

# BDJ InPractice

August 2017

Technology:  
**friend or  
foe?**



**BDA**  
British Dental Association

# Happy 60th Birthday

## to the High-Speed Handpiece and Modern Dentistry!



**60 years ago in 1957**, the S.S. White Company introduced the Borden Airotor, the first successful air-driven handpiece regarded as the precursor to the present generation of high-speed handpieces. This revolutionized dentistry making it more efficient, more comfortable and more profitable. This development presented a major improvement from the "belt-driven" handpieces that preceded them and represents one of the most significant leaps forward in the era of modern dentistry.

Real income for dentists steadily increased between 1957 and 2007 through the efficiencies of everyday dental tasks made possible by the Borden high-speed handpiece.

Over the years, high-speed handpieces have gradually been redesigned and upgraded to become the highly accurate and sophisticated tools they are today, further improving practice productivity.

Despite the many technical improvements in the high-speed handpiece and with the practice of dentistry, real income for dentists since 2007 has not kept pace with inflation and has fallen by over 30% - an average loss of £30,000/dentist.

Dentistry as we know it is changing. Surviving in dentistry today requires so much more than just a high-speed handpiece and expertise in dental procedures.

The mindset of "work harder and work more" is no longer a viable strategy. Not only is this a formula for early burn out and lower quality of lifestyle, but our industry, government regulations, and economy are all shifting, making it increasingly difficult for dentists to prosper.

Unless we get comfortable with adapting to change, thriving in change, looking at our businesses differently and acting quickly to correct our course, we will see the end of the independent practice of dentistry in the near future.

Our own pain and frustration, led us to develop The Dentist's Advantage which specializes in providing a membership discount program for dentists.

Members can access benefits and savings from exclusive alliance partners. Partnering with leading businesses, The Dentist's Advantage provides a comprehensive portfolio of the best products and services for members.

We have no doubt every single one of you can find savings through the deals we have personally negotiated on your behalf.

**The Dentist's Advantage** has negotiated discounts on the things you are already using in your practice to make it more profitable, including:

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- We are also investigating a new all-inclusive online ordering system for you to make your purchasing more efficient, more cost-effective and ultimately keep more money in your pocket.

**We want to encourage more dentists to join The Dentist's Advantage.** With more members, we will have more negotiating power to lower prices and ultimately make your practice more profitable.

The Dentist's Advantage is a service that provides a link between the independent dentist and top-quality products, supplies and services at a discounted price.

We bring you exclusive products, prices, and services on a day-to-day basis, allowing you to compete with the pressures of dentistry today, empowering you to succeed.

### HOW CAN WE DO THAT?

There is power in numbers. **With your help, we can increase our member base, giving us more negotiating power to further reduce your overhead costs.**

### TAKE ACTION TODAY!

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# BDJ InPractice

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## Clinical photos pose risk to dentists and patients

Technological advancements are not without risk and this is particularly the case when using mobile devices to take clinical photographs, the Dental Defence Union (DDU) explained.

In its latest journal, the DDU argues that a personal computer, tablet or mobile device should never be used to capture and store patient data, even if that data is subsequently transferred to the patient record system and deleted from the personal device.

David Lauder, DDU dento-legal adviser, explained: 'The impact that mobile devices have had on society is undeniable. As they become an increasingly common part of our daily lives, it is understandable that many practitioners use them in the dental surgery. But because of the legal considerations associated with the protection of personal data, and the potential for mobile devices to be lost or stolen, it would be wise to avoid taking clinical photographs on a mobile phone.'

'Ideally each practice should have a dedicated clinical camera, which could be used both in the practice and when on domiciliary visits. It would need to be kept secure at all times, such as in a locked room or cabinet. When used to take an image of a patient, this should quickly be downloaded onto the clinical record system and then deleted from the camera.'



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## LETTER TO THE EDITOR

### Myths and Legends

Sir, I am writing to you as there has been a lot of talk recently about the employment status of associates, perhaps fuelled by the recent Uber and Pimlico Plumbers employment tribunal cases, and the issue of their tax status has been brought to the fore again causing alarm in some quarters.

A distinction needs to be drawn of course between the employment status of associates for tax purposes, and the employment status of associates under some employment legislation.

The tax status of associates for tax purposes in the eyes of HM Revenue & Customs was clarified shortly after the introduction of the NHS Contract in April 2006. At that time an urban myth grew up that the new GDS Contract changes spelled the end of self-employed associates. The apprehension was that associates would receive a set payment each month for NHS work. This would look like a salary payment which should be subject to employment taxes under PAYE.

Thankfully these concerns proved to be unfounded and, following representations from NASDAL, HMRC updated their guidance manuals to recognise the new contract. As things currently stand (June 2017), HMRC guidance contained in 'Employment Status Manual ESM4030 Particular occupations: Dentists' states:

'It should be noted that there are standard forms of agreement for 'associate' dentists which have been approved by the British Dental Association (BDA) and the Dental Practitioners Association (DPA) (sic). These agreements relate to dentists practicing as associates in premises run by another dentist. Where these agreements are used and the terms are followed, the income of the associate dentist is assessable under trading income rules and not as employment income. In these circumstances the dentist is liable for Class 2/4 NICs and not Class 1 NICs.'

'The NHS General Dental Services Contract, which came into force from 1 April 2006, provides for less fluctuation in Associate Dentist's income. However, providing the Associate Dentist continues to be responsible for paying their share of laboratory fees etc. for work relating to their patients and other terms of the standard agreement are followed, the above guidance will still apply.'

Whilst recent employment tribunal cases do highlight issues surrounding employment status, HMRC remain content that as long as dentists follow the rules and use a BDA approved contract, associates continue to be regarded as self-employed. I hope that this will put the minds of many of your readers at rest!

Yours sincerely,  
N. Ledingham, Chairman  
of NASDAL ♦



©Peter Dazeley/Getty Images Plus



## Indemnity - dentists advised to check the small print

The BDA is warning dentists to check the small print on their indemnity policies to ensure they are appropriately covered. The warning follows the latest GDC registrants' newsletter which highlights a case where the adequacy of the registrant's indemnity provision was considered.

The policy contained some exclusions relating to the transmission of blood-borne diseases that led the panel to conclude that the policy did not fulfil Standard 1.8 within the GDC Standards for the Dental Team: 'You must have appropriate arrangements in place for patients to seek compensation if they suffer harm.'

The GDC is therefore encouraging registrants to 'read the small print' within their policies and decide whether they are appropriately covered. The BDA is also advising practitioners to look carefully at wider areas of exclusion or the conditions

of cover and question the true impact of the conditions and exclusions.

Peter Ward, Chief Executive of the BDA said: 'This is a call to action to all dentists - review your indemnity arrangements. Look through the small print and check out the conditions and restrictions, and ask your insurer what they mean and what the expectations are upon you.'

'We also call on all providers of cover. Tell us what your exclusions are, when they would apply and what the consequences would be to those who entered into these agreements in good faith.'

'The dental profession and providers need a real debate about indemnity. At a time when fees are rising, many may be searching for a better deal. But a cheaper option with holes in it is not a real option at all when your professional registration is at risk if it goes wrong.' ♦



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## Child-friendly services require child-focused terminology

A call for the terminology of dental appointments to be made more sensitive to the needs of children has been made by a member of the BSPD executive and the Society's lead on child protection issues.

Jenny Harris wants dentists to drop the acronym DNA, which stands for 'Did Not Attend', and change to WNB for 'Was Not Brought'.

The reason for the change, she explains, is to remind dental teams that the child who does not turn up for an appointment is not responsible for his or her absence. To benefit from dental care they are reliant on others to bring them. If they miss an appointment without explanation, enquiries need to be made of their parent or guardian.

Jenny said: 'Although the difference between the phrases DNA and WNB may seem slight, the gulf in meaning is wide. A young child cannot get to an appointment on their own - we need to stop seeing things from an adult point of view. Instead we must consider what the child is missing out on by not being brought.'

She first encountered the proposal for a change in terminology in an article published in the child protection nursing literature and has used the acronym WNB for missed appointments ever since. And recently she has gone further. With colleagues in Sheffield Community & Special Care Dentistry Service, she has devised a 'Was not brought' pathway.

'When you have a series of missed appointments it's difficult to take things forward', she said. 'On the other hand, concerns cannot be ignored but need to be flagged up. The new tool gives dental teams a template to manage decision-making and to follow up with parents or health or social services to ensure the child isn't being neglected.'

'Our priority is that the child gets the healthcare they need. Missed appointments are a problem we all struggle with but there seems to be a hunger to do better.' ♦

## Update to SDCEP Conscious Sedation in Dentistry

The Scottish Dental Clinical Effectiveness Programme (SDCEP) has recently published a third edition of its Conscious Sedation in Dentistry guidance. This guidance aims to promote good clinical practice through recommendations for the safe and effective provision of conscious sedation for dental care.

The guidance has been subject to a thorough update using SDCEP's NICE accredited methodology taking into account specific developments since it was first published in 2006. This has included

communication with the Intercollegiate Advisory Committee for Sedation in Dentistry (IACSD) regarding the IACSD Report, published in 2015. The dental faculties of the Royal Colleges of the UK and the Republic of Ireland have all formally endorsed this guidance.

The Royal College of Anaesthetists has also expressed its support of the guidance and is to promote it with its members.

The updated Conscious Sedation in Dentistry guidance can be accessed via the SDCEP website. ♦



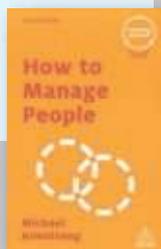
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### BOOK REVIEW

## Managing people

### How to Manage People (3rd ed)

Michael Armstrong  
Kogan Page, 2016  
ISBN: 978-0-7494-7567-3  
£9.99



### In a nutshell

Author Michael Armstrong is a former chief examiner of the Chartered Institute of Personnel and Development (CIPD) and an independent management consultant. In this 170 page paperback, Armstrong tackles every conceivable aspect of people management over the course of sixteen chapters. He understands the essential qualities of management and makes a

distinction between that overarching concept and one of leadership. He also emphasises the need to 'treat people right' which means treating them fairly and with respect.

### Who is it ideal for?

As a distillation of all Armstrong's considerable knowledge and experience, the book is aimed at anyone who manages a team or workforce. It offers clear and concise guidance on how to get the best results from a team and gives practical advice on how to deal with people problems or conflict situations that may arise in the workplace. Its comprehensive discussions make it ideal for anyone either starting out in a management or leadership role or simply for managers or team leaders with considerable experience but who need to revise their methodologies

or who are researching specific aspects of people leadership.

### Why you should read it

The strengths of this book are undoubtedly its comprehensiveness of coverage, its easiness to digest and relatively short (10-12 pages on average) chapters. Key chapters include areas such as performance management, notably referring to the continuous cycle process and not an annual appraisal. There are also step-by-step guides to selection interviewing, delegating, rewarding people, managing change and finally, handling people problems. This highly readable *vade mecum* is aimed at front-line managers, irrespective of whether or not there are HR personnel in their workplace, because these leaders have to deal with everyday issues before they become problems. ♦



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## Persons with significant control

New rules requiring companies and limited liability partnerships (LLPs) where one or more people have a major influence on its ownership or management have come into effect.

The changes, introduced in July, specify you need to keep a register of people with significant control and to notify Companies House. Any changes to people with significant control in your company or LLP must now be updated in your register within 14 days and Companies House must also be notified within a further 14 days.

The rules have been extended to cover Scottish limited partnerships, other Scottish partnerships where all the partners are either company or an LLP, companies listed on the Alternative Investment Market (AIM) and NEX Exchange and UK unregistered companies (that is companies not covered by the Companies Act).

Persons with significant control include those who have more than a quarter of the shares or assets in a business, more than a quarter of the voting rights or who can make significant changes to the way the business operates, such as changing the business plan, borrowing on behalf of the business or appointing and removing senior managers. ♦



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## BOOK REVIEW

### Getting motivated

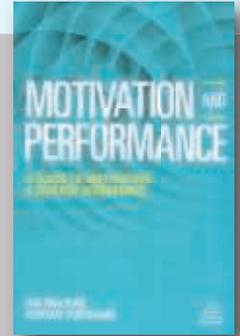
#### Motivation and performance – a guide to motivating a diverse workforce

Ian MacRae and Adrian Furnham

Kogan Page, 2017

ISBN: 978-0-7494-7813-1

£19.99



#### In a nutshell

Ian MacRae, a management consultant and Adrian Furnham, a professor of psychology offer insights into the true motivating factors of a workforce. These can encompass intrinsic factors such as job satisfaction or extrinsic ones such as salary. Additionally, Furnham and colleagues developed a model of motivation which they termed the High-Potential Motivation Indicator (HPMI) which is referred to throughout the book. The authors also debunk the myth of a generally assumed generational difference between workers. Various aspects of motivation are scrutinised including so-called worker engagement, formal employee recognition programmes. The authors successfully demonstrate that employee motivation is as complex as it is essential for productivity and profitability.

#### Who is it ideal for?

The book is aimed at chief executives, managers, team leaders and those working in human resources or indeed anyone involved in motivation within the workplace. It's also suitable for all types and sizes of organisation and not only businesses. Anywhere where there are staff employed and where their supervisors need to understand what motivates them to do their jobs not just more efficiently but also to derive the maximum job satisfaction, job security, personal growth and wellbeing.

#### Why you should read it

Over the course of 14 well-written chapters, the authors examine in detail various factors that influence motivation from Maslow's famous Hierarchy of Needs pyramid to the biology of stress, which is, interestingly, not always necessarily synonymous with negative connotations. There can be 'optimal' stress for example. In addition to case studies of real companies and a plentiful supply of illustrative tables and diagrams, there are also some less anticipated observations. These tend to encompass negative motivation in the form of say, zero hours contracts discussed with a chapter on outsourcing motivation. There's also a dark side to motivation when toxic organisations or destructive leaders control the workforce. These are typically represented in extremist organisations, cults or gangs. ♦

For more about these books: [www.bda.org/booknews](http://www.bda.org/booknews)

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# What do you know now?



**Dr Alun Rees**

Dr Alun Rees on the benefit of hindsight

I regularly ask clients the question; 'What do you know now that you wish you had understood when you left dental school?' The answers are illuminating. I have edited and re-written some responses and shared some of my observations on what makes a successful practitioner.

