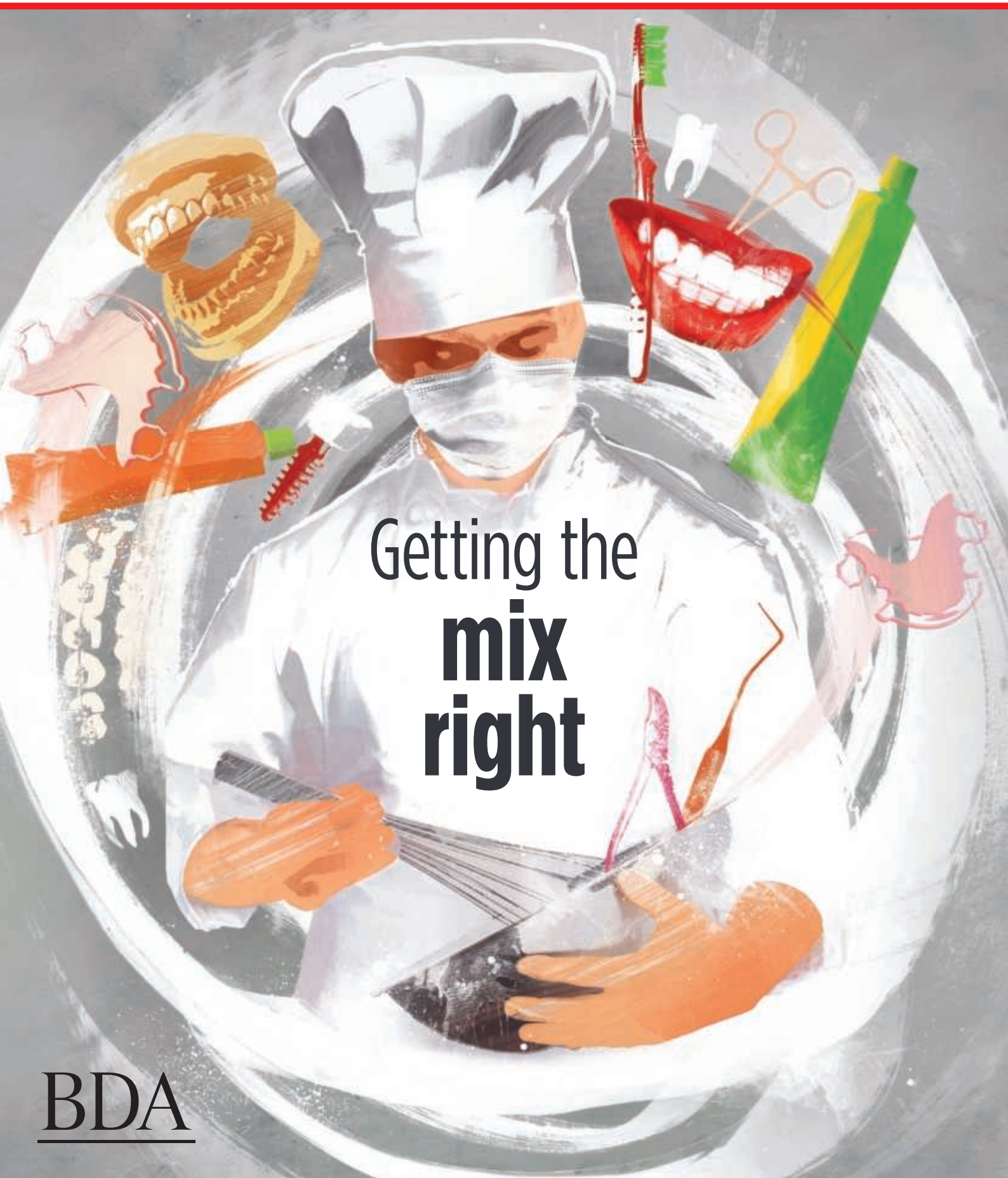
BDJ InPractice
August 2016



# Getting the mix right

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## AUGUST 2016



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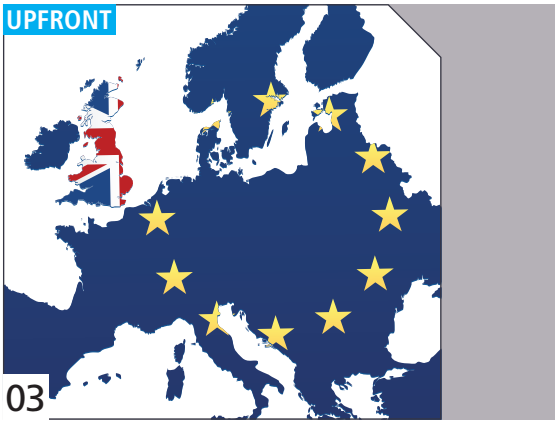


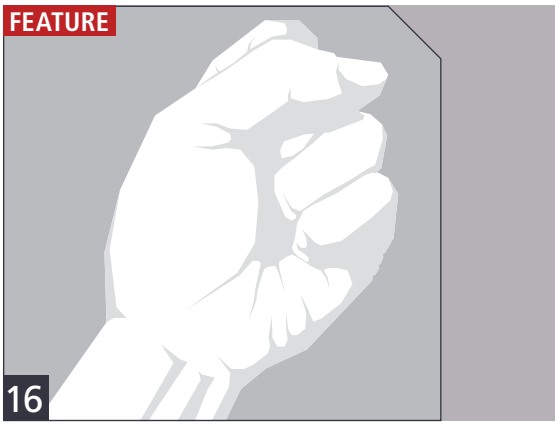



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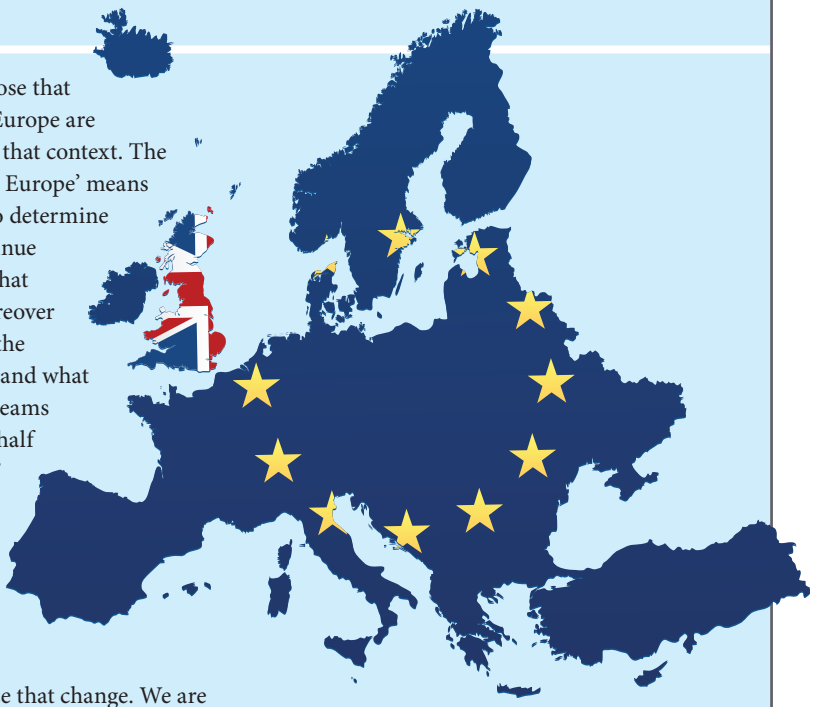
COLUMN

# Brexit/Drexit?

Peter Ward,
BDA Chief Executive

on what that vote means for members…



So. After all the debate and the pros and cons, the UK is now on a course to leave the European Union. I say UK, but it is the case that the component countries of the UK are far from united on this decision. We will have to watch with interest whether the individual countries assert their preferences in ways that challenge the very essence of a United Kingdom.

Our (perhaps rather parochial) question is what will this mean for dentistry, the profession and the Association? The immediate answer is that on all fronts it is business as usual while everyone gets their heads around the changes and their significance. But like all businesses and communities, the issue of Brexit and its impact is firmly on the agenda.

From the BDA's perspective we are currently examining things on two levels. Firstly, what do we need to do with regard to lobbying for members? Our research and policy determinations to date have been conditioned by an expectation of an enduring Europe. So our consideration both of the laws that are formed within the UK and those that cascade from Europe are framed within that context. The prospect of 'no Europe' means that we need to determine what will continue to apply and what won't; and moreover what we want the situation to be and what we don't. The teams working on behalf of UK dentists' interests are assessing where change might come and how we might influence that change. We are also examining what might happen if, in the course of an overburdened civil service, dentistry slips down the list of priorities and we therefore fail to secure changes that we have been working towards.

Our current upstream activity and influence is far-reaching and wide. As we prepare to leave the Union, we will need to see how we can best retain some influence in regulations and rules that are still likely to affect us all.

We also need to consider the impacts that might be more directly felt. If the short term is a financial consumer boom, high street dentistry may share the benefits of that as patients elect for more ambitious treatments options. Conversely, if financial uncertainty causes a cautious public to constrain its spending, then dentistry like all other perceived optional activity may find itself in a period of financial challenge.

The one thing that remains true? If we ever need a unified profession it is now. This is not a time to confront the world as an isolated practitioner. Together we are stronger. ◆



# Check your inbox to win an iPad Pro

The British Dental Association has kicked off the largest membership engagement programme in its history renewing its commitment to put its members at the heart of its work.

With dentists across the UK facing huge challenges, a new government, overregulation and economic uncertainty, every BDA member has been emailed a unique URL, seeking detailed feedback on their personal priorities and support requirements.

The BDA will be using the responses to shape and enhance the support it provides to all dentists, across the nations and different fields of practice.

'The BDA is the trade union and professional association for dentists, and it's our job to fight their corner and to provide the support they need', said Chair Mick Armstrong. 'We want to know where our members stand on the big issues. We want their views on how we're doing, and where we can do more.

'Our members are at the heart of everything we do. And I hope each and every one of them take this opportunity to have their say.'

All members have been invited to outline the challenges they are facing, on everything from regulatory burdens to the potential impact of Brexit. Members who complete the survey have a chance to win the latest model IPad Pro.

'So check your inbox and take part' Mick added. 'This is your chance to shape the future of your association.' ◆

# Market in 'rude health'

The results of the latest NASDAL (The National Association of Specialist Dental Accountants and Lawyers) goodwill survey are in and they show the practice sales market remaining in rude health and a continuing upswing in practice valuations.

The average goodwill valuation for practices saw another leap to 124% of goodwill. This is up almost 13% compared with the autumn of 2015 and 12% up on the summer of 2014. NHS practices are attracting an average valuation of 142% of goodwill with mixed practices perceived as even more valuable at 155% of goodwill.

In terms of practice sales, the overall trend is still up with average sales 11% higher when compared with the summer of 2014.

Alan Suggett, specialist dental accountant and partner in UNW LLP, explained, 'The market is still very buoyant and there is huge demand for NHS practices. With 2018 being the earliest a new contract can begin and a more likely date of 2020 and beyond, many purchasers are happy to take the calculated risk. Whether Brexit will have an effect on the market will be seen in due course but the banks are certainly letting it be known that they currently see it as 'business as usual.'

The goodwill figures are collated from accountant and lawyer members of NASDAL on a quarterly basis in order to give a useful guide to the practice sales market. These figures relate to the quarter ending 30 April 2016. NASDAL reminds all that as with any averages, these statistics should be treated as a guideline only. ◆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NEWS FROM THE BDA

# Junior contract rejected in referendum

The British Dental Association has announced that 63% of its voting members have opted to reject the deal on the Junior Contract.

58% of the British Medical Association (BMA) members who took part in the referendum also moved to reject the terms that were agreed at Acas in May with the Secretary of State for Health.

Both organisations are now reviewing their next steps in light of the ballot.

Peter Dyer, Chair of the BDA's Central Committee for Hospital Dental Services, said: 'An overwhelming majority of juniors have sent a clear signal on the contract.

