BDJ In Practice
March 2015

Is the GDP an endangered species?

BDA

Securing data ■ Associates and practice sales ■ Preventing staff conflict ■ Pensions update

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

UK/LI/14-3436

Advanced Defence against gum disease

BDJ InPractice

MARCH 2015

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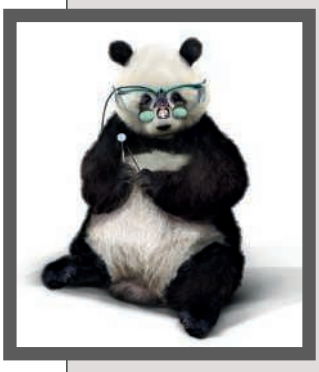

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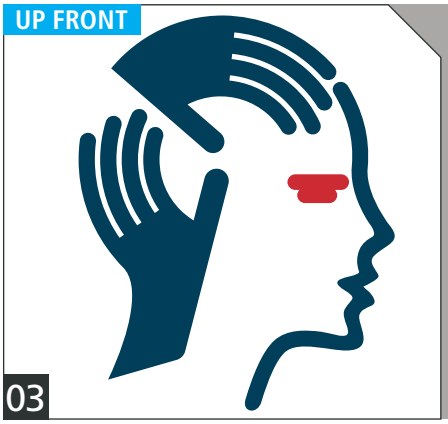

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SMEs, especially, find **mental-health** issues difficult

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FEWER THAN ONE in ten employers (7%) have discussed emotional well-being (*see also page 25*) or mental health with their staff in the past year, and three-quarters of businesses do not have a mental-health policy, according to research. And small and medium-sized enterprises (SMEs) in particular have difficulty when it comes to understanding and talking about the issue.

These findings of a major survey by the Institute of Directors (IoD) were announced at national *Time to Talk* day, which aimed to encourage people to have a five-minute conversation about mental health as part of the campaign to break the silence that often surrounds the topic.

The survey of 1150 employees and another of 586 senior decision-makers from UK businesses, which was conducted by YouGov on behalf of the (IoD) earlier this year, found that 74% of employees would currently prefer to discuss mental-health concerns with someone outside of work.

And it revealed only 23% of companies have mental-health programmes or a company-wide policy on mental health.

These findings are despite overwhelming support from both employers and staff for businesses to take a leading role in addressing mental health at work. More than four-fifths (82%) of companies said they should adapt their workplace and working practices to promote mental well-being, and 68% of employees agreed it was a business's responsibility to make provisions for their staff's mental health and well-being.

And taking responsibility for staff mental health makes business sense, too. One-third of employees (32%) said stress and anxiety made it difficult for them to get their work done and 93% of businesses said that personal worries and stress can adversely affect staff performance at work.

"There may come a time when people are as comfortable talking about their mental health as they are talking about going to the dentist, but we're not there yet," director general of the IoD Simon Walker said.

"Businesses have an enormous role to play in creating an environment where such issues can be discussed openly, effectively and safely.

> "There may come a time when people are as comfortable talking about their mental health as they are talking about going to the dentist."

"After all, we spend a huge amount of lives at work and among colleagues, so we have to take steps to ensure that the work environment, particularly in smaller businesses, is one where mental-health issues are well understood."

Sue Baker, Director of Time to Change, the mental-health anti-stigma programme run by Mind and Rethink Mental Illness, said: "Whilst we've witnessed public attitudes around mental health start to change, these findings show how much more needs to be done in the workplace.

"However, it is encouraging to see that the majority of companies recognise they should do more and we have hundreds of examples of employers, from all sectors, who have already seen the benefits of implementing changes including mental-health awareness for all staff, training for line managers, and improvements in the support offered to staff." ◆

Free pensions statement service expanded

A FREE GOVERNMENT service to help millions of people better understand their State Pension has been expanded.

Anyone over the age of 55 is now able to ask for a personalised State Pension statement, giving them an estimate of what they are likely to receive based on their current National Insurance (NI) record. Until now the scheme was open only to people over the age of 60.

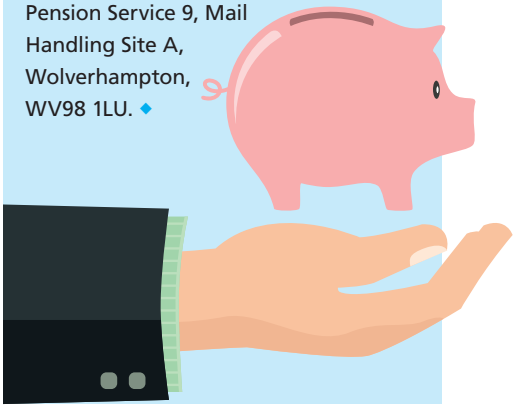
This further roll out of the service – which has already issued more than 76,000 statements since its launch in September last year – comes ahead of ground-breaking new pension freedoms which come into effect from April (*see also page 21*).

Extending the service is designed to equip people with vital information as they consider their options under the new rules.

Minister for pensions Steve Webb said: "I've always been clear that people should be given the freedom to make their own financial decisions – but it's crucial everyone has all the information to help them to make the right choices."

To get a State Pension statement online go to: https://www.gov.uk/state-pension-statement

Or apply for a State Pension statement using form BR19 (https://www.gov.uk/government/publications/application-for-a-state-pension-statement-form-br19-interactive-pdf) fill it in, print it and post it to: The Pension Service 9, Mail Handling Site A, Wolverhampton, WV98 1LU. ◆



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CAREERS DAY

Don't specialise too early

YOUNG DENTISTS HAVE been urged not to rush into specialising. Doing so will help them overcome the challenges they face in the current difficult economic environment.

"Only dental registrants can do dentistry: capitalise on your unique position as a highly skilled health professional," BDA president Alasdair Miller told 200 young dentists at the BDA's 2015 Careers Day.

"Don't rush into specialising too early: find out what suits you and work to develop your more specialised skills along the way. That way you won't risk narrowing your career choices too early on.

"I'd also advise you to get a good mentor early on, to help guide you, and don't be afraid to ask for help and advice if needed."

Delegates were also told, by dean of the Faculty of General Dental Practice (UK) Trevor Ferguson that, while clinical and technical skills were important, young dentists needed to develop their communications skills to ensure they can build good relationships with both patients and colleagues.

Professor of oral medicine and director of the UCL Eastman Dental Institute Stephen Porter stressed that it was important for young dentists to network and get themselves known in both patient and professional spheres to help them develop their careers and their businesses.

There will be sessions on career development for young dentists at this year's British Dental Conference and Exhibition in Manchester. To find out more go to: www.bda.org/conference ◆

NHS STAFFING

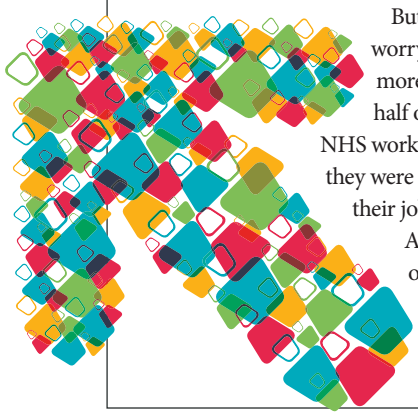
More than half of NHS staff ready to walk

RISING LIVING COSTS, lack of recognition and poor internal communications are ramping up staff dissatisfaction in the NHS, according to a survey.

The survey of 3204 NHS employees of all levels, by rewards-specialist The Voucher Shop, found that the NHS risks a mass exit of highly skilled staff if these issues are not addressed.

Survey findings revealed that 88% of respondents said their employer was not helping them with the rising cost of living. This is up 4% on the 2013 survey results, when 84% flagged it as an issue.

Seven out of ten employees said they felt undervalued and that there was "not enough praise" for their work.



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But most worrying is that more than one-half of the current NHS workforce said they were ready to leave their job.

Almost one-third (30%) said they were actively looking to change jobs within the year, and a similar proportion (29%) were considering finding a new post.

Many employees said that communications about employee benefits was getting worse.

More than half (52%) of workers described communication from their bosses about additional benefits as "very poor" or "poor" compared with 44% in 2013.

Only 2% described benefits information as "excellent".

"No one underestimates the extreme challenges that our NHS faces. However, in an age where austerity still governs, inexpensive recognition schemes and cost-neutral benefits can be a quick and alternative way of motivating staff in the absence of pay rises," head of business development at The Voucher Shop Kuljit Kaur said.

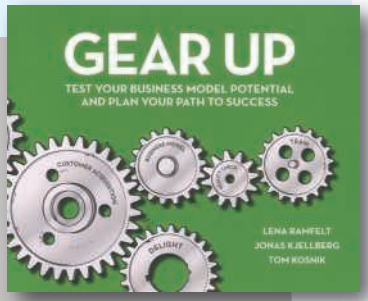
"In fact, they could be the catalyst to create a significant shift in staff motivation and engagement within the workplace."

