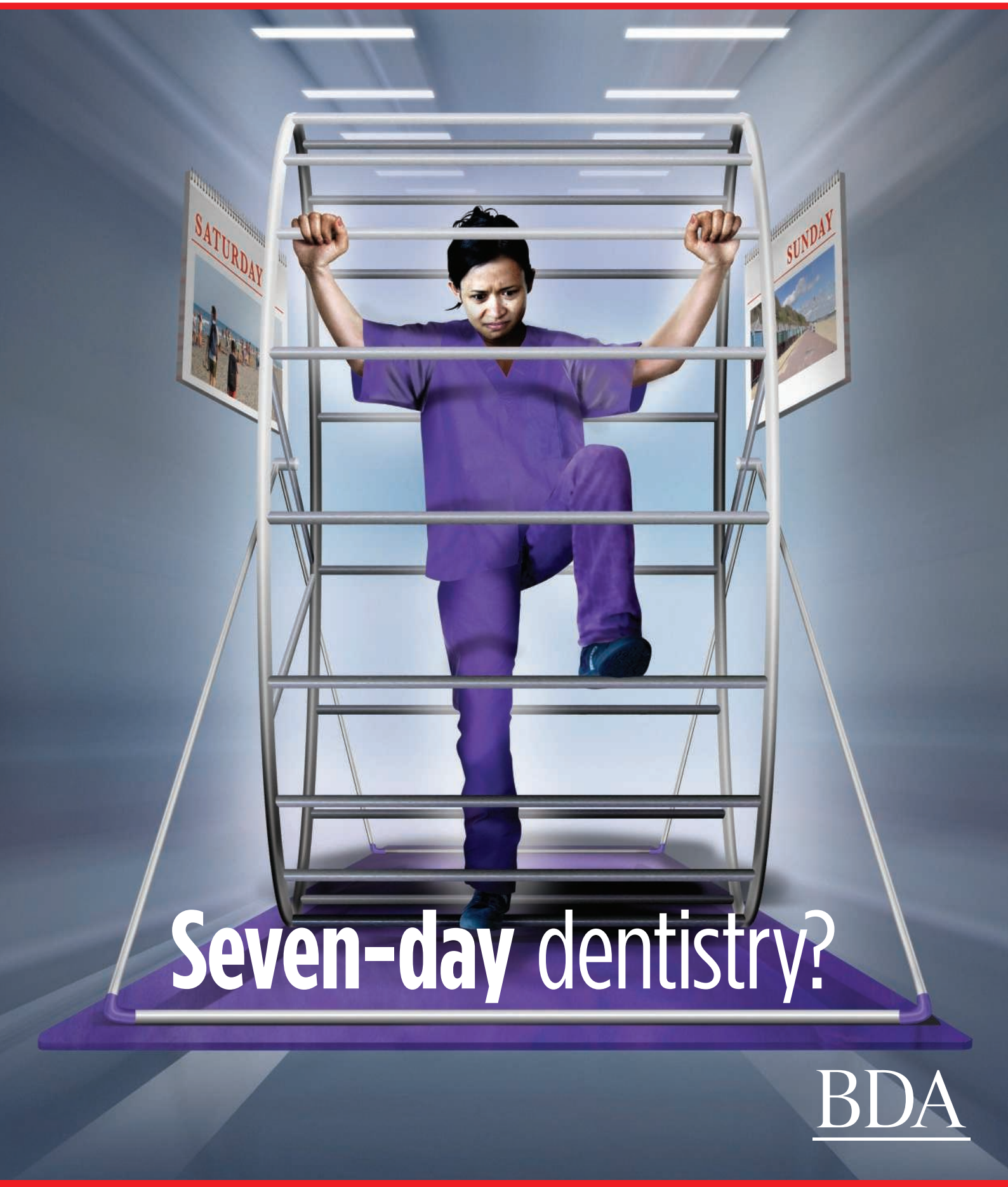
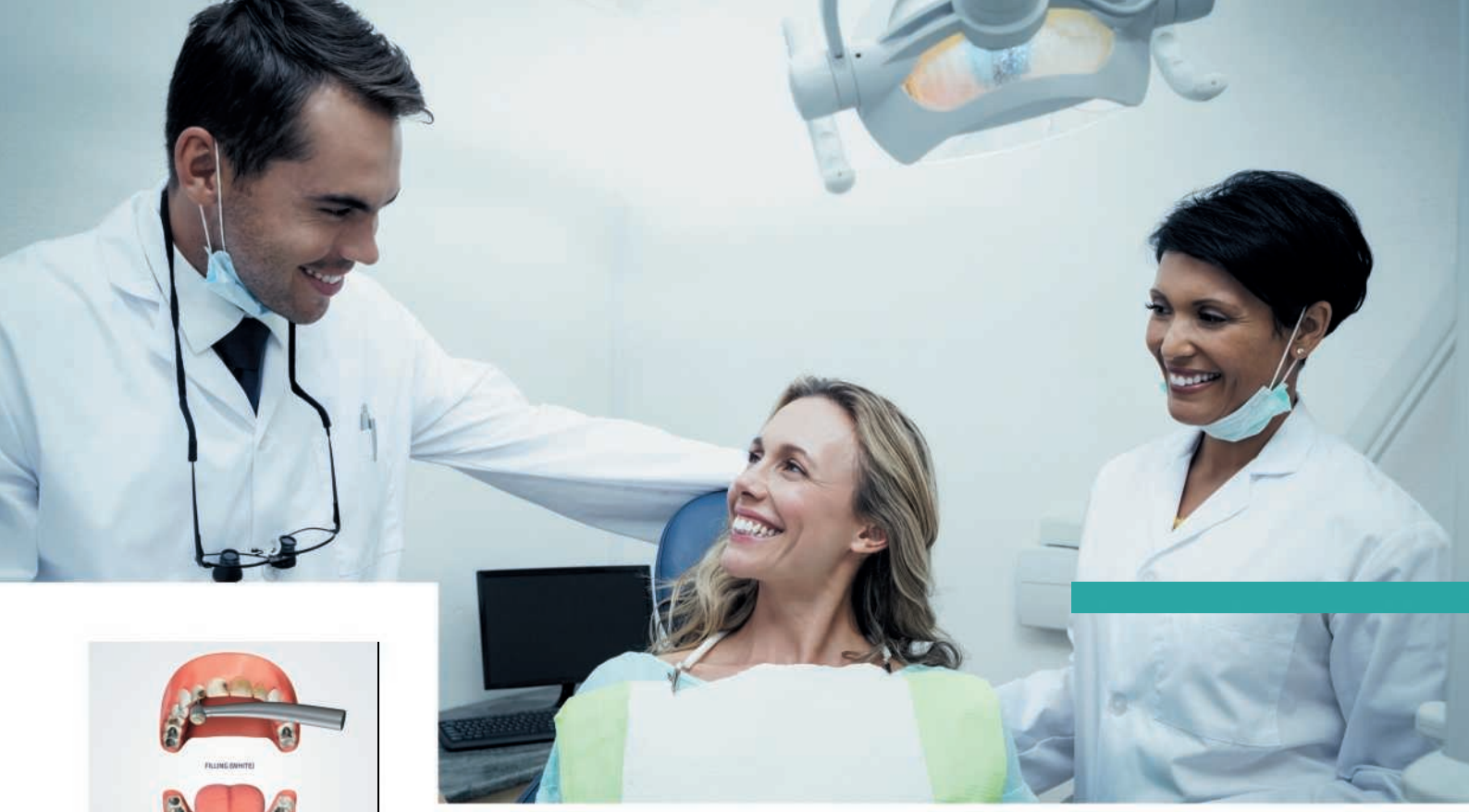
BDJ In Practice
July 2015



Seven-day dentistry?

BDA

Warnings that backfire ■ Reluctant witnesses ■ Legal-report writing ■ Your IGT summer homework



WHAT IS PLANMASTER^{3D}?

Patient education software and so much more...

- **Animate and explain** exactly what different types of treatment involve simply and effectively with just one click.
- Create fully **personalised 3D animations** for even the most complicated of procedures, which can be clearly and concisely explained to your patients at every stage from the outset until the conclusion of treatment at the touch of a button.
- Easily understandable **treatment plans**, including itemised price lists, generated automatically.
- Available on desktops, tablets and even smartphones **without any installation**.

A NEW DIMENSION IN DENTIST-PATIENT COMMUNICATION

Do your patients really understand you?
Incredible though it may seem, based on feedback from more than 6,000 consultations conducted over a 10 year period, up to 80 % of dental patients don't fully comprehend what their upcoming treatment will entail.

The potential consequences are patently obvious
When a patient doesn't fully understand their treatment plan and procedure they experience a sense of anxiety that both inhibits and harms the dentist-patient relationship, with the following consequences:

- Consultation time spent inefficiently means less time spent administering treatment and earning money.
- Your ability to communicate professionally might be questioned alleviate concerns.
- A lack of confidence on the part of your patients may provide them with good reason to seek advice and treatment elsewhere.

Communicate more professionally with PlanMaster^{3D}

PlanMaster^{3D} enables you to:

- explain treatment plans and procedures more clearly and concisely
- communicate more effectively with your patients and strengthen their trust in you
- enhance your professional reputation

PlanMaster^{3D} is now available for FREE for a 30 day trial period.
More information: www.planmaster3d.com or call +44-207-993-4157.

SCAN ME

BDJ InPractice

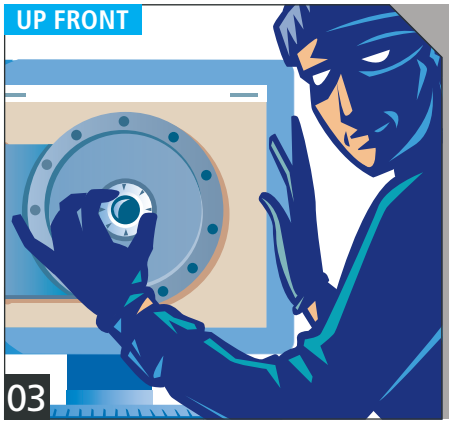
JULY 2015

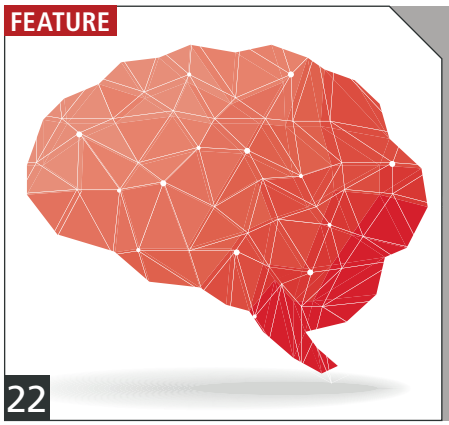
Cover illustration Derek Bacon

Editor Graeme Jackson | **Production Editor** Sandra Murrell | **Art Editor** Melissa Cassem | **Publisher** Rowena van Asselt | **Global Head of Display Advertising & Sponsorship** Gerard Preston | **Account Manager** Andy May | **Display Sales Executive** Alex Cronin | **Production Controller** Natalie Smith | **Editor-in-Chief** Stephen Hancocks OBE.

To contact the **Advertisement Office**: Tel: 020 7843 4729. To contact the **Editorial Office**: 64 Wimpole Street, London W1G 8YS. Tel: 020 7935 0875. Fax: 020 7487 5232. E-mail: bdjinpractice@bda.org. Web: www.bda.org/bdjinpracticeonline. Published for the **British Dental Association** by: Nature Publishing Group, The Macmillan Building, 4-6 Crinan Street, London N1 9XW.

 ISSN 2057-3308.





BDA

IMMUTABLE LAW#3 OF PRACTICE PERFORMANCE

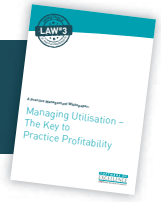
Your appointment book could be **95% utilised...**

Let us show **you** how to do it

The third immutable law of practice performance is achieving 95% appointment book utilisation, with your optimal treatment mix.

Research shows that the **average practice's appointment book is only 72% utilised**, with 30% of practices unhappy with their current treatment mix. Software of Excellence has the tools to help.