'Our determination remains to achieve a contract that works for patients and practitioners. We will be conferring with our colleagues at the BMA on our next steps.' ◆

©sturti/Getty Images

# BDA statement on government reshuffle

The British Dental Association has responded to news that Jeremy Hunt is set to remain as Secretary of State for Health.

It has been widely anticipated that changes in the Department of Health and across government could slow progress on needed reform. The dentists' group has now indicated it will be urgently seeking clarity on the timetable for delivery on a range of existing government pledges, including reform of GDS contract, reform of healthcare regulation, the sugar levy, and a pilot programme delivering prevention in areas of high need in England.

BDA Chair Mick Armstrong said: 'Continuity at the Department of Health means there's no excuse for unfinished business on oral health.

'A preventable disease remains the leading cause of hospital admissions among children. We've heard the right noises, but expect concrete action on the NHS contract, on regulation and on prevention. We will be contacting each member of the Health team to secure a commitment and a timetable on each of these measures.

'We have seen the consequences when oral health is left off the health agenda. Ministers have a duty to provide clarity on existing policies, and an opportunity to set out a joined-up strategy that can bring lasting benefit to all our patients.' ◆

# Dental professionals reminded of social media pitfalls

Following the launch of revised ethical guidance on the use of social media by the GDC, the Dental Defence Union is reminding dental professionals about some of the pitfalls of using social media sites and professional networking forums.

Susan N'Jie, DDU dento-legal adviser, said: 'The massive expansion in the use of social media sites in recent years presents great opportunities for dental professional in terms of networking, education and keeping in touch with friends. With more than 70% of adult internet users having a social media profile, according to Ofcom research, revised guidance from the GDC on the use of social media will be of interest to many dental professionals.

'The guidance provides an ethical framework to help dental professionals navigate the use of online sites and networking forums, while maintaining patient confidentiality, the professional/patient boundary, and their reputation.

'At the DDU, we are regularly asked for advice by our dental members about social media. A patient may have approached a dental professional via a social networking site, or a flippant comment made on social media may have been widely shared, leading to an accusation of inappropriate behaviour. Other dangers can arise in forums and chat rooms where discussions about particular cases could fall foul of confidentiality rules.

'Dental professionals can avoid potential problems by employing some sensible safeguards, behaving responsibly and being aware of the GDC's guidance. The DDU has also produced advice on the golden rules of social media for dental members.'

**Key advice from the GDC's social media guidance includes that dental professionals:**

- Have a duty to behave professionally both online and offline - the standards do not change because you are communicating through social media
- Must not publish information which could identify patients on social media without their explicit consent
- Must maintain appropriate boundaries with patients such as by 'thinking very carefully before accepting friend requests from patients'
- Must not instigate or take part in any form of cyber bullying, intimidation or use of offensive language, including by sharing content posted by someone else
- Should 'presume that what you post online will be there permanently, even if you delete it afterwards.'
- Should not post any information, including personal views, photographs or videos which could damage public confidence in dental professionals
- Must comply with their employer's social media policy.

# A good deed

While it has long been recognised that the enactment of a good deed can correlate with happiness and self-worth, research now suggests that people who give money to charity actually exhibit heightened brain activity.

Noted particularly in the ventral striatum and tegmental parts of our brain, these areas are closely linked to positive feelings, our physiological reward system and the processing of emotional output from the amygdala.[1] What this means is that the act of donation triggers a chemical reaction in our brains that produces a sense of reward and positive emotion. Not only this, but it is well documented that those who regularly give feel healthier both physically and mentally.[2]

If giving blindly encourages positivity, imagine how good it would feel knowing that you have helped a fellow colleague, peer or even quite possibly, someone you know. Because the BDA Benevolent Fund has been providing this type of vital support since its establishment in 1882, the team are more than aware of the gratitude felt by all of its beneficiaries.

When speaking about the Fund, one recipient said: 'I treasure every action and gesture from people who have helped me and the children cope with cruelty and hardship. Your help means a great deal to me. I will never forget it.'

For others, the work of the charity and their appreciation for dentists who donate is seen as more than a helping hand, it has saved their lives.

'To be perfectly honest, before I met the general manager, I was seriously considering suicide. I had a very low opinion of the human race, but your response to me has made me reconsider that there are still some decent human beings after all.'

But most of all, the financial support the BDA Benevolent Fund provides is the answer when all other channels have failed. 'Please accept my heartfelt thanks for giving me an emergency grant. I'm truly not sure how I would have managed otherwise.'

As proven by the kind words of the recipients of the Fund, donating is about one thing – improving the lives of those in need. As it relies on your generosity, the BDA Benevolent Fund asks for your help to make sure that your colleagues are not left alone in times of personal crisis.

Please make a donation today and change a life – who knows, you may even feel good in the process.

Thank you.

1. Moll J et al. Human fronto-mesolimbic networks guide decisions about charitable donation. *Proceedings of the National Academy of Sciences* 2006; **103:** 15623-15628.
2. Mental Health Foundation; Altruism page. Available online at: http://www.mentalhealth.org.uk/help-information/mental-health-a-z/A/altruism/ (Accessed July 2016).

The BDA Benevolent Fund relies on your help to continue its work, so please contact us on 020 7486 4994 or administrator@dentistshelp.org, or to donate online www.bdabenevolentfund.org.uk.

And if you are in need of help yourself, please contact us now. All enquiries are considered in confidence.

# ‘Named Person’ legislation postponed by Supreme Court

The Supreme Court has ruled against the Scottish Government’s plans under the Children and Young People (Scotland) Act to introduce a scheme whereby every child in Scotland would be assigned an independent Named Person. The legislation, scheduled to be introduced on 31 August, would have seen dentists sharing information with the designated Named Person if there was a matter concerning the child’s well-being.

In passing the ruling, judges have ruled that the information-sharing provisions do not respect private and family life as set out by the Human Rights Act. There are also inconsistences in how the scheme would work in tandem with the Data Protection Act. The judges said the Act creates too low a threshold for disclosure of sensitive information which in many cases should require the consent of the child, or their parents, to the sharing of the information.

Alan Pitcaithley, BDA Practice Management Consultant in Scotland has said: ‘The guidance that accompanies the Act has also been found to be lacking in clarity, which is very unhelpful for members across Scotland.

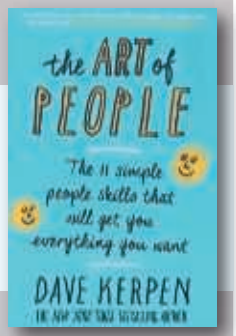
‘Some dentists have however already experienced requests from local authorities adopting the Named Person Scheme in preparation for the end of August. They have jumped the gun and members are unsure whether to comply with the request or not.

‘Our advice is to consider whether the request is necessary to prevent or address a risk harm to a child. You should also find out if they have the child’s or their parent’s consent and the reason why if they do not. Discussing child welfare matters with a third party must be in line with data protection laws and the GDC’s confidentiality principles, so be absolutely sure you wish to divulge the information.’

The Supreme Court has given the Scottish Government 42 days to amend the legislation. ◆

BOOK REVIEW

## Be a people person



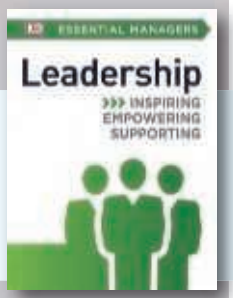

**The art of people – the 11 simple people skills that will get you everything you want**
Dave Kerpen
Portfolio Penguin, 2016
ISBN: 978-0-241-25077-8
£14.99

This snappy 250 page paperback could have accurately been called ‘How to win friends and influence people to further your career’ because essentially this is what it’s about. Dave Kerpen describes himself on LinkedIn as an ‘entrepreneur, author, and speaker’ and he’s certainly nailed quite a few truths concerning the art of successful interaction. The key word here is successful because anyone can interact with anyone else but the art is to finesse this in order to get what you want. If this sounds despotic it isn’t. In one of the eleven sections Kerpen discusses conflict resolution and describes an incident at school where he was attacked by another pupil with Mace (the author is American) and how the head teacher amicably resolved the situation by reassuring both parties that she was there to help rather than punish.

This winning attitude is echoed in another section entitled ‘Connecting with people’ and kicks off with the premise that the most important question you’ll ever ask is ‘how can I help you?’ But in addition to pragmatic altruism, there are also other ways to gain attention. Kerpen cites the example of wearing orange sneakers at a conference, directly resulting in him securing a conversation with a top business entrepreneur he had tried and so far failed to meet. Clothing accessories can therefore act as a catalyst even in the world of business. Ultimately this clever book offers a plethora of examples showing how to get the best out of people without really trying too hard. ◆

BOOK REVIEW

## Rise above




**Leadership**
Christina Osborne
Dorling Kindersley, 2015
ISBN: 978-1-4654-3542-2
£6.34

‘Leaders are made rather than born’. Thus reads the opening gambit in this latest edition of one of Dorling Kindersley’s long-established Essential Managers series. Leadership substantially differs from management in that a leader makes decisions and communicates bold messages whereas a manager implements strategies, measures performance and runs systems. However, sound management does require some leadership and great leaders should know what it takes to be good managers.

In discussing psychologist Daniel Goleman’s concept of Emotional Intelligence (EQ), the book also takes a fascinating look at Goleman’s identification of six leadership styles (coercive, authoritative, affiliative, democratic, pacesetting and coaching). Most people are authoritative but many utilise more than one of these styles of leadership.

One of the four chapters in this handy ninety-six page paperback deals with embarking on a leadership role. This section covers topics such as preparing to lead and building relationships with the team (exchanging stories is a good method for doing this). It also offers a review process of the nascent leader’s standard competencies, which in addition to those described above, would include qualities such as coaching, continuous innovation and problem-solving.

This quick-read book benefits from a useful subject index and a highly illustrated layout and can be easily digested in the space of a lunch hour, undoubtedly reaping lasting rewards. ◆

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# Getting the mix right

By David Westgarth,
Editor, *BDJ In Practice*

In the James Bond film *Die Another Day*, M is talking to Miranda Frost, an Mi5 employee who turns out to be a double agent. Alas, she is concerned about Bond's ability, as she is an old-fashioned operative. M, however, is progressive and forward-thinking, and allows Bond to accompany her to Iceland where he can 'mix things up a little'.

There is a comparison with dentistry to be drawn here. When Direct Access was introduced three years ago, murmurs of discontent were heard. Many members of the profession – and indeed BDA members – had a system that worked for them, and any change to that system would have a negative impact. However, forward-thinking organisations had already made their mind up and were ready to mix things up a bit, and embrace skill mix to its fullest.

Replacing one healthcare worker for another as a result of their skills or widening of professional duties can have outstanding results. The potential to deliver high-quality healthcare is immeasurable, but dentistry has been slow to adapt to these changes. Given the pressure many GDPs are under, it's not unreasonable to think dentists know what their standards are having run the practice and overseen all the activity for so long. Ultimately dentists are responsible for their treatment. The discussion around stress and pressure concerning UDAs is well-documented.

And this is where we are under the current dental contract. Image what it could be like under the new contract. Unfortunately, rather like a cat chasing its own tail, however close we think we are to getting it, it's always the same distance away. Promises of introduction in 2017 and 2019 have come and gone. Even 2021 looks an outside bet.

## Where we stand

In April the Department of Health (DH) confirmed that there were 82 prototype practices, including three community sites. All prototype practices have now gone live. The list of prototype practices has been

published and a map showing the locations of those outside London is included below.

The general practice prototypes will be testing two remuneration blend models for a reformed NHS contract in England both a mixture of capitation, quality and UDA payments. Half of the practices are testing Blend A and half Blend B. Both blends have 10 per cent of contract value for the achievement of the quality requirements but:

- Blend A has Band 1 care covered by capitation and Bands 2 and 3 by UDAs
- Blend B has Bands 1 and 2 covered by capitation and Band 3 by UDAs.