If workers were to hand in their notice on this scale it would exacerbate existing workforce pressures around hiring and training, The Voucher Shop said. HR professionals are already facing skills shortages and the NHS already recruits from abroad to fill these gaps. ◆

BOOK REVIEW

Gear up to flourish

Gear up – test your business model potential and plan your path to success
Lena Ramfelt, Jonas Kjellberg and Tom Kosnik
Capstone, 2014
ISBN: 978-0-857-08562-7
£24.99



The opening line of *Gear up* asks: "What makes some business ideas flourish while others wither and die?"

This succinctly summarises the need-to-know essence of the book. Despite looking more like a colouring book than a textbook, the three authors, two Stanford University academics and a "serial entrepreneur" (Jonas Kjellberg) give a very potent business model.

The structure and philosophy of this 200-page paperback is predicated on nine key components or actions which, they contend, each need to be embraced sequentially, to move up a gear (hence the title).

These are: customers, delight, customer acquisition, business model, partners, competitors, go global, team and reality check, all of which sounds disjointed until you read the book cover-to-cover. Then it makes absolute sense.

For any business to success you need customers and (they use an apt metaphor here) your business is to remove the customers' pain.

Then do it in such a way as to delight them, then get more customers, then work on a business model to expand (because if you truly delight your customers they will do your marketing for you). Then acquire partners, deal with your competition and "go global" with your world-class team. Finally, do a reality check on your business to determine whether it can really fly and, crucially, identify the risks.

For more about this book: www.bda.org/booknews ◆

SHARED PARENTAL LEAVE

Many dads will miss out

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TWO IN FIVE (40%) new fathers will not qualify for the new rights to shared parental leave, according to analysis by the TUC.

From April, mothers will be allowed to share up to 50 weeks of their maternity leave and 37 weeks of their pay with their partners.

But the TUC has found that two-fifths of working dads with a child under one would be ineligible, mainly because their partner is not in paid work. Mothers who do not have a job (whether employed or self-employed) do not have a right to maternity leave or pay that they can share.

The TUC is concerned that the new scheme will have a very limited impact because of the rules around eligibility and low statutory pay.

According to the Government's projections as few as 5700 men are expected to apply for shared parental leave over the next year.

The TUC estimates that shared parental leave would be open to around 200,000 more fathers each year if their rights to take leave weren't dependent on the mother being in work and it was a day-one right.

Already 50% of new dads do not take their full entitlement to two weeks' statutory paternity leave – a rate that rises to three in four (75%) for dads on the lowest incomes.

Without better rights to leave and pay, many fathers will continue to miss out on playing an active role in the first year of a child's life, the TUC says.

It wants all new dads to have access to some parental leave that is not tied to their partner's employment status and is well paid.

TUC general secretary Frances O'Grady said: "Shared parental leave is a welcome move but just a small step towards getting dads more involved in their children's upbringing.

"If politicians are serious about men playing a more active role after their child is born they must increase statutory paternity pay and look at introducing some father-only leave that isn't dependant on their partner being in work."

Mumsnet chief executive officer Justine Roberts said: "In a recent survey of Mumsnet users, eight out of ten couples said they would have liked the father to take more paternity leave, and seven out of ten said that financial considerations stopped them from doing so.

"Everyone seems to agree that dads need to be able to spend time with their children, but we don't yet have the policies that will encourage a real cultural shift."

Jeremy Davies from The Fatherhood Institute said: "International research shows that when fathers take parental leave in addition to their two weeks' paternity leave, they remain more involved with their children, are happier in their relationships and actually live longer."

A TUC briefing on fathers' leave and pay can be found at: https://www.tuc.org.uk/sites/default/files/Fathersleaveandpay.docx ◆

Eddie Crouch elected PEC deputy chair

THE BDA PRINCIPAL Executive Committee (PEC) has elected Eddie Crouch to replace Robert Kinloch as deputy chair. Judith Husband has been re-elected chair of the Education, Ethics and the Dental Team Working Group.

The PEC also expressed its thanks to Robert Kinloch for his tenure, and his considerable contribution during the transition of the Association to its new governance structure. ◆

For help if you suspect abuse

FOLLOWING OUR FEATURE on *Dealing with suspected child abuse* (www.bda.org/bdjinpractice February, page 12) Dr Martyn Green from Child Protection and the Dental Team said that this "served as an excellent reminder for practices". He added that dentists concerned about these issues may want to make use of the Child Protection and the Dental Team resource at www.cpdt.org.uk ◆

4 steps to secure DATA

by James Dawson, Head of Advice Publications in the Practice Support Team at the BDA. James is responsible for the Association's guidance documents for members in general practice on legal matters including associate contracts, staff employment and data protection

Government's data-protection agency, the Information Commissioner's Office (ICO), has found a number of common data-security problems in the small-business or healthcare sector and outlined four key issues it believes dental practices should bear in mind.

1 Double-check details given

Inaccurate records can cause great problems and you can be forced to make amendments if the person concerned believes that details in them are wrong. Although it is usually reasonable to rely upon the information a person provides about themselves, you must double-check the details they have given. Inadvertently using out-of-date forms or out-of-date software can also put your data at risk.

2 Record only what you need

Consider the need or the clinical reason for recording each item of information. The personal information you hold should be relevant and detailed enough for your purpose but not excessive. For example, you should not hold details about a patient's employer, although, with the patient's consent, you may hold their work telephone number in case you need to contact them during working hours.

3 Be committed to data security

You and your team should be committed to ensuring the security of personal data held

Data-security safeguards

- Have a contractual commitment in all team-member's contracts to maintain confidentiality and protect information
- Put in place physical security measures and procedures covering the storage, access and use of records and computer equipment
- Set up security measures for information held on computer, including appropriate software controls, back-ups and audit trails to prevent the erasure or overwriting of data

by the practice. Everyone should know and understand the measures in your practice data-security policy (**above**).

Access to records should be on a *need-to-know* basis to guard against unwarranted disclosure. The ICO warned about cases where service providers had been held responsible when data had accidentally been disclosed.

Situations had included lost USB sticks and one member of staff printing out sensitive data on a shared printer and it becoming mixed in with another staff member's printing.

If the ICO believes that data-protection security rules have been broken they may issue an enforcement notice to require compliance with the Act or order you not to process information for a certain purpose or in a certain way.

Failure to comply with an enforcement notice is a criminal offence: in serious cases, such as the disclosure of sensitive health information, the ICO can issue a penalty notice of up to £500,000.

4 Know who needs to register

The ICO also emphasised the need to register with it (the ICO previously used the term *notifying*) if you process personal information electronically. This covers processing data on computers, smartphones, credit-card-processing machines, call logging, digital cameras and closed-circuit television (CCTV). You are required to register (and pay the annual fee) if you are such a "data controller" in your practice.

A data controller in dental practices is legally defined as anyone responsible for the clinical records of patients, determining the purpose for which the information is kept and how it is used. This covers practice owners. Associates, being self-employed, are also generally considered as data controllers.

> "You and your team should be committed to ensuring the security of personal data held by the practice. Everyone should know and understand the measures in your practice data-security policy."

Any self-employed person is deemed to be controlling personal data for the purposes of running their business – even if that data is stored on someone else's (the practice's) computers.

Dentists employed as locums or assistants or employed in the hospital and salaried primary dental care services are not classed as data controllers. But they still need to abide by data-protection law.

The ICO website includes a self-assessment tool to help you decide if you need to register (see www.ico.org.uk/for-organisations/register/self-assessment). Failure to register is a criminal offence. ◆

BDA's data advice praised

During a meeting between the Information Commissioner's Office (ICO) and the BDA to discuss dental practices' understanding of data-security issues, the ICO praised the BDA's advice *Protecting personal information* (see www.bda.org/advice) which covers confidentiality issues and data protection.

Commenting on the advice sheet the ICO said: "It is good to note that the guidance is thorough and is based on the data protection principles, going into each one in some detail relevant to the [dental] sector."

The ICO is responsible for ensuring businesses compliance with the Data Protection Act. It wants to make sure that those looking after personal data have sufficient security measures in place to ensure that it remains confidential. As part of its general activities the ICO wants to promote awareness of the Act and highlight potential jeopardies that businesses in different sectors face.

> "Failure to comply with an enforcement notice is a criminal offence: in serious cases, such as the disclosure of sensitive health information, the ICO can issue a penalty notice of up to £500,000."

Is the GDP an endangered species?

by John Milne,
outgoing chair of the BDA's General Dental Practice Committee, outlines the proposed remit of dentists with enhanced skills and how the profession will have to adapt to accommodate this initiative

NHS England is planning to produce guidance on how NHS services are commissioned. At present, and at least in theory, NHS England controls the budget for primary dental care, the community dental services and, with the exception of maxillofacial surgery, secondary care dental services. It has been consulting widely about this process, and the BDA has been an active participant in many of the groups.

NHS England expects to publish the new strategic frameworks before the end of March. But some of the groups' members are worried that this complex work is far from complete and have told the Chief Dental Office, Barry Cockcroft, of their reservations. They have said that most of the guides need further work before they will be fit for purpose.

