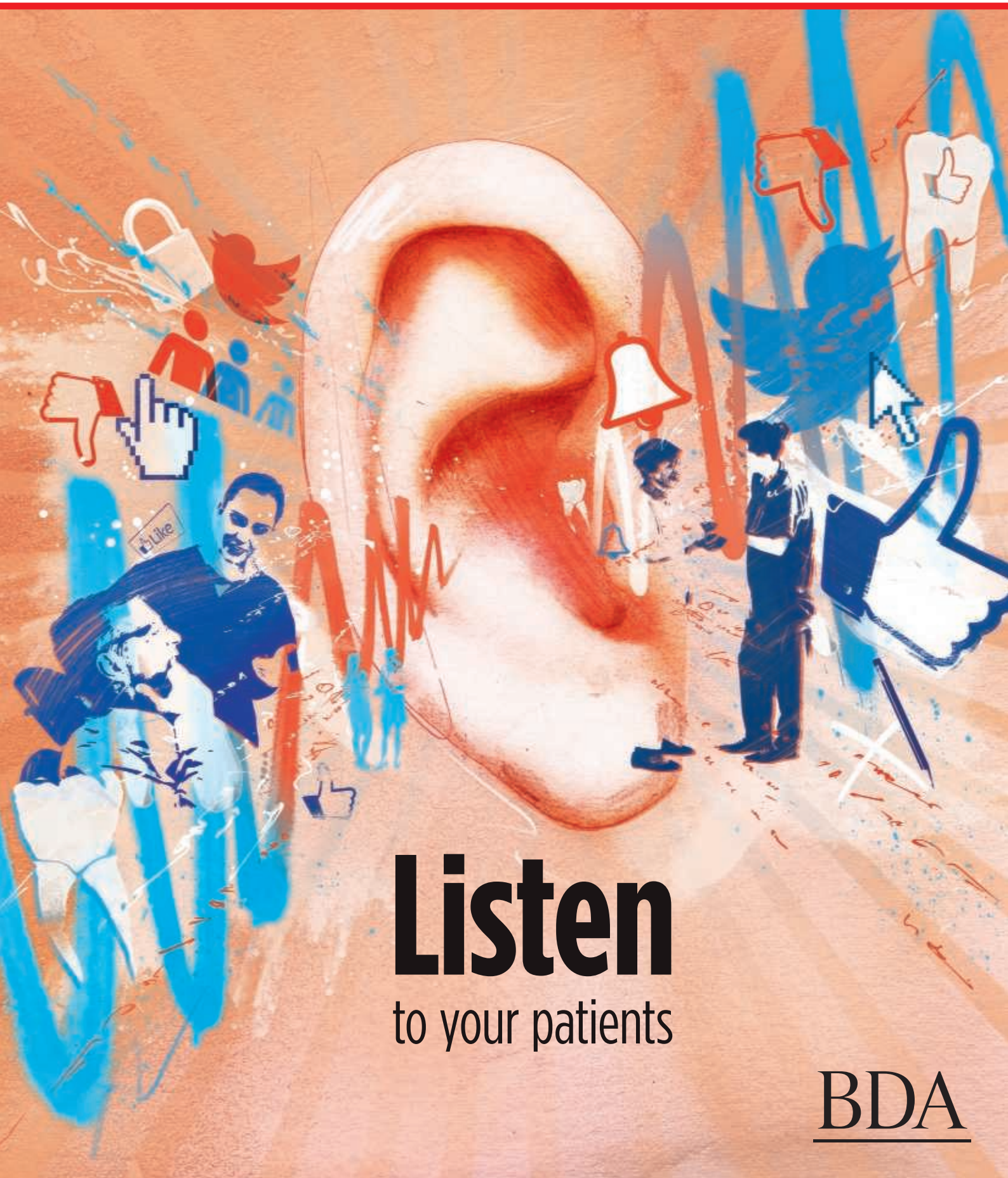
BDJ In Practice
March 2016



Listen
to your patients

BDA

Buying a practice ■ CQC lessons ■ Contract negotiations ■ NHS IT Failure

Putting you in control

Complete support for success

We have specialist teams in data management, design, fee reviews and training, which means we are always on hand to make sure you get the comprehensive support you need, particularly if you are planning to re-launch your dental plan. From practice marketing and patient recruitment support to team training and online patient registration, we provide everything you need to maximise the success of your dental plan and your practice.

Get on the right path with a DPAS Dental Plan.

To find out more, call 01747 870910 or email enquiries@dpas.co.uk

@dpas_ltd
DPAS Dental Plans

dpas your dental plans

01747 870910
www.dpas.co.uk

BDJ InPractice

MARCH 2016

Cover illustration Danny Allison

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

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

 ISSN 2057-3308.

BDA

IMMUTABLE LAW #4 OF PRACTICE PERFORMANCE

Do you monitor your practice performance every day to **ensure you never miss a revenue target?**

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

The fourth immutable law of practice performance is setting your team individual objectives and **tracking them daily**; ensuring you hit your revenue target.

Research shows that **80% of practices admit to not knowing enough about their business performance**, with 61% unsure of where to find the information they need to monitor and then improve their practice.

Download our Whitepaper on Performance Monitoring

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

info@thrivewithsoe.com
www.softwareofexcellence.com

SOFTWARE OF EXCELLENCE
A HENRY SCHEIN® COMPANY

NHS

NHS IT Failure

The BDA has insisted that practices are not penalised following IT failures in the new NHS contract management system, which could leave many failing to meet contractual requirements.

Many users are now reporting errors on the new 'Compass' system, which was rolled out by the Business Services Authority (BSA) to offer "more flexibility and functionality for both dentists and commissioners". Many practices are now reporting login problems, error messages, and issues with adding dentists to contracts. There are also understood to be issues with software systems.

The BDA had expressed grave concerns about bringing in a new system so close to the end of the financial year, but had received repeated assurances from the BSA that these concerns were misplaced. It has now written to the BSA setting out steps it must take to ensure these problems are resolved responsibly.

© Lesia_G/Getty

Henrik Overgaard-Nielsen, Chair, General Dental Practice Committee said: "When the BSA unveiled its plans to launch a new contract management system so close to the end of the financial year we urged caution. Nothing in the chequered history of NHS IT projects gave us any reason to think the launch of Compass would be plain sailing. Now many colleagues are sitting at their computers pulling their hair out, with no way of telling what their exact performance is.

"NHS practitioners, through no fault of their own, are now in danger of not submitting claims within 62 days and missing their UDA targets. Clearly these are more than just "teething troubles", and the BSA must be prepared to take reasonable and responsible steps so practitioners are not left picking up the cheque for the latest NHS IT failure."

The BDA is now seeking:

- Relaxation of the 2 month deadline to submit claims
- That breach notices should not be issued for performance between 90-96%
- That practices that under-perform between 90-100% should have this carried over to 2016/17
- That practices that over-perform by up to 10% should either be paid for it or have it deducted from next year's total.

New rules for dental companies

New rules on company ownership will potentially affect dental practices set up as limited companies or limited liability partnerships (LLPs).

Companies in which one person has a major influence on its ownership or management will have to tell Companies House about this from 30 June 2016. Known as a person with significant control (PSC) this covers anyone with over a quarter of the shares or voting rights in the company. If your practice is a company or LLP and it is owned and run by you alone or you and a few other people then this will apply to you.

Incorporated dental practices that are covered by the new rules will need to keep a register of everyone who has at least one quarter of the shares or voting rights (perhaps you have voting rights on behalf of another shareholder in the practice). The register needs to have all their main personal details, including: name, address, date of birth and nationality. Companies House calls this a PSC register. Details of everyone on your register must be sent to Companies House and kept up to date and you must have a copy available for inspection at your registered office.