All dentists are different but the successful and happy ones have certain traits in common, have learned the same or similar lessons and are always happy to share their experiences.

## You don't have to do this

This may seem like a strange place to start but many dentists made the decision about what to study at university in their mid-teens – i.e. at that time of life we are all short on maturity, experience and insight. Parents, teachers and career advisers see dentistry as a well-remunerated, socially acceptable profession with a good secure future.

Unfortunately, a number of dentists are ill-suited to a profession that makes extensive mental, physical and emotional demands. How many of us have the nerve to say that it's not what we want?

If you know in your heart of hearts that you are unfulfilled and unhappy being a dentist isn't it better to say so sooner than later? How many more miserable years can you tolerate? How much stress and heartache can you endure once you have admitted to yourself that you're in the wrong place?

## Understand money

'If it was that easy we'd all be millionaires.' So said my accountant in the early days of my practice ownership, and little can prepare you for the dramatic change that comes when you make the transition from associate to owner.

No matter which branch of dentistry you

enter, from community to Harley Street, overseas volunteer to hospital consultant, there are financial considerations. The sooner you get to grips with and understand the limitations of your situation the better.

The old saying stays true; gross is vanity and profit sanity. I have seen many dental businesses that on first glance look healthy, yet because of poor management and a lack of understanding routinely sail close to the wind, hoping that their month ends before the money does.

Investing time to discover how cash flows into and out of the business will help you gain an understanding of the importance of pricing and profit. You become a step closer to becoming a useful and profitable team member and the lessons learned will never leave you.

## Define what success means to you

Be quite clear what you want to achieve in all elements of your life, have goals that reflect your core values and cover all elements of your life, not only your career.

What motivates and drives you at 25 will almost certainly be totally different from what gets you out of bed at 50 or 75. Expect to change, to grow and to develop and don't be surprised when you need to make changes. Your life is a voyage of discovery and every day brings fresh challenges; embrace them.

Set out to build something that will last beyond your lifetime that will carry your legacy into the future whether that is a business, your relationships, a family or your reputation within your profession.

Material rewards will follow but if money is your main driver you run the risk of becoming disillusioned and bored very quickly.

## There will be setbacks and casualties

For every professor and consultant from my year there were an equal number of alcoholics. For every seemingly happy marriage there was a divorce. Sadly there are many in dentistry who dread going to work; depression and burnout are not uncommon.

For every procedure you perform a proportion will not succeed. Biology, like the rest of life, is not 100% predictable, each and every surgical intervention carries with it risks and possible side effects.

'The world doesn't owe you a living nor does a dental degree give an automatic entitlement to success.'

It is how you deal with these setbacks that mark you out as a professional. Resilience is essential for your long-term survival. Diane Coudu wrote in the Harvard Business Review, 'Resilient people possess three characteristics – a staunch acceptance of reality; a deep belief, often buttressed by strongly held values, that life is meaningful; and an uncanny ability to improvise.'<sup>1</sup>

It isn't how many times you get knocked down that matters but how many times you get back up. Life is 10% what happens and 90% how you react to it.

## Persistence pays

You're involved a marathon not a sprint. True success will not come overnight or even in a year or two. Dentistry is a business built on long-term relationships and trust. Those relationships must be nurtured.

Patients want to come to the same place and see the same face. You cannot build a good relationship if you are seeing 40 patients a day.

Beware of building a practice that concentrates on the 'low hanging fruit' of dentistry and sells treatments. Dealing only in transactions makes long term relationships difficult because you will attract transactional, one off, patients who are notoriously fickle and choose on price. If you are only interested in attracting new patients to sell them whatever new trinket you have learned on the most recent course then your life will be one of constantly chasing the golden egg laying goose.

To avoid learning from your mistakes move practice every two years. If you don't hang around long enough to see what time has done to the treatment you have carried out then you will never learn properly.

### Learn to lead people

The gurus of management would tell you to 'only work with people you like' suggesting that you can pick and choose with whom you work. Life isn't always that easy and even when you can select, train and nurture your team you still need to lead, motivate and control them.

Leadership is a role that is much discussed but poorly understood but my take is that in order to lead you need to be respected; being popular will follow.

Nobody arrives on the earth a fully formed leader, it takes work and time. The best way to start is to understand people, and the way to do that is to enjoy studying them and work out what drives them. Remember to use your ears, eyes and mouth in the proportion that they were given to you, watch and listen before you speak and then choose your words carefully. Be even handed with your team and don't have favourites. Respect their talents and capabilities and delegate what you can when you can but never expect anyone to do something that you wouldn't do yourself.

### Learn to like people – patients

Apply variations of the same rules to patients. This is not a treatise on marketing but the better your relationship with and understanding of your patients the more success you will have.

Research shows that the better the two-way communication the less chance there will be of a complaint. It also leads to higher uptake of treatment.<sup>2</sup>

People come to see you wanting to know, like and trust you; the importance of a good first impression cannot be over emphasised.

The more you like them the more they will like you.

Often patients carry baggage from experiences with one or more dental professionals who may not have your people and clinical skills. Remember the difference between empathy, the ability to put yourself in the other persons shoes, and sympathy which means feeling compassion for another person's hardship. You need a large amount of the former but less of the latter or you risk being distracted from what you need to do to help them.

You are a dentist not a therapist so beware the psychological dependence.

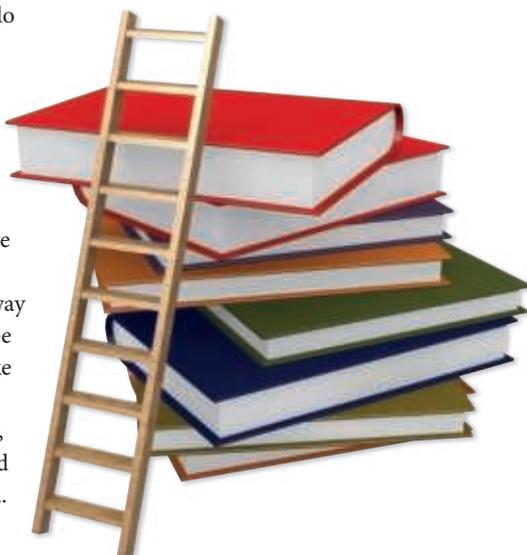
### You are the CEO of 'YOU plc'

Take 100% responsibility for your life. You will be subjected to pressures from many sides: patients, employers, and colleagues. Ultimately the buck stops with you. The world doesn't owe you a living nor does a dental degree give an automatic entitlement to success.

Know your own value and invest in yourself, it is what will give you the best return.

Whether you are an employee, a self-employed associate or a practice owner always believe that you work for yourself. Your (economic) future is in your hands.

If you feel that you are being encouraged to do something that is unethical or even borderline illegal don't be tempted to get involved, share your concerns with a friend or colleague. You have to be able to look at yourself in the mirror at the end of every day and know that you have done your best. If you cannot then life can become a long slippery slope.



### Clinical

Never stop learning. The first lesson is that much of what you were taught at dental school is already out of date; the secret is to discover what. I was taught Black's cavity preparations, full mouth gingivectomies and the use of silver points for endodontics to name just three. That was contemporary thinking in 1978, there was nothing wrong with my teachers, but time brings improvements in knowledge and sometimes teaching can lag behind.

The best way to stay up to date is to study with those who are better than you, so find yourself a set of mentors and listen to them. Choose them for the content, not the volume and ask to see their failures not only their successes, never trust anyone who suggests that everything they do works first time every time. Set your horizons beyond the UK, it's a big world and there is excellence throughout it.

Always ask the questions, 'Why?' and 'For what purpose?' when someone suggests doing something new. Neither be the first nor the last on the block to use a technique. Respect your materials and treat them well, they have taken years of development but accept that not everything will work in your hands.

If you seriously dislike one element of clinical practice persevere and when you have tried it, mastered it and still dislike it then that is the time to delegate it.

### Finally

Dentistry can be an excellent fulfilling career; the opportunities are wonderful and varied. For long term happiness and success develop a niche, never lose sight of your own basic humanity and never forget why you became a dentist in the first place. ♦

1. Diane Coutu. How resilience works. Available online at: <https://hbr.org/2002/05/how-resilience-works> (Accessed July 2017).

2. Vincent C, Young M, Phillips A. Why do people sue doctors? A study of patients and relatives taking legal action. *Lancet* 1994; **343**: 1609-1613.

#### Dr Alun Rees BDS

Alun graduated from Newcastle University and started his career as an oral surgery resident, before working as an associate in a range of practices. Building upon this solid foundation, Alun went on to launch two practices in the space of just 15 months, a challenge in the toughest economic conditions. Alun served as a media representative for both the BDA and BDHF and has featured on BBC2, Sky TV and various radio stations.

# Letting our members take the lead



**Mick Armstrong**  
BDA Chair

BDA Chair **Mick Armstrong** on how members have set the course for a better, stronger BDA

**L**ast summer we launched the largest membership engagement programme in our history. To put it simply we wanted to know our members' views on how we're doing, and where we can do more. We wanted to know where they stood on the big issues facing this profession, and how they felt we should respond.

Thousands of you took part, and we've had time to look long and hard at the results. And most importantly to start putting your feedback into practice.

**'The BDA's job is to fight your corner. To provide our members with the support when they need it, and lead the call for change whenever dentists or dental care are at risk.'**

Our members have told us they are satisfied, but we didn't do this simply to wrest on our laurels. The answers you provided enable to build on strong foundations, and focus effort where it's needed.

So here we've set out just some of the areas where we can do more, on areas like pensions, pricing and policy.

We are ambitious. We need to be a stronger voice for dentistry and the go-to for members, whether they are preparing for graduation or retirement, working on the high street or in hospitals.

Already your responses have directly shaped the arguments we put to every party in the recent General Election. We set out six pledges, focusing on regulation, contracts, funding and public health, on the big issues that mattered to BDA members.

Members told us regulation is their number one priority. We've made your case directly to ministers and opposition parties, and we were pleased to see the current government pledge to act on healthcare regulation in their manifesto. However the election results have brought new uncertainties, and for the moment it looks like needed reform has been kicked into the long grass once again.



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But we will not sit back. Your feedback is clear, and we will continue to work with our members and fight on all these fronts to secure progress.

The BDA's job is to fight your corner. To provide our members with the support when they need it, and lead the call for change whenever dentists or dental care are at risk.

A stronger profession requires a stronger BDA. That work is not job done, and we will keep looking to members to help guide us in the task ahead.

### Tackling the big issues

→ **Regulation:** You told us regulation was your number one policy priority. We've made it one of our strategic objectives to help secure decent regulation for this profession. We're continuing to work with the GDC and government, and developed a comprehensive response to *Shifting the Balance*, based on what you told us.

→ **Stress:** This was your number two priority. So we've included tackling stress and mental wellbeing in our strategy and have been undertaking a year-long research project with members to identify the causes of stress and what can be done to help. We will focus on the changes we can push for to tackle root causes, and are developing on-

line tools to help dentists under stress.

→ **Corporates:** You told us that you saw the growth of corporates as a big threat to dentistry. So we've undertaken a research project to investigate the impact of corporates and are developing a new strategy on the back of that research.

### Providing the advice and support you need

→ **Pensions:** You told us that pensions was one of the areas that you most wanted advice on. So we've increased staffing in our pensions team, and will be getting out to meet more members and run events.

→ **Offering more for Essential members:** You told us that you wanted us to expand what we offer around advice and education. So we're now offering iLearn webcasts to Essential members, and free access to mediation services. We are looking at what we can do in future to expand on-line advice services.

### Opening up membership

→ **Reducing costs:** Some members told us that cost was an issue, particularly during the early career stages. We've listened and introduced tiered, lower rates during the early years post-graduation.

→ **Supporting the dental team:** You told us that we should look seriously at extending BDA membership to other dental professionals. We're working on launching a subscription under *BDJ Team* to allow DCPs working with higher tier members to access key BDA educational products and services, including the library and the *BDJ* itself.

### Building the dental community

→ **Branches and Sections:** You've told us how important being part of the profession is to you, and the value you place in BDA social and education events. So we're taking a fresh look at how we support our BDA Branches and Sections and will make investments to enhance your experience.

→ **BDJ:** You told us how important *BDJ* titles are to your membership. We've put in extra resource to make them even better and keep it the number one dental journal in the world. We've put a lot of work into developing *BDJ Open* and our new online jobs platform *BDJ Jobs*. ♦

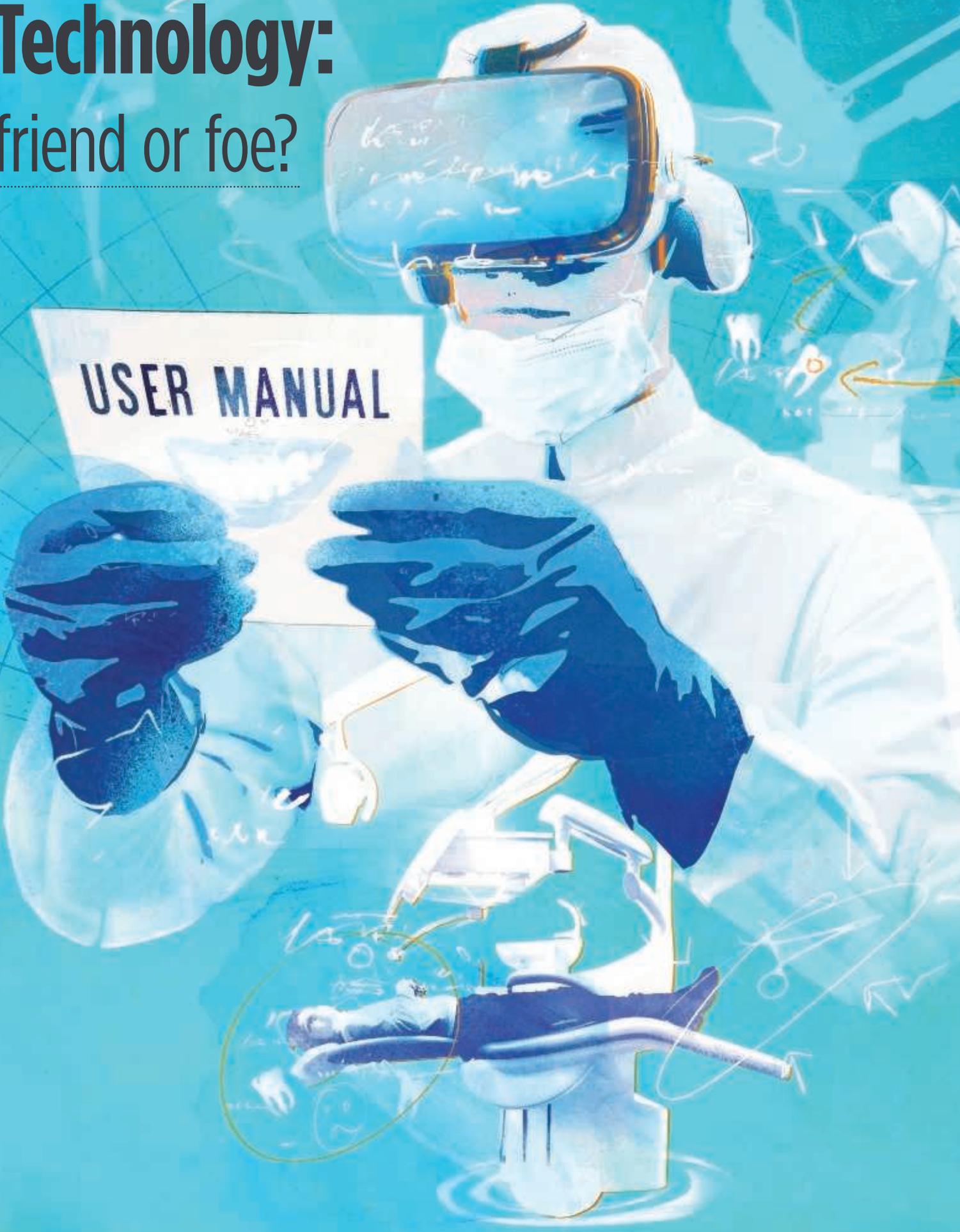


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# Technology: friend or foe?





