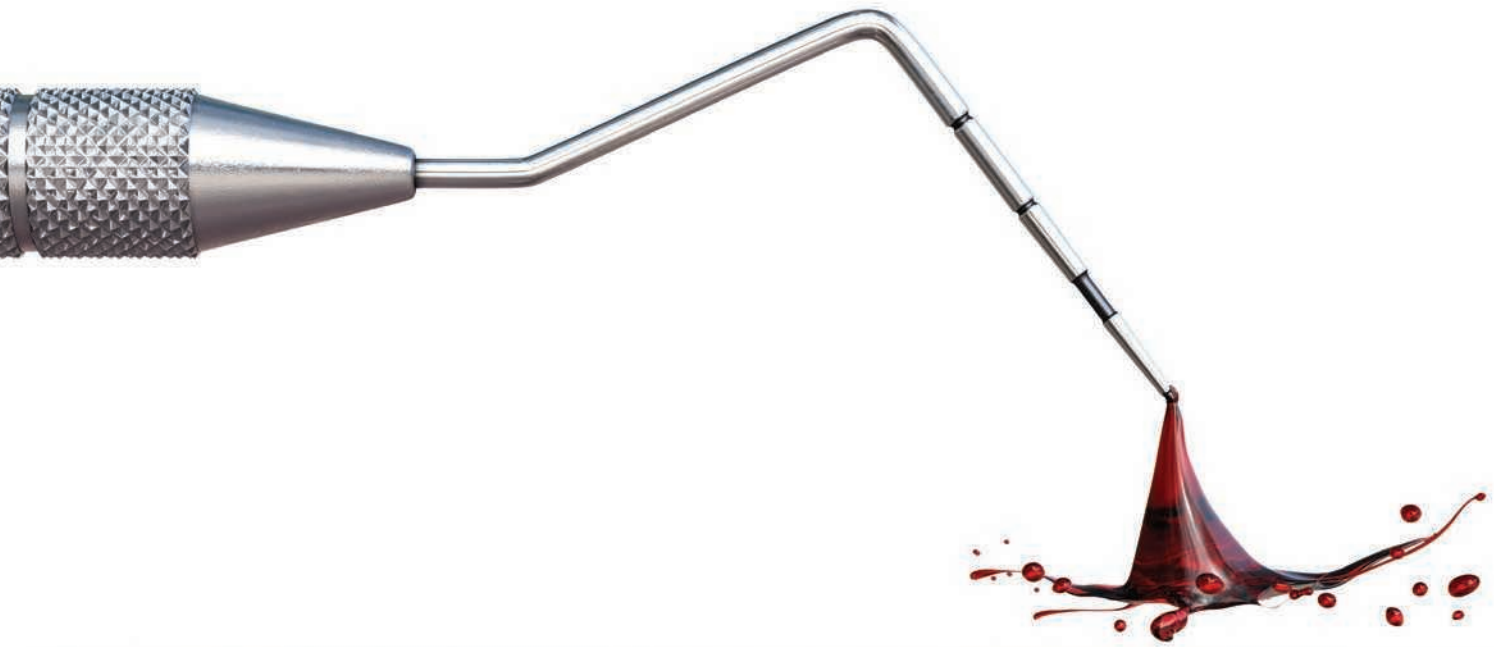
BDJ In Practice
December 2015

BDA

Oral-cancer toolkit ■ It's about click-throughs ■ Patients rights about records ■ Performance concerns



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References:
1. Bleeding Index Reduction DOF 1 – 2013 (LAEBBA0001), 50.9% reduction in whole-mouth mean Bleeding Index at 4 weeks.
2. DOF 2 – 2013 (UNKPLT0006).

UK/LI/14-3436

Advanced Defence against gum disease

BDJ InPractice

DECEMBER 2015

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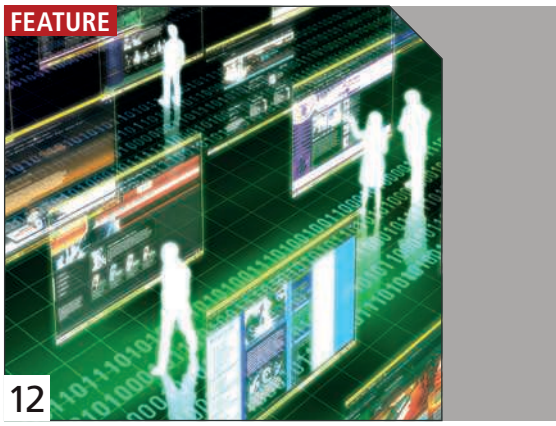

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STAFF

Parental-leave plans for grandparents

Working grandparents will be able to share parental leave, chancellor George Osborne has said.

Government is to bring forward legislation to enable this change sooner than expected with the aim of implementing the policy by 2018. It will consult on the details in the first half of 2016.

Evidence suggests that nearly two million grandparents have given up work, reduced their hours or have taken time off work to help families who cannot afford childcare costs. Grandparents may be contributing as much as £8bn each year to bridge the gap as work pressures increase.

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Further evidence shows more than one-half of mothers rely on grandparents for childcare when they first go back to work after maternity leave, and over 60% of working grandparents with grandchildren aged under 16 provide some childcare. Seven million grandparents in total are involved in childcare.

Of working grandparents who have never taken time off work to care for grandchildren aged under 16, around one in ten have not been able to do so because they have either been refused time off by their employer or believed they were not able to ask.

The new system is designed to provide flexibility in working arrangements for grandparents without fear of losing their job.

Beware questionable tax solutions

Schemes to reduce liability for income tax might not be valid. A recent decision by the Court of Sessions in Scotland about such schemes for footballers playing for Rangers is likely to have ramifications for some dentists' tax affairs.

The issue arises because Rangers Football Club and those playing for it between 2001 and 2009 used employee-benefit trusts to reduce their liability to pay income tax. The court said that the money received by the trusts was a mere redirection of income and that income tax should have been paid.

Some dentists use similar schemes: employee-benefit trusts themselves; companies based in the Channel Islands; or discretionary loans. This judgment suggests that Her Majesty's Revenue and Customs (HMRC) will be allowed to take a robust view about when money is income from work done.

So, the use of discretionary loans and employee-benefit trusts may no longer be suitable for diverting income to avoid paying income tax. Those who are using, or are thinking of using, a tax-savings scheme need to be aware that there are risks.

Members *must* take professional advice from an independent financial adviser and ensure they understand the risks of any scheme that helps to reduce their tax liability.

CQC fees to stay the same before falling

The Care Quality Commission (CQC) has published its fees proposals (**below**) for April 2016 onwards for all registered providers.

The proposals see fees for dental settings staying at current levels in April 2016 before falling in 2017/18 and remaining at this lower level until 2019/20.

The fees the CQC collects from dental practices fully cover the cost of regulating and inspecting them, the CQC says. While it has reduced the number of practices scheduled for inspection to 10% (approximately 1000) each year, the CQC plans to develop an information base to enable it effectively to monitor practices that are not inspected.

The fees consultation closes at midday on 15 January 2016. Responses can be provided online at http://www.cqc.org.uk/content/health-and-social-care-fees-consultation or by email to: octoberfeesconsultation2015@cqc.org.uk

Single location providers

Number of dental chairs	Actual Fee 2015/16	Proposed Fee 2016/17	Estimated Fee 2017/18
1	£600	£600	£510
2	£750	£750	£638
3	£850	£850	£723
4	£950	£950	£808
5	£1100	£1100	£935
6	£1100	£1100	£935
More than 6	£1300	£1300	£1105

Multiple locations

Number of dental locations	Actual Fee 2015/16	Proposed Fee 2016/17	Estimated Fee 2017/18
2	£1600	£1600	£1360
3	£2400	£2400	£2040
4	£3200	£3200	£2720
5	£4000	£4000	£3400
6 to 10	£4800	£4800	£4080
11 to 40	£10,000	£10,000	£8500
41 to 99	£30,000	£30,000	£25,500
More than 99	£60,000	£60,000	£51,000

BDA CHARITY

Help is always needed

None of us can predict the future and, as a result, life can stop us in our tracks when we least expect it. Whether as a result of lifestyle choices, such as smoking, poor diet and physical inactivity, or plain cruel misfortune, life-changing diseases can strike without any warning at all.

Dr R discovered early last year when she was diagnosed with ovarian cancer, the fifth most common cancer in the UK according to Cancer Research UK, that suffering from such a large and unexpected set back can turn your life upside down.

Although the cancer was caught in the early stages and was found to be operable, Dr R suffered severely from the after effects of her treatment and had to take considerable time off work. With her husband losing his job at the same time as her decline in health, she was without an income to support her husband and two young children and debts inevitably mounted.

