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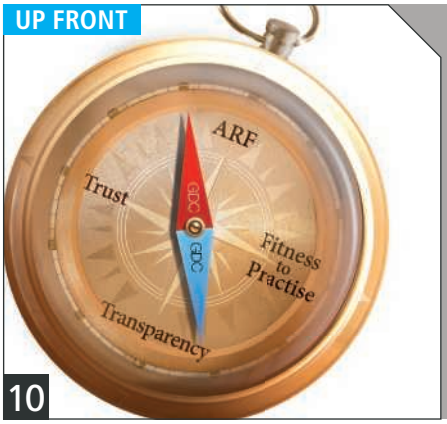

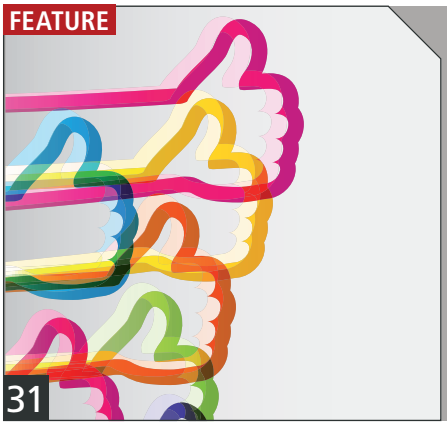

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GDC: time for a fresh start?

The second half of last year was dominated by a high-profile disagreement between the dental profession and its regulator. That disagreement came to a head with a hearing before a High Court Judge.

NOW IS THE time to reflect on the key arguments that were deployed in the case and what they mean to the future of regulation. The profession's argument was that the General Dental Council (GDC) had acted unfairly in trying to railroad changes that were not properly thought out, and that consultees had not been given either enough time or information. Understandably, the GDC sought to rebut that argument but also claimed that, irrespective of whether or not the process was fair, an additional bill of £314 for 40,000 dentists was not material enough for the courts to bother with.

In describing the two positions it becomes clear that the juxtaposition is a very difficult one. The profession feels it has been poorly treated while the regulator believes itself to be in the right with the profession making a fuss about nothing.

It is clear that there is a chasm between the parties: a chasm that must be bridged if the public is to be properly served. Everyone must now reflect on their positions. The regulator must be willing to build bridges and the profession must remain open to any truly meaningful dialogue.

> "The antagonistic and judgemental stance of the GDC must be swept aside if constructive dialogue is to be re-opened. In turn, the profession now needs to be ready to re-engage with a regulator that, hopefully, accepts that it has made mistakes."

The GDC should be encouraged to make those approaches but they need to be made in such a way as properly to respect the dental profession. The regulator must come to the table with an understanding that dentists actually welcome proportionate and sensible regulation; that they would willingly participate in and support the development of a regulatory regime that was delivered fairly and sensitively. The antagonistic and judgemental stance of the GDC must be swept aside if constructive dialogue is to be re-opened. In turn, the profession now needs to be ready to re-engage with a regulator that, hopefully, accepts that it has made mistakes. ◆

Where next for regulation? p 10

Portfolio jigsaw COMPLETE

WELCOME TO THIS, the first issue of *BDJ In Practice*, which is the newly designed and updated replacement for **bda**news.

BDJ In Practice is a result of much work over the past 12 months to create a portfolio of publications all including the *BDJ* branding. In recent years, reader surveys, market research and focus groups have indicated that the *BDJ* brand is recognised and respected for its authority, accessibility and widely valued content. *BDJ In Practice* therefore joins two other relaunched publications: *BDJ Team* (www.bdjteam.co.uk) (formerly *Vital*) for the whole dental team; and *BDJ Student* (www.bdjstudent.co.uk) (formerly *Launchpad*) for dental students and new graduates.

Also, look out for *BDJ Open,* which we will also be launching as a new online-only, open-access journal in 2015.

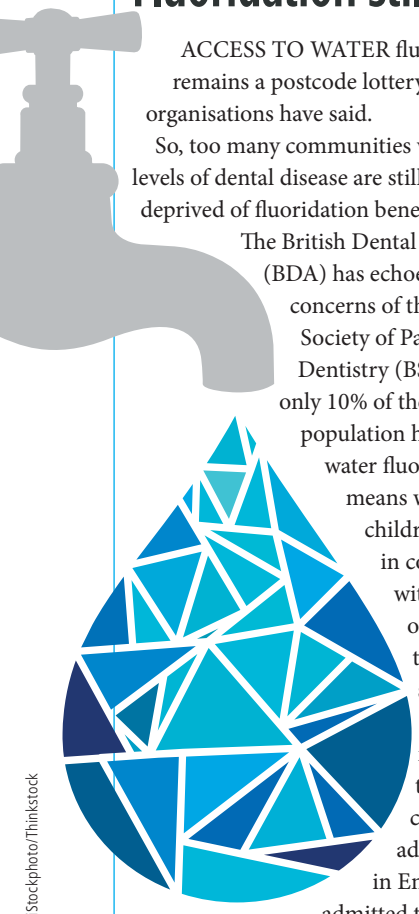
As you will see, *BDJ In Practice* contains the previously valued advice articles but also political updates, opinion, and analysis of, and reflections on, developments that directly affect dentistry in all fields of practice. We hope that you like the new publication and welcome all and any feedback from you. Email: bdjinpractice@bda.org ◆

Crossword solution

BDA News December crossword solution! The winner for December is: Douglas Fergus of Rothesay, Isle of Bute

FLUORIDATION

Fluoridation still a lottery



ACCESS TO WATER fluoridation remains a postcode lottery, dental organisations have said.

So, too many communities with high levels of dental disease are still being deprived of fluoridation benefits.

The British Dental Association (BDA) has echoed the concerns of the British Society of Paediatric Dentistry (BSPD) that only 10% of the UK's population has access to water fluoridation. This means we are failing children who live in communities with high levels of tooth decay, the BDA has said.

The BSPD reports that 60,683 children and adolescents in England were admitted to hospital in 2012/13 to have multiple decayed teeth removed under general anaesthetic, costing the NHS at least £27.6 million.

Yet evidence suggests that children living in fluoridated areas, such as the West Midlands, have around half the rate of tooth decay of those living in non-fluoridated areas and thousands have been spared traumatic and distressing operations. Research indicates that adults also benefit.

Fluoridation scheme abandoned

So, the BDA has questioned why a fluoridation scheme in Southampton was recently abandoned after being endorsed by Public Health England and a High Court ruling that the process in recommending water fluoridation had been lawful.

The BDA is also concerned that water fluoridation was excluded from the recently published National Institute for Health and Care Excellence (NICE) recommendations for local authorities to consider when tackling high levels dental disease in their populations.

Political and clinical leaders should ensure that dental-health policies are driven by the available evidence, rather than pandering to misinformation and fear, the BDA has said.

"Water fluoridation is safe and is one of the cheapest and most effective measures to reduce unacceptable inequalities of tooth decay, yet public debate on this is often reduced to misinformation and scaremongering with little or no regard to the communities affected most by this largely preventable disease," BDA scientific adviser Professor Damien Walmsley has said.

Chair of the BDA's General Dental Practice Committee John Milne added: "My practice is based in one of the most deprived areas in Yorkshire, and it's frankly heart breaking to have to refer young children to hospital to have several decayed teeth removed under a general anaesthetic when I see the dramatic improvements in dental health in areas that are fluoridated.

"Local authorities with a high prevalence of tooth decay in their communities should be able to consider water fluoridation if advised to do so by their experts in dental public health but, as the BSPD has noted, NICE wasn't bold enough to include this in its recent guide on measures to reduce tooth decay. What kind of message does that signal to politicians and experts in dental health?

> "It's frankly heart breaking to have to refer young children to hospital to have several decayed teeth removed under a general anaesthetic when I see the dramatic improvements in dental health in areas that are fluoridated."

"Critics of fluoridation often say that tooth-brushing schemes in nurseries and schools are the answer. Whilst these may be part of the solution, they are resource intensive, require parental consent and don't always reach those communities with highest need, as we know from the fact that one in eight of our three-year-olds have tooth decay." ◆

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Entrepreneurs wanted

Alan, Lord Sugar is on the search for entrepreneurs to apply for the eleventh series of *The Apprentice*, with £250,000 available for the winning contestant.

Running since 2005, Lord Sugar has invested over £1m in start-ups through the show to date and is now looking to find "new, potential candidates with varied backgrounds and experience."

With the aim to attract a "really high calibre of candidate" this year, the winning entrepreneur will receive a £250,000 investment to go into a 50/50 partnership with the business mogul and will follow in the footsteps of past winners, including Leah Totton and the series' first winner, Tim Campbell.

Entries are open until 26 January 2015 and auditions for *The Apprentice* will take place throughout February 2015. To enter fill in the application form at https://apprentice.fremantlemedia.com/application

Plan ahead for travel problems

Winter often brings its own set of workplace problems. Adverse weather conditions can lead to staff shortages owing to travel disruption. So, employer and employees should think about this and plan ahead, Acas has said.

It advises employers to have clear policies around issues such as getting to work and to tell staff about them now. Employees need to know what is expected of them in terms of getting to work.

Be flexible where possible: for example, you and your employees could agree temporarily to alter working hours to minimise disruptions.

Where appropriate, use information technology to keep the practice running. Some non-clinical staff may be able to work from home.

But most importantly, be clear, Acas says. Misunderstandings can lead to conflict.

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WORKING PARENTS

Barriers remain for parents returning to work

RESEARCH BY THE National Childbirth Trust (NCT) has found money and childcare to be the main concerns of new parents when making the decision to return to work.

Most (77%) new mothers said household finance was their main concern. Over two-thirds (68%) said the quality of childcare was a very important factor and 51% said childcare cost was a key influence.

Most of the new mothers surveyed (80%) were returning to work but over half (54%) said that they struggled with the decision because they did not want to leave their child.

The research, which is part of a two-year study of first-time parents, also found that new mothers and fathers were more likely to return to work if their job offered flexible working. But one-third of new mothers (35%) and almost half of new fathers (47%) said their employer did not offer flexible-working hours.

Around a quarter of men (23%) took less than their two-weeks statutory paternity leave and only a small minority (11%) took more than two-weeks leave to spend time with their new baby.

The study also found that over one-quarter (28%) of new mothers surveyed were working part time compared with only 4% of new fathers. And there was a four-fold increase (from 7% to 28%) in the number of women in part-time employment since they became mothers.

"The new law on shared parental leave will help many new parents but our research shows that this is still a really difficult time for them," NCT senior policy adviser Elizabeth Duff said.

"It's scandalous that so many dads are still missing out on paternity leave to bond with their new baby.

"On top of this, parents are worried about the quality and cost of childcare and lots of them still don't have access to flexible working to help them juggle earning a living and looking after their new family.

"The Government needs to listen to what new mums and dads are telling them and show that its promises to support family-friendly working aren't just hollow words."

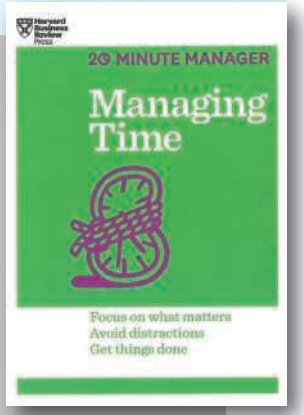
See also page 22. ◆

Illustration by Stephen Collins

BOOK REVIEW

Time-track your day

Managing time
(20-Minute Manager Series)
Harvard Business Review Press, 2014
ISBN: 978-162527-224-9
£7.99



A great thing about this pocket-sized paperback is that it is only 85 pages (including the five-page index) and really is a 20-minute read, writes BDA librarian **Roger Farbey**. It urges the reader to focus on what matters, to avoid distractions and get things done.

Its core message is that while we can't increase the hours in a day and we can't decrease the amount of work we need to do, we can make best use of the time we have. It shows how to do so by suggesting practical solutions.

Beginning with a chapter aimed at assessment, the reader is presented with a day-by-day time-tracking tool, which breaks down work activities into a percentage of the overall time available. This can then be visualised in a simple pie chart.

Developing a time-management plan involves prioritising activities and then apportioning time to them. Here another chart, the "big-picture vision", comes in handy. This allocates a decreasing percentage of time needed to items such as the essential "managing people" to the more mundane "administrative tasks" through to "free time" for "meaningful breaks".

Executing this plan, however, is usually the hardest part. The strategy of "time boxing" is designed to help. This is a cross between a calendar and a to-do list that breaks down the tasks into daily bite-sized chunks of time. Again this is illustrated with a useful table – in this case a "time-boxing tool". Finally, the book suggests periodic reassessments to ensure that your management of time is still on track. For more about this book: www.bda.org/booknews

ONLINE PRESENCE

Online is today's landline

GOVERNMENT HAS LAUNCHED a campaign to help small businesses do more online.

The measures are part of the *Do More Online* campaign by the Department of Business, Innovation & Skills (BIS).

Support includes £2 million for Local Enterprise Partnerships to help micro-businesses and sole traders increase their online presence.

Development of a digital TV channel in Manchester is to provide easily accessible and cost-effective advice to businesses, supported by events, advice and networking sessions.

And there are resources and advice on how small businesses can do more online at www.greatbusiness.gov.uk/domoreonline or by calling the business support helpline on 0300 456 3565.

Business and enterprise minister Matthew Hancock said: "Thousands of potential customers are searching online for local small businesses and without an online profile businesses will lose out.

