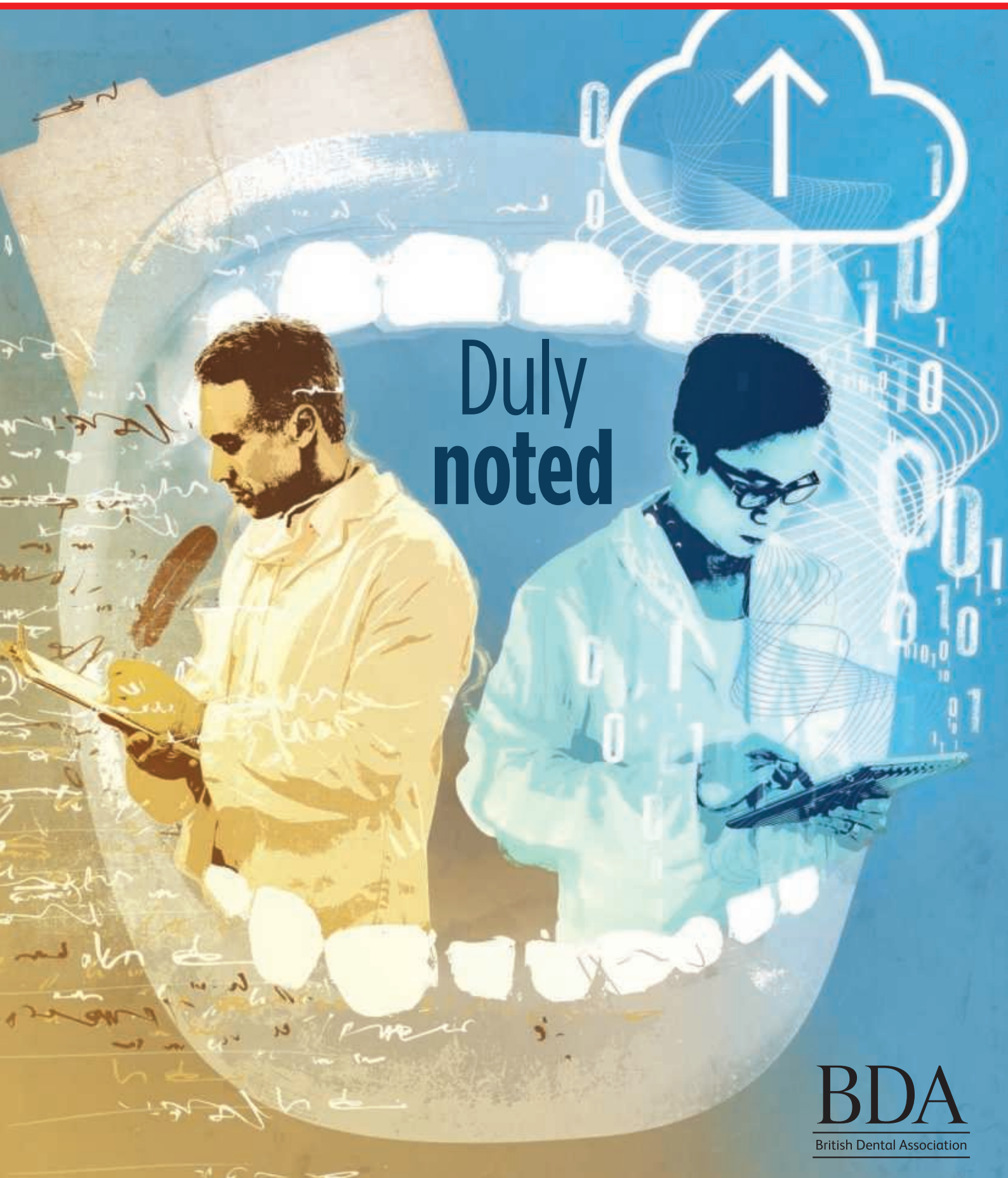
BDJ InPractice
December 2017



Duly noted

BDA
British Dental Association

Hero to zero ■ Do qualifications matter? ■ Female leadership ■ Advice ■ Changes to CPD

Free Water Flosser*

Effective plaque removal
Removes up to **99.9%** of plaque from treated areas.[1]

Healthier gums
Reduced bleeding by up to 93% in 4 weeks.[1]

Essential for implants
Up to **2X** as effective for improving gum health around implants vs. string floss.[1]

Superior cleaning around braces
Up to **5x** more effective in removing plaque around braces than brushing alone.[1]

Do you want to know more? Plan a Lunch & Learn

***Contact Waterpik and plan a Lunch & Learn.**
We will bring a delicious lunch for the whole team and a Waterpik® Water Flosser.

During the Lunch & Learn you will gain more insight into:
- The (dis)advantages of different Interdental products
- Clinical studies
- The effectiveness and functioning of the Water Flosser

You can also try it for yourself

Contact ✉ ukcustomerservices@waterpik.com
or ✆ +44 (0) 333 12 35677

waterpik®
WATER FLOSSER

[1]*Go to **www.waterpik.co.uk** for details.*

BDJ InPractice

DECEMBER 2017

Cover illustration Danny Allison

Editor David Westgarth | **Production Editor** Betty Bohane | **Art Editor** Melissa Cassem | **Publisher** James Sleigh | **Global Head of Display Advertising & Sponsorship** Gerard Preston | **European Team Leader – Academic Journals** Andy May | **Display Sales Executive** Alex Cronin | **Production Controller** Natalie Smith | **Editor-in-Chief** Stephen Hancocks OBE.

To contact the **Advertisement Office:** Tel: 020 7843 4729. To contact the **Editorial Office:** 64 Wimpole Street, London W1G 8YS. Tel: 020 7935 0875. Fax: 020 7487 5232. E-mail: bdjinpractice@bda.org. Web: www.bda.org/bdjinpracticeonline. Published for the **British Dental Association** by: Springer Nature, The Campus, 4 Crinan Street, London N1 9XW.

Acceptance of an advertisement by *BDJ In Practice* does not necessarily imply endorsement by the British Dental Association. ISSN 2057-3308.

BDA
British Dental Association

General Dental Council publishes first analysis of fitness to practise case data

The General Dental Council (GDC) has published an analysis of fitness to practise case data revealing the make up of those most likely to be involved in a case.

The report, created by Plymouth University Peninsula, Schools of Medicine and Dentistry, identified the characteristics of registrants being referred to FtP and the types of practice or behaviour being referred.

The key findings from the analysis of fitness to practise case data include:

- Male dental professionals were more likely than female dental professionals to have been involved in a fitness to practise case
- Dentists were significantly over-represented at all stages of the fitness to practise process, compared to all other registrant groups;
- Dentists that came onto the register by taking the Overseas Registration Exam were less likely to be involved in a fitness to practise case compared to their UK qualified counterparts;
- Dentists coming on to the register having qualified in an EEA country were overrepresented in fitness to practise; and
- The odds of having been involved in an FtP case were 22% higher for dental professionals identifying as 'Asian' or 'Other' compared to those identifying as 'White'.

This is the first time that the GDC has carried out an in-depth statistical analysis of its fitness to practise data and according to the regulator 'marks the first-step in a programme of work aimed at assisting the organisation with its reform to become a better, fairer and more efficient regulator'.

Jonathan Green, Executive Director, Fitness to Practise, at the General Dental Council, said: 'This is a major step towards improving our use of data and intelligence to inform upstream regulation initiatives – to improve patient protection, ensure the public maintains confidence in dental services and to better support professionals.

'We made a commitment within *Shifting the balance* to use data and intelligence to inform our approach to regulation and this statistical analysis of our fitness to practise data is one of the ways we are working to fulfil this. We have already started to use the findings to feed into our ongoing work to deliver our commitments. We will continue fulfilling our commitment to better share data and intelligence with the dental sector by developing a 'state of the nation' report, to be published at the beginning of 2019.'

© Utamaru Kido/Getty Images Plus

Dentists alerted to problems with Zimmer Biomet Hex Drivers

Dentists are being alerted to an urgent medical device recall for the Zimmer Biomet 2.5 mm Hex Driver, with GemLock® Retention.

Zimmer Biomet say the product may contain a manufacturing condition affecting the geometry of the driver's hex feature, which prevents it from properly engaging with the implant mating component. Although there are no health consequences of using the device, it may cause delays during treatment and the company have recalled the product with immediate effect.

The affected Hex Driver units were sold between 1 February 2017 and 15 August 2017 and were distributed individually as well as part of an instrument kit. However, if the product was purchased as part of a kit it is not necessary to return the entire set as only the driver is being recalled.

The Medicines and Healthcare Products Regulatory Agency (MHRA) have issued an alert relating to this and more advice and details of how to return the product can be found at www.gov.uk/drug-device-alerts/field-safety-notice-06-to-10-november-2017

Initiative to tackle problems with dental attendance in Emergency Departments launched

A new initiative from the Oral Health Foundation to assess and tackle problems with the way that dental emergencies are handled by A&E departments in the United Kingdom held its first meeting at the Royal College of Emergency Medicine.

The first meeting of the new Dental Review of Emergency Attendances Multi Stakeholder (D.R.E.A.M.S) Group aimed to explore the issue of patients with dental problems who go to hospital emergency departments rather than dental practices.

It is estimated that patients that seek free dental care at hospitals could be costing around £18 million each year and this remains an issue that has been vastly underestimated by the NHS.

The meeting marked the beginning of an unprecedented initiative aiming to improve the care of patients with dental emergencies across the UK.

The Chair of the group, Dr Chet Trivedy, Consultant in Emergency Medicine and Trustee of the Oral Health Foundation, explained the need for the D.R.E.A.M.S Group and what he hopes it can achieve.

Dr Trivedy said: 'Thousands of people go to A&E each year with a dental problem, however, the issue is that many doctors aren't trained in dentistry and are likely to have limited experience and resources to help these patients.

'Many dental issues, such as having a tooth knocked out, bleeding from an extraction or even toothache, would be much better managed by a dentist or dental specialist but this is not always available 24/7 so we need to support our medical colleagues in A&E to manage some time critical emergencies.

'The D.R.E.A.M.S Group enables a broad range of stakeholders to come together to see how we can collectively tackle this problem and find realistic solutions which will hopefully improve the care and management of these situations.'

Dr Nigel Carter OBE, CEO of the Oral Health Foundation, also spoke of the importance of the D.R.E.A.M.S Group.

Dr Carter said: 'It's crucial that our outcomes help lead to effective interventions which ensure patients get the treatment they desperately need in an appropriate setting and from appropriately skilled staff.

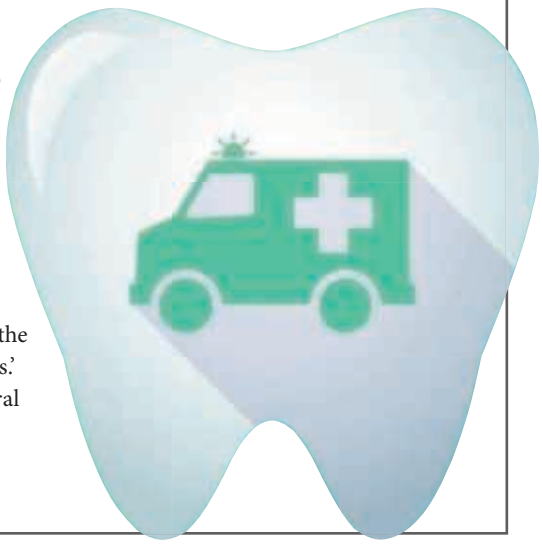
'We hope to not only find solutions suitable for the NHS and their A&E departments but also find ways to better educate the public about the best action to take when they have a dental emergency.'

Representatives taking part in the first meeting of D.R.E.A.M.S Group included the Oral Health Foundation, Public Health England, Department of Health, Royal College of Emergency Medicine, British Dental Association, NHS England and the General Dental Council.

'Every group has an opinion, we want to extend the reach of the campaign beyond the dental and medical professions because that will allow us to gain more perspectives on such an emotive topic,' said Dr Trivedy.

'I would like to say a huge thank you to all the excellent groups and individuals who were present today because it allows us to bring together our expertise and make a huge step towards building cost-effective and sustainable frameworks to manage dental emergencies in the future.'

To find more information about the D.R.E.A.M.S Group and their aims or to get involved in the group please contact Kerry Geldart, Director of Operations at the Oral Health Foundation on 01788 539 781 or email kerry@dentalhealth.org. ◆



Raise ongoing issues caused by capita at mid-year

Due to problems caused by Capita, many NHS providers in England underperformed in the 2016/17 contractual year. Capita caused issues with attaching performers to their NHS contract or engaging performers due to performer's list delays. Many NHS providers agreed with their local area team that they would carry forward the underperformance into the current contractual year (2017/18). This could become an issue for those providers if they are unable to catch up in this current year, and they face clawback together with a breach notice.

How do those provider avoid this? Act now! We are urging all providers that carried forward activity due to performers list issues to check their performance now to establish whether they are going to achieve performance of the carried forward activity in addition to their usual contractual target.

Where providers establish that they are likely to underperform at year-end they should raise this with their local area team now as part of, or alongside, the mid-year review process. Providers should write to their local area team asking for a variation to their contract for this contractual year to make their year-end target achievable and for any balance to be carried forward into the 18/19 contractual year. A responsible provider cannot afford to wait until year end, as they could end up breaching their contract, which is something that should be made clear to local area teams in letters regarding this issue.

Where NHS England's local area teams fail to engage or refuse a variation, providers should make a referral straight away to NHS Resolution (formerly the NHS Litigation Authority) asking for a declaration that their contract should be varied.