Download our Whitepaper on Managing Utilisation



Softwareofexcellence.com/uk/utilisation
or Talk to an Expert on: **01634 624267**

info@thrivewithsoe.com
www.softwareofexcellence.com

SOFTWARE OF EXCELLENCE
A HENRY SCHEIN® COMPANY

SMEs falling for **cyber-security** myths

TOO MANY SMALL and medium-sized firms risk losing valuable data and suffering both financial and reputational damage because they are falling for common misconceptions about cyber security, a survey by a Government-backed initiative, *Cyber Streetwise*, has found.

Two-thirds (66%) don't think their business is vulnerable and only 16% say that improving their cyber security is a top priority for 2015.

When asked if they agreed with some of the most common misconceptions about keeping their business secure online, over three-quarters (78%) of small businesses believed at least one. These included the following myths.

That only companies that take payments online are at risk of cybercrime was believed by 26%. But all SMEs are at risk, according to *Cyber Streetwise*. While hacking of payment-processing software is an obvious tactic, criminals are highly opportunistic and can benefit from stealing a wide range of data from businesses.

And 22% agreed with the myth that small companies aren't a target for hackers. *Cyber Streetwise* says small businesses are in fact a bigger target than ever because they typically hold far more data than the average consumer but often don't have any additional preventive measures to protect themselves. Last year, 33% of small businesses suffered a cyber-attack from someone outside their business.

These vulnerabilities can result in small firms losing valuable data and suffering the knock-on effects of a loss of customers and a damaged reputation, according to the Government's *Information Security Breaches Survey*. It found that the average cost of the worst security breach is between £65,000 and £115,000 and can result in a business being put out of action for up to ten days.

Yet one-quarter (24%) of small businesses think that cyber security is too expensive to implement and 22% say they don't know where to start.

Three simple steps can help protect small business from hackers and viruses, including malware: always use strong passwords; keep software up to date; and delete suspicious emails.

SMEs can also take advantage of: free online training courses for staff (www.nationalarchives.gov.uk/sme) and *Cyber Essentials*, a Government-backed and industry-supported scheme designed to help businesses protect themselves against the most common cyber threats (www.cyberstreetwise.com/cyberessentials). A simple cyber-security guide for small and medium-sized firms is available at: https://www.gov.uk/government/publications/cyber-security-what-small-businesses-need-to-know ◆

NHS dentistry will not be **fit for purpose**

NEARLY THREE-QUARTERS (72%) of dentists believe that NHS dentistry will not be fit for purpose in 10 years' time.

And the poll by Practice Plan also found that most dentists (66%) do not think that NHS dentistry will be able to provide the right balance of treatment versus prevention in the future.

With 62% of respondents working in a practice offering either predominantly NHS or mixed treatment, these figures offer significant insight into dentists' views on the NHS, Practice Plan says.

Dentists also said a lack of time and the potential financial repercussions of the UDA-banding system were the greatest challenges they faced in the present climate. ◆

Scotland's challenges

CHIEF DENTAL OFFICER for Scotland Margie Taylor will discuss the current challenges facing dentistry in Scotland at the 2015 Scottish Scientific Conference and Exhibition in Glasgow on 4 September.

She will be joined at the conference by dental experts from across the UK including London, Cardiff, Glasgow and Aberdeen.

Further benefits of attending include the event exhibition and access to a CV clinic, a new feature offering one-to-one advice on how to present yourself on paper.

Tickets are available at early-bird prices until 14 July 2015. Prices are reduced for BDA members and significantly reduced for dental care professionals.

Full programme information and speaker biographies are available at: www.bda.org/scottishscientific ◆

LDC Conference debates important issues

IN JUNE, 300 dentists attended the 2015 Conference of Local Dental Committees in London.

Over 40 motions were debated on a wide range of topics which, among other things, highlighted the "grossly inadequate" funding of care of children with high oral-health needs to reduce the need for hospital admissions to extract decayed teeth and the inadequate provision for anxious patients "who were completely let by down by the UDA [commissioning] system".

Change and particularly regulatory change were also at the forefront of the agenda. Delegates heard presentations on contract reform, changes in the way Care Quality Commission (CQC) inspections are carried out, and new plans by the NHS Business Service Authority to roll out a programme to identify practices submitting the highest proportions of non-urgent claims within a 28-day period.

Of all the motions passed, the following three were passed unanimously.

Delegates heard that stress levels were considered to be "dangerously high" for primary-care dentists and the General Dental Practice Committee was asked to take a firmer line with the Department of Health and regulators CQC and General Dental Council (GDC) in defence of the profession.

The conference also agreed that NHS fee uplifts should fully compensate dental practices to reflect the additional costs to implement new regulations, such as the *Friends and Family Test*.

There was also unanimous support for a motion calling on NHS England to adopt a more flexible approach to the way it treats smaller practices in rural areas (and some urban settings) when they close for dentists' holidays, despite having "adequate substitute arrangements" for emergencies.

BOOK REVIEW

Sleeping with a mosquito

Stuff I wish I'd known when I started working
Fergus O'Connell
Capstone, 2015
ISBN: 978-0-85708-570-2
£10.99

Part of the inspiration for Fergus O'Connell's new book is wishing he was 19 again so he could benefit from all the things he has learned. So, he did the next best thing: write a book so that others can derive knowledge from his experiences in business.

But O'Connell's little paperback (170 pages) isn't only about starting out in the world of business. Here "business" embraces the entire spectrum of work and rather excellently covers various aspects that affect most people in jobs, and especially those in a managerial or professional role, writes BDA Librarian **Roger Farbey**. Once the more philosophical points have been covered (aiming high, appreciating life) he gets involved in the nitty-gritty of the world of work. So, with short chapters dealing with decision-making, email, failure, managing people, meetings, networking, and presentations, he offers solutions to a large number of work-related issues.

In the chapter *Keeping your business going – don't run out of money* he gives, by way of an example, how his own company recently stopped offering standard discounts to customers (meaning his price effectively increased) but paradoxically his sales-conversion rate went up from 50% to 75%.

He has a first in mathematical physics from the University of Cork and in addition to running his successful business is also a published novelist – and cannily includes some apposite quotes among the chapters to set the mind thinking: such as, "If you think you are too small to make a difference, try sleeping with a mosquito" (The Dalai Lama). And apropos being more productive: "Working ten-hour days allows you to fall behind twice as fast as you could working five-hour days" (Isaac Asimov).

For more: www.bda.org/booknews

Marketing

Public confused about orthodontics

©vanyi/iStockphoto/Thinkstock

ONE-THIRD OF the UK population does not know what an orthodontist does.

A survey has found that only 64% of people could correctly identify that an orthodontist specialises in straightening teeth and highlights that consumers are confused about specialists within the dental profession.

About one-half of those surveyed (48%) were unaware that a specialist orthodontist had completed up to three years of extra training after qualifying as a dentist (men more so than women).

The research also shows that people have a problem differentiating among the range of dental specialists with additional extensive training. This confusion may have arisen because many dentists claim to have a "special interest" in orthodontics: they may have completed courses on particular teeth-straightening systems, which means they can offer orthodontic treatment to their patients.

Marketing consultant of a network of specialist orthodontists throughout the UK, The Invisible Orthodontist, Catherine Duncan, said: "We commissioned this recent survey to try to gain a deeper understanding of what people in the UK know about specialist orthodontics.

"We were not surprised to learn that there is a level of confusion around what a specialist orthodontist does."

Forget being a role model – it's money that matters

LEADERS WHO ACT as role models are less effective in stimulating employees' creativity than those who set clear objectives and offer extrinsic rewards, research from Rotterdam School of Management has found.

Two different types of leadership were studied: transactional and transformational.

Employees who work for transactional leaders, who set clear goals and offer rewards when they are met, are 14% more creative than employees who work with a transformational leader.

Within transactional leaders, employees with a very transactional leader generated, on average, 62% more ideas than those working for a leader who was not so transactional.

Transactional leaders are rational, communicate clearly, set clear goals and are fair in rewarding success.

Transformational leaders are role models. They are inspirational and motivate intrinsically. They also patiently talk to their subordinates and listen to their ideas.

Assistant professor Dirk Deichmann says businesses should pay more attention to transactional leaders because they are the ones who will move the organisation forward. However, if businesses struggle to find transactional leaders, they can encourage their transformational leaders to set more goals and reward employees for accomplishing these goals.

"Intrinsic motivation is often linked to creativity so you would expect that the transformational leader, the one who motivates employees' intrinsically, would be more successful in stimulating employees to come up with new ideas. But the opposite is true," Deichmann said. ◆

SHOWCASE

Registration opens

Registration for the BDIA Dental Showcase 2015 is now open. This year it will be held on 22 to 24 October at the NEC in Birmingham.

Dental professionals can register for free online at www.dentalshowcase.com; by telephone on 01494 782873; by texting their name, postal address, occupation and General Dental Council (GDC) number to 07786 206276; or by emailing register@dentalshowcase.com

The B2B show gives dentists the chance to meet over 300 exhibitors and to get hands-on experience of a comprehensive range of dental equipment, materials and services.

Its specially developed lecture programme aims to provide short, focused sessions delivered by experts both on stands and in the two mini-lecture theatres will keep dentists up to date with the latest developments in the industry.

"With counterfeit and substandard dental devices becoming a growing problem within the UK dental sector, it is more important than ever to be able to rely on suppliers. Dental Showcase provides the opportunity to create and build relationships with reputable companies giving the reassurance you need when investing in your business," BDIA executive director Tony Reed said. ◆

Frustration fuelling NHS disillusionment

NEARLY ONE-HALF of the dentists (49%) in England are dissatisfied with working under the current NHS contract, according to a survey of 100 mainly NHS practices.

Only 3% are very satisfied and 29% fairly satisfied, the research by Facts International for Denplan has found.

Two-thirds (65%) say they don't know much about the current state of play with NHS dentistry pilots and prototypes and rate their knowledge as only fair or poor. Only 54% are aware that the pilots will soon terminate and that a number of practices will act as prototypes for the reformed NHS contracts in England. And 66% of these think that it is unlikely the prototype model will free them from the units of dental activity (UDA) system.

Three-quarters (76%) say they are frustrated that more than four years after piloting began a final model is no nearer. So 57% of them plan to make changes to their practice in the next 12 months.

Most also have significant concerns about the future of NHS funding for primary-care dentistry: 95% are not confident that political assurances for NHS-funding commitments will filter down to primary-care dentistry and 56% think that the 2006 contract's cap on the dental budget will not be reversed.

More clarity about what the NHS offers is also needed: 86% of dentists agreed they would like NHS England to state clearly what is and what is not available in NHS dentistry – just 2% disagreed

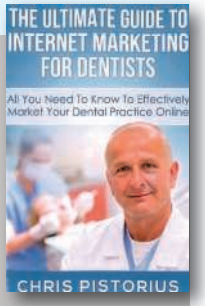
And the *Friends and Family Test* has come in for criticism, too: of the 72% with experience of the *Friends and Family Test*, 73% didn't believe it would be useful for their practice or for their patients.

Chief dental officer at Denplan Roger Matthews said: "It is apparent from these survey results that many NHS dentists continue to feel disillusioned and frustrated with the lack of clear direction around the NHS contract changes." ◆

BOOK REVIEW

Not an option but a must

The ultimate guide to internet marketing for dentists – all you need to know to effectively market your dental practice online
Chris Pistorius
CreateSpace Independent Publishing, 2014
ISBN: 971-1-50272-040-5
£9.32



For a dental practice to be online is not an option but an absolute must, according to Chris Pistorius of iFuse Dental Marketing in Denver, Colorado, writes BDA Librarian **Roger Farbey**. But, he continues in this 120-page paperback, it's not good enough merely to be online. Your practice needs to be found and this means ensuring that potential patients (ie, its local audience) is fully targeted. To do this you need a plan of action.

Within the book's eight short-ish chapters, Pistorius systematically explains the nuts and bolts of dental online marketing. He takes the first two chapters to expand on the broad concept of local marketing and then moves on to the importance of local marketing for dentists. While most examples he quotes – specifically statistics – come from America, these can reasonably translate to the UK: for example, as much as 43% of Google search traffic has local content.