Given the continuing universal dislike of UDAs evidenced by our survey of England and Wales GDPs this year, the BDA prefers Blend B to Blend A. The prototypes will continue for two years and there will be no roll-out until at least 2018/19.

The BDA will continue to monitor the prototypes closely and is continuing to press the Department of Health for the remuneration system to be focussed on weighted capitation and for there to be a long period of transitional protection for practices.

## What's the future?

So where does this leave the workforce? The multi-skilled, Swiss Army dentist, adept in a number of areas? How can they be successfully integrated into practice? Dr Onkar Dhanoya, Principal Dentist at Osborne Dental Group and Professor Philip Cannell, Subject Lead Oral Health Science at the University of Essex, tell us how.

'Skill mix has been used in the USA for many years but is a new concept in the UK', Onkar said. 'The GDC scope of practice for


Fig. 1 Map

DCPs in the past limited the services that could be provided by each team member. The undergraduate teaching in the past did not teach students to provide care for patients as part of a team. This has changed in recent years with undergraduates providing shared care with therapy students.

'Skill mix is a great concept where each team member is skilled to the correct level to provide the best care for the patient. The therapists who provide routine care including simple restorations can provide this treatment to a high standard leaving the dentists to provide the more complex treatments. As the dentist will be providing more complex treatment all the time his/her skill level will also increase in providing that level of treatment. The end result is that the patient receives the best care provided by the team member that is best equipped to provide it.'

## Slow on the uptake

Speaking to Dr Dhanoya, he believes practices have been slow to adopt skill mix due to two reasons.

'Firstly you have to look at the mind-set of the dentist and the way dentistry has been delivered in primary care in the past. Dentists have always delivered all the treatment and were not used to referring patients or providing shared care. Ways of working have become ingrained, which certainly isn't a bad thing if that ensures regular high standards.

'The second reason is the introduction of the new contract in 2006. It was a huge barrier to providing primary care dentistry by using skill mix. The UDA system, which is in my opinion, is the worst system devised for dentistry in my time as a GDP, does not allow skill mix. A dentist with a performer number is the only team member who can carry out an examination.

> 'Skill mix is a great concept where each team member is skilled to the correct level to provide the best care for the patient'

If the patient requires radiographs and dental hygiene only then that is band 1 treatment and the practice will get 1 UDA for that treatment. If skill mix is used and therapists or hygienists provide part of the care the UDA has to be split to pay each team member which is not possible. The same applies to band 2 and 3 treatments. For example, if a patient attends for band 2 treatment where the dentist carries out the exam, the therapist provides four restorations and the patient needs RCT which can only be provided by the dentist the 3 UDAs will need to be split between the dentist and the therapist. In my opinion skill mix cannot work in the UDA system.'

## Findings

Last year the GDPC highlighted that pilot sites have reported both positive and negative impact on their practices' skill mix. In some pilot sites associates have been identified as having uncertain futures. The model allows for an associate to be replaced with a DCP and naturally there are concerns about dentists becoming de-skilled. It was thought that as the majority of the treatment provided in primary care NHS dentistry can be provided by therapists, it is cheaper to have this treatment carried out by a therapist rather than a dentist. Naturally this would result in many practices replacing their associates with therapists.

Onkar added: 'The pilots as originally planned did allow for skill mix and the overall care of the patient did improve. This was evident in the improved outcome of the oral health of our patients in the pilot practice. Long standing patients commented on how beneficial the oral hygiene instruction provided by the extended duty nurse had been and were happy to see the therapist for their periodontal and restorative treatment. This allowed the dentist to concentrate on the more complex treatment for their patients. This was only possible as the original pilots were totally capitation based and did not have UDA targets.

'The new prototypes have reintroduced the UDAs and as a result all the problems that were associated with the UDA system. We aren't getting anywhere.'

Phil added: 'The challenges this will provide are how to maintain a preventative approach as the activity requirement is introduced. There may be less incentive for referrals within a team, potentially reducing the use of skill mix as dentists may concentrate on achieving their own required activity levels. In addition DCPs don't have performer status so don't currently have the autonomy within practice to solely undertake and complete activity based aspects of the prototype contract.'

> 'Long standing patients commented on how beneficial the oral hygiene instruction provided by the extended duty nurse had been'

So, would a set of multi-skilled, multi-disciplined staff not be a more prudent approach to skill mix? Phil believes it would.

'Undoubtedly so, yes. This is worth considering from several viewpoints though. Again the sequential Adult Dental Health

Surveys appear to indicate that what we need in terms of skills and competencies to service our adult population going forward are for the majority what might be termed 'moderate level interventions' which means ongoing prevention of caries and periodontitis, treatment and maintenance of those with moderate periodontal disease, and restorations for those where caries progresses. These are skills that can be delivered by different members within the dental skill mix such as extended duties dental nurses, dental hygienists and hygienist-therapists. There will naturally continue to be a need for more complex treatments to be undertaken and the range and scope of these may well develop with the increasing proportion of older adults in the population and their requirements for maintaining oral health become more apparent. This will very likely involve development of complex behavioural management competency capabilities within the skill mix of dental teams too.

'The evidence from child dental health surveys indicates a decline in caries but the statistics that the largest reason for GAs in children 9 years and above is due to dental caries is a real concern and there is much that needs to be done to prevent this. Within the traditional dental team the role of prevention and behavioural management is therefore paramount and again the role of DCPs to undertake these tasks would be advantageous. The skill mix also needs to evolve beyond the traditional dental practice setting though to engage with the most vulnerable children and their carers with respect to prevention as early as possible and in other non-traditional dental arenas.'

## Making it work

For skill mix to work there needs to be good organisation. Dentists need to be good, strong, intelligent leaders and motivators to provide guidance and support for the other team members. The whole team needs to have good communication skills, particularly important given the range of people involved in making skill mix work. Accountability should lie with the dentist who will be responsible for the care of the patient. With the changing nature of patient needs, DCP responsibilities and the way in which the new contract will eventually be modelled, will skill mix be the norm instead of the exception?

'That very much depends on what the contract eventually looks like', Phil explained. 'Certainly the changing demographic of the population and the health survey data alluded to earlier would appear favourable to a skill mix approach. In Holland they currently train the same number of dental therapists as dentists per year and the demographics of their population and patterns of dental disease are similar to those in the UK. In the UK over two thousand dentists join the dentists register each year compared to approximately 300 hygienist-therapists. Whether Brexit has a bearing on the number of overseas dentists joining the register remains to be seen, but there is a vast gulf between the numbers of dentists and hygienist-therapists available to the workforce, which even if there is a will to address this will take time to work through.'

Some voices have countered that skill mix could see the dentist – the bastion of dental health and the custodian of standards – de-skilled. I asked Phil how practices can effectively safeguard against dentists becoming de-skilled.

> 'Dentists need to be good, strong, intelligent leaders and motivators to provide guidance and support for the other team members'

'Taking a step back from a dentist becoming de-skilled, it's important to consider that a recent graduate dentist coming out of dental school and then through foundation training is considered a safe beginner, lack of exposure to an environment post qualification where a broad range of skills can be further practised will not allow them to acquire a wide range of competencies in these formative years of their development.

'I think it's also really important that we don't just consider clinical competencies when we discuss deskilling but also those very important competencies which complement clinical behaviours such as communication, behavioural management and so on.

'A dentist who has satisfactorily progressed through foundation training will have experience of evaluation and assessment of their skills, but without some form of prompting or external review as motivation to periodically review one's skillset it is less likely to happen across the entire dental workforce.

'The tools out there at the moment that are often quoted as being useful in maintaining competencies are Personal Development Plans (or Planning), Appraisal, Performance Review, some form of Self-Evaluation such as by using questionnaires (used extensively within foundation training), Clinical Audit, or even some kind of External Review.

'The GDC launched a consultation regarding revalidation requirements for dentists in 2010. Though it is still to finalise the likely system it wishes to use, but it is interesting to consider how the GMC process for revalidation of doctors in the UK works, which requires them to have yearly appraisal with a trained external appraiser reviewing several domains which include; Knowledge Skills and Performance, and Communication Partnership and Teamwork.

'We also need to think clearly about what competencies we need our graduating dentists and those who are already in practice to maintain. This may on first sight appear a bit odd, but even when I consider my own clinical practice, I have just completed my first set of full dentures in the last 24 months, when I qualified 25 years ago I made several sets every month. The Adult Dental Health Survey bears this out with an ever reducing proportion of edentulous people within the population. With respect to this example dental schools are finding it increasingly difficult to find sufficient cases for their students to practise and develop competency in this clinical area.'

The data from sequential Adult Dental Health Surveys appear to suggest that with an ever-ageing population much complex work that falls within the scope of a dentist is likely to be required such as the repair and retreatment of previous complex restorative work and treatment of advancing periodontal disease. These are therefore likely to be growth areas where development and maintenance of GDP skills will be increasingly important. If the performer status issue were to be addressed there is every chance it will prompt a change to the Dentists Act, according to Phil. Would the appetite for this would be strengthened if tangible obvious benefits to this change were apparent, such as benefits to oral and general health of the nation's population, and financial incentive/benefit? The answer, of course, depends on whether you're M or Miranda Frost. ◆

# Checklist for new associates

When looking for an associate position you have to judge the practice, its owner and what they are offering to you. Whether you are a new associate or have been qualified for a while, an important thing to get right is who you work with and the facilities they provide.

Too many associates join a practice before doing their research, and as such discover they joined the wrong practice. It is perhaps the one occasion where the job interview process is reversed. The natural way of the associate being the applicant and selling themselves to the practice can often be – and perhaps should be – flipped on its head with associates. The practice may be in the situation of selling itself to them.

Whatever the situation, the facts remain the same. You should do some ground work, ask questions and do some checking up. It can help to prevent possible upset in the future. You're the purchaser, a self-employed dentist hiring the facilities from the practice owner, so the age old maxim of buyer beware most certainly applies. Make sure you look into the following 10 points before signing on the dotted line.

## 1. Location, location, location

Commuting can be draining for many people from all walks of life. The best practice might be across town or across the road. If you are considering doing a couple of days here and there in a number of different locations, then be prepared to travel, and perhaps more importantly, know your schedule. It's not unusual for associates to have two days here, three days there, but be reasonable with travel expectations. Working mornings in one location and trying to get across a large city to another place in the afternoon adds undue pressure.

## 2. Talk to other associates

Talk to previous associates. You will gain valuable information from anyone who has worked in the practice previously. It may seem obvious, but associates who have moved on will have a better perspective on whether the grass is greener on the other side than those still working there.

## 3. Sound finances

Walking blindly into a position is the most likely way to get the wrong place and regret it. One common example that springs to mind is failing to ask the practice owner about their financial situation. Delayed, debated and missed payments from the practice are becoming increasingly common. A practice owner is never going to admit to being careless with making payments but you have to make a judgement by asking them about the financial arrangements – the date and method of payment or the way laboratory bills are handled, for instance. Practice owners may not reveal their turnover or costs but you can ask about level of NHS and private work.

> 'A practice owner is never going to admit to being careless with making payments but you have to make a judgement by asking them about the financial arrangements'

## 4. Find out what you're getting

Associates, being self-employed, are actually paying through their fee apportionment for the use of practice facilities, so find out what you are getting. The fee apportionment should cover (at the very least) your staffing needs, equipment, surgery space and basic

materials. Ask about or ask to see all of these in turn. Look at the equipment, cabinetry, stocks and materials. Discuss staffing arrangements. When considering the practice team find out if you will be working with a dedicated nurse, what their experience is and the arrangements for holiday cover.

## 5. Are the facilities in good condition?

The equipment you use is a fundamental part of your daily life as a dentist. Therefore it is imperative that you check what you have is in good working order. Ask to see maintenance logs, find out how old the equipment is, is it due to be replaced anytime soon? What arrangements are made if repairs are needed? You do not want too much downtime if something breaks down. Problems that associates have contacted the BDA about include failure to get equipment working within a reasonable time frame.