By David  
Westgarth,

Editor, *BDJ In Practice*

Here's a startling fact; it takes a German worker four days to produce what his or her UK counterpart does in five.

Some contributing factors are generally acknowledged. During the financial crisis and its immediate aftermath, when banks' efforts to rebuild capital constrained new lending, ultra-low interest rates kept some firms' heads above water, and their managers retained employees, despite making a relatively low return.

On the other hand, new, more productive, and innovative firms found it hard to raise the capital they needed to grow, so they either did not expand, or did so by substituting labour for capital. In other words, low interest rates held productivity down by allowing heavily indebted zombie companies to survive for longer than they otherwise would have done.

So what's the situation now? British productivity was 9% below the Organisation for Economic Co-operation and Development (OECD) average in 2007; by 2015, the gap had widened to 18%. Strikingly, UK productivity per hour is fully 35% below the German level, and 30% below that of the US.

To cut a long, complicated story short, Britain is struggling. But is Britain's struggle to fire up reflected accurately in dentistry?

To a certain extent, the crash was counter cyclical for dentistry. The same number of people still needed dental work, and patient charges were still at affordable levels. More patients than ever before are seeing a dentist, so how is the profession able to keep up?

The advent of the 'fourth industrial revolution' is perhaps one of the reasons why. Technology has boomed significantly since 2008, with many suppliers having to meet increased demand from the profession to deliver dentistry quicker than ever before. You were faced with two choices – invest and bear fruit later on, or rein in spending, overheads and survive.

Technology has certainly made the former possible. At the recent APPG event looking at how technology has made certain procedures easier, it reminded me of a piece of research that shows how reliant on technology we have become.

A survey of homeowners<sup>1</sup> found that almost half (46%) of Brits would not be able to re-heat food without a gadget to do it for them.

Re-heating food is not the only basic task Brits find difficult without the help of appliances, as 40% would struggle to make toast without an appliance, despite this only requiring a grill. And a quarter of Brits (25%) wouldn't be able to make a cup of tea or coffee – a task that in most cases involves simply boiling water with a pan, without using a kettle.

Almost 1 in 4 confess to not knowing how to wash their clothes without having a washing machine on hand to do most of the work and, shockingly, 1 in 5 wouldn't know how to dry their clothes without a tumble dryer.

Washing machines (81%) topped the list of appliances British adults confessed they couldn't live without. Closely followed by dishwashers (36%), toasters (33%) and coffee machines (18%).

And this got me thinking. Is the profession too reliant upon technology? Is the technology creating better dentists, or is it creating better operators of technology? Will technology replace the workforce or form an integral part of it?

### The impact on treatment

The digitalisation of dentistry theoretically means better treatment. Laser guided surgery cuts down on the potential for mistakes. Advances in restorative dentistry mean that implant solutions are becoming more and more sophisticated – quite often to fit the challenging nature of the patient's demands. Milling machines can do their job within an

hour, providing the patient with everything they need in a single visit.

But aren't all of these examples solutions to greater patient demands? Society is driven by information at the click of a button. Everything is instant, so could these advances be a pre-emptive response to the growing number of patients visiting a dentist?

The boom in digital dentistry has also coincided with two significant developments in the profession – the rise in the number of professionals reporting stress, and the rise in Fitness to Practise cases. Could greater patient expectations be factors in these two events?

Take FtP for example. In 2010, the number of incoming cases was 1,401. The following year it was 1,578. When the GDC changed their approach to FtP, there were still a number of increases. Cases jumped from 2,278 in 2012 to 3,099 in 2014.

'Advances in restorative dentistry mean that implant solutions are becoming more and more sophisticated - quite often to fit the challenging nature of the patient's demands'

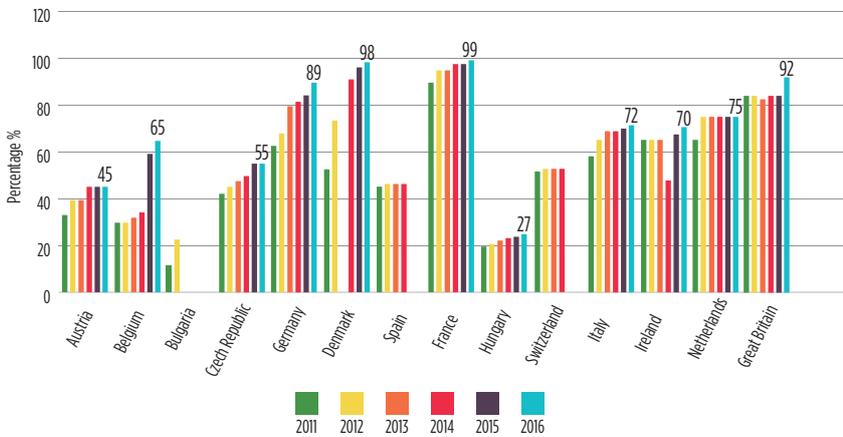
When reasons for investigation were revealed, 2,173 related to clinical work. If technology was making dentists better, yet fillings, implants, extractions and root canal work were reasons for cases being brought to the GDC, does this stack up?

Similarly it's not a stretch of the imagination to suggest increased patient expectations have played a role in stressed professionals. The current NHS dental contract is a significant reason behind stress, but is that the same for those not offering NHS work?

Research carried out by the British Dental Association<sup>2</sup> found that dentists rated their levels of satisfaction with life, happiness, and whether the activities they engage in seem worthwhile, at much lower levels than the wider population. They also reported higher levels of anxiety.

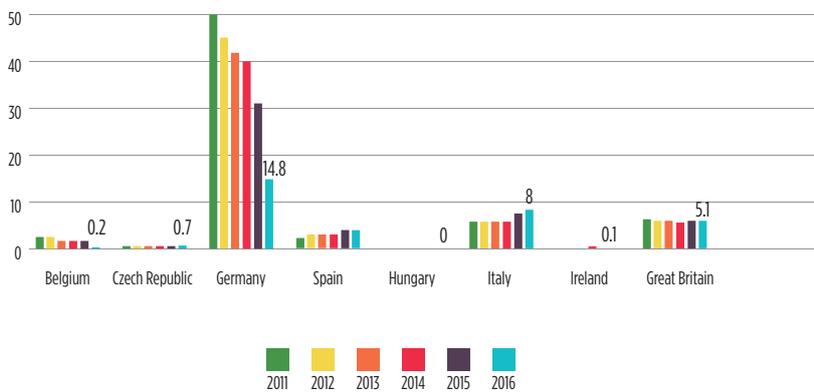
The survey, based on 481 responses from community dentists and 903 from general dental practitioners (GDPs), sought to measure dentists' perceptions of their own well-being using four indicators developed by the Office of National Statistics. Analysis of the responses showed little difference between the two groups. In addition, it was irrelevant whether GDPs were associates or practice owners. However,

Fig. 1: % of dental offices which use computers for 'in surgery' activities



Reproduced with permission of the Association of Dental Dealers in Europe (ADDE)

Fig. 2: Total sales value of Practice Management Software Installations (in Mio. Euro)



Reproduced with permission of the Association of Dental Dealers in Europe (ADDE)

GDPs who do mainly NHS work reported lower levels of well-being than those doing mainly private work.

Ultimately the trio could be a case of coincidence. The GDC's decision to raise the ARF in 2012 based on the forecasted increase in FtP cases caused consternation among large parts of the dental profession. But if cases were increasing, and clinical work formed a large part of those concerns, could a reliance upon technology be behind it?

Andrea Johnson, Vice-chair of the Orthodontic Technicians Association, believes it is – but perhaps not the technology you may envisage.

‘This is definitely due to patient expectations. They are better informed as to their rights and

as a result their expectations of the treatment they receive is higher.

‘You could connect this in a way with technology as pretty much everyone nowadays has access to the internet, or knows someone who can for them. This instant connectivity and feedback can be achieved through many different modes such as personal computers, data pads, mobile phones and tablets. As a result, there are many people who will use the internet, not only to research a practice prior to visiting, but may also write a blog or review about it afterwards on forums, Facebook and other social media outlets, thereby giving patients a medium to discuss their treatment and compare it to what they believe others have received.

‘Because of this, dental service providers must become IT savvy to be able to positively engage with their patients and potential clients and also to head off any potential bad reviews online that could impact on their business.’

Paul Mallett, Maxillofacial Laboratory Manager, agrees.

‘Patient expectations have grown massively, and in my mind this is due to the effect of the media on how people view themselves. Access to information on every aspect of treatment and treatment options, right down to the materials used is available 24/7 on the internet and in a lesser way on social media platforms. Patients may go to a dentist with unrealistic expectations of what can be achieved in their case. It is the dentist's responsibility to give the patient a realistic evaluation of what can be expected as a result of treatment.

‘It is when the standard falls below this agreed expectation that there may be grounds for complaint. In all cases an agreed resolution to a complaint should be sought through local mediation and an agreement with the patient to make amends and reparation for the problem. Patients have the right to know what path they may take if they are not satisfied with the offer made locally or indeed whether this is a more serious matter that has more widespread legal implications.

‘Another factor in the increase of Fitness to Practise cases may also relate to the ever-increasing number of services that are now on offer at your local dentist – bridges and dentures, inlays and onlays, quick, straight teeth, root canal and the demand for whiter teeth. Each one of these treatments carries with it an element of risk for the practitioner. Digital technology also allows greater use of digital media within the dental team for example to discuss and plan procedures and predicted outcomes. Given training and on the job familiarisation with support, I believe that dental practitioners like dental technologists will become more proficient at using emerging technologies to ultimately benefit the patient.

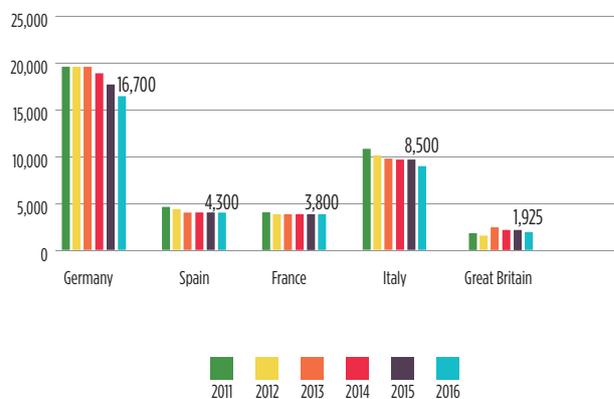
‘It must be up to the individual practitioner to do all they can to reduce the associated risk. This is usually by gaining better training and understanding of the treatments that are on offer and managing patient expectations correctly.’

**Infrastructure**

The cyber-attack that crippled the NHS earlier in the year was a stark reminder that any reliance upon technology to function requires the right infrastructure.

The 2017 survey on the European Dental

Fig. 3: Number of dental laboratories (dentists' and commercial laboratories)



Reproduced with permission of the Association of Dental Dealers in Europe (ADDE)

Trade (Figures 1 and 2) pointed to some interesting trends - particularly just how much technology dictates in the practice. The huge boom in 2016 may be reflective of the move towards automation to drive higher profit margins. Either way, it's clear that in-practice activities, such as booking patients, could soon be automated.

**'Almost 250,000 public sector workers could lose their jobs to robots over the next 15 years, installing machines would be more efficient and save billions of pounds.'**

Many experts believe a lack of security training and awareness likely led to several people opening emails and/or attachments from unknown senders, which was behind the NHS attack. The same experts suggested questions should be asked as to why the attack has been so damaging in such a short period of time. Is there an issue with the security around the entire NHS network? Was the IT department slow in taking and restoring backups of essential data? Was it a combination of the two? Either way, it highlighted how much we rely on systems - or the problems they cause when they fail.

That belief is backed up by a recent report<sup>4</sup> that stated the average employee in the British private medical and health sector who uses IT wastes 18.88 minutes per day due to IT issues.

The report suggested that IT failure could cost the economy £35 billion per year, if the

average amount of time lost was applied to all full time workers, the equivalent of the entire population of Birmingham and Milton Keynes not working all year.

The top issues experienced by IT users in the private medical and health sector in the last year:

- Slow running systems/equipment (74%)
- Failures in connection (46%)
- Outdated kit or software (32%)
- A system crash lasting more than four hours (27%)
- Lack of training meaning that you experience problems using IT/IT software correctly (21%).