Extra and Expert members can contact the BDA's NHS and Business team for assistance on advice.enquiries@bda.org with this process. ◆

Northern research collaboration led by trainees in paediatric dentistry

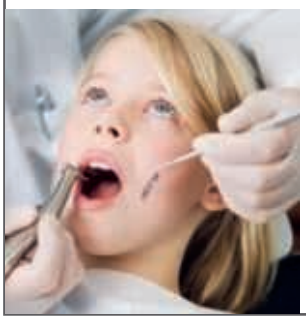
The formation of a trainee-led collaborative research group has been welcomed by the British Society of Paediatric Dentistry.

CONNECT (Child Oral health NortherN rEsearch CollaboraTive) is aimed at trainees at any stage of their training from any specialty in the North of England who have an interest in child oral health research, with representation in Leeds, Liverpool, Manchester, Newcastle and Sheffield.

Helen Rogers, founder of CONNECT and an NIHR (National Institute for Health Research) Doctoral Research Fellow said: 'CONNECT will provide an infrastructure and formal training to facilitate trainee engagement with research.'

The group is particularly keen to support trainees who have little dedicated time to undertake research, and those who are based in less research-active units. Through collaborating, CONNECT aims to engage with colleagues from a range of units and draw on the expertise of different teams. The group hope that this approach will help them to produce more meaningful research which will increase the likelihood of publication and contribution to the evidence base.

'We are grateful that so many of our senior academic colleagues have offered to support this venture by providing guidance and expertise for CONNECT members as they undertake research projects', Rachel added. 'Regardless of whether our members go on to pursue a career in academia, or not, CONNECT hope to provide future specialists and consultants with a greater understanding of research.'

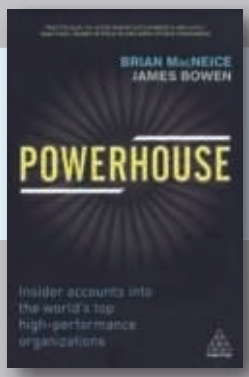


©Image Source/Getty Images Plus

Anyone interested in connecting with CONNECT can find more information at https://connectnorth.wixsite.com/connect. ◆

BOOK REVIEW

Powerhouse



Powerhouse
Brian MacNeice and James Bowen
Kogan Page, 2017
ISBN: 978-0-7494-7813-1
£14.99

In a nutshell

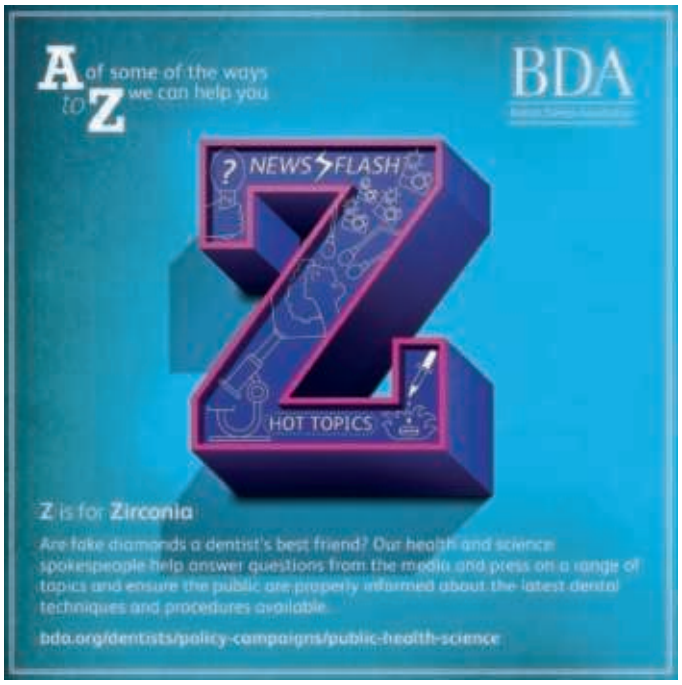
This 250-page paperback comprises descriptive vignettes of twelve of the world's top performing companies or organisations spread over a dozen chapters. These are not necessarily commercial enterprises since one case examines the Finnish state school education system and another the U.S. Marine Corps. But they all have in common the fact that they are leaders in their respective fields.

Who is it ideal for?

The book is aimed at two types of reader. First, those interested in individual institutions and ascertaining how they actually work. For those in this category, the authors anticipate that they would dip in and out of the chapters according to what takes their fancy. However, the other cohort of reader would be mostly concerned with understanding about high performance and the means by which it is achieved. For those people, the authors advise that they systematically work their way through the entire contents of the book with the intention of gleaning a much clearer and comprehensive notion of what exactly makes for high performance. The various positive characteristics of these companies can be a source of guidance and inspiration for leaders of any organisation.

Why you should read it?

The authors set out in their introduction a set of twelve common attributes or 'Powerhouse Principles'. These include ambition, purpose, measures, standards, codes, resilience, teamwork and improvement. Further, all the institutions described share a planned, systematic approach. Their goals have been achieved deliberately rather than by accident and their shared flow chart of methodologies is one of 'plan, priorities, people and process'. Médecins Sans Frontières, one of the most successful non-governmental organisations in the world, succeeds in part by dint of its absolute clarity of vision and strength of purpose. Minnesota's Mayo Clinic is the first and largest integrated not-for-profit medical group practice in the world. Its logo is represented by three shields symbolising its three areas of expertise; patient care, research and education. But its overarching 'Powerhouse Principle' is that of a total commitment to teamwork. Other organisations discussed include the New Zealand All Blacks rugby team, Southwest Airlines, the Bangladeshi Grameen Bank and the Tata Group. Through their exhaustive and commendable research of these models of excellence, the authors conclude that high performance is a result of careful design, and that successful businesses are made not born. ◆



An update on tribunal fees

Following the recent Supreme Court decision that Employment Tribunal fees in England, Wales and Scotland were unlawful, anyone who paid fees at the time can now apply for a refund.

Anyone who paid fees between their introduction on 29 July 2013 and abolition on 26 July 2017, is entitled to a refund. You can apply for a refund if you:

- Made an employment claim and paid the fees;
- Paid the fees for someone else to make a claim; or
- The tribunal ordered you to pay the fees of someone who brought a claim against you.

You can get the forms for claiming a refund, and details of how to submit them, at www.gov.uk/employment-tribunals/refund-tribunal-fees.

When applying you will need your case number, which should appear on all correspondence sent to you by the employment tribunal which considered the claim.

If you have been affected by the fees you can contact us for advice on advice.enquiries@bda.org or 020 7935 0875. ◆

©Rosemary Calvert/ Getty Images Plus

'Demonstrate to policymakers the economic value of a shift towards preventive dentistry to speed up progress towards a Cavity-Free world,' urges report

A new report finds that convincing policymakers of the economic benefits of tackling dental caries, is one of the key steps required to accelerate progress towards a "cavity-free world". Globally, 60-90% of children and nearly 100% of adults have suffered from cavities- the severe stage of caries.

The report, published by the Alliance for a Cavity-Free Future and the Policy Institute at King's College London, argues that systematic economic and comprehensive clinical data must be collected in order to show policy officials that, in the long term, preventing dental cavities can be cost-effective both for individual patients and health systems.

Learning from current global experiences, the report also argues that other steps must be taken to accelerate the current shift towards a greater focus on preventive dental care:

- New payment systems for dentists should be created, to ensure that caries prevention and control is properly rewarded in addition to traditional restorative caries treatment.
- Dentists and the wider dental health workforce should be better-equipped to provide leading-edge prevention and should, where possible, collaborate more closely with medical practitioners.
- Efforts should be made to encourage the public to change their behaviour (through, for example, tax measures and advertising regulations aimed at sugary foods and drinks), and industry should be incentivised to adopt more socially responsible agendas.

The authors estimate that the potential economic and health benefits of a cavity-free world are significant, given that caries shares risk factors with other non-communicable diseases (NCDs), such as diabetes and metabolic syndrome. As a result, reducing the risk factors associated with caries can also help improve health more generally and reduce the financial costs arising from other conditions, as well as those due to caries.

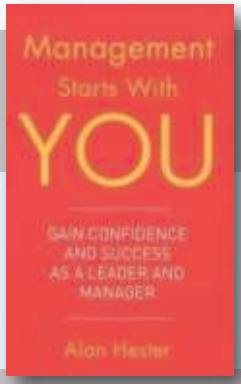
Professor Nigel Pitts, Director of the Dental Innovation and Translation Centre at King's College London, said: 'The Policy Lab was an innovative step in bringing together for the first time on this topic a broad, multi-faceted group of experts whose disciplines, until now, have not joined forces. The Lab participants concluded that to accelerate progress in this area we need to better explain the caries challenge to the many different types of stakeholders affected, in language that is clearer to each group. Caries is distributed very unevenly within and across countries, and there are two distinct target groups; those without access to care (preventive or other) and those with access to types of care which is restorative-only and no longer judged as appropriate.

'It is our job as dental and health professionals to ensure that the health of the public and patients is our priority. By working together across stakeholders to progress a shift towards prevention rather than just restorative treatment of caries, we will be ensuring a healthier future for millions as well as securing greater access to care for excluded patients.' ◆

©Bet_Noire/ Getty Images Plus

BOOK REVIEW

Management starts with you



Gain confidence and success as a leader and manager
Alan Hester
Robinson, 2017
ISBN: 978-1-4721-3730-2
£9.99

In a nutshell

Hester's innate modesty is married with his ability to cut straight through to the essence of management and the fact that good managers need to be good at managing themselves first. For that reason, he doesn't just dwell on the usual management techniques but looks outwards to other issues such as managing difficult situations including aggression and assertiveness. He also looks at time management for managers and how to filter out the non-essentials over the imperatives. He also discusses the thorny issue of change and uncertainty and why it's crucial not to keep people in the dark. There's even a chapter devoted to managing your manager which invites the reader to take an empathetic approach by 'taking a metaphorical walk in their shoes before judging them'.

Who is it ideal for?

Hester has intended his book to take the worry and stress out of those embarking on a new management or leadership role. His motivation is to help readers to become the best leaders they can possibly be. He has envisaged that this book will equip managers to adopt attitudes, beliefs and behaviours that will help them to achieve great results for their team, their organisation, and most importantly, themselves. Crucially, he avers that the best managers know how to manage themselves effectively because until they know how to achieve this, they cannot hope to manage others. Hester also believes that life as a manager is easier when we stop thinking about the effect of our actions on ourselves and think instead about their effect on others.

Why you should read it?

Hester relays his experiences modestly by admitting that initially he lacked confidence but also was self-conscious of his managerial position 'hidden' behind a closed office door. His confidence grew with the realisation that managing himself and his emotional intelligence plus developing a degree of personal and professional humility were the keys to success. He also describes the essential symbiotic relationship between a manager and their staff. Both sides require assistance in different ways in order to work optimally and this necessarily involves good communication, planning, processes, listening skills and feedback. So potentially, it can all start with the aid of this comprehensive little paperback. ◆

Interest Rate Rise – will dentistry notice?

November saw the arrival of a much heralded hike in interest rates of 0.25% to a new base rate of 0.50%. This was the first rise in more than 10 years and reverses the quarter point cut of 2016 made following the EU referendum. Almost four million households are likely to face higher mortgage interest payments after the rise, but it should give savers a modest lift in their returns.

The move has been seen as a change in the direction of travel and the first step on a long road towards 'normal' interest rate levels. Indeed, Bank of England Governor Mark Carney said inflation was unlikely to return to 2% without raising rates, because the economy was growing at levels 'above its speed limit'. But how will this affect the UK dental practice sales market?

Ray Goodman, Managing Director of Goodman Grant Solicitors suspects that the market will retain its recent buoyancy. 'Money is still very cheap and the costs of borrowing are at an all-time historic low. I think that there is a long way to go before the market for dental practices is hit by money becoming prohibitively expensive.'

Ray continued, 'The market is still bullish aided by bank lending and new institutional money entering the market. I believe that rates will have to head north for some time yet before any dampening of demand occurs.' ◆

©Ann Cutting/Getty Images Plus

IMMUTABLE LAW #6 OF PRACTICE PERFORMANCE

BRAND NEW WHITEPAPER

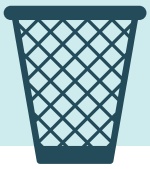
What does running a **paperless practice** really look like?

An efficient, secure, scalable and environmentally friendly business?
A practice that has the time and ability to provide the highest standard of patient care?

We surveyed hundreds of dental practices to investigate the desire and current state of the industry in terms of running a paperless practice, and our latest Whitepaper documents the results.

THE PROBLEM

ONLY **5%** **OF PRACTICES** CONSIDER THEMSELVES AS **PAPERLESS**

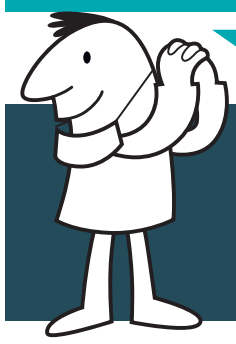


1/3 OF THOSE QUESTIONED ARE RUNNING OUT OF **PHYSICAL SPACE**

AND **20%** ARE STILL **SCANNING PAPER RECORDS** AS A FORM OF BACK UP

THE CAUSE

78% OF PRACTICES SAY THEY COLLECT PATIENT DATA **MANUALLY**



THE SOLUTION

Download our latest Whitepaper to read the **full report** including our **best practice checklist** to running a **paperless practice**.