The NHS believes that service provision can be divided into three levels. These are mostly defined by the competencies of those providing the service and not necessarily dictated by where the care is delivered.

Level 1 is when a clinician on completion of undergraduate or foundation training would be expected to have the competency and skills to deliver level-1 care within NHS primary dental care contracts and agreements.

Level 2 cover situations where procedural or patient complexity needs a clinician with enhanced skills and experience who may, or may not, be on a specialist register. This care may need additional equipment or increased environmental standards but can usually be provided in a primary-care setting.

Level 3a and 3b care is when specialist-practitioner or consultant-led care is needed because of complex clinical or patient factors. This care can be provided in primary care, in a dental hospital or in a secondary-care setting depending on the needs of the patients and/or local arrangements, which can include current training commitments.

There are points for and against this division of labour. Some might see it as a chance for practices, through providing additional work at levels 2 and 3, to generate extra revenue. Others might see this as a threat to hospital units, consultant jobs and the training of specialists. There is uncertainty about how clinicians will be accredited or deemed competent to provide care at level 2 and there is even more uncertainty about how this care will be funded. The anxieties are not limited to the NHS. It is possible that a private practitioner currently providing care at level 2 might have to be accredited

within the NHS to continue doing so.

It is where more-complex treatments might be delivered that endangers the general dental practitioner.

Caries rates for children have fallen dramatically in the past 20 years and, although there are a few children with high levels of disease, most just need simple care. Much of this care could be delegated to therapists or, for preventive care, to extended duty dental nurses. Children with greater treatment needs would still be treated by dentists and those with special needs may need care from a dentist with enhanced skills or from a specialist.

With the reduction in caries levels, and the widespread use of fluoride varnish and fissure sealants, patients under 40, who have also had the benefit of fluoride toothpaste, will have a much reduced need for endodontic treatment, crowns, bridges or removable prosthetics. This means today's younger dentists may find it difficult to acquire and retain competency in these disciplines.

Bur the so-called "heavy-metal generation" will be a challenge for many years to come. Their heavily restored dentitions need maintenance, repair and replacement. The challenge of the deteriorating dentition in those older patients will need skilful and sensitive clinicians.

The demographics of disease suggest that dentists will need to acquire enhanced skills in one or two disciplines. Teams will need to develop to accommodate this and such an integrated dental team would echo the plans to develop more integrated-care organisations within the NHS.

Finally, I suspect that because the poor will always be with us, so will periodontal disease. This, too, will need a multidisciplinary approach and specialists, or those with enhanced skills, will be a vital part of the dental team.

"It is where more-complex treatments might be delivered that endangers the general dental practitioner. Caries rates for children have fallen dramatically in the past 20 years and, although there are a few children with high levels of disease, most just need simple care."

General dental practitioners are not an endangered species – yet. I have confidence that our profession will adapt and change to continue to provide the care that the population needs. ◆

for commentary go to page 10

Conference session Thurs 7 May 16.30-17.30

John Milne will be focusing on the career implications of the enhanced skills framework at the 2015 British Dental Conference in Manchester.

Dentists with enhanced skills
Thurs 7 May 16.30-17.30

Learning objectives:
- → Career pathways for young dentists
- → The development of dentists with enhanced skills
- → Is the private sector a safe haven?

Find out more: www.bda.org/conference

COMMENTARY

Careful workforce planning is vital

by Peter Ward,
BDA Chief Executive

When I was a lad, there were dentists who did dentistry and there were hygienists who were empowered to provide certain aspects of hygiene-related care under the direct supervision of dentists. There was a handful of dental therapists, who worked in quite specific circumstances, and there were specialist dentists who chose to have practices "limited to" or in hospitals.

How the world has changed over the past 30 years. The progressive development of new cohorts of providers of care and broadened "scopes of practice" means that much of what used to be "dentist-only" care can now be delivered by dental nurses, dental hygienists, dental hygiene therapists and clinical dental technicians. At the other end of the spectrum, the specialists no longer have to limit their practices and can work in a general-practice environment. Multiple specialists are now also becoming more commonplace. And even "ordinary dentists" are now encountering a further level of differentiation.

The NHS reforms anticipate the identification of a range of tiered practitioners. The detail has yet to be finalised but it looks like Level-1 practitioners will be allowed to do the basic dentistry and to gain entry to Level 3 practitioners will probably need to have undergone specialist training. The uncertain area is Level 2, which will allow practitioners to do work beyond the basic but less advanced than that of the specialist. Dentists need, therefore, to be giving these developments serious thought.

The question is: What level of practitioner do you want to be and what do you need to be it? Under the current proposals, Level-1 practitioners may be forced into competition with dental care professionals. In a circumscribed, contract-driven NHS does this herald a flooded labour market and depressed pay rates for all? As the "clever" end of dentistry increasingly migrates from hospitals to general-practice settings, does this make an investment in specialist training more financially attractive because of the concomitant entitlement to work at Level 3? And what about the "Malcolm in the middle" Level-2 practitioners: what will be left for them and what skills will they need to do it?

> "The question is: What level of practitioner do you want to be and what do you need to be it?"

As conventional general dentistry is nibbled at from both ends a worrying question will re-emerge: will there be too many practitioners chasing too little work?

The differentiation of care providers is now an established paradigm in healthcare, as it is in other professions. What is needed is very careful workforce planning. The personal investment of all concerned becomes greater and greater, not least the cost of staying registered. Those who offer their services to the system need to understand what the job is and what rewards will be available for doing it. Only with this information can all the players decide whether they are in or out.

The trouble is – whose job is it to provide that insight? Who is joining up the thinking? Systems design is vital but so is consequence management. The prospect of under-employed or low-paid graduates who have invested hugely in being part of the system is a disgraceful waste. As the continuum is developed, let us hope those developing it make sure that those within it know where they stand. ◆

Dentists with enhanced skills

- The dentists with enhanced skills framework emerged from Jimmy Steele's independent review of NHS Dentistry in 2009, which identified the role of advanced care in a prevention-based system.
- The Department of Health convened working groups that tried to define three levels of skill for dentists and the procedures that these dentists would be competent to perform.
- There was very little professional agreement of what came out of those working groups, including the clinical procedures in each of the levels.
- NHS England then took up the work with the focus on reducing what were seen as unnecessary referrals and defining what the NHS should reasonably expect a contractor to provide.
- The concept of levels of practice has proved controversial. Some dentists in the community dental services and some younger dentists may see it as a career-development opportunity. Other young dentists will be willing to undertake further training if they are then able to find jobs, probably in private practice. However, more-experienced practitioners have tended to be more opposed to the idea, seeing it as an unnecessary hurdle.
- BDA has also expressed concerns about new commissioning guides, or strategic frameworks. These may end up as "living documents" but the BDA believes that there is still work to do and consultation is needed if the aim is to produce considered documents that have backing across the dental community.

Where associates stand in practice sales

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

Practice sales can be disruptive for associates. For employees, there are precise rules covering the transfer of staff-employment contracts to the new owner and on consulting employees over the change of ownership. But this is not so for associates. For them, each practice sale is a unique situation, to be dealt with according to whatever the old practice owner, new practice owner and associate can negotiate.

Contract transfer is not automatic

The simple fact is that, technically, when a practice is sold an associate's contract terminates at point of sale. Unlike employees, self-employed associates do not have employment rights under the *Transfer of Undertaking (Protection of Employment) Regulations 2006*.

The associate's contract is a personal agreement between the associate and practice owner. It will not, therefore, automatically transfer to the new owner and the buyer is under no obligation to offer a contract.

There are, of course, a few exceptions to this state of affairs. A key one is to whom the associate is contracted to provide services. If the practice is trading as a

limited company and the purchaser buys the company as well as the practice and carries on under the same limited company then the associate's contract has not been terminated.

Associate retention may benefit buyer

But it will often be in the interests of the practice buyer to negotiate so the associate stays with the practice. There are likely to be commercial benefits in retaining the seller's associate.

The personal factor in customer goodwill is significant: so, too much change, such as both associate and practice owner leaving at the same time, can be unsettling for patients. The buyer could risk losing some of their patient base.

Associate's practice-sale checklist

- → Check your contract to see if your agreement is with the seller as an individual or with the practice as a corporate body, such as a company or limited liability partnership
- → Enter in to confidential commercial discussions with the current practice owner and the buyer as soon as possible
- → If you have been served notice by the current practice owner, continue to negotiate terms with the buyer
- → Consider further associate opportunities if the new owner's plans do not suit your career plans

Likewise, should an associate leave there is a risk, subject to the enforceability of any restriction clause in their contract (see www.bda.org/bdjinpractice *Restrictions must be balanced to work*, September 2013, page 8) that they take patients to their new practice.

> "The associate should be prepared to negotiate commercial terms. Their ideal may be to have current terms transferred or at least most of the current terms written into a new agreement."

Negotiate a new written agreement

If the associate does stay on, the terms of the existing associate agreement would not necessarily transfer. Here the buyer and associate should discuss the terms of their agreement.

