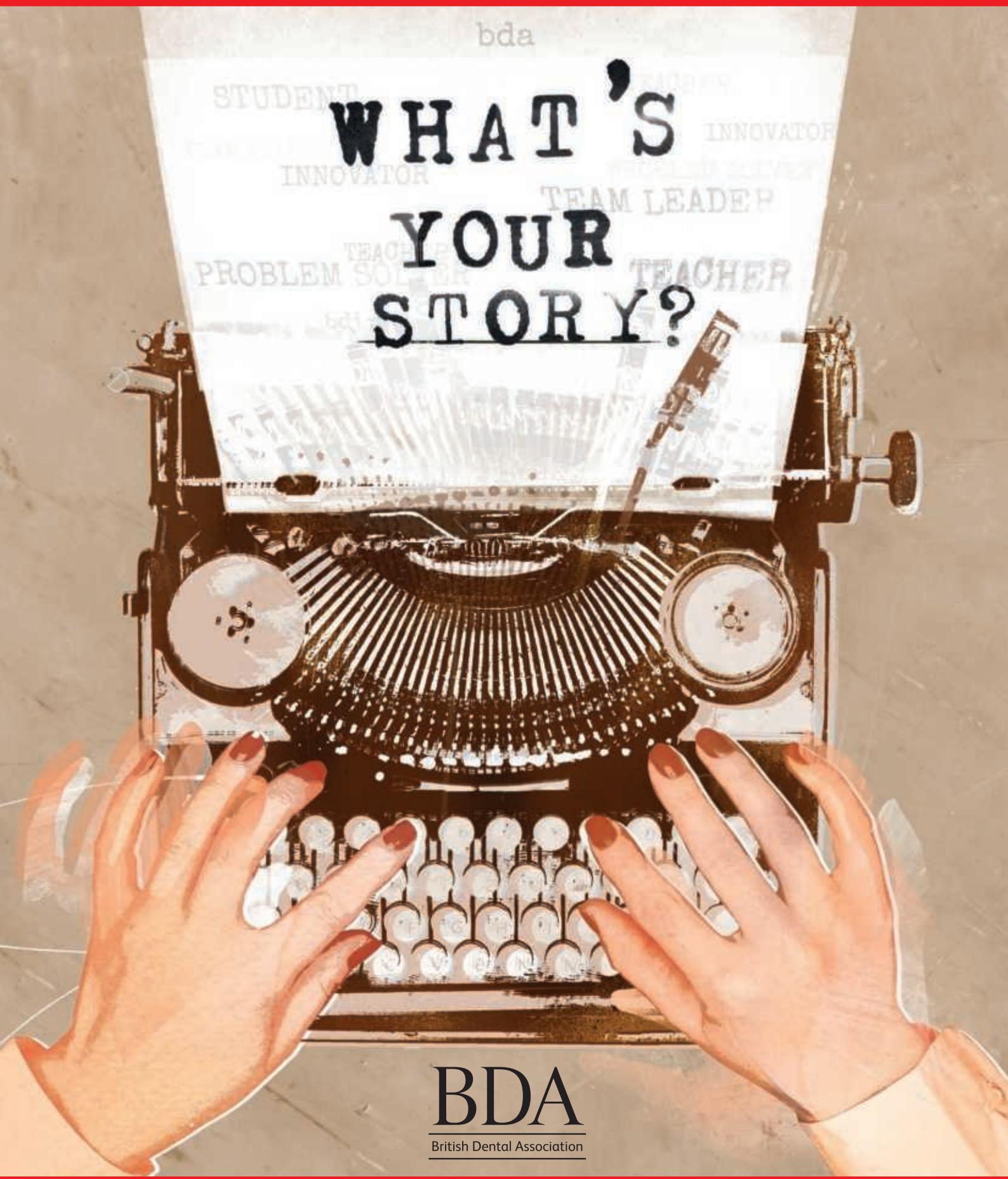


# BDJ InPractice

June 2017



**BDA**  
British Dental Association

Communication ■ Going digital ■ NHS Choices ■ Advice pages ■ Refer or not to refer?

# BRINGING THE FINEST COMPANIES FROM THE INDUSTRY TO THE PROFESSION



# BDJ InPractice

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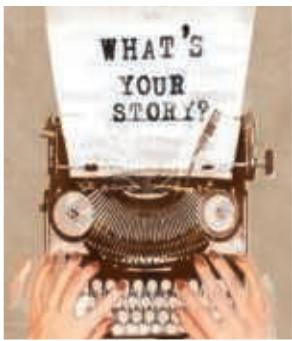
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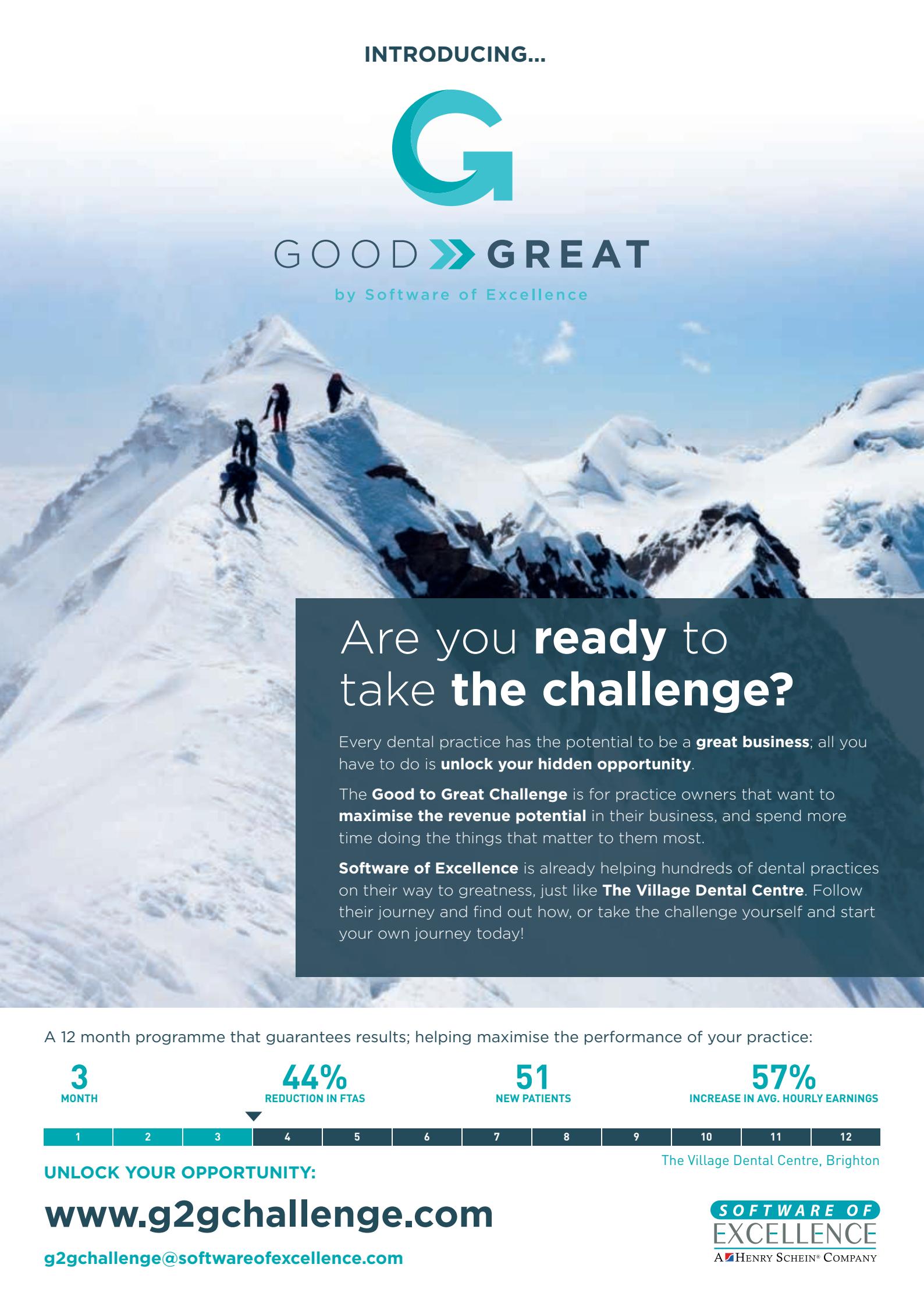
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## 'Red tape' for vape: Praise for new regulations but health experts urge caution over long-term use of e-cigarettes

Health campaigners have praised new laws on e-cigarettes, claiming it could signal a significant breakthrough in helping people quit smoking, but share concerns over potentially unknown side effects.

The changes came into effect in the United Kingdom on Saturday 20 May, 2017 and limits the size and strength of e-cigarette tanks, as well as banning certain ingredients, including colourings and caffeine.

E-cigarettes and e-liquids must be registered with the Medicines and Healthcare products Regulatory Agency before they can be sold. Vape tanks larger than 2ml will no longer be permitted while e-liquid bottles now have a maximum capacity of 10ml. A maximum nicotine strength has also been set at 20mg (2%).

Dr Nigel Carter OBE, CEO of the Oral Health Foundation, welcomes the new regulations that will now impact the 2.3 million Brits who use e-cigarettes.



Dr Carter says: 'One of the biggest areas of concern with e-cigarettes remained that the industry operated without regulation. Given the sustained and rapid growth of the number of people switching to e-cigarettes, regulation was an absolute necessity and we're delighted to see it finally being brought into force.'

'These measures should give consumers added confidence about what they are purchasing and will also hold manufacturers and suppliers to account. It is also important to control elements such as inappropriate advertising, misleading labelling and clear advice on correct usage, which these changes will now set out to do.'

Last week, a report by Action on Smoking found that more than half of UK vapers had given up smoking. Health bodies including Ash and the British Medical Association have also said that vaping is 'almost certainly better' than smoking tobacco. However, experts have raised concerns about the addictive nature of vaping, with worries that it re-enforces habitual behaviour.

'Not all e-cigarettes contain nicotine and have flavourings, but the clear majority are nicotine-based,' adds Dr Carter.

'Whether it's in a cigarette or e-cigarette, nicotine is highly addictive. We know that vapers typically smoke more than somebody who smokes tobacco so the addiction element is still very much there, and now the new regulations have reduced the amount of nicotine strength, e-cigarette users will now have to purchase more, at a greater cost, to satisfy their needs.'

Tobacco remains the leading cause of preventable death in the UK, attributing to almost 80,000 deaths a year in England alone. It is also responsible for a plethora of oral health problems such as mouth cancer, plaque and tartar, inflammation, bone loss in the jaw, teeth staining and bad breath.

While such issues are not linked to nicotine, nicotine itself isn't without its issues.

Dr Carter adds: 'E-cigarettes may well be a healthier way to access nicotine but it's not completely problem-free. Nicotine itself limits the blood flow in our mouth's tissues. Because of this, it seems likely that vapers may be more prone to gum disease. If you are thinking about switching to e-cigarettes or already use them, it is important to be extra attentive to the prevention of gum disease.'

Gum disease has a long history of being linked with heart disease, diabetes, strokes, pre-term births and dementia.

'Many have found vaping highly effective in their bid to quit smoking but the long-term goal should be to do neither. There are many e-cigarette users out there who have vaped for three, four, five-plus years. Given the links between gum disease and wider health problems, it is important that over time, you slowly attempt to come off both tobacco and e-cigarettes altogether.' ▶

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## Get your licensing right

Businesses that show films and television programmes on televisions or computer monitors are now liable to pay the producers and distributors of those programmes for showing them.

Copyright law has been extended to cover the showing of motion pictures, such as films and television programmes outside of the home.

Copyright holders have clubbed together to enforce their rights through the Motion Picture Licensing Company (MPLC). The MPLC represents over 850 Hollywood and independent film studios together with domestic and international TV producers.

At present the BDA understands that MPLC will seek to collect fees from summer or autumn 2017 and will contact dental practices and other small businesses from that time.

Exceptions to these requirements exist for news channels or sports channels, because they already include public exhibition rights within their content.

This licence is in addition to other licencing regulators that protect the private property rights of copyright holders, such as Performing Rights Society (PRS) and Phonographic Performance Limited (PPL).



**A** to **Z** of some of the ways we can help you

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**K** is for Keeping up to date

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BUZZ

We keep you up-to-date with what's happening in dentistry in all corners of the UK. Whether through the BDJ, BDJ In Practice, our monthly e-newsletter, or news alerts, we give you manageable information when you need it.

bda.org/publications

## BOOK REVIEW

### Become a leader

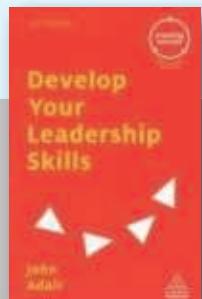
#### Develop your leadership skills (3rd ed)

John Adair

Kogan Page, 2016

ISBN: 978-0-7494-7563-5

£9.99



#### In a nutshell

Business guru John Adair has led an incredibly colourful life. After serving in the military, including a stint of leadership training at the Royal Military Academy Sandhurst, in 1979 he became the world's first Professor of Leadership Studies at the University of Surrey. He's written over 40 books, many of which focus on leadership. This short paperback (80 pages) is crammed full of exercises and checklists aimed at boosting the reader's confidence and inspiring and guiding them on their route to becoming a leader of excellence.

#### Who is it ideal for?

An easy and quick to read pocket-sized book, it's suitable for anyone wishing to develop or improve their basic leadership skills. It's also a simple practical guide for anyone about to embark on a role leading a team in any context or organisation. Where there exists a debate concerning the differences or similarities between 'leadership' and 'management', Adair is adamant that these arguments are moot and that the basic object is to do the job and lead.