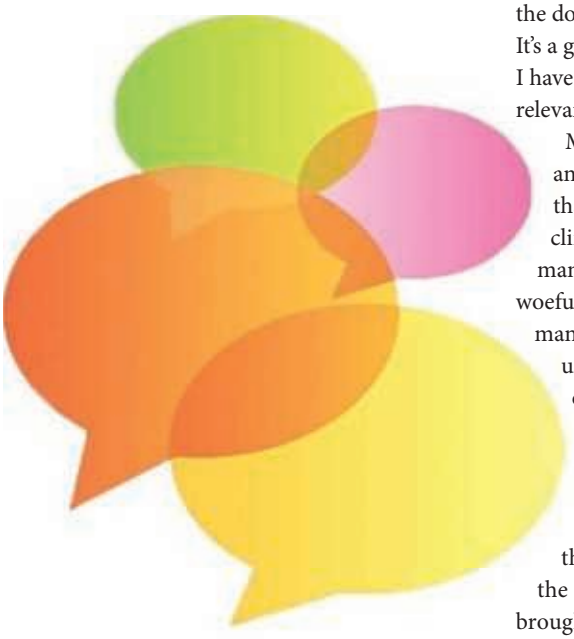
Download your copy at: **softwareofexcellence.com/uk/paperless**
or talk to an expert on: **01634 624267**

@UKSOE | SoftwareOfExcellence | SoftwareOfExcellence

SOFTWARE OF EXCELLENCE
A HENRY SCHEIN® COMPANY

Why qualifications matter in dental mentoring

Dr Janine Brooks, MBE
DMed Eth, MSc, FFGDPUK, MCDH, DDPHRCS, FAcadMed, BDS



There are two key ways we can demonstrate to others that we have valuable skills: practical experience, and relevant education, training or qualifications.

Either are good, the best is to have both.

When I first qualified as a dentist and went to work in my first job in 1983, I had a qualification, my BDS, but not much real practical experience. To get the job I had to have a recognised qualification that opened the door to acquire practical experience. It's a good start. Now all these years later I have both practical experience and relevant qualifications.

My BDS qualified me as a dentist and only as a dentist. Actually I found that it only qualified me to do certain clinical tasks. There were – and are – many aspects of dentistry for which I was woefully under qualified. An example being managing staff, managing the business, or understanding the finances. I could go on. I expect you get the picture and have probably found yourself in a similar situation.

I entered dentistry at the time of the Griffiths report and the changes this brought to the health service and the staff that delivered them. For me it brought opportunity. I was still relatively newly qualified, just 2-3 years out when my then District Dental Officer (my line manager) took the Unit General Manager's job for the Community Services where we worked. I was asked if I would like to take on the role of Acting Senior Dental Officer. With the naivety of youth and inexperience, I said yes. I had no additional qualifications and very little experience. I did have the support of a senior colleague and the good will of the staff. I gained valuable experience in a very short time and within a year the Acting part of the title was dropped. However, I knew that there were many parts of the job that I could do better if I only knew how. I needed a qualification to add to the practical experience I gained daily. That's when I was lucky enough to gain a place on a Master's programme.

What did I learn? I learnt how to manage people, I learnt about the basic role of a Senior Dental Officer and much more about dental health and working with groups of people rather than just one patient. I learnt confidence in my skills. It also meant that should I want to move from that job to another at the same level or above I had a ticket that was needed – a further qualification to add to my practical experience.

This is all very interesting, but where is this going, you might wonder. The title of this article gives it away a little.

Dentists undertake many tasks and roles, a large number of which are not clinical, for example recruiting staff, managing staff, managing finances, leading. Other roles might be advising, teaching, expert witness, coaching and mentoring. Each of those roles need a specific set of skills. They are not the same as clinical skills.

So why is the need to be educated, trained and qualified in those roles not always seen as important?

There seems to be a school of thought that says a dentist can automatically do any number of non-clinical roles and require no additional training. A good clinician must automatically be able to give advice, train others, coach others and mentor others. This does expose a certain arrogance or belief, that the only thing a dentist or dental professional requires is clinical skills. As you might imagine, I disagree with this thinking.

The tide is turning

Dentists who become indemnity advisers will often be required to have additional legal qualifications, their knowledge as an experienced dental clinician is only part of what they need for the role they undertake as an adviser.

Tutors are expected to have undertaken a post graduate certificate in medical education or another teaching qualification. It is being recognised that the skills of teaching are not the same as those of being a good clinician.

Finally, dental professionals are realising that training and education in leadership and management skills will aid them in being more efficient and effective in their practices.

And so it is for mentoring, although there is still a long way to go. To be a good mentor, experience and wisdom in your field is needed. For most in dentistry this is practical, clinical knowledge honed over years of practice. However, depending on the mentor that is being sought other knowledge may be needed, for example in education, political experience or ethics. Whatever the field of knowledge that the mentee is looking for, the requirement is that the mentor is experienced, and has expertise and skills in that field. They need to have solid, practical grounding. That is the first consideration when choosing an appropriate mentor. If it is the only consideration then the mentoring experience might be a good one, but it might not.

> 'No, not all dental professionals have a good enough grasp of these skills to assume they can automatically mentor another dental professional'

A mentee deserves to work with a mentor that has undergone appropriate training, education and a qualification in how to mentor. Mentoring well requires a different skills set than clinical competence or excellence. Having set the scene, I'd like to look at the skills that a mentor needs to acquire beyond their clinical abilities, these are:

- Listening
- Reflecting
- Questioning
- Supporting.

In addition to acquiring skills, it's necessary to know when to apply them and how in a successful mentoring relationship. There are many tools that can be learnt to enable a mentor to bring real value to the conversations they have with their mentee.

You may be reading this and thinking, so – don't all dental professionals have these skills? There is a difference between knowing about something in a superficial way and actually being able to perform that skill when working with another person. So, I'm going to stick my neck out and say no, not all dental professionals have a good enough grasp of these skills to assume they can automatically mentor another dental professional.

Listening

Listening, really listening to another person is not easy. It's often called 'active listening'. You would think that dental professionals are good at listening. However, when a mentor is listening they are not thinking about what to say in response, or wondering if they switched off the lights at home, or what to have for tea, they are really listening to their mentee. They listen to the words and the spaces between words, the feelings and values that are being expressed. They are listening to the non-verbal cues and signs.

Reflecting

There is a real skill in being able to reflect back to the mentee what you have heard and sensed. Good reflecting creates rapport and trust between the mentor and mentee. The ability to reflect accurately can help to clarify issues for the mentee. A skilful mentor will be able to reflect back the mentee's language and terminology, but also their character, for example, 'That took courage'. Reflecting back the space between the words and what hasn't been said is also important.

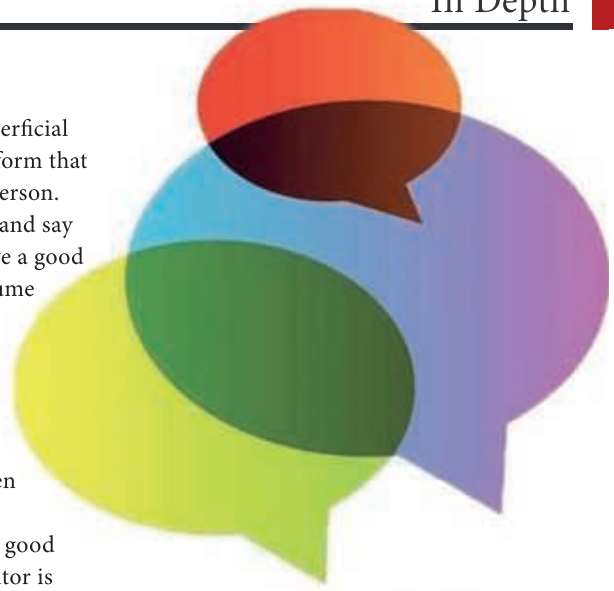
Questioning

Asking the right questions at the right time is important to the mentoring conversation. Phrasing questions is a skill as is the way they are asked. It's usually best to avoid questions beginning with 'Why?' as they can make the mentee feel defensive or as if they are being blamed. The tone of voice is important as well to prevent the question being received as an accusation.

Supporting

This is a collection of all the skills above, plus the ability to bring enthusiasm, encouragement and analysis to the conversation. This is often where the mentor can bring their advice, suggest resources the mentee can try, relate their own experiences and offer opinions.

Not all dental professionals want to be mentors and some are not cut out for the role. However, for those who want to mentor, and I hope there are many, then it really is important to think beyond the experience that you can share to learn how to mentor successfully and use the tools and methods that are available. In my experience dental professionals want to do a good job. To do a good job you need both practical experience and underpinning knowledge. The best way to gain underpinning knowledge is to undertake credible training. Gaining a qualification in mentoring says that you care enough to know what you are doing and that you want to do a good job as a mentor. ◆



Dr Janine Brooks

Janine is Director of Dental Programmes at the Dental Coaching Adademy (DCA). DCA has launched two new mentoring qualifications: The PG Certificate in Leadership Coaching and Mentoring and the PG Award in Coaching and Mentoring for Advisors. Both qualifications are at Level 7. She has her own coaching and training consultancy - Dentalia and is co-founder of Dental Mentors UK.

Duly noted

By David Westgarth,
Editor, *BDJ In Practice*

At university, part of my course required me to acquire the skills and knowledge to be fully competent in the art of Teeline shorthand. Dictaphones, they said, weren't as reliable. You could forget the kit, the batteries could run out, space might be at a premium, or on a more basic level you couldn't hear the audio.

So, we had to listen to some dictation, scribble it down in shorthand and had a limited amount of time to decipher those scribbles.

Quite frankly it was a nightmare. Every day we had a 90-minute lecture, and were expected to do a further 90 minute session at home. The 'forms', as they were, could well have been hieroglyphics, even when I was competent.

Once we had the basics, speed was of the essence. 50 words per minute. 60 words per minute. 70 words per minute. All the way up to 120 words per minute. For those students who wanted to take an NCTJ in news journalism and achieve a 'gold standard' pass, the minimum speed requirement was 100 words per minute.

Looking back through what at the time felt like torture, it's easy to see why such intensive training was necessary. If, once you had finished the dictation and typed up the copy, you ever found yourself in trouble, you could always return to your notes to back you up. And that is exactly how dental practitioners are beginning to view the practice of note-taking.

Inextricably linked

Perhaps that is an exaggeration. Perhaps the notion that the profession feels like they're increasingly practising 'defensive dentistry' isn't true. Whether you agree with those statements or not is entirely dependent upon your circumstances and experience, but one thing is for certain – poor notes raises the risk of a letter and subsequent trip to London to meet the regulator.

What the GDC says on note-taking...

According to Standards for the Dental Team 4.1[1], 'You must make and keep contemporaneous, complete and accurate patient records':

- 4.1.1 You must make and keep complete and accurate patient records, including an up-to-date medical history, each time that you treat patients. Radiographs, consent forms, photographs, models, audio or visual recordings of consultations, laboratory prescriptions, statements of conformity and referral letters all form part of patients records where they are available.
- 4.1.2 You should record as much detail as possible about the discussions you have with your patients, including evidence that valid consent has been obtained. You should also include details of any particular patient's treatment needs where appropriate.
- 4.1.3 You must understand and meet your responsibilities in relation to patient information in line with current legislation. You must follow appropriate national advice on retaining, storing and disposing of patient records.
- 4.1.4 You must ensure that all documentation that records your work, including patient records, is clear, legible, accurate, and can be readily understood by others. You must also record the name or initials of the treating clinician.
- 4.1.5 If you need to make any amendments to a patient's records you must make sure that the changes are clearly marked up and dated.
- 4.1.6 If you refer a patient to another dental professional or other health professional, you must make an accurate record of this referral in the patient's notes and include a written prescription when necessary.

Duly noted

It is unlikely the GDC alone is to blame; the growing blame culture fuelled by ambulance chasers in society has certainly played its part. The British Dental Association has previously called for a crackdown on 'no-win-no-fee' lawyers targeting the healthcare profession, as figures from Dental Protection[2] show that dentists are now twice as likely to be sued than they were a decade ago.

Care Quality Commission reports continue to demonstrate that dental patients are at lower risk than those seen by any other UK health provider. The BDA states that a failure to tackle these US-style 'ambulance chasers' is now putting health services under strain.

Indemnity costs for dentists have skyrocketed by over 400% in the last decade while earnings have fallen by nearly 35% in real terms. The Centre for Policy Studies recently warned that the cost of claims in the UK is likely to increase substantially after the drop in the discount rate from 2.5% to -0.75%, announced in February this year.

Their report found that the medical-legal bill is now £24 per person, more than twice the £9 per person in the United States, despite the country's more litigious reputation.

Commenting on no-win-no-fee lawyers, BDA chair Mick Armstrong said: 'Every official report over the past decade shows our patients are receiving low risk, high quality care. All that's changed are the hyper aggressive tactics of these ambulance chasers.

> 'It is unlikely the GDC alone is to blame; the growing blame culture fuelled by ambulance chasers in society has certainly played its part'

'Dentists are already feeling the squeeze on declining pay and skyrocketing expenses. Our patients do not expect to see funds desperately needed for investment lining the pockets of veracious no-win no-fee lawyers.'

Even with the emergence of this, the level of fear and distrust in those practising cannot have been helped by the GDC's attitude over a number of years, culminating in the increased ARF and subsequent refusal to lower it, based on projections that did not materialise.

To find out whether defensive dentistry is ingrained in practitioners or a product of their environment, I spoke to two dental professionals at the start of their career.