Just as Dr R had begun to recover, her husband suffered a debilitating stroke. Although he eventually returned to health, he was unable to find employment. Between the responsibility of looking after her husband and children and dealing with the emotional and physical aftermath of having cancer, Dr R found it increasingly difficult to cope. When the situation began affecting her daughter, with extended periods of depression and poor performance at school, she was unable to continue working as a dentist.

Eventually, her debts forced Dr R to declare bankruptcy and sell her home. During this process, her husband left her and their children and has not provided any financial support since.

Cases like this are more common than you think and by working together to provide financial support, the future for dentists like Dr R – who is now a support teacher in a local school and feels brighter about her prospects – doesn't have to be bleak. Run by dentists for dentists, the BDA Benevolent Fund provides pecuniary support to current and former dentists and their families through all stages of their career and beyond. It relies on the generosity of dentists, dental organisations and companies to continue its work, so your help is critical.

By making a monetary donation or participating in fundraising events you could help a valuable cause. Thanks to the support of the profession, the BDA Benevolent Fund was able to help Dr R, and who knows, maybe one day the Fund will help you. Please contact us on 020 7486 4994 or administrator@dentistshelp.org, or to give a donation today go to www.bdabenevolentfund.org.uk

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

Letter to the Editor

Dear Sir: I write with regard to the article *Oral surgery and the extraction crisis: What are we going to do about it?* October 2015 as the Course Director of the PG Certificate in Minor Oral Surgery, which is referred to in the article.

I have considerable sympathy for the situation in which the author describes finding herself, and, unfortunately, I suspect that many general dental practitioners are in a similar situation. In the first few cohorts there was a component of the programme designed to prepare clinicians for implants. However, as the programme has developed this component has been removed, and those clinicians interested in an implant programme would be best suited to the Diploma in Implant Dentistry which is also run by the Faculty.

The Minor Oral Surgery course was originally written to run in parallel with the Dentist with Special Interest competencies in minor oral surgery by the Department of Health. There is a significant issue relating to training in oral surgery for undergraduates and postgraduates and, despite other dental specialties having a significant number of postgraduate courses, there are very few in oral surgery, with this one being the only course run and moderated by a Royal College.

Richard Moore, Course Director of the PG Certificate in Minor Oral Surgery, FGDP(UK), Royal College of Surgeons of England, rmoore@rcseng.ac.uk

If word of mouth is not enough

Too many small businesses are failing to leverage the marketing potential of the Internet, a survey suggests. Although 67% of sole traders and micro-businesses want more work, a significant proportion are still failing to use the Internet to best effect to help grow their businesses, research by professional-services-marketplace Bidvine.com has found.

While 87% of businesses rely on word of mouth, and most say this simply is not effective enough, they appear to have been reluctant to innovate. Less than 50% of those surveyed have a website.

Even fewer have embraced social media – just over one-third says they have some kind of social-media presence. And less than 20% of the 630 sole traders and micro-business have given online advertising a try. *See also page 12* ◆

COMPUTING

Updating patient records by thought

Dentists could be *thinking* their notes into patient records in the not-too-distant future, an IT expert has predicted.

Such technology has already been used experimentally to "pilot" a model helicopter, Systems for Dentists operational officer Adam Vernon told *BDJ In Practice*. Instead of the operator flying the aircraft manually with a handheld box of scaled-down controls, they thought their instructions. Their brainwaves were read by sensors in a headset and translated into instructions for the helicopter. Vernon believes this technology could be adapted to make an easier, and more intuitive, interface between clinicians and the software that allows them to make patient notes.

Voice-recognition software, which translates dictated notes into text, has been used in healthcare for some time. Radiology was one of the first medical areas in which this was used because this specialty has a relatively small clinical vocabulary. This made it easier for the software to "learn" what the clinician was saying. Dentistry also has a relatively small clinical vocabulary, which would make it ideal for such a technological advance, Vernon said.

"Medicine has told us how brainwaves can be read," Vernon said.

"But, until recently, limitations in a computer's CPU (central processing unit), has held back such advances. This can now be done with 90% accuracy. So, the hardware has caught up."

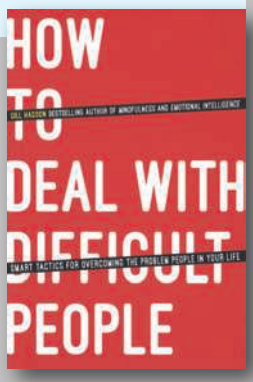
Vernon predicts such headsets could be available within two years.

Practices planning to upgrade their computer hardware and software should be looking for systems that allow them to make use of technological advances (patient-management software that allows patents to become more involved in their care, for example) and to value their IT system as a business resource, he said.

BOOK REVIEW

Don't seek "impossible" people's approval

How to deal with difficult people
Gill Hasson
Capstone, 2015
ISBN: 978-0-857-08567-2
£10.99



Theodore Roosevelt once said: "The single most important ingredient of success is knowing how to get along with people." But, as US President, Roosevelt probably didn't have to deal with difficult people at work day in, day out, writes BDA Librarian **Roger Farbey**.

This book does, however, offer some positive ideas on how to do so and first identifies the basic types of difficulties. There is openly hostile or aggressive behaviour and on the other end of the scale there is passive behaviour. Both these types are obvious, but in between is passive-aggressive behaviour. This is worse than the other two behaviours because it is disguised hostility where the protagonist will give out mixed messages: they may use sarcasm, veiled jokes or teasing because for whatever reason they are unable to say directly what they feel.

In the chapter *Standing up to difficult people* and in the context of being assertive (meaning being direct and honest) she cites a proverb that says you must pass through three gates before you say anything: "Is it necessary? Is it kind? Is it true?" How very true indeed!

In dealing with direct hostility, Hasson advocates first deciding what the problem is and then beginning a dialogue with "I" not "You" (the latter sentence-opener is guaranteed to invoke hostility).

Finally, she deals with what she terms "impossible" people, and if you can't (or won't) cut them out of your life, she recommends minimising the amount of time spent with them. Don't seek their approval or give them any excuse to disapprove, she warns. Tell them only what you think they absolutely need to know.

For more: www.bda.org/booknews

Going paper-free rewards businesses

Firms that digitise content and reduce paper-use see rewards quickly: 84% of business recently surveyed achieved payback within 18 months and 26% did so in fewer than six months, research published last month has found.

While 20% of respondents in the study said that paper consumption in their organisation is increasing, around one-half (49%) said it is decreasing. This 2015 net of 29% compares favourably with 23% net when the same research was conducted in 2014 and the just 3% net in 2011, according to the *Paper-Free Progress: measuring outcomes* research by information-management-analysts AIIM. And about one-half of businesses surveyed said digitising content helped them improve their ability to service customers quickly and increase overall productivity.

But while more than one-half (57%) said they were committed to digital transformation, over one-third (35%) said that most of the electronic invoices they receive get printed anyway and 34% said most of the documents they scan are still stored as printed documents.

A lack of management initiatives and staff preferences (both 49%) were the two main reasons as to why there is still so much paper around and 39% believe there is a general lack of understanding of paper-free options.

"Slowly but surely, organisations are coming round to the idea that digitising much of the content and information flowing through their business can have financial and operational benefits," AIIM president John Mancini said.

"We are never going to eliminate paper completely, but when it becomes clear that going paper-free delivers return on investment and can improve overall productivity businesses will be more willing to invest in the technologies that allow them to go paper-free."

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MANAGEMENT

Human error main cause of data loss

Small and medium-sized enterprises (SMEs) should adopt more of a big-business ethos when it comes to combat the human errors that lead to loss of data.

Human error is still the leading cause of data loss for organisations, according to Databarracks' *Data Health Check* report. It found that 24% of organisations admitted to such a loss caused by employee accidents in the previous 12 months. Other high-scoring causes of data loss included hardware failure (21%) and data corruption (19%).

"Human error has consistently been the biggest area of concern for organisations when it comes to data loss," technical operations manager at Databarracks Oscar Arean said.

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"The figures we're seeing this year for data loss due to human error are too high (16% of small businesses and 31% of medium businesses), especially considering how avoidable it is with proper management. I think a lot of SMEs fall into the trap of thinking their teams aren't big enough to warrant proper data-security and management policies, but I would disagree with that.

"In large organisations, managers can lock down user permissions to limit the access they have to certain data or the actions they're able to take – this limits the amount of damage they're able to cause.

"In smaller organisations, there isn't always the available resource to do this and often users are accountable for far more within their roles. That is absolutely fine, but there need to be processes in place to manage the risks that come with that responsibility.

"Of course, small organisations don't need an extensive policy on the same scale that a large enterprise would, but their employees need to be properly educated on best practice for handling data and the consequences of their actions on the business as a whole. There should be clear guidelines for them to follow." ◆

Public fear firms will leak their data

Three-quarters (75%) of the public think companies are not doing enough to secure their personal data – 15% said they had had their personal data exposed by a leak or a hack.