Furthermore, he avers, this book is the first really successful synthesis of both leadership and management. The guide distils the essence of his teaching, providing a framework for becoming an effective leader.

#### Why should you read it?

Adair deals with fundamentals such as what is leadership and what are its generic traits? He also lists the universal qualities of leadership. Later he covers what is needed in order to establish authority and reveals the leadership triumvirate of task, team and individual. A major component of the book concerns how to turn the core leadership functions into skills. This addresses the different levels of leadership: team, operational and strategic and how these relate to eight core functions of leadership comprising: defining the task, planning, briefing, controlling, evaluating, motivating, organising and finally, providing an example. Adair concludes with enhanced strategic leadership roles and how to 'grow' leaders in an organisation but never deviates from his plainly written, 'nuts and bolts' style, explaining what leaders can successfully do and how they can do it. •

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

## Online patient reviews changing the way dentists interact with patients

Dental professionals are becoming increasingly concerned by negative reviews published on online ratings sites according to new research published by the Dental Defence Union (DDU).

Of those surveyed, the DDU discovered that half of dentists stated they changed the way they practiced. The research also discovered that customer service was an issue (54.5%) was the main allegation raised in the negative review.

This was followed by competence or conduct issues (13.6%) and a failure to treat patients (9.1%).

Also, the DDU found that members were more likely to seek advice from colleagues (42.1% of all respondents) than their defence organisation (15.8% of all respondents).

Leo Briggs, Deputy Head of the DDU commented: 'At the DDU, one of our core services is to provide expert dento-legal advice to our members, who can call us any time they find themselves facing a difficult situation such as when a patient has posted a negative review.'

'Calling our advice line is free, treated in the strictest of confidence and does not affect future subscriptions.'

'We speak to tens of thousands of members every year so we can often pre-empt the kinds of problems that can cause members worry. Consequently, we encourage them to call for advice and support as early as possible.'♦

## Compass system now functioning for performers to be added to NHS contracts

The ability to add and remove performers to and from NHS contracts on the Business Service Organisation's (BSA) Compass system is now live. Once you've submitted the information, your Local Area Team will be notified and they should respond within five business days with an acceptance or rejection.

Contractors also need to email a Compass Authorisation Form to the Local Area Team, along with the relevant NPL2 or NPL3 form, within seven business days of completing the online process. We advise that you email this paperwork immediately, to avoid any delays or complications.

The Local Area Team will then accept or reject the request for the performer to be attached to or deleted from the contract and Compass will send an automated email, confirming acceptance or rejection to you or your practice manager (whoever made the change request).

Guidance on the process for using Compass to add and remove performers to contracts is available on the BDA's website.♦



<b>47.8%</b>	- Silver
<b>20.2%</b>	- Gold
<b>19.3%</b>	- Palladium
<b>10.3%</b>	- Copper
<b>2.4%</b>	- Zinc

**\*The metal content of 2 visually identical dental crowns**



<b>82.1%</b>	- Copper
<b>4.6%</b>	- Silver
<b>4.6%</b>	- Nickel
<b>3.7%</b>	- Zinc

\*The above diagram demonstrates why a visual on-the-spot valuation can never be an accurate way to ascertain the value of your dental waste. Although the two dental crowns might look identical, their metal content and their value are very different.



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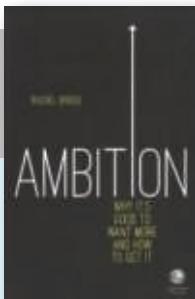
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**BOOK REVIEW**

## Going for gold

**Ambition – why it's good to want more and how to get it**

Rachel Bridge  
Capstone, 2016  
ISBN: 978-0-857-08633-4  
£10.99

**In a nutshell**

Rachel Bridge's sixth motivational paperback begins by defining the six elements of ambition, as she sees them. Ambition, she says, should be big, measurable, personal, should make a difference, achievable and something you really, really want to do. But ambition alone, she contends, is not enough. There must be a genuine intention to do something and there must also be a whole range of factors that click into place in order to realise your goal. It's far more effective to get up at 6am to practise scales than to simply decide you want to be a world class musician.

**Who is it ideal for?**

This book is ideal for those who require practical tips and techniques on how to apply their talents, how to discover their true motivation and learn how to use this in order to fuel greater success.

**Why you should read it**

Bridge advocates making lists and phoning rather than sending emails (thus eliminating the frustrating wait for the email reply). Finally, she says, be curious enough to research the area in which you wish to succeed. Understand how this bit of the industry works, who its key players are, what the issues are and where you might fit in. ♦

**A to Z** of some of the ways we can help you

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**L is for Legal**

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bda.org/advice

## Practical steps to protect your practice from NHS cyber-attack

The global cyber-attack that hit the NHS in Scotland and England was reportedly the largest in NHS history. As GPs and dentists logged on to their computers, many were finding that they too had been targeted, resulting in a partial or complete shut-down of their practice until the issue would be resolved.

Naturally, many practices (as well as business outside the Healthcare sector) who haven't been targeted are still concerned about what they can do to limit their exposure to a potential hack.

Craig Stirling joint-head of the Davidson Chalmers' health team, and a member of The National Association of Specialist Dental Accountants and Lawyers (NASDAL) network offered a list of practical steps that you can (and should) take to make sure that you protect your practice as much as possible in the future:

- Back up important data. The single most important thing you can do to mitigate the risks which ransomware can pose to your practice is to back up all data on a regular (ideally daily) basis. You can't be held to ransom for data which you hold somewhere else!
- Make sure your Windows updates are all fully installed and up-to-date. Windows released a security patch to update to their software in March and Microsoft has advised that businesses immediately install this update.
- Ensure your anti-virus is up-to-date and run a scan. If you don't have anti-virus protection, install it now from one of the reputable vendors. Most will come with an initial free trial period.
- Be careful what you click on. This latest ransomware was distributed by phishing emails. You should only click on emails that you are sure came from a trusted source.
- Don't log into personal emails on your work machines. It's most likely that your office emails are routed through a strong anti-virus/spam filter, but it's unlikely that your personal emails will have this protection.
- Avoid accessing social media or forum websites from work computers. These websites are more prone than others to hosting malicious software. Whilst the main platforms themselves may be safe, they often contain links to less secure sites that can contain malware.
- Do not click on links inside cookie banners. There have been reports of malicious software infecting machines through links contained in cookie banners that appear on most websites.
- Speak to your staff. Ensure that all of your staff are made aware of the risks faced and these simple practical steps. If necessary update your internal procedures to restrict access to certain sites, even if only in the short term.
- Finally, if you have had the misfortune of having your network infected do not do anything without first seeking specialist help. To date, many who have paid the bit-coin ransom have not received the necessary code to get their files back. Experts are therefore advising those affected not to pay over the ransom sum.



# [www.aslongasitscheap.com](http://www.aslongasitscheap.com)

## Don't risk it: check before you buy

When you purchase dental equipment, patient safety is your top priority. All dental professionals responsible for making purchases should be aware of the risks of counterfeit and non-compliant instruments and devices.

Care and common sense should always be exercised, especially during the purchasing process; systems should be in place to ensure that equipment is genuine, compliant and safe to use.

Counterfeit and non-compliant dental instruments and devices are potentially dangerous to patients and users, and can put your registration at risk.

The Medicines and Healthcare products Regulatory Agency and the British Dental Industry Association strongly recommend that all purchases, however small, are made from a reputable supplier.

**Download the latest tips on how to spot fake dental products and find trusted dental suppliers at [www.bdia.org.uk](http://www.bdia.org.uk). Report anything suspect now at [www.yellowcard.mhra.gov.uk](http://www.yellowcard.mhra.gov.uk).**



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# Why better communication leads to a better patient experience



**Philip Johnstone,**  
Dentolegal Adviser, Dental  
Protection

**I**t has been shown that explaining treatment as you go along and actively listening to patients in order to develop a comprehensive understanding of their expectations is important. In Dental Protection's experience, it is the failure to grasp patient expectations at the outset of treatment that often leads to problems, particularly if it has an unexpected outcome.

The process of managing patients' expectations begins and ends with good communication. Dentists can reduce the risk of complaints by managing patient expectations and improving their communication skills.

Dentists work in a busy clinical environment and at the same time are trying to meet a number of expectations. When extra demands are made of them, there is a risk of a disparity between the patient expectations and what can be achieved in reality. When expectations are not met, the patient can feel dissatisfied, which can lead to complaints and claims.

Philip Johnstone, Dentolegal Adviser at Dental Protection examines some of the ways in which dentists can better manage the expectations of their patients in order to avoid a complaint or a claim.

## Enhanced skills

One of the most important communication skills is the ability to understand what the patient wants. Patient expectations of modern dentistry have increased significantly over recent years.

It is sobering to consider that despite the advances in

dental care, our experience shows there has also been an increase in the number of patients lodging complaints that express dissatisfaction with the treating dentist. Therefore, it has never been more important for a dentist to understand their patient's expectations, in order to avoid a complaint.

## Build good relationships

The reasons that patients make complaints may be down to predisposing factors, such as a delayed appointment, miscommunication, or perceived apathy or rudeness. While individually, these events may not affect a patient's satisfaction, collectively they might influence the actions of a patient if something goes wrong. Patients are generally more open with dentists about their symptoms and condition where a good relationship exists with the dentist. For this reason it is important that the dentist develops a good rapport with all their patients.

To help that rapport with the patient, dentists may wish to consider how the patient is greeted at reception and by other members of the dental team. In the first instance, the team should introduce

themselves and consideration should be given to which team member will escort the patient to and from the surgery. Active listening skills by dental team members will help to build that rapport and will help demonstrate to the patient that they understand their needs and wishes.

Time spent getting to know the patient and their past experiences can be invaluable. It can provide the clinician with further insight into patient's expectations and alert them to specific issues which may be relevant during the consent process. Every patient is an individual. They like to feel listened to and treated with warmth and care. Dentists lose the opportunity to establish this point if they jump straight into the treatment. It is important that the patient feels that the dentist cares about them and



understands their needs before embarking on any examination or treatment. It is also vital that dental professionals master the communication skills required to effectively manage patient expectations. It is impossible to manage a patient's expectations if the dentist remains unaware of them.

These concepts are enshrined in the General Dental Council's (GDC's) Standards for the Dental Team<sup>1</sup>:

- 1.2.3 Treat patients with kindness and compassion
- 2.3 Give patients the information they need, in a way they can understand, so that they can make informed decisions
- 2.2.3 Give full and honest answers to any questions patients have about their options or treatment
- 2.3.4 You should satisfy yourself that patients have understood the information you have given them, for example by asking questions and summarising the main points of your discussion
- 2.3.5 You should make sure that patients have enough information and enough time to ask questions and make a decision.

### Two-way communication

One of the most effective ways to improve communication is for dentists and patients to make decisions together; shared decision making. This demonstrates respect for the patient and an appreciation of their specific needs. Patients are encouraged to engage with the healthcare process and consider the options to treat or manage their condition (and the likely benefits and harms of each); so that they can help select the best course of action.<sup>2</sup>

Understanding the patient's expectations before providing dental treatment is both good practice and an effective risk management strategy. Your ability to identify and understand what they expect from your treatment is a prerequisite to ensure you both agree to the planned treatment and to reduce the risk of creating a dissatisfied patient.

If unrealistic expectations are identified, it is important to discuss the next steps with the patient. This may include a referral to a specialist colleague. If the patient makes a request for treatment that is not in their best interest, the next step is to speak to the patient about their expectations, options and possible outcomes. If this discussion proves ineffective and the treatment is not urgent, there is time to consider the options and take some potentially risk-reducing steps, including:

- deferring treatment and offering to discuss the matter further with the patient at a future date

- providing patient access to additional information or explanation such as leaflets, educational videos or reliable websites that provide information about realistic outcomes of treatment options
- suggesting that the patient seek a second opinion
- deciding not to treat the patient because of repeated, unsuccessful attempts to modify unrealistic expectations.

**'When discussing treatment options with patients, dentists should put themselves in the shoes of their patient and think about what they would want to know about the treatment.'**

It is safer to assume the patient has no knowledge about their options. It is also worth sharing information with the patient about complications, side effects and anything that relates to their past medical and present social and occupational history, as well as the possible consequences of no treatment.

The GDC requires dentists to ensure that all patients understand any information provided to them. If a language barrier exists, perhaps because English is not their first language, consider using an interpreter. Other methods for delivering information should be considered such as patient information leaflets.

As the discussion progresses, the range of options will narrow as the patient or the practitioner expresses a reluctance to proceed with some of the choices. This will usually lead to one, preferred and mutually agreed decision. Any recommendation made should take into account the preferences, values and expectations of the patient. If agreement cannot be reached, then it may be necessary to get a second opinion or otherwise halt the process.<sup>3</sup> These discussions form part of a process that will ensure the patient's consent is valid. A summary of the conversation should be carefully documented in the clinical records.

### Be proactive when things go wrong

All members of the dental team should be adept at picking up signs of patient dissatisfaction. Often, patients communicate via non-verbal signs and the dental team should pay attention to these, rather than trying to repair any emotional damage caused at a later stage.

When mistakes occur, being open and truthful is vital. Research has shown that patients are less likely to litigate if they have been told the truth. Following any adverse

clinical events, mistakes, or provisions of incorrect care, it is important to take steps to minimise damage to the dentist-patient relationship and reduce the risk of a complaint.

Dentists have a professional duty of candour to patients if an error has occurred. The dentist should inform the patient in appropriate terms of what has happened. The short and long term consequences should be explained together with any remedial steps which may be taken. There may be useful learning at both practice and individual level for the dental team.