Roxanne Mehdizadeh from King's College London said: 'The importance of good record keeping is drilled in from day one and relevant sections of the GDC's Standards for Dental Professionals are highlighted. We are encouraged to write clear, contemporaneous notes and to write negative findings as well as positive findings. For example, when taking a pain history, many of our seniors will encourage us to write out the SOCRATES mnemonic – to ensure we don't miss out anything essential.

'For me, the dialogue surrounding maintaining a high standard of notes is positive. We're schooled to see note-taking from the viewpoint of being well-rounded clinicians and providing the best possible care for the patient. We are taught that if we work from this frame of mind then we needn't worry about the legislative issues, because we will be 'covered' from that perspective, as a secondary effect of being thorough/conscientious.

'It is a far more pleasant way to practise dentistry than to be working defensively and anticipating litigation at every turn as the main reason for keeping good notes.'

John Gorman, a dental student at Dundee University, saw things slightly differently.

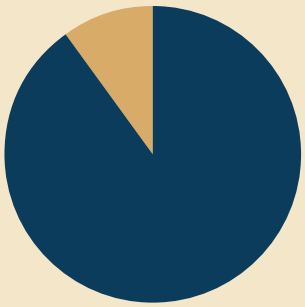
'There are two main reasons why contemporaneous notes that include all relevant information are important', he said. 'Firstly, it improves the continuity, efficiency and communication of a patient's experience throughout their treatment. Secondly, it does not escape our BDS lectures that the GDC takes note-taking extremely seriously and many horror stories are recalled of dentists who have been before a Fitness to Practise hearing on account of their note-taking – it is rarely taught without emphasis on the negatives of not following the guidelines.'

Dr Govin Murugachandran, Founder of Flynotes, believes those at the other end of their professional career have a major role to play.

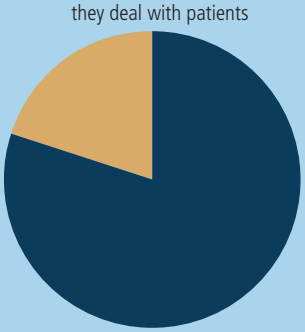
'Whilst I feel it would be unfair for me to suggest there is a marked difference between older and younger practitioners in the way they view and record notes, it is clear that senior practitioners have a wealth of knowledge and experience from years in practice', Govin told *BDJ In Practice*. 'It is up to them to ensure that good record techniques are passed on to their junior staff so that they are able to create concise contemporaneous records.'

Figures from Dental Protection[2] show:

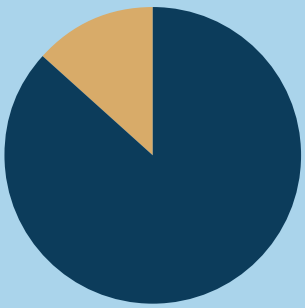
90% of dental members are increasingly fearful of being sued



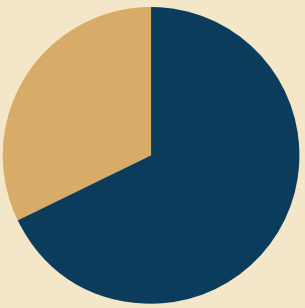
80% of dental members found the fear of being sued has impacted on their confidence in how they deal with patients



78% felt the fear of being sued has caused them stress or anxiety



68% of dental members felt the fear of being sued has made them consider their future in the profession



Notes or patients

There's a train of thought that suggests more dental nurses are the answer. They can give basic information to the patient while you are busy beavering away at your notes. Sure, there are positives. The patient is more likely to retain the information they are given, particularly as someone is talking to them and explaining it rather than talking into their computer while taking notes. But is the profession really in the right place to give every dentist and dental hygienist a nurse? We know what the answer is, and unfortunately no, we do not live in a utopian world.

So what is the solution? Dr Hannah Burrow, founder of Kiroku, believes there are a number of areas ripe for efficiency improvement.

Dr Burrow, who has previously worked in CDS, hospital and dental public health, said: 'As a practitioner I always found myself highly frustrated at how inefficient the process of note taking was. There is so much scope for improvement.

> 'It's an all-too familiar scenario, and one that has the potential for practitioners to land themselves in hot water.'

'We spend so much time educating patients, the number of courses available to develop communication skill is vast but that leads to inconsistencies. How are you supposed to deliver evidence-based education to the patient if you're typing up your notes during the appointment due to time restraints? It's an all-too-familiar scenario and one that has the potential for practitioners to land themselves in hot water if their notes aren't up to scratch, or if the treatment plan fails because the patient doesn't get the correct information.

'Part of the issue is the software. Practitioners aren't happy with what they have, but they aren't moving away from it. Perhaps much of that lies in the demographics of the profession – a predominately older generation may have found something they know how to use and the challenge of integrating new software is too great.

'You're now finding the younger generation will not accept this. Smartphones can do everything at the touch of a button. That's not to say their expectation of note taking is one button and it's done – far from it. What they do expect is seamless technology that makes their lives easier in what is an already incredibly stressful job.'

Data protection due diligence

Ensuring the security of personal data held by the practice is an absolute given. It doesn't matter whether you keep your notes on paper, online or both, any data security policy must be watertight, particularly in the face of online threats to data.

For example, the BDA's advisory services recommend you keep child patient records for at least 11 years or until the patient is aged 25 – whichever is the longer – and that data is deleted in a 'confidential manner when no longer required'. However, this is not as straightforward as it appears, as the Data Protection Act states anyone holding sensitive personal data should retain the information no longer than is necessary, but there is no given definition of 'necessary'.

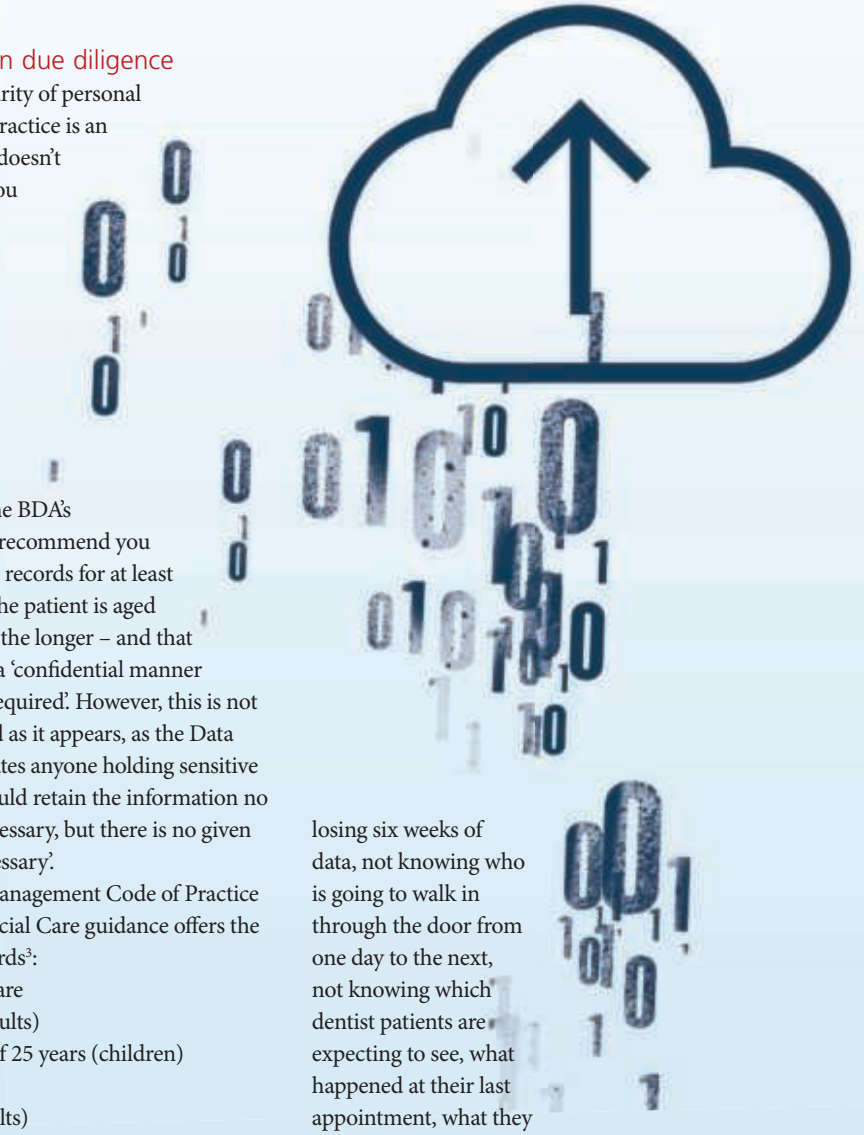
The Records Management Code of Practice for Health and Social Care guidance offers the following on records[3]:

- → Community care
  - 11 years (adults)
  - To the age of 25 years (children)
- → Hospital care
  - 8 years (adults)
  - To 25 years or 8 years post-death (children).

For online records, it's crucial to use appropriate software controls to protect computerised records. Passwords that are frequently changed, contain numbers, letters and special characters are considered the safest form of password. A practice using 'dental 123' as a password may wish to reconsider their approach to online safety.

The same approach should be taken to corruption of information. The growing threat of malware and resulting 'ransomware' attacks have caused a number of practitioners to undertake computer training to avoid unintentional deletion or allowing the computer to be infected. In the event of a virus penetrating the system, precautions should be taken to avoid the loss of data and to ensure the practice can still run smoothly. Procedures should be set out for protecting and restoring personal data in the event the data cannot be retrieved.

It may sound trivial, but stories of practices losing six weeks of data, not knowing who is going to walk in through the door from one day to the next, not knowing which dentist patients are expecting to see, what happened at their last appointment, what they are expecting to have done and on which tooth and particularly the loss of UDAs through the confusion it can cause is no laughing matter.



The future

There's a lot to be said about the move from analogue into digital. No longer did people put their back out moving their old TV. Mobile phones appeared, were huge and then got smaller. The 'digital revolution' changed how we view integrated technology, and that is precisely where we are in dentistry today.

Dr Murugachandran believes patient expectations in-line with the rise of technology has brought the value of note-taking into focus.

'There has always been an emphasis to keep accurate and contemporaneous notes', he said. 'Good record keeping has been part of delivering high standards of care. However, in recent years we have seen a dramatic rise in complaints and litigation. Clinicians are now twice as likely to get sued compared to ten years ago and so it is no surprise that 90% of clinicians are fearful of legal action.

'As a result, healthcare professionals are now not only reliant on records to provide good care but to also provide protection should a claim be made. This puts huge amounts of pressure on the profession to deliver high standards of care, in ever shorter timeframes, while dedicating more and more time to producing comprehensive notes that can withstand the potential scrutiny of a court.

'Unfortunately, the current climate has caught all healthcare professionals on the back foot. I would hate to think that weighting has shifted from using notes to improve the patient/practitioner relationships to simply providing a reference for continuity of care. However, when you start to judge notes by what is missing than what is included you can start to see how problems can arise.'

So how is technology shaping the future of note taking?

> 'Accurate and timely records are an essential part of high quality care, but we recognise that many dentists are unsure about the level of detail required in their clinical records.'

'Kiroku works to make records while you are having a normal conversation with your patient', Dr Burrow explained. 'The device will be able to listen to the conversation between the dentist and patient and automatically translate it into the desired notes. At the end of the appointment, the notes will be instantly generated for the dentist, with the ultimate aim of giving control back to the dentist, improving their quality of life and re-distributing the effort and attention during an examination.'

'Technology is rapidly changing healthcare and it is exciting', Govin added. 'Dental professionals are some of the most open groups to adopting new technology. There are a number of companies, which are looking to address the problems around note-taking by developing technological solutions.

'Flynotes is an example of such companies, which looks to improve consenting in dentistry. This fully integrated solution allows clinicians to deliver Montgomery-compliant consent digitally whilst facilitating robust documentation of the process.'

While comprehensive and contemporaneous notes might not mean you gain consent for a particular procedure, the synergy between consent and note taking is one that all practitioners need to realise could make the difference in litigation trials. Perhaps then it is for this reason that the Office of the Chief Dental Officer's (OCDO) survey, based on the Faculty of General Dental Practitioners' current '*Clinical Examination and Record Keeping*' guidelines[4] aiming to help shape the future of record keeping comes at an opportunistic and valuable time.

The executive team of the Chief Dental Officer said: 'Accurate and timely records are an essential part of high quality care, but we recognise that many dentists are unsure about the level of detail required in their clinical records. This is why we recently issued a Note for the Avoidance of Doubt in respect of the examination and subsequent record keeping for very young children. It has also driven the consensus exercise on clinical record keeping standards, which we are delighted that over 3,500 dentists participated in. This will enable a set of agreed record keeping standards, endorsed by the profession and agreed with NHS England, the GDC and BSA.

'If shown to be successful, we hope to roll out this consensus process to cover clinical standards in other key areas in the future.'

The recognition from the OCDO that 'many dentists are unsure about the level of detail required in their clinical records' speaks volumes about the profession we operate in today. Can too much ever be enough when it comes to note taking? Is there any way to better integrate patient notes and records into the appointment? When will the contract ever allow us to operate in a way that is beneficial to the patient and not an exercise in meeting targets?

The recognition also should give the GDC plenty of food for thought. If the Chief Dental Officer recognises that dentists are unsure about how detailed they need to be, do they – or should they – take the opportunity to re-evaluate their approach to sub-standard notes in Fitness to Practise cases? Until a unified set of standards are issued, one suspects not, and in that respect sit as judge and jury when reviewing notes.