And the public's response to data leaks is something businesses should note. The poll found that 41% said they would not continue to use a service if private information was exposed and 57% that their continued use would depend on how an incident was handled.

"Recent high-profile hacks and leaks will undoubtedly make people think twice about which companies they store their sensitive information with," Rob Hilborn, head of strategy for BroadbandGenie.co.uk, which did the research, said.

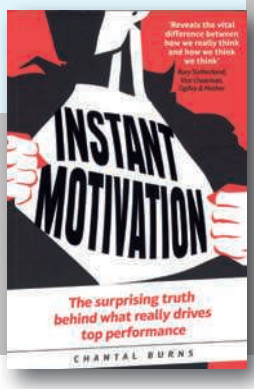
"Unfortunately, the hacks and leaks have impacted companies that most would believe are secure, so it's hard for users to make this decision.

"More than ever we need to be aware of the threats out there and the tools available to stay safe and secure. As well as arming users with the right software and knowledge, all organisations need to have rigorous security procedures to combat threats and manage the aftermath of a leak." ◆

BOOK REVIEW

Why performance is so misunderstood

Instant motivation – the surprising truth behind what really drives top performance
Chantal Burns
Pearson, 2015
ISBN: 978-1-292-06573-1
£12.99



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Chantal Burns asks in the opening lines of her book: "What if the single most important factor that motivates outstanding performance was being overlooked by the majority of the working population?"

The question is rhetorical because she is about to explain that the single most important factor affecting work (or any) performance is state of mind, also known as well-being, writes BDA Librarian **Roger Farbey**.

"State of mind" in this context is defined as the temporary psychological state that we bring to each moment, created by how we think and feel.

Divided into two parts, the first section of the book explores the core building blocks behind "state of mind" and concentrates on dispelling some of the myths surrounding why performance in the workplace is so misunderstood.

The second, somewhat longer part, describes key areas underpinning performance including well-being, relationships, confidence, focus and decision-making.

This 200-page paperback is augmented by case stories, Burns' own stories, reflective questions, and research. Burns also offers readers a free "State of Mind (SOMi)" questionnaire at: http://bit.do/STATE-OF-MIND, which gives respondents her interpretation of an analysis of their motivation and mental well-being indices. Her website is http://www.chantalburns.com

For more: www.bda.org/booknews

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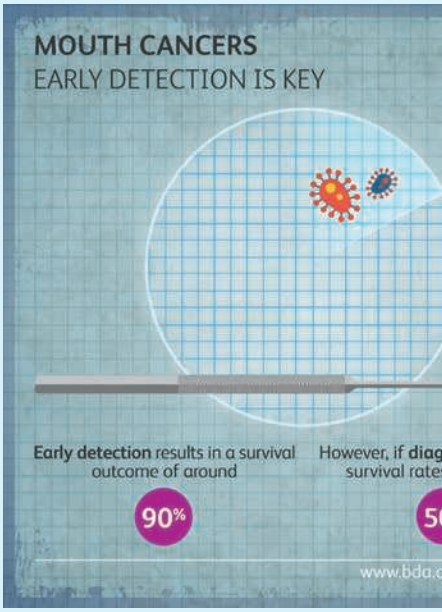


Turning the tide on oral cancer

With oral cancer cases on the rise, the British Dental Association and Cancer Research UK have teamed up to provide practitioners with the tools they need to make a difference.

According to new figures released by Cancer Research UK, oral cancer is now the tenth most common cancer in men in the UK. Over the past decade, rates of oral cancer have risen by about 32% in both men and women in the UK. Incidence rates in those aged 50 to 59 have seen the largest increases, with male rates in this age group having tripled and female rates more than doubled since the mid 1970s.

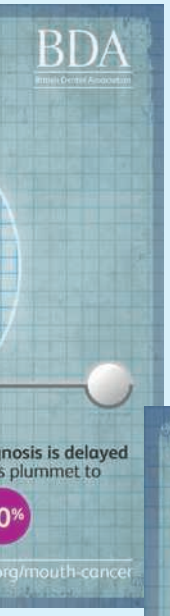
The rise in cases of oral cancer is largely thought to be a result of the growing prevalence of the human papillomavirus (HPV), which is strongly associated with the disease. But the overall incidence also reflects other risk factors, including tobacco smoking and alcohol consumption.

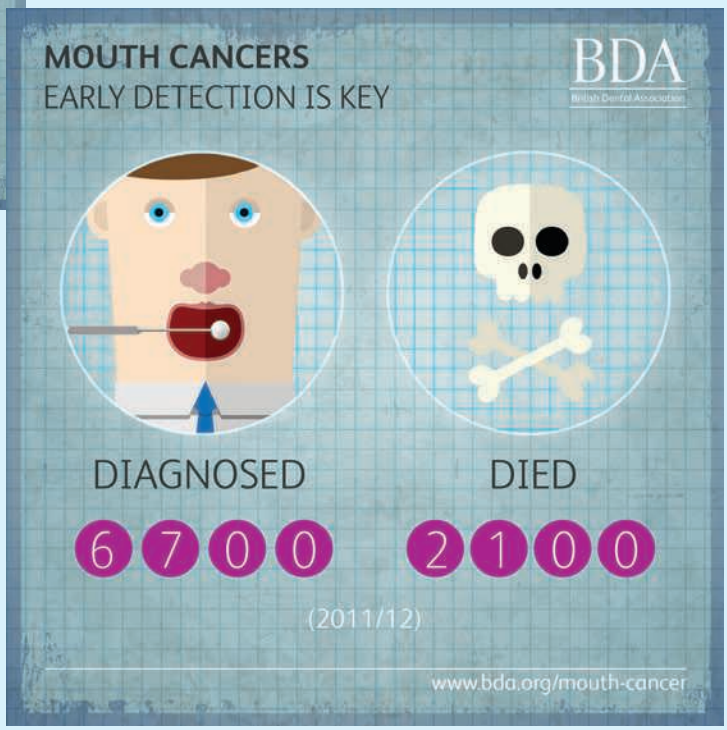
"According to new figures released by Cancer Research UK, oral cancer is now the tenth most common cancer in men in the UK. Over the past decade, rates of oral cancer have risen by about 32% in both men and women in the UK."

Although patients' quality of life during and after treatment has steadily improved, survival from the disease has increased very little. Because of this sharp rise in oral cancer cases, Cancer Research UK has launched a toolkit for dentists and general medical practitioners (GMPs) to help them spot the disease earlier and give patients the best chance of survival. The toolkit contains clinical images, an examination-guide video, a referral guide, a CPD quiz, case studies, latest statistics, and symptom and risk-factor information.

Why the toolkit is needed

A 2007 study, *Oral cancer awareness of general medical and general dental practitioners*, highlighted the need for improved education for both general dental professionals and general medical professionals. Specifically, only 54.1% of GDPs believed they had enough





knowledge about prevention and detection of oral cancer.

A number of significant knowledge gaps were highlighted, particularly in identifying risk factors and the oral changes associated with cancer.

Dentistry's role

Dental professionals are in the front line and have a large role to play in the prompt and accurate diagnosis of oral cancer.

Oral cancer is almost always preceded by visible changes inside the oral cavity or on the tongue or lips. With their training and additional support, such as the oral cancer toolkit, dental professionals are in a position to spot these early signs of mouth cancer and can readily examine parts of the mouth that patients themselves cannot easily see.

Such accessibility allows for the detection of the early stages of oral cancer, and then referral to specialist services.

And low public awareness of signs, symptoms and risk factors for oral cancer are a major barrier to improving outcomes, as is a lack of prevention support. Although not always seen as a traditional part of dental practitioners' roles, dentists are in a prime position to have effective conversations around oral health and the prevention of oral cancer with their patients.

The Oral Cancer Toolkit is available at www.doctors.net.uk/oralcancertoolkit-dhp

Improve your knowledge around prevention and detection of oral cancer, including what to look out for and when and how to respond: http://cpd.bda.org/ ◆

Delay costing lives

"If oral cancer is spotted early survival rates can reach 90%, writes chief scientific advisor to the BDA Professor **Damien Walmsley**.

"Delay is costing lives, so it's vital that front-line health professionals have the tools and the information to reduce the risk of the disease and get patients diagnosed as quickly as possible.

"We are proud to team up with Cancer Research UK, and we urge all those who work in the oral-health field to make use of this toolkit."

Toolkit half of the equation

"Oral cancer cases have been climbing at an alarming rate," writes Cancer Research UK director of early diagnosis and cancer intelligence **Sara Hiom**.

"This toolkit provides valuable information about signs and symptoms alongside professional advice on how to refer patients and improve diagnostic rates.

"Around 90% of cases are preventable, so this toolkit is one-half of the equation. We need to improve the public's awareness of the risk factors – how they can make lifestyle changes to reduce their risk – as well as being able to spot any unusual changes that might be cancer. By arming people – the public, GMPs and dental professionals – with as much information as possible, we hope to stem the increasing numbers of people diagnosed with the disease."