## 6. A friendly team

You need to know that you will be amongst a supportive team, who will assist you in providing patient care in a professional and friendly way. Make sure you meet the other team members, especially the nurse that you are likely to be working with, reception staff and, if they have one, the practice manager. Of course, when you visit the practice for interview everyone will be on best behaviour but look at interactions between team members. Find out how long they have been at the practice – a set of dedicated team members is a good sign. And talk to them about their professional experience.

## 7. Workload and patient numbers

Busy often means successful so find out about your workload and patient numbers. How many patients does the practice see, how many of those will you see as the associate, are you taking over an established list? In England and Wales this will relate to your UDA target. You need to know whether the patients come for NHS treatment or private care, whether private patients pay fees on an *ad hoc* basis or are signed up to a formal plan. Discuss the treatment patterns and the type of care provided. Ask how the practice will allocate patients to you.

## 8. Is the practice compliant?

Compliance is a big issue for practices, so find out how they handle quality standards regimes such as the Care Quality Commission (CQC) in England, Healthcare Improvement Scotland, Healthcare Inspectorate Wales (HIW) and the Regulation and Quality Improvement Authority (RQIA) in Northern Ireland. Looking at practice procedures from health and safety to clinical record keeping gives you a good view of how organised they are and whether this is going to be an efficient place to work. A good check, for example, may be asking about their procedure for handling an emergency, finding out where they keep their emergency drug kit and how often they review it.

## 9. The written terms

Overall, thinking about the terms you are offered in a written contract is important. Written agreements are not a cure all but a fairly written contract is a sign of a practice that works well and takes its responsibilities to its team, as well as its patients seriously.

## 10. Your expectations

Think about what things you require from working in a practice. Equipment, staff, patient lists, practice procedures and contracts are a rough guide to the things you need to consider. Reflect upon the sort of place and sort of team you want to work within and whether the practice is offering what you want. ◆

The BDA advice sheets on Associate contracts. There are slightly different versions depending on which part of the UK you are in but all are online at www.bda.org/associates, and they include a code of practice for associates and practice owners that gives you a useful checklist.

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# On the path to success

Bob Hughes

CEO of the Forton Group Bob Hughes gives us his insight into high performance leadership

In last month's article I gave an overview of those leadership behaviours needed in today's complex and constantly changing world. In this article, I dive deeper into the first of those behaviours – 'Searching for Information' – which sits in the first cluster of behaviours, the thinking cluster. We'll also explore the five levels at which a behaviour can be observed.

That observation is key to high-performance. Once we know what we're looking for we can see those behaviours in practice and that gives us the leverage to improve our own, or others' leadership.

My background is the IT industry. I was responsible for the BT payroll system, paying over 100,000 people every month. Recently I was socialising with some colleagues from that time, reminiscing about some of the near misses. Failure would have led to none of those people getting paid.

We failed once. Spectacularly.

A change we'd been asked to make to the system meant that we could put a short informative messages on everyone's payslip. In my defence, I strongly recommended that this didn't happen; at least, not without piloting it first.

It was around Christmas when we first launched it, so we put a 'Happy Christmas' message out. Unfortunately, there was a complex bug in the system which meant that as well as getting this friendly message, the net pay box on everybody's payslip showed a big fat zero.

When it came to fixing this problem, or indeed solving the many problems we managed to fix before the disaster occurred, it was absolutely key that we were in possession of all the necessary information to locate and fix the errors.

And, because deadlines were tight, we would often put in the best available solution in the time available. Then reflect afterwards on how to improve and prevent future failure. And the place to start is always by gathering as much information as you can.

There is natural tendency to only gather the data that we need in order to get past the hurdle in front of us. Especially when we are under pressure. Whatever field we work in.

The danger is that our solutions are limited to the familiar, the routine and the obvious.

We may end up with a short-term fix but are unlikely to achieve a major breakthrough, a more sustainable, or longer lasting solution.

I've mentioned before that each of the behaviours we will be covering over the next 12 months can be observed at five different levels.

Let's work through each of them, with examples. This gives you the opportunity to consider where you might mark yourself on this behaviour, and think about ways that you can develop your strengths.

Earl Landgrebe, a US politician and staunch ally of Richard Nixon throughout the Watergate hearings, famously said 'Don't confuse me with the facts. I've got a closed mind.'

I'm sure we all know people who will ignore the facts and make decisions in other ways, perhaps based on their emotions alone. I am writing this on the day before the EU referendum; I've seen plenty of closed minds. It can also happen in such simple things as everyday purchases that we make. How often are we swayed by advertising or brand when selecting a product or service?

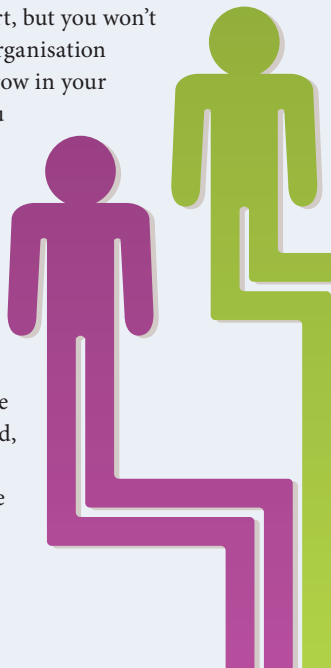
People would be rated as having a limitation in the 'Searching for Information' behaviour if all they did was rely on what they already know. Or on the assumptions that they are currently making.

So the first development step is to challenge your own assumptions.

Are they really based on facts? It might help to employ an ally here, either to challenge you or to support you in looking at ways you might find new, relevant, information.

That's a great start, but you won't add value to your organisation if you were too narrow in your search. Or, if all you do is get clarity about the limited information you already possess.

The difference comes when you have done some thorough research around the challenge you're faced with and, by doing this, you truly understand the challenge in depth.



I am reminded of the American television medical drama *House MD* starring the wonderful Hugh Laurie. He was the inevitably flawed genius, leading a team of doctors in a New Jersey hospital.

In every episode they diagnose the problems of a patient. I enjoyed watching the show but after a few episodes began to see the formula: the first diagnosis was the obvious one, based on a simple analysis of the presenting symptoms. Of course it never worked and so they moved onto the second diagnosis. Again this was wrong, and often led to making the situation even worse - the patient almost dies. It was only when Hugh Laurie came up with some completely wacky and improbable diagnosis that the patient's life was miraculously saved and the cast were able to fill their time in by bitching about each other until another patient was wheeled in.

So when searching for the information you think you need to solve the problem or address the issue, looking beyond the obvious can be vital.

That might mean looking around your organisation to see how else it's done. Or seeking advice from colleagues or other professionals doing similar work elsewhere. And by the way, it's why having a really good network – beyond your own specialism - is such a crucial part of being a great leader.

It also helps to expand the areas where you explore for information. Use standard business analysis tools to broaden your thinking: for example, 'PEST' is one that is often used.

'PEST' stands for Political, Economic, Social and Technological. It is sometimes extended to include Legal and Environmental and becomes 'PESTLE'.

Its structure is valuable in helping think through different aspects of issues, and to see through different lenses. A lawyer's, or legal view, of an issue is going to be different from an environmentalist's view.

Another useful skill here is curiosity: keep an open mind. Be open to the possibility that some information may come in from the leftfield. Something that inspires you. Something that amuses you.

> 'When searching for the information you think you need to solve the problem or address the issue, looking beyond the obvious can be vital'

I was re-watching the wonderful old movie *The Dambusters* the other day.

They were faced with the problem of how to maintain the Lancaster bombers at a very specific height, whilst flying in the dark over a reservoir.

A few of the Squadron took a night off to watch a London theatre show. One of them noticed how two of the spotlights shining on the star on stage converged to make a single light and took this information back to create a solution. They set two spotlights at a specific angle shining below the bomb bay in such a way that, when the lights met, they were exactly 60 feet above the water.

This points to how to use this behaviour at the 'strength' level.

Broaden your search beyond your own organisation and even your own profession; what can you learn from other walks of life that might inform you better? Take in a show!

And relaxation isn't a soft option. We know that, when people relax and more oxygen gets into the system, their cognitive functions improve. Laughter, really does help to shift our thoughts, feelings and behaviours. Just as physical movement, such as taking a walk or stretching, improves how we feel.

Until recently, many professions, including medics and the airline industry, believed they were too 'professional' to use the language of relaxation. Their jobs were too demanding. Their roles too complex. Their situations too serious.

It took a different approach to the issues of 'attitude to failure', to help people see that there is room for significant improvement in every organisation. At every level. It takes leadership to be humble and acknowledge that it could (easily) happen to me.

It took an airline pilot to set up the Clinical Human Factors Group to improve safety and efficiency in health care. Following his wife Elaine's tragic death after a train of surgical errors in 2005, Martin Bromiley applied the industry know-how he gleaned as a pilot, in this very different field.

Where there are clear guidelines as to what to do when things go wrong, and very experienced people are in charge, there are particular patterns of behaviour that occur. The best leaders and managers will recognise this human behavioural weakness and put systems in place to mitigate those risks.

For example, the pattern of the most senior experienced professional being so focused on the task in hand that they don't notice time passing – when time might be critical. The pattern of other people nearby who could support them, not stepping in or speaking up, when they see something wrong.

As leaders and managers, we need to set up systems that ensure the checklist is always to hand. That the checklist is always used when something complex goes wrong. That junior staff can always speak up – without fear of being disciplined – when they see that something is not right. That when things go wrong, it's a behavioural failure, not a failure as a human being.

The highest level of this behaviour is when the leader sets up strategies to systematically collect information in their organisation. And that they encourage others to do the same; across the unit.

The best leaders will also set up systems that consistently train and reward people to reinforce the desired behaviour. Performance, productivity and motivation will all increase as a result.

Yes, things will go wrong. High performance in the 'searching for information' behaviour means we use our thinking skills to plan ahead, and rehearse, for those very occasions. For everyone's benefit.

Next month we'll stay in the thinking cluster and explore the behaviour of 'Concept Formation'.

If you'd like to contact Bob Hughes about any of the points in this article, contact him at bob.hughes@thefortongroup.com ◆

# How to approach aggressive, violent or abusive patients

Violence towards NHS staff is a problem. In 2012/13 there were 61,571 reports cases of assaults across the NHS in England. In 2013/14 this jumped to 68,683, before falling to 67,864 in 2014/15.[1-3] Figures will – and do – vary hugely depending on the area, type of NHS service and patient behaviour, but it is something that practices need≠ to be ready to handle.

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Maintaining the safety of staff and patients when a patient becomes abusive or aggressive is an essential duty and there are certain things you can do to help minimise risk. Skilful handling of complaints is essential to modern business management as reputation and customer goodwill are paramount. If handled properly, a complaint can enhance relations and turn a potentially lost customer into a satisfied patient. Jaime Lindsey, Practice Management Consultant at the BDA, gives us her take on how to keep patients on your side – and what to do if they're not.

## What constitutes a violent patient?

If a patient physically assaults a member of the practice then this will be quite clear. Violence doesn't just manifest in a physical manner. Before someone turns to physical violence they will often give you warning signs, for example, through raised voices or abuse.

What constitutes abusive behaviour is less clear. Violence can also include making someone fear for their safety. Generally this can encompass anything from threats, harassment or swearing at any person on the practice premises. The test is subjective and you might ask yourself whether you or a colleague are put in fear for your safety.

## Protect yourself and staff

First off, anticipate these situations – make sure staff are trained in appropriate strategies for the prevention and management of violence and conflict resolution. Incidents can escalate quickly if they are handled poorly so all staff should be appropriately trained on how to deal with difficult or challenging people. The practice should also have policies in place on how to deal with difficult situations when they arise; linked to this is knowing what you can and cannot do when handling such patients and considering whether you have to see them again.