This is an extra administrative requirement on companies and LLPs (these rules have been established to make sure it is clear who owns and controls British companies). Failure to comply or provide accurate information is a criminal offence which carries a heavy penalty,

Further information on PSC requirements for companies and limited liability partnerships can be found on the www.gov.uk website.

Hazardous Waste Regulations changes cut burden for dentists

Changes to the Hazardous Waste Regulations will mean dentists in England no longer have to register their premises with the Environment Agency, cutting down on the administrative burden for practices. From 1 April 2016, dental practices will not need to register with the Environment Agency, regardless of how much hazardous waste they produce. Changes to the consignment note that has to accompany hazardous waste will also alter, and BDA members can find out more details on our advice pages (www.bda.org).

BEN FUND

Help Is Always Needed

None of us can predict the future, and as a result, life can stop us in our tracks when we least expect it.

The BDA Benevolent helped Dr. R when she discovered this for herself early last year. Her life was turned upside down after a severe heart attack and although it wasn't life threatening, Dr. R struggled with the after effects of undergoing a coronary artery bypass graft. Between recommended rest and gradually restoring physical fitness, Dr. R had no choice but to take considerable time off work. Sadly, her husband also lost his job at this time and as there wasn't an income to support her husband and two young children, debt inevitably amassed.

Just as Dr. R had started to recover, her husband had a nervous breakdown. Although after several months he managed to recover, he was unable to find employment. Between the responsibility of looking after her husband and children and dealing with the emotional and physical aftermath of her heart attack, Dr. R found it increasingly difficult to cope. When the situation started affecting her daughter with extended periods of depression and poor performance at school, she was unable to continue working as a dentist.

Eventually, her debts forced Dr. R to declare bankruptcy and sell her home. During this process her husband left her and their children and has not provided any financial support since. Circumstances like this are more common than you would like to believe. Dr R is now a support teacher in a local school and is brighter about her prospects. By working together to provide financial support, the future for dentists doesn't have to be bleak.

Run by dentists for dentists, the BDA Benevolent Fund provides pecuniary support to current and former dentists and their families through all stages of their lives. The charity relies on the generosity of dentists, dental organisations and companies to continue its work, so your help is critical.

By making a monetary donation or participating in fundraising events you are helping a valuable cause. Thanks to the support of the profession, the BDA Benevolent Fund was able to help Dr. R, and who knows, maybe one day the Fund will help someone you care about.

The BDA Benevolent Fund relies on your help to continue its work, so please contact us on 020 7486 4994 or administrator@dentistshelp.org, or to give a donation today go to www.bdabenevolentfund.org.uk.

If you are in need of help yourself, please contact us now. *All enquiries are considered in confidence.*

Trade Union Bill could undermine bargaining powers of smaller unions

The BDA has welcomed the criticisms in the House of Lords of the Government's attempts to undermine bargaining powers of smaller unions in a debate on the Trade Union Bill at the end last month.

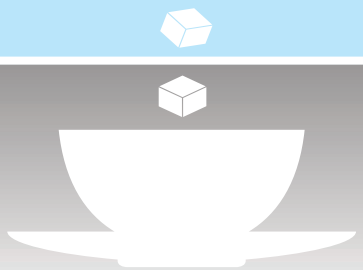
The BDA had met with a number of Peers and expressed concerns at the impact the Bill might have on members and are pleased to have heard its concerns reflected in the Lord's Parliamentary debate. This was led by the Conservative Peer Lord Balfe, who used his speech to highlight that smaller trade unions with no political funding, such as the BDA, are likely to suffer the most from the new financial and administrative burdens the Bill introduces.

The BDA will continue to work with Parliamentarians to seek amendments to the legislation to ensure it does not undermine dentists' ability to stand up for their rights.

©Multi-bits/Getty

SUGAR

Local government showing real leadership on sugar



The BDA has commended councils for their leadership on sugar, as the Local Government Association (LGA) issued calls for transparent and child-friendly labelling on fizzy drinks.

The LGA, which represents more than 370 councils, has made its call just ahead of the publication of the government's obesity strategy. Tooth decay is fuelled by sugar and remains the leading cause of hospital admissions among children in the UK.

Russ Ladwa, Chair of the BDA's Health and Science Committee, said: 'Local councils are now offering the kind of leadership on the sugar crisis we expect to see from national government. Tooth decay has become the number one reason why children are admitted to hospital, and any solution will require parents, business and the authorities to play their part. Health professionals are looking to see if this government is prepared to take its full share of responsibility.'

While in another move the BDA has called on government to put prevention at the heart of its approach to the crisis on child tooth decay, as new figures showed over 14,000 children aged 5 and under had been admitted to hospital for tooth extraction in 2014/15. Analysis of data from the Health and Social Care Information Centre (HSCIC) has also revealed a 10% increase in children requiring tooth extractions in the last 4 years.

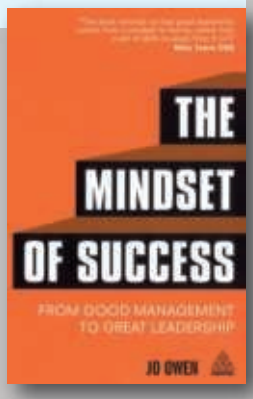
News comes as the government has supposedly abandoned plans for a sugar tax as part of its long delayed obesity strategy. The BDA has led calls for action to improve children's oral health, and championed action on sugar.

Mick Armstrong, Chair of the BDA said: 'These new figures should offer a wake-up call to government on its failure to get to grips with prevention. Under-fives are ending up in hospital for tooth extractions because successive governments have treated oral health as an afterthought. An entirely preventable disease has been left to emerge as the leading cause of hospital admissions among children. That means paying a premium for general anaesthesia, when we should be saving pain and money by aiming to keep healthy teeth in healthy mouths.'

BOOK REVIEW

Nature of leadership

The mindset of success: from good management to great leadership
Jo Owen
Kogan Page, 2015
ISBN-13: 978-0749473112
£14.99



Jo Owen, who wrote the award-winning *Leadership skills handbook* (Kogan Page, 2013), now delves deeper into the nature of leadership. Owen identifies seven key mindsets of success: high aspirations, courage, resilience, positive, collaborative, accountable and growth, writes BDA Librarian **Roger Farbey**.

He gives each mindset a chapter and unpacks these terse attributes by expanding and interpreting them in great detail. For example, by high aspirations he means re-envisioning goals, transcending them from the ordinary to the extraordinary. Positive is the mindset where the leader focuses on the future, creates energy and sees opportunities where others see problems. Courage is all about taking personal risk, but also knowing how and when to take that risk. Growth translates as the ability to adapt and keep learning.

But it's not all positives. The final chapter describes "the dark side" of leaders including "the sociopath", whose character encompasses superficial charm, good intelligence, absence of nervousness, unreliability, untruthfulness and insincerity. But even sociopaths have some advantageous characteristics, such as the willingness to takes risks. Owen says a simple way to deal with sociopathic leaders is to join rather than resist them. So, ruthless leaders are not necessarily bad ones and there are evidently many and varied routes to success. This 200-page paperback does not set out to change the leader but does succeed in providing clearly structured tools to improve the way they act, think and perform.

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

Wide spread illegal tooth whitening

A recent BBC investigation has revealed the scale of illegal teeth whitening across the West of England. Undercover reporters from the BBC's *Inside Out West* filmed one provider operating under an assumed name just two years after he was prosecuted by the regulator, the General Dental Council, for illegal whitening. The film revealed unlicensed online-trainers providing rudimentary guidance for illegal whitening, and recommending products including chlorine-dioxide whiteners that cause lasting damage to teeth. BDA Scientific Advisor Professor Damien Walmsley commented on the programme highlighting the need for whitening to be carried out by a trained dental professional. A new BDA video also highlights who can do teeth whitening which is available for viewing on our blog and social media channels.