"To make sure consumers get the best deal and small businesses spread their nets far and wide, the Government is investing in a range of advice to help them do more online. I am committed to making the UK the best place in the world to start up and grow, and this is integral to achieving that."

Exact UK, HP, Microsoft, Telefonica, The Coalition For A Digital Economy and Virgin Media Business have endorsed the campaign.

BIS entrepreneur-in-residence Simon Devonshire said: "British businesses should consider having a presence online as more important than having an office landline telephone number.

"Online is the new landline. A landline number used to be a mark of authenticity for businesses. The move to a digital economy has meant consumers are more likely to trust a business with a Website and consider a business more credible if they offer the ability to transact seamlessly online.

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"Government research suggests that nearly 2 million UK businesses are not online, and of those that do have an online presence; over two-thirds are not transactional. I cannot think of a business to whom being online is not now vital to their trade, irrespective of their ambition to grow.

"I think those businesses that embrace the digital opportunity are improving their opportunity to reduce costs, to scale-up, and possibly even export – giving a further boost to the UK economy." *See also page 16.* ◆

Small-business costs still rising

DESPITE THE CONTINUED fall in inflation over the past year, small-business costs continued to go up during 2014, with energy costs still the most commonly seen increase, according to research by the national business group, the Forum of Private Business.

The Forum's *Cost of Doing Business* survey, carried out among its members, shows firms are still feeling the squeeze despite signs that the economic recovery continues to gather momentum.

It found that 63% of businesses have seen an overall increase in their business costs: 70% reported an increase in energy costs; 76% a rise in marketing costs; and 65% a rise in staff costs.

And 38% of small-business owners said they could not pass any rising costs onto customers, forcing them to cut their own costs to keep prices static. Just 3% were able to pass on costs in full.

The Forum's Chief Executive, Phil Orford, said: "The economic outlook continues to improve but costs still remain an issue for our members.

"This is a timely reminder that, despite all the talk of a need for above-inflation wage rises, businesses continue to feel the strain of rising costs."

The research also found that prices have continued to rise faster for micro, small and medium-sized employers, at 4.7%, although this is less than the 6% figure reported by the Forum in the previous year's research into business costs, suggesting things are slowly improving.

And 81% of firms said that rising business costs had been detrimental to their business: 73% have had cash-flow issues as a result; for 51% they had been a deterrent to investment; 51% said they had been detrimental to employment levels; and 63% that they had inhibited plans for growth.

Excessive administrative demands forced on businesses by the Government, banks and customers meant that 35% of businesses have not been able to focus on business activities.

CDS REFORM

CDS reform not just a nice to have

REFORMS TO THE Community Dental Services (CDS) in Northern Ireland must become a priority, the British Dental Association (BDA) has told the Minister for the Department of Health, Social Services and Public Safety (DHSSPS), Jim Wells.

Chair of the Northern Ireland Salaried Dentists Committee Margaret McCabe has written to him to express serious concern about delays in the development of new contract arrangements for the CDS.

The BDA has been working with the DHSSPS to develop new contractual terms for CDS dentists in Northern Ireland since 2009. Before that, the BDA successfully negotiated for a new and updated set of terms and conditions of service (TCS) for CDS in England and Wales and then for Scotland in 2013. The BDA approached the Northern Ireland Government in 2009 with a view to updating the TCS for Northern Ireland CDS staff.

After lengthy discussions with officials, it was proposed that a new contract would be put to dentists in the CDS by a ballot, with a suggested timetable of before the end of this year, and if agreed, the new contract would be implemented in April 2015. However, the DHSSPS has recently indicated that the finances for the new contract have yet to be agreed by the Minister.

Margaret McCabe said: "This group of dedicated staff need to be remunerated in line with the rest of the UK, to safeguard the future of the service. The CDS needs to have a fair and attractive contract, to encourage young dentists to pursue a career in the service.

"Reform is not just a 'nice to have', it is essential, and the commitment to investment is needed to make this a reality. We call on the Minster to prioritise the CDS and safeguard the dental service utilised by the most vulnerable in our society."

The Doctors' and Dentists' Review Body on Remuneration (DDRB) recommendation of a 1% increase in income to GDPs for 2014/15 has yet to be implemented. ◆

BOOK REVIEW

Learn to be yourself

Secrets of confident communicators: 50 techniques to be heard
Diana Mather
Teach Yourself (Hodder & Stoughton), 2014
ISBN: 978-1-473-60027-0
£9.99

This 240-page paperback is, by its own admission on the back-cover blurb, a "dip in and out of" affair. This is just as well because reading it from cover to cover would prove irksome, writes BDA librarian **Roger Farbey.**

Former BBC-newsreader Diana Mather explains the hub of the book in her introduction: "However strong your message is, if you can't get it across, it is lost."

As with other books in the *Secrets* series, it has a formulaic structure, which comprises 50 short chapters, each never more than half-a-dozen pages, some key bullet points, a paragraph summarising the chapter and, most engagingly, some quotes from the famous to illustrate the point of the chapter in just a sentence. Chapter 6, *Build your brand*, begins with an Oscar Wilde line that perfectly encapsulates the essence of this: "Be yourself; everyone else is already taken."

The range of communication-related subjects covered in the book includes several non-verbal communicators such as dress, style, posture, and body language. She also tackles various modern communication media, such as texting, and social media (with a reference to Sally Bercow's costly error on Twitter – "think before you Tweet"). There are several chapters on public speaking: "Good speakers are both motivating and inspirational because they *believe* in what they are saying."

Mather even shoehorns in some useful chapters on communicating with children and (especially) teenagers. For more about this book: www.bda.org/booknews

REMUNERATION

Early contract findings support blended remuneration

THE DEPARTMENT OF Health in England conducted an "engagement exercise" with dental-contract reform between June to August 2014. The exercise precedes, and is designed to inform, development of the next stage of reform.

The Government set out in the Coalition Agreement a commitment to further increasing access and improving oral health, particularly of children, by reforming primary-care dentistry.

The number of responses received to three papers were:

- → the clinical philosophy, 102;
- → the measurement of quality and outcomes, 88;
- → and the remuneration approach, 128.

In response to the clinical philosophy paper, most respondents (98%) supported a preventive pathway approach.

For measurement of quality and outcomes, 57% of the respondents agreed that the three domains of clinical effectiveness, patient experience and safety were the right areas.

Over half prefer blended

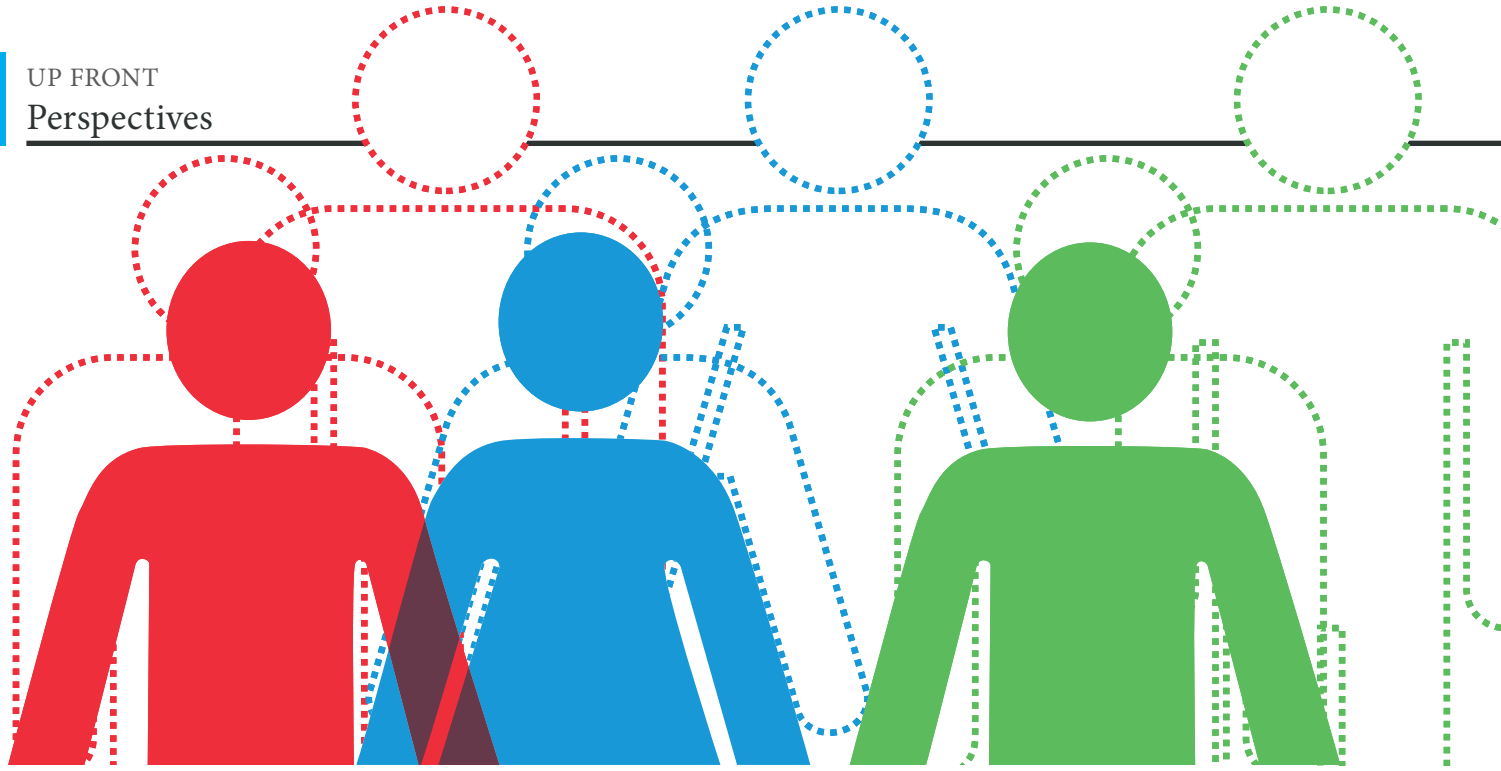
The remuneration-approach paper found that over half of respondents preferred a blended system: ie, a mix of capitation and activity.

The responses to the exercise are being closely analysed and the issues raised are being given careful consideration as work continues to develop thinking around prototypes.

"We expect to publish the detailed findings from the exercise at the same time as proposals for prototyping," the Department says.

"No date has been set for this but the current expectation is that proposals will be published by early 2015.

"We want to ensure that the early findings are as widely available as possible and this is why we are making them public at this stage ahead of the more detailed final write up. These are raw findings and should be treated as such." ◆



Friends and Family Test – a **TripAdvisor** too far?

All NHS dental patients need to be able to provide feedback on their care and say if they would recommend healthcare services to friends and family from 1 April 2015.

The Government introduced the *Friends and Family Test* (FFT) to hospital trusts in 2012 and is rapidly extending the programme across the NHS to cover GP practices, outpatients, community and mental-health services, and ambulance services.

Dental patients will be asked: "How likely are you to recommend our practice to friends and family if they needed similar care or treatment?" Responses will be anonymous. They are then asked to select an answer from: extremely likely; likely; neither likely nor unlikely; unlikely; extremely unlikely; or don't know. The responses will be used to calculate a score out of 100. An extra question with a free-text reply will be mandatory, but the actual question will be up to individual practices. It could be something like "What was good about your visit?" or "Can you tell us why you gave that response?"

Health secretary Jeremy Hunt has said this is part of a plan to make the NHS the "most transparent healthcare system anywhere in the world." But will what's been dubbed "TripAdvisor for Dentistry" really revolutionise NHS dentistry?

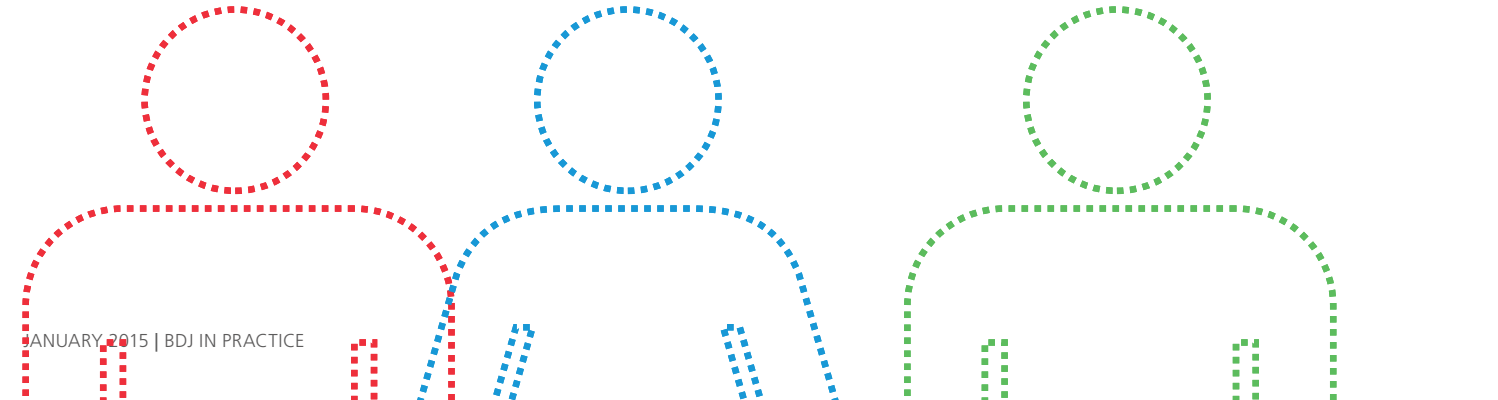
The Picker Institute, an international not-for-profit organisation focusing on patient-centred care, has delivered a mixed verdict.