Proactive measures can be taken, such as offering chaperones for appointments (a dentist and nurse are effectively each other's chaperone), displaying signs saying that abuse will not be tolerated and, ultimately, refusing to see patients with a history of

abuse to staff or patients. Your team should know how to defuse difficult situations rather than exacerbate them; training on customer service, complaints handling and understanding dental phobia may all help in reducing the risks of violence but you will never remove the risk entirely. General customer service advice says you should show you are actively listening to the customer – offer short words of encouragement, reflect back how they feel, summarise what they tell you or ask questions to seek clarification.

## NHS procedures

In England and Wales, to stop seeing a patient as a result of violent or abusive behaviour, the incident must have been reported to the police, even if the person assaulted does not wish to take the matter further. The contractor must also notify their primary care organisation (PCO) that they will no longer provide services to that patient. What is not covered by the NHS rules is what could be described as difficult or awkward patients; patients who are generally difficult but fall short of being violent (they do not make anyone fear for their safety). They cannot be refused treatment on the NHS except where you can argue that the relationship has irrevocably broken down. This would require persistent difficulties where there has been a complete breakdown in trust, such as repeated failure to attend appointments or verbal abuse.

In one case that the BDA advised on, over a two and a half year period a patient was verbally abusive to staff culminating in an event where he directed personal, sustained abuse at the practice manager. Each incident was noted in the patient's file, along with the warnings that the patient had previously been given. As a result, the contractor had enough evidence to refuse to provide NHS treatment to the patient and ensure that her staff were protected from further abuse.

Heather Dallas, Managing Director of Dallas Development said: 'Dealing with difficult patients requires a lot of different skills. In my five years of training dental practitioners, I have seen staff not writing down and documenting what has happened, not seeking support from colleagues if they feel it is too difficult for them, not being assertive enough and resorting to aggression, which is the worst thing you can do.

'In any situation, you should seek to pacify the patient. Focus on the outcome – they're being difficult because they want something, so find out what that is. Maintain a good rapport and treat them like an adult. Too often I have heard staff becoming patronising, which just inflames the situation.'

In all cases, you need to give notice to the patient and inform your NHS regional team. In many cases patients will complain that you are refusing to see them unfairly, so it is a good idea to be prepared to liaise with the patient.

> 'In England and Wales, to stop seeing a patient as a result of violent or abusive behaviour, the incident must have been reported to the police'

Heather added: 'When people are nervous they want to feel in control but it comes out as aggression or illogic behaviour. The part of the brain that kicks in when we are nervous is the amygdala and is so powerful it takes over all sense of logic. If you don't offer sedation techniques then refer them onto a practice better suited for their needs. If you do offer it make them aware from the moment they register. In my experience there is not enough understanding of what makes patients nervous. It is usually based on past experience or inherited from parents or no experience at all, so consider making exceptions for them.

'The same can be said for when patients become awkward over missed appointments. According to my research, lack of appointments is the top patient complaint. Examples of hygienists working part-time, the practice not opening on Saturdays, being closed at lunchtime or not offering evening appointments. Practices need to be more flexible. When patients miss appointments – texting reminders works well for me.'

Scotland and Northern Ireland operate a list, with patients registering with an individual practice. However, you can stop treating a patient and deregister them if they have been violent or abusive to any members of the team. You can deregister a violent or abusive patient immediately provided that you report the incident to the police and notify the health board, and follow this up with confirmation in writing within seven days. In this scenario, the dentist would not be required to complete the patient's treatment and the patient will be informed that this is due to a breakdown in the relationship.

In Scotland and Northern Ireland, if behaviour falls short of being violent or abusive, you can still remove the patient from your dental list provided that you give three months' written notice. You must ensure that you complete the patient's treatment by the end of the notice period.

## Potential signs of a violent or abusive patient

- Physical acts of assault
- Intimidation and the fear of assault
- Shouting and raised voices
- Harassment
- Threats

1. NHS Protect. Reported physical assaults on NHS staff figures 2012-13. Available online at: www.nhscounterfraud.nhs.uk/2012-13%20Reported%20physical%20assaults%20on%20NHS%20staff%20NO%20PCT%20&%20SHA%20v2%20PCC.pdf (accessed July 2016).
2. NHS Protect. Reported physical assaults on NHS staff figures 2013-14. Available online at: http://www.nhsbsa.nhs.uk/Documents/SecurityManagement/Reported_Physical_Assaults_2013-14.pdf (Accessed July 2016).
3. NHS Protect. Reported physical assaults on NHS staff figures 2014-15. Available online at: www.nhsbsa.nhs.uk/Documents/SecurityManagement/Reported_Physical_Assaults_2014-15_-_FINAL_Published_Figures(1).pdf (Accessed July 2016).

On 9 December the BDA is hosting a training course entitled *Handling complaints and managing difficult customers*. This interactive course will equip you with excellent customer care and key communication skills to help you and your team manage angry, aggressive, nervous and upset patients. Gain the ability to diffuse upset patients and greatly reduce the possibility of complaints escalating to a Fitness to Practise case.

For further information visit www.bda.org/events/handling-complaints-and-managing-difficult-patients-%282%29.

# Building a sustainable future

For years we have heard about how we're destroying the planet. From non-renewable energy sources to the volume of waste we produce, experts have forecast catastrophic climate change if we do not change. Solar panels, wind turbines, segregated recycling and energy conservation are things we accept on a day to day basis, but what can you do in your dental practice to help out? Dr Divya Verma and Dr Devika Vadher talk to *BDJ In Practice* about the need for sustainable dentistry and what changes need to happen.

## Dr Divya Verma,

Dental Public Health scholar in Sustainable Dentistry 2015-16, Dental Core Trainee in Dental Public Health KSS

Divya qualified in 2009 with BDS Honours from Barts and The London Dental School. She completed her VT in Oxford and then went on to work in Cambodia implementing an oral health promotion programme in rural villages. She has also undertaken a role as a KSS Dental Public Health Scholar in Sustainable Dentistry for 2015-16 working with the Centre for Sustainable Healthcare on projects such as E-learning for health, the Green Impact programme, and teledentistry.

## Dr Devika Vadher,

Dental Public Health scholar in Sustainable Dentistry 2015-16, Dental Core Trainee in Dental Public Health KSS

Devika is currently a DF2 in Dental Public health and is studying for an MSc in Public Health at the London School of Hygiene and Tropical Medicine. In September 2015, Devika joined The Centre for Sustainable Healthcare as sustainability scholar to undertake projects in Kent, Surrey and Sussex promoting the role of sustainability in the provision of dental care.

### *Why is sustainable dentistry necessary?*

**Divya** Climate change is really big on the agenda and is considered the biggest threat to global health in the 21st century. There are many reasons for this, but there are two main ways in which it can directly impact on us in dentistry. The first is that climate change can negatively affect the physical and mental wellbeing of the population therefore resulting is varying volumes and patterns of demand. The second is the effects that extreme weather events such as heatwaves, flooding and storms (resulting from climate change) can cause on infrastructure and supply chains. This in turn will have an impact on the delivery of healthcare as well as the demand.

It's also necessary because of the legislation that we are bound to. The Climate Change Act 2008 was momentous where we pledged an 80% reduction in CO2 emissions by 2050 and is particular relevant as the NHS is the largest carbon emitter in the public sector. Sustainability aims to maintain resources for future generations. If what we are doing now is affecting these resources, we have a duty to future generations to reflect on what we are doing and what changes we must make. Especially in an age where we are looking to increase value from a finite amount of resources whilst improving patient care. The environment is a big part of the wider determinants of health, and as healthcare professionals we have a responsibility to ensure that we consider this when thinking about health.

**Devika** Divya's point about the environment playing a role in the wider determinants of health is really important. It's probably the most all-encompassing issue as so much falls under it. Housing, education, nutrition and even the patient themselves, so as healthcare professionals trying to promote healthy lifestyles, we must try to ensure the environment is protected. It is counter-intuitive to be offering healthcare services and not considering the wider environment which is intrinsically linked to health.

### *What issues are there that you think dentistry needs to address?*

**Devika** The amount of waste that is being produced is one which can be addressed more easily. We are aware of the work that has been done by the Sustainability Society and Health Research Group (SSHRG) at Plymouth University with waste management. They conducted a waste audit in a practice in Devon, measuring the amount of and type waste they were producing. The study concluded there are savings to be made by reducing material use and recycling sterile material where appropriate. Another study exploring attitudes and barriers to sustainability in a dental practice highlighted confusion on correct waste management whilst trying to comply with HTM 01-05.

**Divya** I think they came up with a figure of how much non clinical waste was disposed of inappropriately. This equated to 3.7kg $CO_2$ per year and around £633 per annum per practice. This means there is £2.32 million of unnecessary costs across England due to inappropriate waste disposal. These are phenomenal figures and this is just in waste. It isn't a topic discussed freely in dentistry. Most dental professionals are not aware of the full value of the resources they are using – or wasting – in their practice. The culture within the practice should talk about waste, procurement, energy usage, travel. PHE recently commissioned a carbon modelling report for dentistry and it's the first time we can see what is going on. That report will hopefully be out in October time, and the findings will hopefully shape a change in culture within practices. Around 60% of the dentistry carbon footprint comes from travel which is huge and needs us to evaluate how we are providing treatment.

*How much of this is due to dental teams being set in their ways?*

**Divya** I don't think it is just due to this. The way the contracts have been run, the way the buildings have sprung up and how they have been built are historical. Trying to implement change within historical settings is challenging, not just for dentistry.

**Devika** On the flip side the continual progression of evidence-based guidelines in medicine and dentistry mean that the changes specified are set and must be followed. If something is set as a regulation, then I think practitioners will change because they have to and as a consequence will start becoming aware of the importance of and how to implement sustainable practice. Especially as we are likely to see sustainability increasingly prevalent on the agenda and in legislation in the future.

**Divya** The challenge of working within existing conditions is one issue, but awareness is key. It's just not talked about at all.

*What are the implications if we do not change?*

**Devika** If we are still using vast amounts of material and producing huge volumes of waste, costs will increase. The cost of producing materials affects the cost of buying materials and also the cost of disposing of the waste. The natural knock-on effect would be to make savings in other areas of the business, which may make it harder to deliver the same quality of care you are delivering to patients.

**Divya** The effects of climate change are so ingrained in everyday life you have to realise all it takes are a few little actions that when put together have a significant cumulative effect. Sustainability isn't about huge projects, it's about little actions on a day to day basis that add up. In dentistry we can look at using local laboratories, using digital mediums to communicate with patients such as email and text, increase the focus on prevention, drive less, use energy efficient equipment and so much more.

**Devika** Adhering to the principles of reduce, recycle and re-use where possible would go a long, long way in practice. Confusion in waste management caused by interpretations of HTM 01-05 means we would encourage practices to attend a waste management course and discuss good practice. Practices could look to purchase items in bulk so there is less packaging waste, less transport costs and also going digital can all be implemented relatively easily in the short-term. Anything you do in your home like energy-saving lightbulbs and switching off lights and appliances are really easy things to adopt in the clinical setting.

*How have allied healthcare professionals approached sustainability?*

**Divya** There is a lot of work in renal care. They have pioneered green nephrology in hospitals, which includes recycling dialysis fluids and looking at the carbon footprint of renal service provision. NHS Trusts have also had to sign up to sustainability plans, which is really great news. There has been a Green Impact programme facilitated by the NUS which is a national environmental accreditation scheme used in many sectors including health, local authorities and other community service settings.

**Devika** The renal example is really interesting. They are re-cycling the rejected high quality water by purification systems used for haemodialysis. As a result they have seen a huge cost saving and it is totally unique. I read in the *BDJ* about a dentist in Kingston-upon-Thames who runs a carbon neutral practice that has generated a lot of attention. Everything from the tea offered to patients to the flooring is sustainable. In general people are becoming more aware that we need to do something to help out, even if it is as small as recycling at home. It's a matter of time before holistically minded people start asking the health care profession what we're doing for the planet.