In addition to the underlying costs in terms of productivity and the bottom line, the report also found that amongst employees who use IT at work:

- 32% believe that their workplace IT systems are damaging their ability to do a good job, a rate which rises to 37% for firms with more than 500 employees
- 44% believe that IT problems directly cost their business time and money
- 40% agree that they had better IT systems at home than at work
- 24% who experienced IT issues said they have caused customers to complain, a proportion that rises to 30% in firms with more than 500 employees.

The sizeable and sporadic growth in digital learning, paperless technology and enhanced business solutions may have brought your practice into the digital era, but it opens up a new set of challenges; keeping your data safe.

At a time when NHS dentistry continues to be under-funded and over-stretched, are we likely to see further attacks on the profession?

### The robots are coming – or are they?

In his final speech as US President, Barack Obama warned of the 'relentless pace of automation that makes a lot of good, middle-class jobs obsolete.' Even Bill Gates, co-founder of Microsoft, has said that governments will need to tax robots to replace forgone revenue when human workers lose their jobs.

Taxing. Robots. Is that really the future?

According to the thinktank Reform<sup>5</sup>, almost 250,000 public sector workers could lose their jobs to robots over the next 15 years, installing machines would be more efficient and save billions of pounds. While manual labour is a clear candidate for automation – perhaps unsurprisingly telemarketers are also ripe for automation, but where does healthcare fit?

The report also suggested tens of thousands of jobs in the NHS and GPs' surgeries would be affected by 2030 – saving as much as £4bn a year. Nurses and doctors are also susceptible to the rise of the machines, which the report says can outperform humans at some diagnoses and routine surgical procedures, and are more efficient at collecting information.

Is technology reducing the dental workforce? Are we seeing less technicians – prime candidates for decline – and more automated processes? If so is this a threat to the profession?

Ultimately, even when machines do take over some human activities in the profession, this does not necessarily spell the end of the jobs in the sector. On the contrary – the McKinsey report<sup>6</sup> suggests their number at times increases in occupations that have been partly automated, because overall demand for their remaining activities has continued to grow. Figure 3 highlights a decline in dental laboratories, albeit a gradual one. So we're seeing more automation in practice, a gradual decline in dental laboratories, and a boom in milling machines cutting down the necessity to send work to the lab, will dentistry see fewer technicians?

Paul explained: 'The answer to this is yes. As with most industries, there is, and will continue to be, more and more automation, and the dental industry is no exception. There will always be a need for dental technicians. However what they know and how they use this knowledge in practice will have to evolve with the technology and the needs of the dental industry. One of the big questions that we have to address is whether in the long term the UK dental technology industry can survive and thrive in a globalised environment?'

‘The current digital dentistry technology has facilitated the success and practicality of this sector. There will be a gradual de-skilling of the dental profession, and this will relate to those practical hands-on activities and manufacturing that is now and will continue to be done via CAD/CAM.

‘This is not to say that the dental team will be any less skilful – they will have developed skills in other and emerging areas and related technologies.’

The question remains to be seen whether ‘skills in other and emerging areas’ means dentists will become proficient in pressing buttons and setting up equipment, rather than delivering clinical excellence.

### Embracing change

Perhaps a more fundamental look at how reliant we are upon technology is a matter of mind. In my mind there are two groups; those born in a technological era where it’s second nature to them, and those that weren’t who have a choice to make – embrace technology or not. That doesn’t necessarily mean they have made a business decision – they may be adept at working a certain way and in their mind technology won’t improve that. Andrea believes much of the answer lies in your date of birth.

‘Getting to grips with new and innovative technology is definitely easier for the new generation coming in to the industry. They have grown up with computers and technology and will predominately, I believe, through the gaming industry be very familiar with the look and feel of a simulated 3D environment or at least something very close. They will not be as reliant on hard copy models for example and would feel much more comfortable manipulating an image on the screen.

I also believe that we are in a transitional phase within the industry at the moment with the introduction of 3D scanning, planning and printing options which are not only available now but are being updated and improved at a phenomenal speed, including the materials used for the printing, thereby allowing us to potentially print more and more appliances that can safely remain for longer periods of time in the oral environment.

‘Having said all that there are many of the older more experienced generation

who are very able and keen to learn this new technology and are more likely to have the funds to invest into it, so I do believe that although they are at a disadvantage compared to the younger generation, with their accumulated skill and knowledge and determination they can do just as well.’

‘Only time will tell whether that professional gets to a stage where they cannot function without the use of technology.’

Paul added: ‘The practitioner will always hold the legal responsibility as the prescriber and deliverer of a treatment and its administration. Although clinical time spent per patient may be reduced with the incorporation of digital working practices, the practitioner will always have the responsibility of agreeing any treatment and agreed predicted outcome that has come from the wider dental team. An example of this is the use of orthodontic aligners, generally prescribed by general practitioners. It is the laboratory that will divide the treatment into a fixed number of parts using consecutive aligners and a provisional outcome arrived at with the teeth in a better straighter position at the end of treatment. The human element will still be needed to pilot the technology.’

And that is the crux of the matter. Technology might help to develop the profession, but there will always be a dental professional there to work the technology. Only time will tell whether that professional gets to a stage where they cannot function without the use of technology – rather like children who cannot function without a smartphone by their side. But automation is coming, and we need to embrace change. Without it, we’ll be right back to square one, wondering how fast technology has passed us by. ♦

1. Appliances Direct. The Evolution of Appliances. Available online at: [www.appliancesdirect.co.uk/content/the-evolution-of-appliances-report](http://www.appliancesdirect.co.uk/content/the-evolution-of-appliances-report) (Accessed July 2017).
2. ADDE. 2017 Survey on the European Dental Trade (Market Trends).
3. British Dental Association. Is there a Well-being Gap among UK Dentists? Results from the 2014 Dentists’ Well-being and Working Conditions surveys. Available online at: <https://bda.org/dentists/policy-campaigns/research/workforce-finance/Documents/BDA%20Research%20Findings%2012%20-%20Well-being%20gap%20FinalV.pdf> (Accessed July 2017).
4. Managed 24/7. The True Cost of IT. Available online at: <http://www.managed.co.uk/news/uk-workforce-productivity-survey-2017> (Accessed July 2017).
5. Reform. Work In Progress. Towards a leaner, smarter public-sector workforce. Available online at: <http://www.reform.uk/publication/work-in-progress/> (Accessed July 2017).
6. Michael C, Manyika J, Miremadi M. Where machines could replace humans—and where they can’t (yet). McKinsey Quarterly. July 2016. Available online at: <http://www.mckinsey.com/business-functions/digital-mckinsey/our-insights/where-machines-could-replace-humans-and-where-they-cant-yet> (Accessed July 2017).



# Practice Managers – tied up in red tape?



**Lisa Bainham**

President of the Association of Dental Administrators and Managers (ADAM), considers the current concerns of Practice Managers...

**P**ractice managers need broad shoulders. The days of a PM being a receptionist who did the cashing up and staff rotas are over. Today's successful dental practice needs a dedicated team with an effective PM at the heart of it. But what are the major issues that are landing on PMs desks across the UK? Having surveyed the ADAM membership, here are our top five:

1. CQC/Regulation. Far and away the dominant issue affecting PMs and their practices today. Quotes included:

*'Definitely the ever changing and increasing regulations; whilst there are compliance packages available, we shouldn't need to be buying in further help. Some of the compliance companies are also fuelling the system by adding in all sorts of unnecessary policies and protocols. It is becoming very difficult to know what is actually required, and what is totally OTT. One CQC inspector will interpret things one way, and another will have a different opinion. I understand that they are trying to be more standardised in how they inspect, but there are still far too many variants out there for anyone to tick all the boxes.'*

*'It's hard to keep up with changes and regulation; there are not enough hours in the day. You tend to be buried in paperwork, when you should be available to deal with staff and patients and to let them know you are there for them.'*

*'The other problem is the new CQC inspections on the KLOEs – is the practice well led? To an extent yes, it is as all governance,*

*health and safety, information governance to name just a few, but as the principal is the registered manager and doesn't invest in the practice or staff, this affects the outcomes of some of the CQC requirements. Whereas I can identify the learning needs of the staff, the principal will not pay for any training other than CPR/medical emergencies. So I am not in a position to support the staff to meet the requirements of the registration.'*

*'...keeping up with regulations and CQC requirement is quite stressful.'*

2. Staff – recruitment of the right team members

*'I think the biggest concern at the moment is the lack of qualified and experienced dentists and nurses who want to work in an NHS practice that is open 8-8, which is how our site operates. Even though we offer modern facilities and have a very good, qualified support team, if someone leaves, we have been finding it extremely difficult to recruit these two key roles for about two years now. Even securing a locum dentist who wants to work these hours has proved almost impossible.'*

*'I hear anecdotally from colleagues that many dentists are choosing to work outside the NHS, even after completing their VT, which makes one concerned for the long-term future of NHS dentistry.'*

*'Recruiting qualified nurses is becoming harder. I have been advertising for months and no interviews.'*

*'Recruiting experienced dentists is a constant struggle – there are very few applying for jobs. My worry is after Brexit this will become even more difficult as most of our dentists are Europeans.'*

3. Tendering and LATs

*'The subject of tendering has now come up as although we are told by our health*

*board it will just be reviewed like the end of previous contract times, we cannot assume. This may change and we may have to tender for our large orthodontic contract.'*

*'E-referral systems are being set up now throughout England for minor oral surgery and orthodontics with us in September 2017. We are an orthodontic practice but we also have a paper referral waiting list. The Local Area Team (LAT) are asking us to add all of these onto the e-referral system as well as still using our own software - double the work and to what end? The LAT don't really know yet. The LAT get audit figures from the BSA already. All very annoying!'*

4. The economy. This was a particular worry of those who had a small or no NHS commitment

*'We are an independent non NHS practice in a market town. If the economy does worsen that will have an effect on our patients' ability to pay for treatment; recruiting new patients is always something which we worry about.'*

5. Staff – retaining the right team members

*'My current challenges are retaining staff and keeping them motivated. With the cost of GDC, Indemnity and Disclosure and Barring Service (which staff have to pay themselves) staff are now starting to leave and go into jobs in supermarkets etc as the pay is higher and there are no outgoing costs involved in doing your job and no outside bodies coming in and inspecting the way things are done.'*

*'In the 30 years we have been in dentistry, getting the right team together is the biggest issue. Finding that special person has always been a challenge!'*

What are the paramount concerns of other team members? ♦



# The dental **expert witness** in court: reducing risk by knowing the ropes



**Dr Chris Pamplin**

BSc PhD, Editor, UK Register of Expert Witnesses

**E**xpert witnesses now operate in a regulatory and legal environment that is much more onerous than it was even 10 years ago. Not only can any participant in the court case – or indeed an outside observer – refer an expert witness to the relevant professional regulator, but litigants themselves can also sue their own expert for damages if they think the expert has been negligent – a serious professional risk indeed.

Given the existing concerns about the fitness for purpose of the current General Dental Council's (GDC) regulatory regime, no dentist should take on forensic work without extensive preparation. It will include gaining a full understanding of the role of the expert witness in legal proceedings and ensuring familiarity with all the relevant rules

and directions of court. Any failure on the part of the expert puts at risk a professional career for the sake of what is, for most, a forensic side line.

So can you work calmly 'under fire' in an often high-stakes and combative environment? Would you relish the challenge? For those dentists who possess the necessary personal skills, the intellectual and financial rewards can be great.

## Into court

The area of forensic practice many expert witnesses find particularly stressful is giving expert evidence in court. While dentists who write forensic reports will seldom have to appear in court in civil actions, it remains the norm within the criminal justice system. Should the day arrive when you have to stand

up in the courtroom and bear witness to your expert opinion, you would be wise to prepare thoroughly. Familiarity with both court practice and the rules governing the giving of evidence is essential.

### Courtroom etiquette

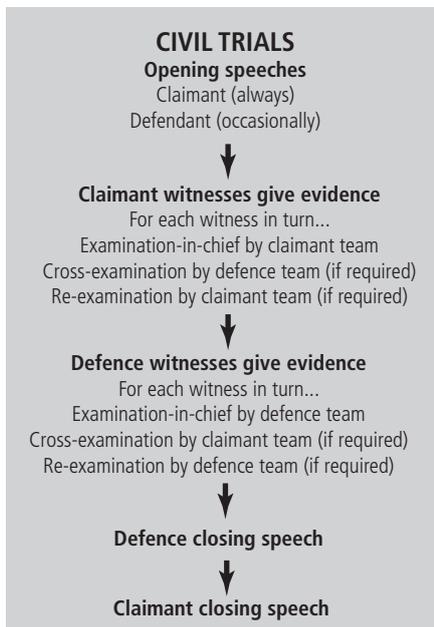
Courtroom etiquette is the same for expert witnesses as for any other person appearing in the courtroom. Broadly speaking, the rules are:

- Remove all headgear before entering the court. (There are exceptions for religious observances.)
- Enter and leave the courtroom at an appropriate time so as to cause as little disturbance as possible
- When not giving evidence, always keep quiet
- Sit in the designated area, which will be pointed out to you by the usher
- Stand when the judge enters or leaves the court
- Always ask the usher if you are in any doubt as to what to do.

The following activities are not permitted in court: smoking, eating and drinking, reading magazines and newspapers, taking photographs, making tape-recordings, using a mobile phone or using a personal stereo. Animals are not permitted in court – except a guide dog accompanying a registered blind person.

### Taking the oath

The expert will be called by the court usher and asked to stand whilst taking the oath. The court views the taking of the oath as a grave matter. As with other witnesses, the expert remains under oath until dismissed by the judge. After giving evidence, the judge will usually thank and formally release the expert. The expert is then free to leave but should not discuss the case with anyone outside the court. Usually, however, the expert will be required to assist the instructing legal team. This will frequently mean sitting behind counsel while the other side's expert is examined, and then answering any questions that may arise. Experts will often need to explain quite basic things about the evidence from the opposing expert, and must stay alert for any inaccuracies that it might contain.