But it's not all about Google by any means as the third chapter shows by listing ten web-based powerful marketing platforms, including *LocalVox* and *Sweetiq*. Subsequent chapters deal with local online-marketing strategies, including exploiting social media (advertising on Facebook or creating a Twitter page for your practice) or blogging to raise your profile.

In the last two chapters, Pistorius talks about dental marketing dos and don'ts and, finally, video marketing.

For an all-round introduction into the sometimes confusing world of online marketing one need go no further than this book.

For more: www.bda.org/booknews ◆

Childsmile saves Scotland £5 million

DENTAL TREATMENT COSTS have been reduced by a reported £5 million a year through the Scottish ***Childsmile*** programme. So, administrations across the UK should take heed and invest in prevention and the Scottish Government should expand the programme's coverage, the BDA has said.

The early-years scheme, which targets all nurseries and primary schools in deprived areas, offers young children free toothbrushes, toothpaste and two fluoride-varnish applications a year.

The percentage of children in primary one with "no obvious decay experience" has gone up from 54% in 2006 to 68% in 2014.

BDA chair Mick Armstrong said: "***Childsmile*** has produced substantial savings, but this isn't just about money.

"First and foremost it has saved young children from distress, days out of education, and ultimately avoidable dental treatment.

"Politicians across the UK need to take stock of what Scotland has achieved." ◆

Claims for **implants** up by 41%

CLAIMS AGAINST DENTISTS about implants went up by 41% during 2009 to 2013 compared with the previous five years.

The most common reason for a claim was ***failure of treatment***, with over one-third citing this; ***unsatisfactory treatment*** was the second most common reason, with 17% of claims alleging this.

The figures are a stark reminder of the risks associated with non-essential dental work, the Dental Defence Union (DDU), which published the study in its new dental journal (http://ddujournal.theddu.com), said.

"Dental implants may seem like the perfect way to re-build a patient's smile but...things may not always go to plan," dental adviser at the DDU Dr Leo Briggs said.

A total of 311 claims about implants were received by the DDU in the 10 years between 2004 and 2013, with 115 having been settled to date for an average of £34,000, with one claim settling for over £200,000. So far, the DDU has paid out £4 million.

The DDU has highlighted ways to help dentists avoid claims.

Always obtain and record a detailed patient history and be alert to the contraindications for implant treatment, such as untreated periodontal disease, immunosuppression and smoking.

Base any treatment plan on a thorough evaluation of the whole patient.

Explain the benefits, risks and alternatives (including no treatment) to patients as part of the consent process and record the discussion in the clinical notes.

Be careful not to raise unrealistic expectations of what can be achieved.

Give patients a cooling-off period to consider their decision.

Provide a written treatment plan and fee estimate and be sure to warn patients of the cost implications if circumstances change.

Recognise the limits of your clinical skills. Offer referral to a periodontist, oral surgeon or restorative dentist in complex cases if you lack the necessary training, experience or technical competence.

Ensure good communications with all colleagues involved in the patient's dental care to ensure they have the information they need, understand what is expected of them, and can easily raise any queries.

Explain to patients how to care for their new implant and stress the importance of rigorous oral hygiene and regular dental check-ups.

Ensure patients are carefully monitored for symptoms and signs, such as inflammation at the implant site (peri-implant mucositis) which, if left untreated, might develop into peri-implantitis.

Consider a log of implant patients at your practice to ensure appropriate recall intervals are maintained and that enough time is allocated for appointments. ◆

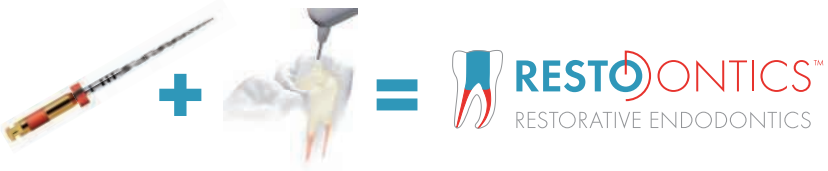
Some things are just better together

DENTSPLY RestoDontics. Experts in Endodontics and Restoratives.

Some things are made to go together, like our Endodontic and our Restorative products. Together we call them RestoDontics™ – the complete solution for optimum results.

A collaboration that delivers higher clinical efficacy*, saves time, is simple to use and delivers improved patient satisfaction.

For more information and our full range of products please visit dentsplyrewards.co.uk/restodontics



DENTSPLY

Small things. Big difference.

*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.

THE MAKERS OF

PROTAPER® | CAVITRON® | WAVEONE® | SDR® | CERAM·X® | NUPRO®

Standing up to shape the future

BDJ In Practice talks to Harman Chahal, the new Chair of the Young Dentist's Committee

When Harman Chahal left Bristol Dental School he was unclear about his next steps. The new Chair of the Young Dentists Committee (YDC) thanks one inspiring trainer, and a fantastic vocational-training experience in Grangemouth, Scotland, for making him choose the path of general dental practitioner.

"For me, it's the keystone to patient care. Even when I'm unable to carry out the final work, my patients like the idea someone's there with them looking at their overall oral care. For me that's the big pull."

That was Harman's priority, but now he is concerned that the generation that followed him into dental school are looking at reduced choices and greater challenges.

"We either need more jobs or fewer dentists qualifying to work here. In the first instance, we need to have rigorous workforce planning based on evidence.

"It shows poor joined-up thinking when money is spent training a dentist in the UK when their skills can't be used. Correcting this has to be a first port of call," he says.

"The ones who will leave will be those who feel they can do better elsewhere, those with talent to spare, and those we need to aim to keep."

That is not where the trouble ends for young associates like Harman. It is not just harder finding a job, but the share of fees associates are taking home is being squeezed.

"We're being offered arbitrary UDA (units of dental activity) values without knowing or being able to easily find out what the actual UDA value for the practice is," says Harman.

"Coupled with larger student numbers graduating than previously and dentists from abroad, finding – and holding – an associate position is increasingly difficult."

Young dentists, says Harman, not only have fewer choices, but also less training in vital areas like minor oral surgery than did their predecessors. And this will have an impact on the future of patient care.

"I've worked in deprived communities and I see many patients who require multiple extractions. I've had experience of minor oral surgery but not to the level that dentists qualifying in the past have had."

He is convinced the numbers of teeth extracted by graduating students is going down as time goes by and that this will leave dentists struggling to remove moderately difficult cases within practice.

Harman is passionate about ensuring young dentists have the chance to acquire the full range of skills they will need in practice. It is good for them, good for their patients, and at the end of the day good for the taxpayer, he believes.

"The cost to the NHS for removal of a tooth in secondary care is vastly more than for a tooth removed in practice. It's vital that undergraduates have exposure to more difficult cases. We may need more innovative teaching methods with more outreach," he suggests.

An aging generation with complex needs will present real challenges. While Harman believes the next generation will need to upskill in response, there is another *Catch 22* ahead for young dentists – a need for more specialists while there is a total lack of clarity on what the NHS will cover.

Harman Chahal: NHS needs clarity

"Until there is clarity, dentists will find it increasingly difficult to plan their careers," says Harman.

And when it comes to clarity – or the lack of it – Harman is ready for the debate ahead on contract reform. Having worked in both the Scottish fee-per-item and the English UDA systems, he is not short of perspective.

"The Scottish system places more cost on the patient but for the commissioners there's one major issue: there's no control on spending.

"The English system, on the other hand, puts full control in their hands, with a fixed cost while leaving all the risk to the practices. It's an opaque system that seems to have been designed to undermine the trust between dentists and patients.

"There needs to be a middle ground. A system that is transparent to both patients and practitioners," he says.

Clarity cannot come too soon for the young dentists who will have to tackle emerging oral-health challenges. From his chair in Walsall, Harman has seen at first hand that the classic picture of dental disease is changing as the aggressive marketing of supposedly "healthy" snacks and drinks is impacting on more-affluent families.

"Strong political leadership is needed," says Harman. "People need more information and help in making the right choices.

"If it comes to it, a sugar tax may need to be considered. But also we should look at making more-healthy food choices more affordable for families."

Harman is not daunted by the scale of the challenges ahead. And he is very clear that young dentists must not succumb to the temptation to leave these fights to others.

"We can't expect people to represent us if they don't know what we need and what challenges we face. I want to see more young dentists getting involved: at national level, and locally, with their LDCs (local dental committees).

"We are the future of this profession, and we must play our part in shaping it." ◆

RPA DENTAL
FREEPHONE 08000 933 975

A Technical Evolution is coming to The South

RPA Dental Equipment Ltd is the largest supplier of Castellini products in the UK and based in the north of England, successfully supplies quality equipment, products and engineering services to the dental profession.

RPA Dental's portfolio of products is extensive and includes Kavo, Stern Weber, Castellini, Morita, MyRay & Tavom to name a few. They are committed to multifunctional products, which streamline work flow solutions and offer clinicians, the very latest innovations in technology and style.

Historically, RPA Dental Equipment has assisted customers in the Capital and the South on a long distance basis, its reputation for quality customer services has grown, but the company's recent step has been to invest in a 'technical evolution' in the South. This will enable RPA Dental to deliver a superior level of technical service to dental professionals based in London and the south of England.

Dr Michael Norton

To implement this move into the Capital, RPA Dental Equipment has employed a significant amount of time and consideration to ensure that the expansion is a success. Finding a location and recruiting the perfect person to continue the hard work and to represent RPA Dental took some serious deliberation. Pete Higson, Managing Director of RPA Dental, recently said:

"Over the last 18 months to 2 years we have been looking for the right calibre of technician to head up the new London base. After being inundated with CVs we eventually found Jerzy Urbanski, who is not only a competent technician but also has over 10 years experience installing, maintaining and servicing dental systems, with the leading Polish dental supplies company for all Celfa brands.

"We knew he was the right man for the job because, of the 450+ dental chairs sold each year in Poland, Jerzy has been responsible for not only installing 100 units every year but also maintaining them year in, year out. As a result, we feel confident that Jerzy has the work ethic and principles we have been searching for." Jerzy joins a team of 6 other technicians fully employed by RPA Dental and backed up by a comprehensive logistical support team of project managers and administration staff.

RPA Dental is committed to this new technical support base and to further the high standards they have developed in the north of England into the London area. Jerzy and the team will ensure that practices are treated fairly and honestly and are offered a reliable, punctual and courteous technical support service. He said:

"I am very excited to be part of the expansion of RPA Dental Equipment Ltd. I feel honoured to head up this 'technical evolution' with a company that boasts such a fine reputation and to extend the excellent services that they currently offer into London and the South."

Jerzy Urbanski

When discussing the location of the new technical base Peter Higson said:

"We approached Dr Michael Norton in Harley Street. His clinic is stunning and absolutely immaculate, with a calm dignified ambiance, we had heard he had been experiencing some technical issues with his Castellini equipment because he had not been able to get it serviced regularly and he had struggled with support.

"Whilst working across the street on the 1st UK NewTom 5G installation, we called into Dr Norton to introduce ourselves. Subsequently we serviced and certificated Dr Norton's units to full working order and he has very kindly agreed to collaborate with us to provide a brand new technical support base within his clinic."

Dr Michael Norton said:

"I have been a Castellini customer for 20 years having been the first surgery in the UK to install the Castellini Logos dental unit, which includes a raft of surgical instrumentation and facilities, designed to support oral and dental implant surgery.

"I have always found the Castellini brand to be innovative, high spec and ergonomic as well as providing classic Italian style. Unfortunately, I always had some concerns about the after sales support, which at times was lacking and I was never able to benefit from fully scheduled servicing; that was until recently when RPA Dental Equipment Ltd reached out to introduce themselves to me.

"RPA Dental are currently based in Wigan and as such they had little or no exposure to the London area. However a recent management decision to expand into London and the South has resulted in an offer to fully service my two Castellini Logos units in an effort to demonstrate the quality of support they are able to provide. This was achieved with the minimal of fuss and RPA delivered on every single promise. Today my chairs run perfectly, just like new. RPA continue to provide me with first class support and service and I can now look forward to many more years of success with my Castellini equipment."