And that is a sombre note. ◆

References

1. General Dental Council. Standards for the Dental Team. Principle 4: maintain and protect patient's information. Available online at: https://standards.gdc-uk.org/pages/principle4/principle4.aspx (Accessed November 2017).
2. Dental Protection. News release: Dental Protection: Legal reform to tackle rising cost of clinical negligence is long overdue. Released June 2017. Available online at: https://www.dentalprotection.org/uk/about/media-centre/press-releases-display/2017/06/22/dental-protection-legal-reform-to-tackle-rising-cost-of-clinical-negligence-is-long-overdue (Accessed November 2017).
3. Information Governance Alliance. Records Management Code of Practice for Health and Social Care 2016. Available online at: https://digital.nhs.uk/media/1158/Records-Management-Code-of-Practice-for-Health-and-Social-Care-2016/pdf/Records-management-COP-HSC-2016 (Accessed November 2017).
4. FGDP(UK). Clinical Examination and Record-Keeping. Available online at: https://www.fgdp.org.uk/clinical-examination-and-record-keeping (Accessed November 2017).

BDA
British Dental Association

EARN it
TRACK it
MANAGE it

Our CPD Hub makes CPD simple

Access 66 hours of CPD over a year

48 hours verifiable CPD

BDJ Publication
British Dental Journal

12 hours verifiable CPD

BDJ Publication
BDJ In Practice

CORE
3 hours verifiable CPD

Child protection and the dental team

CORE
3 hours verifiable CPD

Oral cancer recognition toolkit

Mobile | Tablet | Desktop

cpd.bda.org

The BDA is owned and run by its members. We are a not-for-profit organisation – all our income is reinvested for the benefit of the profession.

Enhanced CPD is on its way

The GDC will be starting its new enhanced CPD scheme (ECPD) on 1 January 2018 for all dentists. Dental care professionals will follow from 1 August 2018, in line with their registration cycle.

Undertaking CPD has been a mandatory requirement for dentists since the scheme was phased in from 2002 over three years. 2018 sees major changes to the scheme. Based on a 'plan, do, reflect, record' approach, the GDC is now asking you to approach the CPD you choose in a more considered way and ensure it is relevant to your current or future practice. There are also new stipulations on CPD providers for which registrants should look out. It remains a registrant's responsibility to count only such CPD as verifiable that complies with the GDC's requirements, and the GDC can potentially challenge CPD where it has concerns that it wasn't really verifiable.

Below is an outline of the changes.

Required hours

- There will no longer be a need to record non-verifiable CPD, only verifiable CPD
- Dentists need to do a minimum 100 hours per five-year cycle
- Hygienists, therapists, clinical dental technicians and orthodontic therapists need to do 75 hours per cycle
- Dental nurses and technicians continue to do 50 hours per cycle.

Mandatory declarations

All registrants will be required in law to make an annual declaration of the hours they have undertaken. The most straightforward way to do this will be through the eGDC portal.

Another new requirement is that registrants will not be able make declarations of zero hours in two consecutive years. Also, in any two consecutive years a minimum of ten hours will have to be done. So, if you make a declaration of zero hours in one year, you must declare at least 10 hours the following year. Even more than up to now, you must keep an eye on the number of hours you have undertaken, especially if you are planning a career break.

Dentists will have to make their declaration before the end of the calendar year. You will be asked to do so as part of the registration renewal process. After the beginning of the New Year you will not be able to change the declared hours for the previous year.

Development outcomes

The GDC has stipulated four very broad development outcomes (A,B,C and D). They are intended to provide a link between the GDC's Standards for the Dental Team and CPD provision. The letters A-D need to be indicated on provider certificates and on your log and PDP in line with the CPD planned or completed. The outcome areas focus on communication (A), practice management (B), clinical updates (C) and legal and ethical updates (D).

CPD record

The CPD record has a new definition in law and will consist of a personal development plan, a CPD log and documentary evidence of the CPD undertaken.

The PDP needs to include the CPD you plan to undertake during your cycle, the anticipated development outcomes that are linked to each activity and the timeframes in which you expect to complete the CPD over the cycle.

The CPD log should include the title and description of the CPD activity completed, the date it was undertaken, the number of hours, as shown on the certificate, and the reference to the development outcome(s). It should also include a reflective element, or an indication that reflection has taken place.

Documentary evidence will, in most cases, be the certificate provided by the course provider. In order to demonstrate that the CPD was verifiable, the evidence must include the subject, learning content, aims and objectives of the CPD activity; the development outcomes; the date that the CPD was undertaken; the total number of hours of CPD; the name and, where available, the registration number of the professional; a statement that the CPD is subject to quality assurance, with the name of the person or body providing the quality assurance; and confirmation from the provider that the information contained in it is full and accurate.

CPD providers, including the BDA, are in the process of ensuring that these requirements are fulfilled for CPD from January 2018.

Transitional arrangements

Dentists who finish their cycle on 31 December 2017 (and DCPs who finish theirs on 31 July 2018) will move straight to the requirements of the new scheme. All other registrants who are at a different point in their cycle will be affected by transitional arrangements between the old and the new scheme. That means that, at the end of their cycle, the GDC will ask them for proof of compliance, pro rata, with the old and the new scheme. For example, a dentist whose cycle will finish on 31 December 2020 will need to show a total of 90 hours of verifiable CPD and 70 hours of general CPD as a minimum. This is made up of 30 hours of verifiable CPD and 70 hours of general CPD for 2016 and 2017, and 60 hours of verifiable CPD for 2018, 2019, 2020 combined.

The GDC has a transition tool on the website to help registrants establish their individual requirements during the transition period.

Period of grace

Registrants must be aware that, in the case of non-compliance, they must make the GDC aware that they might not be able to demonstrate the full number of required hours before the end of the last year of their CPD cycle. They might then be given a further two months to make up the missing hours.

Concerns

The BDA has particular concerns about the provisions for the transition period, the shortening of the period of grace for non-compliers, and the effect of the requirements for a minimum of 10 hours in two consecutive years for those on maternity leave or who have a long-term illness. We also have concerns for those who might be returning to the register after an absence. We will be monitoring the effects of these over time and would welcome feedback from members if they have been affected by this.

You can find the GDC's guidance, including a model PDP and CPD log, on the GDC website. ◆

Hero to Zero
what price an internet presence?

Shaz Memon considers the fine line we tread online between an 'over-sharing' egotist and an 'undercover' virtual wallflower

How people perceive us matters. Increasingly, this applies not only in the real world but in the virtual world, too, and across all social media platforms. The dental industry thrives on this premise and it would be naïve to suggest otherwise.

While some of us might profess not to care what others think, the truth is we are psychologically tuned to seek approval and validation from others – particularly if looking to attract people to buy into our business.

Some dental professionals have welcomed with gusto the opportunity to create an online profile, their presence ever present and enhanced – either by their 'alter ego' life outside of the surgery or their skills as a clinician within. Others have taken a more political approach to fame, commenting and debating key healthcare issues and regularly invited by the media to be the 'voice of dentistry'.

In a world ruled by 'celebrity', it may prove too much of a temptation for some who seek that infamous 15 minutes of fame.

That said, creating a persona that makes dentistry friendlier – and more accessible than historical clichés would have us believe – offers an opportunity to toot your horn.

Singing dentists and smiling dentists, dentists who appear in adverts or create new smiles in TV reality makeover shows all work towards not just raising their own profile but creating a positive portrayal of the profession, as well.

However, there is always a need to temper such enthusiasm with mindful conservatism and an acknowledgement of the regulations of professional governing bodies.

For those clinicians for whom social media jars with the principles of clinical health care, it is worth considering that there may be a price to pay for ignoring self-promotion.

Any increased knowledge of digital marketing will enable a dental business to connect more successfully with existing and potentially new patients.

Whilst personal recommendations will always carry weight, in the battle to ensure a

Shaz Memon

Shaz Memon is the creative director of Digimax and Digimax Dental. He has worked with leading dental and non-dental names. Shaz specialises in offering bespoke, creative, high-end design solutions that encompass branding, website design, top Google rankings, eMarketing and more just for dentists.

thriving dental practice, the internet is your secret weapon.

But just how much or how little do you need to self-publicise – just enough to attract interest in you and the services you offer or should it go beyond that? Should you work at becoming an industry expert, a key opinion leader or even a celebrity clinician?

The only proviso is the need to promote your business and practise dental marketing within the regulations of the governing body as well as those of the advertising authorities.

In the eyes of the General Dental Council's Standards for the Dental Team: 'You must make sure that any advertising, promotional material or other information that you produce is accurate and not misleading, and complies with the GDC's guidance on ethical advertising.'

Additionally, there is a duty to advertise in accordance with standards set by the Advertising Standards Authority (ASA) and the Office of Fair Trading (OFT).

In other words, misuse of specialist titles, making comparisons between you and colleagues regarding skills and qualifications and/or listing memberships or fellowships of professional associations, or societies or honorary degrees in an abbreviated form, are all definite no-nos.

> 'Any increased knowledge of digital marketing will enable a dental business to connect more successfully with existing and potentially new patients'

Consider the following.

Hopefully, you already have social media accounts for your practice via which you promote you, your team and your services. But, when it comes to your personal accounts, the issue of privacy should be given serious thought. Do you really want to show off that sports car or expensive hotel you stayed in at the weekend? If you are comfortable with that, it still may be worth taking time to consider what you do and do not post. Your lifestyle reflects you and your business. Will patients make judgement calls based on your endless selfies or displays of a healthy bank balance? One option is to separate your personal social media accounts from your public/business one. With your private accounts, set the privacy levels high to prevent the general public from seeing posts meant only for your nearest and dearest. It remains important

©Tempura/Getty Images Plus

to be mindful of the implications of posting anything online as well as how it may be shared – however innocuous it might seem at the time. Remember, the GDC's Standards for the Dental Team states: 'You must not post any information or comments about patients on social networking or blogging sites. If you use professional social media to discuss anonymised cases for the purpose of discussing best practice, you must be careful that the patient or patients cannot be identified.' In a nutshell, be discreet and do show some humility – whether it's a business or personal account.

Get creative and channel your inner writer, film-maker or photographer. Social media covers a number of internet-based tools, which allow businesses to create and exchange content. It includes blogs, internet forums, content communities and social networking sites, such as Twitter, YouTube, Flickr, Facebook, LinkedIn, GDPUK, Instagram and Pinterest. Each platform offers its audience a different type of engagement so it's important to understand what content is expected on which. Don't be tempted to bombard sites with the same messages – what works on one will not translate well to another. Take a look at the sites and see what the competition is posting – alternatively, speak to a creative online expert who has experience in helping businesses outside of dentistry as well as within raise their online profiles. Suggested actions include writing a regular blog, posting high quality photos of recent case studies on Facebook and tweeting your views about key dental health issues on Twitter. Who knows, your comments may get picked up by news websites and further help to raise your profile and your practice's. Potential patients, looking for related treatment information, will find you online and see the added value of your helpful insight, gallery of treatment photos and so on…

Create a brand (that could be you or your practice) and stick with it. Ensure your practice (and your team) has the same 'voice' across all media platforms as well as at the practice door. Once established, customers generally associate certain qualities with a brand – and do not always welcome surprises. So, if yours is a family-focused business, then deliver relevant information and be the 'go to' dentist for family dentistry. Don't dilute messages by switching your targeted demographic.

Be proactive and reactive to new dental thinking. Meet the needs of patients and help them understand developments in dentistry – but ensure it is in layman's terms. Nobody likes wading through jargon! In lieu of evidence, patients can plug the gaps with knowledge from unreliable sources away from the dental profession – and that's not healthy for you or them!

Speak to an SEO expert who can amplify your website content. Enhance the patient experience and ensuring your practice profile meets the requirements of regulatory bodies is important, of course. But so too, is the need to be seen. In a world of 24/7 communication opportunities, there has never a greater need to raise your profile and reputation – online as well as off – and good dental marketing will help achieve this.

Good patient communication is the cornerstone of excellent dentistry and these days this goes beyond a conversation in the dental chair. While little replaces the hard work you and your team members put in to creating long-lasting relationships, the internet offers a wealth of opportunity to engage with those who have yet to meet you. ◆

©Cultura RF/jackSTAR/Getty Images Plus

The female leadership paradigm

David Westgarth talks to Dr Judith Brady about female leadership, LDC and future developments

Dr Judith Brady
Dr Judith Brady graduated from Queens University Belfast and moved to Scotland where she currently works in Govanhill, Glasgow. In 2014, she was elected to Greater Glasgow and Clyde Local Dental Committee, and in April 2017, was elected as Chair-Elect of Scottish Local Dental Conference.

At the Local Dental Committee Conference earlier this year, motion 17 put forward by Northamptonshire LDC said: 'N'hants LDC is shocked by the completely unrepresentative number of women in dental leadership roles. We call on the conference to institute affirmative action to elect more women to BDA PEC and GDPC'.

It was, at a conference where attendees were heavily weighted 4:1 in favour of men, a motion the conference ruled against. Make of that what you will.

Perhaps it was the use of the phrase 'affirmative action' that dissuaded voters. Perhaps they weren't shocked. Perhaps they know that you can only be elected if you put yourself forward.

Whichever way you choose to interpret the result of the motion, one thing cannot be debated – a perceived absence of female leadership within the profession.

So why is it someone felt a need to table such a motion? David Westgarth spoke to Dr Judith Brady, chair elect of Scottish LDC, to find out more.

Are you 'completely shocked' by the number of women in dental leadership roles?

There has been an increase of female dentists in recent years as BDA figures show that in the UK <35 year old dentists, 57% are now female. It is not surprising that more women will be involved in the political aspects of dentistry – after all three out of the four Chief Dental Officers in England, Wales, Scotland and Northern Ireland are female.

