

BAOS Feature

Work to your Strengths

Have you ever wondered if you have made the right career choice? Do you wish there had been a better way of informing your decision making when you were thinking about going to university in the first place, what degree you wanted to pursue, deciding whether you wanted to be a GDP or a specialist, an academic or being part of a large hospital? What if there was some way of obtaining valuable guidance on what would be a great career choice for you based on your strengths rather than a 10-minute chat with a career's adviser (my experience at a 16 years of age) who didn't really know you at all?

Well, in some areas of healthcare but more so in the business world (think Aviva Standard Chartered Bank, Norwich Union, Morrisons Supermarkets and Starbucks) that is what they try to do by using strength-based interviews. These interviews assess whether someone has the natural strengths and talents required to thrive in a particular job. Interviewers not only listen to the candidates' responses but also pay attention to their body language, choice of words and tone to see whether they are energised as well as how they are responding to the question. The ability to "thrive" rather than just "survive" in a job or profession is essential for both achieving high standards of performance and long-term mental health (*Van Nieuwerburg and Williams 2022*). The reasoning is that if organisations hire employees who can use their strengths and bring their authentic selves to work, they will be more successful in the long term and have a greater commitment to the organisation (*Fox*).

Interestingly, following the public inquiry into the Mid Staffordshire NHS Foundation Trust (*Francis Report 2013*), one of the recommendations was to "enhance the recruitment, education, training and support of all the key contributors to the provision of healthcare". As a result of the Francis Report, the Chief Nurses of the Shelford group, which consists of 10 of the largest teaching and research NHS hospital trusts in England, decided that a recruitment system for ward sisters, based purely on the individual's competences and their alignment with the organisations values, was no longer serving them well (*Fenton 2014*). They knew what qualifications and experience were required but were unable to articulate the specific strengths, qualities, and attributes that their best

ward sisters displayed, against which they could recruit the right people to the right roles every time. So, Professor Katherine Fenton, the Chief Nurse at UCL, and her team commissioned ward sister profiling which consisted of over 60 hours of observations, and over 30 hours of interviews, with the best ward sisters over the 10 NHS Trusts. This research identified 13 common strengths and revealed that when recruiting ward sisters that would be effective, the suitable candidate would need to demonstrate all thirteen of these strengths, as only having 10 of the 13 was found not to be enough (*Bibb 2016*).

As Professor Fenton explained, although they intuitively knew who their best ward sisters were, and what qualifications and competencies they had, they could not articulate their strengths, qualities, and attributes to be sure they were then recruiting the best people for the roles. She said "if we could identify what it is that all great ward sisters love doing and do naturally, there is enormous potential to take stress out and put excellence in. That is inevitably going to impact patient care for the better.....has the potential to transform the NHS!" (*Bibb 2016*).

In dentistry, this approach would call for further research into the essential strengths for different roles whether that be a general dental practitioner or an oral surgeon as well as investment in training in strengths-based recruitment techniques. This initial investment is likely to be completely offset by the benefits of a workforce that is both more engaged and motivated, as well as enjoying higher performance and improved well-being (*Hazer and Ruch 2014; Linley et al. 2010*). Once identified, these particular strengths required to be a successful and happy practitioner in a particular area of dentistry could be listed and after individuals have identified their own strengths (see *VIA institute as an example*) they could match their profile to a particular role. Wouldn't this be a great thing to be able to do?

References

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VIA Institute on Character. *Bring Your Strengths to Life and Live More Fully. <https://www.viacharacter.org/>*



Julie Burke
BAOS Immediate Past
President

Breaking The Silence!

Although having been published in September 2023, *Breaking the Silence – Addressing Sexual Misconduct in Healthcare* (1), is a worthy focus of the *Spotlight* feature in this newsletter.

The Joint Royal Surgical Colleges commented on this report, produced by the Working Party for Sexual Misconduct in Surgery (WPSMS), with a united response that such behaviours have no place in surgery.