From Harley Street, RPA Dental Equipment Ltd will be able to branch out and reach dental professionals in the Capital to offer superior technical support and fast, efficient problem solving and pro-active maintenance. In addition, from this ideally located base, RPA Dental will be able to show prospective clients their equipment range and supply a larger number of dental professionals with quality integrated dental solutions.

For more information, phone RPA Dental on 08000 933975, or visit www.dental-equipment.co.uk

What's on (and off) the agenda

Martin Woodrow,
Director of Policy and Professional Services, looks at what this new government has in store for dentists

Pomp and pageantry. The State Opening of Parliament on 27 May had it all. Yet behind all the ritual, the carriages and the ermine lay a very clear statement of what the dental profession can expect over the next five years.

The Queen's Speech sums up the new Government's legislative priorities for a coming parliamentary session. In May, we saw the bills that will be granted parliamentary time, those with the chance of being debated and reaching the statute book. And we saw many election pledges quietly dropped into the too-difficult box.

It certainly seems that officials at the Department of Health (DH) can rest easy in this session. They have not been tasked with steering through a single new *Act of Parliament*.

Dentists should take no comfort from that. We have looked between the lines to see what the Speech will mean for dental patients and practitioners in the years ahead: what's on, and what's off, the political agenda.

Make no mistake, these measures – and the Government's unwillingness to act on matters like regulation – will be felt across the profession.

Integration

The Government is pressing ahead with a big "integration" agenda on health and social care – and the clearest evidence of this is what's coming in Manchester.

A *Cities and Local Government Bill* was announced, which builds on the *Localism Act 2011*. It runs in parallel with (and goes further in enabling) the work being undertaken in Greater Manchester – commonly known as "Devo-Manc". Among other things, the Greater Manchester Council and Greater Manchester Clinical Commissioning Groups will be invited to develop a business plan for the integration of health- and social-care across Greater Manchester, based on control of existing health and social care budgets. Further powers may be agreed over time and included in future legislation.

> "The Government is pressing ahead with a big 'integration' agenda on health and social care – and the clearest evidence of this is what's coming in Manchester. . . We are determined that oral health will not be the missing piece of the health jigsaw."

This may have a profound effect on the commissioning of NHS dentistry and the way care is organised and structured. The BDA is working hard on the implications of this change to ensure that local dental committees and local dental networks are in the best position to take on clinical leadership in any new commissioning arrangements.

Manchester could prove to be the test bed for further devolution of powers elsewhere. We are determined that oral health will not be the missing piece of the health jigsaw and that dental patients and practitioners do not lose out.

Funding

It won't require new laws, but The Queen's Speech did reference the Government's pledge to increase NHS funding.

The health-funding gap has been well documented but little is ever said about the NHS-dental-funding gap. Currently, about 56% of the population in England receive care in NHS general dental practices during any 24-month period. Although the line from the DH and NHS England is that there is no more money for dentistry, money seems to be found when there is an issue. The BDA is going to continue to argue that there is a funding crisis in general dental practice, with pay for general dental practitioners (GDPs) having fallen by 25% since 2005, while practices defend the quality of patient care.

EU Referendum

The Government is moving to deliver on pledges for an In-Out referendum on EU membership.

From amalgam to zirconium crowns, European politics has a direct impact on UK dentistry. In an ever-increasing global environment, the EU's system of rules and regulations affect the work of dentists and their teams. It is far-reaching and embraces: the mutual recognition of professional qualifications; considerations about mercury in the environment; medical-devices legislation; research co-operation and funding; support for young entrepreneurs; antimicrobial resistance; cancer strategies; tooth-whitening products; and mobile health considerations – to name just a few. And, of course, EU membership impacts on workforce supply.

The BDA is an active member of the Council of European Dentists (CED). This organisation monitors legislative developments and lobbies the European Commission and Parliament on behalf of the profession to ensure that dentists' opinions are heard at EU level. Watch out for an overview of the BDA's work on European and international issues in a forthcoming issue of *BDJ In Practice*.

Professional indemnity

It didn't make Her Majesty's speech but the General Dental Council (GDC) is currently in the process of formalising the legal requirement for all its registrants to have, and declare annually, that they have appropriate indemnity cover.

The need for indemnity is, of course, an ethical requirement, but it had not been enshrined in legislation until last summer. The *Healthcare and Associated Professions (Indemnity Arrangements) Order 2014* provided for the necessary changes to the *Dentists Act* to introduce the duty on every

registrant in all health professions to declare the holding of indemnity. The requirement is expected to come into force later this year.

Regulation

One issue has united healthcare associations and regulators: the lack of government action on regulation is unacceptable.

In 2013, in the wake of the *Francis Inquiry*, the Prime Minster pledged to "sweep away" the "outdated and inflexible" law governing health regulators. That call was supported by professional associations, trade unions and the healthcare regulators themselves. The UK Law Commissions subsequently produced a draft bill on reform of healthcare regulation, but it has not secured any parliamentary time.

> "Dentists have never exercised their right to strike but we recognise it is a legitimate tool in the arsenal of any profession seeking a better deal. . . .The BDA will be working with other Associations to ensure any new laws do not further undermine the ability of healthcare professionals to stand up for their rights."

The Department of Health has not been tasked with a single bill in this session. We are clear. The Prime Minister made a pledge, and both patients and practitioners expect it to be honoured. We are calling on the Government to set out a clear timetable for action.

Labour laws

We can expect a new *Trade Unions Bill*, which is widely expected to include restrictive measures on the right to strike for workers in "vital" services, including health.

Dentists have never exercised their right to strike but we recognise it is a legitimate tool in the arsenal of any profession seeking a better deal. In recent years, we have seen colleagues who serve vulnerable groups really feeling the squeeze. The BDA will be working with other Associations to ensure any new laws do not further undermine the ability of healthcare professionals to stand up for their rights and for their patients. ◆

COMMENTARY

Seven-day dentistry?

Penny Whitehead, the BDA's Head of Policy Research, looks at what pledges for a seven-day-a-week NHS will mean for hospital dentists

The Queen's Speech made a commitment to "ensuring the National Health Service works on a seven-day basis." While the rhetoric has focused on other health professions, this will clearly have a bearing on colleagues working in hospitals. The impact may also be felt across primary care, given that the Prime Minister has talked about the need for general medical practice to extend availability across seven days.

The BDA remains unconvinced that a seven-day service for dentistry is financially or logistically achievable, given the constraints faced across the NHS in terms of money and staff resources.

In hospitals, we do not believe that credible evidence has been established about the pay implications of implementing seven-day working, and how this will impact on individual consultant, and other, dentists.

We remain deeply concerned that there is a lack of clear thinking about what is desired or required of an extended NHS service. There is no apparent idea about what this will mean for dentistry, and no plan for implementation of what would be an unprecedented service-delivery change. The NHS needs to know the definition of a seven-day service: which services are included and which should be a priority for implementation.

It is vital that there is clinical engagement if seven-day services are to be designed effectively. The BDA believes that work is already underway at local level to ensure extended services where this is clinically desirable. In specialist dentistry specifically, it is unlikely that there are many dental specialties where an extension of services is a high priority. Experience has shown that patients are more likely to fail to attend routine appointments at the weekend and there could be a large increase in did-not-attend (DNA) rates.

A further practical difficulty for hospital dentists is the lack of support staff at weekends. Where weekend working already exists, dentists have often found that dental nurses are unavailable or that the x-ray department cannot cope with specialist dental views. Patients may have to come back for a second visit during the week. Any service redesign clearly has to involve the whole of the patient journey.

> "In hospitals, we do not believe that credible evidence has been established about the pay implications of implementing seven-day working, and how this will impact on individual consultant, and other, dentists."

Service design must not undermine professionalism and the delivery of the research and educational activities that underpin high-quality patient care. The BDA has made this point about the development within dentistry of the dental speciality commissioning guides. Any redesign needs to recognise the importance of sustaining the academic teaching and training agenda.

For general dental practice in England, any discussions on extended opening hours will take place between the BDA and NHS England. For consultants and junior doctors and dentists, the Doctors' and Dentists' Review Body (DDRB) has been looking again at the contract negotiations that stalled last year, which will also influence this issue. ◆

COMMENTARY

The insider's view

by Lord Colwyn,
a Conservative member of the House of Lords. He was a dental practitioner from 1965 to 2005

The General Election campaign demonstrated the importance of all health issues, with the parties outbidding each other on spending – but where does dentistry sit in that health debate? When it comes to issues that the public care about, oral health is conspicuous in its absence.

It was telling that of all the major parties only the Greens and Plaid Cymru mentioned dentistry in their manifestos. It was sadly absent from the manifestos of my own party – and that of the Opposition Labour Party's policy platform.

This is despite some worrying figures in the *2013 Children's Dental Health Survey*. In 2013, nearly one-third of five year olds and nearly one-half of eight year olds had obvious decay in their primary teeth.

We must feel deep concern about an oral-health inequality that sees one-fifth of five year olds who are eligible for school meals with severe or extensive tooth decay compared with 11% of those from more-privileged backgrounds.

Dentistry is too readily seen in aesthetic terms and so, perhaps, more easily dismissed. But at its core is a commitment to good health that has holistic benefits for individuals' overall health, including mental health. More than one-third of 12 year olds and more than one-quarter of 15 year olds reported being embarrassed to smile or laugh because of the condition of their teeth.

The *2010 Conservative Manifesto* promised to: "Introduce a new dentistry contract that will focus on achieving good dental health, not simply the number of treatments achieved."

Beyond a few pilots, the dental profession is still waiting for any conclusions. A contract that ends perverse incentives to undertake more-costly interventions and instead rewards improving oral health can only be to the benefit of patients and dentists. It is something this Government must finally roll out.

Worldwide scientific evidence – including three systematic reviews of studies comparing children from fluoridated and non-fluoridated communities – indicates that water fluoridation reduces the amount of tooth decay experienced by children and increases the proportion of children who do not experience tooth decay at all. A fourth systematic review found that adults who have lived mainly in fluoridated areas have lower tooth-decay rates than those who have lived mainly in non-fluoridated ones. Water fluoridation has made a significant contribution to oral-health improvements in communities in which it has been introduced.

> "Many dentists will also be hoping that this parliament will have a re-think about how the profession is regulated."

Fluoride has the greatest efficacy in preventing caries, so it was with disappointment that I noted Southampton's recent rejection of water fluoridation. Hull is currently undergoing a consultation to fluoridate its water supply to deal with an epidemic of poor oral health. More than 43% of children aged five in Hull have fillings and tooth decay and fluoride would play a vital role in combating that.

Last year, Birmingham celebrated 50 years of water fluoridation – a great success that saw the number of children with tooth decay halve in six years. Other cities could learn from this example.

Many dentists will also be hoping that this parliament will have a re-think about how the profession is regulated.

The dental profession has expressed grave concerns with its regulator and a willingness to move to a better model for all. It is, therefore, disappointing that The Queen's Speech made no reference to the Law Commission's recommendations for health regulation – something all health regulators and unions are keen to scrutinise with a move to implementation.

> "It is clear that dentistry cannot be treated in isolation. The interplay between oral health and general health, and between dentistry budgets and other NHS budgets, must feature in any discussion of healthcare provision over the next five years."

Dentists are not, by nature, the most militant of professions: but there are worries among many that the trade-union reforms set out by the Government will impact on them. Many have called for the introduction of electronic balloting so should, however unlikely, industrial action ever take place, it could be done with a legitimate turnout that meets the threshold being suggested by the Government and proving that these reforms are about legitimacy – not about diminishing the right to withdraw labour.

The speech called for integration of health services as well as devolution across the UK and within England and it is essential that dentistry is factored into integrated healthcare in light of the "DevoManc"-style devolution of health budgets and priorities. Over 25,000 children were admitted to hospital in 2013/14 because of tooth decay – the single largest reason for admission across all of the NHS – up from 22,500 three years previously at a cost of around £30m.

It is clear that dentistry cannot be treated in isolation. The interplay between oral health and general health, and between dentistry budgets and other NHS budgets, must feature in any discussion of healthcare provision over the next five years.

There are many challenges ahead but real opportunities for dentistry in the UK – over the next five years' Parliament should show what we can do to end inequalities and improve oral health for all. ◆

New CQC Fundamental Standards – Are you Ready?