*As sustainable ways become more mainstream, do you think practice owners, managers and even staff will push for sustainable ways in their practice?*

**Divya** We are meeting more and more people interested in the topic, so awareness is definitely going up. It's only natural for an individual to take a practice like recycling from the home into the practice. Solar panels are starting to pop up on the roofs of dental practices. The rewards from feed in tariffs are phenomenal.

**Devika** Some practices are so wrapped up in their day to day business they don't stop and think about it. If they did stop and think about the financial and environmental benefits change would occur more readily.

**Divya** The cost savings are immediate. Using energy-efficient lightbulbs, reassessing how we procure, installing solar panels. You can then invest those savings into other areas of the business. One practice in Bristol during the Green Impact project had 20 solar panels on their roof and after 12 months recouped their investment. From that moment on they were in profit.

**Devika** It's the way it is framed. Some people do see it as an unnecessary investment without having a long-term vision.

*What three things can practices implement immediately to make a difference?*

**Divya** Waste segregation would be a good start. Even if you're not going to go on a course you should hold an open meeting at the practice to discuss how to approach it. Talking about how everyone approaches waste would be a big step forward. Maybe some of the nurses put everything in clinical waste when they don't have to.

**Devika** How you communicate with patients is often overlooked. If you send out letters why not adopt digital fingers and email patients? Text reminders do cut down on missed appointments. Increased compliance means more opportunities for preventative advice which in turn would lead to more self-care.

**Divya** For me all of this is underpinned by prevention. It's the pinnacle of what we as a profession aim to achieve. It reduces travel, and considering patient/staff travel compromises 60% of carbon footprint in dentistry this makes a big difference. Making choices easier for staff and patients will help, but ultimately it is the prevention mantra that will drive change. ◆

The Centre for Sustainable Healthcare have produced an e-learning module *'An Introduction to Sustainable Dentistry and measuring carbon in healthcare'* which is free to access via e-lfh online at http://www.e-lfh.org.uk/programmes/dentistry/. A downloadable 'Top Tips' for sustainable practice poster is also available on the dental susnet resources page. For further information visit the dental Susnet forum at http://networks.sustainablehealthcare.org.uk/network/dental-susnet.

# Health & safety -
# Legionella and dental unit water lines

by Edward Sinclair
a dentist and Compliance Adviser in the BDA's Advisory Services team, helping members on all aspects of health and safety law, infection control requirements, practice inspections and compliance with professional regulations.

When infection control comes to mind, most people are rightly concerned with the successful decontamination of dental instruments as well as the prevention of blood borne virus transmission. However, there are other biological hazards in clinical practice from which patients, especially those who are immunocompromised, need to be protected.

## Water supply

There are very few procedures in a dental surgery that do not result in a patient coming into contact with the water supply. Amongst other things, water is used in three in one tips, in fast handpieces and in rinsing out. The water supply in the UK is obviously very safe, but in a healthcare setting, there is a need to have a higher standard of hygiene than for general use.

An array of microorganisms can be found in dental unit water lines. To give an illustration: bacteria such as *Achromobacter xyloxidans*, *Legionella spp* or *Streptococcus spp;* fungi such as *Phoma spp*; and protozoa, such as *Acanthamoeba spp* or *Cryptosporidium spp* may be present.[1] Therefore, it goes without saying that patients need to be adequately protected using appropriate infection control. Whilst the pathogenicity of most bacteria appears to be low, it is imperative to keep exposure to a minimum as more research is needed to know the true risks (if any) of these microorganisms.

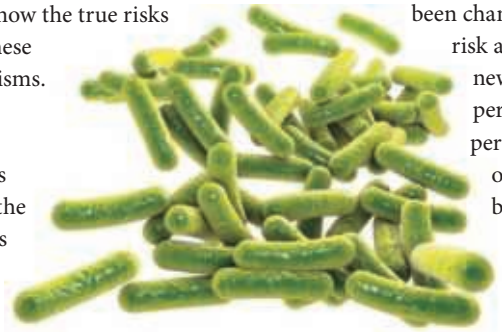
## Legionella

Legionella is potentially the most serious of the above list and consequently has its own risk assessment. Legionella is the name given to a group of gram negative bacteria, the most notable being *Legionella pneumophilia*. This particular bacterium can result in Legionnaires' disease, a pneumonia type illness. The disease itself is relatively new, being first noted in 1976 (and so called because it involved a cohort of American military veterans at a conference of the American Legion, that particular outbreak resulted in 34 deaths). This caused much panic and subsequent research was able to isolate the causative micro-organism. Legionnaires' disease remains a notifiable disease to this day. Therefore, if a case is identified, a GP must notify the local authority so that they can investigate.

Fortunately, a dental practice is a low risk environment for Legionella. Nevertheless, under health and safety legislation, as described in Legionnaires' disease – The control of legionella bacteria in water systems from the Health and Safety Executive,[2] the Legionella risk must be effectively managed.

The risk assessment is normally valid for up to two years at which point a review needs to be undertaken. This is a simple case of deciding whether the risk assessment is still valid and the control measures fit for purpose. If there have been no changes to the hot water system or pipework, it is acceptable to carry on with the same control measures as normal. However, if there have been changes, such as a new boiler, the risk assessment becomes void. A new risk assessment needs to be performed, again by a competent person from an outside organisation. This is turn will be valid for a further two years.

The risk assessment is unique to each premises. Therefore, a set template cannot be provided. Generally the assessor will look at water systems, pumps, heat exchangers and all their parts. They assess the temperature, whether there are nutrients and other conditions that could encourage bacteria to multiply and be dispersed, say through water droplets. The risk assessment will result in the practice being given a written set of instructions or control measures to manage any Legionella risk. These control measures are normally very simple to follow and will involve tasks such as testing water temperature weekly. It is most unlikely that water samples will be required to be sent off for analysis.



## Dental Unit water lines

Separate from your Legionella risk assessment, dental unit water lines (DUWLs) in surgeries require their own maintenance regime. Freshly distilled water or reverse osmosis water should be used in self-contained water bottles. However, no method will completely eliminate biofilm from DUWLs. The simplest process is to follow the manufacturer's instructions on how to perform maintenance. Though, in reality many units are several years old and may not have any specific guidance on this, the most common method used is that of chemical treatments which are designed for this very purpose. ◆

1. Pankhurst L, Johnson N W. Microbial contamination of dental unit waterlines: the scientific argument. *Int Dent J* 1998; **48:** 359-368.
2. Health and Safety Executive. Legionnaires disease - the control of legionella bacteria in water systems 2013; Document L8, 4th edition.

Further information on DUWLs is available in the appropriate national decontamination guidance document as well online at www.bda.org/infectioncontrol in the BDA **Infection Control** advice sheet series.

# Contracts with suppliers: what you need to know

by Claire Bennett

a Practice Management Consultant in the BDA Practice Support Team. Claire qualified as a solicitor in 2008 and advises general dental practitioners on associate contracts and a wide range of employment and other law.

Practices must take steps to monitor and manage their contracts with suppliers to ensure that they are getting good value for money and quality service provision. Practices will also want to try to ensure that they can extricate themselves from an agreement promptly in circumstances where their expectations are not being met.

An important part of effective contract management is understanding the process by which you can end an unsatisfactory arrangement – unless a supplier is consistently and significantly falling short of the terms as defined in the contract, you are unlikely to be able to simply 'walk away' from your agreement with them and must comply with the terms of the agreement.

## Checking supplier contracts

With lots of paperwork to deal with as a business owner it can, obviously, be difficult to read every written communication that lands on your desk, but it is imperative that you take the time to do this when it comes to contracts. Contracts will tie you into legally-binding terms that you will not be able to get out of on the basis of being unaware of them.

All of the small print is important. Amongst other things, you should be clear on the standards expected under the agreement, the description of the goods or services to be provided, timings for delivery of the services or goods, your responsibilities to the supplier and payment terms. Check that the price is clearly defined, find out if you could be charged for any extras and whether the supplier can increase the price and what notice they would have to give. You should also be clear on when and how an agreement can be ended.

## Contract termination

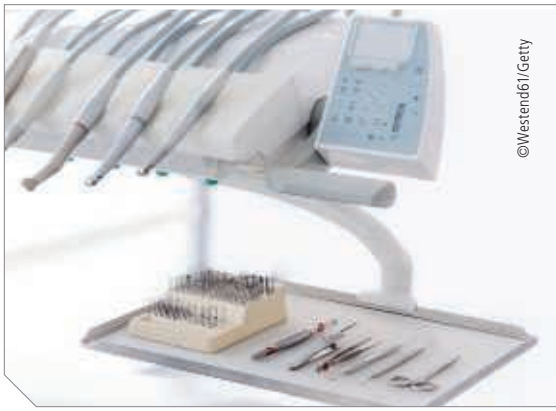
Be aware of cancellation terms so that you place your practice in the best possible position to move to a preferable or cheaper supplier should the opportunity, or indeed the need, arise.

The agreement may allow you to terminate at any time, provided you give due notice in a particular way, for example, in writing and by first class post. It may provide for penalty payments on early termination; the effect of which may be to effectively lock you into the agreement for its full term.

Some contracts, like many deals with utility suppliers, renew themselves automatically after the initial contract term. This can mean that the contract 'rolls over', possibly if the price has gone up or the standard of service has declined on less favourable terms. If you miss a renewal date, failing to provide a supplier with notice of termination in time, you may find that you are tied to that supplier for another significant period. Do not delay in dealing with any letters from a supplier offering a renewal deal. It may only be open for a short period of time and if you fail to respond you may be accepting a new contract with increased prices.

## Worsening service

If the quality of a supplier's services diminish you may have a number of options. Much depends on whether the agreement clearly defines the goods or services that you are entitled to receive. Check to see whether a service level agreement provides for compensation, such as full or partial refunds. Or you may be able to simply give notice to end the agreement. Where you are tied in for a fixed period of time you may be able to end the contract on the basis that the supplier is in breach of contract due



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their poor performance. But before taking steps to terminate any agreement in these circumstances, you should raise performance issues with the supplier and give them an opportunity to improve. This can become a game of cat-and-mouse and you would need to seek independent legal advice.

## An overview

To help you monitor your suppliers you could make a list of them. This might include suppliers of dental materials, software providers, dental laboratories, clinical waste companies, utility providers and equipment maintenance contractors. You may find it useful to refer to bank statements to compile a thorough and complete list.

Against each one note service level agreements or the definition of goods, delivery dates, the price and whether this can be increased, the length of the contract, termination date and how and when you would have to give notice. Bear in mind any notice periods that have been recorded so that you allow yourself enough time to research alternative suppliers and provide notice of termination if you decide to take your business elsewhere. ◆

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Please send product and services news through to David Westgarth, *BDJ In Practice* via: David.Westgarth@bda.org

## Sitting pretty

A treatment centre is the first thing a patient sees when they enter your surgery. The first impression they get of the Cleo II will not disappoint. As well as being cosmetically impressive, it offers significant functionality and practical benefits. Its folding leg-rest makes it as easy to sit in as an armchair, so it's perfect for patient consultations. As the operator console is mounted below the patient it can simply be positioned out of site until needed. This allows for all the clean and preparation to be done out of the patient's view, and is more efficient in terms of time and space.

For those requiring the flexibility of an ambidextrous unit, there's a choice of the tbCompass or the Voyager. Like the Cleo II, the tbCompass has the additional benefit of a base mounted 'below the patient' delivery unit, that can rotate behind the patient providing an easy and unobtrusive welcome. All pre and post-operative procedures can be undertaken out of site, thus minimising anxiety and providing clearly defined working areas for you and your assistant.

Takara Belmont's treatment centres all come with a FREE extended warranty well beyond the industry standard. Reliability, functionality and peace of mind are thus assured.

## Enhancing your business

Henry Schein Dental has developed its Business Solutions initiative to help customers operate more efficient dental practices, leaving them more time to focus on delivering quality patient care.