3 out of 4
of Chief Dental Officers
ARE FEMALE

I foresee more women getting involved in leadership roles which will reflect these changes. It is encouraging and inspirational to see more female dentists in other leadership roles in dental hospitals and dental schools throughout the UK. It is important that there is a true representation of the profession.

With the change in the workforce, how do you see leadership developing? Will we have more females in leadership roles working part-time hours and sharing the responsibility?

Within many dental committees, there is the often the opportunity to become more involved and take on more responsibility. These meetings are often outside of normal working hours, so it can be challenging balancing work and family life, both for male and female dentists. From speaking to dental colleagues about the barriers to getting involved in local dental committees, time commitment, perceived lack of knowledge and confidence, child care for evening meetings and caring for older relatives comes up a lot.

Local dental committees should aim to encourage younger dentists to get involved. It can be a daunting prospect, as many dentists do not know what is involved or what is expected of them. More information explaining the roles should be given to the profession with regards to the local dental committees, dental conference and Scottish Dental Practice Committee.

With a small number of women on BDA PEC and involved with GDPC, will those responsible for the best interests of the profession truly grasp the changing nature of the workforce?

My experience tells me that might not necessarily be the case. The members of BDA PEC and GDPC are elected and in my opinion do a great job of representing the profession. It's an open vote and based on merit. They have a wealth of experience, knowledge and leadership skills. They are very aware of the changes of the workforce as they listen to concerns and issues of the local dental committee, so gender doesn't particularly play a role.

In my experience, attitudes amongst the profession have been positive with regards to young females taking up more active roles in representing the profession. Committee meetings provide the opportunity to share roles and this may provide 'mentoring' from a more experienced committee member. I see it as a great opportunity to learn and gain confidence. New ideas are welcome, and I think that's reflective of the overall approach to including young, female dentists in the discussions.

Besides the networking opportunities, I have found being involved in local dental committees is a great opportunity to make a difference. Ultimately, it is a platform to help improve dental care and access for our patients, and to discuss local and national issues affecting the profession. It gives you a wider understanding of the problems the profession faces, and on occasions offers solutions to some of those issues. I would encourage all dentists to get involved and engage with their local dental committees. The advice and support at local level is invaluable.

As chair-elect of Scottish LDC, what new ideas will you be proposing to tackle some of the issues in Scotland?

It is positive to see the latest figures from National Dental Inspection Programme of Scottish Primary 7 children, which shows an overall improvement in children's dental health. The ChildSmile programme in Scotland has been a great success. However, I am concerned that the inequalities between the most deprived areas and the most affluent areas have not reduced. More emphasis needs to be on the dental health of our deprived communities, in order to tackle this preventable disease. Tooth decay remains the main reason why children are admitted to hospital throughout the UK.

57% *of dentists under 35 years old*
are female

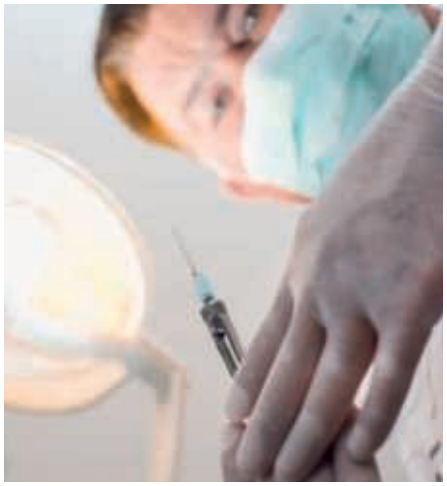
A recent survey from the BDA that questioned its members on whether they intend to increase the amount of private work they undertook, work overseas, or move out of dentistry altogether highlighted more than 53% of newly qualified dentists aged 35 and under are intending on leaving the NHS over the next five years. On top of that, almost 10% of young dentists are looking to leave the profession. Young dentists face difficult financial choices with increasing student debt and a reduction in salaries for NHS dentists, and increasing regulatory fees. Career development, work/life balance, and stress are also important factors. Dentistry in the UK needs to be more attractive to young dentists, of that there is no doubt.

Scottish dentists are the lowest paid in the UK and although the modest uplift of 2.25% in item of service fees is welcome, it is not enough. BDA Scotland reports that NHS dentist earnings have dropped by 30% in real terms since 2009.

The profession requires fair regulation. A major survey of dentists suggested 87% lacked confidence in their regulator. The government has recently acknowledged that 'the UK's model of professional regulation for healthcare professionals has become complex and outdated. It needs

> '53% of newly qualified dentists aged 35 and under are intending on leaving the NHS over the next five years. Dentistry in the UK needs to be more attractive to young dentists, of that there is no doubt.'

to change to protect patients better, to support our health services and to help the workforce meet future challenges. Better and more responsive healthcare professional regulation is a shared ambition for both the regulators and all 4 UK governments.' The current consultation gives us an opportunity to voice our views and give our opinions, and I will be strongly putting forward ideas that I believe will benefit the profession. ◆



Use of safer sharps

By Edward Sinclair

Edward is a dentist and Compliance Adviser in the BDA Professional and Advisory Services Directorate, helping members on all aspects of health & safety law, infection control requirements, practice inspections and compliance with professional regulations

There are few procedures in dentistry that don't require the use of local anaesthetic. Given the sensitivity of the mouth, as well as the difficulty of working within a small space, the use of this medication is an essential tool in a dentist's armoury. However, there have been some recent changes in the way dental clinicians are expected to administer local anaesthetic.

Until recently, the vast majority of dentists across the world will have been trained to give dental injections using a syringe that consists of a metal handle and cartridge holder plus a small disposable needle connected to the hub of the metal component. This device is cost effective, easy to use and has been in widespread use for decades. However, there is a need to consider the protection of users against sharps injuries.

It is well known that sharps injuries can potentially lead to occupationally-acquired infections including the three main blood borne viruses – Hepatitis B and C as well as HIV – though the risks vary considerably between each pathogen.

Estimated risks for a percutaneous injury

- Hepatitis B – 30% (if non-immune)
- Hepatitis C – 0.5-1.8%
- HIV – 0.3%

Control measures include standard precautions, personal protective equipment and Hepatitis B vaccination where possible. However, from a health and safety point of view, it is far better to prevent exposure in the first place.

According to a Public Health England report[1] there were 3,396 percutaneous needle stick injuries between 2004 and 2013 (with a 22% increase over the period). Many of these exposures happened amongst medical colleagues in hospital – dental workers accounted for around 8% of this total. But it is worth noting that unlike the situation with medical colleagues, only 52% of injuries occurred during the procedure itself. A very significant proportion of exposures to dental staff happened post procedure – just before or during the disposal process. As dentists, it is an inescapable fact that we rely on the flexibility of being able to top up local anaesthetic in the patient as required. The main disadvantage of the traditional metal syringe is that it requires two handed recapping multiple times as well as careful dismantlement when disposing. The portion of the needle that inserts in the hub could potentially cause an injury or needle caps can come loose. Other areas of medicine do not use sharps in this way. This poses a safety challenge.

The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013[2] add some extra comments on precautions not already covered in existing legislation. But there does seem to be some confusion surrounding these regulations. The new sharps regulations require practices to assess all activities where medical sharps are used and where it is reasonably practicable to do so, substitute traditional, unprotected sharps, with safer sharps devices.

Removing sharps use entirely is rarely an option in dentistry. The term safer sharp means medical sharps that incorporate features or mechanisms to prevent or minimise the risk of accidental injury. For example, a range of syringes and needles are now available with a shield or cover that slides or pivots to cover the needle after use. Previous research[3] has shown that these devices eventually reduced needle stick injuries to zero.

Reasonably practicable

It is not a legal requirement to use a safer sharp but they must be used where reasonably practicable. There may be instances where using metal syringes is viable. However, justifying this could prove difficult. Any practitioner must rule out the use of a safer sharp on reasonable grounds before opting to use a metal syringe – and one would have to use this with additional control measures such as a needle bung. Two-handed recapping must cease immediately regardless of the type of needle used. A single-handed scoop method should be employed instead.

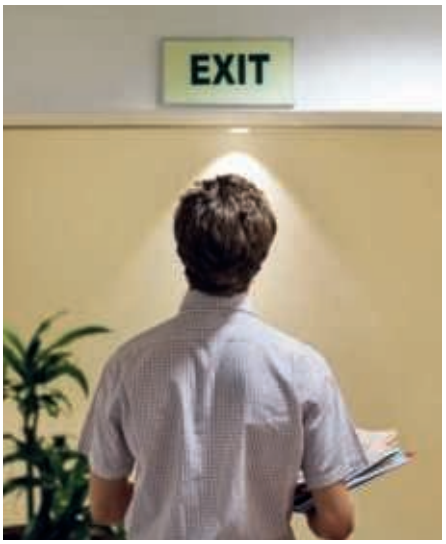
For a practice to justify not using safer sharps they would have to show this is not reasonably practicable because: it would compromise patient care;

- it is not reliable;
- you would not be able to maintain appropriate control over the procedure;
- it would introduce other safety hazards or sources of blood exposure;
- it is not easy to use; or the safety mechanism is not suitable.

Cost cannot be used to justify a decision that it is not reasonably practicable to use safer sharps, except where the cost is 'grossly disproportionate' to the reduction in the risk. The process is not one of balancing the costs and benefits of safer sharps, but adopting safer sharps except where they are ruled out because they involve grossly disproportionate sacrifices. ◆

1. United Kingdom Surveillance of Significant Occupational Exposures to Bloodborne Viruses in Healthcare Workers. Eye of the Needle. December 2014.
2. Her Majesty's Stationery Office, Health and Safety. Sharp Instruments in Healthcare Regulations 2013. SI2013/645, March 2013.
3. Zakrzewska J M, Greenwood I, Jackson J Introducing safety syringes into a UK dental school – a controlled study. *Br Dent J* 2001; **190:** 88-92.

Do I need to conduct an exit interview?



©Paul Bradbury/Getty Images Plus

By Nashima Morgan
Nashima is 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

Exit interviews are a powerful tool to find out exactly how you and your business are perceived – an employee who has given their notice and who will leave you is often willing to speak more freely and provide candid feedback. No longer relying on you for their livelihood they may provide constructive criticism in terms of how they perceive your business, the way it is run, its culture, its management style and image. To get this feedback it is worth holding an exit interview with your employee, on or just before their final day with you. Of course to get the information you want you need to ask the right questions and go about the meeting in a structured way.

Start your interview with some light discussion to help your departing employee feel comfortable. You could ask whether they are looking forward to their new job. You can also use the meeting to explain a number of practical issues, such as when they will receive their final pay, whether they are entitled to any unused holiday pay and handing back practice keys if they hold a set. Explain that by seeking their opinions on the practice you will use the information to help you improve the workplace for their remaining colleagues.

Working conditions

Find out what they thought about the working day at the practice. You can ask them about what they enjoyed about their job and what they didn't enjoy (this may be an integral part of their role that you cannot alter much but it is nevertheless useful to know). Questions could cover matters such as their daily tasks, workload and the physical conditions of their workspace. This would also include their views on the equipment at the practice and whether they felt it was still up to date.

Training and CPD

The induction for their successor will be important so find out what they thought about their induction at the practice and whether they felt their role and duties were clearly defined. Go on to cover what they thought about the training they received at the practice and, if appropriate, the opportunities for learning new skills and Continuing Professional Development (CPD). You may want to ask whether they felt supported by the practice in pursuing their CPD interests.

Pay and benefits

Probably the main reason why people work(!), feedback on the pay rates you offer and other benefits such as holiday entitlement, sick pay and perks such as gym membership will be very useful. Do they rate these highly, or are they perhaps one reason they have decided to move on? It's not always easy to increase staff pay if your cash flow won't support it but the feedback is crucial in understanding where you stand in the job market and, possibly, planning longer term adjustments.

Morale

See how they describe the workplace culture of the practice. You may have an impression of whether they got on well with their colleagues but their view on morale at the practice will be an interesting insight. Find out whether they feel they were given appropriate feedback and praise and if they felt listened to when they made suggestions or raised concerns. This question might help you identify trends, as you keep track of employee exit interviews, watch for trends to help you identify real concerns. It may reveal personnel problems amongst staff or with other things of which you were unaware.

Improvements

Asking 'if you could change anything about the practice, what would you change' could provide great feedback. They may be less constrained in what they suggest and you could get some leftfield ideas but everything is worth considering. More mundanely they may have suggestions on how their job could be made more efficient.

Reasons for leaving

You may know that the employee is pursuing new career opportunities, training or moving to a new town but always ask them directly what were their reasons are for leaving the practice. If they are moving to a new job find out as many details as they are happy to share – whether they are staying in or leaving the dental profession and what they find attractive about the terms and conditions in their new job.

Routine

Whether it is the receptionist, dental nurse, practice manager, or an associate leaving, get into the routine of conducting exit interviews. Taking the time out to do this is an investment for your business. The purpose is to obtain feedback from your dental team in order to improve aspects of your business in the hope to retain employees and reduce turnover and save on recruitment costs.

Whatever feedback you have received, end the interview with a positive note, thank the employee and wish them the best in their new adventures. ◆

Partnerships: ideas for managing finances

By Paula Slinger
Paula is a Business Adviser, helping BDA members with all aspects of business planning, buying and selling practices, incorporation, conversion to private practice and other related areas.