The CQC is now inspecting against the New 'Key Lines of Enquiry'. Are you ready to demonstrate compliance?

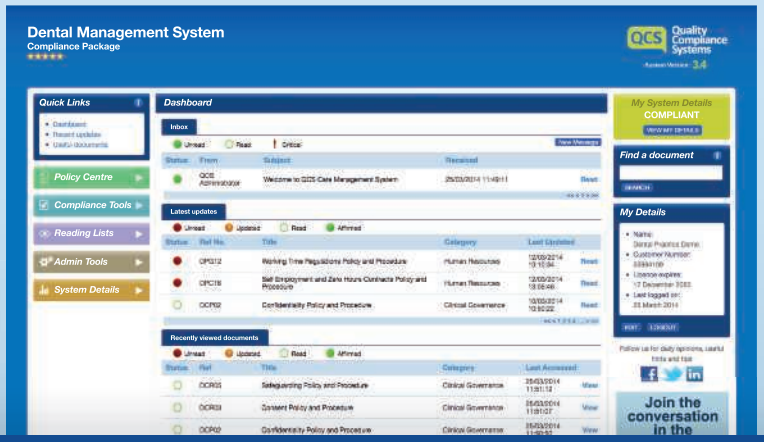
FREE TRIAL

QCS provides the UK's leading CQC Toolkits

Now fully updated for the new fundamental standards

FREE TRIAL
www.ukqcs.co.uk

Over 10,000 users nationwide



Over 1,000 pages of policies, procedures and guidance on how to run a quality dental practice and meet your CQC requirements

Supports your CQC Compliance and keeps you up to date with all changes

Documents are **fully customised** to you as required by the CQC

★★★★★

QCS prewritten pro-forma policies **saved us around 200 hours**

David Barke, No Worries Dentistry

- 1,000+ page of easy to follow Policies and Toolkits
- Mock Inspection Toolkits
- Evidence Checklists
- Stakeholder Surveys
- Quality Assurance Audits

And much, much more...

- ✔ Meets the 5 Key Questions - Safe, Effective, Caring, Responsive and Well-Led
- ✔ Meets all Key Lines of Enquiry (KLOEs)

QCS Quality Compliance Systems

- ✔ CQC Compliance
- ✔ Quality Assurance
- ✔ Care & Client Management

0333 405 33 33
www.ukqcs.co.uk

Bad-faith warnings will backfire

by James Goldman,

the Head of Employment and General Practice Advice at the BDA. James trained as a barrister and advises general dental practitioners on a wide range of legal and practice-management issues

As an employer, you have to be alert to shenanigans if you are unlucky enough to have an unsuitable employee. But you also have to be scrupulous when you act, as the recent Court of Appeal decision *Way v Spectrum Property Care Ltd* shows.

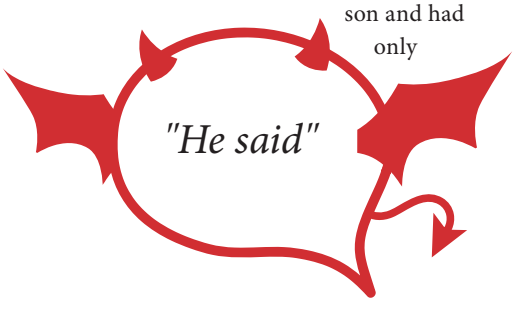
Mr Way was sacked for sending inappropriate emails on the company email system. These included ones with pictures of people; people who may not have been wearing that many clothes. He was not the only staff member sending such emails but the others were not dismissed. He was dismissed because he was already under a final written warning and the others were not.

It can be argued that such emails amount to gross misconduct and all should have been dismissed but the employer treated the matter as only general misconduct.

Good faith, bad faith

The question at issue was: had Mr Way's final written warning been given in a fair way? As a recruitment manager, he had helped the son of an ex-girlfriend to get a job. He had filled in the application form for the son but he did not disclose to his employer that he knew this job applicant. He denied filling in the application form until they compared the hand-writing on the form with his.

Mr Way argued that his boss had known about the appointment of his ex-girlfriend's son and had only begun the disciplinary proceedings to cover up his own involvement. Had this been true, that warning should have been discounted and Mr Way, like his colleagues, would not have needed to be dismissed. Had this been true his dismissal would, therefore, have been unfair.



The legal judgment

When the case came to the Court of Appeal, it said that the employment tribunal should consider if Mr Way's final written warning was given in bad faith and, if it was, then it would be wrong to rely on it. Tribunals tend not to look carefully at the warnings that lead up to a dismissal. The legal test is whether or not a dismissal is reasonable in all the circumstances so they are not going to scrutinise the procedure for each warning. But if the tribunal thinks a warning was issued in bad faith or was clearly inappropriate, it may discount the warning. And if a warning is discounted, a dismissal that relies on that warning is likely to be unfair. In other words, if you issue disciplinary warnings in bad faith, it could prove expensive to rely on them. Accordingly, the employment tribunal was told by the Court of Appeal to look at the case again.

Be objective

Taking this ruling into account in any disciplinary action that you need to take should be straightforward. Consider if you have an objective reason for your decisions in the disciplinary process that you are happy to justify in "open court" – a tribunal. Can you explain it out loud? In a case where someone repeatedly comes in late, and where they are given a series of disciplinary warnings following a normal disciplinary process, there should be little for the practice to worry about. The BDA's experience of representing members in unfair-dismissal cases in employment tribunals is that the tribunals tend to get it right. If the practice has followed a reasonably fair procedure, and can justify its decision, then that is enough.

We know that dental practices are small, often intimate, working environments. Relationships can become strained. We have seen practices use the disciplinary process as a means of attack. One example was against a member of staff who took a great deal of time off to care for a disabled family member. The practice had good reason to believe that this member of staff did not need to take so much time off. But rather than trying to discipline her for taking time off, the practice took disciplinary action for her using her mobile phone at work, something that all staff did from time to time when necessary.

Tribunals are likely to see through such a tactic. You need to address the issue of concern head on and not cast around for other possible slip-ups. Acting in bad faith is only going to make a bad employment relationship worse and open the door to a legal claim. Practices should follow a proper disciplinary procedure when issuing warnings. It pays to have a calm, measured approach to staff misdemeanours.

The BDA Practice Support team can support Extra and Expert members who may need to take disciplinary action against a difficult employee: contact practicesupport@bda.org or telephone 020 7563 4574. ◆

Dealing with a reluctant w

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 need for an investigation before any disciplinary action is critical to ensure an employer does not fall foul of the rules. There will often be witnesses to an alleged disciplinary incident who will need to be interviewed as part of the investigation. You must be precise in recording the meetings you have with them and they must be told that their statements will be distributed as part of the disciplinary process.

Disciplinary investigations need to be, according to the official legal test: "reasonable in all the circumstances." The key is to remember that the allegations against the employee must be clear enough for them to understand the case against them. Witnesses can play a vital role in establishing what happened, so you need to ensure that they have described things as clearly as they can remember.

Appointments mix up

Imagine that two receptionists, Anna and Deena, have a heated argument about a mix up with an appointment booking. The argument takes place in the waiting-room in front patients and two other team members, Ziad (your associate) and Jessica (Ziad's dental nurse). Anna and Deena both shout and swear at each other and continue to do so even after being told by Ziad to calm down.

This is not the first time the two receptionists have argued publicly and they have been warned informally in the past about their behaviour. When the incident is reported to you, you must decide if formal disciplinary action is needed – so you must investigate.

Note it down

You need to interview Anna and Deena as soon as possible in separate meetings. Ask them questions about what happened

witness

so you can establish the facts: find out what was said, by whom and in what way. During the meetings record the information given by Anna and Deena in writing; take detailed notes because these will be important evidence during the process. Either ask Anna and Deena to sign the notes to confirm that they accurately reflect what has been discussed or, if they are happy to, ask them to write their own statements. If your notes are very messy, it is normally fine to ask for some time to type them up before asking the employees to sign them.

Unsurprisingly, Anna and Deena give different versions of what happened. They accuse the other of starting the argument and deny that they used bad language. Anna does not remember Ziad intervening. The evidence from Ziad and Jessica will therefore be crucial to the investigation and help you decide if formal disciplinary action is necessary.

Ziad and Jessica should be interviewed privately, using the same format as with Anna and Deena. Ziad is happy to co-operate and provides detailed information on what he witnessed. He signs the notes taken by you and confirms that he is happy for his evidence to be used in any subsequent disciplinary process.

Reluctant witness

Jessica is reluctant to be interviewed because she does not want to get involved. She refuses to provide information unless she can be guaranteed that it will be anonymous. You have only a small team but she thinks that both Anna and Deena did not notice she was there and, in fact, neither mentioned her as a witness during their investigatory meetings.

A reluctant witness is a common problem for employers, particularly in small dental practices where all staff members work closely with each other and are worried about how their relationships will be affected in future.

> "A reluctant witness is a common problem for employers, particularly in small dental practices where all staff members work closely with each other and are worried about how their relationships will be affected in future."

You should first try to establish why Jessica does not want to provide a statement to rule out any serious underlying issue. Although Jessica cannot be forced to provide evidence, you should remind her that she has a duty of good faith to her employer. You should also reassure Jessica that she has the support of the practice should any issues arise.

Ultimately, there needs to be a balancing act between Jessica's desire not to be involved and Anna's and Deena's right to know what the case is against them. You should consider if Ziad's evidence is enough on its own and if there is any genuine need to protect Jessica's identity. After some discussion, Jessica agrees to provide a statement but asks that it is anonymised. You agree to this because it is not essential for Anna and Deena to know who the witness is but just what the allegations against them are. You may need to amend Ziad's statement to remove any reference to Jessica.

In any case, during the investigation discussions, all four staff members involved should be advised not to discuss the investigation with others at the practice.

Review it

Following the investigation, check all four witness statements and look into further information, such as reception records or the day book, if needed. You then have to decide if formal disciplinary action should be taken against either Anna or Deena or both.

If you decide to invite the receptionists to a formal disciplinary hearing, all four witness statements should be disclosed beforehand to Anna and Deena. Ideally, this should be with the letter inviting them to the hearing but it can be done later provided Anna and Deena have enough time before the hearing to consider the statements. Providing statements is a good way to ensure the employees know what the case against them is. A summary of the allegations should also be contained in the letter (a template is available for BDA Expert members). ◆

Your investigation checklist

- Hold separate meetings with those being investigated
- Establish the facts about what has happened
- Ask: what was said, by whom and in what way
- Take detailed notes what is said by each interviewee in writing
- Ask each interviewee to sign the notes to confirm they accurately reflect what was discussed
- If your notes are messy you can ask for some time to have them typed before asking for them to be signed
- An alternative to signed note taking is to ask each interviewee to write their own statements
- Interview any witnesses in the same way
- Back up the results of the interviews by checking for further information in reception records or the day book, if appropriate

Plan ahead for a smooth purchase

by Victoria Michell,
a practice management consultant in the BDA Practice Support Team. Victoria advises members on all aspects of NHS general dental regulations and agreements and associate contracts

With goodwill values high, and buyers often outnumbering sellers, planning well ahead if you have an ambition to own a practice is vital. As well as finding the right practice for you in the right location, you need to think about how you will deal with the administration of your practice purchase: dealing with practice-sales agents, instructing your solicitor, and arranging your financial backing.

Register with an agency

There are many UK-wide practice-sales agencies that specialise in the sale of dental and other healthcare businesses. You can register with these agencies to be sent alerts when practices come to the market. Some agencies also offer enhanced services or membership, which allows those registered to view practices before they come on the market or before the details are released to the wider dental public.

Bear in mind that agencies act for the seller, as an estate agent would. They value the practice and prepare marketing materials to show to potential buyers. These will include, among other things, a description of the premises; the number of chairs; patient base; services offered; turnover; and asking price. Although it is the seller who chooses the agency for their practice sale, as a potential buyer, you, too, should take the time to get to know the agents. During the transaction you will be dealing with them a great deal and they can be crucial (and indeed will be keen) to move the transaction along. It is important that they are approachable and efficient.