Bringing together the combined offerings of Henry Schein Dental and Software of Excellence, along with industry-leading solutions and services from trusted third party partners, Business Solutions aims to help dentists reach their goals through a range of support services including:

- Overhead Reduction: Business Solutions has negotiated market-leading rates with a number of businesses so dentists can reduce costs on a range of essential services
- Marketing Services: Effective and integrated marketing for dental practices
- Practice Analysis: By analysing practice data, solutions are identified that meet dentists' professional goals
- Practice Transitions: Practice brokerage, valuation and transition planning services
- HR, Accountancy, IT: Take away the stress of administrative processes using high-quality support services
- Consultancy Services: Industry-leading consultants, coaching programmes and solutions that offer real results
- Financial Services: Funding solutions for everything needed to grow a practice
- Training Services: Aimed at keeping skills and knowledge up-to-date and gaining CPD through Henry Schein Dental Education, certified by the BDIA's Code of Practice.

To understand more about how Henry Schein Dental Business Solutions can help improve the efficiency of your practice, call Freephone 0800 023 2558, email info@hsbusinesssolutions.co.uk or visit hsbusinesssolutions.co.uk.

## Your total endo solution

Simplify your endodontic shaping and reduce costs with the One Shape. Safe and effective, One Shape is the latest innovation from Micro-Mega; the company with over 100 years of endodontic experience. One Shape features a variable asymmetrical cross section allowing for safe, effective debris removal and great flexibility.

A variable pitch ensures reduced screwing effect which creates a smooth procedure for the clinician. The single file type means easy stock management at the surgery and with sterile blister packaging the instruments are ready to use directly from the pack. Procedure packs are also available which provide a complete set of instruments for a treatment.

For further information please visit www.js-davis.co.uk, call 01438 747344 or email jsdsales@js-davis.co.uk.

# Worth the risk?

It can be difficult for a busy dentist or practice manager to easily identify genuine new product opportunities from sub-standard ones amongst the daily offering of seemingly attractive offers.

To provide further reassurance to dentists and practice managers, Robinson Healthcare has reinforced the industry-leading regulatory compliance of its comprehensive range of Instrapac single use dental hand instruments by signing up to/or adhering to the British Dental Industry Association's (BDIA) professional Code of Practice. This means that in choosing to do business with a BDIA member customers can have confidence that everything they buy is of guaranteed quality and provenance and that they are in the hands of a trusted, quality-conscious professional organisation.

## Recent survey results

A recent survey by Robinson Healthcare which compared current perceptions of re-usable versus single-use hand instruments suggests that dentists are becoming more receptive to adopting single use hand instruments, provided that they have a full appreciation of their quality and cost in use.

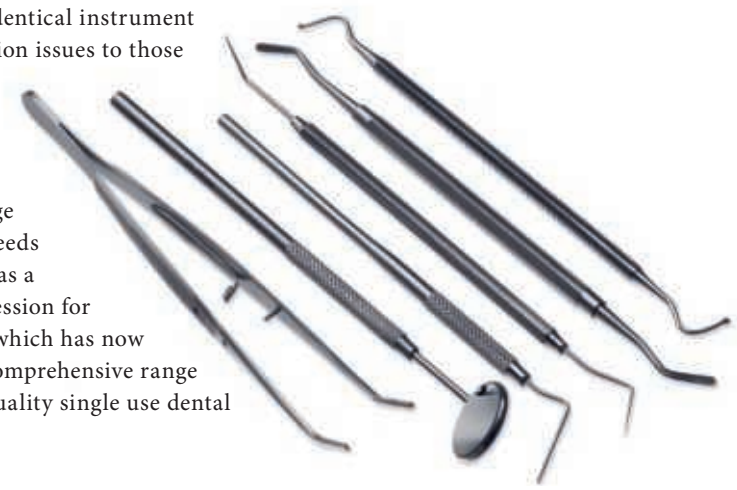
With the introduction of Robinson's Instrapac Dental range, the adoption of single-use hand instrumentation in general dental practice is now not only possible but a genuinely practical and viable option. Instrapac single use instruments have been in use for many years across multiple clinical specialties including podiatry, which also experienced identical instrument decontamination issues to those faced by the dental profession. Extending the Instrapac range to cover the needs of dentistry was a natural progression for the company which has now developed a comprehensive range of premium quality single use dental instruments.

To address the potential environmental issues related to the use of single use products, Robinson Healthcare has partnered with Healthcare Environmental Group (HEG) to provide the UK's most energy efficient, environmentally friendly and cost effective surgical steel recycling scheme.

Benefits of Robinson's Instrapac range:

- Oral Surgery: Highly convenient, efficient and cost effective management of complications.
- Endodontics: Eliminate infection prevention concerns associated with the reprocessing of reusable instruments.
- Restorative: Cost-effective means of extending the length of daily clinic treatment sessions
- Periodontics: Every instrument is guaranteed to be sharp for every procedure, enabling reduced treatment times, with less patient discomfort
- Periodontal Micro Surgery: Facilitate complex periodontal surgical procedures in a cost effective way, ensuring that instruments are always functional and sterile.
- Oral Medicine: An 'off-the-shelf' sterile, cost-effective solution for performing intra-oral tissue biopsies
- Implant Dentistry: A cost-effective solution for procedures which require precision and speed.

For more information about the Robinson Healthcare Instrapac range, please visit www.robinsonhealthcare.com



# Brush up on gum disease

GSK, manufacturers of Corsodyl have launched a new distance learner for dental professionals on the topic of gum disease.

According to the Delivering Better Oral Health toolkit[1], maintaining periodontal health and preventing periodontitis should be based on detecting periodontitis early using the Basic Periodontitis Examination (BPE) and managing the factors that expose patients to a greater risk of the disease, e.g. smoking, diabetes and medications.

The 2009 Adult Dental Health Survey found that only 17% of dentate adults in England, Wales and Northern Ireland had very healthy periodontal tissue and no periodontal disease.[2] This confirms a need for continued patient education regarding gum health.

The Corsodyl distance learner module provides training on periodontal disease, the BPE, and patient management to treat and prevent the condition. It is suitable for the whole dental team to use and is available 24 hours a day. On top of this, there is no time limit to complete this module and completion of the module can contribute up to 1.5 hours towards your verifiable CPD.

Visit www.gsk-dentalprofessionals.co.uk to complete the module now!

1. Delivering Better Oral Health. An evidence-based toolkit for prevention. 3rd edition. The Department of Health, 2009
2. Executive summary: Adult Dental Health Survey 2009. The Health and Social Care Information Centre, 2011.

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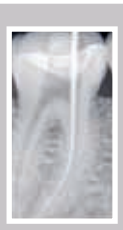
## Get endodontic equipment the easy way



At Wrights, the team remain dedicated to providing a service that helps to reduce the everyday stresses and strains of running a practice.

With free next day delivery and an easy online ordering system, you can receive endodontic equipment when you need it, hassle-free.

Examples of products available from Wrights include:

- X-Smart Plus micro-motor from DENTSPLY – for performing root canal treatment with the reciprocating single file technique or traditional continuous rotation file system.
- Apex DAL-BLUE from Septodont – for identifying the working length of the root canal.

To see the full catalogue of equipment available at competitive prices, and to keep updated on the latest deals and promotions, contact Wrights on 0800 66 88 99 or visit the easy to navigate website www.wright-cottrell.co.uk.

## Business as usual

Whether we like it or not the decision has been made for Britain to leave the European Union. It is still early days to gauge what, if any, impact there will be on dentists and practice ownership. Initial thoughts are that it remains very much business as usual.

The banks are a good indicator of confidence in the market and they have advised their lending stance remains the same, they are not expecting any impact on valuations and no changes to pricing are proposed.

For most dentists our view remains that the best way to protect your own position and to be in control of your future is to own and run your own practice. You then make the decisions and admittedly some of these decisions may be tough especially in relation to staff. However, rather you make the decision yourself as opposed to someone making it for you – which would be the case for Associates who with their self-employed status have few protected rights.

At FTA Finance our aim is to provide impartial and practice advice. If you have any concerns or wish to review your current position please do email info@ftafinance.co.uk

## Finance options and more!

Not only can Chrysalis Finance provide you with simple, hassle-free credit options for your dental practice, but they can also help you promote this facility to your patients as well!

Available to all practices that become a Chrysalis Finance Appointed Representative, these marketing services can help you ensure that you and your patients get the most out of your new credit options.

From printable material, sound advice and even help getting the message across on your practice's website, the Chrysalis Finance team will do everything you need to get more and more patients applying for finance.

To find out more about Chrysalis Finance's unique consumer credit options, and to see how the team could help you promote them effectively to a wide range of prospective patients, contact Chrysalis Finance on 0333 32 32 230 or www.chrysalisfinance.com.

## A new approach to TMJ

A quarter of adults suffer from temporomandibular joint disorders (TMJD) at some point in their lives.[1-4] Patients present with a variety of symptoms from pain in the peri-auricular area; the muscles of mastication and/or temporomandibular jaw joint. They may complain of radiating pain in the face, jaw or neck; headaches or migraines; bruxism; jaw muscle stiffness; aching pain in and around the ears; difficulty or discomfort while chewing; limited movement or locking jaw; painful clicking in the jaw joint when opening or closing the mouth.

The Cerezen device is an entirely new treatment for treating TMD. The medical device is an inconspicuous set of custom-fit removable ear inserts worn within the ear canal, which do not impact on speech or hearing. A complete contrast with the intraoral stabilisation splint.

Two mechanisms are believed to be responsible for the clinically proven effectiveness of the Cerezen device; the ear insert supports the TMJ and associated secondary musculature to reduce strain and it also provides 'cognitive awareness' (consciously or subconsciously) to the wearer regarding para-functional habits (e.g. jaw clenching) which contributes to TMJD pain, relieving strain in the area.

From a business perspective, The Cerezen device makes sense too. Practice chair time is minimal, to the dental practice for fitting within two weeks. Patients are given a 60-day money back guarantee if the device does not help them.

For more information please visit www.cerezen.co.uk

1. Macfarlane T V, Blinkhorn A S, Davies R M, Kincey J, Worthington H V. Oro-facial pain in the community: prevalence and associated impact. *Community Dent Oral Epidemiol* 2002; **30:** 52-60.
2. Johansson A, Unell L, Carlsson G E, Soderfeldt B, Halling A. Gender difference in symptoms related to temporomandibular disorders in a population of 50 year old subjects. *J Orofac Pain* 2003; **17:** 29-35.
3. Doyle N, Chiu CY, Haggard R, Gatchel R J and Wiggins N. The Prevalence of Temporomandibular Joint and Muscle Disorders in African Americans. *Journal of Applied Biobehavioral Research* 2012; **17:** 249-260.
4. Goulet J P, Lavigne G J, Lund J P. Jaw pain prevalence among French-speaking Canadians in Quebec and related symptoms of temporomandibular disorders. *J Dent Res* 1995; **74:** 1738-44.