If no new written contract is agreed, the terms will be implied and could differ from those in a previous written agreement (the terms of an unwritten contract are mainly influenced by whatever conversations the parties have had and whatever custom and practice they establish in their working arrangements).

Negotiate commercial terms

The associate should be prepared to negotiate commercial terms. Their ideal may be to have current terms transferred or at least most of the current terms written into a new agreement. It is possible, with a new owner having had to borrow to buy the practice, that the new financial terms and fee apportionment offered will be different. If the new terms do not make economic sense for the associate then they will probably have to look at finding another practice.

But a key factor here will be if they can get better terms elsewhere.

Early planning helps notice periods

An associate's existing contract should include the notice period the current practice owner must give. Three months is the most common notice period in the associate contracts that the BDA reviews. This allows the associate time to finish treatments and to search for new work opportunities.

But if discussions with the buyer are protracted, the seller may not have enough time before the sale is concluded to give the full amount of notice.

Duty to mitigate loss

Sellers could, therefore, theoretically be liable to associates for not giving enough notice. So they need to know as early as possible both the buyer's and their associate's plans and if the two are likely to reach an agreement that means the associate will stay with the practice. The associate has, however, a duty to mitigate their loss so they cannot claim full loss of earnings from the seller if they have been offered substantially the same terms by the buyer but have rejected them. ◆

Key message

Each practice sale is a unique situation, to be dealt with according to whatever the old practice owner, new practice owner and associate can negotiate. The associate's contract is a personal agreement between the associate and practice owner. It will not, therefore, automatically transfer to the new owner and the buyer is under no obligation to offer a contract.

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Appraisals can nip conflict in the bud

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

You are in surgery. You ask your nurse, Joan, who has been working with you for the past three years, to pass you the composite gun.

She does so, but with her recent customary lack of grace.

Dreading going to work

You have no idea that, when she woke, she sat up and turned to her partner and said: "I am dreading going into work. I don't know how much more I can take of this."

Joan has no idea that, when *you* woke, you sat up and said to your partner: "Perhaps I should just sell this practice. That way I would be rid of Joan."

Relationships are about communication. Much of employment law provides a framework for communication in workplace relationships. Good relationships are productive and enriching. Bad relationships suck the life out of us.

From a business perspective, practices are more profitable if the dentist and the team are efficient and work well together. Good relationships usually mean more money.

Employment law helps at the beginning of the working relationship by requiring the parties to set their expectations down in writing in a contract of employment. When there is a problem it is useful to be able to refer to a disciplinary and grievance procedure to help solve it. Employment law does not say that the parties should sit down regularly to discuss how things are going – but perhaps it should.

It is not that employment

tribunals do not discuss appraisals. Imagine you are facing a claim for unfair dismissal, perhaps also discrimination, because you have sacked a poorly performing dental nurse. She was one of those people whose behaviour brings the standards of the whole practice down.

If you acted reasonably

The tribunal is judging if you acted reasonably in all the circumstances, which is part of the test for unfair dismissal. The employee takes the oath and tells the judge no one ever told her she was doing anything wrong. It would be very helpful if your lawyer could ask her to turn to a bundle of legal documents that you have submitted for the case and go through with her the notes of all the regular appraisals you had with her, where you discussed your concerns.

But appraisals are not designed just to provide evidence to tribunals. Their primary function is to stop problems getting that far.

You have no idea why Joan is dreading coming work and Joan has no idea why you are desperate never to see her again. But, more importantly, neither of you knows why.

Recently begun appraisals

You have recently begun to conduct appraisals with your staff.

You sit down with Joan after lunch for her first appraisal.

You are probably not looking forward to this: not many people look forward to difficult conversations. But, if you are smart, you will have prepared some positive feedback to balance discussion of the problems you have been having. If you are smarter still, you will be ready to listen carefully to what Joan has to say.

You are more than happy to tell Joan that she is technically competent – indeed, very competent.

The surgery is always ready. She has everything laid out well. The notes she puts on the computer are good. You are confident that she can anticipate what you need and have it ready when you need it.

You can tell her you believe the two of you work as an efficient team.

But you are anxious about discussing that she looks miserable most of the time and that you do not like her using her mobile phone to send texts during surgery. How do you raise with Joan that other members of the team do not really like her: that they think she is a little arrogant?

Never say anything nice

You begin by asking Joan if she enjoys her job. She says no. She launches into a tirade about how you never say anything nice to her about her work. She believes she is in a dead-end job. She says the other members of the team seem to avoid her. She is clearly upset.

You listen, and you begin to understand. You ask her what she does well. She knows she is good technically. You confirm she is. You surprise her by giving her some examples of things she did that were particularly praiseworthy. She looks surprised but continues her tirade by saying it would have been better if you had told her at the time.

You say she is right. You agree to provide her with regular feedback.

Introduce additional skills

You surprise her again by introducing the additional skills that dental nurses can develop and asking her which of those skills would interest her. You suggest particular ones that would be useful to the practice and agree on a training plan. You discuss, too, her relationship with the other members of the team. After a while, you agree some action points that may help improve this working relationship.

You do not know that, when she gets home, she tells her partner that she feels better about her job. She does not know that, when you get home, you tell your partner that maybe Joan is not all bad. And think how differently the waking-up conversations would have gone if you had begun your programme of appraisals earlier.

Spot problems early

Like regular patient check-ups, regular staff appraisals can spot early signs of problems before they develop or get worse. For more information on appraisals see www.bda.org/advice for the newly published BDA advice: *Managing performance.* ◆

Appraisal benefits

- Good relationships in the workplace usually mean more money
- Provide documentary evidence that concerns have been previously discussed
- Give both parties the chance to give their point of view
- Give both parties the chance to hear the other's point of view
- Allow insight into inter-team relationships
- Create the chance to give regular feedback
- Allow discussion of career-advancement opportunities
- Help the practice spot problems early

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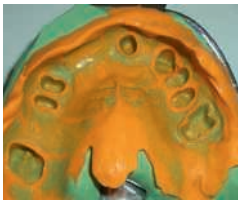

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Can a practice take back a convicted criminal?

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

The case of convicted-rapist Ched Evans and if, having served his sentence, he can return to his career as a professional footballer, has led to comparisons with those working in professions such as teaching, the law and dentistry. When it comes to employing people with criminal convictions in a dental practice there are some clear rules: but, in some cases, the practice has a lot of discretion.

Professional standards

Working in a profession requires professional standards and ethical behaviour. The General Dental Council's (GDC's) standards require criminal convictions, criminal charges and cautions to be reported to it. Upon conviction or receiving a caution the police will automatically tell the GDC. It will then decide if the registrant should come before a practice committee on the basis of the seriousness of the offence and the offender's professional and personal circumstances. Violent crimes, sexual crimes, fraud and other dishonesty, and drink-driving offences are taken extremely seriously and are likely to affect a registrant's GDC registration.

> "When it comes to employing people with criminal convictions in a dental practice there are some clear rules: but, in some cases, the practice has a lot of discretion."