Agents will often be heavily involved from the outset of a transaction, setting out timeframes for the transaction and drafting *heads of terms* for the purchase. The *heads of terms* set out the parameters of the transaction including the purchase price, what is included in the purchase, the timeframe for the transaction, and the obligations and behaviour of each party during the process. The document should also give examples of where either party can withdraw: as a buyer, you will want an exclusivity period to stop you from being gazumped. Generally, the *heads of terms* will not be legally binding, although some clauses can be made legally binding so it is advisable to take legal advice before signing these documents.

Private sales

Practices can also be bought privately, without an agent. This often happens when an associate is buying the practice in which they currently work. Transactions here can be quicker because there is no need for marketing but the prudent buyer should still to get it valued by a specialist.

> "With goodwill values high, and buyers often outnumbering sellers, planning well ahead if you have an ambition to own your practice is vital."

Compare the valuation with similar practices on the local market.

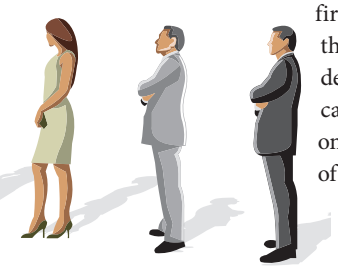
Both parties may be more comfortable dealing with a known party but this is not without administrative pitfalls: an agent is an expert at transferring dental practices and will have a good grasp of the process. You would need to involve solicitors early in the process to ask them to draw up the *heads of terms* agreement.

Assess the value

Make sure your accountants do financial due diligence on the practice before you commit to the purchase. The practice may not have been independently assessed and its financial health evaluated. The asking price on the practice may not reflect its performance, accounts and financial viability.

Instructing solicitors

For the conveyancing – that is legally transferring ownership of the property – you will need to engage a solicitor. You need someone who is an expert in business law, property law and dental business. Several firms specialise in these matters. The details of some can be found on the website of the National Association of Specialist Dental Accountants and Lawyers (www.nasdal.org.uk). The BDA also holds a list of solicitors that have been recommended by other BDA members. And others can be found in the classified section of the *BDJ*. Check their terms of engagement, which should set out the charges and the deposits you must pay to cover the administrative costs that they have to incur on your behalf.



Your solicitor has a number of important tasks to carry out on your behalf. These include examining the draft contract and supporting documents, spotting and raising enquiries where something is not as they would expect. They should check that all the fixtures and fittings that you are expecting have been included in the purchase. They must also check the legal ownership of the practice premises and, if it is leasehold, the terms and remaining length of the lease. Property searches reveal if there are any restrictions on the property and that all planning approvals are in order. They assess the terms of your mortgage offer and go through the conditions. And your solicitor will co-ordinate the exchange of contracts on your purchase and file the necessary legal documents once the purchase has been completed.

Lenders

Many of the large retail banks and some of the emerging retail banks have specialist healthcare lending teams. Speak to these lenders informally to find out how much you would be able to borrow and how much you can afford. Go through the hypothetical figures with your accountant and look into the affordability of running a dental practice. When the time comes for you formally to apply for a loan you will be better placed if you have done this.

The banks' specialist teams also have a good understanding of how dental-practice purchases are processed: they differ noticeably from other business transactions because of considerations such as NHS or private-capitation schemes. The sales process is often long, so knowledge and understanding by your lender is useful: if you have an indicative funding offer you want it to remain open for the period the transaction takes.

You will need to draft a robust business plan to obtain finance. It should include start-up costs and projected running costs so that you can assess what you expect to pay out and how much money you need to bring in to make a profit. BDA Advice *Business planning and managing change* (at www.bda.org/advice) covers this topic in detail.

The BDA Business Team is running a seminar on Saturday 5 September 2015 aimed at preparing members for practice purchases: contact BDA Events on events@bda.org for more details. The BDA Business Team on BusinessTeam@bda.org can help you, on a consultancy basis, to build a business case when applying for a loan. And details on all aspects of practice purchases are covered at www.bda.org/advice in BDA Advice, *Buying and selling a practice*.

A video giving advice about practice purchasing is available at https://www.bda.org/dentists/advice/ba/videos ◆

"I want a second opinion"

by Neeta Udhian,
a practice management consultant in the BDA's Practice Support Team. Neeta advises general dental practitioners on associate contracts and all aspects of employment law

A new patient attends for what seems to be a routine check-up. During the examination, it transpires that they are seeking a second opinion about the treatment they received from their previous dentist because they are thinking about taking action against them.

Being drawn into providing clinical reports or witness statements in civil-court cases can be a distraction but there are times where you would want to. You may have a specific insight that will be helpful: from having treated an injured patient, for example. And helping a patient by providing a report can be good for practice goodwill.

Such civil-court cases may involve: a patient who has been in an accident making a claim against the person who caused the accident; or legal action by a patient against a dentist about care or treatment. If you take on this work, you are entitled to ask for an appropriate fee: tell the patient that their solicitor will need to write to you to confirm the arrangements. (Giving evidence for criminal cases is entirely different – where fees are often paid from public funds according to a scale set by the Crown Prosecution Service. Check www.bda.org/advice for guidance in BDA Advice *Evidence and professional reports*).

You may simply have to write a report based on your examination of the patient, which the patient's solicitor may use when negotiating with the other party. The case may then be settled because the other party accepts the contents of your report. Even if you are asked to attend court as a witness you may not have to give evidence because the case could be settled at the last minute or you may not be called because the other party may decide not to contest the evidence given in your report.

> "Your dentolegal report will generally need to be a factual, chronological account of your clinical examination or treatment of the patient. It must be based on first-hand evidence including a review of your patient's records."

Fixing your fee

You are entitled to receive a fee for preparing a report and, if appropriate, attending court as a witness. In civil cases your fee will come from private funds: the parties' own resources or through legal-expenses insurance. The scale of the fee is a matter for individual negotiation between the patient's solicitor and you, the witness. You should ask what type of case it is, what fees would be payable and from whom. The total fee should include: a fee for examining the patient, for preparing your witness statement or expert report (which will include time for researching evidence, reading documents and writing the report); and a daily attendance allowance for any days at court. The last is payable when a witness attends court even if they are not actually required to give evidence in court.

To fix a fee, you should use your average hourly rate (look back at your earnings over, say, the previous three months) and estimate the time that will be spent on the case. In general dental practice, associated practice

overheads should be included. Payments should not be dependent on the nature of the evidence given nor the outcome of the case.

Get a written agreement for your estimated fee, especially if you are dealing with a patient's insurers or solicitors. Insurers or solicitors may try to offer you their set rate but it is open to you to haggle. If you do not get written agreement for your fees you may end up having to settle for a lower amount.

Fact or opinion

As a dentist, you are likely to be asked to act as either a *professional witness* or an *expert witness*. There is a key difference: the *professional witness* must cover only the facts, based on their findings and observations; the *expert witness* can give an opinion based on their findings and all the other evidence presented.

So, if you are asked to report on a patient's injuries or the treatment received, you will be doing so as a professional witness. An expert witness will have specialist knowledge or experience in a particular area, will not have had professional responsibility for the patient concerned, but will be being asked to give an opinion on issues such as liability or causation.

Unless you are a renowned specialist in your field or you make a profession from being an expert witness, it is likely that you will be acting only as a professional witness and will have to confine your report to the observable facts. But in a scientific discipline such as dentistry there is scope for different clinical opinions. Following the examination of the patient, you can include your opinion on the findings but where you do so you must provide a summary of the range of various acceptable professional views and give reasons for your conclusions.

Producing a report

When providing reports, you should always contact your indemnity provider to ensure you have the appropriate indemnity in place for providing dentolegal reports.

Your dentolegal report will generally need to be a factual, chronological account of your clinical examination or treatment of the patient. It must be based on first-hand evidence including a review of your patient's records.

Set out your findings methodically in the format of a witness statement (**see top right**) because your report could also be the evidence you might have to give in court. Write in the first person, using "I" to describe what you did or what you saw: it is important that the statement is in your own words. You should only put in the report statements that you are happy to back up and stand by in court.

In cases of suspected negligence by another dentist, solicitors often want to know if you thought the work to have been negligent. The best way to tackle this question is to describe the reasonable range of treatment options and probable complications that a body of other responsible dentists would have considered if they were treating the patient under similar circumstances. Or you can say that you do not have the necessary qualifications to give an opinion on specific matters and identify what qualifications you believe to be needed.

For further information on writing professional reports see www.bda.org/advice for BDA Advice *Evidence and professional reports*. ◆

Report format

- The statement should follow the events in chronological order and each paragraph should be numbered and refer to a separate matter
- Identify yourself, give your name and qualifications
- Give your position and practice address, your length of time at the practice and overall professional experience
- Explain the background, such as who requested the report and what instructions you were given
- Outline the sequence of events: how did the patient come to see you – was the patient already with the practice
- Describe the examination and what you observed: the patient's symptoms, history, diagnosis, any treatment done, prescriptions provided, and prognosis
- Be clear in your report about which details are based on your notes and which are based on your memory
- If other dentists were involved, give their full name and status
- The following declaration must be included at the end of the statement: "I believe that the facts stated in this witness statement are true."

Make IGT your summer homework

by Victoria Michell,
a practice management consultant in the BDA Practice Support Team. Victoria advises members on all aspects of NHS general dental regulations and agreements and associate contracts

Compliance with information governance has to be achieved by all NHS practices in England and, because the official Information Governance Toolkit (IGT) has just had its annual update, you need to make sure that you keep up with changes in the requirements.

Look at it over the summer to avoid a last-minute rush to meet the next deadline of 31 March 2016 and to give yourself time to amend your submission should the Health and Social Care Information Centre's (HSCIC's) checks lead to any queries. This year, many practices struggled to meet the 31 March deadline, working late into the evenings and over the weekends to reach compliance, with some missing the deadline altogether.

Consequences could be harsher

The consequences of non-compliance are likely to become harsher. This year NHS England will probably begin to look at non-compliant practices more closely and tell the Care Quality Commission (CQC) about those that remain non-compliant.

The consequences of non-compliance are currently unclear but non-compliance may increase a practice's risk-ratings with the CQC. Completion of the IGT is an NHS requirement so contractual sanctions are also possible. And compliance with the IGT is a good line of defence should the Information Commissioners Office (ICO) investigate you for a serious data-protection incident, where patient information has been incorrectly handled or transmitted to an incorrect source, for example.

> "The consequences of non-compliance are likely to become harsher. This year NHS England will probably begin to look at non-compliant practices more closely and tell the Care Quality Commission (CQC) about those that remain non-compliant."

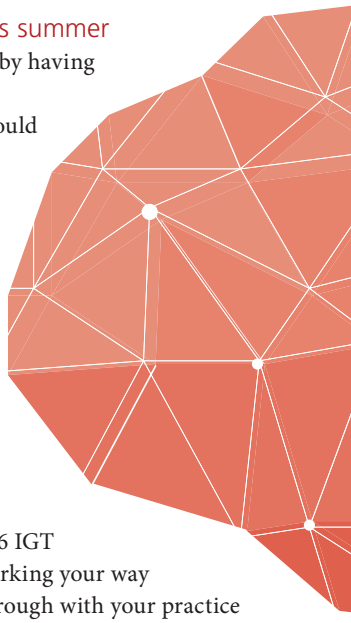
Do it this summer

The IGT more or less brings together the different legal rules and Department of Health guidelines on handling personal data. This includes data protection, confidentiality, keeping records secure, filing, access to records, retention of records, keeping them up to date, and when to share data. It requires you to prove that you follow all these rules and have good practice procedures in place. But the IGT changes and your compliance with its rules needs attention each year.

Look at the IGT updated toolkit now, well before the deadline next March (a new version of the IGT is released each May or June). You need to fill in the toolkit with your practice details every year to maintain compliance. Use the summer months to review what you have in place bit by bit.

As a result of school holidays you may get a drop in patient appointments over the sunny months so this could be a great chance to turn your attention to the IGT and staff training. The HSCIC says: "The work necessary to make improvements or to maintain compliance should be an on-going process and not left till the year end."

