

Annexe D

Unit of measurement	Advantages	Disadvantages
Consultant led	<ul style="list-style-type: none"> • Has day-to-day contact with patients and so will have first-hand experience of patient issues; • High degree of specialist clinical knowledge and good knowledge of the locality and the service itself; • Trained in leadership; • Has responsibility for the service; • Facilitates robust Clinical Governance arrangements; • Facilitates collaboration with other consultants or agencies. 	<ul style="list-style-type: none"> • Other staff may feel uncomfortable challenging a consultant; • Arguably a poor use of available time and money on non-clinical activity.
Specialist led	<ul style="list-style-type: none"> • Can challenge from a different perspective; • High degree of specialist clinical knowledge and good knowledge of the locality and the service itself; • Easier to collaborate with consultants; • Facilitates robust Clinical Governance arrangements; • Cheaper than a consultant-led model. 	<ul style="list-style-type: none"> • May find it difficult to lead/manage consultants; • Arguably a poor use of available time and money on non-clinical activity; • Specialists tend to have purely clinically-focused training (i.e. not leadership) and would therefore need additional training and development.
Non-dentist led	<ul style="list-style-type: none"> • Time not taken from clinic; • Good knowledge of NHS procedures; • Time to dedicate; • Means increase in clinical time as clinicians have more capacity; • Cheaper; • Less risk of bias towards either specialty. 	<ul style="list-style-type: none"> • May find it difficult to lead/manage consultants; • Lack of clinical knowledge and/or experience; • Lack of gravitas when dealing with clinicians or GDPs; • If there is a high turnover of non-clinical staff there may be increased disruption to the service); • Management but needs clinical leadership; • Lack of governance.
Clinical director led	<ul style="list-style-type: none"> • Management time is already built into job plan; • Less concentrated on specific clinical issues; • High degree of specialist clinical knowledge and good knowledge of the locality and the service itself. 	<ul style="list-style-type: none"> • May be hindered by perception that he/she isn't a specialist or consultant; • Other staff may feel uncomfortable challenging a Clinical Director; • May find it difficult to lead/manage consultants; • Arguably a poor use of available time and money on non-clinical activity; • Financial cost (although it may be possible to share over more than one locality).