Director of research and policy at the Institute Chris Graham said: "The *Friends and Family Test* was originally intended to be a single measure of healthcare quality: a simple means of assessing and comparing services, allowing patients to make informed choices, and driving improvements. But while the widespread roll out of the test is impressive, our research shows that it does not match these ambitions. The *Friends and Family Test* simply cannot be used as a reliable performance

We would like you to think about your recent experiences of our service.

How likely are you to recommend our dental practice to friends and family if they needed similiar care or treatment?

- ☐ Extremely likely;
- ☐ Likely;
- ☐ Neither likely nor unlikely;
- ☐ Unlikely;
- ☐ Extremely unlikely;
- ☐ or Don't know.



measure – and nor should patients use scores from the test to choose their hospital." But the Institute's research has clearly shown that information collected from patients has helped drive improvements in services. "We should celebrate this success and focus on making best use of these comments rather than counting recommendations," he added.

Hospitals have made small but concrete changes following feedback, including introducing full-length mirrors in bathrooms so wheelchair users can see themselves; soft-close bins as patients had said the noise of their being used was keeping them awake at night; and overnight visiting times for new fathers on post-natal wards.

> "Health secretary Jeremy Hunt has said this is part of a plan to make the NHS the 'most transparent healthcare system anywhere in the world.' But will what's been dubbed 'TripAdvisor for Dentistry' really revolutionise NHS dentistry?"

While the test may be associated with some service improvements, general dental services will represent a new and different environment for FFT. For example, the mix of care is substantially different from other parts of the NHS, and it may prove difficult to establish where NHS care ends and private provision begins. The BDA has called for real clarity from NHS England so practices can begin to prepare for data collection, and the required monthly reporting.

The indication that NHS England intends to make the FFT a contractual commitment is of concern. The BDA will be making further representations regarding this ahead of implementation. ◆

Key message

All NHS dental patients need to be able to provide feedback on their care and say if they would recommend healthcare services to friends and family from 1 April 2015

COMMENTARY

Let's not overcomplicate it

Paul Kelly, General Dental Practice Committee

There's no way of getting around it. The *Friends and Family Test* represents an additional burden on NHS dental practices for questionable benefit. But the scale of that burden will depend on how you approach it.

The BDA's General Dental Practice Committee (GDPC) has been sceptical about the value of introducing the FFT into dentistry. The committee has been raising concerns about the roll out of FFT in dentistry and we will continue to press NHS England ahead of the launch to ensure we get a fair and proportionate approach.

This is a simplistic rating system, which will fail to take into account the context in which care is being delivered. While there may be some value in real-time patient feedback, we are concerned that patients are likely to use FFT to compare services. Experience from secondary care suggests that this tool is simply not robust enough for that. NHS England's own guidance indicates that the FFT is not to be used to make comparisons between practices. GDPC is therefore concerned that the data could be misused by area teams and, in addition, GDPC does not therefore understand NHS England's rationale for intending to publish submitted data on the *NHS Choices* Website.

Despite these concerns, FFT is certainly coming our way. There is a political will behind it, so practices need to be prepared. We have stressed that FFT obviously has the potential to increase costs, undermine pre-existing, in-practice, patient-feedback mechanisms, and disrupt practice organisation. There will be no additional funding, so simplicity is all.

We already know the mandatory requirements, which say that all practices that see NHS patients must:

- provide an opportunity for people who use the practice to give anonymous feedback through the FFT;
- use the standard wording of the FFT question and the response categories exactly as set out. NHS England has published advice on how feedback can be collected from people who may not be able to answer the FFT question on their own;
- include at least one follow-up question that allows the chance to provide free text;
- submit data to NHS England each month. This excludes any free-text comments, which are not required to be submitted; and
- publish or display results locally. This can mean within the practice.

> "This is a simplistic rating system, which will fail to take into account the context in which care is being delivered."

Each practice will be responsible for the arrangements they take for collecting this data. The advice says they need to be "inclusive", but that is not a demand to splurge on technology. A low-tech – even no-tech – solution is just as valid as an all-singing, all-dancing electronic system.

Guidance is clear that patients should not incur any financial loss from participating in the FFT. And so when it comes to reaching the largest number of patients as possible, cards have as much of a role as any digital solution. Ultimately, practitioners will have to strike the right balance between ease of use and automation when it comes to generating a monthly return.

Guidance on implementing FFT is available online. For up-to-date advice visit: www.bda.org/FFT ◆

Where next for regulation?

After the ARF debacle, Peter Ward writes on the battle lines that need to be drawn on inadequate regulation, and an inadequate regulator

And so the results are in. Readers will no doubt still be coming to terms with the High Court's decision, but it was certainly not the end of anything. The end of the beginning, perhaps.

We have seen our profession take a stand, and unite in the face of a common threat. And we are determined not to see the energy and singular focus generated by the annual retention fee (ARF) debacle simply fade away.

Because we need that momentum. We face a battle on two fronts – on both *regulation* per se and with regard to our *regulator* specifically. Success on either is by no means guaranteed, but the resolution of both is essential if we are to sort this mess out.

While it is acknowledged that the General Dental Council (GDC) operates within an antique legal framework, it does feel as if this has proved to be a rather-too-convenient "Get out of jail free" card to cover for wider inadequacies. Whenever it's been found failing, the stock response has been: "Oh sorry, but just look at what we've got to work with!" Frankly that isn't good enough and the GDC must begin to acknowledge its own short-comings rather than consistently out-sourcing the blame.

We acknowledge the need for legislative change, but we do not accept the notion that that lets the GDC off the hook. Our profession requires both an effective framework of regulation, and an effective regulator that can actually be trusted with the day-to-day task of delivering within it.

There is already nearly universal acknowledgment at Westminster that we have a real problem with healthcare regulation. But acceptance has not translated into action. The Prime Minister accurately dubbed the decision-making processes facing regulators as both "outdated and inflexible", but what once looked like a pledge has not secured parliamentary time.

The General Election is nearly upon us and there is a real risk that this matter will get lost among the bigger fish that are being fried. That really must not happen, and we need to ensure that whatever progress can be achieved, is achieved. Regulation remains important unfinished business, and a marker needs to be put down for whoever ends up running the Department of Health come May.

Our objective is to secure appropriate and proportionate regulation for our profession, and we are not alone in that fight. There are over one million regulated healthcare professionals in the UK, serving tens of millions of patients, and all of them deserve better. We're reaching out to the other associations, and we hope a dialogue can yield real returns for all our members.

If we can bring about the first step of making the regulations fit better, that will be a major achievement. But this will bring into even more stark relief those who are charged with putting those regulations into practice. Despite what looks like corporate denial, recent history provides incontrovertible evidence that the GDC's own approach is a significant part of the continuing problem. For the true impact of an improved regulatory landscape to be felt, the GDC needs first to acknowledge its own failings and then participate properly with other stakeholders to help it to work better.

> "If we can bring about the first step of making the regulations fit better, that will be a major achievement. But this will bring into even more stark relief those who are charged with putting those regulations into practice."

We still support the Professional Standards Authority's (PSA) approach to "right touch" regulation, and ask our regulator to read the document and reflect upon its own historic performance and approach. As it currently stands, no amount of improvement of principle will bear fruit until the implementers at the GDC up their game. While the key principles of "Proportionality", "Consistency", "Targeting", "Transparency", "Accountability" and "Agility" can be found in the GDC's corporate brochures, they are hard to identify in its working practices.

> "Effective and efficient regulation will not drop fully formed from the ether. It will require action from both government and the regulator. And as a profession we have proved that we can be the engine behind that change."

We have to cut through the regulator's inexorable mission creep and focus on fundamentals. PSA reports have catalogued the GDC's critical failings, in fitness to practise, in registration and so much more. And if its oppressive and overbearing tactics aren't achieving its fundamental duty of protection of the public, then frankly what's the point of it?

Effective and efficient regulation will not drop fully formed from the ether. It will require action from both government and the regulator.

And as a profession we have proved that we can be the engine behind that change.

The ARF campaign generated such passion from a quiet profession because there was so much more at stake here than just fees. It's time to press home our advantage and secure a system that protects patients and is respected by professionals. ◆

Key message

The essence underlying all these events is that the judicial review was the beginning and not the end. Now is the time to press for more effective regulation.

Big-Bang reform

Back in 2011, the Law Commissions were tasked with creating a streamlined legal structure for all nine healthcare regulators. It followed in the wake of the Francis Inquiry into the myriad failings at Mid Staffordshire NHS Foundation Trust.

The Government had acknowledged that the current legislation covering all of the health and social care regulators was "expensive, complex and require continuous government intervention to keep them up to date." But the resulting Draft Bill on *Regulation of Health and Social Care Professionals* has now been gathering dust for the past eight months.

In recent months, it does seem that Westminster has finally woken up to the problems at the General Dental Council (GDC). BDA members have been reaching out to their local MPs and it's delivered tangible results, with questions raised in Parliament. And matters came to a head in December with an adjournment debate on the conduct of the regulator.

On the ARF, Dr Dan Poulter MP, Parliamentary under Secretary of State at the Department of Health, confirmed that he had "not been presented with compelling evidence to justify the increase." He also called on the regulator to make "significant improvements," but explained that when it came to fees the law as it stands means he is "unfortunately powerless to intervene."

Backbencher Sir Paul Beresford, who was the driving force behind the recent debate, accused the regulator of adopting a "bunker mentality" and said that any serious reform package must address that charge head on.

With an election around the corner, root-and-branch reform may be off the agenda for now. But Mid Staffs casts a long shadow, as does the persistent underperformance among the professional regulators. In the Draft Bill we saw a workable starting point that ticked many of the relevant boxes. Modernisation is needed, non-controversial and non-partisan. We will continue to make the case for wide-ranging reform that can deliver tangible benefits for dental practitioners and patients alike.

"Protection of the public is as much about assuring them that they can be confident in their dental profession as it is about being seen to chase it."

Small gains: case examiners

On the face of it, the introduction of case examiners seems to be a step in the right direction toward speeding up the overall process of complaints handling. We have supported this move in principle since it was first mooted. But, as in all things, the devil is in the detail, and our recent experiences mean that we will be watching closely how these developments are moved forward.

The Department of Health is moving closer to making case examiners a reality, and the GDC has recently wrapped up its own consultation on the proposal.

Case examiners would be able to carry out some of the decision-making functions that are currently performed by the GDC's Investigating Committee. Their task, in essence, would be to screen out the junk. So cases with no hope of progressing would simply not receive the investment of time, money and effort they do at present. They would also have the other powers of the Investigating Committee, such as being able to issue warnings, and agree undertakings.

The revelations made by the *Hudson Report* caused considerable concern about how the GDC was exercising its administrative role in matters such as this. It was ultimately the independence of the appointed panel members that gave the Investigating Committee process credibility while the actions of GDC staff were what called into question its integrity. Any greater involvement of the executive would need to be monitored carefully to ensure fair play. And, as significantly, the real efficiencies and savings have yet to be demonstrated (but much vaunted). So, we remain cautiously optimistic that the introduction of case examiners will be a positive move – but only in an environment of generally improved performance.

Increasing transparency

Openness has never been the GDC's strong suit. The regulator has recently, developed a statement on the duty of candour of professionals. We fully accept that professionals have such a duty, but at a time when the profession has no confidence in its regulator, the GDC's own standing could inevitably undermine the spirit in which this is implemented.

The regulator clearly has a duty of candour to the profession it regulates. Its handling of the profession's concerns about the now-infamous *Telegraph* advertisement, and the attitude it displays towards its registrants, is hardly a demonstration of an acceptance of such a duty.

We will be expecting a step change.

Restoring trust

We are looking at perhaps the single biggest challenge facing the GDC.

Professional confidence in the regulator is currently at rock bottom. We know the GDC isn't meant to be a representative body. Its function is unambiguously the protection of the public. But protection of the public is as much about assuring them that they can be confident in their dental profession as it is about being seen to chase it. The statutory framework lays out clearly what the remit of the regulator is. The GDC must focus on delivering on the basics before it seeks to extend its activities into other areas.

The GDC has painfully little understanding of the profession it regulates. We've seen it empire building, seeking to extend its responsibilities beyond those required by law, while it still fails to meet current standards for regulation set by the PSA. And in recent months we've seen an unprecedented number of formal declarations of no confidence in the regulator.

Those levels of confidence could be restored if the GDC could demonstrate its competence and level-headedness on the job. Seeking to generate public unrest by overstating problems is in no-one's interest other than perhaps the GDC's own. While setting fires might justify the presence of a fire service it is hardly the most laudable way for a regulator to behave. Sober and measured management of real cases would win the support of the profession and would genuinely serve the public. Scandalising and sensationalising gives the public a distorted view and causes unnecessary fear as well as compromising the trust of the profession. If rational and measured case assessment is reinstated all else will follow.

The basic tools designed to increase transparency and understanding, such as consultation and stakeholder engagement, have descended into farce. Paying lip service to important principles when big decisions appear to have been pre-determined is clearly no longer an option.

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Resolve to do these in

Your guide to the top resolutions for the New Year

Learn to become mindful

Interviewee Dr Uchenna Okoye says one of her personal resolutions is to practise mindfulness (*See page 17*). Here are a few tips to help you achieve this, too:

- slow down;
- notice five things about you, or about the situation, good or bad;
- ask yourself what you can learn about the situation; and
- only then take action.