What to do this summer



Start the process by having your annual IGT meeting. This should involve anyone at your practice who has access to patient information. At the meeting go through your confidentiality policy, reviewing and revising it where necessary; and discuss the 16 IGT requirements, working your way systematically through with your practice staff. Identify any areas where training is needed. You should produce an agenda, record minutes and make your staff sign the minutes so these can be uploaded to the toolkit as evidence of compliance.

After the meeting go through the 16 requirements in the toolkit and revise and update them. Once you have

Your IGT checklist

The IGT develops and needs attention each year – remember to update

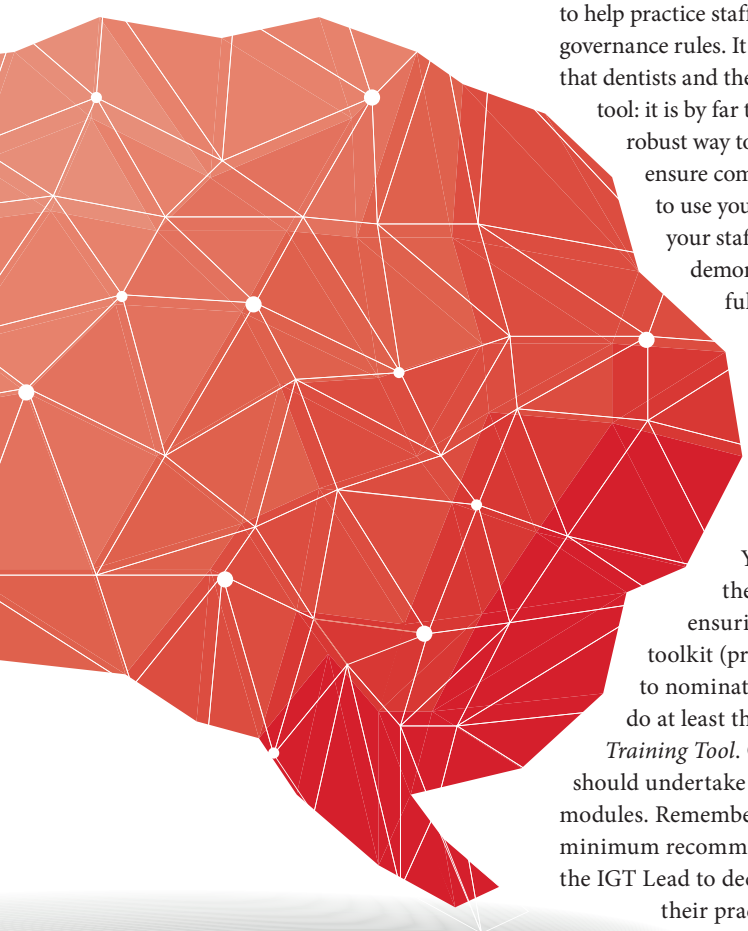
Preparation is great, the earlier you begin the process the less stressful completion will be: leave plenty of time to assess and re-do requirements, if necessary

It is free so get everybody to use the IGT *Training Tool*

Two or three IGT *Training Tool* modules are the minimum requirement but more is better. If you begin planning now, you and your staff can fit in more training and get more out of the process

When the procedures and process are in place the practice is easier to run

completed this audit you will need to upload this to the HSCIC's IGT website at www.igt.hscic.gov.uk – be aware, though, that once you have published the toolkit it will not be accessible to you for at least a month while HSCIC checks your submission.



Use it as a training tool

The IGT is in two parts: the main toolkit (where you work through the 16 requirements) and upload your evidence; and the IGT *Training Tool*.

Although it is not compulsory to use the *Training Tool* it is extremely useful and provides a range of online training materials to help practice staff understand information-governance rules. It is strongly recommended that dentists and their practice staff use this tool: it is by far the easiest and most robust way to train your staff and ensure compliance. If you choose to use your own systems to train your staff you may be asked to demonstrate how your training fulfils the criteria.

When you complete modules on the IGT *Training Tool* you should upload the certificates as part of your IGT return as evidence of compliance. Your practice's IGT Lead, the person responsible for ensuring compliance with the toolkit (practice owners may want to nominate themselves), should do at least three modules from the *Training Tool*. Other practice personnel should undertake at least two training modules. Remember, though, these are minimum recommendations and it is for the IGT Lead to decide if this is enough for their practice's needs.

IGT and private practices

Private practices are not required to complete the IGT but it should not be overlooked. Compliance with the toolkit means compliance with a range of regulatory requirements and data-protection requirements. When used properly the toolkit is an excellent support system for a busy practice. Essentially, it is a management-audit tool you can use to assess if your systems robustly protect patient data. Useful features that you could use include an asset register to record the details of your digital assets, such as an OPG system, digital radiography equipment, computers, server and printers.

> "When used properly the toolkit is an excellent support system for a busy practice. Essentially, it is a management-audit tool."

A risk-management audit ensures staff and premises are adequately protected. You can also use it to have your IT systems security checked. There are business-continuity planning and disaster-recovery features.

Additionally, the IGT *Training Tool* provides modules for staff training on many aspects of information management and is a great way for your practice team to ensure they are up to date as well as for training any new joiners. ◆

Pension Lifetime Allowance changes

By Daniel James, director of client services at Lloyd & Whyte, the appointed independent financial advisers of the BDA

The Lifetime Allowance is the maximum amount of tax-free pension savings that you can build up over your lifetime. The current lifetime allowance for the 2015/16 tax year is £1.25 million. However, the recent budget announced this will be reduced again to £1 million for the 2016/17 tax year.

Any of your pension savings above this allowance are subject to the Lifetime Allowance charge. This will continue to be: 55% if the excess is taken as a lump sum before the age of 75; and 25% if the excess is retained in the pension fund before or after the age of 75.

The Annual Allowance looks likely to remain at the current level of £40,000. This is the amount that you are able to pay into a pension each year. While £40,000 sounds like a lot of money, owing to the way NHS pension contributions are calculated, this could quickly be exceeded.

NHS pension

As a dentist, however, you may also have your NHS pension to bear in mind. You are more at risk as a dentist if you perform NHS work while also funding personal pensions. If you don't pay close attention to your contributions and just leave them "ticking along", they could unknowingly exceed the Annual Allowance. Alarm bells should ring if you increase your NHS work without reviewing your personal contribution plan, or if NHS income already makes up a significant proportion of your income.

Both allowances are calculated against a notional value rather than any fund value. The notional amount is based on any increase in pension benefit accrued each year. Continuing to be part of the NHS pension each year will use some of the allowances. This could be compounded by an increase in your NHS activity or earnings and is influenced by inflation increases.

To put this in perspective, a projected NHS pension of around £42,000 per annum, along with the associated tax-free cash payment is likely to exceed the new £1m limit. This would be compounded further if you are also funding another pension, such as a personal pension, SIPP or Stakeholder pension plan.

Owing to the way in which the Lifetime Allowance calculations need to be made, it is easy to be unaware if, or when, you are likely to breach these allowances.

Protecting your allowances

You must ensure you do not exceed the Annual Allowance each year, otherwise you will need to pay an additional amount of tax to Her Majesty's Revenue and Customs (HMRC). This is because of the tax efficiencies that a pension benefits from.

The Lifetime Allowance is slightly different. Over the past few years we have seen the Lifetime Allowance reduce from a high of £1.8m to the proposed £1m limit next tax year. At each reduction the Government has provided "transitional relief". This is the ability to apply to retain the previous Lifetime Allowance if you meet certain criteria.

The criteria are usually set around your existing fund value being in excess of the new reduced allowance. We have seen two different Protections for the last two reductions, either Fixed Protection or Individual Protection. You have a choice of which to apply for, with strict criteria applying to each.

These are important aspects of your life that shouldn't be overlooked. Owing to the specialist nature of the calculations you should use an independent financial adviser who understands not only how to protect you before you exceed the allowances, but also how to minimise the effects if you have exceeded either or both options.

This not only applies to those approaching retirement, but also those who are at any point in their careers. You need to understand the implications and probability of you exceeding an allowance, not only in the current year, but also in the future. Therefore, a careful plan is needed to help you today, tomorrow and at retirement.

Any existing Lifetime Allowance protections that you may have, such as primary or enhanced protection, fixed protection 2012, fixed protection 2014 or individual protection 2014 (you can still apply for this through the HMRC up until 5 April 2017, unless you already have primary protection) you will keep when the Lifetime Allowance is reduced without taking further action.

If you think you may be affected by the changes, you should seek advice from an independent financial adviser and consider the advantages and disadvantages of applying for new protections.

For more information or to arrange an appointment with an adviser call 01823 250750 or visit www.lloydwhyte.com ◆

CleanCert scoops IDH's waterline-cleaning business

CleanCert has won the contract as preferred supplier of waterline cleaner (Biofilm Disinfectant) to all of IDH's 650 practices.

After a lengthy trial of five products across 50 randomly chosen practices, with water samples assessed at Alcontrol Laboratories, IDH awarded the two-year contract to CleanCert.

"Naturally we are delighted. It is the 'better, easier, cheaper' message that we kept emphasising," said Simon Davies, MD of CleanCert.

"Over the trials, we knew from our own tests that the TVC readings would be '0' and the price point was very competitive; but it was the message about how easy CleanCert is to use that was constantly referred to in feedback.

"A quicker and simpler application reduces the chance of human error thus further reducing the possibility of waterline contamination in dental-chairs."

Jason Bedford, IDH's Director of Clinical Services, added: "The results we saw from the independent testing that was carried out and the great feedback we received from our nurses meant that CleanCert was the clear choice for our practices."

CleanCert 'Biofilm Disinfectant' is available in 2.5L (12.5 doses) and 5L (25 doses) bottles through Dental Directory (code GGC005 & GGC010).

www.cleancert.co.uk; 08443 511115.

Below-The-Patient engineering

The chair is the first thing your patients are likely to see (and most likely to dread) when they enter your surgery. While aesthetics are important, this must not be at the expense of functionality. Belmont has challenged the traditional way dentists treat their patients with the introduction of Below-The-Patient technology. This has several advantages.

Having the operator console located below the patient ensures it can be positioned out of sight until needed. This allows for all the clean and preparation to be done out of the patient's view and is more efficient in terms of time and space. Patients do not see the instruments before treatment and the nurse can begin prepping for the next patient while the dentist is finishing the current one.

By working this way, the space in front of the patient is left unobstructed, eliminating the closed-in sensation that may make some patients feel anxious. With the mechanics of the chair below the patient the dentist can work from any position and can observe the oral cavity from any angle once the patient is reclined. The Cleo, Compass and Voyager units all use this technology.

The Cleo (pictured) treatment centres have the added advantage of looking like a chair, which can instantly make patients feel more relaxed because the consultation can take place while they are upright, which is less intimidating for them.

To find out more visit www.belmontdental.co.uk or call 020 7515 0333.

Easy to incorporate technology

Practitioners can integrate a digital or video camera with the OPMI Pico dental microscope to produce brilliant images improving the quality of examinations and treatment available.

The Carl Zeiss OPMI Pico dental microscope combines maximum functionality and high specification with user-friendly operational features.

It makes fine details clearly visible, and provides solid support for the most challenging treatments whether in restoration, endodontics, implantology or periodontics.

The OPMI Pico dental microscope offers fine focusing and a five-step magnification changer for quality vision and it is exactly tailored to the needs of dentistry. Objective lenses with focal lengths of 200mm, 250mm 300mm and 350mm are available to match the microscope to the dentist's preferred position. Alternatively Varioskop technology can be incorporated to allow a variable working distance, enhancing posture an ease of use.

For more information please call Nuview on 01453 872266, email info@nuview-ltd.com or visit www.nuview.co

Income Protection has never been so easy

Lloyd & Whyte

Get an income protection quote online and receive 20% off your BDA membership renewal when you take the policy out.

We've been working with dentists long enough to know which income protection providers give you the best cover, so we put them all in one place.

What's more we're rewarding BDA members with 20% off their renewal membership when they take the policy out. Full terms and conditions are available on our website.