COMMENTARY

Talking to patients about cancer

by Stephen Hancocks,
Editor-in-Chief,
BDJ in Practice

The subject of oral cancer, or mouth cancer as it has been called to be more readily understandable by the general public, has attracted an enormous amount of media interest in recent years. This is wholly appropriate because of its continuing rise in incidence and because late diagnosis seriously impacts on prognosis and morbidity.

While the clinical aspects are often described and illustrated in a range of publication in print and online, other aspects especially now clinicians discuss the subject with patients are less often covered. However, a paper in the *BDJ* earlier this year[1] reported research that tried to address this deficit.

The study explored the opinions and practices of dentists about discussing oral cancer with patients including views on barriers and solutions using qualitative in-depth interviews. General dental practitioners in the UK were interviewed and the content audio-recorded and transcribed before being analysed by the researchers.

Dentists recognised the importance of raising awareness but identified several barriers to discussions. These included factors related to the systems under which they worked, for example: time constraints and a lack of financial incentive; patient factors such as fear of invoking undue anxiety; and dentist factors, for example a lack of enough knowledge, training and self-confidence. Factors that helped overcome these barriers included developing practice standards and good dentist-patient relationships.

> "There was a general perception that patients would react negatively to any mention of "cancer" because it is emotive and likely to cause undue anxiety, especially among those more prone to worry."

Specifically, there was a general perception that patients would react negatively to any mention of "cancer" because it is emotive and likely to cause undue anxiety, especially among those more prone to worry. Some dentists said that patients generally associate cancer with death, therefore talking about it would be "alarmist". It was thought that coming to the dentist was stressful enough and saying "cancer" would make it more stressful. Furthermore, patients' access to the Internet and discussions about oral cancer could invoke unguided searches for additional information and patients would return to the dentist quite disturbed by whatever information they had found.

The authors of the study concluded that given the continuing imperative of early diagnosis and of raising awareness, these identified barriers might hold back otherwise well-intentioned efforts so could be targeted in future initiatives to encourage early detection. ◆

1. Awojobi O, Newton JT, Scott SE. Why don't dentists talk to patients about oral cancer? *Br Dent J* 2015; **218:** 537-540.

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Online success is all about click-throughs

by John Ling,
the Advice Manager (Expert Solutions) at the BDA. He has the Professional Postgraduate Diploma in Marketing from The Chartered Institute of Marketing and is a Chartered Marketer

With 86% of UK adults now using the Internet, according to the Office of National Statistics, practices have great scope to advertise themselves through online advertisements. Not only are online adverts significantly cheaper, based on cost per chance to view, than are traditional print advertisements in even local newspapers or magazines, but also the response they generate can be more easily monitored and measured.

And online adverts can be interactive. With one click people can be on the practice's website, responding to your call to action immediately: and their number (your advertisement's click-through rate) can be easily measured. This almost-instant feedback allows you to drop or tweak campaigns that are not working and ensure you are getting value for money from your advertising.

It is for these reasons that, according to industry experts Strategy Analytics, more than 50% of advertising spend in the UK is now on digital advertising, amounting to £8 billion this year. This is twice that spent on TV advertising, and more than three times the amount spent on print advertising.

How to go about advertising online

Unless you are a whizz at graphic design and writing advertising copy, it is best to use a marketing or advertising agency to put your online advert together, place it, and run your campaign for you (see www.bda.org/bdjinpracticeonline *Time to hire an ad agency*, **bda**news, January 2014, page 6).

There are a variety of online advertising formats from which you can choose – banners, skyscrapers, pop-ups or expanding adverts. Banner ads are those across the top or bottom of a web page or, sometimes, in an area set aside for adverts. Skyscrapers are the long adverts that run down the side of a web page. Pop-up adverts, as the name suggests, pop-up when someone clicks on a page. And expanding adverts, typically used for videos, emerge on a webpage as the user scrolls down.

Common to them all is that your advert must have a clear response mechanism – ideally a link through to your website. Without this, your advert will be nowhere near as effective.

Give your ad the right look

It is best to keep the look of the advert consistent with your website so when someone clicks through it has the same design and feel. You don't want people being confused about to where they have clicked through. Sometimes it can be useful to create a new landing page on your website, specifically for your advert, so you can easily monitor the number of visitors, which pages they then visit on your website, and if they make an appointment or take up an offer.

Unlike print advertising, your advert does not have to be just a static image. You can incorporate animations – moving text or images, audio or even video – to make it stand out and grab people's attention and improve your click-through rate. But

the more dynamic you want your advert to be, the more it will cost.

Advertise to most-likely responders

Where you advertise is of critical importance. For most practices, you will be trying to reach a local audience, so the websites of local newspapers or magazines are one possibility. But also look for online communities, particularly those related to health or well-being. There are likely to be local mother and baby groups or pensioners organisations.

You can place your advert by approaching each website individually; or you can advertise your practice using a *content network* – which will place your advert on relevant websites for you – although here you have less control of where your advert will appear.

Only advertise to those most likely to respond. For dental practices serving their local community, advertising to people many miles away is probably a waste of money. Likewise, advertising on the website of a local angling-club website or gardening club, neither of which bear any relation to dentistry, is likely to yield few responses. But a local sports-club website might generate interest because its members are likely to have an active interest in their health and well-being and some sports carry a risk of dental injury.

As well as placing adverts on specific websites, you can advertise on search engines, such as *Google*, so your advert appears whenever someone searches for a particular term. The *Google Adwords* service can be extremely effective in getting you seen, but can be fiendishly complicated to use to best advantage. So, using it is almost certainly best left in the hands of your marketing agency.

> "Where you advertise is of critical importance. For most practices, you will be trying to reach a local audience, so the websites of local newspapers or magazines are one possibility."

Decide best payment method

There are various payment methods used in online advertising. Initially, payments were based on cost per thousand (otherwise known as CPM – M being the Roman numeral for 1000). The CPM method is still used by many traditional media companies. Advertisers pay a fee for each 1000 impressions – the times the advert is displayed on a web page. You are paying for the number of potential eyeballs seeing your advert – great if you are trying to raise awareness of your practice.

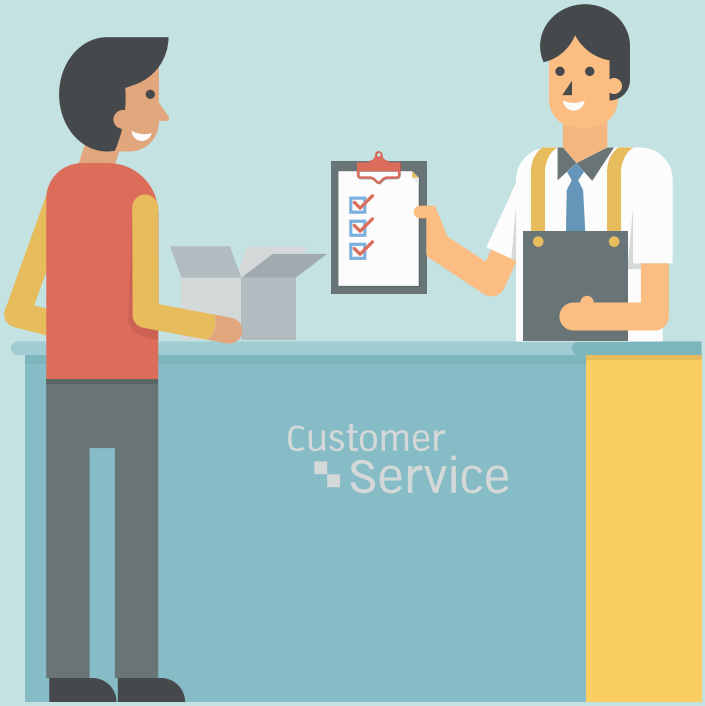
Cost per click (CPC) – or pay per click (PPC) as it is sometimes called – is a common method of payment used by many businesses, including *Yahoo!* and *Google*. Advertisers pay a set amount for each click on the advert – the cost being determined either by bidding, as with *Google Adwords* among others, or by a formula. The formula could be based on the number of *impressions*: the number of times the advert is downloaded onto a webpage, divided by the number of click-throughs. This gives the click-through rate (CTR) and has several advantages for advertisers. Payment is based on click-throughs – if people do not click, you do not pay. Where advertisers have a limited budget, they can set a daily limit on what they want to spend – once the daily budget is used up, the advert is removed until the next day. On the one hand this ensures that costs do not escalate – but it also means that potential custom can be lost.

Increasingly popular with advertisers, if not necessarily publishers or website owners, is cost per action (CPA), where payment is based on the results generated. This could measure, for example, how many people book an appointment as a result of clicking on the online advert.