This approach is designed to help you stay in the present and therefore choose effective actions.

Prioritise password security

Urge staff who use practice computers to create secure passwords. This is important both for the protection of confidential information and if they use the Internet on behalf of the practice.

A new survey from Cyber Streetwise found that most people (75%) do not follow best practice by creating complex passwords.

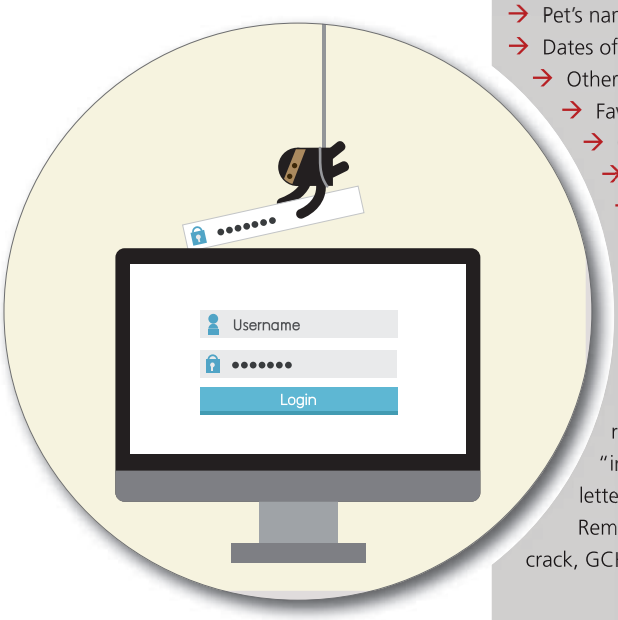
Government-agency GCHQ says the key to creating a strong password includes using three words or more; using upper- and lower-case letters; including numbers; and adding a symbol. And there is list of words that should be avoided.

"Most hackers will attempt to crack your password starting with variations of the below. There may even be clues on your social-media pages. You should change your password immediately if you're using any of the following or something similar," GCHQ advises.

- Pet's name
- Dates of birth
- Other family members' names
- Favourite holiday
- Current partner's name
- Significant dates
- Child's name
- Place of birth
- Something related to your favourite sports team
- Number sequences

To come up with a more-secure password, GCHQ suggests when creating one to look around and pick three random things that you can see, like "plant", "chair" and "ink". Put these three words together and swap some of the letters for numbers and symbols like this: pl@ntCha!r1nk

Remember – the longer your password is, the harder it is to crack, GCHQ says.



2015

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Get set for holidays

Acas has recently reiterated the importance of having a written policy for holiday leave. But to avoid clashes that might jeopardise the smooth running of the practice, you need to have a system to help the practice and staff plan holidays.

This can be a simple as a holiday chart or a diary showing when staff have holidays approved. Or you could use a computer-software solution. Both allow members of staff to see times to avoid because others are away.

But whichever you prefer, now is the time to begin it. The skiing season is already upon us.

> "A good way to manage local criticism is build your reputation with local newspapers and magazines by getting to know their reporters and, through them, indirectly the editor."

Cultivate your local Press

Managing your practice's online reputation (*see page 12*) needs to be supported by monitoring what is being said about you in the local Press, too.

A good way to manage local criticism is build your reputation with local newspapers and magazines by getting to know their reporters and, through them, indirectly the editor.

If you are holding a practice open day to attract new patients, invite the Press. Don't *expect* to get coverage but make it as easy as possible for the reporter. Provide a Press pack, which should include a brief Press release (no more that 250 words) and photographs. Don't skimp on the latter. If you are not a confident photographer, employ a local freelance. If you don't know any, ask other local businesspeople if they know of a good one. Or ask at your local photography shop if any of its staff also do freelance photography.

Choose the subject of the photograph carefully. Not everyone wants to see treatment being carried out, and that could include the editor.

It may be better to focus on the ambience of the practice. Think of photographing your waiting area, reception or a surgery while empty. If you want to include people, use colleagues as "stooges". But still get their written consent.

By getting to know your local Press you increase the chance of their ringing you up to get your side of the story before publishing a criticism.

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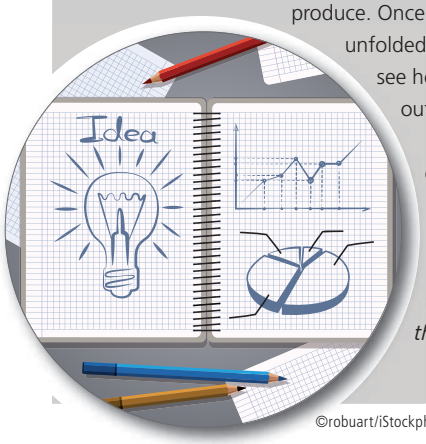
Log your management decisions

Begin a log to track your managerial decisions and add their associated outcomes as they arise.

With an historic record of what decisions you have taken, what they were based on, and what their effects were, you can accumulate evidence-based managerial insights.

You can also include what outcome you think an action will produce. Once you know how events have unfolded, you can look at the log to see how accurate your predicted outcome was.

Inaccurate predications, especially, can help you approach decision-making more systematically, according to author of the decision-making bestseller, *The art of thinking clearly*, Rolf Dobelli.



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Be alert to how **Google** can impact your business

By Matthew Cooper, Digital Content Manager at Igniyte. www.igniyte.co.uk

Online reputation management is something of a buzz phrase at the moment. The problem for practices is that comments on review sites or in newsgroups, chat rooms or on any of the popular social-media sites can appear on Page 1 of Google search results when current or potential patients search for a dentist's name or a practice. This could be a problem if these reviews are negative or, even, defamatory.

But it is not just review sites that practices need to worry about. Other types of site can negatively affect an individual dentist or a practice: for example individual forum posts can rank in a search, especially if featured on a popular forum such as Mumsnet or the Money Saving Expert forum. Worse still, false information of a defamatory nature can be posted anonymously online without verification and can cause very serious damage to a dentist's reputation. So, dentists and practices need to keep on top of what people are saying about them online.

Monitor what Google is finding

The first step is to monitor for online comments by setting up a Google Alert. This will notify you by email of any new mentions of your name on the Internet. Go to Google Alerts https://www.google.co.uk/alerts and follow three steps (*See right*).

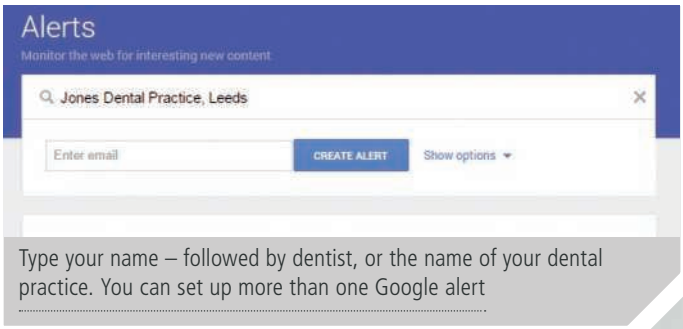
Once the alert is set up (see "Alerts" screens, right), you'll receive a notification from Google each time a new mention of your search terms appears online. The value of setting up Google alerts is that they take only seconds to monitor.

Now boost your reputation

Knowing what people are saying about you online is only the first step to taking control of your reputation. You should also take control of your digital assets, such as social-media profiles.

Make sure you own accounts in your name on all the main social channels – even if you don't use them. This means registering social-media profiles on popular networking sites such as Facebook and Twitter. You should also set up accounts in the name of your dental practice. The value of owning your own Facebook, Twitter and Google+ pages is that nobody can impersonate you online.

Use free online tools like Hootsuite (www.hootsuite.com) to manage Facebook, Twitter and Google+ accounts together. This makes handling them less time intensive.



Type your name – followed by dentist, or the name of your dental practice. You can set up more than one Google alert

> "The best way to fight negative content from others is with positive content. The easiest way to do this is to start a blog and write articles."

Done correctly, social media can be a great marketing tool for a practice or for a dentist personally.

Website addresses (URLs) are cheap, so you should try to buy your dental practice name or your own name with a .co.uk suffix. If you own the address nobody can use this against you.

Fighting negative content

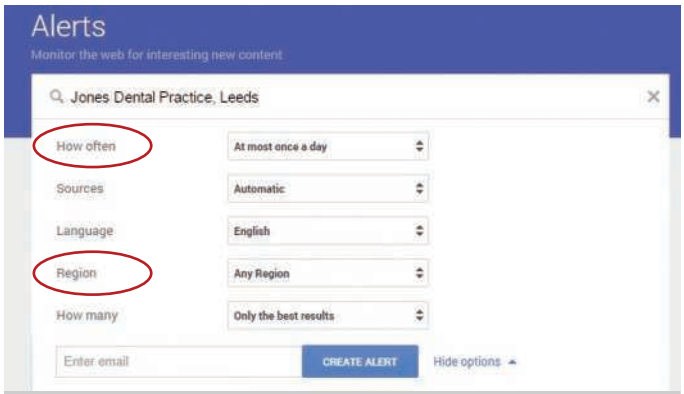
The best way to fight negative content from others is with positive content. The easiest way to do this is to start a blog and write articles about subjects that you are interested in or that compliment your career and work.

Free blogging platforms such as WordPress (www.wordpress.com) are simple and straightforward to use. A simple WordPress website using one of the free standard templates can be set up by someone with very little website-development experience in less than an hour.

Blogging is about creating written content. Google is designed to promote well-written content which, if added to a blog site regularly and over a sustained period of time, will eventually improve the rank within the search terms your potential patients are using when

looking for you or your practice. It does so by using search engine optimisation (SEO).

The simplest way to think about SEO is to imagine Google as a library. If you want people to find your content, you must make sure that you add it to the right category and file it with the correct tags. You can categorise and tag a blogpost in WordPress before you publish.



Choose the frequency of the alert. Most people choose to receive a daily email if any new information appears. In region, choose to monitor only alerts from the UK. For how many, choose all results

If you are using social media, blogs can be shared with your followers and friends. This is an excellent way to increase traffic to your blog and spread the positive message.

Not too labour intensive

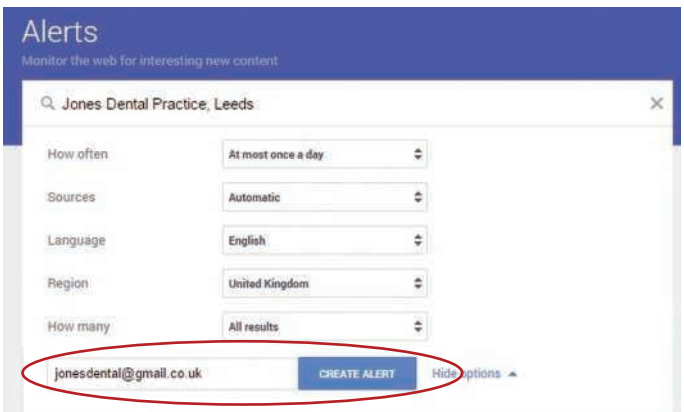
Writing two blogposts a week might seem a lot of time-consuming hard work but they don't need to be *War and Peace*. A simple 300-to-400 word article added regularly through the WordPress platform (along with a matching website address) will eventually push your blog to the top of Google search. And once people begin blogging they often find they enjoy the challenge of adding regular content and the benefit from finding themselves in good standing online because of them.

But combating the added problem of negative online content combined with negative chatter on prominent forums can be a full time job for someone to promote positive content onto Page 1 of Google. So practices might want to outsource this work to online reputation management companies, which can often get results quicker than someone battling against a tide of negative content on their own.

Removing negative content

If you or your practice are suffering from negative content featuring prominently on Page 1 of Google and this content is defamatory, you can get it removed if the comments are in breach of certain laws. The first step is to study the terms and conditions of the forum or site that features the defamatory content. Often sites unwittingly host content that is against their own terms and conditions. If you point this out to them, they may remove the content.

Google provides a handy Removal Tool that can be used to remove defamatory sites from Google results if the websites themselves will not remove the content. There has been a recent EU-court ruling about an individual's "right to be forgotten" to which Google has had to adhere. The criteria for a "right to be forgotten" request to Google is quite narrow, although Google says it has removed many thousands of links from search results after receiving such requests.



Enter your email address, or the email address you want the results of the alert to go to

> "Google provides a handy Removal Tool that can be used to remove defamatory sites from Google results if the websites themselves will not remove the content."