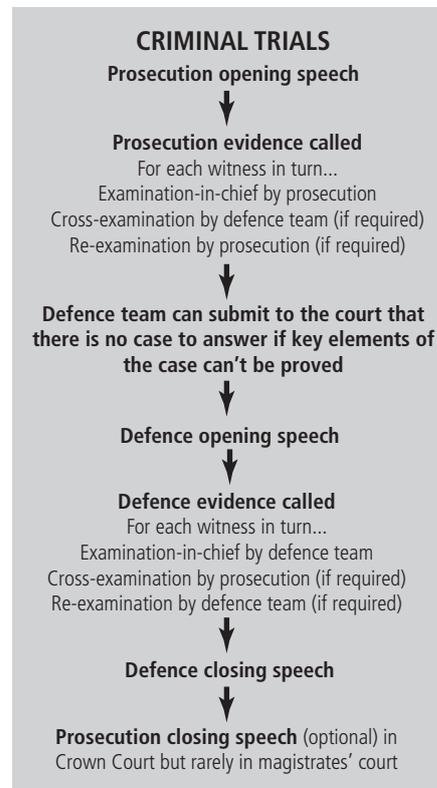


### Examination-in-chief

The sequence in which civil and criminal courts hear evidence is broadly the same. Following opening submissions from the parties, the party bringing the claim (variously called the claimant, applicant or plaintiff in civil cases and the prosecutor in criminal cases) will present its case and call its witnesses to give evidence. The party defending the case (variously called the defendant or respondent) will then give its evidence.

**'Experts should not be partisan and should not seek to hide matters that help or hinder one party or the other. This role contrasts with that of the lawyers, who are partisan and whose questions will be designed to present their client's case to its best advantage.'**

When called to give evidence, the advocate representing the instructing party will question the expert first. This is known as the examination-in-chief and will usually begin with questions about the expert's qualifications and experience, and the methodology used in preparing the report.



At this stage leading questions will be rare.

The expert in court has a special responsibility to assist the court in coming to a just conclusion. Experts should not be partisan and should not seek to hide matters that help or hinder one party or the other. This role contrasts with that of the lawyers, who are partisan and whose questions will be designed to present their client's case to its best advantage.

Consequently, expert witnesses should not be afraid to expand on a reply to a question and should not allow answers to be driven by the examining advocate. When in doubt, the expert should ask the judge for permission to offer a fuller explanation. It is an important part of an expert's skill to be able to explain technical matters to a lay audience.

In expressing opinion, the expert should take into consideration all the material facts before the court at the time the opinion is expressed. If, for any reason, the opinion can't be expressed without qualification, the expert should indicate that the opinion is provisional.

Finally, but crucially, experts should take great care to confine their responses and

opinions to matters that are material to the dispute between the parties and which relate only to matters that lie within their expertise. Experts should make it clear to the court when a particular matter falls near the periphery of their area of expertise.

Normally, the party bringing the action will not be permitted to call further evidence after it has finished putting its case. Consequently, if an expert witness believes that important evidence has been excluded, the prosecuting advocate should be informed before the close of the prosecution case.

### Cross-examination

When the opposing party puts questions to the expert it is known as cross-examination, and it can be hostile in nature. By its very nature, cross-examination is designed to produce answers that are favourable to the cross-examiner and to cast doubt on the quality of the expert's evidence.

The expert may simply be asked to clarify earlier responses, or to state an opinion based on a slightly different hypothetical premise. However, the cross-examination may be an all-out attempt to discredit the expert's evidence. This approach is perhaps most common when written evidence is so watertight that the only option left to counsel is to try to undermine the expert's credibility in court in front of the judge and jury. For example, there may be an all-out attack on the expert's qualifications and credentials, adducing scientific literature containing authorities contradicting the evidence given or challenging the opinion generally and the methodology used.

As the scope for cross-examining of experts is much wider than it is for ordinary witnesses, the advocate might also ask about:

- The bases of the opinion, regardless of whether those bases were canvassed under examination-in-chief
  - Materials not considered
  - Tests not conducted, and
  - Data not reviewed
- as well as the implications of these.

Bear in mind that in cross-examination it is permissible to ask leading questions, and the skilful advocate will often seek to take control by asking such questions or others that require a simple 'yes' or 'no' answer.

As unpleasant as it can be, cross-examination is considered by our legal system to be the most effective device for testing the veracity of witnesses, to expose the dishonest, mistaken or unreliable, and to uncover inconsistencies and inaccuracies in oral testimony.

The 'golden rule' for the expert is to maintain a measured and calm approach. Remember that you are there to assist the court and it is to the court that you owe your primary duty. Take your time, be deliberate and make sure you fully understand the question before giving your answer. Be vigilant for the ambiguous question that might have a double meaning or assumes an answer to an earlier question that you have not given. If you don't understand the question, or if it seems ambiguous, ask the advocate to try again.

'The 'golden rule' for the expert is to maintain a measured and calm approach. Remember that you are there to assist the court and it is to the court that you owe your primary duty.'

That will, doubtless, all sound quite unpleasant, but judges today are more alert to their duty to intervene to control oppressive questioning of witnesses. So while cross-examination can still be an ordeal to be endured, the traditional image of the expert being torn to shreds by skilful cross-examination is now rare.

### Re-examination and further questions

During the examination-in-chief or cross-examination, the judge might put questions to the expert. They will usually be designed to clarify an answer that has been given or to explore an area the judge considers particularly significant. In the Crown Court, the jury, too, can put questions in the form of a written request to the judge.

After the conclusion of cross-examination, the party that originally called the witness may conduct a re-examination of that witness, but must limit questions to clarifying

## Tips on dealing with cross-examination

- Don't be over-enthusiastic and don't exaggerate – it can lead to suggestions of bias.
- Don't be evasive or aggressive and never lose your temper.
- Maintain an objective approach and acknowledge the existence of alternatives when it is reasonable to do so.
- Don't be flippant and never argue with the advocate.
- Try to be courteous, no matter how irritated you might become.
- By looking at the advocate while a question is put, and then turning to the judge to give your answer, you can help to prevent any instinct to engage with the advocate on a one-to-one basis.
- Remember, it's not personal!

only those matters arising during cross-examination. Leading questions may not be asked.

### Closing remarks

As the old saying goes, luck favours the well prepared. Any dentist who chooses to build up a forensic workload must take the time to understand how the legal system works, their role in that system, the duties that fall upon them as they accept instructions, and how to look after their own interests without being self-serving. Guidance on all these areas, and more, are key elements of the support provided by the UK Register of Expert Witnesses to member experts. ♦

Dr Chris Pamplin has been Editor of the UK Register of Expert Witnesses since its start in 1988. Most of his time is now spent on the professional support and education of expert witnesses. He is a regular contributor to meetings and publications that consider aspects of expert evidence in the UK.



**NSK UK Ltd** [www.nsk-uk.com](http://www.nsk-uk.com) **0800 6341909**

# The Challenges of Infection Control



Today's busy dental practices face a serious challenge; to maintain or increase productivity while ensuring that patient safety remains a top priority. At times, these may seem like incompatible goals. Advances in dental processing equipment, however, have empowered practices to develop safer processes while realising efficiencies and ultimately, saving money.

Despite these advances in safer and more robust processes, it is clear that handpieces will only last if they are cared for and maintained in an appropriate way and according to individual specifications. Alongside this, HTM 01-05 dictates that the cleaning and sterilisation of handpieces must take place after every use.

The key to prolonging the life of handpieces is to work towards correct and regular maintenance and cleaning, and in order to keep up with strict compliance and quality control, it is essential for all dental practices to use proven and reliable care and maintenance systems.

## **Handpiece maintenance and cleaning**

When it comes to handpiece maintenance and cleaning, there are two principle options available. The first is straightforward manual cleaning using a spray cleaner and lubricant, which if properly applied, can adequately maintain handpieces in a good operating condition. However, the problem with modern dental handpieces is that within their construction there are a number

of features that are difficult to access, making it almost impossible to sufficiently remove all deposits and residues. Manual



## Mark Beckwith, Decontamination Product Manager, NSK UK discusses the need to be compliant with today's infection control regulations.

cleaning is also time-consuming and insufficient cleaning ultimately leads to damage of the instruments.

The second and preferred option is automatic cleaning. Today, many handpiece manufacturers offer a choice of automatic handpiece maintenance units that are fast and easy to use and ensure that even the most hard to reach surfaces are cleaned and sterilised, keeping instruments compliant and free from damage.

One such unit is NSK's new iCare+, a fast automatic system that effectively cleans, disinfects and lubricates up to four instruments at a time without the need to use a washer-disinfector. iCare+ rotates the gears inside the instruments whilst injecting special treatment products into all the internal mechanisms and lumen to provide deep cleaning and disinfection, and a pressure spray simultaneously cleans and disinfects the external surfaces, ensuring full compliance every time.

### High performance autoclaves

Autoclaves have long been an essential part of any dental practice, but they can take up a lot of space. The most advanced system manufacturers have taken this into consideration and there is now a choice of autoclaves that combine high performance within a compact and elegant design.

Fast instrument processing is vital in a busy practice, so quick cycles, large chamber volume and low power consumption are key. NSK's iClave plus has an increased chamber volume that is 20% higher than comparable systems, and combined with fast cycles of less than 20 minutes could make a considerable difference to your practice performance whilst saving time and money.

An essential part of the sterilisation process within autoclaves is the automatic heating system. The heat must be precisely controlled to allow an even temperature distribution to prevent any thermic differences, making it possible to sterilise wrapped or non-wrapped instruments.

Using three different temperature sensors to control the steam temperature helps eliminate the risk of early deterioration, which can occur in some lower-quality autoclaves. In order to be compliant, your autoclave should also be able to provide hospital standard sterilisation and perform the daily Bowie & Dick or Helix tests as specified in HTM 01-05.

### Complete traceability

To be fully compliant with HTM 01-05 complete traceability of the cleaning process is required. All cycle parameters



should be recorded along with details of routine testing and maintenance of equipment used. To simplify this process, software is now available that generates a serial number for every cycle and this data can then be transferred onto an external USB storage device. Transferring this data onto a computer then allows you to add serial numbers for individual instruments to specific cycle records in order to show total traceability.

When it comes to the care, cleaning and maintenance of all dental instruments, it is important to carefully consider the right manufacturer you want to partner with. Always look to a trusted and reliable manufacturer who understands the requirements of any dental practice, backed by many years of research, and can offer warranty on all their products. It is also worth remembering that not using the recommended equipment and procedures can lead to any warranties being invalidated.

**For more information on NSK's care and maintenance range contact Mark Beckwith on 07900 246529, contact NSK on 0800 6341909 or visit [www.myNSKdecontamination.co.uk](http://www.myNSKdecontamination.co.uk)**



Call us on 0800 6341909 or visit [www.nsk-uk.com](http://www.nsk-uk.com)



NSK UK Ltd



@NSK\_UK

# Size does matter!

## Lorraine McFadden, Senior Dental Nurse at Chorlton Private Dental Practice is delighted with the increased capacity of their new NSK iClave plus autoclave.

Fast instrument cleaning is vital in a busy practice, so quick cycles, a large chamber volume and low power consumption are key. But that's not all, as well as a fast turnaround it is essential to choose a highly effective autoclave that is kind to instruments, especially to prolonging the life of valuable handpieces and surgical equipment, and above all, is reliable.

Chorlton Private Dental Practice, Manchester performs a wide range of general, cosmetic and implant dentistry, resulting in multiple implant and surgical setups and instruments that need autoclaving all day, every day. A busy private practice, they cannot afford to be without a reliable autoclave, and Senior Dental Nurse Lorraine McFadden is delighted that NSK's Northern Product Specialist suggested that they took a trial run in practice of the NSK iClave plus.

Lorraine commented, "NSK have been working closely with myself and our practice team for a long time and they has been a terrific help to us in improving our handpiece care and maintenance routine and making our whole decontamination cycle run more efficiently. NSK were aware of the volume of instruments we need to process daily and that's why they recommended the iClave plus, so that we could benefit from fast cycles and the large chamber capacity. We have been really impressed with the iClave plus it's brilliant!"

"With our other autoclave we have to go through up to 4 cycles before we can get all our implant and surgical instruments through. With the iClave plus we can get everything all in one. It's used all day, every day and I have to say it has really made our lives a lot easier. It's fast, easy to use and the large chamber means we can process many more instruments at a time. We can't find anything not to like about it and overall we have been really impressed."

The iClave plus incorporates a copper chamber and differentiated heating, making cycles faster without the need for a steam generator and so increasing the iClave plus's reliability. It has an increased chamber volume that is 20% higher than comparable systems, and combined with fast cycles of less than 20 minutes can make a considerable difference to practice performance whilst saving time and money.

Combining a compact and elegant design with quick cycles and low power consumption, the iClave plus is very easy to use. Equipped with a powerful vacuum pump enabling total air expulsion, the iClave plus makes it possible to reliably sterilise any kind of material, including the internal surfaces of handpieces. Moreover, the pump generates forced ventilation and perfect drying. The iClave plus delivers hospital standard sterilisation and can perform the Bowie & Dick and Helix

tests as specified in HTM 01-05.

As well as the iClave plus, Chorlton Private Dental Practice uses a range of NSK products, including a variety of NSK handpieces. The key to prolonging the life of handpieces are correct cleaning and maintenance and to ensure strict compliance and quality control, it is essential for all dental practices to use proven and reliable care and maintenance systems.

The first option for correct handpiece maintenance is manual lubrication in the form of an aerosol spray, such as NSK's PANA SPRAY Plus, a specially formulated and highly effective handpiece and air motor lubricant designed to be quick and easy to use for all major instrument brands.

The second and preferred option is automated cleaning. NSK offer a selection of automatic cleaning units including the new NSK iCare+ and iCare. The iCare+ is a fast system that effectively cleans, disinfects and lubricates up to four instruments at a time without the need to use a washer-disinfector. The NSK iCare is designed to clean and lubricate the mechanical internal parts prior to autoclaving to ensure prolonged life of all valuable handpieces.



**"With our other autoclave we have to go through up to 4 cycles before we can get all our implant and surgical instruments through. With the iClave plus we can get everything all in one. It's used all day, every day and I have to say it has really made our lives a lot easier. We can't find anything not to like about it and overall we have been really impressed."**

**Lorraine McFadden,  
Senior Dental Nurse at  
Chorlton Private  
Dental Practice**

# Style, performance and great service

## Dr Vittorio Gherardi DDS Dip Imp Dent RCS (Eng) discusses why he has chosen NSK equipment for his new practice.

After 15 years of practice in the City of London, last summer, together with a colleague, I moved into my new premises at 31 Harley Street to set up a whole new practice. We wanted to invest in equipment that, when properly looked after and well maintained, would last for a number of years and offer consistency of performance.