Most people going into partnerships are excited and filled with ambition, determination and dreams. When partnerships work they are amazing. When they don't, a dream can so easily become a nightmare. A common theme when entering into a partnership is to say that you will never be the one who falls out with your partner; unfortunately, partnership disputes do happen, and business finances can be a main area where problems arise. But you can seek to prevent this by carefully defining how you are going to manage finances in your partnership agreement – setting out the boundaries, expectations and procedures from the start. These rules should also be reviewed regularly, to make sure they are working as you both want. In the absence of any clear, written rules, one partner can take money from an account with the others having little or no redress to get money back.

What is the status of your agreement?

It is important here to point out there is a difference between a partnership, an expense sharing partnership and an expense sharing arrangement. A partnership and expense sharing partnership are a formal way whereby two or more people are jointly responsible for running a business. Normally profits are shared in an agreed way, but many dental practices choose to share expenses instead. An expense sharing arrangement is where you operate as two completely separate businesses and so are not responsible for the other's actions – the only shared thing is cost for certain joint facilities. Your businesses are run independent from the other, you have your own patient records, bank accounts, letter heads, staffing contracts, websites and so on. Think carefully if you share expenses whether your situation could be judged to be a formal partnership or not?

Familiar concerns

In partnership familiar concerns are, 'but my partner has higher expenses than me'; 'I see more higher-value patients than my partner and bring in more money'; 'I work more days than my partner'. These types of concerns usually build into resentments. And so, considering these from the start can ensure a smooth running partnership. Your agreement should define: how you plan to split profits (or expenses); what is partnership income; the expenses that should be covered by the partnership; and how the account should be managed.

On splitting money it's up to you. It really is that black and white. A partnership does not have to be 50/50. It can be whatever you want it to be based on your individual circumstances. It could be that working extra days, taking on extra responsibilities or incurring higher expenses are reflected in a disproportionate split.

What goes in and out

You should have a practice account with clear, written rules as to what money goes into the account, when money comes out and who is entitled to take money from the account.

Sources of income can vary from NHS payments, private capitation schemes, NHS and private fees, earnings from specialist care, money earned by associates or earnings from commitments outside the practice. Decide what goes into a partnership bank account and which goes into the accounts of individual partners. On the other side decide which outgoings should be paid from the practice account. These expenses could be joint items such as practice insurance, utility bills, rent or mortgage.

Bigger commitments such as new equipment, repairs, redecoration and salary increases should have greater discussion. The agreements should make it clear whether decisions over such expenditure have to be unanimous, by majority or can be made by any single partner. Partners could agree different classes of decision – for example equipment or repairs – or agree a financial limit for practice expenses without authorisation from another partner.

In practical terms as well, the bank where the practice account is held will need to know who has the authority to sign the cheques or direct debit mandates or make the electronic money transfers.

Absences

One of the most overlooked areas relating to finance is what happens if a partner is off sick or on parental leave. It will affect the practice's cash-flow so agreements should be in place anticipating such absences. Consider continuing liability for practice expenses and continuing rights to practice profits. Will you get someone else in, such as a locum, to cover their clinical work?

Disputes

Although a partnership agreement will offer you some protection, it doesn't always stop things going wrong. A partner who has concerns about financial matters in the practice should be wary of jumping to conclusions and should investigate the matter carefully. Read the partnership agreement first of all to see whether there is a possible breach of the terms. If need be raise the matter with the other partner; there could always be a rational explanation for a perceived discrepancy.

Regular review

Working arrangements, the needs of the practice and technologies change. So review your practice expenses and your arrangements for dealing with them – probably at least once a year. And do not forget; keep your eyes on the cash-flow of your business and major expenses or shifts in revenue that you can see coming up and always talk to your partner about it. Better to be ahead of the game than being caught out unaware. ◆

Waste disposal:

orange is not quite the new black with waste bags

By Lynn Woods
Lynn is a health and safety adviser in the BDA's compliance team, helping members with all aspects of health and safety law, infection control requirements, practice inspections and compliance with professional regulations.

Knowing what to do with the different types of waste created in your practice is something your whole team needs to bear in mind. The waste requirements for general dental practices are quite detailed, setting out specific ways to handle each category – from extracted teeth to out-of-date medicines and the colour-coded bags you must use for specific items.

Waste bags

The colour-coding for waste has been developed to ensure that it is sorted, stored, collected and, of course, ultimately disposed of in the correct way. The system is well known with yellow bags and containers indicating hazardous clinical waste that requires incineration. This includes syringes that are only partially discharged and contaminated with residual medicines, which must go in the yellow-lidded sharps receptacle.

Orange bags are used to indicate that the waste is suitable for alternative treatment processes at the waste disposal site, such as autoclaving, rather than incineration.

Black bags would be used for domestic-type waste such as food packaging, non-recyclable paper, including paper towels and magazines and, for example, used plastic cups from the reception or waiting area.

Extracted teeth

Patients may often ask for their extracted teeth, in which case you can give them. Although they are considered waste produced by the dental practice, where a patient has asked for it, the extracted tooth is not considered as such, since it has not been discarded. However, in these cases, the tooth should be cleaned or disinfected and the patient can be advised they can return it to the practice for disposal if they change their mind.

Where they are to be thrown away, non-amalgam filled teeth and spicules should be placed in the yellow-lidded sharps container, whereas any teeth containing amalgam should be placed in a white amalgam tooth pot.

Dental amalgam

Dental amalgam and mercury should all be placed in a white amalgam container. This includes spent and out-of-date capsules, excess mixed amalgam and the contents of your amalgam separators.

In relation to the amalgam separator, all practices should have one installed. These should be to an appropriate ISO standard and fitted so as to capture any amalgam contained in waste waters. This means that spittoon waste can then be discharged to the drain or foul sewer without the need for a trade effluent consent.

Gypsum-made study models

Waste gypsum-made study (or working) models must be segregated into appropriate containers and either recycled as gypsum or disposed of via a specifically-designed landfill. The reason behind this is that if gypsum is disposed of at a normal landfill, it reduces to produce toxic hydrogen sulphide gas. However, your waste contractor will be aware of these rules and will be able to advise.

You may use an orange bag, but only (rarely) when the model is contaminated and poses a risk of infection.

Out of date medicines

Generally, pharmaceutical and medicinal wastes must not be placed in the domestic waste stream for disposal. Medicines that have passed their expiry date can – if they agree to take them – be returned to your local pharmacy, but the same legal requirements apply as transferring them to a waste contractor. You must discharge the duty of care and, in particular, you must use waste documentation and keep appropriate records.

Alcohol hand gel containers

Alcohol hand gels which do not contain siloxanes and whose safety data sheet (SDS) does not prohibit discharge to the sewer, may be rinsed out and the packaging recycled. If you do not rinse them, they should be treated as though they contained the product and treated accordingly.

Your waste management contractor will advise on the safe disposal requirements for those materials that contain siloxanes. It has been known to cause significant damage to the environment and equipment used in the sewage treatment process.

Waste transfer and waste consignment notes

Record keeping is vital. Waste transfer notes are to be used for non-hazardous wastes and need to be kept for at least two years; whereas waste consignment notes are to be used for hazardous wastes (called 'special wastes' in Scotland) and these need to be kept for at least three years. ◆

As a reference for your team keep on hand BDA Advice Healthcare Waste, which can be downloaded from www.bda.org/advice or, if you are a BDA Extra or Expert member, you can contact the Compliance Team at advice.enquiries@bda.org or telephone 020 7563 4572.

ALL PRECIOUS METALS ARE PRECIOUS

Our function is the recovery of precious metals including gold, palladium, platinum, ruthenium, iridium, rhodium and osmium.

We specialise in dental materials and have dealt directly with dentists since 1984 purchasing, melting and assaying precious metal crowns, inlays, bridges, posts, implant components, and braces received in any sterile condition.

We believe dentists find our service and results are second to none.

METAL TECHNOLOGY MTD DEVELOPMENT EST 1984

www.mtdpreciousmetals.com

t: 020 7289 5454
m: 07713 402 993
e: preciousmetals@mtdworld.net

MTD Metallurgical Co.
Metals Inwards: MTD PO Box 11044 London NW3 3WG
Administration: MTD West Hill House 6 Swains Lane London N6 6QS
Environment Agency Waste Licence Nos. CBDL136897 & CBDU136915

iLearn Webcasts

BDA
British Dental Association

FREE iLearn webcasts

Our new 2017 iLearn webcasts are now available for free to all members (worth £120)

Earn 6 hours of core CPD, for free, at a time and place that suits you!

The iLearns cover:

CORE
6 hours verifiable CPD

- Safeguarding children and young people: topical topics
- The blood borne virus (BBV) infected dentist: better times are here at last
- Complaints - prevention is better than the law
- Medical emergencies in the dental practice
- Record keeping - NHS, CQC and GDC requirements
- Pregnancy in the practice - pitfalls, policies and procedures
- The role of the team in the diagnosis, treatment and rehabilitation of oral cancer patients.

Experience sessions as they happened at the British Dental Conference and Exhibition 2017, and afterwards download your personalised certificate and upload it to the CPD Hub for safekeeping.

bda.org/ilearn

cpd.bda.org

Products and Services In Practice is provided to readers using text and images from the manufacturer, supplier or distributor and does not imply endorsement by *BDJ In Practice*. Normal and prudent research should be exercised before purchase or use of any product mentioned.

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

You deserve to be successful!

Over the years, have you had nights at home thinking 'Oh my God, this is all getting on top of me'? Have you realised how hard it is, practising dentistry? The pressure of constant change and meeting all the various demands, being too busy doing things that don't make that much difference, and going home feeling tired and useless.

Deep inside you know something is wrong — you're always fatigued and burnt-out! Dentistry is sucking the 'life' out of you. You want out of the 'trap', but your lifestyle won't let you do it. You can either take action or you could hang back and hope for a miracle. Miracles are great, but they are so unpredictable!

Take action and get your life back. Maximise your profitability and sustainability, and dramatically reduced your overheads. This is a new era. 'Work harder and work more' is no longer a viable strategy but a formula for early burn out and lower quality of lifestyle. Dentistry, government regulations, the NHS and the economy are all shifting, making it harder for dentists to prosper.

The Dentist's Advantage, a membership discount programme for dentists, through collective negotiation, can help you access benefits and savings from a comprehensive portfolio of the best products and services. For further information call 020 709 92077, visit www.thedentistsadvantage.co.uk or email info@thedentistsadvantage.co.uk.

It's all change in periodontal and implant therapy

Gengigel® is a patented formulation containing high molecular weight hyaluronan (hyaluronic acid), a natural physiological constituent produced in the body to heal and repair itself.

Hyaluronic acid initiates the healing and repair processes by modulating the inflammatory response promoting cell proliferation and re-epithelisation, tissue regeneration, and haemostasis. It plays a crucial part in maintaining tissue integrity even in area's which demonstrate poor healing providing an anti-inflammatory response even after oral trauma resistant to resolution.

Gengigel's® professional range has been specifically designed to promote and accelerate healing and repair of open wounds during the post-operative and traumatic phase. Reducing pain and discomfort especially after the surgical traumas, periodontal work, implants, tooth extractions and subgingival root planing and scaling.

For further information contact 0208 459 7550 or email marketing@dentocare.co.uk.

Big isn't always beautiful

Size isn't everything, and the compact size of Durr Dental's VistaScan Mini image plate scanner belies the power of its performance.

This tiny scanner enables the efficient and timesaving digitisation of image plates. Its large touch screen simplifies operation and since the device is capable of wireless connectivity, its positioning and applications are really flexible. Its size also makes it portable; should you do a visit to a care home, for example, you can simply take the unit with you.

All intraoral image plate formats can be processed – from size 0 to 4. This compact unit can also work independently of the IT network, so if your system goes down, you can still scan and save x-ray images. The images are temporarily placed in the internal memory, which can later be transferred to the database.

The image quality is superb and it is capable of depicting D1 caries lesions and endo instruments down to ISO 06. Picture clarity will arguably aid patient communication as well as ensuring accurate record keeping.

For more information contact Durr Dental on 01536 647566.

Clean and uncomplicated

To maximise infection control protocols, it is essential that the dental team can ensure they have clean hands. Dental Express (a trading division of Surgery Express LLP) can help you comply with ease, with the Gojo Foam Soap Dispenser.

The large 700ml cartridge will save you time on repeat refills. Available in chrome and black or grey and white, you can choose the best fit for your practice. Touch-free, thus reducing the chance for cross-contamination and reducing mess, the Gojo Foam Soap Dispenser is easy to use, and can be refilled within seconds.

What's more, the dispenser is free on loan when you buy the compatible cartridges, so you can find out how well it fits within your practice with a low initial outlay.

For more about the Gojo Foam Soap Dispenser, or the many other high-quality products Dental Express supplies visit www.dental-express.co.uk, call on 0800 707 6212 or email at sales@dental-express.co.uk.

Breathe easy

Dentists disposing of palladium - the principle noble element in porecelain-bonded work - to MTD Metallurgical are receiving record prices for old crowns, inlays, posts, bridges and pm implant components.

This company accepts these items in any sterile condition for processing to recover their total gold, palladium, platinum, ruthenium, silver and iridium contents.

Uniquely MTD offers dentists a pre-process valuation with return option to make transactions risk free and they also offer a full range of payment options tailored to the seller's requirements.

Free to use Royal Mail licensed Special Delivery envelopes and containers are available to dental professionals on request via www.mtdpreciousmetals.com or by telephone 020 7289 5454.

Party protection!

Unpleasant breath and discoloured teeth are the enemies of any successful party season. Make sure your patients are armed with CB12 White, a clinically proven mouthwash that neutralises oral malodour, lifts tooth stains and prevents new ones from developing.