Upset patients want to have their distress acknowledged and dentists should make every effort to listen to patients and understand why they are upset. Similarly, it is important to demonstrate an expression of regret or sorrow and for the patient, or their family, to receive a meaningful apology. It may be some time before all the facts, and perhaps the reasons why and how the events occurred, are understood. Until these facts have been established, speculation should be avoided as this is unhelpful to all involved. However, this should not hinder a prompt apology.

In some cases, an apology is all that the unhappy patient wants to hear from the clinician. We often forget that patients want their dentists to be human and that although they may be fallible, they should also be caring.

When something goes wrong, the dentist should take time to explain what happened to the patient, and prepare them for any consequences. If necessary, suggest how the patient's ongoing care can be managed. If a dentist cannot provide a management plan, they should provide contacts and resources where the patient can obtain further help. It would also be beneficial to offer comments on how recurrences will be prevented in future.

If the patient is still unhappy and you suspect they are going to make a complaint, contact your defence organisation as soon as possible. .

There will always be patients who are dissatisfied with their treatment, or whose expectations are not entirely realistic, and it is important you take the opportunity to address and resolve such a situation quickly and effectively at an early stage. If you feel unsure about things, the dentolegal team from Dental Protection offers support every step of the way. ♦

1. <http://standards.gdc-uk.org/>
2. Elwyn G, Laitner S, Coulter A, Walker E, Watson P, Thomson R. Implementing shared decision making in the NHS. *BMJ* 2010; **341**: 5146.
3. Elwyn G, Frosch D, Thomson R, Joseph-Williams N, Lloyd A, Kinnersley , Cording E, Tomson D, Dodd C, Rollnick S, Edwards A, Barry M. Shared decision making: A model for clinical practice. *J Gen Intern Med* 2012; **27**: 1361-1367.

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# We are dentistry. Are you?



By Mick Armstrong,

BDA Chair

**T**his last year has demonstrated that as a profession we must define ourselves clearly. By what we are – and what we're not.

We've had MPs who think it's our job to check the age of refugees. A Chief Dental Officer who said our patients shouldn't 'blindly heed' our guidance on recall intervals any more than they would a dodgy mechanic's advice on MOTs. There's no end in sight for contracts that treat GDP like robots, and there's that sneaking suspicion that to many politicians we might all have something in common with the Invisible Man.

When others would cast us as tax collectors, border guards, or shopkeepers, it falls to us to show what matters. First and foremost we are clinicians. We use our skills and our training to do what's right by our patients.

And we are a profession succeeding in spite of everything, in the absence of strategy or priority from government, beset by failed contracts, underfunding, red tape and overregulation.

Ours is a story of over 40,000 men and women doing exceptional things every day, in patient care and in cutting edge research, from community clinics to Harley Street. Highly trained professionals juggling multiple roles.

So we are posing our members a simple question: what is a dentist? The answer for me is so much more than a practising certificate, a number on the GDC register, or an allotment of UDAs on a government database. The answers will help us celebrate the teachers, the entrepreneurs and the innovators, the researchers, the leaders and the problem solvers who make up this profession.

The Kings Fund tell us that patient satisfaction in dentistry is at a near 20 year high. The trust was shattered by the arrival of the 2006 contract, but has been rebuilt by the hard work and dedication of colleagues. And on safety, effectiveness, care, responsiveness and leadership, official reports show this profession passing every test with flying colours.

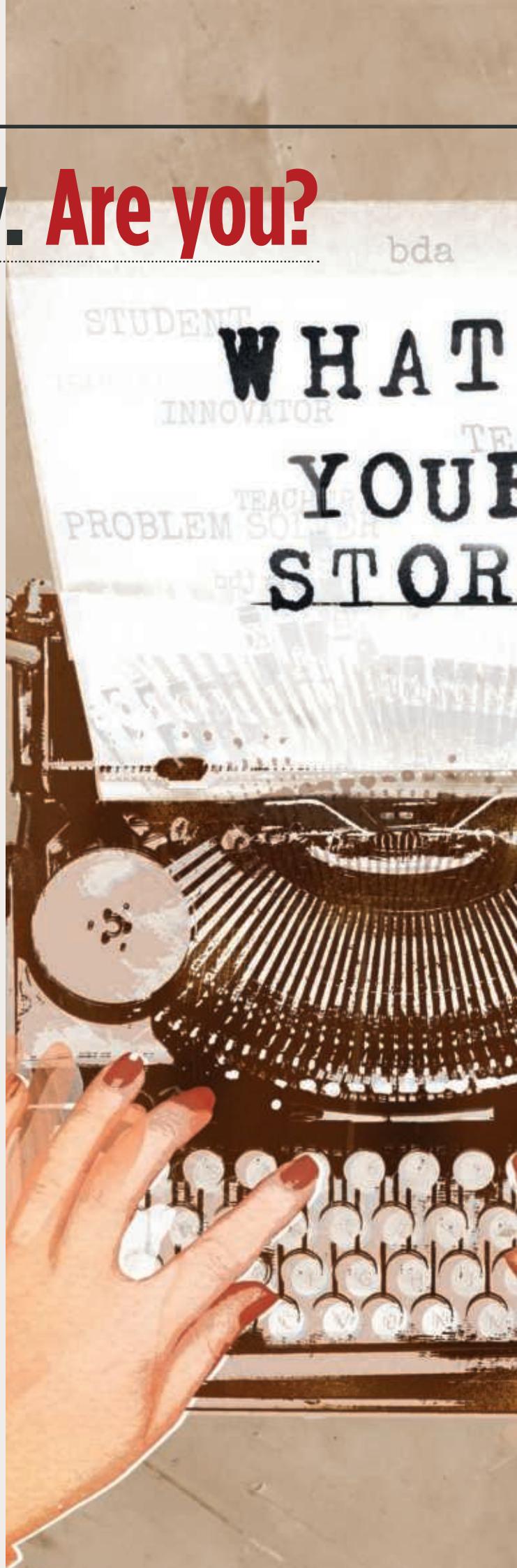
Dentists are changing lives and improving health, because it's what we do, and no one else is doing it for us.

And because we want the best for our patients, I know we can't go on with the authorities sitting on the sidelines. We've spent the snap election campaign putting the issues we all face on the political agenda. We've already had pledges of action: on regulation, on contracts and on addressing England's huge oral health inequalities. It will be no small task to turn political promises into meaningful gains for colleagues and their patients.

But we can tell the story of the dedication and the sheer potential of this profession. And what might be possible if government saw fit to unlock that potential.

Every day we hear about colleagues going the extra mile, often unnoticed and unsung. They aren't superhuman, they are dentists doing their jobs to the very best of their ability. So if you have just 5 minutes, tell us about your contribution at [www.bda.org/wearedentistry](http://www.bda.org/wearedentistry).

As your professional association, we want to celebrate your achievements. As clinicians, doing what we do best. Because we are dentistry. ♦



## COMMENTARY

# Dentist and INNOVATOR



By Ben Underwood

**I**saw the rise in the number of smartphones and tablets being used across all social groups and I thought this could be a great way to reach people.

The words of Ben Underwood, NHS Innovation Accelerator Fellow and the dentist behind the Brush DJ app.

Working in a mainly NHS practice based in York, associate Ben qualified in 1999. Ben is passionate about improving oral health and reducing inequalities. 'The thing I love most about my job is helping patients and especially children to reduce their risk of ever needing treatment for the damage caused by preventable dental disease', Ben said. 'I decided to be a GDP because I like the variety of work you get to carry out on all different age groups.'

So what does the life of an associate based in York look like?

'A normal day is up at 6am and a fairly long commute to the practice - which I don't mind because it gives me a chance to listen to music. I work 3 to 4 day week in practice seeing mainly NHS patients. The other days of the week and evenings are spent improving the Brush DJ app and promoting it.'

**'Public health dentistry sometimes lags behind when it comes to using innovative technology. It often takes anything up to 17 years to get a new innovation that could help people in to the NHS, so we're doing OK with taking four to get Brush DJ in'**

I asked Ben about the inspiration behind the app. 'I think it is soul destroying when you see a young child who has decayed teeth and know they are probably going to end up having a traumatic and expensive GA. It's a preventable disease, there is no mystery about the cause and how it can be prevented - we just need to get everyone aware of the evidence-based daily tasks they need to carry out and motivate them to do them effectively every day. The idea for Brush DJ came from seeing the rise in the use of smartphones and tablets

and not just among the wealthy. I could see an app could be the perfect way to raise awareness of the evidence-based information on how to carry out effective daily oral hygiene tasks and the fact they can play music could be the hook that motivates people to actually carry these tasks out every day.'



'Public health dentistry sometimes lags behind when it comes to using innovative technology. It often takes anything up to 17 years to get a new innovation that could help people in to the NHS, so we're doing OK with taking four to get Brush DJ in the new NHS Digital Apps Library. It was slightly like the Wild West when I first started in health apps, but the use of apps to help improve overall health and wellbeing, not just oral health is being recognised by governments around the world and is starting to get the appropriate level of regulation and funding. I'm keen to encourage others to come forward with new ideas that can help us fight the problem of tooth decay.'

The final question I asked Ben was what impact he thought Brush DJ could have? 'The global burden of dental disease is estimated at \$440 billion dollars per year and that does not include the suffering that goes with the disease - if Brush DJ can reduce this by even a small amount I would be happy. So far the app has been downloaded onto well over 1/4 million devices in 196 countries, which is great - but if you think there are 7 billion people on the planet and increasingly they have access to mobile phones there is still a long way to go.'

'However, the great thing about an app is that everyone who has a mobile phone or tablet wanted to download the Brush DJ today, they could for free.' ◆

## COMMENTARY

# Dentist and postgrad STUDENT

**Sahar Tara  
Aghababaie**

**I** love being a dentist. People place their trust in you. We're providing a service that ultimately helps the population as a whole.

Sahar Aghababaie qualified as a dentist in 2015 at King's College London. She's studying for a postgraduate course in dental education, but that's just the tip of the iceberg.

'I've trained to become a witness for the National Examining Board for Dental Nurses (NEBDN), so I'm now training nurses in our practice,' Sahar said. 'I'm also practice manager and BDA secretary for the Enfield section in North London and committee member of the BDA.'

Sahar decided to become a general dental practitioner after graduating to give her options. 'I really wasn't sure which area of dentistry I wanted to go into, but I wanted to specialise in the future,' Sahar explained. 'Working as a general dental practitioner gives me a great platform to explore all the different areas of dentistry, and find out what I enjoy, as well as what I am strongest at.'

'I love the fact dentistry gives me so many opportunities to develop and grow. I think it's so important to continue to do further training, as dentistry is constantly evolving and changing. I've continued to study because I really do enjoy learning and teaching. Whether it's talking to my patients about their oral health, giving talks to students in dental schools or training and mentoring my staff. Ultimately I would love to get into academic teaching at a high level.'

Even before Sahar talked to us about her day-to-day tasks, the phrase 'juggling act' comes to mind. 'It may sound a bit of a cliché but no two days are ever the same. In my current role I'm doing a lot of things at any one time. I face daily challenges trying to organise my time and making sure I give

organised! Lists are really important. If you're organised, have a positive mindset, are flexible to any challenges ahead then you're on the right path.'

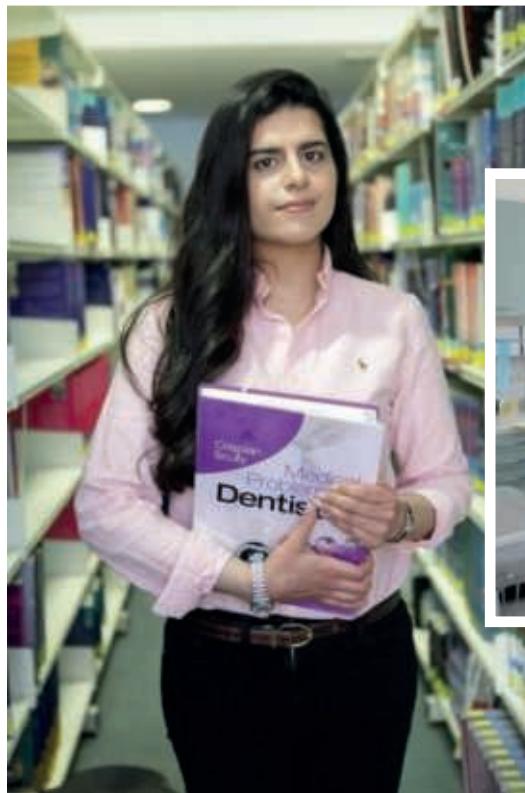
With such a busy working life, how does Sahar keep motivated?

**'I love the fact dentistry gives me so many opportunities to develop and grow. I think it's so important to continue to do further training, as dentistry is constantly evolving and changing.'**

'The clinical work we do can have a long-lasting impact on people's lives and general well-being. Our smiles are one of our most important assets; they help us speak, eat and socialise with family and friends. One of the nicest things a patient has ever said to me was 'thank you, for giving me my life back'. The patient was extremely nervous with significant dental problems. She wasn't socialising, she was being bullied at work. We did a lot of work to overcome her fears so we could get her dental treatment in motion. I remember it vividly, as she really developed through the process. We built up her confidence and she could go out and be her again. That's heart-warming.'

'On the other hand it's so disheartening to see the high levels of decay in children nationwide. I decided to set up an oral health promotion scheme in the local area, and I visit local primary schools and nurseries, holding workshops for the children so that they get used to seeing the dentist, and educating the parents first hand. Our goal is to ensure they can look after their, and their family's, teeth in the long run.'

'And for me that's the beauty of dentistry. It's a strong and supportive unit designed to help people. If you do need something there's always someone there to help guide you. I find that incredibly reassuring, and I'm glad to be part of it. ♦'



Hertfordshire and Middlesex YDG. To say my day is busy is an understatement!'