Maintain your reputation

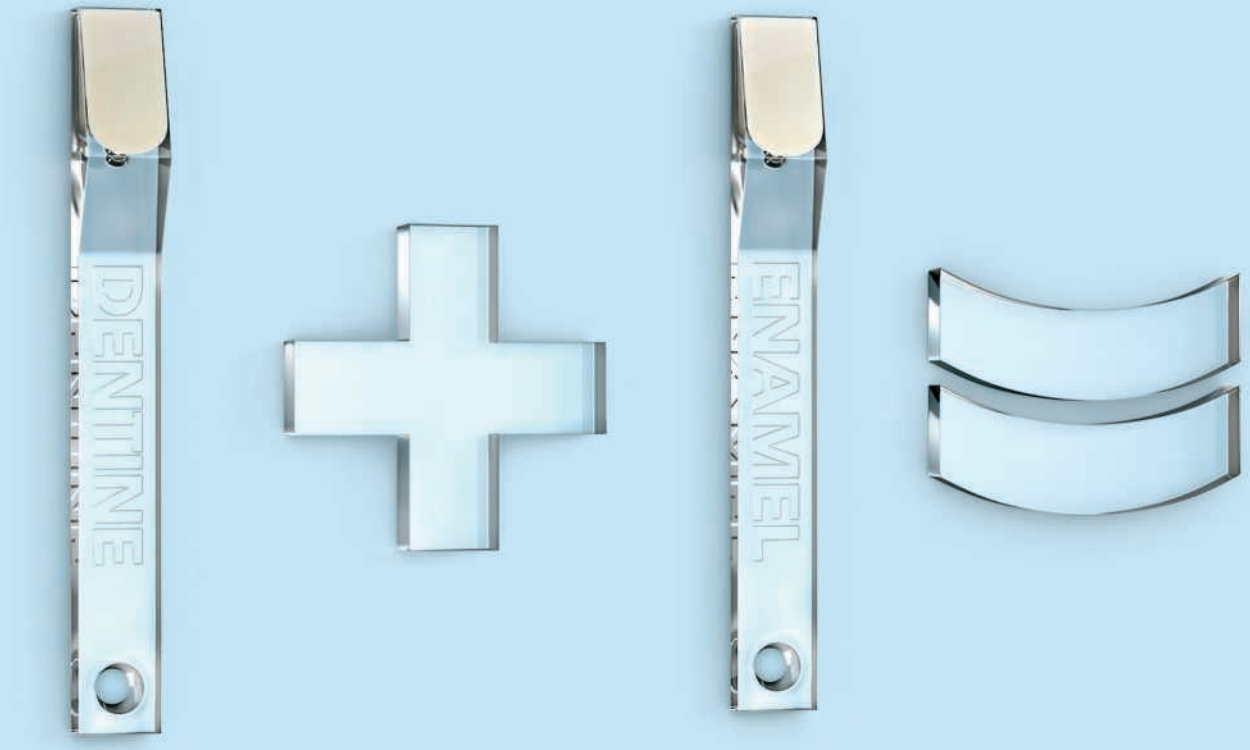
Setting up Google alerts, owning your social profiles, having a blog and adding regular content are excellent tools to help maintain and promote a positive reputation online. Larger practices may wish to delegate tweeting and *Facebook* updates to younger members of staff, who have often grown up with these online platforms and find them easy and natural to use.

Negative reviews on review sites can also be remedied by asking and encouraging patients to leave positive messages on these sites, which can help push negative reviews and complaints further down the Google list. Negative reviews themselves can also be reported to the sites in question if they contain defamatory content.

Google is becoming increasingly about how dentists and dental practices are judged online. Setting up Google alerts is the first step in making sure you maintain your good reputation. ◆

Key message

The first step is to monitor for online comments by setting up a Google Alert. This will notify you by email of any new mentions of your name on the Internet. Go to Google Alerts https://www.google.co.uk/alerts and follow three steps (see "Alerts" screens, left)



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Getting the **most** out of your **ad agency**

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

The most-effective relationships are almost always viewed as partnerships – two parties working together to meet the set objectives. Such relationships are characterised by a mutual respect and strong commitment to one another. Good communication between the parties is essential. Frequent sharing of ideas and information, and clarity around who has the authority to make decisions and sign work off, will all help. The appointment of a dedicated account manager to sort out any problems or misunderstandings that may arise can also be extremely useful.

As with any project, it is important to include milestones along the way so you can monitor your progress towards your objectives and make sure the project or campaign stays on track. Milestones also give you the chance to get things back on track if the timetable begins to slip. One popular and particularly useful tool for delineating tasks, establishing milestones and assigning responsibilities are Gantt charts. Named after an American engineer who is credited with developing them, they are a simple diagrammatic way of laying out a project schedule (*See below*). More information about them and how to use them can be found at www.gantt.com

To gauge whether or not you have met your objectives you will, of course, need accurately to measure your starting point. If you do not know where you were before working with the agency you will not be able to measure what difference their work has made. You need to be clear and agree with the agency at the outset how you will define success and what metrics you will use to measure it. Obvious and relatively easy things to measure are patient numbers or new appointments from patients who have not contacted you for some time. If you are running a special offer, take up of the offer, especially if you use a unique reference code, is again something that you can measure.

Using Facebook and Twitter

There are many tools available to monitor and measure performance in digital marketing. Website visitors, page views, duration of visit, sign-ups to e-newsletters, position on Internet search results, "Likes" of a Facebook page or followers on Twitter are some measures to consider. While at one level these are useful indicators, be careful not to confuse "Likes" or the number of Twitter "followers" with a deep interest or engagement from your patients – the number of Twitter posts is a much better guide to engagement.

Having monitored and measured your marketing activity, it is useful to review and evaluate your campaign or your activities. Evaluation enables you to learn from any mistakes you made or to build upon your successes for next time. Consider what worked well and why it worked well. If you find that something did not work as well as expected, look for the reasons for that and for any extenuating circumstances. Ask yourself: if you were to run the campaign again, what would you do differently?

> "To gauge whether or not you have met your objectives you will, of course, need accurately to measure your starting point."

One very important consideration, which you should agree from the outset in your relationship, is remuneration – how the agency is to be paid. Often payment is made either as an agreed fee for the campaign or project or you are billed for the agency's time in producing the work for you. In longer-term relationships a regular retainer fee – a fee, usually paid monthly, for a set number of hours or support – is common.

There is much to be said for developing a long-term relationship with an agency with which you have worked well. Although there is a place for fresh ideas or a different perspective from a new agency, do not underestimate the strength of past experience. Working with the same agency over time fosters greater commitment from both parties, a deeper understanding of your business, and what is important to you. They will have learned what you are trying to achieve and the way you work – all of which make for a far more efficient and effective relationship. ◆

Simplified example of a Gantt chart

Task	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Who?
Planning							
Research							
Design							
Implementation							
Review							

There will be something for everyone at Conference, says Dr Uchenna Okoye

Interview by Vivienne Wootten,
BDA Events Marketing Manager

Vivienne Wooten has been talking to Dr Uchenna Okoye, an active member of the BDA's British Dental Conference and Exhibition Programme Planning Committee, about what she hopes to enjoy at this year's BDA Conference.

As an honorary clinician at St George's Hospital London, Dr Okoye routinely dealt with complex cases referred by other dentists and she now brings this expertise to her clients' general-dentistry needs.

VW: *Why did you choose to go into dentistry?*
UO: As a child I was always very inquisitive about how the body worked so was always going to go into medicine or dentistry. I chose dentistry as it provided a perfect opportunity of providing care and being my own boss. Also as a child I experienced poor treatment at a dentist's and there was a part of my mind that challenged why this happened to me. This influenced the philosophy behind my practice. We call our patients "guests" to reflect how we think of them and also how we treat them and carry out their care.

VW: *What made you then focus on cosmetic dentistry?*
UO: I didn't seek out cosmetic dentistry it was more that I was looking for a better way to "do teeth" as I am a total phobic. I was also influenced by time spent in the States seeing how they transformed smiles. I found that in cosmetic dentistry there was more of a focus on holistic care and customer service. In this instance, by holistic I mean it isn't just about teeth but about the face and whole person. There is also emphasis on listening and customer service.

> "In cosmetic dentistry there was more of a focus on holistic care and customer service. In this instance, by holistic I mean it isn't just about teeth but about the face and whole person. There is also emphasis on listening and customer service."

VW: *How did you get involved in Channel 4's* 10 Years Younger*?*
UO: Someone on the team had seen me on *BBC Breakfast* and then read about me and they then approached me.

It was actually quite a lengthy process involving screen tests, looking through my work, and talking to my patients before offering me the position. I am delighted to have been involved in helping so many people, but most importantly being able to educate the wider public on what a difference a beautiful smile can make to a person's confidence.

VW: *What are your New Year's resolutions for 2015: personal and professional?*
UO: In 2015 I want to focus on growing my practices and I would also like to lecture and mentor a little more than I have done this year. I would like to continue to work with the media to shift perceptions and educate the public about oral health, as education is vital. My personal resolution is to practise mindfulness, enjoy each day and to give each day 100%, if not more.

VW: *What are the most satisfying aspects of your work?*
UO: There are so many aspects that I enjoy. From mentoring my team to designing a smile and seeing the result this change can make to someone's life. My team with whom I work also make it worth while and I do enjoy the mentoring aspect and seeing people develop and change. Dentistry is truly such an amazing career, I get to make a difference to my patients' lives, get to know about them and their families and grow with them. Also being able to change people's perceptions about dentistry I find really rewarding.

VW: *How do achieve your work/life balance?*
UO: Very difficult! I love what I do and rise very early each day. I am very grateful to my father for that (although to be honest, I wasn't at the time!). As kids, no matter what time we went to bed we had to be dressed and at breakfast by 6am! I am incredibly organised and I have daily team meetings scheduled with an incredibly efficient team, which frees me up to do other things and achieve a better balance.

VW: *How do you relax at the end of the week?*
UO: I always have one full day off on Saturdays, completely work free in every way and like to relax with my family and friends.

VW: *Who are your inspirations?*
UO: My father was my inspiration. His parents were very poor and he could not afford to go to university but that didn't hold him back. For example, he used to read the dictionary and he taught himself a new word everyday! I love reading biographies of people overcoming adversity, this helps keep my challenges in perspective. In the present day, people such Nelson Mandela, Richard Branson, JK Rowling, and Kelly Holmes inspire me. One of the things I'd really like to do is have coffee with Oprah Winfrey. I am also inspired by simplicity and elegance, and Audrey Hepburn was an inspiration for me.

> "I am looking forward to hearing Basil Mizrahi lecture on the worn dentition. A very talented clinician, he will be speaking about a subject close to my heart as we deal with an ageing population and an increasing trend of tooth wear versus decay."

VW: *What advice would you give to this year's crop of Foundation Dentists?*
UO: I would advise them in their first year to just hone their basic clinical skills. It's normal when you qualify to be impatient, to want to sign up to the next course, do a Masters, want to "become a cosmetic dentist". This is the question I am most asked about and often I see the disappointment when I tell them to just wait. Practise what you have been taught, to get the foundations right!

VW: *What are you most looking forward to at the British Dental Conference and Exhibition in May 2015?*
UO: Each year there seem to be more and more conferences in the dental diary but less and less time! I find I have to cherry-pick which ones I attend and the BDA conference is definitely one on my list.

Having attended last year's conference after a very long absence, I was pleasantly surprised by how much there was on offer for me. Whether a seasoned practitioner, a DCP or a new graduate there really is something for everyone.

This year I am looking forward to hearing Basil Mizrahi lecture on the worn dentition. A very talented clinician, he will be speaking about a subject close to my heart as we deal with an ageing population and an increasing trend of tooth wear versus decay.

I'm also really looking forward to connecting with old friends, many of whom I reconnected with at last year's conference!

So don't sit on the fence, come join me and be part of a great experience. ◆

Dr Uchenna Okoye

Dr Uchenna Okoye qualified at Guy's Hospital, London and has a special expertise and interest in cosmetic dentistry.

She is the Clinical Director of London Smiling Dental Group and one of an elite group of dentists with membership of both the American Academy of Cosmetic Dentistry and the British Academy of Cosmetic Dentistry (BACD). She is on the board of the BACD. Dr Okoye lectures and works closely with aesthetic dentists in the USA. She has completed extensive training in aesthetic dentistry in the USA including at New York University. She is on the visiting faculty for Spear Education, one of the most prestige postgraduate-education centres in the USA.

Beyond running her own multi-clinic practice, Dr Okoye makes frequent appearances on television and radio and is a contributing expert on the health panels of multiple boards and magazines For the past two years she has been voted *Tatler's* Smile Guru and is the official dentist of Channel 4's makeover programme *10 Years Younger* and provides consultation for various production companies and TV programmes.

Maternity leave: a guide for associates

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

The number of female dentists continues to increase: 57% of dentists added to the register in 2013 were female. So practices are likely to encounter more and more associates wanting to take maternity leave at some point in their careers. Practices may believe that, because associates are self-employed and not employees, making maternity arrangements for them will be complicated, but, generally, this need not be the case.

Right enshrined in law

An associate should never have to use legal arguments to claim the right to maternity leave. Employment tribunals have ruled on associates and maternity leave a couple of times and the rights are now enshrined in the *Equality Act 2010*. The rights apply to workers not just employees. A period of maternity leave should be available to self-employed associates in general dental practice because female workers cannot be treated unfavourably owing pregnancy or maternity-related reasons.

This means keeping a post open for a woman to take maternity leave and then return to work at the end of it. Not to allow her to return would clearly be detrimental to her and hence illegal. The law recognises that pregnancy is a special situation, as it is, obviously, unique to women. Therefore, there is no need to compare unfavourable treatment with colleagues or with a notional person (as used to be the case).

"The number of female dentists continues to increase: 57% of dentists added to the register in 2013 were female. So practices are likely to encounter more and more associates wanting to take maternity leave at some point in their careers."

Duration of leave

The law does not directly state how long a self-employed worker can take as maternity leave. Associates and practice owners should negotiate this and it should be clearly stated in their contract.

To comply with the law the practice would have to agree a reasonable period but would not be obliged to accept an excessive period.

The BDA suggests that this would be somewhere between 26 weeks and 52 weeks. The lower is the period of time for which eligible general dental practitioners can

receive NHS Maternity Pay; the higher is the maximum amount of time to which an employee is entitled; and, in between, the basic state Maternity Allowance is payable to eligible self-employed women who take maternity leave for up to 39 weeks.