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Vetting and barring

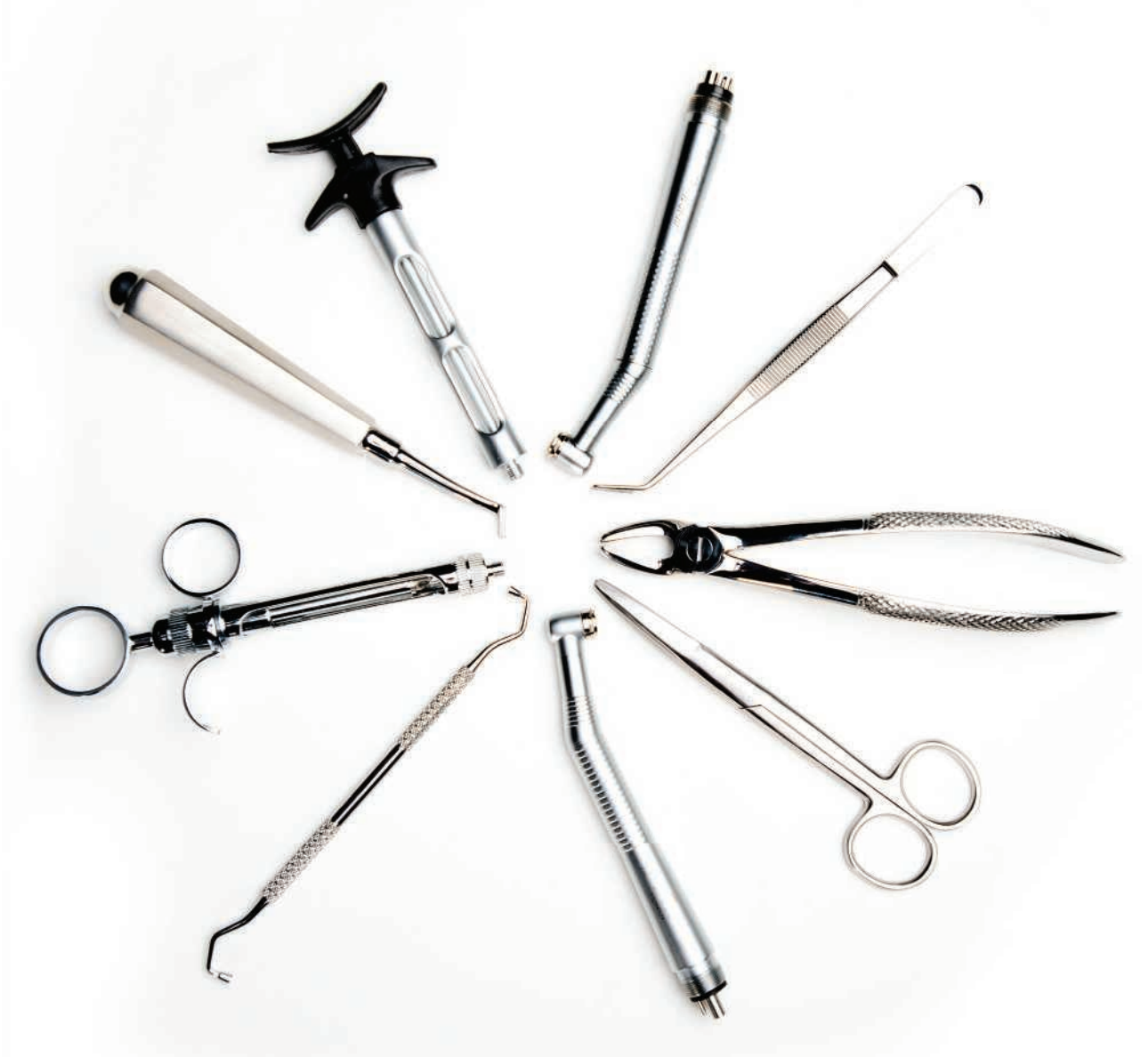
Certain offences lead to people being barred from working with children or vulnerable adults – adults who are permanently or temporarily incapacitated. Official agencies in each part of the UK (**below**) vet people to ensure that those who could pose a danger to children or vulnerable adults are barred from working with these groups.

A range of offences could result in individuals being barred from working in posts where they could have unsupervised contact with children or vulnerable adults. Generally these are serious offences that involved harm to other people. They include murder, rape, sexual assaults, possession of illegal indecent images and kidnapping. Inclusion on the barred list can result if a person has been convicted or cautioned for

continued on page 19

Who to contact

- In England and Wales, the Disclosure and Barring Service (DBS, previously the Criminal Records Bureau or CRB) at www.gov.uk/disclosure-barring-service-check
- In Northern Ireland, Access Northern Ireland at www.nidirect.gov.uk/accessni-criminal-record-checks
- In Scotland, Disclosure Scotland administers the *Protecting Vulnerable Groups (PVG)* Scheme at www.pvgschemescotland.org



The instruments are counterfeit. The risk is genuine.

Counterfeit and substandard dental devices are a growing problem within the UK dental sector, potentially placing you, your colleagues and your patients at risk.

In an industry-wide response the BDIA has launched a new Counterfeit and Substandard Instruments and Devices Initiative (CSIDI). CSIDI facilitates the reporting of those selling counterfeit and non-compliant products and promotes responsible purchasing throughout the dental supply chain.

Every BDIA member adheres to a strict code of practice which means that in choosing to do business with any of them you can have confidence that everything you buy is of guaranteed quality and provenance.

To find out which suppliers are members of the BDIA and how they can help to protect your practice by providing the genuine, quality products and services that you need, visit: **www.bdia.org.uk**

Report anything suspect now to www.bdia.org.uk/device-reporting

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Image of counterfeit products confiscated by the MHRA.

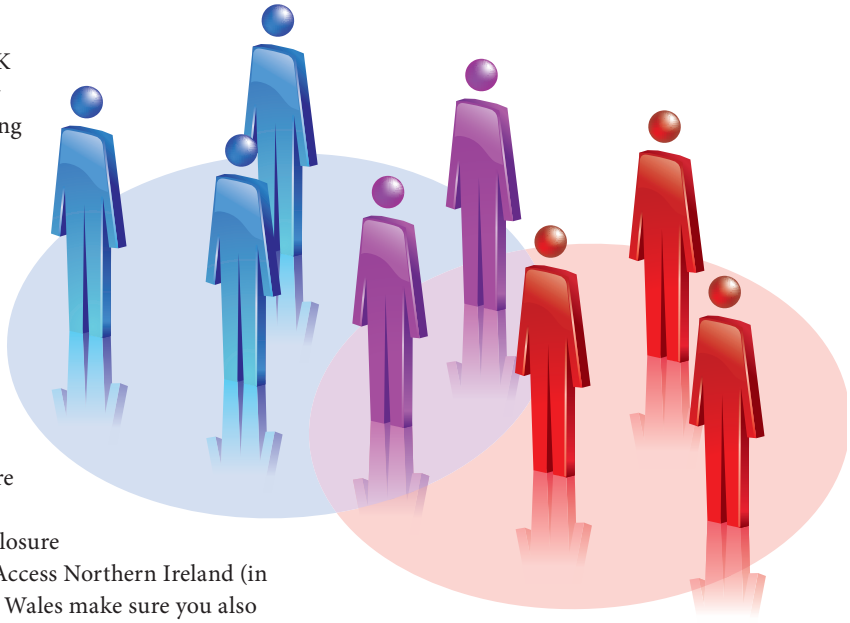
these crimes and, in some cases, if they have been investigated and a strong suspicion of their guilt remains even though they have not been prosecuted.

It is an offence to employ or hire a person in a regulated activity who is on the list of people barred from working with children or vulnerable adults. Working with children or vulnerable adults count as regulated activities. These include any aspect of dentistry provided by a dentist, registered dental care professional, trainee dental nurse or other health care professional. These requirements are, nevertheless, common sense. Any sensible practice should realise the harm that would be done if a team member committed an offence against a patient of the practice and the damage to its reputation if it turned out that it had neglected to carry out the proper checks.

Barring someone from certain jobs or from returning to their career, in theory goes against a major principle of criminal justice – that once an individual has paid their penalty or served their sentence they have been suitably reprimanded and can re-join society. But this principle is tempered in these circumstances because it is suspected that an individual may pose a continuing risk, either through the nature of their offence, the nature of the job, or their attitude towards children or vulnerable adults.

Criminal record checks

Check any new recruits to your practice, employed or self-employed, who are going to do a regulated activity. The systems vary across the UK but generally for those doing regulated activities (**below**) the practice should get an *enhanced criminal record check* from the Disclosure and Barring Service, Disclosure Scotland or Access Northern Ireland (in England and Wales make sure you also specifically ask for a barred-list check).



> "Barring people from certain jobs or from returning to their career, in theory goes against a major principle of criminal justice – that once an individual has paid their penalty or served their sentence they have been suitably reprimanded and can re-join society."

Applications for checks known as *enhanced disclosures* are only considered if you can show that the job covers regulated activities. The application for such a disclosure must be countersigned by an independent, authorised (or registered) body. This could be an NHS area team or health board, although there are private umbrella bodies that can offer this service. Check online at www.gov.uk for details of umbrella bodies. In Scotland, the process is covered by membership of the *Protecting Vulnerable Groups (PVG) Scheme*, which is administered by Disclosure Scotland. People must be cleared and enrolled in the scheme to work with children or vulnerable adults. Details of the application procedures are available at www.bda.org/advice in BDA Advice *Safeguarding patients*.

Other members of the team for whom enhanced disclosures are not available (**right**) may be covered by *standard disclosures* if it is believed that their roles involve them being in unsupervised contact with children or vulnerable adults. Otherwise, in Scotland and Northern Ireland an individual can ask for a *basic disclosure* on their own behalf.

When it is up to a practice

If someone is not barred from working with children or vulnerable adults, they may nevertheless have previous convictions for other offences. A criminal record check may show that a person has committed assault, theft or minor drug offences. Here it may be possible to employ them: whether or not to employ a job applicant who has disclosed a conviction is usually up to the employer. But consider if the conviction casts doubts on their current honesty and integrity: they will be working in an environment with confidential patient records, patient fees and medicines. So, it is important to find out the circumstances of the offence, how the applicant now views their conduct and if they show regret. Some people learn from their mistakes and become stronger as a result. Others will carry on making the same mistake. It should be possible in most cases to work out into which of these categories your applicant falls.

Generally, cautions and convictions become spent after a specific period of time. After this time, employers cannot ask about the conviction or use the conviction as a reason to refuse to employ an applicant. The period of time depends on the nature of the sentence. For example, it is five years from the conviction for someone who is sentenced to a community service; and ten years from the conviction for someone who is sentenced to prison for between six to 30 months. ◆

Which check?