As an associate in a mixed high street dental practice in North West London,

enough time to each of the different roles I do. Enough time to be a clinician, enough time to manage a practice, and enough time to train my staff. I'm usually first into the practice to set up for the day, prepare for clinic and chat to staff about the day ahead.

'People always ask me how I balance my roles. It's just super important to be

## COMMENTARY

# Dentist and PROBLEM SOLVER



By Charlotte Waite

**T**he patients we treat face barriers on a daily basis and what I love most about my job, is trying to find solutions to those barriers to care.

As a community dentist in Loughborough – an area of the country with high dental need – Charlotte Waite has her hands full. Providing comprehensive care for a broad spectrum of patients who can't access care in the general dental services for a variety of reasons keeps her on her toes, so what keeps her going?

'Health inequalities can be particularly pronounced for the patients we see in the community setting,' Charlotte said. 'I feel it's mine, and my team's, duty to help reduce those inequalities. Every patient deserves good oral health, and that principle keeps me focused.'

Having qualified in 2001, there isn't much Charlotte hasn't seen. She's seen a new born baby that had an early erupted tooth and a centenarian to name but a few. But the best part of her job? Being able to deliver continuing care in the community for those who need it.

'Community dentists often find there are any number of barriers relating to patient care,' Charlotte explained. 'They could be physical, so ambulance transfers, domiciliary care, hoists and wheelchair tippers may be needed. Sometimes communication is a barrier. We often call in translators and sign language experts. We also encounter some mental health barriers, and patients need third parties to make their financial declarations.'

'There are days where I'm treating a mixture of new and returning patients. That can involve liaising with other healthcare professionals in medical and dental. It's not uncommon for social services to be involved, and that's even before we get to treatment planning.'

'For me, that's the beauty of community



**'We are fortunate to have more time to spend with these patients, relieving their anxieties, really listening to an individual's concerns, and responding to their needs.'**



dentistry. With every challenge comes an opportunity. It can be challenging, but the rewards are massive. I'll always remember a patient who had struggled in the past to come to dental appointments, but we helped her overcome her fears and she came in for treatment. At a follow-up appointment, I called her name in the waiting room and she smiled at me with her new dentures, looking so happy and confident. That was a great moment.

'We are fortunate to have more time to spend with these patients, relieving their anxieties, really listening to an individual's concerns, and responding to their needs. It can often take several appointments to build up trust with these patients and each one is unique and treating them involves applying a wide range of clinical skills, as well as interpersonal ones.'

Being able to deliver the highest level of care and balancing the demands of the

role is another challenge, but according to Charlotte this is where the wider team comes to the fore.

'I'm very lucky,' Charlotte added. 'I'm supported by a number of highly-experienced dentists and some high-quality dental care professionals. We all have different strengths, and the great thing is we all know what those are. That means we can call on each other to help out when needed. Within our service certain dentists will have responsibilities for clinical areas, and that leads to better practice which drives better outcomes for our patients.'

'We all know that poor oral health has a massive impact on health and wellbeing, perhaps more so for those treated in the community setting. I'm proud to be part of a community of dentists who work together to try and reduce health inequalities and strive to put prevention at the heart of everything we do.' ♦

## COMMENTARY

# Dentist and TEACHER



By Joanna Batt

**F**rom my experience of dentistry, and seeing the quality of service provided, I really believe we have a fantastic group of dentists in this country, who take pride in their work. We may not always get recognition for it, but we always aim for the best.

When Jo Batt started out as a general dental practitioner a decade ago, she envisaged her career being based in the practice. After all, it is the profession's bread and butter. For Jo, a move from Bristol to the Midlands changed everything.

'I started doing some locum teaching in a local hospital and really enjoyed it,' Jo said. 'I thought I would explore the career and found it to be really engaging and interesting. It's unusual because you often transition to academia from hospital work, but I pretty much went straight from practice.'

The clinical lecturer and Head of Admissions for Dentistry at the University of Birmingham, she is also finishing her PhD. With a packed schedule, how does she fit everything in?

'I'm pretty sure things even themselves out over the course of the year,' Jo said. 'If we're finishing off a research paper we'll be really focused on that. If UCAS applications are rolling in I'll be busy with those. Even my time in clinic is pretty varied. For instance

different areas of dentistry and that we have so much more to learn.'

'I love the flexibility and the variety that's built into my career roles. The world of academia is vastly different to that of being a general dental practitioner.'

'There is so much going on in dentistry, and so much more that is developing, new research, new techniques and things that you can find to be interested in. Giving back to students is incredibly rewarding. Seeing students develop through their clinical years is great. To be able to couple that with keeping my clinical skills up to date is brilliant, both for me and my students!'

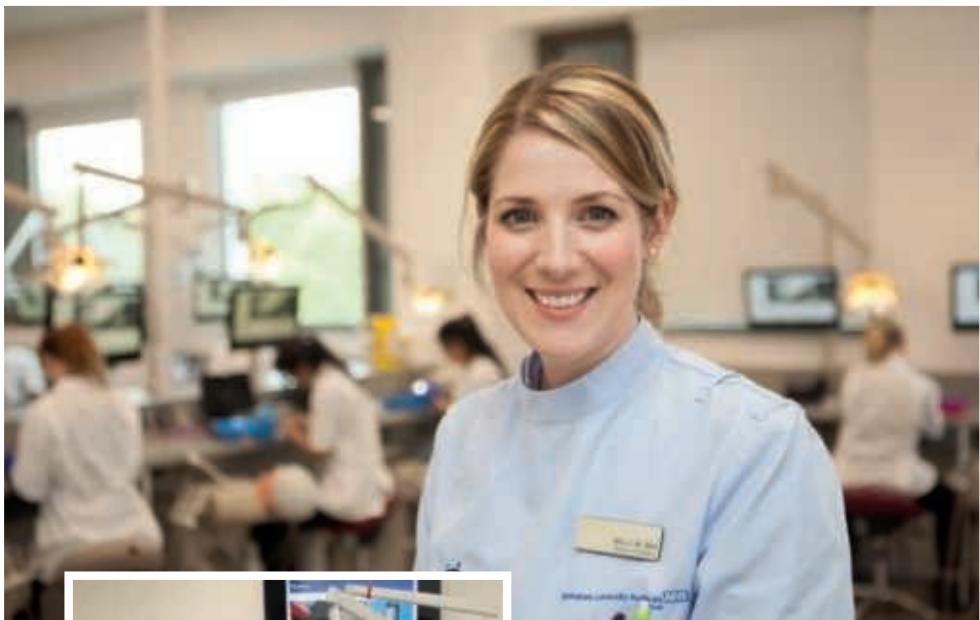
So what advice would Jo give to any dental student – prospective or current – to take with them on their journey?

**'You always need to know the latest regulations, the latest treatments and technology. I try to make sure they have the tools which helps to prepare them'**

'I think the key thing for a fulfilling career is keeping yourself motivated, keeping yourself interested, and striving to provide the best patient care that you can.'

'I try and encourage and prepare my students for a life in practice, which I know can be stressful and challenging, as I worked as a general dental practitioner for four years after I graduated. Dentistry isn't a quick career. There's at least five years at university, but training doesn't stop there. You never stop. You always need to know the latest regulations, the latest treatments and technology. So, I try to make sure they have got the tools which help to prepare them for the big leap into real practice, and that they can manage those tricky situations.'

'The admissions side of my job is a little trickier! Dentistry is an incredibly competitive profession to enter. We look for the sort of person you would want treating you in the healthcare community. The ability to communicate clearly and effectively with patients is so important in dentistry. You have to take responsibility for your own learning as your career develops, and we look for those traits. It's not easy, but if you have the right personality and aptitude, there's a good chance you'll do well.' ♦



I've got a full day with the second year students on the horizon, and that's the first time they will pick up a drill to learn some clinical skills.

'My research is looking at the effect of various titanium products on epithelial cells. It's been a fantastic experience, I've been using lots of different scientific techniques that I had no idea about before I started the PhD. It's given me a real appreciation of the depth of research that is going on in so many

## COMMENTARY

# Dentist and TEAM LEADER



By Amir Vahdat

**J**uggling so many roles can only be done with a great team around you. The biggest asset we have in our dental practice is the people working here.

Amir Vahdat is a principal dentist at one of the largest single NHS contract holders in greater London. He shares the role with wife Nancy, who oversees the employment and staffing of the business while he takes care of many of the external relationships, including dealing with commissioners. As the owner, how does he find the time to fit everything in?

'The Fulham practice has 35 people on site at any given time,' Amir said. 'We have 16 associates, 22 dental nurses and six office staff, so we're a pretty large team!'

I wake up every morning looking forward to coming work, as I really enjoy the contact with my patients and colleagues. Being a practice owner means you don't really have a single, defined role. You're the cleaner, the handy man and have to find time to be the clinical director too!'

**'To me, it encapsulates what being a dental professional is about; to act with care and respect in all aspects of your work, towards your colleagues, towards your patients.'**

Amir's practice is an NHS-only service that also has dental contracts for the prison service across London and the South East. And that in itself gives you an insight into Amir's passion for delivering dentistry.

I'm quite passionate about ensuring everyone should be entitled to decent access to dental care. Better oral health means a better quality of life. We are lucky

here in the UK to be able to offer a service that does just that. Not many countries provide patients with dental treatment for free if they cannot afford it. And what's more even fewer do it to the same level and quality as we do.

'We've named ourselves NHS Dentist, and we do exactly what it says on the tin.'

all walks of life. I want that feeling to translate down to the way we treat and care for patients.'

Besides the extensive list of tasks in any given week, Amir also has a special interest in endodontics and sees patients once a



The reward I get from knowing we treat people from all walks of life on a daily basis regardless of their circumstances is difficult to put into words. To me, it encapsulates what being a dental professional is about; to act with care and respect in all aspects of your work, towards your colleagues, towards your patients.

'Our ethos is to create an atmosphere where people can develop into caring and professional dentists. To me, I don't feel that I just 'employ' people, I want to support and develop them. I hope that we are offering membership to a family, where our staff can grow and thrive. We are part of a community of dentists all striving to achieve the same goal.'

'I find it inspiring and rewarding, that we can offer a full range of dental treatment on the NHS, to people from

week. 'It's what I love about my job,' Amir said. 'A 'normal' day doesn't really exist – every day brings diversity. I qualified in 1999 and every day has brought something different.'

'Sometimes it's not easy balancing my workload and balancing work with family life, but with the support of my wife and my team, it makes the job easier.'

With his many years of experience, I asked Amir to offer students and newly-qualified dentists one piece of noteworthy advice.

'Choose your first job very carefully,' he said. 'Always bear in mind the need for support throughout your first few years. You should try and find a mentor-figure, a principal or senior clinician that can be that person. Remember, even Tiger Woods needed a caddy and coach!'♦

# Going digital

## The business of digital dentistry

Why digital dentistry should not be viewed as an extra expense, but an investment that will reap rewards for your practice both in improved clinical outcomes and business success.



by Ross Cutts,  
Practice Principal,  
Cirencester Dental Practice

**T**he subject of 'digital dentistry' can be overwhelming and confusing to many dentists, and any dental professional who has attended a trade show or conference in the past 12 months has been bombarded with myriad choices. Many dentists are excited by the advantages of new technology such as CAD/CAM creation of dental restorations, but they don't know what to buy or how to take advantage of the many choices presented. Additionally, many dentists are concerned about changing their business model for fear that the quality of their work may suffer and that the cost might be an untenable financial commitment.

The solution is to view new digital technology as a potential business builder, a way to create new income streams and increase the accuracy and predictability of your clinical practice.

### At your own pace

I adopted digital technology back in 2003 when I purchased a powdered intra-oral scanning unit. Things have moved on dramatically since then and digital technology is becoming more and more easy to use and integrate, for instance the powder-free scanning technology available today for digital scanners has made oral scanning much quicker and easier. I won't deny that there is a learning curve with some of the technology and workflow but you will see the rewards if you take it at a pace you are comfortable with and build it up slowly. With CAD/CAM, I started with

simple posterior crowns, and then moved on to posterior quadrants, then anteriors, then bridges and now I scan and plan all my implant cases using intraoral scanning and coDiagnositiX.

### 100% fit for purpose

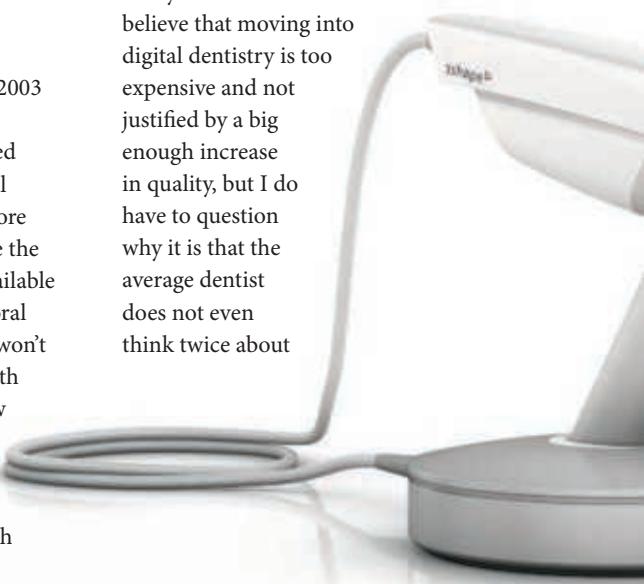
The first thing I noticed when I received my first CAD/CAM crown back was that the contacts were 100% accurate, and this has continued to be the case with all my more complicated work. The second thing is that we have a fantastic choice of materials at our disposal, many of which are highly advanced and offer superb biocompatibility. Additionally, these new materials offer a much more cost-effective solution than precious metals traditionally used in dentistry.