Over 1,100 'never events' in hospitals over the past four years

More than 1,000 NHS patients in England in the past four years have suffered from medical mistakes so serious they should never happen, according to analysis by the Press Association. NHS England insisted such events were rare, but the Patients Association said they were a "disgrace". The catalogue of errors classified as "never events" is kept by NHS England and shows a fairly steady trend.

Between April 2012 and March 2013, there were 290 never events, in 2013/14 there were 338, in 2014/15 there were 306 and from April 2015 to December, which is the latest month with figures yet recorded, there have been 254 – although that will be adjusted if more reports for later months come in. In 2014/15 there were 27 cases of the wrong tooth or teeth being extracted, eight cases of surgery to the wrong eye and 102 cases where a foreign object was left inside a body when a wound was stitched up. In that year there were also two cases of the escape of a transferred prisoner and four cases of misidentification of patients. ◆

©Phil Fisk/Getty

BOOK REVIEW

To avoid barking up the wrong tree

Top dog: impress and influence everyone you meet
Andy Bounds and Richard Ruttle
Capstone, 2015
ISBN-13: 978-0857086099
£10.99

Overuse of the canine metaphor, which includes a surfeit of superfluous doggy photos, is the main criticism of this otherwise thought-provoking paperback, writes BDA Librarian **Roger Farbey**. Andy Bounds, along with co-author Richard Ruttle, likes using these devices as illustrated in two of his previous books on communications: *The snowball effect* (Capstone, 2013) and *The jelly effect* (Capstone, 2007).

Ignoring tiresome chapter headings like "Lead the Pack", useful tips abound. For example, why do people take a colleague to a first business meeting (would you bring someone along on a first date?) and begin a presentation with "thank you for sparing the time" implying their time is more important than yours thus automatically putting you in the underdog (it's infectious!) position.

Curiously referred to as "slide packs" here, the "death by PowerPoint" phenomenon is also discussed. They say that a presentation's impact is weakened by robotically following a sterile convention, particularly when reading out too many of the words on a screen page. Bounds advocates ditching these pre-prepared tools and using only one or two key "slides", which is much more impressive. At the end of each chapter there are "Doggie Treats" or bullet points outlining top tips, again very useful. So the book is not just about being a top dog but making a great impression on other, influential, top dogs, too.

While this book is primarily intended for sales and (self-) marketing types, there are plenty of intelligent suggestions that offer universal advantages. The chapter dealing with successful meetings, "The Welcome Visitor", suggests that you establish rapport with your host by researching them, thus being able to offer a less generic icebreaker the weather, especially if you know their hobby. Another helpful chapter deals with writing a compelling proposal or business case and offers quick answers to the most common proposal problems. For a book of this size (just 160 pages) the authors provide loads of novel approaches to everyday issues in business and will undoubtedly save the reader from barking up the wrong tree (sorry).

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

Principal Executive Committee meeting

The Principal Executive Committee met on 24 February.

The following officers were re-elected for 2016/17: Mick Armstrong (Chair); Eddie Crouch (Deputy Chair); and Judith Husband (Chair of the Education, Ethics and the Dental Team Working Group).

The Statutory Accounts for 2014/15 were discussed and approved. Overall these presented a very satisfactory summary of the Association's financial management and governance over the operational year.

These accounts will be published in the *BDJ* and be presented to the BDA's Annual General Meeting in Manchester in May. Other business included a presentation on the performance and strategic direction of the *BDJ* publications portfolio; an update on industrial action by junior dentists; a summary of current issues within the remit of the General Dental Practice Committee; a report from the Education, Ethics and the Dental Team Working Group; a report on activities around the recruitment and retention of members; and a review of the BDA staff pay structure.

The Chief Executive presented a report summarising the activities of the BDA since the last meeting of the PEC. Reports were received from BDA Northern Ireland, Scotland and Wales. ◆

DENTAL SHOWCASE'16

6–8 October 2016, ExCeL London

SAVE THE DATES!

BDIA Dental Showcase is the only dental event to attend this year. It's the UK's largest B2B trade show, with 350+ industry-leading, expert stands where you can:

- **DISCOVER WHAT'S NEW**
- **MEET REPUTABLE SUPPLIERS**
- **GET EXCLUSIVE SHOW OFFERS**
- **BROADEN YOUR KNOWLEDGE**
- **NETWORK WITH YOUR PEERS**

Register FREE at www.dentalshowcase.com

BDIA DENTAL SHOWCASE
Putting innovation into practice

Headline Sponsor

Oral-B®

Registration Sponsor

Colgate

BDIA Dental Showcase 2016 is organised by the British Dental Industry Association, Mineral Lane, Chesham, Bucks, HP5 1NL Tel: +44 (0)1494 782873 Email: admin@bdia.org.uk.

Listen

to what your patients really want from your practice

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

Understanding and then meeting patient needs is obviously what you are about as a dental practice. In one sense, those needs are simple – providing excellent oral health care – so identifying them is straightforward. But there is of course so much more to the patient experience than this:

- Ease of making appointments
- Convenience in terms of location and opening times
- The friendliness of the dental team
- The perceived cleanliness of the dental practice
- Putting patients at ease
- Explaining their dental care needs
- Clear pricing … and so on.

These factors affect how patients feel about your practice and it is by understanding what matters most to them and delivering on these that people will chose your practice rather than another.

Have a chat

Talking to your patients is the most obvious place to start when trying to find out what it is that they want. However, patients can be reluctant to talk if they are pressed for time, or if they think it may negatively affect their treatment if they are critical – you may end up simply hearing what patients think you want to hear.

Surveys

Surveys are another great way to find out what patients think about your care and your practice, and they can help you quantify how important certain issues are for patients. However, it's hard to gain insight into why patients feel the way they do unless you allow free text answers, which can be time consuming to analyse. Traditionally paper-based, there is now the possibility of getting feedback online, which increases the chances of people completing the survey and is much easier to analyse and track over time. Companies such as *SurveyMonkey* offer a free basic online survey service – you pay for additional features.

> "Patients can be reluctant to talk if they are pressed for time, or if they think it may negatively affect their treatment if they are critical – you may end up simply hearing what patients think you want to hear."

On-line

Social media has opened up another and potentially powerful way to find out what patients want and what they think about your practice. People tend to comment more freely on social media, so you are more likely to find open, honest and unguarded feedback.

To find what is being said about you on social media – as covered in ***Be alert to how Google can impact your business***, January 2015 – you can set up Google Alerts that will alert you every time your business is mentioned online. Go to **www.google.co.uk/alerts** type in the name of your practice and

set up alerts to be sent to your preferred email address.

You can learn a great deal by simply reading natural, ongoing conversations or mentions of your business. If the same questions about your practice keep being raised it is a clear indication that you are not providing the information people need. Make sure you update your website and literature to answer these questions and that the information is easy to find. These conversations about your business, or indeed your competitors, can also help you identify gaps in the market – people repeatedly saying 'Wouldn't it be great if…' is a sign that a need is not being met. If you are setting up a new practice, such conversations can prove particularly invaluable.

"If the same questions about your practice keep being raised it is a clear indication that you are not providing the information people need. Make sure you update your website and literature to answer these questions and that the information is easy to find."

Interactive

Besides giving you free research, social media can be used to engage your patients and the local community; unlike other marketing activities such as direct mail or radio advertising it enables two-way communication, a dialogue or discussion, rather than the one-way monologues of advertising. Done sensitively and well it can be like having a giant focus group – great for testing new initiatives, trialling advertising campaigns, assessing reactions to a proposed refurbished reception area or gaining testimonials for instance.