Do enhanced checks for

- Dentists
- Registered dental care professionals
- Trainee dental nurses
- Other health care professionals

Enhanced checks generally not available for

- Receptionists
- Practice managers
- Others not directly carrying out patient care

Lloyd & Whyte

Flexible Pensions April 2015

Take control to maximise your income now and throughout retirement

As an experienced practice owner, Paul likes to run a tight ship. However, at 55 and with April 2015 approaching, he felt a little out of his depth, and sought specialist advice to help navigate the new pension rules.

Having complete freedom, and access to his hard earned money, gives him a wealth of options. But to take advantage of the opportunity and avoid the threats, he now understands the importance of seeking advice.

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Get ready for pensions shake up

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

Many more practices now need to get ready for what is being described as the biggest shake up of pensions in a generation. Auto-enrolment for workplace pensions is being rolled out to businesses with fewer than 50 staff from summer 2015. So, the Pensions Regulator, the official body overseeing work-based pension schemes, will be contacting such practices about their "staging date" – the date they have to begin enrolling their staff. You should receive a reminder 12 months and three months before you need to auto-enrol. If you have an earlier staging date you should already have received it.

When employers must automatically enrol staff mostly depends on the size of the business (page 22, top table). The Pensions Regular will have determined the size of your business based on information available to them on 1 April 2012 through the Pay As You Earn (PAYE) scheme. Businesses established since then have a different timetable based on the date they were set up and not the size of the business (page 22, lower table).

But the dates in the tables are just a general guide so if you have not yet received a letter from the Pensions Regulator, you can check your staging date through the "Find out your staging date" feature on its website at www.thepensionsregulator.gov.uk/employers/tools/staging-date You just need to enter your PAYE reference, which can be found on a P6/P9 coding notice or on your white payslip booklet P30BC.

From your staging date you will have automatically to enrol all eligible staff (page 22, box) onto a qualifying pension scheme. You should have identified whom you need to enrol and assessed their eligible earnings: these include gross pay of salary or wages, commission, bonuses, overtime, statutory sick pay, and statutory maternity, paternity and adoption pay.

You need to assess and enrol each employee but, in some circumstances, you can postpone this for up to three months from your staging date. Postponing an assessment may be appropriate when you have just hired a new member of staff or you currently employ a temporary member of staff who may or may not stay with the practice. But you must notify such an employee in writing within six weeks of the beginning of postponement. Staff whose assessment, and therefore their automatic enrolment, has been postponed can, however, choose to opt into your pension scheme during the postponement period and you will have to enrol them.

Qualifying pension schemes

Your pension scheme must satisfy the minimum requirements prescribed in the *Pensions Act* 2008. You need to find a suitable scheme provider and ask them if they are compliant with the Act. If you already have a pension scheme and want to use it, you will need to check with your scheme provider that it can be used for automatic enrolment.

BDA members can contact Lloyd &Whyte for guidance on suitable schemes (see www.lloydwhyte.com or telephone 01823 250700). There is also the National Employment Savings Trust (NEST), a statutory, trust-based, defined-contribution occupational pension scheme that was set up under the Act to cover employers who cannot find another suitable scheme (see www.nestpensions.org.uk).

Enrolment is automatic

Eligible staff will automatically become members of your chosen pension scheme. The rules have been applied in this mandatory way to encourage individuals to take responsibility and save appropriately for their retirement. Staff can still choose not to participate in the practice pension scheme but can only make this decision after they have been auto-enrolled.

You cannot be involved in a member of staff's decision to opt out. Should they wish to opt out, they will need to give you an "opt-out notice", which they can get directly from the pension-scheme provider. The decision to opt out should be made within one calendar month of auto-enrolment. Any contributions taken before the employee's decision to opt out should be refunded. If they decide to opt out of the pension scheme more than one calendar month after auto-enrolment, they may lose their pension contributions depending on the type of pension scheme.

Contributions are shared

Once staff have been automatically enrolled into a pension scheme, both employer and employee must make contributions to the employee's pension fund. You will have to handle these through your pay-roll system. Check that your pay-roll software is up to date and that it supports automatic enrolment and your chosen scheme.

There are minimum rates that will be introduced gradually on a sliding scale reaching, in 2018, contribution levels of 3% for employers and 4% for employees. With tax relief, the employee's contribution should work out at 5% in real terms, giving an overall contribution of 8% of salary in total. Check the rates that will apply at your staging date to work out roughly what your regular contributions are likely to be for each eligible member of staff. Visit www.thepensionsregulator.gov.uk/employers/tools/employer-contributions which has a "Your minimum employer contribution" tool.

Don't risk a fine

The responsibility to comply with auto-enrolment rests with you, the employer. Failure to comply with this legislation can lead to financial penalties and, in extreme cases, can lead to criminal prosecution. Non-compliance brings with it the potential for significant fines, ranging from £50 to £10,000 a day, depending on the size of your workforce.

Staging dates for existing practices

Size of employer (number of employees according to PAYE information, 2012)	Automatic enrolment date between	
50-249	1 April 2014	1 April 2015
30-49	1 August 2015	1 October 2015
1-29 (test sample)	1 June 2015	30 June 2015
1-29	1 January 2016	1 April 2017

Staging dates for new practices

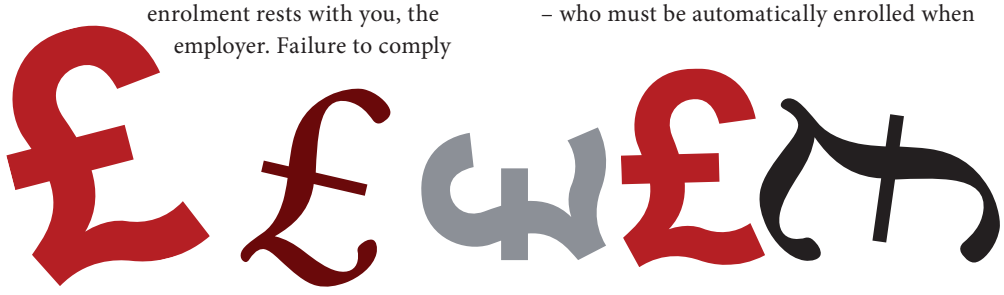
New employers, established:	Automatic enrolment date
April 2012 – March 2013	1 May 2017
April 2013 – March 2014	1 July 2017
April 2014 – March 2015	1 August 2017
April 2015 – December 2015	1 October 2017
January 2016 – September 2016	1 November 2017
October 2016 – June 2017	1 January 2018
July 2017 – September 2017	1 February 2018
October 2017 onwards	Immediately on establishment

> "There are minimum rates that will be introduced gradually on a sliding scale reaching, in 2018, contribution levels of 3% for employers and 4% for employees."

Keep and update records

You are required to keep accurate records of all those who are eligible, entitled and those who want to join or opt-out of the scheme. The eligibility of staff will change over the years, especially among younger members – who must be automatically enrolled when they reach the age of 22 – and those who are near retirement.

You will have to register your scheme and make regular returns to The Pensions Regulator. This declaration of compliance must be done within five months of your staging date. You will need to update this if details such as your address or the number of scheme members changes. See also: *Pensions auto-enrolment* in BDA Advice *Employing staff* at www.bda.org/employingstaff ◆



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Who must be auto-enrolled

All staff who are:

- → aged 22 to state pension age
- → work in the UK
- → earn over £10,000 a year
- → do not meet the criteria above but want to opt into the pension scheme you are using for automatic enrolment

Pension freedom – the shackles are off, what now?

by Daniel James, director of Client Services at Lloyd & Whyte, who are the appointed independent financial advisers of the BDA.

We are now on the eve of the biggest pension shake up in a generation. It is crucial that BDA members understand the implications, take advantage of the opportunities, and avoid the potential pitfalls – the most extreme being running out of money in retirement.

The wealthiest you'll ever be

In case you are not aware, from April this year you will be able to access your entire pension fund (excluding final-salary schemes), with no restrictions, from the age of 55.

Chancellor George Osborne said: "People should be free to choose what they do with their money." The new rules certainly reflect this.

The move has also come as a way of enticing younger people to save more meaningfully for their retirement. By removing the need to buy an annuity it is thought people will have a far greater incentive to save for their retirement in the knowledge that they will have full control of their money when they get there.

On one hand, this represents a major opportunity to utilise your money the way you want, when you want. On the other, as the onus and responsibility for that money lies solely with you, get it wrong and you could conceivably run out of money in retirement.

The traditional restrictions

Historically, annuities provided savers with a secure income for the rest of their lives. However, they were becoming increasingly unpopular because they no longer offered the value that a lifetime of saving deserved, and, once relinquished, your money was no longer your money.

Savers with larger funds were afforded more options and could leave pension funds invested while drawing an income from the growth – an option called "income drawdown".

Overall, while this approach was restrictive, it did mean you knew where you stood and planned accordingly. Not anymore.

What is the opportunity?

The new rules offer you the complete freedom to use your money in line with the way you want to live your life, from the age of 55 through to 65, 75, 85 and beyond.

From 55, you can now use your various income streams, pensions and investment vehicles strategically to release the appropriate income at the appropriate time throughout your retirement.

It is all about using your money in the most effective and efficient manner, yet still having the complete flexibility to review and evolve your financial options as your life and retirement unfolds.