### An investment not an expense

Many dentists and technicians believe that moving into digital dentistry is too expensive and not justified by a big enough increase in quality, but I do have to question why it is that the average dentist does not even think twice about

Ross Cutts BDS (Lond) Dip Imp Dent RCS (Eng) graduated from Guy's Hospital, London in 2000. He is a dentist with Special Interests in Implant Dentistry and Advanced Restorative Procedures. He has placed over 2,000 implants in the last 10 years.

He is a Fellow of the International Team for Implantology (ITI) – and is a Study Club Director and clinical mentor for this Worldwide Organisation. He regularly holds implant courses and lectures nationwide on a variety of topics at different levels, however he has a particular interest in Aesthetic Implant Dentistry, Digital Dentistry and complex Bone Grafting procedures.



'Remember too that equipment doesn't have to last forever – it just needs to pay for itself every day. If something faster, smaller or more efficient comes along, make your decision based on return on investment and its value to your business as a whole.'

buying a £60K Mercedes, but can't afford to invest in digital! Part of the problem is understanding the value each offers. To many, the Mercedes is an 'investment' and the digital equipment is an 'expense'.

For me, digital equipment is absolutely an investment, and I don't subscribe to the 'don't buy today, it'll be obsolete tomorrow' philosophy. I think the key with technology

is to look for a supplier who offers good quality products which will work for you now but

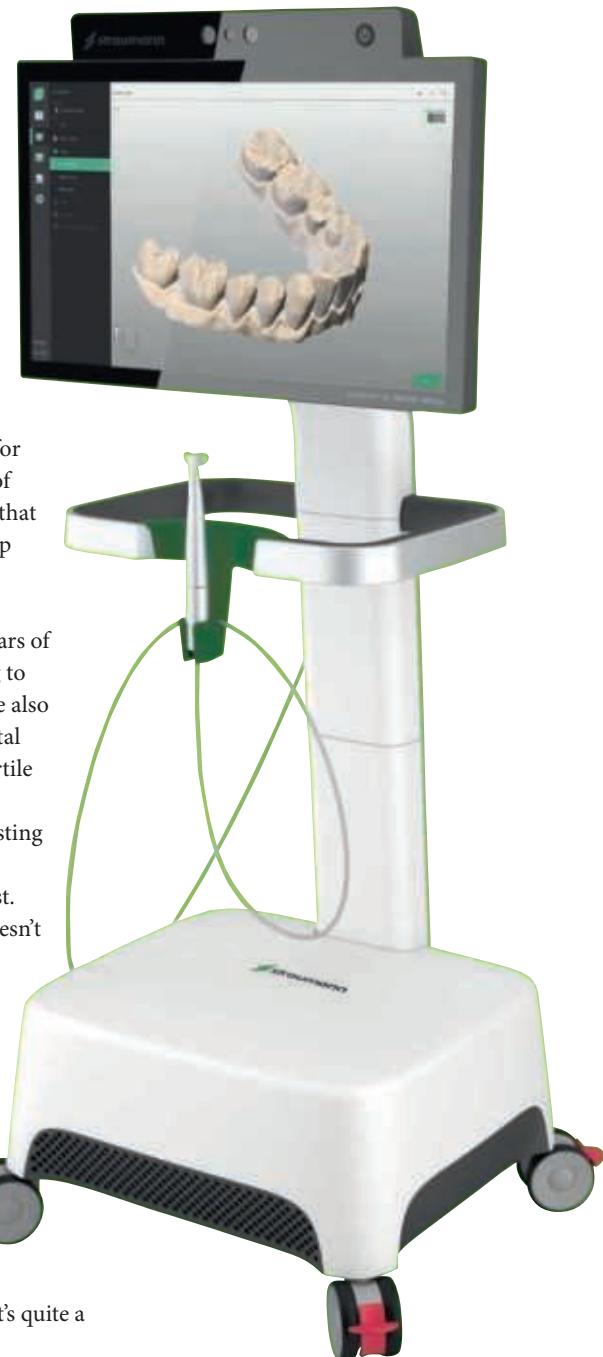
come with a commitment to provide solutions for upgrading those products in the future. Look for manufacturers with a track record of providing regular software updates that truly improve performance and keep up with prevailing trends.

With the increase in open digital technology in the dental industry, fears of being locked into a system or having to stick with the same manufacturer are also diminishing. The opening up of digital dentistry will make an even more fertile breeding ground for new innovative equipment which will work with existing technologies and not require a big injection of cash each time you invest.

Remember too that equipment doesn't have to last forever – it just needs to pay for itself every day. If something faster, smaller or more efficient comes along, make your decision based on return on investment and its value to your business as a whole. If it will result in better-quality dentistry, you will make fewer mistakes, you'll have fewer recalls, you'll have happier patients, better treatment acceptance and higher referrals. That's quite a return on a bit of digital kit!

#### Watch this space

We are probably still at the start of the digital dental revolution; I can see a future where practice, lab and milling centre coalesce into one entity, all working together in a much more integrated and efficient digital workflow. ♦



To find out more about digital dentistry, contact Straumann on 01293 651230 or visit [www.straumann.co.uk](http://www.straumann.co.uk)



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# How to manage your finances to prepare for buying your own practice



**Nigel Crossman,**

Head of Commercial Finance, Samera Group

**O**ne of the most important skills in your personal and business life is learning how to manage your finances. It sounds so easy and many will tell you business finance management is the same as managing your personal finances. There are similarities and it is important to have both under control as your personal finances say a lot about you as a person and your ability to cope when you move in to the business world.

If you do not own a business already, your personal circumstances are one of the information sources that lenders will have to assess your ability to manage when you step into your first business. They will also look at your CV and whether you have undertaken any roles in your place of work to gain skills

such as management of staff, involvement with premises issues and the CQC.

Managing your own personal finances up to this point in your life has been just for you and your family with little scrutiny from others, although credit reference agencies are now starting to change this. Your experience of lending other than obtain credit cards and a mortgage may be limited.

So, who will scrutinise your business finances? At first your accountant – if he is more than a bookkeeper he will review your business accounts and discuss with you changes to improve profitability. He will discuss with you your plans and provide ideas as to the way forward. He should be there with you involved in your plans and ideas and providing advice and guidance. Use a specialist dental accountant who will understand your business.

## So how do you prepare to buy a practice?

There are a number of lenders out there looking to help you purchase your first practice, they all have their own policies and limitations as to who they will lend to and how much they will lend. Some have specialist teams to help you others do not, most lend on an unsecured basis and therefore they will want to be sure that you have the skills and the financial ability to repay them.

When you approach lenders for finance they will want to see a breakdown of your current assets and liabilities and how you currently spend your income. They will also review how much you have been able to

save and if you have not saved where has the money gone. They will be looking to see if you have invested in property / qualifications/ assets. This is a detailed examination of your income and expenditure and will need to be supported by the provision of bank statements verifying what you have put down as your income and expenditure.

Your bank statements also show how you have conducted your account, many lender ask for six months' statements both personal and associate bank accounts if you use a separate account for your associate work. They look at control of your funds, do you overdraw your account? Have you an overdraft limit in place to control this? They will also want to see three years associate accounts again to verify income.

Most of the lending in the first purchase of a practice is unsecured, so understandably lenders want to be sure you have a sound financial background and can control your own finances. They want to see a good degree of financial sense and control which will be needed to manage your own business.

## Financial sense/control

What demonstrates this sense/control?

Savings are obviously a good start, investment in property, further investment in your professional skills and a sensible standard of living all show stability. This along with a well-run and controlled bank account all start to build a picture for lenders to enable them to consider your request for a loan and leads to a good credit score.

So, buying a new Jaguar every year, running up large credit card debts and

Nigel Crossman joined the Samera Group in May 2016 from the Royal Bank of Scotland where he was the Head of Healthcare for the London and South East region.

He has extensive banking experience having spent thirty eight years working for two major high street banks during which time he built up a huge network of contacts. These contacts now span the financial network providing access to all of these financial institutions for Samera clients having been placed on their broker panels.

showing a large surplus of income over expenditure with no visible savings is not the way to go. If you constantly overdraw your account with no overdraft limit in place this indicates no control /plan for your spending.

Having an overdraft limit in place is not a bad thing – some associates think this is but it demonstrates the ability to plan and foresee pinch points in your finances and the financial skill to deal with this in advance.

This is not to say you cannot buy a nice car and have good holidays and send your children to private school. It just all must be managed in the correct way.

Professional courses and school fees should not be funded on credit card. Use appropriate loan facilities this will save you money as interest rates are a lot lower. If surplus income has been spent on something considered good such as further professional qualifications/property investment, make sure you highlight this as this is not always clear from bank statements where it may merely show a loan payment.

Ensure that you plan for your tax liability and that you place funds to one side to deal with this, lenders will ask your accountant to confirm that all tax payments are up to date.

Your financial standing is measured as at a moment, the moment that you are applying for the loan by looking at your position now how you have conducted your finances in the past with particular scrutiny on the last six months / year. You cannot change your lifestyle in a week and you cannot change what is showing on your credit history or bank statements. You need to prepare and plan, when you come to a lender you need to have your house in order. Show good management / financial stability and you will have more success in obtaining finance for a practice.

#### How do I plan for this?

The most obvious statement is to live within your means. A quote from Charles Dickens – *Mr Micawber*:

'Annual income twenty pounds, annual expenditure nineteen [pounds] nineteen [shillings] and six [pence], result happiness. Annual income twenty pounds, annual expenditure twenty pounds nought and six, result misery.'

Or to quote Aleksandr Orlov (Meercat) 'Simples'.

It does all looks very easy but we all know that life is not that simple and throws up things to make our plans go off course such as house purchase, children and replacement of assets.

**'You cannot change your lifestyle in a week and you cannot change what is showing on your credit history or bank statements. You need to prepare and plan, when you come to a lender you need to have your house in order.'**

The first step review your personal income and expenditure – look at it from an outside perspective, what would others think when looking at your expenditure? Would an outsider consider the £2000 per month you put aside for holidays excessive or, just right? The loan repayment figure you are showing at £1200 per month what does it relate to? Make sure there is a breakdown somewhere showing what it is made of. Is it all car loan or made up of some car loan and some professional qualification costs?

The second step should be to obtain your bank statements and look at the account conduct, do you stay in credit or within the overdraft limit? Are there any times when

finances get really stretched and if so can you do anything about this?

Thirdly, obtain your credit score. You can do this for free and you can make sure that it is correct, check there is nothing on there you were not aware of. They do make mistakes. Check payments show as up to date and there are no defaults. If you use multiple credit cards consider reducing the number of cards. Ask them to amend anything that is incorrect.

Lastly make sure your partner's business or personal is in a good place as well. If borrowing in joint names you will both have this examination of your financial status/position. Then make sure that you continue this good work and maintain your finances in good order going forward.

Utilise the skills of others, have an independent financially aware person review your position as a second pair of eyes is often vital. They can give you a different perspective and advise you on changes they would consider. This type of review is carried out by me before taking forward any lending application and ensures that information is clear for lenders to then assess.

#### The important points

Review your finances. Do this now not when you want to purchase a practice. Ensure that you look at these critically obtain an outside view if possible, many will do this for no charge, as we do.

Make sure you are in control, provide explanations for existing debts and any large expenditure items. Make sure your CV is up to date and includes all your professional skills, this will be read by bankers not dentists so explain technical phrases.

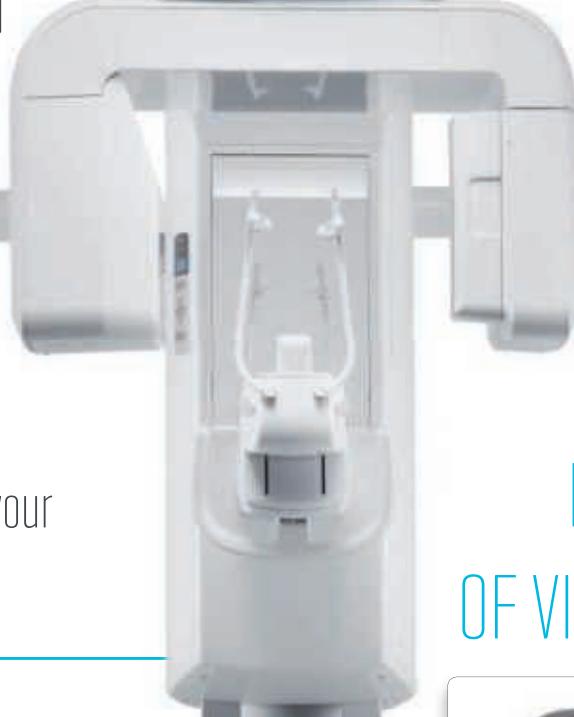
Make sure all forms are completed fully, lenders check bank statements, accounts and credit reference agencies. With everything disclosed this will ease that process and remove the need for further questions and explanations.

Prepare in advance, plan ahead and you will be ready to move forward and make the process of obtaining finance easier. Once under control your finances will be much easier to manage going forward to your second and third practice. ♦

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# To refer or not refer – that is the question



by Len D'Cruz,

Dento Legal Adviser,  
Dental Protection

**T**he NHS dental contract is designed primarily to provide the necessary treatment to secure a patient's oral health.

Whilst the contract takes different forms in England and Wales with UDAs being the metric of choice and Scotland and Northern Ireland retaining a fee per item remuneration model, the delivery of care is predicated on need rather than want.

Many practices have built success on 'mixed practices', that is the delivery of private care alongside NHS dental care to individual patients.