In the world of mechanics and engineering, we tend to believe that German technology will offer the best long-term quality. However, since moving to the UK in 2001, my experience of Japanese technology, in particular NSK, UK craftsmanship and American design has been extremely rewarding.

So when it came to planning and installing equipment in my new practice, I decided to use Dental Style (based in Somerset) for the cabinetry, A-Dec dental chairs fitted with NSK handpieces, and NSK surgical equipment.

I've always been a massive fan of NSK; like many Japanese technology companies, their engineering skills are exceptional

and this results in products that offer reliability and durability in a highly cost-effective way. When I purchased my NSK handpieces, I also bought the latest NSK iCare+. This handpiece decontamination unit effectively cleans, disinfects and lubricates up to four instruments at a time.

I also equipped my decontamination room with an NSK iClave plus autoclave – a fantastic unit which facilitates our nurses' job in respect of the CQC regulations and makes sure our decontamination is of the highest standard.

### Surgical synergy

I place and restore many implants a year, and two of my favourite 'toys' for implant surgery are the NSK Surgic Pro+ surgical motor and NSK VarioSurg3 ultrasonic surgical system. Both these pieces of equipment are exceptional and a dream to use for implant and oral surgery.

When performing implant surgery, there is a lot of equipment to be sterilised, and the iClave plus is perfect as it has 20% more capacity than a conventional autoclave.

This extra capacity has reduced the number of daily autoclave cycles for the surgery, saving us time and money.

### Superior all round

After many years of using NSK equipment, I can highly recommend them. Their customer service and support are exceptional, too, and they have an ethos of wanting to help dentists deliver the best results for patients, which I find very reassuring in the very commercial world we live in.

**"I've always been a massive fan of NSK; like many Japanese technology companies, their engineering skills are exceptional and this results in products that offer reliability and durability in a highly cost-effective way.."**

**Dr Vittorio Gherardi DDS Dip Imp Dent RCS (Eng)  
Harley Street, London**



# iClave plus

## More Safety, More Capacity

### Optimising handpiece performance with NSK's autoclave series

Even the best handpiece means nothing if you cannot use and decontaminate it safely. NSK leveraged the advanced know-how it has gained as a trusted global handpiece manufacturer to realise the potential of a handpiece-friendly autoclave through the iClave series.

### Deploying a copper chamber to match the advanced Class B cycle sterilisation capacity and efficiency standards

Air turbines, contra-angles, and other dynamic dental instruments consist of high-precision micro mechanisms and therefore benefit from careful sterilisation to maintain performance. NSK choose to use a highly conductive copper chamber to satisfy Class B, Europe's strictest sterilisation standard. The system delivers outstanding efficiency despite its large capacity.



Copper chamber

### 20% more capacity than conventional autoclaves

The iClave plus can fully use its 18 litre capacity because it maintains even temperatures throughout the autoclave chamber and constantly controls the surface temperature. The iClave plus offers 20% more sterilisation space than a conventional stainless steel chamber of the same size, ensuring greater safety by reducing instrument overcrowding.



Stainless steel chamber

### Highly thermal conductive copper chamber with even temperatures

Using copper to construct the chamber gives 18 times more heat conductivity than stainless steel. The copper chamber retains even internal temperature levels throughout despite its large capacity.

### Advanced heating system leveraging excellent thermal conductivity

NSK's innovative heating system optimises the high heat conductivity of copper. Enveloping the copper chamber is a special heater which is also used in satellites, incorporating electro-thermal material embedded in silicone to heat the entire chamber evenly without heat loss.



### NSK autoclave benefits include combining high heat conductivity of copper chamber with proprietary heating system



## Faster sterilisation

The copper chamber and adaptive heat system allows sterilisation in 18 and 35 minutes under Class S and B standards, respectively. (Including drying phase).

## Gentle handpiece sterilisation

Consistently even internal temperatures resulting from the use of a copper chamber and the adaptive heat system make it possible to control steam flow and eliminate heat fluctuations. With less thermal impact, sterilisation of air turbines, contra-angles and other instruments is gentler and safer.

## More effective drying phase

In a conventional chamber, uneven temperatures cause condensation inside instruments, reducing drying efficiency. This issue is almost non-existent in the iClave plus when temperatures rise or fall.

## More economical and environmentally friendly

A key factor in the greater efficiency of the iClave plus is that it can sterilise more instruments at a time. The iClave plus also lowers environmental impact because it consumes less electricity and water.

## iClave Plus Tech Spec

### An 18 litre model complying with the top sterilisation standard

Employing a copper chamber to minimise internal temperature fluctuations. Efficiently sterilising more instruments while minimising wasted space.

### iClave plus Complete Set

MODEL: iClave plus 230V  
ORDER CODE: Y1003077

External dimensions: W445 x D532 x H428 (mm)

Chamber dimensions: ø240 x 384 (mm)

Chamber capacity: 18 litre

Net weight: 55 kg

Maximum power consumption: 1,900 W

Supply Voltage CE: 230V - 50Hz

Air expulsion system: Vacuum pump 1, 3, 4 vacuum

Max Load: 4 kg (solid), 1.5 kg (porous)

External dimensions exclude protrusions

Programs		Parameters			Class
1	UNIVERSAL	134°C	5 min	3 vacuum	B
2	DELICATE	121°C	20 min	3 vacuum	B
3	FLASH	134°C	3 min	2 vacuum	S
4	SMALL LOAD*1	134°C	5 min	3 vacuum	B
5	PRION	134°C	18 min	3 vacuum	B
6	CRITICAL 134°C	134°C	5 min	4 vacuum	B
7	CRITICAL 121°C	121°C	20 min	4 vacuum	B

- Bowie & Dick: 134°C / 3.5 min / 3 vacuum
- Vacuum test: 20 min
- \*1 small load: included hollow instruments type A and B (MAX 0.5 kg)



# NSK

CREATE IT.



## TIRED OF BREAKDOWNS?

Replace your unreliable autoclave **TODAY** with the high-capacity NSK iClave plus.



### iClave plus



For more information, visit  
[myskdecontamination.co.uk/cashback](http://myskdecontamination.co.uk/cashback)

NSK UK Ltd [www.nsk-uk.com](http://www.nsk-uk.com) 0800 634 1909

\*Terms & conditions apply. This offer cannot be used in conjunction with any other discount or promotional offer. Offer ends 31/10/2017. †Than conventional autoclaves.



# Cleaning up

## your knowledge

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In 2009 the release of the first edition of HTM 01-05 was considered an important development across the profession in England. The formalisation of standards relating to decontamination and infection prevention and control was intended to bring NHS general dental practices to the same end point – essential quality requirements.

*BDJ in Practice* spoke to the Patron of the Society of British Dental Nurses, **Fiona Ellwood**, about what the last eight years have meant for the dental team

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### Fiona Ellwood

Patron of the Society of  
British Dental Nurses

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*In your view why was HTM 01-05 so significant?*

Decontamination and infection prevention and control were always part of core training for dental professionals and particularly for the dental nurse; prior to the introduction of HTM 01-05, but when we look at significant developments and key changes, the publication of the requirements and the document went a long way in basing what we did and would do on better practice. It's not too much of an exaggeration to suggest things changed forever – and for the better – at that point.

*Dentistry is a fast-moving profession, so how often does HTM 01-05 get looked at?*

It has been reviewed and the second edition was issued in 2013, but there were a number of amendments introduced before then. I'm lead to believe the latest review of the standards should have already been published.

I do think it is important documents like this are reviewed frequently. We as dental professionals always look for what we do and how we do it to be evidence based. The problem many practitioners found when it was first released was that some of the

requirements were not always evidence-based. Some of the amendments introduced over time, such as the storing and packaging of instruments, were done so on the basis of new information being presented.

*So what was the biggest change pre and post HTM 01-05?*

For me the answer is twofold.

Decontamination and infection prevention and control standards in community dental and hospital services were already structured and streamlined. Those working in general dental practice were operating their standards more by way of unwritten rules and what they considered to be the right thing to do. For those, the change was enormous.

Looking back, those in hospitals and community dental services were probably better equipped than general dental practitioners and one-man practices who may have found it quite a challenging change. The workflow had to change, and it had the potential to be costly – practice owners were expected to buy new equipment, for example. Timeframes had to change too. For example, the dental nurse who was already undertaking a large number of duties on top of caring for the patient, had to add these extra measures to the list as well. For those with the revenue, they employed ‘decontamination assistants’, but the principle remained the same – it added time and cost, but with inferred better patient outcomes. It could be recognised by some as further financial outgoings not long after the economic crash in 2008. The structure, the flow, the consistency and the way we approached packaging and the continual monitoring were the biggest changes.

*Fast forward eight years. That document is embedded. It's now part of everyday life in practice, but what is the impact of those changes and developments?*

If you talk to dental nurses involved in the workstream if it has been part of their training, and they were born into the profession after 2009, they don't know any different – it's always been a part of their job.

Those who were part of the change have adapted – because they had no choice – but they have adapted well. The challenge for many dental teams is now keeping their knowledge up to date. That's proving to be more difficult than it sounds.

There are mixed messages on what you should/should not be using. Unfortunately we are increasingly seeing individuals and companies providing CPD from a sales perspective rather than theoretical and learning perspective. Throw in antibiotic stewardship and the need for a wider understanding of why those issues are important, and there is a huge expectation on dental nurses and the entire dental team to understand the ‘why’ element.

**‘Decontamination and infection prevention and control standards in the community dental and hospital services were already structured and streamlined. Those working in general dental practice were operating their standards more by way of unwritten rules and what they considered to be the right thing to do. For those, the change was enormous.’**

*What are some of these mixed messages?*

Take the changing and use of gloves, for example. There are different types of gloves for different procedures, but the issue is more the use of cleaning agents such as hand washes and hand rubs between changing the gloves. Some take the former as a replacement for the latter, and that is absolutely not best practice.

*Where do these mixed messages originate?*

There are a variety of sources, and that in itself is a problem. We have the guidance yet many professionals interpret what is said in a number of ways. As a Society we take a great deal of guidance from one of our Fellows who specialises in oral microbiology for dentistry. We also have decontamination leads within the Society and of course I am the Co-programme Lead on the Infection Control lead module on the Foundation degree at the University of Chester.

*Is the decontamination lead something you would recommend?*

HTM 01-05 recommends you appoint a decontamination lead. Sadly we still hear about practitioners taking on the

responsibility and juggling multiple expectations rather than delegating this to an identified lead. There isn't really a group to share best practice with, so it's done on an ad-hoc basis. Everyone draws from a different point of knowledge. This is a vital component of the Society as it helps keep the membership informed and offers support.

*Could HTM 01-05 go one step further than recommending one is appointed?*

I believe that this role is essential if the dental team are to be well informed and are to exercise best working practice. Yes there would be challenges with not only implementing the directive, but who would give it in the first place and who would monitor it in the long term. I firmly believe decontamination and infection prevention and control standards are so important for the dental team that this should be considered. Perhaps it could become at the very least a ‘notable practice’ consideration from the CQC.

*So what should people looking for CPD in this area consider?*

If I look at the courses out there, there is a criteria I would encourage people to look at before attending. Does it meet GDC



©Gill/Jamie Griffin/Blend Images/Getty Images

standards? Does it meet CQC standards? Does it meet both? As with anything that is potentially product-driven, there will be an agenda behind it. This is such an important topic we have to look beyond that.

Find a competent, and preferably qualified or trained lecturer/speaker who you feel comfortable with and believe has the knowledge to deliver the information and who can award CPD and undertakes quality assurance practice along with an intention to assess learning.

NSK have developed some short courses which I have contributed towards and they were deliberately assessed against the GDC requirements, what the CQC says and what the current standards are and their quality assurance policy.

The Society has also developed an accreditation approval scheme so that dental nurses can easily see that CPD courses meet an expected and required standard. That's quite an important point not only dental nurses to consider, but for the principal dentist too. When registration was introduced for dental care professionals, dental nurses then had ownership of their professional position and an expectation of learning. No longer were dental nurses expected to turn up, do their job and go home; they were expected to become

involved as wider members of the dental team and of life-long learning.

*You mentioned antibiotic stewardship earlier. How does that play a role?*

We are trying to keep dental nurses informed about effective infection prevention and control. We can reduce the risk of infections developing and spreading by educating those within the team responsible for decontamination and infection prevention and control, highlighting how these things start and identifying how we can break that chain. If they don't understand what they're doing, they won't be in a position to participate in effective infection prevention and control and may contribute to antibiotic problems.

*Do you think extended roles within the dental team is a benefit?*

Absolutely. Extended roles are a huge benefit. If you take CDS as an example, who have a decontamination lead, the person responsible undertakes the monitoring, auditing and competence checks as well as delivering training and updates to the teams. I go back to responsibility and accountability too. It can keep dental nurses motivated and help with staff retention. I was chatting to a dental nurse not long ago

who said she could earn more stacking shelves. This cannot be right - it is far from a well-paid career and many are in the job because they care for people, but we should consider the true role of the dental nurse. Developing a dental nurse who is passionate about decontamination and infection prevention and control standards can be an asset to any dental setting. Is there one point you want to emphasise when it comes to standards?

That's simple! Not to assume everyone

knows what they're doing. It's a funny thing to say given the level of qualifications and training needed to enter the profession, but it's a dangerous and often natural assumption to make. Sometimes we find the induction process is quite often poor so the key thing is continual training to ensure you and the team are up to date. If registered dental nurses join the team or act as locum nurses we should never assume they are trained to the same level or way of the practice. After all there are three different routes to the point of sterilisation outlined in HTM 01-05.

*What do you consider to be good practice for an induction?*

Whoever is named as the decontamination and infection prevention lead should spend time getting those new to the practice up to speed with a standardised training procedure long before they start working. A model of not being thrown in at the deep end and escalating into poor working practice is a good way to approach it.

You always have to consider the implications of your working practice, the CQC and the standards set by the GDC - 'patients have a right to be treated in a clean and safe environment'. Ask yourself: what would your team say about your procedures? What would your patients want to know? It may be useful to promote your decontamination lead in your practice reception or newsletter.

