2020/12/05]

7. Public Health England. Hospital tooth extractions of 0 to 19 year olds 2019 [Available from: <https://www.gov.uk/government/publications/hospital-tooth-extractions-of-0-to-19-year-olds>.

8. Public Health England. Health Matters: Child dental health 2017 [Available from: [https://publichealthmatters.blog.gov.uk/2017/06/14/health-matters-child-dental-health/https://publichealthmatters.blog.gov.uk/2017/06/14/health-matters-child-dental-health/](https://publichealthmatters.blog.gov.uk/2017/06/14/health-matters-child-dental-health/https%3A//publichealthmatters.blog.gov.uk/2017/06/14/health-matters-child-dental-health/).