Online becoming increasingly popular

Advertising is about making sure you are targeting the right people with the right message so they take the action you want them to. Online advertising now enables you do this far better than do other types of advertising – hence its increasing popularity. It could be a way to focus your advertising spend where you are most likely to see a return on your money. With regular monitoring of the results, you can tweak your message or refine who sees your advert, to make sure it is working as efficiently as possible for you. ◆

Empower associates to help solve complaints



by Nashima Morgan,
a practice management consultant in the BDA Practice Support Team. Nashima advises general dental practitioners on associate contracts and a wide range of employment and other law

Associates can be caught in the middle if one of their patients makes a complaint about the practice or another member of the team, their dental nurse or a receptionist, for example. When trying to resolve the issue for the patient, the associate needs to bear in mind that they also represent the practice. These endeavours are not incompatible, but to succeed an associate needs to understand the practice's policies, including its complaints procedure, and use customer-care techniques.

Understand patient expectations

Complaints handling is usually a practice-based activity. It is, however, understandable if the patient first approaches the associate because they are the dentist the patient usually sees. Associates therefore need to feel empowered by the practice owner to respond to their patient.

If the problem can be resolved directly and informally, and the patient goes home happy, further aggravation (on all sides) is avoided. Here, customer-care skills come to the fore so having these is a valuable asset to someone working in a professional service such as dentistry. Practice owners should invest time to train and brief their team, including associates, on how to handle complaints to the satisfaction of both the practice and the patient.

To resolve a matter early, associates could be empowered to provide the initial response. They should acknowledge that a complaint has been made and make sure that they understand what the patient is unhappy about. The associate should ask questions to clarify the concern and

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show patients that they care by listening carefully and allowing a dissatisfied patient to tell them what is wrong or why they are unhappy. They should avoid interrupting or talking over the patient because this will make the patient feel that they do not care. They should conclude this initial discussion by reflecting back what the patient has said by repeating their concerns and asking them to confirm that that is how they feel.

When making a complaint, a patient usually wants answers to questions, such as: what happened; why it happened; and what will be done to put it right. They will probably also want to know what action will be taken by the practice to ensure that their problem does not happen again. The associate should ask themselves if they can provide these answers. In many cases, doing so will be enough provided the patient believes they have been heard and have been treated with respect and courtesy.

Associate as go-between

If the associate cannot resolve the matter they may need to refer the patient to the practice's complaints manager. But even then, they can play a role as a go-between. They can explain to the patient how the complaints policy works; how their complaint will be considered; and when they might get a response. The practice's complaints procedure is basically a set of general instructions on how to communicate with a "customer" who complains. By explaining the procedure and its various stages, associates can help the patient understand it.

Associates can also play the role of facilitator or mediator, taking ownership of the problem on the patient's behalf and suggesting possible solutions to both patient and practice. Discuss the options and possible outcomes with the patient and offer to explore those options with practice colleagues. The associate can help the complaints manger by telling them their understanding of the patient's concerns. Practices should see the associate's involvement here as helpful – they are representing the practice in a professional manner rather than just shrugging off the patient to the practice complaints manager.

The complaints manager and associate will need to discuss, and agree, the final response that the patient will be given. The associate has an ethical interest in ensuring their patient is satisfied; as does the practice, which also has to consider business goodwill. If a patient needs a refund or replacement work, these are further reasons for the complaints manager and associate to agree on how to handle the patient. Hopefully, the patient will be satisfied and continue as a patient of the practice and of the associate.

See also: www.bda.org/advice for BDA Advice *Complaints handling.* ◆

Patients have limited rights about their records

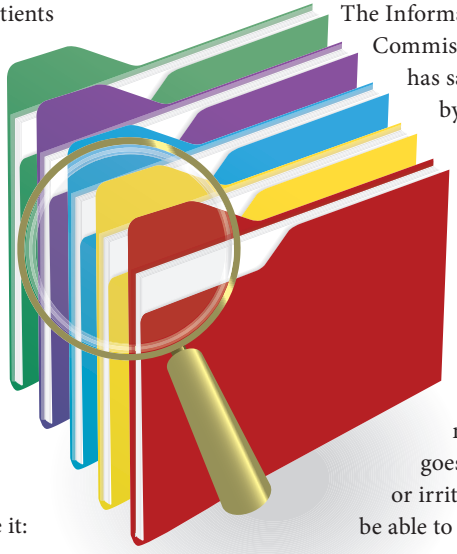
by Jaime Lindsey,
a practice management consultant in the BDA NHS and Business Team. Jaime advises on all aspects of NHS general dental regulations

Patients' rights to protect their personal data and prevent it from being misused is a major consideration for dental practices. In addition to your ethical obligations about patient confidentiality, the *Data Protection Act* provides patients with various rights (see www.bda.org/advice for BDA Advice *Protecting patient information*) including the right to "prevent processing likely to cause damage or distress".

By processing, the Act means more or less anything a practice does with patient data: writing records, checking those records, submitting claims to the NHS or private capitation schemes, sending out recalls, sending work to laboratories, referrals and much more. So this right seems pretty strong, suggesting that patients can demand that you stop processing data about them.

But this is not strictly true: the right is limited and the individual has to show that they are suffering considerable and unjustified damage or distress through your use of their data. If someone makes a formal objection (**far right**) you may have to stop using their data in a certain way or even delete it: but, generally, all you need to do is tell them why you are using their information and explain why you believe your use is lawful.

> "If someone makes a formal objection you may have to stop using their data in a certain way or even delete it: but, generally, all you need to do is tell them why you are using their information and explain why you believe your use is lawful."



Suffering substantial damage

The Information Commissioners Office (ICO) has said what is covered by the right to prevent the use of data: "Substantial damage can be either financial loss or physical harm; substantial distress is typically emotional or mental pain that goes beyond annoyance or irritation." You may be able to justify the distress

caused by the processing because you will only have to comply with the objection if it is warranted. A number of situations can justify your use of someone's personal data, even though they have officially objected.

An individual cannot object to the processing if: they have already consented to the information being used; if the information is necessary as part of a contract involving the individual; if the processing is necessary to protect their vital interests; or if the processing is necessary to meet a legal obligation.

Consent has been given

If a patient has consented to your using their data, you will not have to comply with their objection to your using it. For example, if a patient consented to you using their data as part of a published research paper, they will not then be able to object to that use. Of course, the way you use the data must be compatible with the original reason to which the patient consented. So, the patient consenting to your using their data in a particular research project is not sufficient reason for you to use the data in another project.

As part of a contract

A patient cannot object to use of data if it is necessary as part of a contract in which they are involved. This includes the contract for dental services between you and the patient. If, after completion of treatment, a patient leaves your dental practice, they might object to your using their data in future. This objection would probably also fail.

You may need to retain their records and use the information to recover outstanding payments; for purposes connected to NHS or private capitation schemes; or if the patient makes a claim against the practice. For this reason, BDA guidance is that records must be kept for 11 years or, for a child patient, until they reach age 25, whichever is longer. But you must still comply with an objection not to use the data for other purposes: for example, contacting them to advertise or market your services.

To protect vital interests

The protection of a patient's vital interests covers extreme situations – where healthcare records have to be disclosed if a patient needs emergency medical treatment. But here patients objecting to your processing their records is unlikely to be relevant.

> "A patient cannot object to use of data if it is necessary as part of a contract in which they are involved. This includes the contract for dental services between you and the patient."

To meet your legal obligations

Patients cannot stop you from processing their data if you need to do so to comply with the law. It is a key ethical commitment in the General Dental Council's (GDC's) *Standards for the dental team* that you: "Make and keep contemporaneous, complete and accurate patient records." So, a patient leaving the practice and asking that all of their personal information is deleted would fail. Here the practice would have to retain the patient's file for a reasonable period: again most likely the 11 years or until age 25.

Request response time limited

Data controllers must respond to a request to stop using someone's personal information within 21 days. You must explain whether and, if so, to what extent, you will comply with the objection; or give your reasons for not complying.

Objection rights are narrow

Patients, past and present, probably understand why you make and keep clinical records. Patients have rights over what you do with their record, including limited rights to object to you using their data. But the scope of the right to object is narrow and, with the appropriate processes in place, should be manageable for dental practices.

See also: www.bda.org/advice for BDA Advice *Protecting patient information*. ◆

Objection rules and section-10 clues

Someone can only object to your processing *their* personal data

The processing must be causing unwarranted and substantial damage or distress

and

The objection must specify in writing why the processing has this effect

These are known legally as *section 10 notices*. But you should explain to your staff what such a request might look like so they can recognise one when it arrives: it will not necessarily say that it is being sent under section 10 of the *Data Protection Act*. Your team needs to be aware that anything that talks about objecting to personal information being held, or use of patient records, is likely to fall under the Act and they should report it to the practice's data controller.