The rules around mixing in England and Wales are quite clear. A dentist may, with the consent of the patient, provide privately any part of a course of treatment (except sedation and general anaesthesia) but shall not, with a view to obtaining the agreement of a patient to undergo services privately:

- advise a patient that the services which are necessary in his case are not available from the contractor under the contract; or
- seek to mislead the patient about the quality of the services available under the contract.<sup>1</sup>

The GDC also make it a professional and ethical requirement not to mislead patients about the availability of treatment<sup>2</sup> and warn about not pressurising patients to accept private treatment that could be available on the NHS:

- 1.7 You must put patients' interests before your own or those of any colleague, business or organisation
- 1.7.3 You must not mislead patients into believing that treatments which are

available on the NHS (or equivalent health service) can only be provided privately. If you work in a purely private practice, you should make sure that patients know this before they attend for treatment

- 1.7.4 If you work in a mixed practice, you must not pressurise patients into having private treatment if it is available to them under the NHS (or equivalent health service) and they would prefer to have it under the NHS (or equivalent health service).

And so we come to delivery of periodontal care by hygienists. From their training and experience and under their scope of practice they are the ideal members of the dental team to deliver this.

The business model operated by dental practice owners makes the provision of this service difficult to operate under the NHS since the hourly rate many hygienists command make it difficult to offer their services on the NHS. This is because most hygienists would like sufficient time to spend delivering their oral health messages, monitoring patient compliance and carrying out treatment. This is often a 30 minute appointment in which they have to carry out a range of hygiene services as well as infection control procedures before and after patients, unless they have the luxury of a dedicated nurse

So it seems it is difficult for practices to fund a hygienist on the NHS which is why the service is inevitably delivered under private contract.

And that is where the problems start especially when practice owners want the

hygienists to be busy and for the service to be cost effective.

Associates are sometimes 'incentivised' to make the referrals by a small referral fee for each patient referred for treatment – fees of anything between £3 and £15 per patient.

Whilst this might on the face appear a reasonable encouragement to associates to make a referral, the GDC has some concerns about the perceived ethics of this:

- 1.7.6 When you are referring patients to another member of the dental team, you must make sure that the referral is made in the patients' best interests rather than



for your own, or another team member's, financial gain or benefit.

The same applies to incentives or referrals by other practitioner for implants, perio referrals etc either internally or from local practices. Vouchers, bottles of wine or cakes count as 'benefit' for the purposes of referrals.

More problematic is when the referral to the hygienist for treatment under private contract when they are NHS patients.

The typical scenario is a patient is seen under the NHS for a check-up. A BPE is done and scores of 2s and 3s are noted. The patient is told about their gum problems and advised to see the hygienist. The patient accepts the recommendation of the dentist and makes the appointment. That's all fine until they ask at reception if they could see the hygienist on the NHS.

'No' they are told, the hygienist only works on a private basis.

That is of course factually correct if that is what happens at that particular practice but the patient has not been told that, as an NHS patient, they are entitled to have the treatment they need under the NHS and the hygienist is simply an alternative option they can choose to have. In England and Wales the patient is not registered as they are in Scotland but they are still deemed to be an NHS patient if they have had an NHS examination.

At best, the patient has been misinformed about their options, at its worst the dentist has been deliberately misleading or dishonest.

And now we are in the territory of professionalism and ethics and the GDC.

It can be reasonably argued that the patient has not given their consent for the hygienist treatment as they were not made aware of the alternatives. Confusingly for patients, fees to see the hygienist can be similar to NHS periodontal treatment charges so they might not always be alerted to the fact they are not being seen on the NHS.

Implicated in this, along with the dentist who may be an associate or Foundation dentist, is potentially the practice owner who may be said to either exert control over the working practice of the associate be incentivising the dentist with financial inducements to make the referrals.

How is it that dentists find themselves at odds with professional guidance in this matter?

When asked by patients why they should see the hygienist for the gum treatment they need they are sometimes offered reasons such as '*they can spend more time with you*', '*they can tailor the treatment to your particular needs*', '*they specialise in this and do it all the time*', '*they are better than dentists and they can do a better job than I can*' and so on.

The reality is that none of these reasons really stand up to even the most perfunctory of challenges.

Hygienists do provide an excellent service to patients and can be a real practice builder, supporting dentists in delivering high quality care on the solid foundations of healthy periodontal tissues.

When patients are made aware of their gum problems, via its manifestations of bleeding gums, bad breath and recession for example and they own their condition and the consequences with a process of co-diagnosis patients will readily take

up offers to solve their problems once they understand the benefits. It is very much a matter of shared decision making<sup>3</sup> that engenders this trust between clinician and patients so that the patient can make an informed choice about what is the best form of treatment that effectively manages their gum condition.

The solution to this apparent impasse is that NHS patients should be making a deliberate choice to see the hygienist under private contract having been told by the treating dentist that the treatment they need is also available on the NHS at the practice.

To ensure there is no confusion, the offer of NHS and private hygiene treatment should be recorded in the notes and where the patient agrees to any form of care, an FP17DC estimate form should be completed

Information leaflets explaining the options patients have are also useful to demonstrate the transparent discussion that takes place.

Dental practices have also developed alternative business models where their hygienist service is provided under the NHS. In this case periodontal pathways<sup>4</sup> can be usefully established within the practice to determine the precise criteria for referral to the hygienist for periodontal treatment which would attract UDAs under Band 2<sup>5</sup> or periodontal fees in an item of service that operates in Scotland and Northern Ireland in accordance with the Statement of Dental remuneration (SDR). Whilst there are no stipulations about the number of visits or time intervals between appointments for periodontal treatment in England and Wales there are in Scotland and Northern Ireland.

In the end, many patients accept the advice and recommendations they are offered by the dentist and as long as there is no coercion, subterfuge or deception, practices and their teams should be safe to offer hygienist services under private contract without fear of breaching NHS regulations or ethical and professional guidelines. ♦

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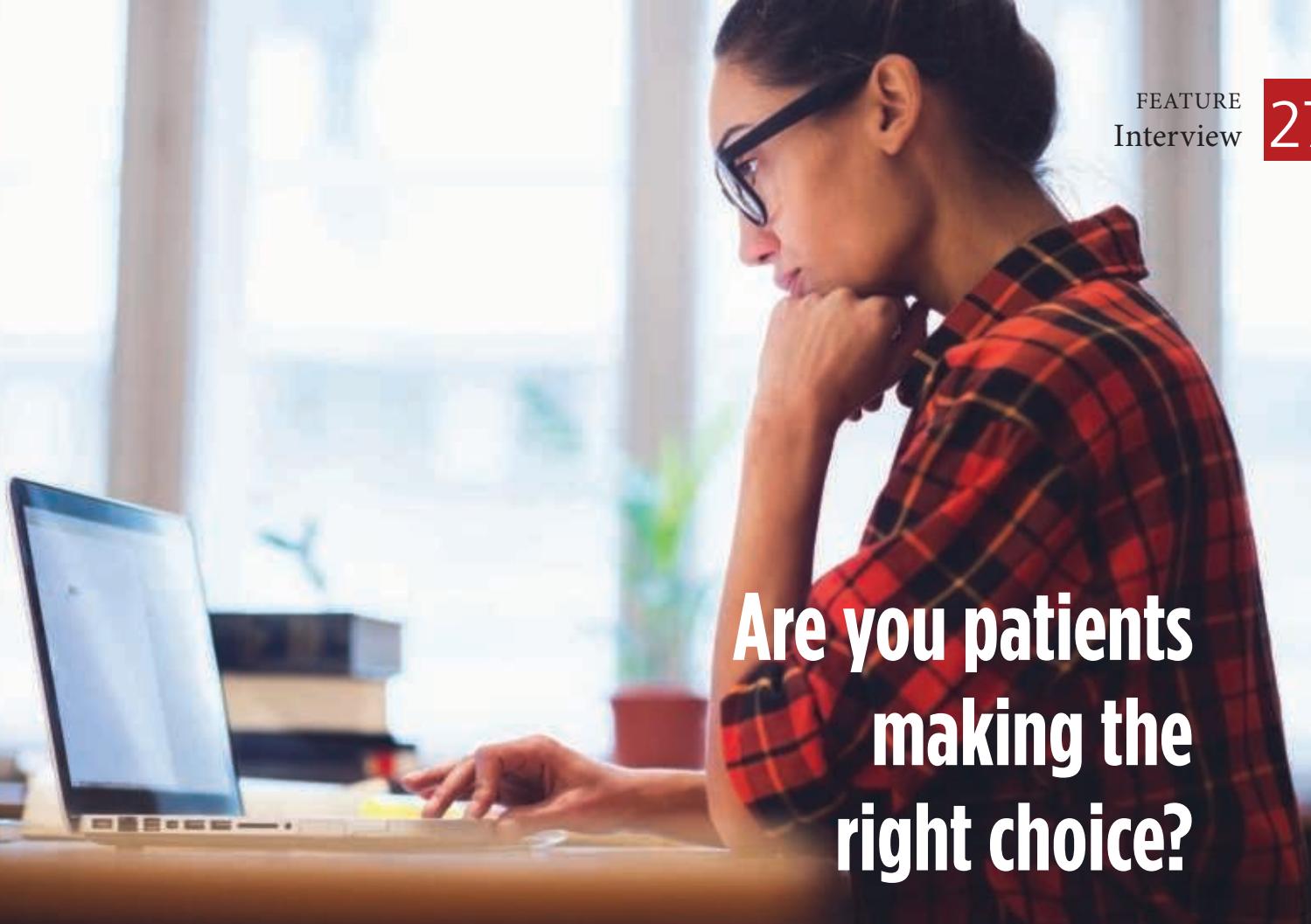


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# Are you patients making the right choice?

The Internet is a wonderful place. When I was younger I had to sit through 90 seconds (if I was lucky) of dial-up tones just to get online. It wasn't a click away – it was all a bit of an effort.

These days it's impossible to be more than two clicks away from getting online. Facebook, Twitter and Google are all built in to our daily lives, whether we realise it or not. And it's the same story for dental professionals. Patients have so much choice available at the touch of their fingertips that you absolutely have to be one step ahead. The reality is that if you're not, you'll get left behind in the digital age. **Alistair Dunscombe**, User Generated Content Manager at NHS Digital, spoke to *BDJ In Practice* about why dental practices need to keep up.



**Alistair Dunscombe**

User Generated Content Manager, NHS Digital

## *How important is it for dental practices to have a web presence?*

It's becoming crucial. Take NHS Choices for example. In 2016 we had an average of 48 million visits per month to the site. Dentistry is broadly covered on there and contributes to a little over three per cent of the overall website traffic. That's a lot of people looking for a dentist, so if you're not on there you're definitely at a disadvantage.

One of the main sections of the site is the service directory, where users can go on and find a healthcare practitioner near where they live. Almost 14% of visits to the service directory are for dental profiles, so we know people are looking for dentists. Practices should be aware that they need to have their details on there if they provide any NHS services.

## *What kind of details do they need to have on there?*

At the very least you need to have opening hours and contact information on there. There's also the option to show your location on a map, which is a popular method of service users choosing their dentist.

We'd also recommend you add your staff list, their roles and services on offer. If you can highlight whitening, orthodontic services, hygienist appointments and other areas besides a regular check-up, that can only be beneficial. Beyond that you can add as much or as little detail as you like. Some service providers add photos and videos – others keep it simple.

Whatever level of detail you go into, it's important to ensure the information on there is correct. We find Google and other

## Editing your profile and responding to comments

To get started with your profile please email [nhschoicesservicedesk@nhs.net](mailto:nhschoicesservicedesk@nhs.net) with the following information, and ask for Web Editor access and Comment Administrator access:

Your name:

Email address:

Organisation name:

Organisation address, including postcode:

As soon as you have your login details you can begin managing your profile.

## Responding to comments

You can find a lot of information and advice about responding to feedback online, but my three top tips are:

- Respond to all comments, good or bad. It shows the commenter you listen, and that their comment has been read and acknowledged.
- Do not use the same stock response to each comment, try to personalise it to the commenter and their experience.
- Remember, your response will be seen by everyone who reads your practice's comments, not just the original commenter. Your reply is a good opportunity to market your practice.

search engines list NHS Choices towards the top of the results, usually behind your own website. If there's an incorrect phone number on there or wrong opening hours, it can impact your business.

### *To what extent is this just an extension of a practice's own website?*

There's an element of truth in that, but we would encourage providers to understand that NHS Choices can be used in conjunction in that. We automatically set up and provide a page for anyone with an NHS contract. I believe the information should mirror what's on your own page for

accuracy and provide a summary of the key details – the what, who, where, when. NHS Choices is perceived by the public to be an independent source of information on your services.

### *Does this apply to mixed NHS and private practices?*

Yes it does, and it's probably more important for those practices to have this data than a purely NHS provider. On your profile you can state what type of patient you're accepting, be it children, NHS or private. We've made a change to make it easier for service providers to do this in light of user feedback. The more informed the patient is before their appointment, the better it is for all parties.

What's more if you don't update the status of what type of patient you're currently accepting every 90 days, the service user will see a message that says 'provider not updated this information'. There's nothing more frustrating than a patient thinking they're making an informed decision only to get to the practice to discover it is inaccurate.

**'With online feedback the very nature means you're shielded from the person you're talking to. The conversation takes place in an online environment and quite often you find service users – and providers – saying things they probably wouldn't if the conversation was face to face'**

It's easy to manage the information too. Within five minutes you could have responded to comments and updated your profile. A web editor can check the page and keep it up to date while a comment administrator can log in at any time to review feedback. You just need to contact our service desk to access these, and they're always available to answer queries.