For more details on your potential eligibility for NHS Maternity Pay and the different rules for eligibility and how the payments are calculated in the four UK countries, see www.bda.org/advice BDA advice *Dentists' parental leave and pay*. Details on eligibility for Maternity Allowance are available on the GOV.UK Website.

Notifying the practice

Associates need to decide when to tell the practice they are pregnant. It would be better to let the practice owner know before telling other colleagues and a deadline for notification may be included in the associate contract.

If an associate's contract is based on the BDA's model associate agreement, they are required to inform the practice they are pregnant at least 15 weeks before the expected week of childbirth, which is the same rule for employees. Clearly there would be no harm in informing the practice earlier if the associate wants to – this would also help the practice review its health and safety risk assessment to ensure appropriate controls are in place. And it means discussions about how to manage the associate's patients can begin early.

Cover needs to be arranged

The practice needs to work out how the associate's absence will be managed and the arrangements for the continued care of patients.

In England and Wales, the contracted number of units of dental activity (UDAs) should still be provided within the financial year to avoid NHS clawback.

It may be possible to redistribute or share the associate's workload among other dentists at the practice. If this is not possible, then locum cover may be needed.

It is the associate, as a self-employed contractor, who is responsible for arranging locum cover.

Note, although most dentists use the term "locum" this is not a recognised term under NHS regulations so it is often not understood by NHS officials.

Associates are contracted to get the job done, so if they are unavailable they must ensure cover so the work can still be carried out. This is different from the responsibilities of employees, who are contracted to provide their own services. This obligation on the associate will often be set out in the associate contract.

> "In England and Wales, the contracted number of units of dental activity (UDAs) should still be provided within the financial year to avoid NHS clawback. It may be possible to redistribute or share the associate's workload among other dentists at the practice."

Cover in practice

Generally, however, it may be better for both practice owner and associate if the practice owner handles all the arrangements. That way the practice owner can maintain a closer oversight of the locum working in their practice, although technically it should be the associate who contracts with the locum because they are the agent of the associate.

The associate needs to agree a written contract with their temporary cover that reflects the obligations the associate has to the owner. The financial arrangements are for the owner to continue paying fees to the associate as normal with the associate then paying the locum.

Keeping in touch

It would be good practice to keep in touch during maternity leave and for the associate to be notified of any practice issues or workplace developments. Do discuss how this should be done, perhaps by emails, telephone calls or inviting the associate to attend practice meetings or training sessions. This approach would be similar to the keeping-in-touch days that employees can use. ◆

Key message

An associate should never have to use legal arguments to claim the right to maternity leave. Employment tribunals have ruled on associates and maternity leave a couple of times and the rights are now enshrined in the *Equality Act 2010*

Top tips checklist

- Practices may believe that, because associates are self-employed and not employees, making maternity arrangements for them will be complicated, but, generally, this need not be the case
- The law does not directly state how long a self-employed worker can take as maternity leave. Associates and practice owners should negotiate this and it should be clearly stated in their contract
- Associates need to decide when to tell the practice they are pregnant. It would be better to let the practice owner know before telling other colleagues and a deadline for notification may be included in the associate contract
- It is the associate, as a self-employed contractor, who is responsible for arranging locum cover. Associates are contracted to get the job done, so if they are unavailable they must ensure cover so the work can still be carried out
- The associate needs to agree a written contract with their temporary cover that reflects the obligations the associate has to the owner. The financial arrangements are for the owner to continue paying fees to the associate as normal with the associate then paying the locum
- It would be good practice for arrangements to be put in place to keep in touch with the associate during maternity leave and for her to be notified of any practice issues or workplace developments during this time. Do discuss how this should be done, perhaps by emails, telephone calls or inviting the associate to attend practice meetings or training sessions. This approach would be similar to the keeping-in-touch days that employees of the practice can use

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Disciplinary letters checklist ☑

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

The disciplinary process can sometimes seem a little bit formal and protracted. But it is a simple process that enables the level of fairness we would all want if we were facing allegations of any sort. And an important first step in achieving this is to ensure the written invitation to a disciplinary hearing covers six essential points.

1 Explain that the meeting is a formal disciplinary meeting

It would be wholly unfair for a member of staff to come into a room expecting an informal chat, when in reality they are facing a formal meeting that could result in a disciplinary sanction.

2 Outline the allegations that the member of staff is facing

You need to be specific. If a member of staff is constantly coming in late, give details of how late they have been on particular dates. You need to be specific because giving a general allegation will be deemed unfair. And if the member of staff clearly understands your concerns, they may be more likely to alter their behaviour in the future. Always remember that the purpose of the disciplinary process, except in cases of gross misconduct, is to help a member of staff adjust their behaviour.

3 Provide evidence of the allegations

No one would want to face charges in any court without understanding who is making the allegations and what they are saying. You therefore need to provide witness statements from anyone who has information in support of the allegations. This is likely to be other work colleagues or even suppliers or patients.

These accounts of events should ideally be written by each witness, signed and dated. Where the problem is someone coming in late all the time, this could be a simple statement from the practice manager with a note of the times the member of staff came to work each morning. Alternatively, you might have to write up minutes of meetings you have with witnesses and have these signed and dated by the witness as a true record of what they said.

Once, it was suspected an employee who was reporting in sick was, in fact, on holiday. The dentist's father kept watch at the airport to catch them returning and he provided a short statement.

4 Explain what the possible sanctions might be

You would be rightly annoyed if you went to a magistrates' court to contest a speeding ticket and, out of the blue, were given a sentence was so severe that they ended their judgment with the phrase: "And throw away the key!"

An employee going to a disciplinary hearing needs to know if they are facing a disciplinary warning – and what level of disciplinary warning – or facing dismissal. They need to know what the worst possible sanction they face is.

5 Give the time, date and location of the meeting

Give the time, date and location of the meeting. The employee also needs to know who will be conducting the meeting. It is good practice to have somebody present at the disciplinary hearing to take notes. The employee should be told who that will be.

6 Tell them that they have the right to be accompanied

The letter needs to tell the employee that they have the right to be accompanied by a work colleague or a trade-union representative. It needs to ask the employee to inform you if they are going to be accompanied and, if so, by whom.

Although employees do not have a right to be accompanied by anyone who is not a work colleague or trade-union representative, it is usually a good idea to allow employees to be accompanied by someone of their choosing (see www.bda.org/bdanewsonline *Tell companions their role from the outset*, July 2013, page 6).

An invitation to a disciplinary hearing is, therefore, not a short letter, nor an easy one to write. But think of its effect on the employee.

Anyone receiving an invitation to a disciplinary hearing should be left in no doubt about the severity of the allegations they face. Since the disciplinary process is designed to help the employer and employee communicate about a problem, a good invitation to a disciplinary hearing will help enormously to achieve this and encourage a positive resolution. It could make the difference between an employee becoming a more useful and better-behaved staff member or continuing to be a problem causing disruption in your practice. ◆

Rules for going *paperless*

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

A survey of businesses by YouGov found that *More than 8 in 10 UK companies print documents just to get them signed*. As this survey's title suggests, the move towards a paperless workplace still has some way to go.

The use of computers in practice is very high: 86% according to a 2011 survey, *Dentists' ICT use, BDJ* and Qa Research. Moving towards using less paper saves on storage space and helps make the information more organised and easier to retrieve and read compared with paper patient records.

There can be great advantages in time saving. The information can also be securely backed-up and can incorporate audit-trails of changes made to files. Through analysing your data, you can provide more-focused care to your patients. But with patient consent being such a fundamental issue, old-fashioned, pen-and-ink signatures may be considered by many to be safer.

Signatures are used to establish the authenticity and the integrity of a document or communication. Electronic signatures are perfectly acceptable provided they follow a few basic requirements (*See right*). Both the *Electronic Signatures Directive* and the *Electronic Communications Act 2000* clarified that electronic signatures are admissible in court.

However, the law does not specify particular technologies or techniques.

Programs for electronic signatures should ensure that the signature is authentic and has not been tampered with. Such safeguards could be a certificate issued by a third-party trust service provider, encryption or biometrics.

> "Despite the statutory endorsement, it should not automatically be assumed that if a patient signs their consent electronically it is valid. Electronic signatures with certain security requirements will be regarded as being more-reliable evidence than others."

The industry-led self-regulatory tScheme (see www.tScheme.org) ensures that electronic signature and cryptography services reach proper quality standards.

Despite the statutory endorsement, it should not automatically be assumed that if a patient signs their consent electronically it is valid.

Electronic signatures with certain security requirements will be regarded as being more-reliable evidence than others. In any legal dispute, a court would consider any evidence presented on the security of the system, if the signature was properly obtained and if there has been any tampering with it.

Practices should have tight protocols and procedures. Discuss with the provider of your electronic-signature system how it saves and protects the electronic signatures. Consider the audit-trails the program incorporates.

Ask about the back-up systems and how quickly you would be able to retrieve information in the event of a disaster. The quality of the information technology (IT) processes that provide storage, retention and retrieval must be secure and in line with the *Data Protection Act 1998* (see www.bda.org/advice for *Protecting personal information*). And relevant dental-team members at the practice should be fully trained on how to use the electronic-signatures system and how to store electronic records and signatures correctly.

Electronic signatures enable businesses to realise the full benefits of IT and the paperless workplace but always err on the side of caution. The tighter your procedures in terms of technology, security and storage the more likely they will carry the weight they need to in a court of law. ◆

Electronic-signature rules and good practice

- → The signature is uniquely linked to this patient (signatory) only
- → It can identify the patient
- → It is linked to the data to which it relates in a way that any subsequent change in the data is detectable
- → Relevant dental-team members at the practice should be fully trained on how to use the electronic-signatures system

Take a disabled person's journey

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

The law says that a practice owner cannot wait until a disabled person wants to use their services before considering what they might need to accommodate their disability. Practices must consider the issue in advance and anticipate what disabled people with a range of impairments (for example, visual, hearing or mobility impairments) might need.

The *Equality Act 2010* aims (among other things) to achieve equality for disabled people in the way goods and services are provided to the public, which may mean changing the way in which services are delivered. Dentists – like any person providing goods or services to the public – have a duty to make reasonable adjustments to ensure that disabled people can access their services in a way as close as possible to that of a non-disabled person.

The duty on service providers to make reasonable changes where they find there are barriers to access was originally introduced in 2004. This duty continues. So, as well as anticipating the needs of disabled people, service providers must continue to assess how their premises and services can reasonably be improved for disabled people. There are several considerations to bear in mind when assessing if an adjustment is reasonable or not (*See far right*) but as a rule of thumb, the easier an adjustment is to make, the more likely it is to be reasonable. But just because something is difficult to achieve does not mean it cannot also be reasonable. This has to be balanced against other factors.

Where the possible adjustments are reasonable, the service provider must make them. This could involve either removing an obstruction, altering it or finding some way of avoiding it. Within dental practices a number of alterations have generally been suggested. You may already have thought about these or carried them out but the nature of the obligation on service providers means that you must keep revisiting these points time and again – factor this into a continuing plan for practice repairs and refurbishments.

> "If you provide patient car-parking at your surgery see if the spaces can be reconfigured to allow for wider disabled parking bays."

Entering the practice

In the area around your practice you should check for obstacles, particularly ones that could affect people with walking-sticks, wheelchairs or visual impairments. You may not own all of the area outside the practice and may need to contact a landlord, neighbour or local authority about any problems you find. Things to look out for include uneven paving or surfaces; overgrown hedges or other vegetation; the need regularly to sweep up leaves; and the presence of snow or ice. Check, too, if obstacles such as wheelie-bins are causing an obstruction.

If you provide patient car-parking at your surgery see if the spaces can be reconfigured to allow for wider disabled parking bays.

If there are steps up to the practice entrance you need to consider fixing handrails and assess if there is space to fit a ramp. A ramp does not necessarily have to lead up to your main door if there is a suitable side or rear entrance that could be made accessible by a ramp. Alternatively, a bell could be fitted so that a disabled patient can call for help.

Visibility is important. Make sure signs are clear and readable. Ensure, too, that there is sufficient external lighting. Steps and handrails can be highlighted in contrasting colours.

Check that the practice doorway enables easy access: that it is easy to open the door and that the threshold is even. Make sure the door handle is reachable and easy to use. The door should not slam shut behind people so may need to be fitted with a delayed-action closure mechanism. It should also be wide enough to allow for wheelchair access.

Moving around the practice

Look for potential hazards in your internal layout. Many practical points will be picked up by your health and safety risk assessments but, in particular, consider removing obstacles from walkways or corridors and modifying internal steps. Again, ramps and/or handrails are one way to deal with steps. If you have more than one floor in the practice you may need to look at fitting a lift if services cannot be accessed on the ground floor. Carefully consider the floor surfaces in waiting areas as well as clinical areas.

Make sure you have clear signs and that they stand out. The simpler is often the better so that they are easily understood: using pictures or symbols will also be helpful. Hearing can be made easier by fitting an induction loop or by taking the


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practical step of siting the reception away from noisy equipment. The reception could also have a lower section of desk for wheelchair users.

Assess the waiting area to see if the seating is suitable for all users. A choice of seating styles, including some with higher backs and arm supports, will make a waiting room more accessible for people. There should also be enough space for a wheelchair user to move around freely.

Accessibility and usability of the customer toilet is important. Points to consider here are the doorway, floor space, handrails, non-slip surfaces and having an alarm.