What about NHS Pensions?

Final-salary schemes, like the NHS Pension, are exempt from the rule change. At your retirement date, you will begin to receive your benefits over time with the option of a cash lump sum.

However, it is likely there will be ways to transfer benefits to a personal pension and cash that in. In most cases, it would not be beneficial to sacrifice the long-term benefits of the NHS Pension for a lump sum in the short term. The NHS Pension offers generous benefits that would be hard to find elsewhere.

If you are being advised to transfer, make sure the source of advice is trusted, professional and independent.

Utilise this system effectively and you will enjoy greater financial scope, complete with the flexibility to change and adapt as your situation demands, unlike annuities.

The threat

Once you retire, if you do nothing your wealth is going to diminish over time. The traditional and more restrictive model was designed to ensure this didn't happen and you didn't run out of money.

This isn't to say that annuities will disappear completely, they will just be one of the tools you may consider when and if the time is right and your circumstances warrant it.

The responsibility for what you do with your money now lies squarely with you and outliving your retirement fund is a very real risk without appropriate planning.

Your options and grasping the opportunity

Planning is key, and seeking advice will be crucial to maximising the opportunity that the new rules offer you. The Government is setting up a new service, called *Pension Wise*, through the Citizens Advice Bureau and The Pensions Advisory Service, but this will offer limited guidance rather than specialist advice.

The sheer scope of the implications and the impact on people's retirement funds is not to be underestimated. Because of this, it is important to explore all the options, gain as much insight as you can and seek professional financial advice.

Good-quality independent financial advice will help you: gain a clear understanding of the new rules; assess and review your assets and income streams; explore and identify your objectives from 55 and throughout retirement; explore how you can use your assets in the most effective and efficient manner; understand the income and inheritance tax implications; and review your situation as your retirement unfolds.

Exciting yet daunting

The flexibility offers far greater scope than before, but is far more dependent on specialist knowledge to unlock the potential. This freedom may initially appear daunting, particularly in contrast to the more traditional and restricted model, but specialist financial advice can open up a far more expansive and tailored solution than the old annuity route could ever hope to provide.

Everyone will have a decision to make at some point and as the appointed provider of financial advice for the BDA, we're here to help. For retirement advice or to book a review, call 01823 250750 or visit www.lloydwhyte.com

BDA members can download a free *Pension Rule Change Factsheet* at www.lloydwhyte.com/bdapensionfreedom ◆

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This article is for informative purposes only and should not be considered financial advice.

The new proposals affecting the retirement landscape may be subject to change during the transition period. The information is correct as of February 2015.

Are you feeling happy?

by Martin Kemp, Research Manager, the British Dental Association

Nearly one-half of community dentists and general dental practitioners (GDPs) are unhappy about their lives, according to BDA surveys.

The Office for National Statistics (ONS) has developed four indicators to monitor levels of well-being among the population: these relate to life satisfaction, happiness, anxiety levels, and the "worthwhileness" of everyday activities.

Among the 481 community dentists who participated, 47% reported low levels of life satisfaction, 45% low levels of happiness, and 55% said they had experienced high levels of anxiety during the previous day.

Among the 903 GDPs who responded, 47% reported low levels of life satisfaction and 44% low levels of general happiness. And about six out of ten reported suffering high levels of anxiety during the day before being surveyed.

Associates and practice owners generally rated their personal well-being at similar levels but there were differences among GDPs depending on the amount of NHS and private work they do. GDPs who do mainly NHS work reported lower levels of well-being compared with those who do mainly private work. And GDPs reported higher levels of anxiety on average compared with community dentists, echoing another finding of this research, that GDPs reported higher levels of work-related stress compared with community dentists.

And the extent of unhappiness is increasing. There was a significant drop in average levels of personal well-being among GDPs on all four indicators between 2013 and 2014. Among community dentists there was a significant fall in average levels of personal well-being in two of the four well-being indicators: they were significantly less likely to say they felt happy or that the things they do in life are worth while in comparison with the previous year.

And there seems to be a "well-being gap" between the wider adult UK population and dentists, who rate their well-being across all measures at much lower levels, according to comparison with ONS figures.

While the explanation for this gap is unclear, high levels of occupational stress among dentists may play an important role.

> "Around 39% of community dentists and almost one-half of GDPs have reported high levels of work-related stress compared with only 15% of British employees generally."

Healthcare professionals are among the most likely to report high levels of work-related stress, according to the Health and Safety Executive. Dentists face challenging working conditions and are exposed to occupation-specific stressors, which may put them at increased risk of job stress. Around 39% of community dentists and almost one-half of GDPs have reported high levels of work-related stress compared with only 15% of British employees generally, according to the HSE's 2010 *Psychosocial working conditions in Britain* survey.

High levels of stress at work may have repercussions on dentists' job satisfaction and work-related engagement, as well as their well-being more generally. Research of both community dentists and GDPs has reported that lower personal well-being ratings were significantly associated with both *high* job stress and *low* job satisfaction.

The well-being challenge for UK dentists is clear: to tackle those aspects of dentists' work that are responsible for such high levels of stress and which also act to undermine dentists' job satisfaction and work engagement. We need to learn more about these factors and how they vary across the different settings that dentists work in and the diverse roles that dentists perform.

And these findings highlight the need for more research to understand how exposure to high levels of stress at work impacts upon dentists and the work they do. For example, what are the consequences of high job stress for dentists' mental and physical well-being or for the patient care they provide? The implications of the association between NHS commitment and well-being among GDPs also merit further investigation: are GDPs who do more NHS work more likely to experience burnout?

Over the next 18 months, the BDA will be investigating the relationship between working conditions, high job stress, and mental well-being among dentists. A key aim is to develop effective strategies for preventing high levels of work-related stress and reducing levels of burnout among dentists.

A full research report on the well-being of dentists is available to download at https://www.bda.org/dentists/policy-campaigns/research/workforce-finance/gp/wellbeing ◆

Key message

There seems to be a "well-being gap" between the wider adult UK population and dentists, who rate their well-being across all measures at much lower levels, according to comparison with ONS figures

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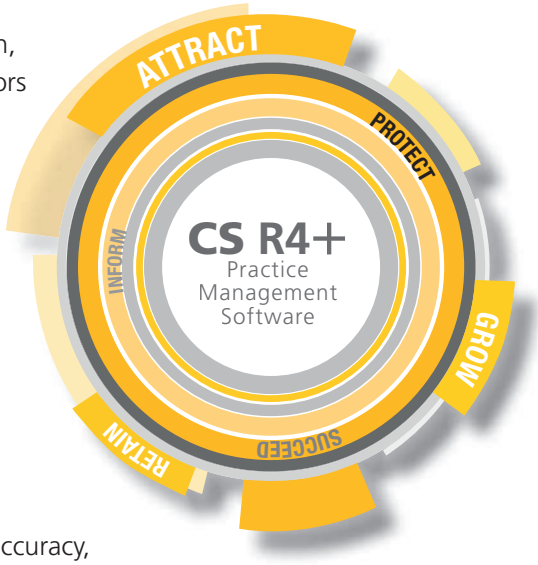

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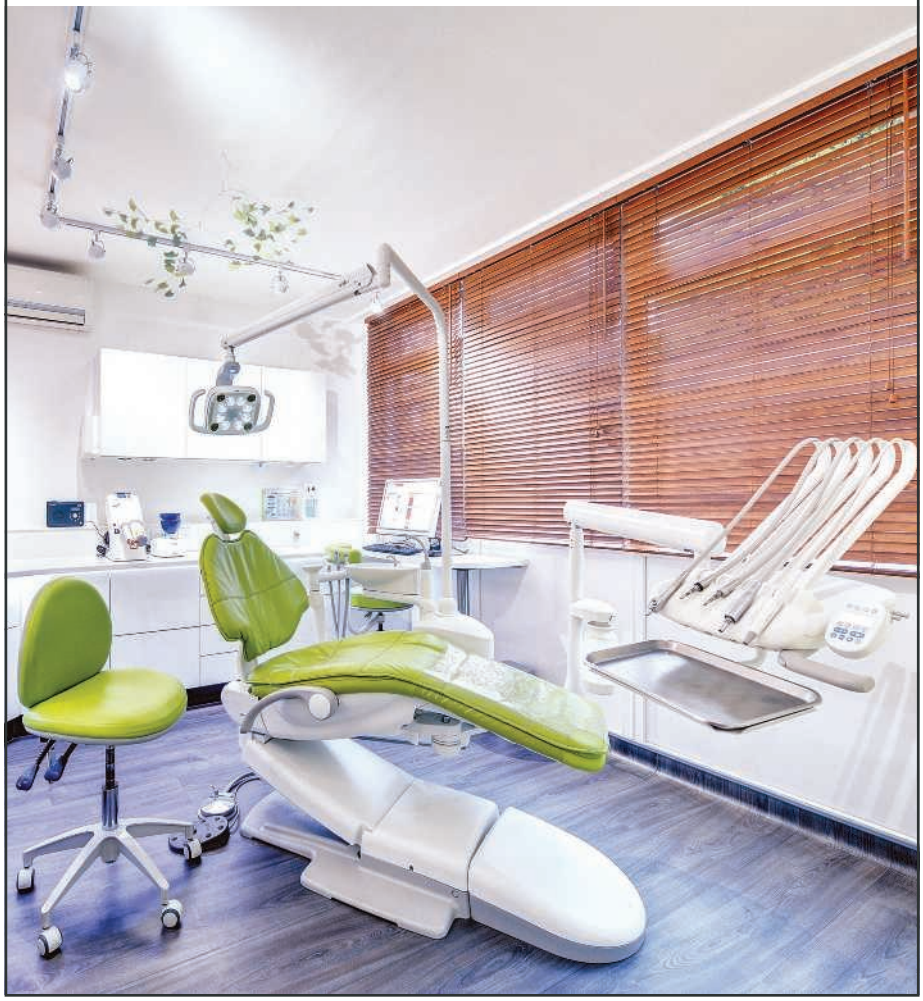