It was interesting to note the CQC report into dentistry was positive for infection control, but well-led was one area for improvement. For me, well-led crosses over into infection control. A well-led practice in the first instance puts in place a framework that has been developed with the team, it pre-empts potential happenings rather than fire-fights and has the ability to deal with situations that arise when you don't expect them. It also means they have processes and fail safes in place to ensure they don't happen again. I'd consider this in the induction process too. ♦

*Note from the Editor-in-Chief: We are publishing an amended version of this article which appeared in the July 2017 issue as some detail of the content was subsequently deemed to be incorrect. We apologise for any inconvenience or embarrassment caused.'*



# Music and television in the practice – copyright and licensing rules



By James Dawson

Head of Advice Publications in the Practice Support team at the BDA, responsible for the Association's guidance documents for members in general practice on legal matters including associate contracts and staff employment.

**W**ho owns the music you listen to in your practice, or more precisely who owns the copyright in the music you listen to in your practice? This becomes a costly question when you have a radio or television at your practice because the law protects the writers, performers and publishers of any piece of music, film or television programme. To comply with their private property rights businesses often have to pay for licences from a centralised body that represents copyright holders.

This is a common bone of contention for many small business owners, not least dental practices. Obtaining the required licenses is an extra expense for the business and rests on the notion that the people on business premises (both staff and customers) are public in nature. Basically the law protects copyright owners when their work is used anywhere outside your domestic or personal space – for example your home or private car. Consequently, the use of copyrighted material in your practice does not, in this context, count as private. Waiting rooms and surgeries will be used or attended by a significant number of people (patients and staff) each day. Other rooms in the workplace, such as staff rooms and offices, may be private but are still covered by the definition and, under copyright law, are considered to be public spaces.

## New obligation

Copyright law has now been extended to cover the showing of motions pictures, such as films and television programmes outside of the home. This was done to reflect modern usage, sharing of films, TV and because of the importance of the sector to the UK economy. The changes have increased the rights of those creating film or television content to control how their property is used, by removing an earlier exemption relating to the free public showing of broadcasts. It

ensures that the producers and distributors of films and programmes are paid for the use of their works. Unfortunately it means an extra licence to pay for if you show films and television programmes on TV sets or computer monitors.

Copyright holders have clubbed together to enforce their rights through the Motion Picture Licensing Company (MPLC). MPLC represents over 850 Hollywood and independent film studios together with domestic and international TV producers. It issues what it calls the MPLC Umbrella Licence which gives businesses the permission to play films and programmes in their premises.

Since the law was changed in June 2016 the MPLC has been assessing its strategy for licensing businesses. However, the BDA has told them that dental practices, like other care providers, are not in the entertainment business so, although films or televisions may be on in the background in order to create a better ambience, dental practices should be charged at a lower rate. We are pleased that they have indicated that they will do so. Also the MPLC agrees that it should not seek to backdate charges to businesses. Instead it will, the BDA understands, contact dental practices and other small businesses from summer or autumn 2017 to ask them, if liable for one, to obtain the MPLC Umbrella Licence. If you want to find out more in anticipation of this then check their website at [www.themplc.co.uk](http://www.themplc.co.uk)

## Exception

There is a way around this – exceptions to these requirements exist if you only show news channels or sports channels. These two types of channel already include public exhibition rights within their content. So MPLC licences will not be needed if this is all your TV set or computer monitor displays. However, in order to avoid a licence demand, you might be asked to demonstrate how you ensure that you and your staff restrict the

channels shown in your practice. Copies of communications to practice staff about your decision to restrict the use of channels, inclusion of this decision in your practice's written policies (it might fit in your policy on email and internet usage) and a notice on the screen or television remote control, could be useful evidence of this restriction.

## Radios and records

The existing licences that you may already hold continue to be required if you have the radio on or play music in your practice.

The Performing Rights Society (PRS) collects and distributes money for songwriters, composers and publishers. A licence is needed if you play any type of music, whether it is broadcast on the radio or television or whether it is from a sound recording such as CDs, MP3, videos or telephone on-hold music.

Phonographic Performance Limited (PPL) issue licences if you play recorded music, such as CDs, MP3 and other sound recordings (including telephone on-hold music and music on the radio or via a TV). This is done on behalf of record companies and performers. PPL also operates Video Performance Limited, a related organisation that covers the use of music videos.

PRS and PPL are in the process of preparing a joint venture company for launch. When this becomes operational there will be a single point of contact for licensing the rights currently covered by each of PRS and PPL.

All these licences are additional costs on businesses and so are understandably not popular. They nevertheless are a way to obtain permission from copyright holders for the use of their property; the copyrights in pieces of music, television programmes and movies are private property and should be respected. The rules are wide ranging and the only proper way around them is avoid all music, television or film in the workplace. ♦

# How much do you really value your handpieces?



By Matthew Evershed

Managing Director of Trigiene Limited

*Avoid costly downtime and repair bills with a handpiece service care plan that gives you complete peace of mind*

**D**entistry is a stressful enough profession, even when things are going according to plan. The last thing any dental professional needs is to have vital equipment failing at a crucial moment, especially hardworking handpieces that have the potential to bring everything in the surgery to an unexpected and costly halt.

In order to deliver the high quality dental treatment that today's patients expect, dentists and their team need quality equipment they can rely on, working at optimum speed, torque and efficiency. Reliable handpieces come at a price and for long-term effectiveness they do need to be tested, serviced, carefully maintained, cleaned and lubricated on a routine basis.

Planned preventive maintenance is an all-familiar dental term that needs to be applied to your handpieces, not only to avoid vital components from wearing out and needing to be replaced, but to deliver the most cost-effective method to assure your practice is able to offer a safe and continued service to your patients.

To help ease the worry about maintaining and servicing valuable handpieces and the possibility of unexpected handpiece repair bills, many practice owners turn to basic routine one-off fixed payment per item service plans, offered by handpiece manufacturers and specialist repair companies.

## Not all service plans are the same

The time has come to turn handpiece service plans on their head and do away with the hidden costs and the worry of unexpected repair bills and downtime. With you in mind an innovative new service care plan has been designed to save you valuable time and to keep your practice running smoothly, offering a choice of flexible handpiece maintenance and repair options.

To budget for the care of your handpieces, rather than paying a one-off fee, paying on a monthly basis per handpiece means each one is fully protected with regular scheduled maintenance, testing and key repairs by qualified service personnel. Rest assured, the monthly care plan comes with a full diagnostic report and audit, unlimited warranties on materials and workmanship for the duration of the plan, has no hidden extras and offers free online training. The more handpieces the practice has under the plan, the better the value.

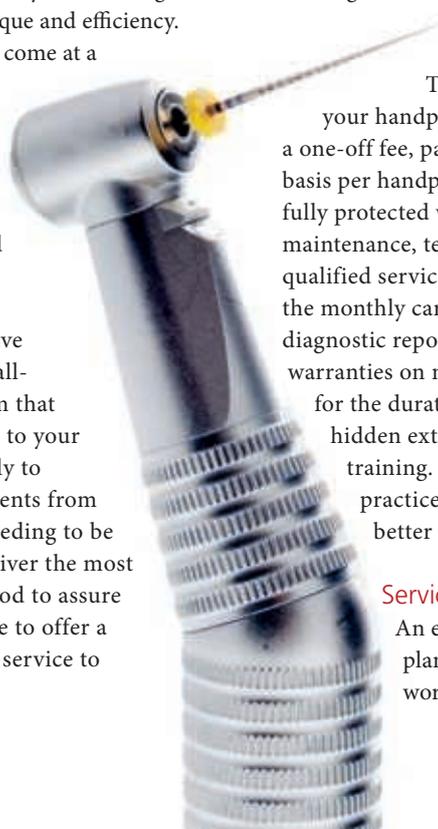
## Service essentials

An essential component of the plan for keeping handpieces working to their optimum

capability and avoiding breakdowns, is an all-inclusive annual service by a team of skilled and accredited technicians. Seek a company that has a quality assurance certification to ISO9001 and insists on exacting standards for all testing and repair work. The chuck retention, speed, concentricity, cartridge balance and torque should be tested against manufacturers' recommended parameters. All moving parts should be cleaned and lubricated and where applicable 'O' rings in the head and handle, premium ceramic bearings for all turbines and premium cartridges replaced. The airflow and internal air lines should be checked to ensure the handpiece is powered correctly, the water flow is running smoothly with no leaks and that internal water lines are cleared of any build-up of biofilm, a common cause for contamination and waterline blockages.

Busy practices need to get handpieces serviced or repaired with the minimum of hassle and in the shortest amount of time. Our company offers repairs that can be booked and monitored online 24/7, with free, insured, tracked and traced collection and delivery for convenience, security and peace of mind. In addition to this, there is the assurance of an annual online record of all servicing, providing evidence of the practice planned preventative maintenance.

Practices that are already signed up to the plan enjoy discounted prices on new handpieces. Where older handpieces prove uneconomical to repair, we will offer new replacement handpieces as part of the plan. ♦



# Make the most out of your patient payment plan



By Gemma Mather

Senior Payment Plan Consultant at Lloyd & Whyte

## Why have a patient payment plan?

Patient Payment Plans are one of the most viable solutions to increasing loyalty, generating regular income and improving preventative healthcare for your patients. All while offering your patients a more affordable option to manage their oral health. Independent dental practices have been experiencing higher levels of competition over the last few years, often from corporate practices. This has meant that retaining customer loyalty is becoming all the more important and offering the right patient payment plan can be key to this, if managed successfully.

## The importance of choosing the right provider

Choosing the right provider for your plan should not be seen as a light task. Many practices that I've spoken with already have a plan in place. Often, their plans were set up a while ago and they haven't taken the time to review how much they're paying their provider. In choosing your provider, there are a number of points to consider.

## The cost

Remember that a plan is put in place to help your business become more profitable. You don't want to be paying out large set up costs and additional administration fees each month unnecessarily. You want to ensure your plan is as profitable as possible to the practice. It's easy to believe that the larger the administration and set up fees, the more you receive for your money - this is often far from the truth.

## Plan flexibility

Nobody knows your patients better than you. You should be offering a plan that meets your patients' needs and have enough flexibility to ensure it stays that way. As your practice grows, you want to be able to evolve the

plan with it, without any barriers from your provider in doing so. Your clients trust you as their dental practice. Therefore, they'll be much more inclined to take up a plan which is tailored, branded and owned by the practice. Your provider should be there to administer and support you with the success of your plan and not try to take control over it, or your patients.

## Training and ongoing support

Once you have the right patient payment plan in place, training and support from your provider is very important in ensuring its success. A provider should not expect you to know how to process and grow your plan successfully without their advice and support. Also, training and support should not only be provided at the set-up of your plan, but on an ongoing and regular basis. Be sure that the provider you choose is able to offer this to you as and when required. A growth barrier I often come across is staff shying away from discussing the payment plan. This is because they don't feel confident in talking about it. This is something that can easily be overcome with comprehensive training that's readily available to you throughout the life of your plan.

## What you can do in the practice to grow your plan

Having the right provider is obviously an extremely important step. There are many things that you can put into place within the practice to actively grow your plan to its full potential. If you currently feel you have the right provider but growth is still slow, you may want to look into a few of the below points.

## Keep it simple

The more plans you have in place and the more complex they are, the harder it will be for your team to promote and process. The fear of confusion over many different plans is likely

to deter staff from discussing it with patients. Keep your plans clear and concise. You'll then find the process becomes a lot simpler.

## Reviews and incentives

Your provider should carry out regular reviews with you regarding your plan. It's also good practice to perform your own internal reviews to identify how the plan is going and where improvements could be made. Taking a more proactive approach will allow you to deal with any barriers efficiently. Setting your own targets and staff incentives can also be a successful way to motivate your team to focus on promoting the plan.

## Plan awareness

Patients have to know that you offer a plan in order to be interested. Make sure any literature is clearly displayed; mention the plan on any other correspondence going out to patients e.g. check-up reminders. Listen to your patients. They may mention something where the plan would be of benefit to them and you can offer them this option.

## What a successful plan will mean for your business

All of the hard work you put into choosing the right provider, getting your plan right and growing it will most definitely be worth it in the end. A successful plan can add a huge amount of value to your business. This is not only of benefit to your ongoing business revenues, but will also steadily increase the value of your overall business. Clients on a patient payment plan visit the practice more regularly and therefore client spend will increase overall. It will mean higher profitability and increased cash flow, making those quiet weeks and annual leave much less of an issue.

Remember, a patient payment plan does not only benefit the practice, it is of benefit to your patients too. Don't be afraid to promote it. ♦

# How to get the most out of your recruitment drive



By Abalene Odell

a Practice Management Consultant in the BDA's Practice Support team. Abalene advises general dental practitioners on associate contracts and a wide range of employment and other law.

**Y**ou have placed your advert for a new dental nurse in your local paper. Time for you to sit back and relax while the applications roll-in right? No!! Now is the time to prepare! To be able to select the perfect candidate for you, you need to shortlist the best for interview. Your shortlist needs to be the narrowed down selection of the best candidates that applied for your role – the ones that you will interview.

The basic aim is to exclude as many unsuitable candidates from the recruitment process as objectively, fairly and quickly as possible. Many employers request that applications be made on a standard form to ensure that candidates provide the information needed to assist with this sifting process. Perhaps most importantly, an effective shortlisting process will help ensure that you do not overlook an excellent candidate.

One of the easiest ways is to create a matrix or score card that will provide you with an overall score for each candidate based on your selected criteria. You can create your selected criteria based on the job description and the person specification you have developed for the role. Identify the essential and desirable requirements of the role. Essential qualities are those that are required to do the job. Desirable qualities are those which you would like applicants to have but are not essential to the job. In the case of a dental nurse, essential criteria are likely to include: registered or working towards registration with the GDC; possessing a dental nurse qualification or working towards one; an understanding of the importance of maintaining clinical standards; previous experience working within a busy customer care related service. Desirable criteria might include: experience of using particular software; or having an excellent telephone manner. Take your time to really think about what is important to you. It may

be a simple step, but it is a critical part of the recruitment process.

Be aware of a potential discrimination trap. Make sure that none of the criteria could be seen to single out on the basis of a protected characteristic – that is age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation. Rejected applicants can make a claim to an employment tribunal, even though you have never employed them, on the basis of discrimination. But by comparing each application against a pre-determined list of requirements, you have objective proof that you considered each applicant fairly and without bias.