Patients that use CB12 White can enjoy a protective shield around their teeth, even in hard-to-reach areas. The whitening effect can be seen after just two weeks' use. As well as this, unpleasant breath odours are neutralised for up to 12 hours. In just one product, patients can improve their oral health and smile, ready to face the rigours of the seasonal period.

With CB12 White, your patients can eat, drink and be merry, knowing that their teeth are not going to let them down.

CB12 White is just part of an impressive range of products to give your patients a daily shot of confidence. The range also includes the convenient CB12 mouth spray and Boost sugar-free gum.

To bring sparkle and shine to your patients this festive season and beyond, please visit www.cb12.co.uk.

Thinking of buying a practice?

When you think about the process of buying a practice, you may think of contracts, surveys and regulations, as well as the financial outlay, but it is important not to neglect due diligence.

Due diligence is the process whereby a buyer investigates the practice they are looking to purchase, and the seller provides documentation, including warranties, to answer the buyer's queries. Without due diligence, a seller would have little recourse if a buyer claimed there had been a breach of warranty.

Already sounding complex? Help is at hand from the specialist team at Goodman Grant. Focussing entirely on the legal needs of the dental profession, Goodman Grant can give you the advice you need to make the purchase – or sale – of your practice run smoothly.

For more information visit www.goodmangrant.co.uk or contact your nearest office:

- London: 0203 114 3133
- Leeds: 0113 834 3705
- Liverpool: 0151 707 0090.

Intraoral scanning at its best

For faster, easier, more open intraoral scanning at your fingertips, discover the CS 3600 from Carestream Dental.

Regardless of whether you focus on restorative, orthodontics or implant dentistry, the innovative technology adapts to meet your needs and those of your patients.

The high speed continuous scanning facilitates a smooth and simple workflow, with the intelligent matching system allowing you to add any missing data at a later date. The HD 3D images acquired are of the highest clarity for accurate diagnostics and treatment planning, and both practitioner and patient comfort are maximised by its ergonomic, rounded design.

Ideal for full and dual arch digital impressions, the CS 3600 is a must-have item in every dentist's armamentarium. Find out more about intraoral scanning at its best from Carestream Dental on 0800 169 9692 or visit www.carestreamdental.co.uk

Dentist to Dentist

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

Midlands

DENTAL SPECIALISTS MM
www.dentalspecialistsmm.co.uk

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

Interests: Periodontics, Orthodontics, Peri-implantitis

Dr Ayodele Soyombo **On Specialist List:** Yes, Orthodontics
Dr Bola Soyombo **On Specialist List:** Yes, Periodontics
Dr Richard Craxford **On Specialist List:** No

209439

THE PRIORS DENTAL PRACTICE LTD
www.thepriorsdentalpractice.co.uk

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

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

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

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

CT Scanner and dedicated implant suite on-site.

236739

North

SPECIALIST DENTAL CARE
www.specialistdentalcare.com

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

261782

South East

MOOR PARK SPECIALIST DENTAL CENTRE
www.moorparkdental.com

10 Main Avenue, Moor Park,
Northwood, Middlesex, HA6 2HJ
Tel: 01923 823 504
Email: info@moorparkdental.com

Dr Joe Bhat BDS FDS RCS MClinDent MRD RCSEd
Specialist in Oral Surgery and Prosthodontics

Dr Lydia Hopkins BDS MSc Ahea
Specialist in Periodontics

Dr Nick Vyas BDS MSc FDSRCS Cert. Implantology
Specialist in Periodontics

Dr Norman Gluckman BDS Rand
Specialist in Endodontics

Dr Neeta Patel BDS FDS RCS
Specialist in Oral Surgery

Dr Sheetal Patel BDS MFDS RCS MSC Morth
Specialist in Orthodontics

Professsor Raman Bedi BDS MSc DDS honDSc DHL FDSRCS(Edin) FDRCS(Eng) honFDSRCS(Glas) FGDP FFPH
Specialist in Paediatric Dentistry

Dr Amanda Reynolds DDS LDS DDPH(Eng) MSc DPH Dip Endo, Cert Sed & Pain Management, CILT
Specialist in Special Care Dentistry

294230

BOSTON HOUSE DENTAL CLINIC
www.bhddc.com

82 London Wall, City of London EC2M 5ND
(few minute walk from Liverpool Street, Moorgate & Bank / Monument Stations)
Tel: 0207 6284869 **Email:** info@bhddc.com
Practice Manager: Marcela Pallova

SPECIALIST REFERRAL CENTRE IN THE CITY OF LONDON

Specialities and Interests: Prosthodontics, Restorative Dentistry, Endodontics. Periodontics, Orthodontics, Oral Surgery & Oral Medicine, Implant Dentistry, Implant Rescue Clinic, Aesthetic Dentistry, Sleep Medicine and Sleep Apnoea.

Specialist Referrals:
Robert Crawford Consultant in Restorative Dentistry, Specialist in Prosthodontics, Endodontics & Periodontics
Hatem Algraffee Specialist in Periodontics (Co-founder of PerioAcademy)
Natasha Wright Consultant and Specialist in Orthodontics
Anish Shah Consultant and Specialist in Oral Surgery with Special interest in Oral Medicine
Farid Fahid Specialist in Prosthodontics
Farid Monibi Specialist in Prosthodontics

Dentists with Special Interests:
Aditi Desai Sleep Medicine and Sleep Apnoea (President of British Society of Dental Sleep)
Kostas Papadopoulos Aesthetic Dentistry and Dental Implants

Our aim is to facilitate patient-focused management of complex dental problems in partnership with referring colleagues.

295045

DENTAL SPECIALISTS MK
www.dentalspecialistmk.com

259 Queensway, Bletchley, Milton Keynes MK2 2EH
Tel: 01908 630169 **Email:** admin@dentalspecialistmk.com
Interests: Orthodontics, Periodontics, Implants, Peri-implantitis, Full Mouth Rehabilitation, Prosthodontics, Endodontics, Oral Surgery including TMJ , Restorative Surgery, Sedation and Snoring.
CT scanner and Zeiss microscope on site
On Specialist List: Yes, Orthodontics Dr Ayodele Soyombo, Dr Patel
Special Interest in Orthodontics: Dr Juanita Levenstein
Specialists in Periodontics: Dr Adetoun Soyombo, Dr Carol Subadan and Dr Olanrewaju Onabolu
Specialist in Prosthodontics: Dr Peter Yerbury and Dr Ulpee Darbar,
Specialist in Restorative Dentistry: Dr Ulpee Darbar
Specialist in Endodontics: Dr Neil Kramer
Specialist in Oral Surgery: Dr Tamer Theodossey, Dr Wale Towolawi and Dr Yinka Lesi

209440

DENTAL SPECIALISTS ST ALBANS
www.thedentalspecialists.co.uk

96 Victoria Street, St Albans, Herts AL1 3TG
Tel: 0172 7845706
Email: admin@thedentalspecialists.co.uk

Interests: Periodontics with a special interest in Peri-Implantitis and hard and soft tissue Regeneration, Orthodontics, Implants, Full Mouth Rehabilitation, Anti-Snoring Devices, Non-Surgical Management of TMJ problems

Specialists in Periodontics: **Dr Adetoun Soyombo, Dr Olanrewaju Onabolu and Dr Carol Subadan**
Specialist in Orthodontics: **Dr Ayodele Soyombo**
Special Interest in Orthodontics: **Dr Juanita Levenstein**
Special Interest in Prosthodontics: **Dr Richard Craxford**

239826

PERIO & IMPLANT DENTAL REFERRAL CENTRE
www.perionimplant.com

351 Richmond Road, Upper Ground Floor, East Twickenham, TW1 2ER
Tel: 020 8912 1346 **Email:** info@perionimplant.com
DR CHONG LIM - GDC No. 70007
BDS (National University of Singapore)
MSc in Periodontics (Eastman Dental Institute, UCL)
MSc (Distinction) in Dental Implantology (University of Bristol)
Specialist in Periodontics
Interests: Periodontics and Dental Implants
On Specialist List: Yes - Periodontics

293125

ROOT CANAL DENTAL REFERRAL CENTRE
www.rootcanalcentre.co.uk

351 Richmond Road, Upper Ground Floor, East Twickenham TW1 2ER
Tel: 020 8050 0351 **Email:** info@rootcanalcentre.co.uk
Dr Nicolai Orsteen
DDS Oslo 2002
Specialist in Endodontics
GDC No. 175404
Interests: Endodontics
On Specialist List: Yes

293124

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

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

AYUB ENDODONTICS
www.ayub-endo.com

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

270171

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

East Anglia

DEVONSHIRE HOUSE
www.devonshirehousedental.co.uk

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

Specialist Referral and Education Centre

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

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

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

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

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

Specialist Orthodontist:
Dirk Bister

283787

J SMALLRIDGE DENTALCARE
www.jasdental.co.uk

J Smallridge Dentalcare
Childrens Dentistry
82 Berners Street, Ipswich, Suffolk, IP1 3LU
Tel: 01473 550600 **Email:** jo.carey@jasdental.co.uk
Consultant Paediatric Dentists
Consultant Orthodontist
Clinical Psychologist
Specialist Prosthodontist for adults
Endodontist

289511

In Practice CPD

Q1: When conducting an exit interview, which of these topics should you not ask about?

A Working conditions
B Personal life
C Pay
D Morale

Q2: Where should non-amalgam filled teeth be disposed of?

A In orange bags
B In black bags
C In yellow-lidded containers
D In white tooth pots

Q3: Where should teeth containing amalgam be placed?

A In orange bags
B In black bags
C In yellow-lidded containers
D In white tooth pots

Q4: How long should waste transfer notes be kept?

A Two years
B Three years
C Four years
D Five years

Q5: Which of these areas should a partner agreement define?

A How you plan to split profits
B Working hours
C Staff allocation
D Staff pay

WELCOME ONCE AGAIN to the *BDJ In Practice* continuing professional development (CPD) programme.

To complement the clinical CPD you can earn with our sister publication, the *British Dental Journal*, our CPD is designed to help dentists keep up with the latest developments in the profession.

All the questions relate to articles in this issue of *BDJ In Practice*. By completing the answers online, you can earn one hour's verifiable CPD. Do so in every issue of *BDJ In Practice* and you can earn 12 hours' verifiable CPD in a year.

This programme is free to members. A record of the CPD you have earned from *BDJ In Practice* CPD is available to view and print at our CPD Hub. Responses must be completed within six months of the publication date because we need to ensure our questions serve their purpose in helping you keep up to date with current issues.

Log onto **cpd.bda.org** now to earn one hour's CPD.

Need help?

To access *BDJ In Practice* CPD online:

Either visit **www.bda.org** and select 'CPD' from the main menu, or type **cpd.bda.org** directly in the long white box at the top of your web-browser screen. When prompted, log into the BDA CPD Hub using your BDA website login email and password details.

First-time user: select *BDJ In Practice* CPD on the front page of the CPD Hub and enrol for the service. You will automatically be taken to the *BDJ In Practice* CPD page.

Registered user: Log into the BDA CPD Hub and select *BDJ In Practice* CPD to see the available CPD opportunities.

Select an issue and answer the questions. When finished, you will be prompted to view your CPD Record where you can see your result.

For support use: cpd.hub@bda.org

ADVISORY SERVICES

BDA
British Dental Association

Our Advisers are here to answer your questions on various topics including...

Employment
- Associateships, disciplinary, dismissal, disputes, tribunal representation

Setting up in practice
- Buying and selling a practice, tendering, business planning and incorporation

NHS contracts and regulations
- NHS charges and claims, performers lists, information governance

Compliance
- CQC, HIW, RQIA, infection control and waste management, radiation, tooth whitening, practice inspections, clinical governance

Upgrade to Extra or Expert membership to receive bespoke one-to-one advice.

bda.org/upgrade

020 7563 4550

BETWEEN YOU AND ME, DENTISTS' INCOMES ...HAVE BECOME A TOTAL TRAIN WRECK!

- Is your overhead out of control?
- Are you worse off now than 10 years ago?
- Are you working harder and harder for less and less?
- Does your money just seem to evaporate?
- Are you experiencing more stress and burnout ?
- Are you at the point where you've got to make some changes?
- Are you busting your chops seeing upwards of 30 or more patients a day, yet your bottom line just doesn't reflect all this hard work?
- Have you "HAD IT" with the pressure of constant change and meeting all the various demands?

No matter how hard you want out of the 'trap', your lifestyle won't let you do it....You get scared and afraid of losing everything!

Not many people realise that when you live this way, you age more quickly and by the time you reach your 50's.....you simply start to wear out!

...Stomach ulcers, back problems, neck problems, high blood pressure and you look old!

BUT YOU CAN FIX IT.....

You can either take action or hang back and hope for a miracle. Miracles are great, but they are so unpredictable!

Take action to get your life back. Maximize your profitability and sustainability, and dramatically reduce your overhead. This is a new era. "Work harder and work more" is no longer a viable strategy, but a formula for early burn out and lower quality of lifestyle. Dentistry, government regulations, the NHS and the economy are all shifting, making it harder for dentists to prosper.

Join The Dentist's Advantage, a membership discount program for dentists, where you can access benefits and savings from a comprehensive portfolio of the best products and services.

Through collective negotiation on your behalf, we can become a dominant force in dentistry and get the same prices that large national corporates currently enjoy.

Join the Dentist's Advantage and increase the power of the group, drive down prices and improve service for every one. ***Help make the changes we need to make in order to prosper!***

For further information and request our free booklet

call 020 70992077 or 074 60675339

email: info@thedentistsadvantage.co.uk

Visit us at: www.thedentistsadvantage.co.uk