In addition to physical adjustments, there may be non-physical adjustments that can be made to improve access. Staff management, training and policies are crucial in shaping staff attitudes to serving disabled patients and can be just as important as the premises themselves.

Access audits

If a practice owner decides against making an adjustment, they will need to be able to justify their position in the face of a claim that their premises are inaccessible. Ultimately, a court will decide the issue, but a paper-trail, including estimates of works and an access audit, may help to justify their decision.

An access audit is an assessment of a building or a service against best-practice standards to evaluate its accessibility for disabled people.

It can help service providers understand their obligations under the *Equality Act 2010*. Typically, an access audit will identify barriers to access, set out options for removing those barriers, assess which option is the most reasonable, and make recommendations about which option to implement, when to do it and how much it will cost. By having an access audit and then implementing its recommendations, a practice owner is more likely to be able to demonstrate that they have adopted a reasonable approach.

> "Staff management, training and policies are crucial in shaping staff attitudes to serving disabled patients and can be just as important as the premises ithemselves."

Access audits are offered by a wide range of commercial organisations but the appointed surveyor should have an up-to-date knowledge of construction, building regulations and disability issues. The independent National Register of Access Consultants (see www.nrac.org.uk) lists details of consultants.

Over a decade now

Since the requirements first came into force, many practices will have implemented changes aimed at improving access for disabled people. There will be circumstances, however, where it is incredibly difficult, if not impossible, for a practice to make every conceivable adjustment, perhaps owing to the age or design of the premises from which the services are being delivered.

What is important in such circumstances is that practice owners take a long-term view and where changes cannot be implemented quickly or easily make plans for gradual adjustments to be made over time. If a practice owner is considering constructing a new building, putting up an extension or undertaking refurbishment, the obligations to consider access are greater. ◆

Do you need to make the adjustment?

There are a number of points for service providers to consider when assessing whether an adjustment is reasonable and therefore must be made:

- The effectiveness of the adjustment
- Whether the adjustment is feasible
- The time and effort involved in making the adjustment
- What effect not making the adjustment would have on a disabled person's ability to access your services
- The financial and other costs of making the adjustment (in absolute terms and in relation to your size and resources as a service provider)
- The amount you have spent already in making reasonable adjustments
- Whether the costs can be passed on to all service users: disabled users alone should not bear the costs of adjustments
- The disruption that would be caused

Key message

You may already have thought about adjustments you need to make for disabled access or carried them out but the nature of the obligation on service providers means that you must keep revisiting these points time and again – factor this into a continuing plan for practice repairs and refurbishments


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Develop systems to enhance the efficiency of your practice.

Build an enthusiastic, motivated and engaged team and improve practice communications.

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All BDA members can now access the BDA Good Practice self-assessment via the BDA website.

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- Application fee: £425
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Make sure your voice is heard!

By Stephen Skelton,
BDA Elections Manager

Dentistry is facing changes and challenges from all directions: funding squeezes, rising expenditure, contract reforms, increasing regulation, changes to continuing professional development requirements, and associate underemployment – to highlight just a few.

BDA policy is debated, not dictated: it's your profession and your Association. Elections are currently taking place for over 200 seats on 15 BDA committees spanning all countries and crafts, and you can help influence the debate.

Our profession is diverse and specialised, but it is important that you have a voice to represent you, your colleagues and the profession as a whole. The committees and country councils play a vital role in ensuring all dentists get a fair deal.

Since 2009/10, average taxable income in England and Wales has decreased by 12.4%, in part as a result of a sharp rise in practice expenses. How can we stop this declining income and ensure the viability of our practices?

Can you help us influence how dentistry is regulated? How can we seek to ensure that regulation is both fit for purpose and proportionate?

At the moment, 14% of associates are underemployed. How will rising costs and increased debt impact on the future careers of young dentists? Can you help us safeguard dental careers?

The British Medical Association is currently negotiating new contracts for trainees and consultants in hospitals. Can you help us ensure that a viable dental perspective is presented in these negotiations? How should the BDA respond?

Work on the development of care pathways for both paediatric and special-care dentistry is well underway. We need to ensure proposals in each pathway are sensible and objective?

Dental corporates want to increase their stake in the market. Would an increased presence be a positive future for the profession or a worrying development?

How should the enhanced practitioner status be developed and regulated? How will it impact generalists and specialists alike?

Your colleagues have stepped up, so please support them by getting engaged with the BDA's work. Take a look at the latest news and opinion on our website, or you can keep up to date by following our Twitter account @theBDA or Facebook page https://www.facebook.com/thebritishdentalassociation

For contested seats on the committees and country councils, ballots will be distributed by 26 January, with a closing date of 5pm on 20 February and results will be declared on 27 February. More information is available at www.bda.org/elections ◆

Keep going through fire and flood

by Judy Harris, an insurance professional with BDA-appointed broker and financial planning firm Lloyd & Whyte. As sales manager, Judy specialises in identifying and meeting the insurance needs of BDA members

A mobile dental clinic has been launched by Lloyd & Whyte to help BDA members unable to use their own surgeries following a serious insured incident, like a fire, for example.

The custom-built unit is equipped with everything needed to treat patients and will be available to use from this month.

"The idea to offer a mobile facility came out of our campaign to reduce the risk of escape of water claims in recent years," Lloyd & Whyte managing director Pete Lishman said.

"The real cost to dentists following a serious incident isn't the repair work, it's through not being able to treat patients.

> "The unit can be connected to electricity and water supplies or can be run independently, providing added flexibility in where it can be located."

"Providing an alternative facility while repair work is being carried out will help dentists maintain an income stream in the short term, while reducing the risk of losing customers in the long term.

"As far as we know, we're the first insurance broker of our kind to offer this type of support to BDA members."

What is the mobile dental clinic?

Exactly as it sounds, the mobile dental clinic is a dental surgery on wheels. It has one treatment room, a sterilisation room, waiting area and is fully fitted with the modern equipment you would expect to find in a regular dental practice.

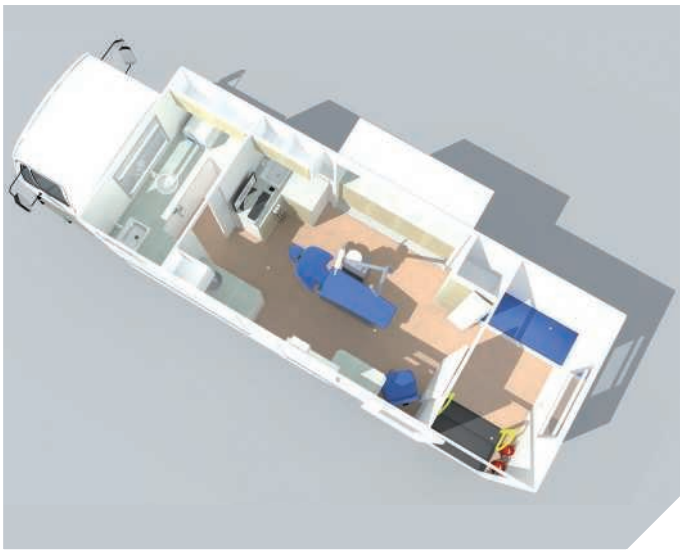
The unit can be connected to electricity and water supplies or can be run independently, providing added flexibility in where it can be located.

Setting up the clinic

There isn't much set up involved because the facility will be ready to use on arrival. Beyond checking the unit over and familiarising themselves with it, dentists will be able to see patients in the unit almost immediately.

The obvious place to run the mobile clinic will be from a practice car park. Where there is no suitable car park, a local supermarket will normally be happy to lend space in theirs because they benefit

Lloyd & Whyte



Beyond familiarising themselves with it, dentists will be able to see patients in the unit almost immediately

from positive brand exposure to the practice's patients.

Why it's always better to keep practising

When a practice is out of action owing to an incident like a fire or flood, there are two costs to consider: repairing the practice; and lost income while the repairs are being done. Both these costs are simple enough to insure, however there is one more cost that is often overlooked.

While the practice is out of action, a proportion of patients will go elsewhere for treatment. Brand loyalty is as much based on fear of inferior service as it is appreciation of quality. So, once patients are forced to try an alternative provider their loyalties may switch. The long-term cost to dental practices will be in losing patients, which is uninsurable. Being able to continue treating patients effectively protects a practice's reputation and brand during an emergency.

Using the clinic for training and demonstrations

When not in use, the mobile dental clinic will be available for BDA members to hire as a facility for technical demonstrations or training. The right venue can make or break a seminar or conference: and the more interesting the venue, the better. However, more-general venues are less likely to have specialist equipment in house, which makes demonstrations logistically difficult.

Now, BDA members can book the perfect venue for their event while also making use of a fully functional dental surgery just outside.

To book the unit

The unit is in the final stages of being built and will be available from this month. For more information visit www.lloydwhyte.com or to discuss making a booking for an upcoming event call Lloyd & Whyte on 01823 250700. ◆

The mobile dental clinic has one treatment room, a sterilisation room, waiting area and modern equipment

Key message

If a practice has to close its premises following a fire or flood, the potential long-term cost to it will be in losing patients, which is uninsurable. Being able to continue treating patients effectively in such a mobile unit protects a practice's reputation and brand during an emergency

Advertise your Dental Care Professionals* jobs for free at bdjjobs.com!

BDA MEMBERS ARE now able to advertise their DCP* roles free online at bdjjobs.com, the BDJ's dental jobs and classified-listings Website.

The starting price for DCP advertisements is normally £100 + VAT, so this represents a great opportunity to promote your DCP* vacancies to the 27,646** dental professionals who, each month, visit bdjjobs.com, which is also cited as the most-used online resource for dental job searching.***

To make a booking or for more information, please contact the BDJ Jobs sales team at bdj@nature.com or on +44 (0)20 7843 4729.

* Qualifying DCP roles include dental nurses, practice managers, dental technicians, and receptionists, but exclude hygienists and therapists.

** WebTrends Data, Jan - Aug 2014

***QA Research, *Dentists' ICT Use*, 2011

Drip-free alginate

BASED ON GC's extensive knowledge of alginate materials, GC Aroma Fine Plus has been developed to offer users final impressions of the highest quality combined with an easier and faster mixing.

Being truly thixotropic, Aroma Fine Plus reduces patient gagging because it stays in place without dripping or running down the patient's throat during the setting phase, at the same time it flows under pressure into the narrowest of areas capturing the highest detail.

For further information, contact GC UK on 01908 218999.

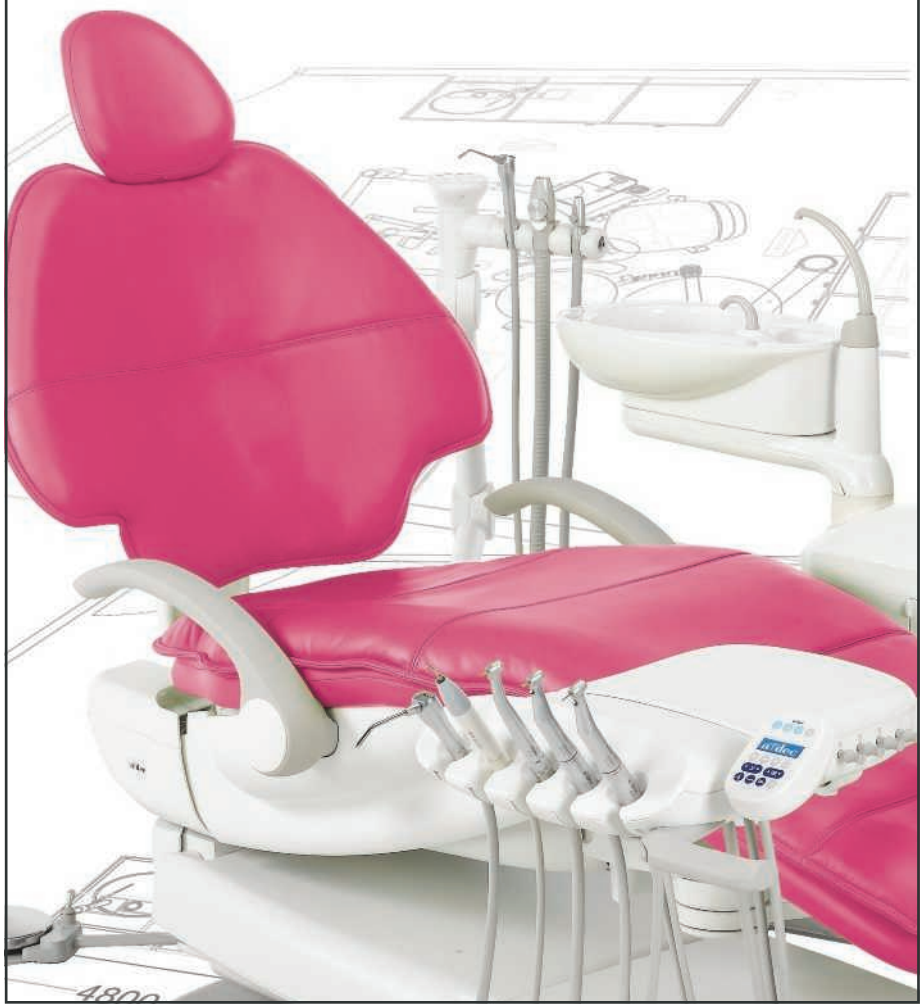
Turn your vision into reality

WHETHER YOU KNOW exactly what you want, or are just looking for ideas to complete your new surgery design, you should visit us at one of our four UK showrooms.