To ensure fairness and consistency, a scoring and weighting system should be used in order to assess applications against each of the key criteria. Those responsible for shortlisting should agree in advance the scoring and weighting to be given to each criterion. A weighting should then be applied to the score achieved, according to how important the criterion is to the role overall. For instance criteria may be weighted on a scale of one to three; one being desirable, two being important and three being essential. The score achieved against each individual criterion is multiplied by the agreed weighting to provide a total mark for that particular requirement.

All applications should be marked consistently. If there is more than one person shortlisting, then each person's scores should be added together and an overall score awarded to the candidate. Selection should be based only on information provided in the application forms. Once you have done this with all candidates you can obtain a score for each and those with the highest score, say the top three or four (or however many you wish), will be those you select for interview. Those

## Scoring each criteria

1. fails to meet the person specification in all respects
2. meets the person specification in some respects
3. meets the person specification in most or all respects
4. meets the person specification in all respects and exceeds some
5. exceeds the person specification in all respects

candidates that make your shortlist should be invited to interview. The invitation to interview should confirm: when and where the interview will be; who the candidate should ask for on arrival; the names and positions of the people conducting the interview; and if there will be any other requirement, such as a test. Also ask them if they have any special requirements regarding the interview stage.

It is important that records are kept of the shortlisting process, including the reasons for selection or rejection of a particular candidate. The reasons should relate to your selection criteria. Records of the shortlisting process are disclosable to candidates on request and may be required by an employment tribunal in the case of a complaint of discrimination.

Shortlisting involves comparing applications with the job description and person specification to ascertain whether a particular candidate has the skills and attributes necessary to do the job. By doing this you ensure a fair and consistent approach. It also makes for a more structured process, allowing you to assemble your thoughts. And you can objectively eliminate unsuitable, under qualified or inexperienced candidates from the recruitment process quickly. ♦

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## Going live

My White Clinic launched their new cosmetic dentistry information website with a lot of interest. The website mywhiteclinic.com is for patients to use as an educational resource which helps to generate interest and the take-up of private cosmetic dental treatments. As the website features a range of educational videos with fast easy navigation it can be a useful tool for dental professionals who are members.

The educational information on the site helps new and existing patients to feel more confident to discuss new treatments and has generated in a six month pilot test at an independent mixed practice an increased take-up of private cosmetic dental treatments.

Dental professionals can join on the website in minutes and pay a small monthly fee. A key benefit of joining is an exclusive listing on mywhiteclinic.com which means members will be the only one search result in their postcode. Take a tour of mywhiteclinic.com – in the dental professional area you can find out more about member benefits.

The website was developed by My White Clinic Ltd as a showcase for their signature easy navigation and CQC compliant website development service. For more details contact info@mywhiteclinic.com.



## Dental cruise along the Danube with Jon Baines Tours



**WHEN?** 7- 15 September

**WHAT?** A river cruise like no other travel experience

Watch centuries of civilisation and stunning landscape unfold before your eyes as you drift along the Danube aboard the elegant Amadeus Princess. Join tour leader, Tony Druttman, Past President of the

British Endodontic Society with CPD lectures and on shore dental visits along the way as well as a full partner programme and a cultural itinerary.  
[www.dentalcruise.co.uk](http://www.dentalcruise.co.uk)

## Orthodontic and brace care

The common denominator of second teeth and the hormonal changes of adolescence is the depletion of hyaluronic acid, the normal constituent of healthy periodontal tissues. The consequence of this is a reduction in the level of protection given to the mucous membranes of the oral cavity. Gengigel Gel Teen has been formulated to adhere to the mucosa, allowing high molecular weight hyaluronan to

penetrate the gums below and restore a healthy balance.

Gengigel is also ideal for children wearing braces, who are more susceptible to gum inflammation, ulcers and lesions caused by rubbing of the appliance. The gel is designed to be massaged gently onto affected areas where it is clinically proven to alleviate pain and rapidly repair damaged gums.

For further information contact 0208 459 7550 or [marketing@dentocare.co.uk](mailto:marketing@dentocare.co.uk)



## Superior soft-tissue management

Do you want to achieve excellent aesthetics with dental implants?

Of course you do – which is why you should consider the TBR Z1 implant from Dental Express, a trading division of Surgery Express LLP and exclusive UK supplier of TBR products.

The TBR Z1 implant is unique in its zirconia collar-titanium body construction, which, thanks to the biocompatibility of the zirconia collar, allows the implant to be placed at tissue level for excellent soft tissue management and epithelial healing.

It also helps reduce the risk of peri-implantitis, which can severely affect the aesthetic future of any dental implant – not to mention function and stability.

To find out more about TBR implants from Dental Express and the very latest offers, do not hesitate to contact our highly experienced National Sales Manager, Russel Diffenthal at [russel.diffenthal@dental-express.co.uk](mailto:russel.diffenthal@dental-express.co.uk)

For more information, visit [www.dental-express.co.uk](http://www.dental-express.co.uk), call on 0800 707 6212 or email at [sales@dental-express.co.uk](mailto:sales@dental-express.co.uk). To learn more about the Z1 implant visit: <http://z1implants.co.uk/>.



## The myth of the rich dentist

For the better part of the last 120 years, society has looked upon dentists with high esteem and respect as well as with some degree of envy. After all, dentists charge high fees, make a lot of money and live a private golf club lifestyle with no worries! Yes, as highly educated professionals you have earned the right, ability and opportunity to create a good income. But for many, that's where it stops.

In addition to running a busy small business, you work so hard providing direct patient care, keeping up with CE, dealing with the NHS and diminishing reimbursements as well as corporate clinic competition. It's all you can do to keep your head above water.

As the years go by, lifestyle creep and higher taxes continue to take a larger and larger bite of the apple, and before you know it, you're in your mid 50s to 60s and wonder what happened to the dream.

The good news — there IS a solution!

The Dentist's Advantage, a membership discount programme for dentists, gives you access to benefits and savings from a comprehensive portfolio of the best products and services in dentistry. Through negotiation on behalf of hundreds of dentists, the Dentist's Advantage has been able to drive down prices on most dental overheads helping you to increase profitability and lower stress.

Visit [www.thedentistsadvantage.co.uk](http://www.thedentistsadvantage.co.uk), email [info@thedentistsadvantage.co.uk](mailto:info@thedentistsadvantage.co.uk), or call 020 70992077 (mob 074 6067 5339) for further information.

## Being competitive

Advancements in dentistry have accelerated in recent years due to the growth of new technology and equipment. 3D printing, digital radiography and integrated practice management software offer enticing efficiency benefits in today's highly competitive dental practice market.

While the possibilities appear endless, dentists face the conundrum of how to keep up with emerging technology and services that patients increasingly expect due to the high level of ongoing investment that is required. Asset finance solutions, from specialist providers such as Wesleyan Bank, can help dentists to stay ahead of the curve.

Tailored and flexible finance solutions include funding for a wide range of dental technology and equipment, including software and associated hardware and maintenance services. As a result, dentists no longer have to dip into vital cash reserves and attempt to purchase new items in one lump sum. In doing so, they can spread the cost (usually over 1 to 5 years) to protect essential working capital while maintaining their existing banking lines.

Wesleyan Bank is also able to negotiate best value by dealing with dental equipment vendors on a practice manager's behalf.



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## Dental study tour to Transylvania

**WHEN?** 15-21 September | **WHAT?** Jon Baines Dental Tour to Transylvania

Join Jon Baines Dental Study Tour to Transylvania and visit the unspoilt countryside of Romania with dentist and experienced tour guide, Carman Lakatos.

The tour will explore Romania's rustic medieval villages, glorious painted churches and eclectic ethnic mix. Start the tour in the grandeur of Budapest, drive through the

Hungarian countryside onto the region of Transylvania, visiting Dracula's castle and finish the tour in iconic Bucharest. Along the way, CPD talks and professional visits will offer an insight into Dental Education and Healthcare in Romania.

Please contact Jon Baines Tours on +44 (0)20 7223 9485 [info@jonbainestours.co.uk](mailto:info@jonbainestours.co.uk).



## Get social!

As part of a social media campaign, which runs until the end of August Belmont are asking practices to take a picture of someone chilling in one of their chairs; it could be a patient, team member or even your postman! Upload the image with a comment on Belmont Dental UK's page on Facebook, Instagram or Twitter with the hashtag #MyBelmontChair, explaining why the person is relaxed and happy and you could win a £250 high street voucher. There's also a £150 entertainment voucher for the runner up, which you could use for a

team bowling outing or trip to the cinema!

A member of Belmont's marketing team will contact the winner and arrange a convenient time to visit the practice to film a short video interview. Your story will be put into a press release and circulated to the dental media so that your peers can see what's special about your practice.

See who's on the 'Hall of Fame' by visiting [www.mybelmontchair.co.uk](http://www.mybelmontchair.co.uk). If you'd like a chance to see your chair included in all its glory, upload an image before 31 August 2017.

## Fast forward...

Fast forward 5, 10 or even 20 years. What will the practice of the future look like? How will the dental practice have evolved? What will patients expect? Where will the challenges come from? It's sometimes hard to take it all in. Fortunately, Dental Showcase 2017 is the perfect forum to take 'time out' and immerse in the certainties and possibilities of the future.

As always Dental Showcase this year will host thousands of professionals as they discover the very latest dental innovations across an unrivalled selection of exhibitor stands. All attendees will enjoy personalised product demonstrations, have the opportunity to try out products, talk one-to-one with suppliers and be able to snap up unbeatable deals.

But this year there is more to Dental Showcase... for the first time Showcase will proudly unveil the Dental Practice of the Future. Equipped with reception area, a patient information zone and a fully working surgery, and fitted out with the very latest equipment and technology it will give the whole practice team a window into the future. With a series of interactive demonstrations of the latest products and solutions, practice teams will be able to see first-hand how their working environment might evolve. The futuristic surgery will have seating, so that delegates can relax during keynote speeches and demonstrations and whilst not in use, delegates will be free to look at the finer details and head to the stands to find out more about their favourites.

Alongside the exhibitions, lectures and interactive presentations Dental Showcase presents the perfect opportunity to take time out to meet with colleagues old and new, to share views and experiences, and to consider and debate what the future holds for dentistry.

The 2017 Dental Showcase runs from 19 – 21 October in the NEC Birmingham. Don't miss one of the most important dates in the dental calendar, give yourself the opportunity to experience it all first hand and register your place for this year's event at <http://www.dentalshowcase.com/register>.



## To protect, care and conserve

At the forefront of preventative and minimally invasive restorative dentistry VOCO are passionate to help dental care professionals protect, care and conserve original tooth structure.

To further this aim, ensuring that patients' teeth are kept strong and functional for life, VOCO have developed Profluorid Varnish, which is suitable for a wide variety of indications and gives effective relief from the common problem of hypersensitive teeth. The white, transparent varnish is specifically designed for the treatment of exposed root surfaces, cervical defects, damaged enamel and carious lesions as well as for sealing the dentinal tubules following cavity preparation. Thanks to its sodium fluoride content of 5% (22,600ppm fluoride) Profluorid Varnish protects teeth against acid attack, promotes remineralisation and contributes to the formation of fluorapatite.

With a smooth consistency and excellent adhesion even to moist surfaces, Profluorid Varnish is highly regarded for its excellent time-saving handling and aesthetic properties. Available in five different flavours, including new bubble-gum flavour, Profluorid Varnish appeals to both adults and children and is ideal for treating cervical areas after professional cleaning and calculus removal.

VOCO Profluorid Varnish is available in a choice of multi-application tubes and cartridges, as well as a popular, convenient and patented SingleDose blister pack, supplied ready with an application brush. Change your game today and embrace the 'Teeth for Life' evolution.

To find out more call the expert VOCO team on international Freephone number 00800 44 444 555 or e-mail [service@voco.de](mailto:service@voco.de).



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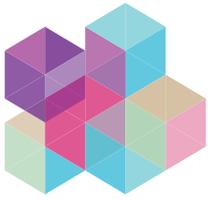
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Email: info@blackhillsclinic.com

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

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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

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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

## East Anglia

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Childrens Dentistry

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289511

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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**



283787

## South East

### AYUB ENDODONTICS

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#### 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

### 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

284695

## North

### 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

### SPECIALIST DENTAL CARE

www.specialistdentalcare.com



#### Mr Martin F. W-Y. Chan

BDS, MDS, 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

### 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

## 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, Sedation,  
Restorative and Cosmetic Dentistry.  
On Specialist List: Yes, Endodontics and Orthodontics

261006

### DENTAL SPECIALISTS ST ALBANS

96 Victoria Street, St Albans, Herts AL1 3TG

Tel: 0172 7845706

Interests: Periodontics, Orthodontics, Implants, Prosthodontics,  
Endodontics and Restorative Dentistry

On Specialist List: Yes, Periodontics, Orthodontics, Prosthodontics,  
Endodontics and Restorative Dentistry.

239826

### 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

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**Q1:** Who collects and distributes money for songwriters, composers and publishers?

- |               |               |
|---------------|---------------|
| <b>A</b> PPL  | <b>C</b> PRS  |
| <b>B</b> MPLC | <b>D</b> MPPL |

**Q2:** What certificate should you look for when seeking handpiece repairs?

- |                  |                 |
|------------------|-----------------|
| <b>A</b> IS901   | <b>C</b> ISO901 |
| <b>B</b> ISO9001 | <b>D</b> IS9001 |

**Q3:** Who do you *need* to inform about people with significant control on ownership?

- |                          |                           |
|--------------------------|---------------------------|
| <b>A</b> Companies House | <b>C</b> BDA              |
| <b>B</b> GDC             | <b>D</b> Your indemnifier |

**Q4:** What is number 4 on the recruitment scoring criteria?

- |   |  |
|---|--|
| <b>A</b> Meets the person specification in some respects        | <b>C</b> Meets the person specification in all respects and exceeds some |
| <b>B</b> Meets the person specification in most or all respects | <b>D</b> Exceeds the person specification in all respects                |

**Q5:** Why should you keep records of the shortlisting process?

- |   |  |
|---|--|
| <b>A</b> To pass on to the successful candidate | <b>C</b> To share with staff   |
| <b>B</b> If you need to hire in the future      | <b>D</b> They may be required by an employment tribunal in the case of a complaint of discrimination |

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