That said, people are more likely to strike up a conversation on social media with you if you are actively involved in social media and impart information or useful advice – if you bring something to the party you are more likely to be accepted. By joining local groups online and engaging with your local community be it on Twitter, Facebook, or local forums, your practice becomes more real, more personal, more approachable.

Many businesses make the mistake of using social media as just another means to sell

their products or services. There is a place for that in social media but once you have become a respected member of an online forum and have demonstrated the value that you bring to the community you should find you have more influence as a valued local professional rather than continually pushing your business. Be mindful not to alienate people – the clue is in the name, *social* media.

Always maintain patient confidentiality. The General Dental Council (GDC) has issued Guidance on using social media that you must stick to; be careful not to make statements that could lead to a patient being identified. And if you interact with patients of the practice "maintain appropriate [professional] boundaries". Internet postings can be widely copied and distributed, always assume that anything you say can never be taken back.

> "Overall social media can be a great way to glean insights into what your patients, and indeed the wider community, want, and what they think of your practice. You can also use it to engage the local community and build awareness and interest that will hopefully lead to new patients"

The greater your involvement the more worthwhile it becomes to use a social media monitoring tool. Whilst Google Alerts (above) are fine for those with minimal mentions, for businesses that are mentioned a lot, social media monitoring tools can provide more in-depth analysis. There are many companies (such as Brandwatch, Hootsuite, Mention, SproutSocial) that provide free or relatively inexpensive monitoring software to varying levels of detail – not just mentions, but whether the mentions are positive, negative or neutral and whether they are made by influential commentators with many followers.

Overall social media can be a great way to glean insights into what your patients, and indeed the wider community, want, and what they think of your practice. You can also use it to engage the local community and build awareness and interest that will hopefully lead to new patients coming through the door, and your existing patients being happier than ever with the service you provide. ◆

GDC Guidance on using social media

Social networking sites and other social media can be an effective and entertaining way of communicating.

4.2.3 of *Standards for the Dental Team* states:
'You must not post any information or comments about patients on social networking or blogging sites. If you use professional social media to discuss anonymised cases for the purpose of discussing best practice you must be careful that the patient or patients cannot be identified.'

Social media covers a number of internet based tools which allow people to create and exchange content. It includes blogs, internet forums, content communities and social networking sites such as Twitter, YouTube, Flickr, Facebook, LinkedIn, GDPUK, Instagram and Pinterest.

When using social media, you must:

- a. Maintain and protect patients' information by not publishing any information which could identify them on social media without their explicit consent.
- b. Maintain appropriate boundaries in the relationships you have with patients.
- c. Comply with any internet and social media policy set out by your employer.

As a registrant you have a responsibility to behave professionally and responsibly both online and offline. Your online image can impact on your professional life and you should not post any information, including photographs and videos, which could bring the profession into disrepute.

It is important to remember that anything you post on social media is in the public domain and can be easily copied and redistributed without your knowledge. You should presume that everything that you share online will be there permanently.

You should think carefully before accepting friend requests from patients.

You should regularly review your privacy settings to ensure that information is not accessed by unintended audiences. However, you should remember that even the strictest privacy settings do not guarantee that your information will be kept secure and any information that you post could be viewed by anyone including your patients, colleagues or employer.

You should remember that even if you do not identify yourself as a dental professional, you could still put your registration at risk if you display inappropriate behaviour whilst using social media.

You should not have discussions with your patients about their dental care and treatments on social media.

While online discussions about anonymised patients and best practice can have an educational and professional benefit you should remember that posting information under another username does not guarantee your confidentiality. You should consider how your comments reflect on you as well as how they could impact on the public's trust in the profession.

If you believe patients are being put at risk by a colleague's conduct, behaviour or decision-making, or by your working environment you should seek advice from your employer, defence organisation, professional association or Public Concern at Work. Principle 8 in *Standards for the Dental Team* has further guidance on raising concerns. Social media should only be used to raise concerns as a last resort

You must not use social media as a mechanism to raise concerns about the possible abuse of children or vulnerable adults. These concerns must be referred to the appropriate authority such as your local Social Services Department.

You may find it helpful to contact your professional association or indemnifier for further guidance on the responsible use of social media.

Effective from 30 September 2013

Belmont

Be more comfortable

Single- and four-handed operation in clear air, with a clear view.

+ 2016

Source better value

FREE UPGRADE TO 900 LED

Visit stand K90 at The Dentistry Show NEC, Birmingham 22 & 23 April

Our advancement of Below-the-Patient delivery system ergonomics realises a greater efficiency of time, space and energy.

A level of console versatility yet unseen making every task easier; less reaching, a new calmness and clear lines of communication.

This is what we strived for, a better daily operation for all.

020 7515 0333
belmontdental.co.uk
@BelmontDentalUK

The Beauty of Dentistry

Pension decision-making among associates

by Jo McKeown and Martin Kemp

Through contact with our younger members, the BDA learned that some who had qualified and joined the NHS Pension Scheme from 1 April 2006 had opted out. Our concern was that some members may have been encouraged to opt out of the Scheme and did not take appropriate financial advice. This article summarises the research findings and provides a BDA response to some of the issues raised.

To understand the pension decisions of our younger members the BDA's Research Team and Pensions Consultant collaborated on a piece of research to find out what influenced these opt out choices. We also wanted to better understand young dentists' knowledge and views of the NHS Pension Scheme.

In April 2015 we surveyed 1,221 BDA members who, according to our records, currently work as associates in the UK and qualified on or after 1 April 2006. We found that around 6% of associates who qualified on or after 1 April 2006 and who participated in our survey may have had no pension provision, despite being entitled to access the well-regarded NHS Scheme. Some had made alternative financial provision for retirement including investment in property, savings, ISAs or shares.

Around one in twenty (6%) respondents confirmed that they are currently opted out of the Scheme and an additional 8% said they had opted out of the Scheme since qualifying, but had re-joined by the time of the survey. Two members said they had been encouraged to opt out of the Scheme, although there was no evidence that they were advised to opt out by anyone other than a financial professional. Around 82% of the 141 associates who responded in the survey said they had never opted out.

Points raised and BDA repsonses

When asked how they perceive the benefits and limitations of the Scheme, 61% were able to point to positive features and advantages of the Scheme. However, 33% expressed a lack of knowledge, uncertainty, or confusion, and 22% alluded to limitations or disadvantages of the Scheme.

Many associates (70%) expressed a lack of knowledge of the Scheme or uncertainty and one respondent claimed to 'have no idea of the benefits' whilst another commented that 'I struggle with the scheme due to a serious lack of understanding'. There were a few associates who expressed a desire to improve their understanding of the Scheme (for example, '[I] would like to understand better what I am contributing towards').

BDA Response: Associates can access the relevant BDA guide to the scheme on our website *https://www.bda.org/dentists/advice/ba/Pages/ps.aspx* or contact the Pensions Consultant for further information. *Alternatively* contact *your NHS Pensions Agency for a copy of the guide on the scheme, for England and Wales http://www.nhsbsa.nhs.uk/Pensions.aspx Scotland http://www.sppa.gov.uk/ Northern Ireland http://www.hscpensions.hscni.net/*

Some associates felt that the amount they paid into the Scheme each month was too much. For example, one observed that 'the monthly payments are very high', and another referred to the Scheme as 'expensive', and felt that 'rates have gone up over the last five years considerably'.

BDA Response: The amount of contributions dentists pay towards the Scheme is based on their NHS net pensionable earnings. As a member of the Scheme, dentists are required to pay contributions on a proportion of all their NHS earnings. No further increases in contribution levels are expected until April 2019.

A small number of associates were not opted into the Scheme with one saying they 'needed the money now'.

BDA Response: Associates should consider pension provision from an early age. Independent Financial Advice should be taken before any decision is made.