### *Not providing patients clarity on what treatment offered is a complaint often labelled at practitioners. If they follow this advice then reviews – a growing area of online healthcare – will surely be more positive?*

That's a fair assumption to make. In general, on NHS Choices there are more

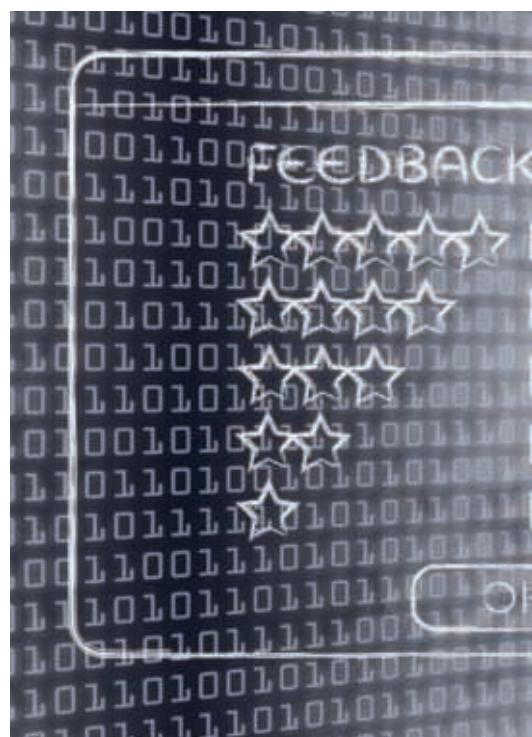
positive reviews than negative ones, and the ratio does depend on the service type. For example, a long term stay in a hospital would be viewed differently to a patient seeking over-the-counter treatment at a pharmacy. We understand that treatment experiences differ greatly within each sector too. Dentistry is no exception.

### *Do you think that is tied to patient expectations resulting from cost at the point of access?*

When you're paying for something you do expect the best service available. That applies to dentistry more so than any other area of NHS care. We're often told by service providers that patients don't always know what is clinically necessary for them. Collectively we need to help inform the public what's available under each band, and conversely patients need to know exactly what's under each band and what they're paying for. If there's an explanation and clarity up front it should reduce the potential for issues to arise.

### *How damaging are negative reviews if they're not managed properly?*

They could have an impact if the review hasn't been moderated properly. We want to give everyone a voice, so if the review is judged to be fair and in-line with the comments policy, it will be posted. Negative feedback is a reality practitioners must embrace, and we want providers to feel like they can respond to and address those comments.



We have seen a range of how providers respond to negative feedback. Some take a combative and aggressive policy, ignoring the reviewer's comments and encouraging others to do likewise, and others take a full and open policy of responding in detail embracing their views and taking their points on board.

We carried out some research that revealed practices responding proactively to negative feedback actually had a higher rating than those who took the combative approach. It's up to a practice how they respond, so it's a good opportunity to show the public how they approach the situation. We always advise a practice to respond as industry research tells us that an engaged response is better received than no response.

**Why do you think people take to the internet to leave negative feedback?**  
With online feedback the very nature means you're shielded from the person you're talking to. The conversation takes place in an online environment and quite often you find service users – and providers – saying things they probably wouldn't if the conversation was face to face. Because of this you probably talk more freely too.

We do let people comment anonymously too, which gives the reviewer a 'hidden identity' feel to it. Some people do this because they're fearful of repercussions, which is sad to hear. Service users say they're fearful of their treatment suffering or being treated differently. Providers say

anonymous reviewers might not even be patients at the practice and believe they're saying things that aren't true to hurt their reputation. It is a tricky balance to find.

We do have a system in place for people who feel comments aren't truthful or suitable. Using the 'Report as unsuitable' feature means it will come through to the moderation team. If it's an anonymous contributor doing so maliciously, we can deal with that. We don't want practices thinking unmoderated content is going on their profile and potentially harming their business.

**'We do have a system in place for people who feel comments aren't truthful or suitable. Using the 'Report as unsuitable' feature means it will come through to the moderation team. If it's an anonymous contributor doing so maliciously, we can deal with that.'**

**When did online reviews start to take off?**  
Once people discovered the internet was about more than simply surfing and products and services were listed. In 2007 NHS Choices collected 50 reviews in the first year they were an option. Now we receive in excess of 13,000 every month, and it's increasing all the time. Reviews give people a voice online.

Facebook is a great example. When it first came along it was personal profile only. Now you can add a business page that you can share and like and service users can access. That's just one of hundreds of websites that offer reviews. There always seems to be an option to leave feedback.

**How important are reviews for healthcare services when everyone has different expectations?**

They are becoming a huge part of deciding where you're going to go for your care. One person's experience may differ from someone else's who had the very same experience, which is why truthful and informative feedback across all areas is important.

We want the feedback to be high quality and useful for users and providers. It has to help patients decide whether they want

## Three things to do next

1. Check your profile is up to date – Find your profile on [www.nhs.uk](http://www.nhs.uk) and try to view it from a patient's point of view. Once you have editor access, make sure all of your information is up to date.
2. Respond to feedback – Once you've got comment administrator access you can start responding to comments. The advice above will help you in addressing positive and negative comments.
3. Maintain your profile - Once you've made a few changes to your profile and responded to feedback, you'll see how quick and easy it is to make changes and add updates (taking on new patients/not accepting new patients, changes in staff etc.). If you have no changes to make for a long time, you can still 'Verify Information', to show your patients that everything's up to date.

to use your practice and the providers understand how they're performing.

**Are there any golden rules for responding to feedback you would offer?**

Manage your user feedback. As a bare minimum you should do something. Be mindful of patient confidentiality and anonymous users, which could prove tricky being thorough, but show the patient you understand and acknowledge their grievance. For some users it's the acknowledgement that they're after. Don't automatically reject comments that you feel are unfair, remember that a well-articulated response makes a really positive impression.

**In your opinion what are the next step in digital healthcare?**

Smartphone engagement with NHS services continues to increase. Once upon a time you had to trawl through the Yellow Pages to find what you were looking for. Now it's a click away online where you can find and compare a whole host of services available without leaving the house. Online bookings, referrals and app-based interaction is where I see dentistry going. Some toothbrushes have apps that track where you brush. They send the data back to your dentist, so it's possibly already started. Smart bandages send data back to your GP on how a wound is healing. Imagine that on a root canal treatment or orthodontics. ♦



# Mediation often solves it



**By Juliet Irvine**

Juliet is head of Operation for Advisory Services co-ordinating the BDA's teams that deal with associateships, partnerships, employment law and NHS dental regulations and agreements

**D**isputes between associates and their practice owners unfortunately sometimes become more fraught than they need to be. This can be because what looks like a straightforward self-employed arrangement to work at a practice for a set percentage of fees has, by its very nature, to be quite complicated. However, all BDA members now have access to FREE mediation services in relation to associateship disputes between BDA members. Mediation involves an independent, impartial person helping parties to resolve conflict and avoid costly litigation, in some cases preventing the breakdown of valuable business relationships.

## More than just advice

The mediation service builds on the standard contract advice that we offer on associateships. Issues where the BDA Practice Support team have assisted members with advice include the apportionment and payment of fees, equipment and repairs, staff support, maternity leave arrangements and the restriction clause when an associate leaves. These are important issues affecting both an associate's and a practice owner's livelihood so it is understandable that they can degenerate into an argument. We know from experience that although focusing on the rights and wrongs of the situation can help each side reach a settlement it is exploring solutions that is more effective. BDA Practice Support can actively help in this by arranging mediation between associates and practice owners.

## Simply talk

A break down in communications is often the cause of disputes getting worse and mediation is a formal process to get that communication going again. Initially with any situation we suggest that the associate and practice owner try talking to each other about it to express their concerns and how they want

the matter to be settled. If the problem cannot be resolved through discussion and negotiation between the two parties alone, we can sometimes help by conciliating, which is a process of shuttle diplomacy through emails and telephone calls. Though on many occasions, mediation is the best option.

## Reaching agreement

Mediation involves both parties meeting with us with a view to reaching agreement during the course of a day. With general dental practice disputes this process has had over a 95% success rate for us and BDA members. It relies on both parties genuinely looking to resolve the dispute through discussion. The focus is not upon apportioning blame for the situation or deciding which party is the winner; rather it is about thinking up solutions and discussing how satisfactory they are to each party.

For instance in one situation where we helped (settlements are strictly confidential, these details are reproduced with the consent of the parties) an associate had a specialist interest and wanted a separate telephone number for patients to contact them about their specialist work, the practice owner, however, wanted all calls to come to the practice's main number. Obviously either a new phone line would be installed or not but we were able to get the parties to focus on what advantages and disadvantages this would bring to the practice in terms of patient numbers, revenue and goodwill.

## Ethical way forward

Mediation is a suitable approach to associate disputes as it enables us to help you directly. In advising on any practice dispute we may be asked by either the associate or the practice owner about the situation; BDA Practice Support advisers can help either side understand the legal positions and suggest options for moving forward. And if each side contacts us we will provide guidance

confidentially to both. But mediation allows us to deal with you both openly and help you to agree a solution that works for both parties and allows both parties to move forward.

Furthermore, mediation probably best fits with the ethical obligation to co-operate with colleagues. The General Dental Council stresses that 'You must treat colleagues fairly and with respect, in all situations and all forms of interaction and communication'.<sup>1</sup> Of course arguments do happen but trying to resolve them rather than pursuing them is often best. In any case, if things aren't resolved civil litigation is a complex, expensive and difficult process that generally is best avoided.

## Free mediation service

Both parties need to agree to enter into the mediation process. You may choose to discuss using the service between yourselves first. But, if one side contacts us, we can approach the other to see if they are willing to participate. We will seek details of the dispute from each party and appoint a trained mediator from amongst our team of legally-trained advisers. The mediators will not have been involved in the dispute before the mediation. Arranging a mediation meeting is subject to us judging that the matter is suitable for settling through mediation and both parties signing our terms and conditions, which will be sent out to you when you contact us.

In addition to associate disputes Expert members also to have access to free mediation services for a wider range of issues including partnerships and staff relations.

In a way we hope you don't need our service but we are here if you need us. Disputes between associates and practice owners are not always easy to resolve but there have been many cases where solutions satisfactory to both parties have been found and relationships restored. ♦

1. General Dental Council, Standards for the dental team, paragraph 6.1.2, January 2017.

If you have a situation where you feel mediation may be of help then don't hesitate to contact us. Either email the Practice Support team on [advice.enquiries@bda.org](mailto:advice.enquiries@bda.org) or telephone 020 7563 4574.

# The magic of the movies



by John Ling

John works in the Marketing Team at the BDA. He holds the Professional Postgraduate Diploma in Marketing from The Chartered Institute of Marketing and is a Chartered Marketer.

**F**or many people, there is nothing quite like going to see a film with family or friends on a large screen with pop and popcorn – the magic of the movies. As people settle in for the film they are a ready-made audience for the trailers and adverts. Promoting your practice through an advert at your local cinema is something that more and more small businesses are doing, so it is something you should not overlook.

Cinema has certainly cast its spell over British audiences for over a hundred years now, and whilst we will never reach the dizzying heights of 1.64 billion admissions seen in 1946, we are also a long way from the nadir of just 54 million admissions in 1984. The multiplexes that arrived in the late 1980s began a revival that is still with us – in 2016 there were 168 million visits, with three quarters of the UK population visiting at least one of Britain's 750 plus cinemas in the year.<sup>1</sup>

## Captive audience

One of the advantages of cinema advertising as an advertiser is that you have a captive audience to watch and pay attention to your advert, away from the distractions of home – when you're sat in a dark room in front of an enormous screen and you've been asked to be quiet and switch off your phones, there really isn't much else to do but watch the adverts! With the almost complete attention of cinemagoers your advert is much more likely to be noticed and remembered than advertising in other media which can blend into the background. Studies show that cinemagoers watch on-screen adverts and that they can be up to eight times more effective at making a brand stand out.<sup>2</sup> Moreover, cinema audiences tend to be local so if you want to raise awareness of who you are and what you offer with your local

community, cinema advertising is a great way to reach them.

Strange though it may seem, there is still a certain cachet to appearing on the big screen, alongside big brands and big stars – it lends your practice a certain prestige and will certainly help it stand out from other dental practices.

Each cinema will have audience profiles, setting out general information about the people who go so you can target your ad more appropriately. If you are targeting particular segments of the market (such as families or affluent professionals), you may be able to show your advert before films that are likely to appeal to your target audience. If your practice prides itself on being family-friendly and this features strongly in your advert, advertising before a family film makes perfect sense and is more likely to elicit a better response.

## Production and distribution

There are two types of adverts you can run: slide advertising or digital advertising. Slide advertising (the cheaper option) allows you to show up to three slide stills (appearing for around 7 seconds each); and digital advertising enables you to show moving images with sound – just like the adverts you see on TV. Planning your message and producing a good quality advert will be crucial. Many marketing agencies will have the skills and equipment to produce a cinema advert for you – or will know other professionals who can. They will also help you with a lot of artistic ideas. But be mindful of trying to include too much information and keep your advert focused on the key messages that you want to communicate to the audience. You want them to remember how to contact your practice, so make sure you direct them to your website or a dedicated phone number to find out more.

Then you need to show it!

Cinema advertising in the UK is overwhelmingly distributed by Digital Cinema Media (DCM), who show adverts to 80 per cent of UK cinema admissions (they run the adverts for the three largest cinema chains, *Cineworld*, *ODEON* and *Vue*, as well as for some independent cinemas). Pearl & Dean are also a significant player in cinema advertising, and both have clear guidance on their websites - at [www.dcm.co.uk](http://www.dcm.co.uk) or [business.pearlanddean.com](http://business.pearlanddean.com) - explaining what they offer and how to go about advertising through them. You might think that such advertising commands a princely sum, but you'd be wrong. Advertising rates start from as little as £95 a week; so, say, if you wanted to run a four week campaign, across eight screens, the cost would be little over £3000.