# Dentist to Dentist

For when you want to refer a patient to a local colleague

## Scotland

### BLACKHILLS SPECIALIST REFERRAL CLINIC

www.blackhillsclinic.com

5 Maidenplain Place, Aberuthven Perthshire PH3 1EL
**Tel:** 01764 664446
**Email:** info@blackhillsclinic.com
Cone beam CT scanning

**Mr Paul Stone BDS (Hons) Lpool, FDS RCSed, FDS RCPS (Glasg)**
**Interests:** Implant surgery, oral surgery, conscious sedation, bone grafting and sinus lifts.
**On Specialist List:** Yes, Oral surgery (60534)

**Mrs Adela Laverick BDS (Hons) Lond, FDS RCS Eng, MSc Lond**
**Interests:** Fixed & removable prosthodontics, dental implants
**On Specialist List:** Yes, Prosthodontics (66211)

**Dr Marilou Ciantar BChD (Hons) Malta, MSc Lond, PhD Lond, MFDS RCS Eng, MFD RCS Irel, FFD RCS Irel**
**Interests:** Oral surgery, implant surgery, tissue regeneration, periodontology, conscious sedation
**On Specialist List:** Yes, Oral Surgery and Periodontics (84070)

**Mr Brian Stevenson BDS Glasg, PhD FSA (Rest.Dent.) RCSEd, MFDS RCSEd, FHEA**
**Interests:** Fixed and removable prosthodontics, endodontics and dental implants
**On Specialist List:** Yes, Restorative Dentistry and Endodontics (77605)

**Mr Graeme Lillywhite BDS Edin, MFDS, MSc, MRD, FDS RCSEd**
**Interests:** Restorative Dentistry, fixed prosthodontics, dental implants
**On Specialist List:** Yes, Restorative Dentistry and Prosthodontics (68916)

**Mrs Lorna Harley BDS Glasg, MFDS RCSEd, MRD (Endo) RCSEd**
**Interests:** Endodontics
**On Specialist List:** Yes, Endodontics (79246)

**Dr Donald Thomson BDS (Hons) Edin, FDS RCSEd, DDR RCR**
**Interests:** Cone beam CT imaging
**On Specialist List:** Yes, Dental and Maxillofacial Radiology (70079)

266979

## Midlands

### THE PRIORS DENTAL PRACTICE LTD

www.thepriorsdentalpractice.co.uk

Pinfold Lane, Penkridge, Stafford, Staffordshire ST19 5AP
**Tel:** 01785 712388
**Email:** info@thepriorsdentalpractice.co.uk

**Dr Mark Emms L.D.S.R.C.S (Edin) MSc (UCL)**
**Interests:** Dental Implants, Fixed and Removable Prosthodontics, Bone Grafts, Sinus Lifts, Full Mouth Reconstructions, Periodontics, Occlusion, Restorative and Cosmetic Dentistry, Implant Mentoring

**Mr John Scholey BDS, FDS, RCS (Edin), FDS (Orth) RCS (Edin) MOrth RCS (Eng), MDentSci**
**Interests:** Specialist Orthodontics, Mini-Screw, Lingual Braces
**On Specialist List:** Yes

**Dr Lukas Javorskis MSc Endodontology (Kaunas, Lithuania)**
**Interests:** Endodontics (including Instrument Removal), Use of on-site Microscope

CT Scanner and dedicated implant suite on-site.

236739

### PARK ROAD DENTAL PRACTICE

www.parkroaddentalpractice.co.uk

20 Park Road, Melton Mowbray, Leicestershire LE13 1TT
**Tel:** 01664 568811
**Email:** info@parkroaddentalpractice.co.uk

**Interests:** Periodontics, Orthodontics, Implants

**Dr Ayodele Soyombo**
**On Specialist List:** Yes, Orthodontics

**Dr Bola Soyombo**
**On Specialist List:** Yes, Periodontics

**Dr O Onabolu**
**On Specialist List:** Yes, Periodontics

209439

## South East

### LONDON SMILE CLINIC

www.londonsmile.co.uk

40-44 Clipstone Street
London, W1W 5DW
**Tel:** 02072552559
**Email:** info@londonsmile.co.uk

CT scanner, Digital OPG and Ceph and Zeiss microscope on site.

**Dr Andrew Chandrapal BDS MFGDP (UK)DPDS (BRIS) MClinDent (Pros), GDC-79890**
**Interests:** Prosthodontics, implant supported dentures, complete and partial dentures, restorative dentistry.

**Dr Padhraig Fleming BA BDent Sc (Hons) MSc. (Lond).MFD RCS (Ire)MFDS RCS (Eng). MOrth RCS (Eng). FDS (Orth) RCS CLIT, GDC-82611**
**Interests:** Orthodontics
**On Specialist List:** Yes, Orthodontics

**Dr Daniel Flynn BDentSc MFDS RCSI MClinDent MRD, GDC-100571**
**Interests:** Endodontics, microsurgery
**On Specialist List:** Yes, Endodontics.

**Dr Hatem Algraffee BDS, MSc, M.Clin. Dent., MRD RCS (Eng), MFDS RCS (Eng), GDC-72250**
**Interests:** Periodontology, gum grafting
**On Specialist List:** Yes, periodontics

**Dr Zaki Kanaan BDS MSc Dip Dsed LFHom, GDC-72312**
**Interests:** Implant surgery, oral surgery, bone grafting and sinus lifts.

263521

### TOOTHBEARY RICHMOND

www.toothbeary.co.uk

**Dr Nicole Sturzenbaum**
Toothbeary Practice Richmond
358a Richmond Road,
East Twickenham TW1 2DU
**Tel:** 0208 831 6870
**Email:** info@toothbeary.co.uk
**Interests:** Children

258051

## GROVES DENTAL CENTRE
www.grovesdentalcentre.co.uk

72 Coombe Road,
New Malden,
Surrey, KT3 4QS
**Tel:** 020 8949 5252
**Email:** info@grovesdentalcentre.co.uk
**Dr Alix Davies BDS Hons MFDS RCSEng MJDF MClinDent Endo MEndo RCSEd**
**Interests:** Endodontics
**On Specialist List:** Yes

279798

## DENTAL SPECIALISTS MK
www.dentalspecialistmk.com

259 Queensway, Bletchley, Milton Keynes MK2 2EH
**Tel:** 01908 630169
**Email:** admin@dentalspecialistmk.com
**Interests:** Orthodontics, Periodontics, Implants, Prosthodontics, Endodontics, Oral Surgery, Restorative Surgery, Sedation, CT scanner and Zeiss microscope on site
**On Specialist List:** Yes, Orthodontics, Periodontics, Prosthodontics, Restorative Dentistry, Endodontics and Oral Surgery

209440

## AYUB ENDODONTICS
www.ayub-endo.com

**Dr Asim Ayub BDS MFDSRCS MClinDent MRDRCS**
2 Salisbury Road, Wimbledon, London SW19 4EZ
**Tel:** 0208 247 3777
**Email:** info@ayub-endo.com
**Interests:** Endodontics
**On Specialist List:** Yes

270171

## DENTAL SPECIALISTS ST ALBANS

96 Victoria Street, St Albans, Herts AL1 3TG
**Tel:** 0172 7845706
**Interests:** Periodontics, Orthodontics, Implants, Prosthodontics, Endodontics and Restoritive Dentistry
**On Specialist List:** Yes, Periodontics, Orthodontics, Prosthodontics, Endodontics and Restorative Dentistry.

239826

## WOODBOROUGH HOUSE DENTAL PRACTICE
www.woodboroughhouse.com

21 Reading Road, Pangbourne, Reading, Berks, RG8 7LR
**Tel:** 0118 984 3108
**Email:** referral@woodboroughhouse.com

**Interests:** Implants, Periodontics, Endodontics, Prosthodontics, Oral Surgery, Bone Augmentation, Sinus Lifts, I.V Sedation, Facial Aesthetics, CT Scanner.
**On Specialist List:** Yes Prosthodontics and Periodontics

266913

# North

## SPECIALIST DENTAL CARE
www.specialistdentalcare.com

**Mr Martin F. W-Y. Chan**
**BDS, MDSc, FDS (Rest Dent) RCPS (Glasg), DRD, MRD, RCSEd.**
29 The Grove, Ilkley, W. Yorks, LS29 9NQ
**Tel:** 01943 608090
**Email:** info@specialistdentalcare.com
**Interests:** Restorative and Implant Dentistry, Prosthodontics, Periodontics, Endodontics
**On Specialist List:** Yes, as above

261782

# East Anglia

## DEVONSHIRE HOUSE
www.devonshirehousedental.co.uk

2 Queen Edith's Way, Cambridge CB1 7PN
**Tel:** 01223 245266
**Email:** enquiries@devonshirehousedental.co.uk

**Specialist Referral and Education Centre**

**Interests:** Prosthodontics, Implants, Endodontics, Periodontics and Orthodontics, Dental Education and Mentoring.

**Specialist Prosthodontists:**
**Julian Martin**
**Kevin Esplin**
**Ian Pearson**
**Wail Girgis**
**Cyrus Nikkhah**
**Nick Williams**
**Philip Taylor**
**Assad Khan**

**Interests:** Restorative Dentistry, Dental Implants, All-on-4®, Aesthetic Dentistry, CT Scanner, OPG Service and Dental Education

**Specialist Endodontists:**
**Elisabeth Smallwood** and **Julian Martin**

**Specialist Periodontists:**
**Trisha Whitehead** and **Puneet Patel**

**Specialist Orthodontist:**
**Dirk Bister**

269120

# North West

## ST GEORGE'S DENTAL PRACTICE
www.stgeorgesdentalpractice.co.uk

19-21 St George's Street, Chorley, Lancashire PR7 2AA
**Tel:** 01257 262545
**Email:** info@stgeorgesdentalpractice.co.uk
**Interests:** Dental Implants, Oral Surgery, Orthodontic Specialist, Endodontic Specialist, Paediatric Dentistry, Restorative and Cosmetic Dentistry, Sedation and Non-Surgical Facial Cosmetics
**On Specialist List: Yes, Endodontics and Orthodontics**

261006

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# Business skills CPD

**Q1:** How many reported cases of assault were recorded in 2014/15?

**A** 68,764
**B** 67,864
**C** 86,674
**D** 64,678

**Q2:** In England and Wales, to stop seeing a patient as a result of violent or abusive behaviour, who do you need to notify?

**A** The police
**B** Your PCO
**C** The police and your PCO
**D** No-one

**Q3:** Which of these should a new associate not check for when choosing a practice

**A** The financial situation of the practice
**B** The volume of NHS and private work they do
**C** Find out what other members of staff earn
**D** CQC compliance

**Q4:** When was Legionnaires' disease first discovered?

**A** 1976
**B** 1967
**C** 1968
**D** 1978

**Q5:** What happens if you miss your renewal date with suppliers?

**A** You can negotiate an early release on good faith
**B** You can ignore it, stating you haven't signed anything
**C** It is null and void
**D** You are tied in to the contract

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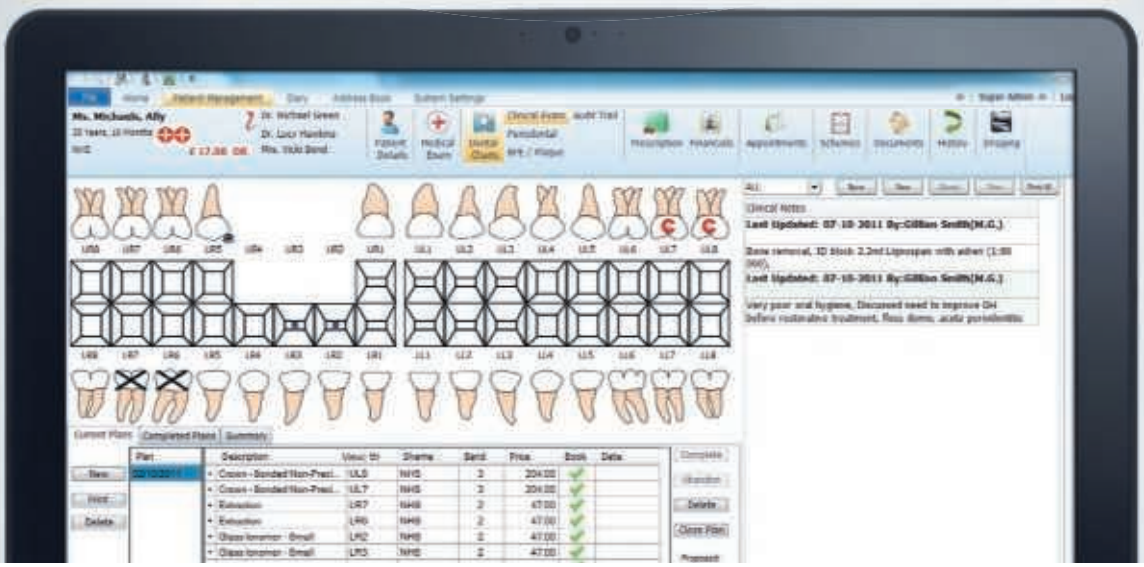

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