Another associate said they had not been 'informed by their employer about the NHS Pension Scheme'.
BDA Response: Newly qualified associates should receive a welcome pack for the Scheme from their relevant UK NHS payment body. In England and Wales the practice owner is only obliged to ask whether an associate is a member of the Scheme or not so that the pensionable earnings are reported correctly. Practice owners are not obliged to provide an associate with information on the Scheme. In Scotland and Northern Ireland pensionable earnings are gathered automatically.

Some associates expressed concern about the benefits of the Scheme; for example, one observed that the 'benefits [were] very good initially, but not so now'. A few associates expressed some pessimism about the Scheme, and thought that the value or benefits of the Scheme may deteriorate over time; for example, one believed that 'the continued changes in the value will devalue the amount one will get at retirement', whilst another said that the Scheme will be 'be phased out through gradual increases in percentage to get dentists to opt out'.
BDA Response: There is no guarantee the Scheme will not change drastically in the future however the current government say there will be no major changes for the next 25 years. To allay general fears, members can contact the BDA with any questions they may have. With the other health trade unions the BDA will be campaigning to ensure there is no further detriment to the Scheme and that dentists continue to be entitled to be part of it.

A few respondents expressed a concern about the increased retirement age*. For example, associates cited a 'longer working life' or 'age of retirement too high' as limitations of the Scheme. One associate expressed concern about the impact of this on his practice: 'I doubt that my back or hands will suffice by the time I am at an age to claim my pension'.
BDA Response: As people in general are living longer there was some concern about the affordability of the scheme in future years. It was considered to be a risk to future Scheme benefits if the normal retirement age remained at age 60 for all members of the Scheme. The BDA has made the point repeatedly about the long-term effects of clinical dental work on dental practitioners and that working safely until their late sixties would be extremely difficult.

> "When asked how they perceive the benefits and limitations of the Scheme, 61% were able to point to positive features and advantages of the Scheme."

Some associates felt that the current Scheme was not as good as it had been in the past, though others felt it compared well with some private pensions available – for example, one associate thought it was "better than most private pensions".
BDA Response: The scheme has undergone some major detrimental changes in the last few years. Compared to other schemes, elements of the NHS Scheme are well-regarded such as employer contributions and death benefits.

A few associates expressed concern about the limits placed on how much can be paid into the Scheme or had concerns about other restrictions associated with the Scheme (for example, Unable to buy back years' or 'Cannot have an NHS Pension whilst having a Ltd Co').
BDA Response: There are choices available to buy extra pension – contact the Pensions Consultant. If an associate forms a Ltd Company they are no longer considered by the NHS to be an individual and therefore one step too far removed from the NHS to remain pensionable.

Some associates were concerned about the penalties for early retirement - for example, one commented that the 'cost of taking early retirement is too much'. Another observed that there are 'penalties for early retirement'
BDA Response: If you retire early your pension will be reduced because you are taking the benefits before they are due. The NHS Pension Scheme is a defined benefit scheme and is therefore not included in the new general pension flexibilities system. We agree that an early retirement scheme for dentists would be beneficial but in the current climate is unlikely to be introduced.

The BDA want to ensure that our members are well informed about and understand how the NHS Pension Scheme works. To achieve this, the BDA is considering running pension courses and expanding our advice to members and continue to push for the best possible pension arrangements for NHS dentists.

Whether you choose to remain as a member of the NHS Pension Scheme, invest in property or a private pension it is probably wise to start thinking about pension provision as soon as you start working. For bespoke guidance contact Jo McKeown BDA Pensions Consultant on 0207 5636897. To see a blog on the issue by Paul Blaylock, Chair of the BDA Pensions Committee https://bdaconnect.bda.org/associates-pension-tension-are-you-missing-out/.

If you have any queries about the research discussed in this article, then you can email the BDA Research Team at Research@bda.org

A full report describing the findings from the research can be accessed at: https://www.bda.org/dentists/policy-campaigns/research/workforce-finance/gp/nhs-pensions

*Some NHS Pension members will not be able to access some or all of their NHS Pension benefits until they reach their state pension age. Following a UK Government review of public-sector pensions in 2012, the retirement age for men and women will increase to 66 years from 2020, and then will rise again to 67 between 2026 and 2028. ◆

CQC
lessons from the *new approach*

by Richard Harris,
a member of the BDA's Compliance Team, helping members on all aspects of practice inspections and compliance with registration requirements and standards set by the UK's healthcare regulators.

A quick flick through a number of inspection reports published under the new Care Quality Commission (CQC) approach to dental regulation in England will show that where practices are not meeting requirements, they are likely to relate to issues regarding safety, and concerns that they are not being well-led.

The CQC introduced its new fundamental standards and method of inspection in April 2015, focusing mainly on the safety and quality of services – the two areas CQC believe matter most to people who use healthcare services. By the end of April this year approximately 1,000 dental locations will have been inspected under this approach, with most of these involving comprehensive inspections (see ***CQC – 11 standards, 5 questions***, *BDJ In Practice*, April 2015).

It is not surprising that safety concerns still appear commonly in those inspection reports which identify a failing. Although the dental sector is the most compliant sector that the CQC regulates, the broad range of topics covered under this banner – including infection control, medical emergencies, safeguarding vulnerable people, radiation protection, premises and equipment, duty of candour – mean there are many areas where a practice can potentially slip up.

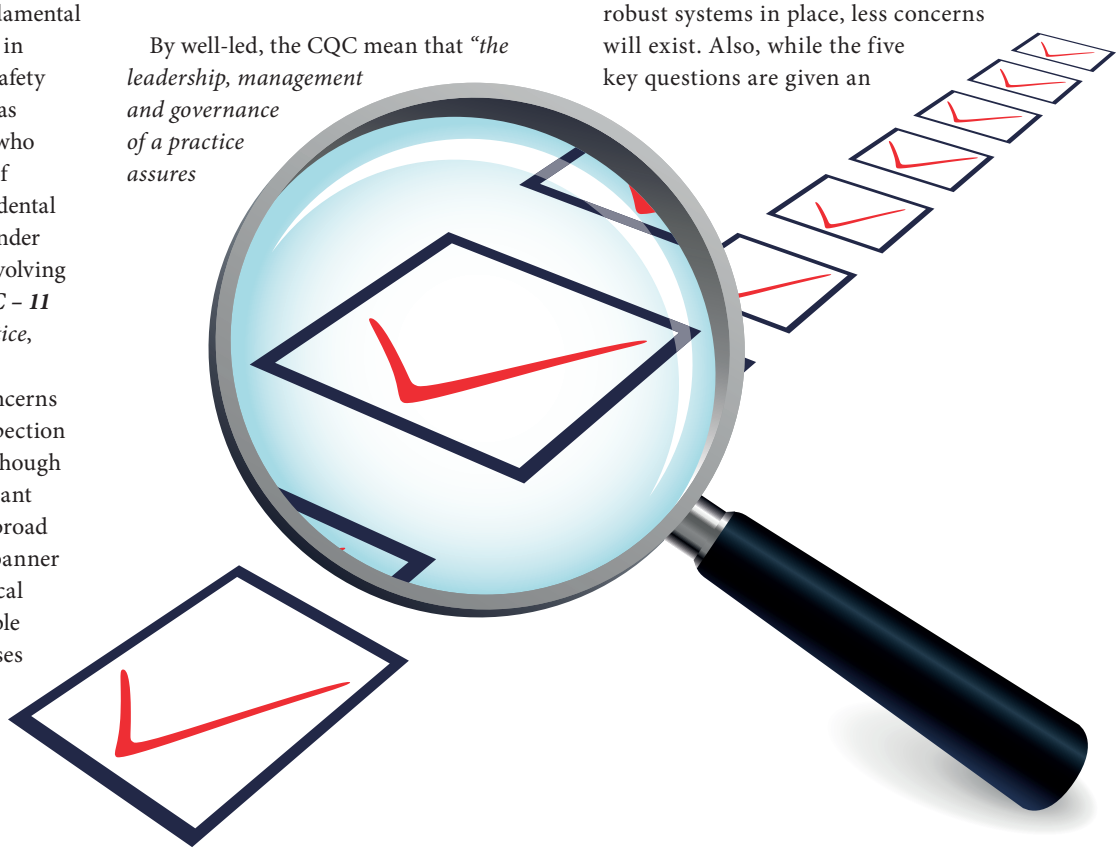
Five key questions

How each practice is judged is based on the response to the five key questions – to recap these are, is it:

- → *Safe*
- → *Effective*
- → *Caring*
- → *Responsive*
- → *Well-led?*

By well-led, the CQC mean that *"the leadership, management and governance of a practice assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture"*. The CQC have provided some examples of what would help to demonstrate that a practice is well-led (page 16)

It is clear from reading the inspection reports that CQC believe where a practice has engaged, empowered staff and has robust systems in place, less concerns will exist. Also, while the five key questions are given an



©mstay/Getty

Demonstrating to CQC that a practice is well-led

- Staff are supported and managed at all times and are clear about their lines of accountability.
- Staff are supported to meet their professional standards and follow their professional code of conduct.
- Care and treatment records are complete, legible and accurate, and are kept secure.
- Records relating to employed staff include information relevant to their recruitment.
- There is an effective approach for identifying where quality/safety is being compromised and steps are taken in response to issues. These include audits of radiographs, clinical notes, and infection control.
- Audit processes function well and have a positive impact in relation to quality governance, with clear evidence of action to resolve concerns.
- The practice has systems in place to support communication about the quality and safety of care and what actions have been taken as a result of concerns, complaints and compliments.
- Candour, openness, honesty and transparency and challenges to poor practice are the norm.
- Information about the quality of care and treatment is actively gathered from a range of sources.
- Staff report that information is shared for continuous learning and improvement.
- The practice has processes in place to actively seek the views of patients and those close to them, and should be able to provide evidence of how they take these views into account in any related decisions.
- Staff report that the practice values their involvement and that they feel engaged and say their views are reflected in the planning and delivery of care
- Staff and the practice management understand the value in staff raising concerns

Source: How CQC regulates: Primary care dental services. Provider handbook, CQC, March 2015)

equal weighting, it appears that by noting concerns under the question of being *'well-led'*, the CQC is able to set out its findings in a way that is less damaging to public perception than, for example, concluding a practice is not providing safe care.

Frequent emphasis on 'well-led'

For example, at one practice it was found that "*patients were not protected from the risk of infection because appropriate systems were not in place and national guidance had not been followed*". Apparently, the practice staff were unaware of national guidelines, no cleaning schedules were in place, and infection control audits had not been routinely conducted as set out in HTM 01-05.

On initial viewing, it would be fair to say these issues should only be dealt with when deciding *'is it safe?'* But by also reporting these issues in the *'well-led'* category, emphasis is placed on the fact that the practice did not ensure staff were sufficiently trained, and that an appropriate system to assess compliance with infection control standards was not in place – both of which would be considered *'leadership, management and governance'* concerns.

In addition, where a practice "*failed to ensure its recruitment policy and procedures were suitable*" (it did not undertake the necessary pre-employment checks), this was also considered a *well-led* issue – in that the dentist in question (the service provider) as team leader should have ensured that all relevant checks were in place.

> "The CQC introduced its new fundamental standards and method of inspection in April 2015, focusing mainly on the safety and quality of services – the two areas CQC believe matter most to people who use healthcare services."

A further illustration taken from a report involves a practice judged to have failed to *"assess, monitor and improve the quality and safety of the services provided"*. In this particular case, it was stated that the practice did not seek feedback from patients (for example via surveys or comment cards) and, as such, was unable to prove it had listened to patient views and so altered or improved its services as a result.

You could argue that the inspector should note this under the *"is it responsive?"* or the *"is it effective?"* categories, but this was, again, reported under the issue of being *"well-led"*; which confirms the emphasis the CQC is placing on this requirement. With a good many draft reports being channelled through the CQC's moderation panel, this trend of allocating an issue to the *"well-led"* category is a nationally-agreed approach.

The BDA will continue to look at trends in inspection reports and provide advice on addressing the five key questions. BDA Advice documents **CQC – safe, effective, caring, responsive and well-led care** and **CQC – what to expect when they inspect** are both available at www.bda.org/cqc and, as always, BDA Extra or Expert members can contact the Compliance team directly with any queries they might have on compliance@bda.org or 020 7563 4567. ◆

Dentists' Provident

Protecting your lifestyle. Securing your future.

Plan for the future. Live for today.

Dentistry is a physically and mentally demanding profession and you could suffer from an illness or injury at any age. That's why it's important to have a plan.

With over a hundred years' experience of caring for dentists just like you, our members trust us to give them the peace of mind when they need it most.

Protecting your lifestyle. Securing your future.
To find out more visit our website at **www.dentistsprovident.co.uk** or call our member services consultants on **020 7400 5710**

Come and see us on stand K30 at the Dentistry Show, 22-23 April at the NEC.

Buying a practice – what to look for

by Victoria Michell,

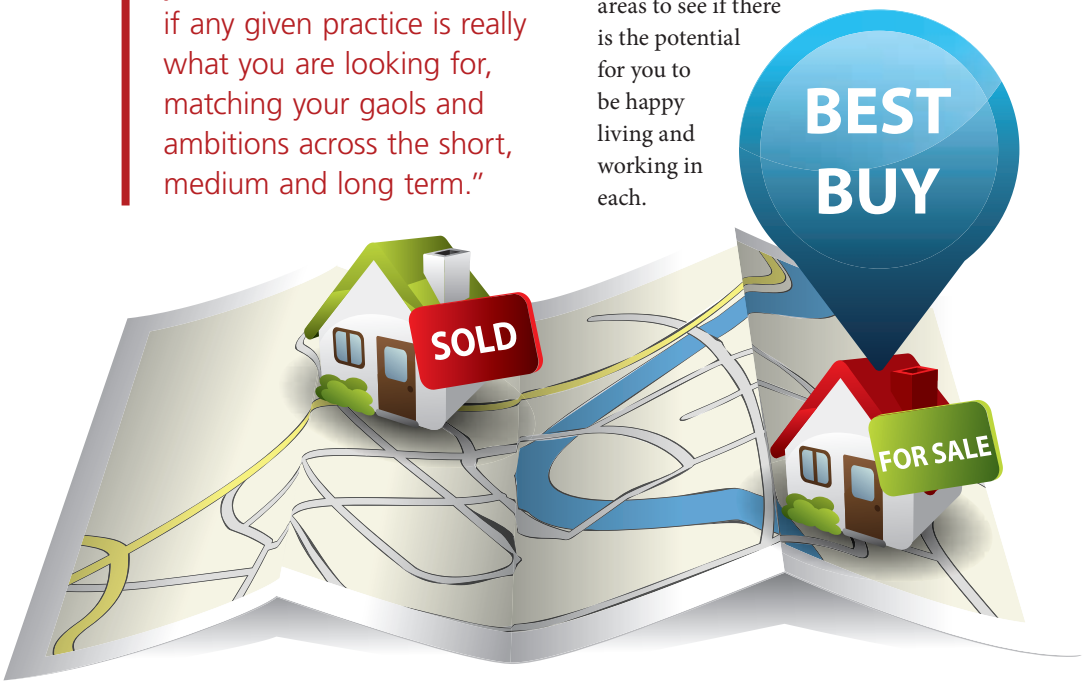
a practice management consultant in the Business and NHS Team. Victoria advises members on all aspects of NHS general dental regulations and agreements and other general-practice matters

With the latest trends in goodwill valuations reported by the National Association of Specialist Dental Accountants and Lawyers (NASDAL) the dental practice market is sometimes seen as a sellers' market; but this does not mean that as a buyer you should rush into a purchase. Of course you may feel the need to move quickly to secure the purchase of a popular practice but you should of course make your own assessment to see if any given practice is really what you are looking for, matching your goals and ambitions across the short, medium and long term. You should not be driven purely by the hype around the practice which could be a good indication of the economic health of the business or merely of an estate agent doing a good job, but instead by what you want from your own business. You are the one who will be left with a substantial long-term financial commitment at the end of the process, so you need to make sure the purchase is right for you.