Talk to resolve performan

by Shabana Ishaq,
a practice management consultant in the BDA Practice Support Team. Shabana trained as a solicitor and advises general dental practitioners on associate contracts and a wide range of employment and other law

A practice owner may have concerns about how an associate is performing. These concerns could be about their clinical ability, their record-taking, or their conduct and behaviour with other team members. But the dynamics of the working relationship between a practice owner and their staff and those between a practice owner and an associate are very different.

Most associate dentists are self-employed, so the approach practice owners may usually use when dealing with issues with staff, who are employed, is not always the best way to deal with associates. With staff, there are the formal tools of appraisals, arranging training and disciplinary procedures. These do not exist as such for self-employed associates but the principle behind them does – communication is the key.

Have regular discussions

In any professional relationship, the parties should discuss their work regularly. Because practice owners and associates can be cut off from each other while they are treating patients, each in their own surgery, it is important to develop regular channels of communication. These can be involvement in regular team meetings and one-to-one discussions.

Involvement in practice meetings allows the practice owner to share with associates – as well as the rest of the team – their practice plans and the progress that is being made. This way, the associate can consider how to help the practice meet these aims.

Private one-to-one meetings offer a more-direct and tailored discussion, so each party is reassured that the other is fulfilling their role in the working relationship. Do not wait for problems to develop: set time aside for practice owner and associate to exchange experiences and ideas and bring up any concerns that may have arisen. Associates can be proactive by asking for a chat, to make sure they are fitting in and that they understand the practice owner's plans and priorities. For the most part, making sure that you talk about practice issues and understand the other party's points should prevent major disputes arising.

Meet contractual obligations

Contractual obligations tie the parties to each other, so associates need to respond constructively towards the practice owner, otherwise they could be

ce concerns

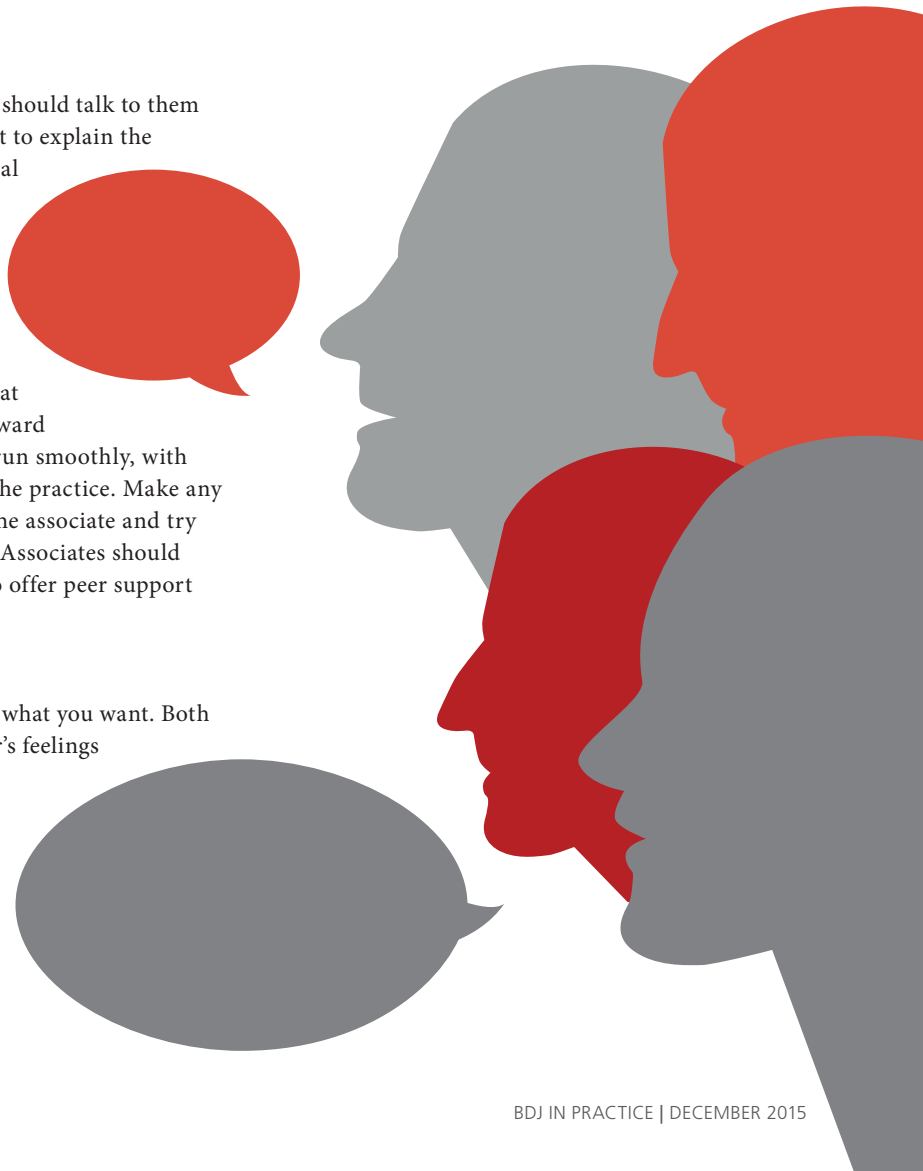
> "In any professional relationship, the parties should discuss their work regularly. Because practice owners and associates can be cut off from each other while they are treating patients, each in their own surgery, it is important to develop regular channels of communication."

in breach of contract. While acknowledging an associate's clinical freedom, typical obligations include making full use of the surgery and facilities, abiding by practice work systems and procedures, and promoting the interests of the practice (see www.bda.org/bdjinpracticeonline *4 tips for practice promotion*, October 2015, page 7). These obligations reinforce the need to talk about individual and practice performance.

Be objective about concerns

If a practice owner has a concern about an associate, they should talk to them as soon as possible after the concern arises. It is important to explain the issue to the associate directly but this can be in an informal meeting or chat.

Explain it objectively. Naturally, the associate may want some points to be clarified so you should be ready to have an open and honest discussion. Give the associate time to think about the concern and ask for their views. It is important, when you meet the associate, not to act like you are telling them off or telling them what to do and how to do it. Rather, you should be putting forward suggestions so the working relationship can continue to run smoothly, with both parties understanding what is expected of them in the practice. Make any such meeting a two-way discussion, where you listen to the associate and try to understand any difficulties they may be experiencing. Associates should also be able to feel that their practice owner is on hand to offer peer support when asked.



Decide on future actions

In any work-related discussion, you should be clear about what you want. Both sides need to double-check that they understand the other's feelings and concerns and what is expected of them in future. The issue may simply be resolved by a greater understanding of practice procedures. In some instances, there may be training or continuing professional development (CPD) courses that would help. In any case, agree when you will get together again to review things.

The BDA Advice *Managing performance* (www.bda.org/advice) provides further guidance on handling performance concerns with professional colleagues. ◆

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Call 01733 892292, email kerruk@kerrhawe.com or www.kerrdental.co.uk

Planmeca opens customer-experience centre

Planmeca has opened a state-of-the-art customer experience centre and UK headquarters within the Ricoh Arena, near Coventry. The centre features a dedicated CAD/CAM training zone alongside a full range of 3D imaging machines showcasing the latest in imaging technology. The showroom also includes Planmeca's range of digital dental units, all combined through the comprehensive and modular Romexis software. The showroom can be easily transformed into a small conference and event facility capable of hosting courses for up to 40 delegates.

The showroom is equipped with the latest technology to ensure seamless presentations with full HD LED projectors and multi-speaker surround sound installed. There are a number of meeting rooms available, all of which are equally fitted out with the latest conference technology and catering is available from the Ricoh Arena in-house hospitality team.

If you have need for a high quality Midlands lecture and events facility, maybe give Planmeca a call on 0500 500 686 or email marketing@planmeca.com

Innovation for plaque management

Plaque is a major cause of gum disease[1] and according to the Group B consensus report of the fifth European Workshop in Periodontology: "…oral plaque biofilm disruption is the most effective way to treat and prevent both conditions [gingivitis and periodontitis]"[2]. In line with this, LISTERINE® Advanced Defence Gum Treatment is clinically proven to interrupt the plaque-colonisation process[3].

It's formulated with unique LAE (ethyl lauroyl arginate) technology that forms a physical coating on the pellicle to prevent bacteria attaching, and so interrupts biofilm formation. When used after brushing it treats gum disease, as indicated by the reduction of bleeding by 50.9% ($p<0.001$) in only four weeks[3].

Advanced Defence Gum Treatment is part of the LISTERINE® Advanced Defence range from Johnson & Johnson. For more information visit www.listerineprofessional.co.uk or call 0800 328 0750.

References available on request

Collaboration explores the world of science in oral health

A unique digital-content partnership is set to raise awareness of the role of science in oral care and how technology can promise a bright future for patients.