At the showroom you can test drive the complete spectrum of fully integrated, high-quality dental chairs, innovative dental lights and ergonomic cabinetry solutions. After all, you could spend over 26,565 hours with your dental chair throughout your career so it needs to work for you and your dental team.

Also at the showroom you'll be introduced to our A-dec difference display, which shows the various high-quality A-dec parts that go into every chair. A-dec's design and engineering is often imitated but never duplicated. The difference is in the details.

To see for yourself what makes A-dec different, visit us at one of our four UK showrooms or call us on 0800 233 285 for more information: info@a-dec.co.uk www.a-dec.co.uk



Handpiece repairs in 24 hours

THE DENTAL DIRECTORY'S *Handpiece Express* offers repairs and services from as little as £19.50, which includes a "serviced and dispatched" in 24-hours guarantee (terms and conditions apply).

With an established reputation for value, quality workmanship and peace-of-mind service, *Handpiece Express* can undertake the repair and servicing of most makes and models of handpiece.

Offering a comprehensive solution that includes repairs to high- and slow-speed handpieces, motors, sonic scalers, couplings and replacement cartridges, you can be sure your equipment will receive the very best care.

When your handpieces need a service, contact the experts at *Handpiece Express*. The industry-approved team of highly skilled technicians provides a range of repair plans to suit any requirements.

For more information, contact Handpiece Express on 01253 600090.

Four heads are better than one

FOR A TIME now, the intra-oral camera has provided both dentists and their patients with a revealing window into the realm of dental disease, conferring greater transparency and more lucid communication. Dürr has consolidated a range of technologies to ensure this invaluable tool has its most sophisticated application yet. One of the most versatile aspects of the VistaCam iX is the interchangeable head mechanism. Four heads are available, one providing high-resolution images of the oral environment; a macro head for close-ups of up to 100x zoom; a Proof head for caries diagnosis with a colour-coded scale, and an LED curing light. Data transmission is fully digital, through a USB port to a PC, or can function as a stand-alone version without a PC. The unit also holds the promise of additional heads being added in the future.

The ergonomic head rotates a full 360 degrees to ensure that every part of the oral cavity is easily accessible and a motion sensor automatically switches the camera on and off to ensure efficient usage. Its smooth finish enables easy disinfection and sheathing for cross infection. The VistaCam iX offers unrivalled functionality in a single device with multiple applications, perfectly complementing daily practice with an indispensable tool.

Digital diagnostics

WHETHER YOU ARE looking for information on occlusal contacts from fixed prosthetics to diagnosing pain and discomfort, or from routine exams to periodontal management, the applications of T-Scan are almost limitless.

The latest in computerised occlusal analysis, the T-Scan can accurately record the minute specifics of a patient's bite-force dynamics, including occlusal force, location and timing.

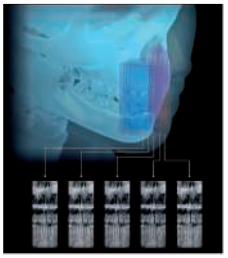
The T-Scan lets you improve your clinical results and helps your patients more fully understand the need for treatment as you can view on screen the data collected.

For more information contact Clark Dental on 01270 613750.

In the pink

AFTER THE SUCCESS of the masculine black DiamondClean launch last year, Philips has launched a pink DiamondClean to complement it. The brush features five modes to allow users to modify their brushing according to their needs and wishes, as well as their dental professional's advice. The programmes include Clean, which is the standard mode for a whole mouth clean; White, which removes surface stains to whiten the teeth; Polish, which brightens and buffs the teeth to bring out their natural brilliance; Gum Care, which stimulates the gums for improve periodontal health; and Sensitive, which is an extra-gentle mode for sensitive teeth.

Top products and service



WHETHER YOU NEED standard panoramic, segmented panoramic, maxillary sinus or TMJ images, the CS 8100 system from Carestream Dental is the solution.

Delivering images of outstanding accuracy and clarity, the CS 8100 ensures fast and reliable diagnostics every time.

Designed for ease of use and a streamlined workflow, the system incorporates a variety of tools to help positioning for all patients, whether sitting of standing. The simple interface also provides a convenient adjunctive solution to enhance patient communication and understanding of treatment for informed consent.

What's more, the innovative system comes with Carestream Dental's guarantee of excellent customer service, thanks to the team's dedication to the business programme, eXceed.

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For more information, contact Carestream Dental by visiting www.carestreamdental.co.uk or ringing 0800 169 9692.

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

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

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

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

236739

PARK ROAD DENTAL PRACTICE
www.parkroaddentalpractice.co.uk

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

Interests: Periodontics, Orthodontics, Implants

Dr Ayodele Soyombo
On Specialist List: Yes, Orthodontics

Dr Bola Soyombo
On Specialist List: Yes, Periodontics

Dr O Onabolu
On Specialist List: Yes, Periodontics

209439

South West

THE CIRCUS DENTAL PRACTICE
www.circusdentalpractice.co.uk

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

239371

North West

T CLINIC
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Professor Paul Tipton B.D.S, MSc., D.G.D.P, RCS
Specialist in Prosthodontics

T Clinic, Barton Arcade, St. Ann's Square, Manchester M3 2BH
Tel: 0161 348 7844

T Clinic, 22 Harley Street, London W1G 9PL
Tel: 0161 348 7846

Email: louises@tiptontraining.co.uk
Interests: Prothodontics, Dental Implants, Restorative Dentistry, Cosmetic/Aesthetic Dentistry, Full Dentures and Smile Design
On Specialist List: Yes, Prothodontics

246343

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

235125

Scotland

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www.blackhillsclinic.com

5 Maidenplain Place, Aberuthven Perthshire PH3 1EL
Tel: 01764 664446
Email: info@blackhillsclinic.com
Cone beam CT scanning
Mr Paul Stone BDS (Hons) Lpool, FDS, RCS Ed.
Interests: Implant surgery, oral surgery, conscious sedation, bone grafting and sinus lifts. **On Specialist List:** Yes, Oral surgery
Mrs Adela Laverick BDS (Hons) Lond, FDS RCS Eng, MSc Lond
Interests: Fixed & removable prosthodontics, dental implants **On Specialist List:** Yes, Prosthodontics
Dr Marilou Ciantar BChd (Hons) Malta, MSc Lond, PhD Lond, MFDS RCS Eng, MFD RCS Irel, FFD RCS Irel
Interests: Oral surgery, implant surgery, tissue regeneration, periodontology, conscious sedation **On Specialist List:** Yes, Oral Surgery and Periodontics
Dr Brian Stevenson BDS PhD FDS (Rest. Dent.) RCSEd MFDS RCSEd FHEA
Interests: Fixed and removable prosthodontics, endodontics and dental implants **On Specialist List:** Yes, Restorative Dentistry and Endodontics
Mr Graeme Lillywhite BDS MFDS MSc MRD FDS (RCS Ed)
Interests: Restorative Dentistry, fixed prosthodontics, dental implants
On Specialist List: Yes, Restorative Dentistry and Prosthodontics
Mr Chris Allan BDS, FDS, RCPS, MRD RCPS Glas
Interests: Fixed & removable prosthodontics, dental implants **On Specialist List:** Yes, Restorative Dentistry
Mrs Julie Kilgariff BDS MFDS RCS MRD RCS (Endodontics)
Interests: Endodontics **On Specialist List:** Yes, Endodontics
Mr Donald Thomson BDS(Hons)Edin, FDS RCS Edin, DDR RCR
Interests: Cone beam CT imaging **On Specialist List:** Yes, Dental and Maxillofacial Radiology

209189

EDINBURGH DENTAL SPECIALISTS

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Edinburgh Dental Specialists , 178 Rose Street , Edinburgh EH2 4BA
Tel: 0131 225 2666 **Fax:** 0131 225 5145

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

247539

South East

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

253003

DENTAL SPECIALISTS ST ALBANS

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

239826

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www.harryshiersdentistry.co.uk

28 Harley Place London W1G 8LZ
Tel: 0207 580 2366
Email: harryshiersdentistry@gmail.com

Dr Harry Shiers BDS (Lon). MSc. (Implant dentistry) (Eng) MGDS. RCS. (Eng) MFDS. RCPS. (Glasg)

Orthodontist Dr Sarah Sadek, BDS (Hons.), B.Sc (Hons.), MFDS RCS (Ed.), M.Sc, M.Orth RCS (Ed.)

(Accredited Specialist in Orthodontics).

Interests: Restorative dentistry, Implant dentistry, Cosmetic dentistry, Preventative dentistry, Orthodontics, Periodontics, Peadodontics

On Specialist List: Yes, Orthodontics, Periodontics.

252578

PERIO & IMPLANT DENTAL REFERRAL CLINIC

www.perioNimplant.com

Dr. Chong Lim. BDS, MSc in Periodontology
MSc in Dental Implantology (Distinction)
74 Richmond Road, Twickenham TW1 3BE
Tel: 020 8912 1346
Email: perioNimplant@gmail.com
Interests: Periodontics, Implants, Bone Grafting and Sinus Lift Procedures. Accredited Mentor for Implantology
On Specialist List: Yes

233203

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Specialist in Oral Sugery: Dr Fabrizio Rapisarda DDS

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255225

ANDRÉ C HATTINGH

www.ach-periodontology.co.uk

6 Dartford Road, Sevenoaks, Kent, TN13 3TQ
Tel: 01732 471 555
Email: achattingh@btconnect.com
Interests: Dental Implants and Periodontics
On Specialist List: Yes, Periodontics

206654

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

230732

DENTAL SPECIALISTS MK
www.dentalspecialistmk.com

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

209440

TOOTHBEARY
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

Dr Cheryl Butz
Toothbeary Practice Windsor, 1 Farm Yard, Windsor, Berkshire SL4 1QL
Tel: 01753 257230
Email: Info@toothbearywindsor.co.uk
Interests: Children

243188

North

THE YORKSHIRE CLINIC
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Mr Martin F. W-Y. Chan BDS, MDSc, FDS (Rest Dent) RCPS (Glasg), DRD, MRD, RCSEd.
Bradford Road, Bingley, West Yorkshire BD16 1TW
Tel: 01274 550851 / 550600
Email: info@mydentalspecialist.co.uk
Interests: Restorative and Implant Dentistry, Prosthodontics, Periodontics, Endodontics
On Specialist List: Yes, as above

212838

TRINITY HOUSE ORTHODONTICS
www.trinityhouse-orthodontics.co.uk

Mr Dirk Schuth BDS, FDSRCPS, FDS, RCS (Ed), MOrth RCS (Eng+Edin) MDentSci (Leeds)
Borough Road, Wakefield WF1 3AZ
Tel: 01924 369696

Trinity House Orthodontics
46 Shambles Street, Barnsley S70 2SH
Tel: 01226 770010
Email: thortho@btconnect.com
Interests: Orthodontics – Adult & children, NHS & Private
On Specialist List: Yes, Orthodontics

217672

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Dr Shash Bhakta BDS, MMedSci (Rest Dent) MFDS RCPS, MRD RDS (Prosthodontics), PhD FDS (Rest Dent) RCS
Interests: Restorative and Implant dentistry, Endodontics, Fixed and Removable Prosthetics and Periodontics
On Specialist List: Yes Periodontics, Endodontics, Restorative Dentistry and Prosthodontics
Dr Harmeet Dhaliwal FDS (Orth)RCS, MOrth RCS, MDentSci, MFDS RCS, BDS
Interests: Orthodontics **Specialist list:** Yes Orthodontics

255221

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Dr. Sharif Khan BDS (Edin.), M.CLIN.DENT. (Lond.)
Interests: Cosmetic & Implant Dentistry, Advanced Prosthodontics

Dr Meera Aggarwal BChD (Leeds)
Interests: Periodontology

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247094

East Anglia

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Dr Helen Harrison
39 Newnham Road, Cambridge CB3 9EY
Tel: 01223 461381
Email: reception@grantadental.co.uk
Interests: TMJ, Occlusion, Splints for pain relief & reconstructive treatment planning
On Specialist List: No

237823

Business skills CPD

Q1: Which of the following should you do to manage the online reputation of your practice: a – set up Google Alerts; b – set up social-media accounts in the practice's name; c – regularly blog well-written positive messages about the practice?

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

Q2: Employees facing a disciplinary meeting have the right to be accompanied by someone from which of the following groups: a – a work colleague; b – a trade-union representative; c – someone else of their own choosing?

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

Q3: What does the BDA suggest is a reasonable period of maternity leave that a practice should agree with an associate?

A Between 20 weeks and 52 weeks
B Between 26 weeks and 50 weeks
C Between 26 weeks and 52 weeks
D Between 26 weeks and 39 weeks

Q4: Which of the following should you consider when assessing the accessibility of your practice to disabled people: a – seating in the waiting area: b – readability of signs; c – staff attitudes?

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

Q5: Which of the following is **not** one of the rules about electronic signatures?

A It is uniquely linked to this patient (signatory) only
B It can identify the patient
C It is linked to the data to which it relates in a way that any subsequent change in the data is detectable
D It is made on a device approved in the *Electronic Signatures Directive*

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 polish their business and practice-management skills.

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.

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*The combination of good coronal restoration and good endodontics had the highest absence of periradicular inflammation of 91.4%. H.A. RAY & M. TROPE (1995) Periapical status of endodontically treated teeth in relation to the technical quality of the root filling and the coronal restoration. International Endodontic Journal (1995) 28, 12-18.

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