> "You should of course make your own assessment to see if any given practice is really what you are looking for, matching your gaols and ambitions across the short, medium and long term."

Location

When you are considering where you want your future practice to be it is important to think carefully about what you are looking for in life outside of dentistry too. You need to make sure your business and personal ambitions align in terms of where you want to settle and ensuring that your business is within manageable commuting distance. For example, do you want to run a large city centre practice offering services to office workers and other professionals but personally want to live out in the countryside? Immediately these two ideals would seem to collide but this need not be the case. Scout out possible locations and the likely journey to work. Start visiting these areas to see if there is the potential for you to be happy living and working in each.



Setting up

There is not only the choice between city and country living but also whether you would like to stay in your current area or are happy to relocate. You could choose somewhere where you have personal links or go for a brand new start – dentistry is a career where you can be based almost anywhere. If the latter is true, then think about moving and working in the new area before committing to the purchase of a new practice. Remember this is probably one of the biggest decisions you will make so do your research. Not just the usual business planning and market research, looking at the demographics of potential patients but also personal circumstances. This may be local amenities, transport links, schools or clubs and societies that you might want to join.

> "There is not only the choice between city and country living but also whether you would like to stay in your current area or are happy to relocate."

Size

You probably have an image in your mind of how you see your practice – maybe you see yourself as a single-handed practitioner with a small dedicated team or as the manager of a large multi-surgery practice with several associates, DCPs and nurses. Particularly if you are a first time buyer, think about what you are willing to take on not just financially but also in terms of managerial responsibility. Do you have business and staff management experience particularly if you are looking to take over a large practice? If not think about how you will get this before you take over the practice, or what staff support you will need to put in place.

There are courses on business management that you could attend to understand business in practice and managing staff. Even consider signing on for a part-time Master of Business Administration (MBA) qualification. Such courses will not only put you in a better position to evaluate a practice you are looking to purchase but give you the knowledge you need to run the practice. The BDA runs a series of seminars called training essentials – see www.bda.org/training – which will be of use. Also consider whether there is a more active role you can take on in your current practice; if you are an associate discuss this with your practice owner, many will be supportive of your ambitions and glad of the help.

Diversification

When you take over your practice do you want to continue to run it like the previous owner, perhaps as a steady ship, or grow the business beyond its current limits? If you want to transform it, think about the future opportunities, which will apply to each practice you view.

Crucial to your plans will be not only the areas of dentistry that interest you and where you might want to focus your practice but also what could bring in more revenue. For example, would renting one of your surgeries out to a complimentary health or beauty business, bring in additional income as well as building a reputation for you as an all-round cosmetic practice with cross-referrals? Remember your dental practice can focus on dental treatment or become a treatment centre for a range of therapies in addition to dental services. Renting rooms to complimentary professionals will not only bring you in rental income but also increase footfall at the practice working effectively as free marketing. Exploring alternative income streams which complement your ideal business now will make it easier to narrow down areas and demographics when looking at potential acquisitions.

> "Remember this is probably one of the biggest decisions you will make so do your research. Not just the usual business planning and market research, looking at the demographics of potential patients but also personal circumstances."

Be prepared

Completing your practice purchase will involve intense legal work, the development of a careful business plan and due diligence. Remember, a dental practice is also a business and a practice purchase also involves buying the premises. Expert legal assistance and a solid understanding of business will make any acquisition run more smoothly.

For further guidance see www.bda.org/advice for BDA Advice *Buying and selling a practice*. The BDA can offer advice on the process of purchasing a practice to Extra and Expert members on BusinessTeam@bda.org or 020 7563 8164. Additionally the BDA is running a seminar *Buying a dental practice* in London on 22 April 2016 to prepare dentists looking to buy a practice. More information can be found at www.bda.org/workshops or by contracting the BDA Events Team on 020 7563 4590. ◆

Tight contacts are important!

Coated, non-stick bands for easier removal

Palodent® V3 Sectional Matrix System EZ Coat designed by triodent™

Palodent® V3
Sectional Matrix System
designed by triodent™

SDR®
Smart Dentine Replacement

Your team for posterior restorations

- Predictable tight contacts
- Tight marginal seal
- Fast, easy procedure

For a demo please contact your DENTSPLY sales representative today

DENTSPLY REWARDS
Earn Rewards at
dentsplyrewards.co.uk

DENTSPLY

Small things. Big difference

THE MAKERS OF

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

BRITISH DENTAL CONFERENCE & EXHIBITION 2016

WHERE THE DENTAL WORLD MEETS

Thursday 26 – Saturday 28 May 2016 | Manchester

INNOVATE
Discover new tools and techniques

LEARN
12 months' verifiable CPD over three days

INSPIRE
Be inspired by great speakers

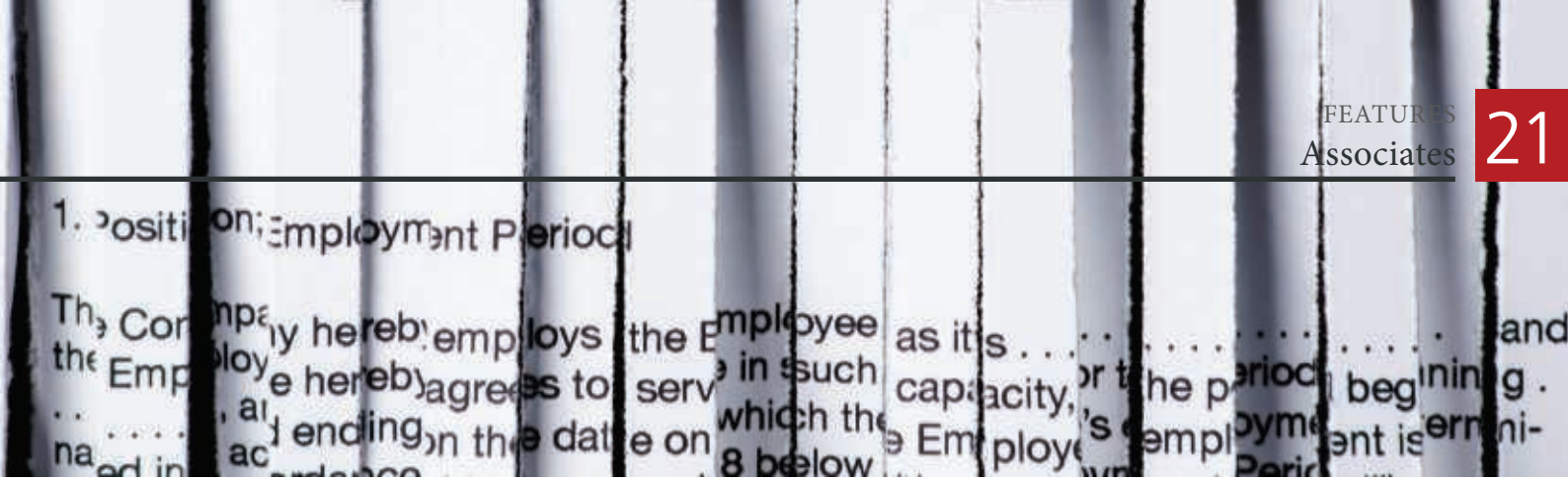
Speakers include:
Chris Orr
Private Practitioner, London

Gary DeWood
Private Practitioner,
Spear Education, USA

Linda Greenwall
Private Practitioner, London

REGISTER TODAY
Visit www.bda.org/conference
Or call 0844 3819 769

BDA
British Dental Association



Contracts, negotiations and written contracts

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

A well thought through and clearly drafted Associate Agreement, setting out the obligations and expectations of the associate and practice owner towards each other promotes an effective commercial relationship and reduces the risk of future disputes. Associates and practice owners should aim to enter into a clear and thorough written agreement, with which both are happy. Reaching such an agreement will require thought about, and negotiation of, the details some of which can be challenging.