Get a quote today by visiting www.lloydwhyte.com/bdaincomeprotection

In proud partnership with

BDA

What matters to you, matters to us

www.lloydwhyte.com

Dentist to Dentist

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

Midlands

NPH REFERRALS
www.nphreferrals.co.uk

Brassey Rd, Shrewsbury, Shropshire SY3 7FA
Tel: 01743 244446
Email: info@nphreferrals.co.uk

Dr. Oliver Bowyer BDS MFDS RCS(Eng) MSc MOrth RCS (Eng) FDS RCS (Eng)
Consultant Orthodontist. Specialist in Conventional and Aesthetic Orthodontics including aligners and lingual appliances.

Dr.Jeremy Edmondson BDS MSc(Endo) MFGDP(UK) MGDS RCSI
Endodontics (primary and re-treatments). Removal of fractured files, posts and perforation repairs. Surgical Endodontics. Endodontic Trauma Management. Internal Bleaching.

Dr.Richard Gatenby BDS MFGDP(UK) FFGDP(UK) Dip Imp Dent RCS(Eng) Dip LM RCS(Eng)
Implant placement, autogenous bone grafts and sinus lifts.

Mr.Ahmed Messahel BDS FDSRCS(Eng) MB ChB MRCS(Eng) PGA Med Ed. PGA MLiP FRCS(Eng) OMFS.
Consultant Oral & Maxillofacial surgeon. Specialist in Oral surgery.

Dr.James A Russell BDS
Aesthetic and Restorative Dentistry. Accredited by the British Academy of Cosmetic Dentistry. Complex single and multi-unit aesthetic restorations.

Inter disciplinary treatment planning where required.

Facilities include Cone Beam CT.

261047

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

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

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

Scotland

BLACKHILLS SPECIALIST REFERRAL CLINIC
www.blackhillsclinic.com

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

Mr Paul Stone BDS (Hons) Lpool, FDS, 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

If you wish to be included in these pages please contact Chris Feek on 020 7843 4712 or Email chris.feek@nature.com for a quote.

EDINBURGH DENTAL SPECIALISTS

www.edinburghdentist.com
www.tele-dentist.com

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

259506

South East

LONDON SMILE CLINIC

www.londonsmile.co.uk

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

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

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

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

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

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

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

263521

HARRY SHIERS DENTISTRY IMPLANT REFERRAL PRACTICE

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

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 RICHMOND
www.toothbeary.co.uk

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

258051

CRESCENT LODGE DENTAL PRACTICE
www.dentistsw4.com

28 Clapham Common, Southside, London SW4 9BN
Tel: 020 7622 5333
Fax: 020 7720 8782
Email: reception@dentistsw4.com
Specialist Periodontist: Dr Stella Kourkouta DipDS, MMedsci MR RCS FDS RCS Eng
Specialist in Oral Sugery: Dr Fabrizio Rapisarda DDS

We welcome your referrals.

255225

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

MHV SMILE CENTRE LTD T/A ASPECTS DENTAL AND REFERRAL
www.aspectsdental.com

Aspects Dental and Referral
38 Benbow Court Shenley Church End, Milton Keynes, MK5 6JG.
Tel: 01908 506199
Email: info@aspectsdental.com
Interests: Periodontics, Endodontics, Implants, Prosthodontics and Dentistry Under IV
On Specialist List: Yes
All referrals welcome.

257244

KAIZEN DENTAL IMPLANTS CENTRE
www.kaizendentalimplants.co.uk

191 Parrock Street, Gravesend, Kent, DA12 1EN
Tel: 01474 247600
Email: info@kaizendentalimplants.co.uk
Interests: Dental Implants

Dr Rik Trivedi BDS (Lon) DipImpDent RCS (Eng) & Associates

Excellence in implant referrals

258516

WOOD LANE DENTISTRY
www.woodlanedentistry.co.uk

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

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

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

Jessica Lee BDS (Wales) MFDS RCSEng DipDentSed

Referrals accepted for Periodontology, Endodontics, Implants, Restorative Dentistry, Oral Surgery and Dental Sedation.

On Specialist List: Yes, Restorative Dentistry and Periodontology

257674

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 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

North

THE YORKSHIRE CLINIC
www.mydentalspecialist.co.uk

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

261782

IVORY DENTAL PRACTICE
www.ivory-dental.co.uk

108-110 Town Street, Horsforth, Leeds LS18 4AH
Tel: 0113 2583349 **Email:** info@ivory-dental.co.uk
Specialist referral practice and CBCT scanner.
Referrals can be made via: www.ivory-dental.co.uk/information-for-dentists
All patients delivered back to referring dentist for ongoing maintenance

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

East Anglia

DEVONSHIRE HOUSE
www.devonshirehousedental.co.uk

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

Specialist Referral and Education Centre

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

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

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

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

Specialist Periodontist:
Trisha Whitehead

Specialist Orthodontist:
Dirk Bister

WINNER Dentistry Awards Best Practice East 2014

254718

GRANTA DENTAL LTD
www.grantadental.co.uk

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

South West

THE CIRCUS DENTAL PRACTICE
www.circusdentalpractice.co.uk

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

239371

North West

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

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

261006

If you wish to be included in these pages please contact Chris Feek on 020 7843 4712 or Email chris.feek@nature.com for a quote.

a change for the better

Open, honest and fair - that's the mydentist approach to acquiring new practices

Honesty and trust are at the heart of everything we do. That's why we're more committed than ever to a fair and transparent approach to valuing your dental practice. We believe in getting every detail right – and remaining open with you throughout.

So we'll carry out a detailed review of your practice, and share the findings with you before making any formal offer. This meticulous work ensures the resulting offer is based on accurate information with no hidden surprises, once due diligence begins.

No ifs, no buts: We guarantee a valuation figure that you can rely on...

To discover more about the exciting opportunities available to you, please contact us on 0845 260 1277
acquisitions@mydentist.co.uk | www.mydentist.co.uk

{my} dentist™
helping the nation smile

"Once I felt comfortable with the decision to sell, a very competitive valuation gave me pride in a lifetime's work and a trust developed with mydentist, who I found true to their word throughout negotiations."

Michael Oliver
Principal Dentist,
Private Practice,
Sunderland

Business skills CPD

Q1: What percentage of small businesses last year suffered a cyber-attack from someone outside their business, according to a survey by the Government-backed initiative, *Cyber Streetwise*?

A 16%
B 22%
C 26%
D 33%

Q2: Which of the following could you do if a witness to a disciplinary matter is reluctant to provide a statement about the events: a – force them to provide one because they are a member of staff; b – agree to anonymise the statement if possible; c – assure them they will have support should issues arise?

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

Q3: Which of the following is *not* true of a *heads of terms?*

A It sets out the parameters of the practice-sale transaction
B It should give examples of where either party can withdraw
C For private sales it should be drawn up by a solicitor
D All of its clauses are always legally binding

Q4: Which of the following is true of a professional witness?

A They can cover only the facts based on their findings and observations
B They can give an opinion based on their findings
C They will have specialist knowledge or experience in a particular area
D They will not have had professional responsibility for the patient concerned

Q5: How many requirements are there in the Information Governance Toolkit?

A 10
B 12
C 16
D 20

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.

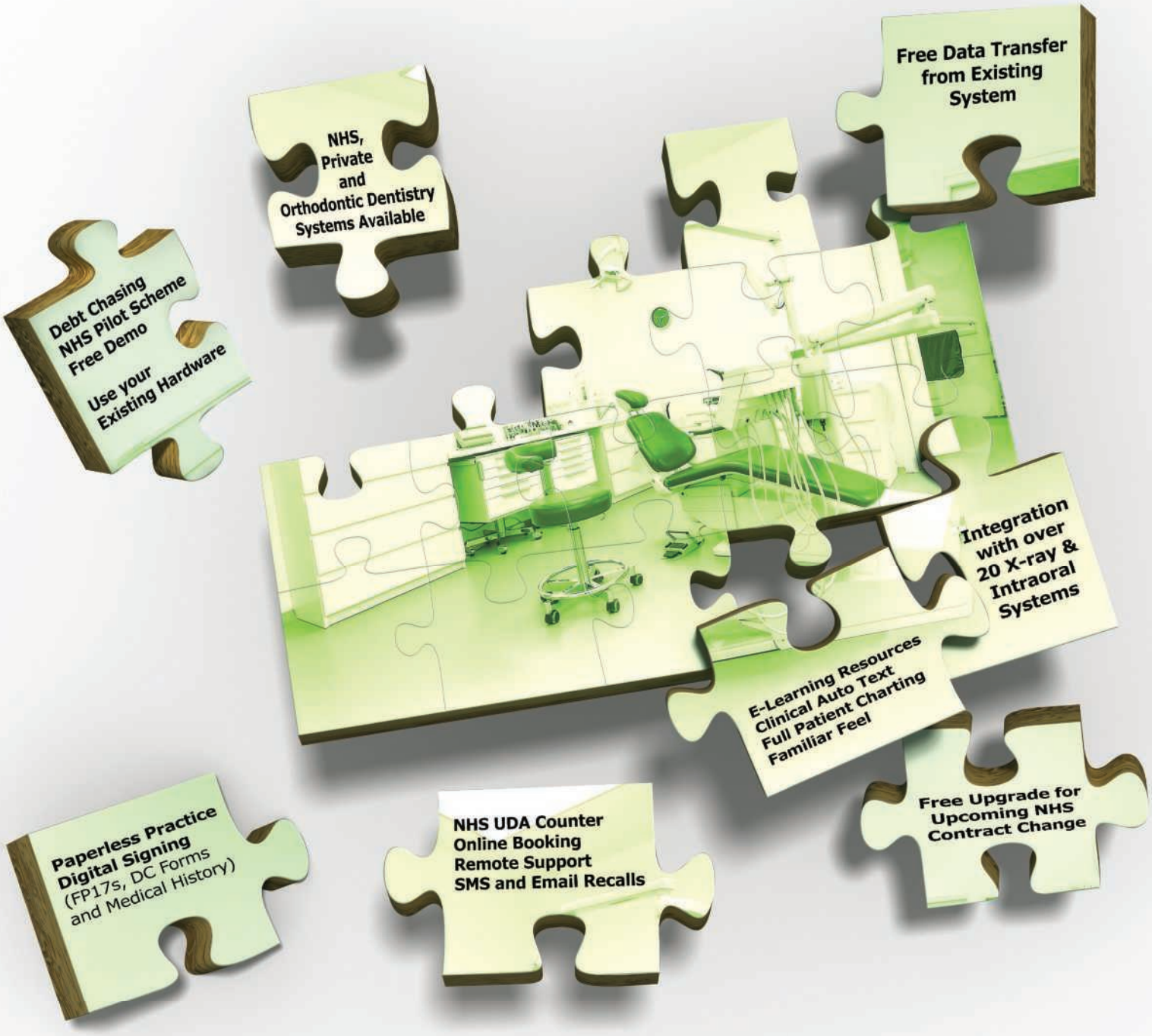
First-time user: select *BDJ In Practice* CPD on the front page of the CPD Hub and enrol for the service. You will automatically be taken to the *BDJ In Practice* CPD page.

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.

For support use: mailto:cpd.hub@bda.org

Is your practice missing a **vital piece?**



Pearl Dental Software

The ***FASTEST*** growing dental software.

One Off £275 for installation + training, Monthly £44 add £22 for each additional surgery. (Prices Exclude VAT). Call us on **0116 275 9995** or **0800 086 8133** for more information, or email us at **info@bhasoftware.com**.

Find out more at www.pearldentalsoftware.com

BHA software

LOVE DENTSPLY
LOVE **REWARDS**

EVERY PRODUCT, EVERY TIME & ALWAYS AT YOUR BEST DEALER PRICE.

Who says you can't have it all? Order through **dentsplyrewards.co.uk** and you will get a minimum of 3% back on every DENTSPLY product, every time*. We are already rewarding over 6,000 registered dental practices for choosing DENTSPLY quality. It's quick, easy and always at your best dealer price.

DENTSPLY REWARDS

Don't miss out. Register, shop and get rewarded.

DENTSPLY**REWARDS**.CO.UK/LOVE

*See website for full T&Cs

THE MAKERS OF

PROTAPER® | CAVITRON® | WAVEONE® | SDR® | CERAM·X® | NUPRO®