Sensodyne, manufactured by GSK Consumer Healthcare, has announced a partnership with Discovery Network to develop the global digital-content series, *Future Now*. This is a four-part series of short documentaries exploring how technology and science are impacting on healthcare, particularly oral health. View at http://www.discoveryuk.com/future-now

Topics in the series include: repairing the human body and the role of Bioglass technologies; how the technology developed for space exploration is giving insight into the oral environment; and how modern lifestyles are impacting on our bodies. The series takes us back in time, considers current challenges and looks at how technology could help offer patients a brighter future.

"Sensodyne has been dedicated to helping people care for their sensitive teeth for over 50 years with its range of science-based products," says Dr Teresa Layer, VP Oral Health Research & Development GSK.

A humble debut

The Humble Brush team, in partnership with Quintess Denta, explained to delegates the many benefits of this little toothbrush at Showcase.

Handcrafted from bamboo, it has all the benefits of a regular plastic toothbrush while being naturally antiseptic, fully biodegradable and panda-friendly!

Delegates were also informed about the Humble Smile Foundation, which seeks to support the world's most deprived communities. With every sale of a Humble Brush in England, the Humble Smile Foundation donates a comparable amount of oral-health adjuncts or care to the countries and people who need them most.

Humble Brush is now available in the UK and Ireland. For more information visit www.humblebrush.co.uk, email info@humblebrush.co.uk or call 0286 862 8880. To order, contact the exclusive distributor Quintess Denta at www.quintesshumblebrush.co.uk

Sitting pretty with A-dec

A-dec showed how 50 years' of experience has culminated in some of the most celebrated dental chairs on the market.

Synonymous with quality and consistency, A-dec showcased the new A-dec 300 and Performer dental chairs, as well as showing delegates the highlights of their extensive product range – from the premier A-dec 500 and contemporary A-dec 400 to ergonomic dental stools and innovative lighting systems.

Partnered with some of the best-known dealers and design companies in the UK market, A-dec dental chairs can be installed in any dental practice by an accredited engineer – giving professionals the exact tools they need to practise outstanding dentistry.

If you weren't able to visit A-dec at this year's Showcase, you can still find out about its range of dental products and special offers by contacting the team on 024 7635 0901 or visiting www.a-dec.co.uk

Safe, ethical and successful anterior alignment

The IAS Academy promoted its ethos for ethical, safe and effective anterior alignment orthodontics at this year's BDIA Dental Showcase.

Delegates visited the stand to listen to IAS Academy's world-renowned trainers lecture on topics related to expanding treatment provision aimed at giving them a better understanding about the hands-on training courses delivered for the popular Inman Aligner, ClearSmile Brace and ClearSmile Aligner.

IAS Academy's guided learning pathway is designed for general dental practitioners of varying experience levels and led by a highly experienced team of professionals including Professor Ross Hobson, Anoop Maini, Tif Qureshi, James Russell, Nick Simon and Andy Wallace.

Continuing advice and guidance is available 24/7 through the online support, helping ensure professionals' competence and confidence with the anterior alignment appliances.

To find out more information on upcoming training courses visit www.iasortho.com or call 0845 366 5477.

Home tooth whitening

A home-whitening product that has been sold in the USA for the past 14 years is now available in the UK.

The 3D White Whitestrips, which have 5.25% peroxide, are claimed to remove 10 years of stains in just two weeks.

Once a dental professional has done the initial application, patients can apply the subsequent whitening strips themselves. A full treatment takes just 14 days and lasts for up to 12 months, manufacturer P&G Oral Care says. According to National Smile Month facts and figures, a noticeably whiter smile and teeth has been found to be one of the most-sought-after physical attributes when seeking a new partner and the most important body feature among those surveyed.

Global marketing director, P&G Oral Care, Stephen Squire said: "3D White is committed to pioneering new whitening technology and Whitestrips represent our most advanced whitening solution yet.

"Now we can help more people have the whiter, brighter smiles they deserve."

The strips will be distributed exclusively in the UK by Henry Schein and available for consumers to buy only through dental practices.

Positive feedback on Showcase

Feedback from Showcase delegates and exhibitors has been positive despite the slightly lower footfall than in previous years, organisers the British Dental Industry Association (BDIA) has said.

"Showcase plays a vital role in facilitating business for the sector enabling exhibitors and buyers to meet on a one-to-one basis to conduct business," BDIA executive director Tony Reed reported.

"Like many others within dentistry I am concerned about the proliferation of events diluting audiences both for exhibitors and the profession. This has refined our audience significantly.

"A substantial amount of business of mutual benefit has been conducted during Showcase and we are looking forward to another productive event in London next year."

Dentist Nigel Williams said: "It's all here and you can actually see the stuff and have a look and see what it feels like, see what it looks like, see what the quality's like.

"You can't really do that from a catalogue. You see new stuff as well. You get new ideas, new practices."

Another dentist, Roham Barez, commented: "All the companies are gathered in one location so you have an opportunity to see everyone under one roof and it's good for making new contacts."

Exhibitors were equally positive. "We see this as a premium show, it's our big show of the year, it's a chance to showcase the new materials on the marketplace and meet old friends as well, so it's a really important place for us to be," GC UK's Patrick Kelleher said.

Biodegradable periodontic adjunct

Delegates gathered to see practical hands-on demonstrations of the PerioChip periodontal insert. They saw how it works as an adjunctive treatment after root-surface debridement (RSD) to kill bacteria and prevent infection without the use of antibiotics.

PerioChip provides a convenient maintenance method for treating periodontal pockets >5mm that does not need refrigerating and can be placed with a pair of tweezers in just 30 seconds. Patients do not even have to return to the surgery – because it is biodegradable.

The gelatine insert begins working immediately after placement by releasing chlorhexidine digluconate to kill up to 99% of subgingival pathogenic bacteria over seven to ten days. Its antimicrobial effects of then continue to suppress bacterial growth for up to 11 weeks, enabling pockets to heal and teeth to stabilise.

To order PerioChip or for further information Freephone 0800 013 2333 or email team@periochip.co.uk

Three new ranges

Wrights introduced for the first time at Showcase CAD/CAM solutions and dental units from manufacturer Planmeca.

It also launched its new partnership with the easy-to-use, multi-functional, cloud-based, practice-management software Dentally, as well as an orthodontic range from leading provider of clinical solutions, G&H Orthodontics.

For more information telephone 0800 66 88 99 or visit www.wright-cottrell.co.uk

Making dentistry better

Delegates to the Munroe Sutton stand at Showcase heard how the company could help you boost your business, increase your profits and fill up your appointment book.

With over 30 years' experience, a steadfast commitment to bringing patients and practitioners together and an understanding of the dental profession, Munroe Sutton are in the ideal position to help.

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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, CT Scanner, 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

Miss Karen Juggins BDS (Hons) MFDS RCS (Eng), MSc, MOrth RCS (Eng), FDS (Orth) RCS (Eng)
Interests: Specialist Orthodontics **On Specialist List:** Yes

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

236739

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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

Scotland

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Edinburgh Dental Specialists,
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Dr Kevin Lochhead BDS LOND, MFGDP (RCSEng)
Interests: Fixed and Removable Prosthodontics, Dental Implants
On Specialist List: Yes, Prosthodontics
Dr Pier Luigi Coli DDS, PhD
Interests: Fixed and Removable Prosthodontics, Dental Implants, Periodontics **On Specialist List:** Yes, Prosthodontics and Periodontics
Dr Fran Veldhuizen BDS, MFDS RCS(Ed), M Clin Dent, MRD RCS(Ed)
Interests: Fixed and Removable Prosthodontics
On Specialist List: Yes, Prosthodontics
Matthew Brennand-Roper BDS MClinDent (Pros) MJDF RCSEng MFDS RCSEd MPros RCSEd
Interests: Fixed and Removable Prosthodontics, Dental Implants
On Specialist List: Yes, Prosthodontics
Dr Carol M E Tait BDS, BDS Hons. MSc, MFDS RCSEd, MRD RCSEng
Interests: Endodontics **On Specialist List:** Yes, Endodontics
Dr Robert Philpott BDS MFDS MClinDent MRD (RCSEd)
Interests: Endodontics
On Specialist List: Yes, Endodontics
Dr Penny Hodge BDS Edin 1982, PhD Glasg 1999
Interests: Periodontology
On Specialist List: Yes, Periodontics
Mr Martin Paley BDS, MB ChB, FFDRCSI, FRCSEd, FRCSEd(OMFS)
Interests: Oral and Maxillofacial Surgery, Dental Implant Surgery, Head and Neck Surgical Oncology
On Specialist List: Yes, Oral and Maxillofacial Surgery
Prof Lars Sennerby DDS, PhD (Visiting Professor)
Interests: Implant Dentistry, Biomaterials, Bone Biology
Dr Gillian Ainsworth BDS Sheff 1996 FDS RCPS Glasg MSc Edin MSurgDent RCS (Ed)
Interests: Oral Surgery, Implant Surgery, Sedation
On Specialist List: Yes, Oral Surgery
Dr Neil Heath DCR(R), BDS, MSc, MFDSRCS, DDRRCR
Interests: Specialist interest in CBCT interpretation and Ultrasound scanning in diagnosis of head and neck pathology.
Specialist List: Yes, Dental and Maxillofacial Radiology
Dr Donald Thomson BDS (Edin), FDS RCSEd, FDS RCPSG, DDR RCR Interests: Cone Beam CT Imaging
Specialist List: Yes, Dental and Maxillofacial Radiology