Concerns about balance between treatment and prevention

Almost one-half of dental professionals (NHS performers, providers and business owners) working in the NHS (44%) are less confident that practising dentistry within the NHS will offer the right balance of treatment versus prevention over the next 12 months than they were a year ago, according to an independent study conducted on behalf of Practice Plan.

Despite this worrying statistic, 61% of respondents were as confident that patients will be happy with the outcome of attending an NHS dental practice over the next 12 months as they were in the previous 12 months.

Smaller practices appear to have concerns about their future financial success within NHS dentistry. The study reports that 65% of practices consisting of up to three dentists are losing confidence that practising dentistry within the NHS will offer an appropriate level of remuneration over the next 12 months – which is considerably higher than the percentage of respondents across all practice sizes (54%) who felt the same.

In addition, 39% of the respondents asked are less confident about their career prospects within NHS dentistry over the next 12 months than they were a year ago.

For dentists thinking about their future within NHS dentistry and wondering about what a move to private dentistry might look like for them, specialist and expert support and guidance is available from Practice Plan's NHS Change Support Team, without obligation, at 01691 684120 or visit www.practiceplan.co.uk/nhs for further information.

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For more information or to request a place, visit http://www.denplan.co.uk/clinical or call 0800 169 5697.

Software to boost patient engagement

A clinical-software firm has created a tool to help boost communication between patients and NHS professionals.

Patient **e**ngagement (PET) is a web-based feedback and communication platform by Cievert Ltd for the healthcare sector.

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Cievert Ltd is launching its patient engagement (PET) product by offering a small number of dental practices a competitive annual license fee, with the first month free.

Managing director at Cievert Ltd and former NHS radiographer Chris Kennelly said: "PET provides an inclusive link between practice and patient enhancing both the care given and the experience of that care."

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On Specialist List: No

237823

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

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Ian Pearson
Wail Girgis
Cyrus Nikkhah
Nick Williams
Philip Taylor
Assad Khan

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

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Tel: 01225 426 163 **Email:** reception@circusdentalpractice.co.uk
Interests: Fixed & Removable Prosthodontics, Implants, Bone Augmentation, Soft Tissue Augmentation, Endodontics, Aesthetic Dentistry, Treatment Planning Assistance, Study Club, Implant Mentoring.
On Specialist List: Yes, Restorative Dentistry, Prosthodontics & Endodontics

239371

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235125

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

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

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On Specialist List: Yes Prosthodontics and Periodontics

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

(Accredited Specialist in Orthodontics).

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

On Specialist List: Yes, Orthodontics, Periodontics.

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Interests: Dental Implants and Periodontics
On Specialist List: Yes, Periodontics

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Dr Asim Ayub BDS MFDSRCS MClinDent MRDRCS
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Email: info@ayub-endo.com
Interests: Endodontics
On Specialist List: Yes

230732

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Dr Nicole Sturzenbaum
Toothbeary Practice Richmond,
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Interests: Dental Implants, Fixed and Removable Prosthodontics, Bone Grafts, Sinus Lifts, Full Mouth Reconstructions, Periodontics, Occlusion, Restorative and Cosmetic Dentistry, CT Scanner, Implant Mentoring

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

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

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

236739

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Tel: 01664 568811
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Interests: Periodontics, Orthodontics, Implants

Dr Ayodele Soyombo
On Specialist List: Yes, Orthodontics

Dr Bola Soyombo
On Specialist List: Yes, Periodontics

Dr O Onabolu
On Specialist List: Yes, Periodontics

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Interests: Cosmetic & Implant Dentistry, Advanced Prosthodontics

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Interests: Restorative and Implant dentistry, Endodontics, Fixed and Removable Prosthetics and Periodontics
On Specialist List: Yes Periodontics, Endodontics, Restorative Dentistry and Prosthodontics
Dr Harmeet Dhaliwal FDS (Orth)RCS, MOrth RCS, MDentSci, MFDS RCS, BDS
Interests: Orthodontics **Specialist list:** Yes Orthodontics

255221

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

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

217672

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Mr Martin F. W-Y. Chan BDS, MDSc, FDS (Rest Dent) RCPS (Glasg), DRD, MRD, RCSEd.
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Interests: Restorative and Implant Dentistry, Prosthodontics, Periodontics, Endodontics
On Specialist List: Yes, as above

212838

Birchwood Dental Practice

The practice is unrecognisable from before, it has been completely transformed.

September 2013 was a landmark month for Dipak Patel, owner and practice principal at Birchwood Dental. After four years of planning applications and repeated appeals, his wrangling with the planning authorities finally came to fruition. At last, with planning approval in place, his plan to transform the practice could become a reality.

The project was to transform the existing two-surgery first floor practice to a modern state of the art ground floor practice that was fully DDA compliant. With the redesign came the chance to solve a number of existing problems, a decontamination room that was too small, only one digital x-ray set shared by all dentists, a kitchen that doubled as an office, no dedicated staff room and a patient flow from the front door to the reception area that just didn't work.

To assist in designing his new practice Dipak engaged SPS Dental. He explains, "I went to a few suppliers when I was planning the surgeries, including SPS that came highly recommended by several of my colleagues. I found Ian Gocking approachable, engaging and very genuine in trying to understand and implement my vision. Straight away he identified an issue with the flow of patients and suggested some simple changes that have made a huge difference. He also had a lot of patience whilst we went through several iterations of the layout design even after the building works were started and crucially he worked well alongside my project manager, Gerry Mears."

When choosing his new surgery dental chairs Dipak turned to industry leaders. "Two of the surgeries have the Belmont Cleo II and the third room has the Voyager II package. The small footprint of the Cleo knee break chair is space efficient and patients, particularly those that are less mobile, find getting on and off the chair much easier. I also really like the fact that whilst I am talking to the patient from the front, the dental nurse is preparing the tray behind the patient out of sight. The large space on the operators console is also a positive feature. The Voyager II was chosen as we have a left-handed associate. With this system the cuspidor unit can be changed from left to right handed use in seconds without the need for tools. I selected Belmont equipment because of its reputation for reliability and ease of maintenance."

In October 2014 after eight months, the completed refurbishment project delivered a totally transformed practice, which incorporated everything on Dipak's wish list. "At the front of the building we now have a dedicated disabled parking bay with ramp up to the entrance. Our reception area is the first point of greeting for patients leading to an open plan extended waiting area that has a fully compliant disabled toilet, television and ample seating. At the rear there are three new ground floor surgeries, all of which have excellent natural lighting from the large skylights above. There is also a staff room with separate toilet, an office and a new large central decontamination room ventilated by a heat exchange system. Within each surgery, there is a television on the ceiling above the patient's head to view programmes of their choice as well as movies and a large monitor on the wall to show images of the patient's mouth and x-rays."

Dipak is justifiably delighted with the end result. "The flow and ergonomics is excellent. The practice is airy, spacious and bright whilst the atmosphere is calm and soothing for the patients, many of whom have commented that they feel like they are in a 'posh hotel'! The practice is unrecognisable from before, it has been completely transformed."

Belmont

Please make enquiries to ~ Lucinda Wherrett, telephone 020 7515 0333 or email lucinda@takara.co.uk. Visit www.belmontdental.co.uk

Business skills CPD

Q1: What is the maximum penalty notice the Information Commissioner's Office could issue to a practice that fails to comply with an enforcement notice?

A £50,000
B £100,000
C £500,000
D £1,000,000

Q2: Which of the following are legally defined as data controllers in a dental practice: a – associates in general; b – associates who store data on the practice's computers; c – locums?

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

Q3: Which of the following are benefits of regular appraisals: a – increased profitability; b – insight into inter-team relationships; c – early identification of problems?

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

Q4: For which of the following team members should a practice do an *enhanced criminal record check*: a – dentists; b – registered dental care professionals; c – trainee dental nurses?

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

Q5: After what period of time does the conviction of someone sentenced to community service lapse?

A Six months
B Thirty months
C Five years
D Ten years

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