DENTAL POSTGRADUATE DEPARTMENT

PRACTICE MANAGEMENT PROGRAMME

Programme Summary:
A Dental Postgraduate Department programme offering a comprehensive course to enable existing and aspiring practice managers to effectively fulfil the role required with the skills and resources necessary to maximise performance.

Educational Aims:
- The course aims to give current and aspiring Practice Managers the opportunity to develop skills to be effective and successful within their dental practices. The course concentrates on the practical elements of practice management in providing tools and resources to improve and develop all aspects of practice management.

Learning Outcomes:
At the end of this programme the participant will:
- understand the importance of teamwork
- assist team members in gaining knowledge and confidence to achieve effective outcomes
- understand recruitment procedures and develop induction programmes
- be competent in communicating with patients and develop good interpersonal relationships within the dental team
- recognise the importance of appraising staff and the purpose of personal development planning
- deal with complaints and conflict
- understand and apply clinical governance frameworks within the practice environment
- understand the roles and responsibilities of team members and encourage practice team development
- develop guidelines and procedures within their dental practices
- Understand the basic principles of finance and managing budgets within dental practices.

Course cost: approximately £700
Venue: Prince Charles Hospital, Merthyr Tydfil.

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Course: Practice Management, PCH
To reserve a place on the above course please (print) fill in this slip and return. Payment will be requested nearer the start date.

Full Name: (please print)……………………………………………………GDC No(if applicable)……………………

Contact Address: ……………………………………………………………………………………………………………………………………………………………

Post Code: ………………………Tel: ………………………………………….Fax:…………………

E-mail: (please supply)……………………………………………………………………………………………………………………………………………………

Signature: ………………………………………….Date:………………………………………

Please return this form to:
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