Recent research has demonstrated that the majority of participants (89.5% of women, 81% of men) said they have witnessed some form of sexual misconduct by colleagues (2) – starkly highlighting this is an issue that a majority of colleagues are aware of. The damaging personal costs of sexual misconduct are far-reaching and it is evidence based that patients who are cared for by dysfunctional teams have poorer outcomes (3).

This report makes for challenging and eye-watering reading, but its importance is strengthened through the recognition that cultural behavioural change, although difficult, is possible. Education at every level is important and while I hope that Oral Surgery feels like an inclusive and compassionate specialty for all of my colleagues, we must all acknowledge the upsetting possibility that it may not feel this way for everyone. The responsibility must fall on us all to be supportive colleagues, challenge inappropriate behaviour and strive to make our workplaces, and culture, better.

The trainee meeting at the BAOS conference in March of this year provided a space to consider this important topic. The invited speaker was Mr Simon Fleming, an orthopaedic hand and wrist surgeon who has an international reputation for his ground-breaking work and advocacy to drive up standards in medical education and drive out bullying, discrimination, and harassment in healthcare. While Simon was unable to join us in person, he kindly delivered the session virtually, as he is currently completing a fellowship in Australia. While our internet connection may have been intermittent, it was fantastic to see my trainee colleagues ask considered and brave questions in such a forum, hopefully demonstrating this felt like a safe space and the topic provided food for thought.



Alice Cameron
BAOS Council Trainee Rep

Professional indemnity and insurance, Do you have the right cover?

Do you know what your cover is and what kind of cover you have?

A lot of us sign up for professional indemnity without really understanding the differences between the various covers available and what we need to be looking for?

Professional cover can be;

1. Personal Cover
2. Employer-based scheme
3. NHS or "Crown" indemnity

I will only be discussing Personal Cover in this article but more information about the other two can be found on the below link

https://www.gdc-uk.org/docs/default-source/consultations-and-responses/guidance-on-professional-indemnity-and-insurance.pdf?sfvrsn=906330a6_7

There are two main types of personal cover on the market:

1. Indemnity. This is usually provided by Medical and Dental Defence Organisations. These are membership organisation offering discretionary cover. Discretionary cover means that they reserve the right to decline any claim or provide cover without giving a reason. They are not backed by insurance companies and as such not regulated by the Financial Conduct Authority (FCA). Indemnifiers typically offer cover on an occurrence basis, based on your membership status with them at the time when the event occurred. This means that if you were a member at the time of the adverse incident, you can apply for assistance at any time, even if you are no longer a member.

2. Insurance cover. These companies are contractually obligated to provide you with cover once a contract has been signed. It is a contract of insurance and as such these companies are regulated by the FCA. There are two subtypes.

a) Claims Made Policies – That means that the policy is triggered when the claim is made irrespective of when it happened. This means that if, at that point in time when the claim was made, you have retired or taken a career break, you will not be covered and you will need to buy Run-off cover to make sure that you still have indemnity in place to cover such occurrences.

b) Claims Occurrence Policies – This type of policy is triggered when the claim occurred in real-time. That means that if you held an active

insurance policy with that provider at that time, then you are still covered even if you have retired or taken a career break. There is no need to buy Run-off cover.

As always with either of the above personal covers, you need to make sure that your policy covers all tasks that you do, and area of practice that you work in including the locations where you work and the hours you work. You need to comply with the terms and conditions of the policies you hold, including any claims management processes to avoid issues with your cover. Always check that your financial cover level is adequate.

For those of you working in NHS Hospitals across the UK, you might need to hold personal cover on top of your NHS or 'Crown' indemnity. Your NHS indemnity will cover you for work carried out at those hospitals. It does not cover you for private practice work or NHS dental care work carried out in primary care dental practice. It also does not cover you in the event of a fitness to practice investigation.



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