Cinema adverts must be cleared by the Cinema Advertising Association, see their website – [www.cinemaadvertisingassociation.co.uk](http://www.cinemaadvertisingassociation.co.uk) – for details on clearance. It costs £100 plus VAT, though both *Digital Cinema Media* and *Pearl & Dean* will usually do this for you as part of the service they provide. Your advert may also need clearance from British Board of Film Classification (BBFC), depending on your advert – the CAA will be able to advise you on this. Of course, you also need to follow general marketing rules from the Advertising Standards Authority and GDC on adverts being legal, decent, honest and truthful.

So the big screen could present you with a big opportunity. ♦

1. UK Cinema Association, UK Cinema Admissions and Box Office: Annual Admissions – 1935 onwards, 2017 (accessed 1 May 2017), available from [www.cinemasuk.org.uk/the-industry/facts-and-figures/](http://www.cinemasuk.org.uk/the-industry/facts-and-figures/)
2. Digital Cinema Media, The Bigger Picture, Digital Cinema Media with Hall & Partners, November 2014.

# Equalities – Should your ‘girls’ man up?



By James Goldman

James is head of Employment and General Practice. James trained as a barrister and advises dental practices on employment law issues and has represented practitioners in many Employment Tribunal disputes

**T**hey’re women, not girls,’ a friend of mine shot back at me at dinner a few weeks ago. I was a little taken aback. I am not used to being picked up on using inappropriate terms. But my friend, a structural engineer, had a point. I was referring to adults, not children.

The thing is, I am used to hearing the terms ‘girls’ as an adviser at the BDA. Many practice owners and practice managers refer to staff as the ‘girls’. To the best of my recollection, this has never been raised with the advice team as a problem. Is this really an issue?

I discussed this with my friend, the structural engineer. She told me that some male colleagues have refused to listen to her because she is a woman. Some colleagues or clients simply could not believe she was capable of performing the necessary calculations; simply because she is a woman. She feels that she constantly has to prove herself where her male colleagues don’t. It is easy to understand why this structural engineer was more sensitive to the use of ‘girls’ in an industry traditionally dominated by men. To her and many others, the label ‘girls’ infantilises women and reinforces the notion that, because they are women, they are not as good as their male colleagues.

The dental industry is different. It provides many people – mostly women – with good jobs and training to be part of a professional team that supports dentists in their work. Dental nurses are recognised professionals.

And members of the dental team have plenty of opportunity to progress their careers; and many have done so. The dental industry is – generally speaking – pretty engaged when it comes to equal opportunities. Male and female dentists generally both have opportunities to progress.

I decided to investigate a little and speak to various dental team members. Some said

they had no problem being referred to as the ‘girls’. One told me it was simply not an issue. That said, another suggested that it would be less acceptable to be referred to as the ‘girls’ by someone who you didn’t know well. Maybe it is a term that can only be used when everyone has established strong working relationships and there is some genuine camaraderie and respect?

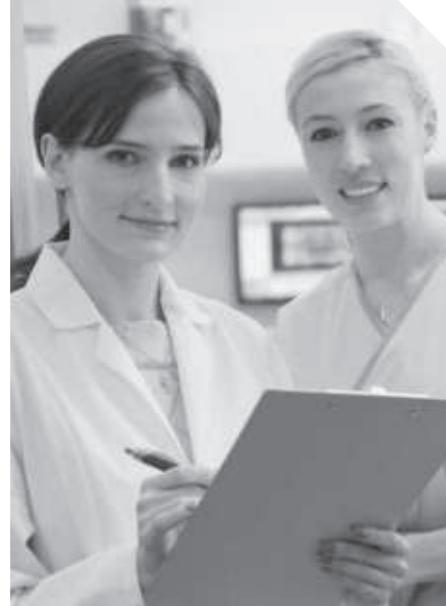
Some members of the dental team I have spoken to suggest that the term ‘girls’ can be used almost as a form of affection or endearment. There is something familial about the term. Perhaps a practice owner would refer to the staff in their team with pride and affection. Some say it is a handy term to use as opposed to more impersonal sounding phrases such as ‘the team’.

One practice manager I spoke to suggested it was disrespectful and she never uses it to refer to her team. Using childish terms for adults might be taken as belittling their maturity and their competency. A crucial element is how the individual feels about the labels that are used to describe them.

Arguably, it might also be a matter of context, and whether a comment is made or meant in a superior or derogatory way. Nor is this only an issue for female employees. I have worked in male dominated workplaces where employees are referred to as ‘the boys’. It is perhaps also relevant that whilst in most modern workplaces staff tend to be over the age of eighteen and an adult by law, it is not uncommon for dental practice staff to be under the age of eighteen.

My discussions with people about this issue has got me thinking. In a caring profession like dentistry referring to the team as girls could equally belittle their title and disrespect their professionalism. It might be considered undermining and patronising.

Whatever the reason for use of the term, it is clear that there are strong opposing



opinions on the issue. Sir Roger Gale MP’s recent reference to the female staff in his office as ‘girls’ on the Radio 4 Today programme caused a storm on Twitter, with national press coverage of the outrage expressed by listeners.

It is possible that staff within your practice might have a range of views on the issue, some stronger than others. You should also consider that not everyone is confident enough to say something when they feel uncomfortable, and they might just suffer in silence. Although none of the dental team members I spoke to said they had a problem with the term, I only spoke to a few. Others may feel differently.

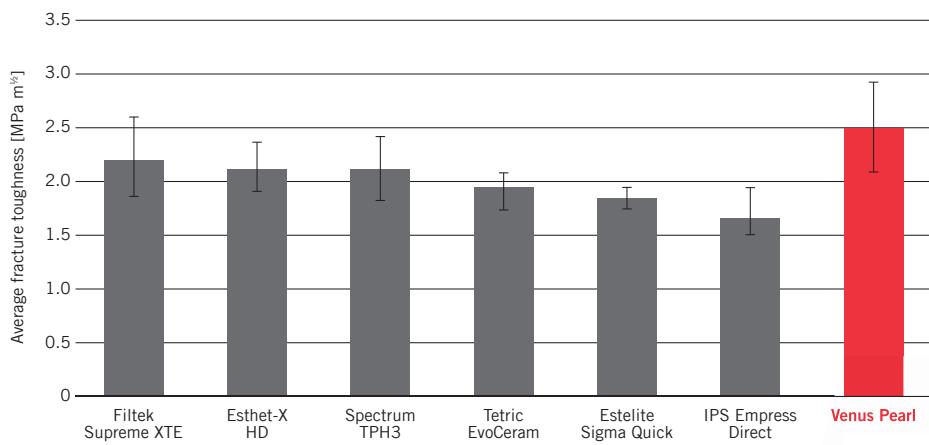
It is clear from national press coverage of the issue that opinions can be polarised on the subject. I am not saying everyone should stop using familiar terms with their staff. Nor is this article written in the spirit of political correctness gone mad. I simply ask whether what one person thinks of as an affectionate term could be perceived as being rude and disrespectful to another. And I suggest that you may want to reflect on whether that label is the one most likely to make staff feel good about themselves and therefore likely to perform to their best ability. Maybe you could speak to your team about this, in a team meeting and one-to-one (bearing in mind that not everyone wants to express their views in an open meeting.)

Is the most accurate way to define well trained and experienced employees to refer to them as a group of children? If you find that they are uncomfortable with the term, something else might work better, maybe ‘team’ or ‘folks’? ♦

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Philips Sonicare reveals a new flagship innovation – the DiamondClean Smart – dubbed the world's most intelligent toothbrush. The new brush uses unique connected technology to inspire and motivate patients to take better care of their oral health. It delivers exceptional oral care results by harnessing built-in smart sensor technology in both the toothbrush and brush heads and personalised coaching within the platform to help improve patient's brushing technique and ultimately achieve a healthier mouth.

The new brush seamlessly syncs with the Philips Sonicare app, giving users real time data, feedback and guidance to empower them to proactively manage and improve their oral health. DiamondClean Smart is smart in more ways than one – it also has dramatic bathroom appeal with its matt black handle, black brush head and charge-in-a-glass technology. The brush can also be charged using a computer USB to top up whilst travelling.

For further information on the latest Philips innovations, please or visit [www.philips-tsp.co.uk](http://www.philips-tsp.co.uk) or 0800 0567 222.



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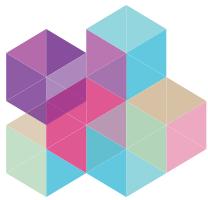
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On Specialist List: Yes, Oral surgery (60534)

**Mrs Adela Laverick BDS (Hons) Lond, FDS RCS Eng, MSc Lond**

Interests: Fixed & removable prosthodontics, dental implants

On Specialist List: Yes, Prosthodontics (66211)

**Dr Marilou Ciantar BChD (Hons) Malta, MSc Lond, PhD Lond, MFDS RCS Eng, MFD RCS Irel, FFD RCS Irel**

Interests: Oral surgery, implant surgery, tissue regeneration, periodontology, conscious sedation

On Specialist List: Yes, Oral Surgery and Periodontics (84070)

**Mr Brian Stevenson BDS Glasg, PhD FSA (Rest.Dent.) RCSEd, MFDS RCSEd, FHEA**

Interests: Fixed and removable prosthodontics, endodontics and dental implants

On Specialist List: Yes, Restorative Dentistry and Endodontics (77605)

**Mr Graeme Lillywhite BDS Edin, MFDS, MSc, MRD, FDS RCSEd**

Interests: Restorative Dentistry, fixed prosthodontics, dental implants

On Specialist List: Yes, Restorative Dentistry and Prosthodontics (68916)

**Mrs Lorna Harley BDS Glasg, MFDS RCSEd, MRD (Endo) RCSEd**

Interests: Endodontics

On Specialist List: Yes, Endodontics (79246)

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**Dr Bola Soyombo**

On Specialist List: Yes, Periodontics

**Dr O Onabolu**

On Specialist List: Yes, Periodontics

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**Endo MEndo RCSEd**  
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On Specialist List: Yes

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**Dr Nicole Sturzenbaum**  
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Interests: Children

258051

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239826

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## North

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72 Coombe Road,  
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**Dr Alix Davies BDS Hons MFDS RCSEng MJDF MClinDent**  
**Endo MEndo RCSEd**  
Interests: Endodontics  
On Specialist List: Yes

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

261782

## North West

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- |       |       |
|-------|-------|
| A 80% | C 90% |
| B 85% | D 95% |

**Q2:** Who needs to agree to mediation?

- |                   |  |
|-------------------|--|
| A The complainant | C Both                                 |
| B The defendant   | D Neither – it is an automatic process |

**Q3:** Where the patient agrees to care, what form should be given to them?

- |          |         |
|----------|---------|
| A F17DC  | C FP1DC |
| B FP17DC | D FP17D |

**Q4:** Which of these is a form of cinema advertising?

- |           |               |
|-----------|---------------|
| A Digital | C VR          |
| B Analog  | D Interactive |

**Q5:** Which of these is not a cluster of leadership behaviour?

- |             |             |
|-------------|-------------|
| A Thinking  | C Inspiring |
| B Involving | D Watching  |

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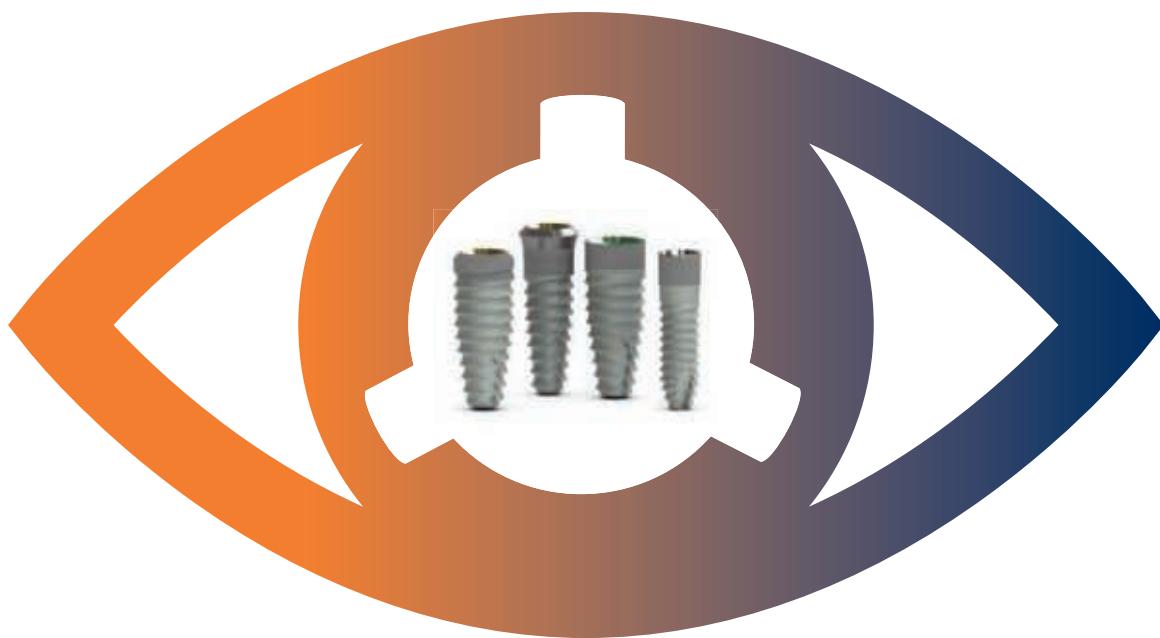
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\*The Dental Working Hours, Motivation Analysis 2014/15 and 2015/16 Report.

\*\*Source: Denplan NHS Survey, February 2017, (341 respondents).