259506

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Email: info@blackhillsclinic.com
Cone beam CT scanning
Mr Paul Stone BDS (Hons) Lpool, FDS, RCS Ed.
Interests: Implant surgery, oral surgery, conscious sedation, bone grafting and sinus lifts.
On Specialist List: Yes, Oral surgery
Mrs Adela Laverick BDS (Hons) Lond, FDS RCS Eng, MSc Lond
Interests: Fixed & removable prosthodontics, dental implants **On Specialist List:** Yes, Prosthodontics
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
Dr Brian Stevenson BDS PhD FDS (Rest. Dent.) RCSEd MFDS RCSEd FHEA
Interests: Fixed and removable prosthodontics, endodontics and dental implants
On Specialist List: Yes, Restorative Dentistry and Endodontics
Mr Graeme Lillywhite BDS MFDS MSc MRD FDS (RCS Ed)
Interests: Restorative Dentistry, fixed prosthodontics, dental implants
On Specialist List: Yes, Restorative Dentistry and Prosthodontics
Mrs Julie Kilgariff BDS MFDS RCS MRD RCS (Endodontics)
Interests: Endodontics
On Specialist List: Yes, Endodontics
Mr Donald Thomson BDS(Hons)Edin, FDS RCS Edin, DDR RCR
Interests: Cone beam CT imaging
On Specialist List: Yes, Dental and Maxillofacial Radiology

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South East

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

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

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

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

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

263521

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37 Wood Lane, Sonning Common, Berkshire/Oxfordshire, RG4 9SJ
Tel: 0118 972 2626
Email: info@woodlanedentistry.co.uk

Claudia Wellmann BDS(Hons)(Wales) MFDS RCSEng MSc (Hons)(Perio)

Vikram Chugani BDS (Wales) MFDS RCSEd MSc (UCL)

Jessica Lee BDS (Wales) MFDS RCSEng DipDentSed

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On Specialist List: Yes, Restorative Dentistry and Periodontology

257674

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257244

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

258051

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

266913

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

239826

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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

230732

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

South West

THE CIRCUS DENTAL PRACTICE
www.circusdentalpractice.co.uk

Paul HR Wilson BSc (Hons) BDS MSc FDSRCPS FDS(RestDent) RCPS GDC No: 72955
13 Circus, Bath, BA1 2ES
Tel: 01225 426 163 **Email:** reception@circusdentalpractice.co.uk
Interests: Fixed & Removable Prosthodontics, Implants, Bone Augmentation, Soft Tissue Augmentation, Endodontics, Aesthetic Dentistry, Treatment Planning Assistance, Study Club, Implant Mentoring.
On Specialist List: Yes, Restorative Dentistry, Prosthodontics & Endodontics

239371

North West

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

261006

North

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

261782

East Anglia

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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

254718

Business skills CPD

Q1: Which of the following online advertisement formats is typically used for videos?

A Banner ads
B Skyscraper ads
C Pop-up ads
D Expanding ads

Q2: Which of the following payment methods for online advertising is becoming increasingly popular with advertisers although not necessarily with publishers?

A Cost per click (CPC)
B Pay per click (PPC)
C Cost per action (CPA)
D Cost per thousand (CPM)

Q3: Which of the following are true of the role associates can play in helping to resolve patient complaints: a – they should be trained on how to handle complaints; b – they can usefully play the role of a go-between; c – they should not get involved but refer immediately to the practice complaints manger?

A a and b only
B a and c only
C b and c only
D a, b and c

Q4: Which of the following is true about a patient's rights about their personal data?

A They have the unfettered right to decide how their data may be used
B Patients do not need to show that they are suffering damage through the use of their data
C They cannot object to their data being used if it is necessary as part of a contract in which they are involved
D If they have given consent to their data being used for a specific research project they cannot object if it is then also used for a different research project

Q5: How should a practice owner approach concerns about an associate's performance?

A Deal with the concerns in the same way as for any other member of staff
B Always discuss the concerns in a formal meeting
C Discussion of the concerns can be done informally
D Do not fall into the trap of allowing the meeting to become a two-way discussion

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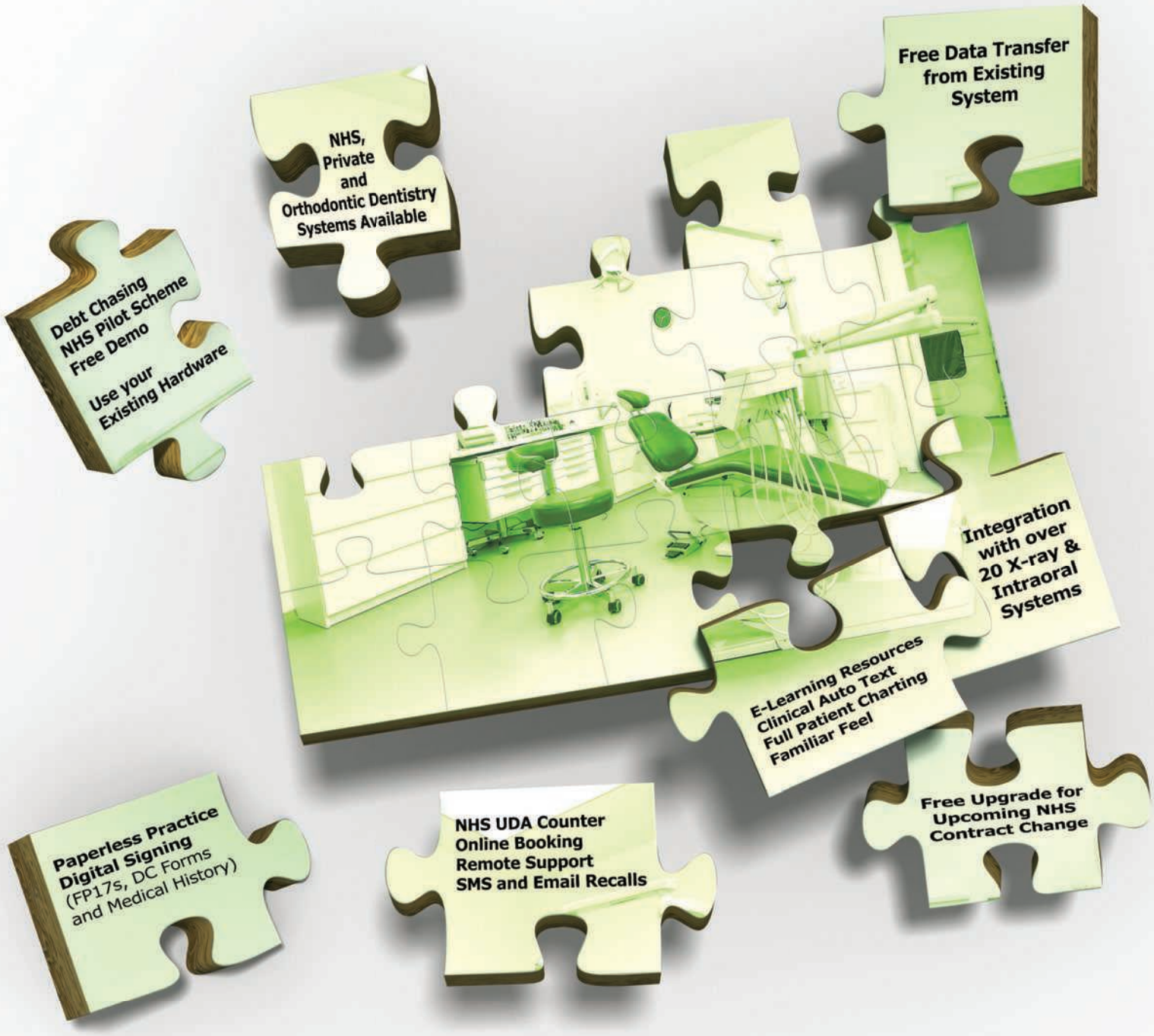

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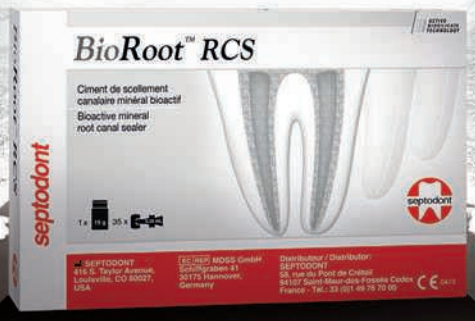

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