You can benefit from understanding strategies to move negotiations forward when they become bogged down or to bring them back on track when they lose focus.

Prioritise

It can be useful when trying to negotiate to think about your priorities and how they rank. You can then assess your *red-lines* and the other areas where you may be willing to compromise. And by thinking about what matters to you most, you can avoid getting caught up in details that are less significant for you. It may be that your top priority is to get:

- The best possible percentage apportionment of fees
- A modern surgery space with state of the art equipment
- To join an experienced team
- The chance to pursue an interest in a particular aspect of dentistry or specialty.

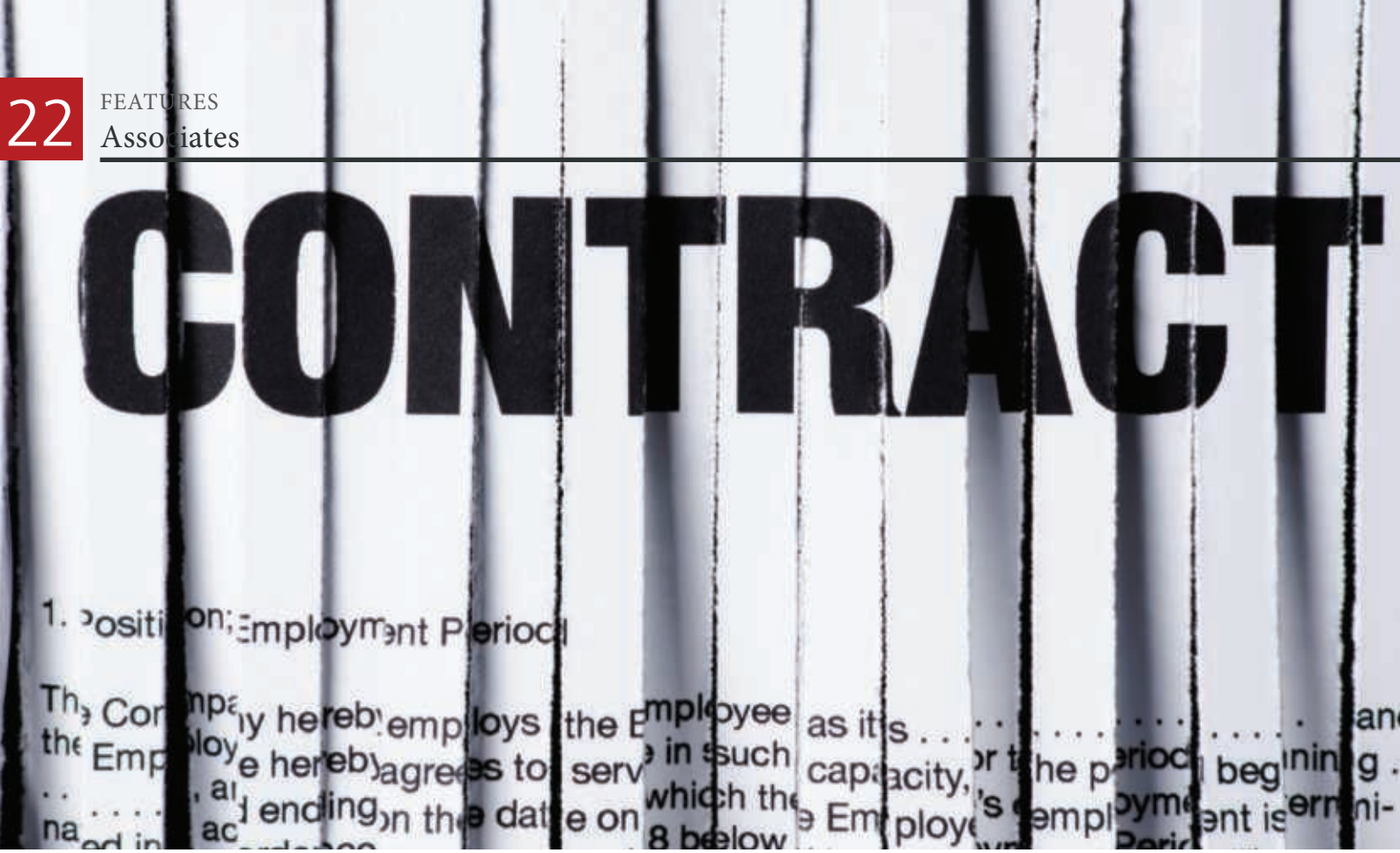
What does the practice want?

As a prospective associate, once you are negotiating the contract you have already been chosen by the practice. This perhaps puts you in a stronger position to negotiate a better financial return for your services. Finding out about a prospective practice and local market conditions can provide you with increased clout in contractual negotiations. Try to understand factors such as why the practice is recruiting in the first place, how quickly it needs a dentist in post, whether there is a shortage of dental provision in the local area and broadly how much other associates are being paid locally. Also think about why the practice has chosen you, and how you might continue to communicate your value to the practice.

> "A good way to keep the dialogue moving forward is to separate the negotiation into sections."

Separate the issues

Negotiating contractual terms and dealing with related issues can seem overwhelming, especially if you are starting your first associateship and you feel just



pleased to have been offered a job. It is easy to become hung-up on one issue and lose sight of the overall deal. But do not let negotiations break down by fearing that if agreement cannot be reached on everything then it cannot be reached on anything. A good way to avoid this and to keep the dialogue moving forward is to separate the negotiation into sections. Negotiations between practice owners and associates typically need to consider, amongst other things:

- The practice facilities
- Working hours and time away from the practice
- Financial arrangements
- Notice periods
- Restrictive covenants.

If you reach an impasse, then take these as your *heads of terms* and consider each in turn; noting down areas where you agree.

Key factors

In terms of facilities, look at defining what equipment will be provided. Think about who will be responsible for its upkeep and repair. Crucial will be the quality and condition of the facilities with which you will be provided at the practice at the outset.

Clear agreement is needed on the time you will spend at work and away from it. Define the standard working day, when you will normally be expected to be present seeing patients, what notice is anticipated for absence and the responsibility for arranging cover.

The financial arrangements between practice owners and associates should be unambiguous and transparent. The major factor to be agreed is the percentage apportionment between the associate and practice owner, see BDJIP Associates - Discuss apportionment in light of fee uplift, August 2015. In England and Wales an accompanying factor for NHS work will be the gross value per unit of dental activity (UDA). Discussion need to consider:

- The associate's performance
- Likely gross fees
- Any special skills or experience
- The nature of the patient base
- The quality of the surgery and equipment
- Practice costs and overheads.

> "Contract negotiation can take time and effort. It is often best approached through open and positive communication with a focus on resolving issues not being hindered by them."

Ultimatums

Negotiations can be frustrating and, sometimes, one party may resort to a take-it-or-leave-it ultimatum. Though this is not always wise, to the other side it may appear abrupt and lead to doubts about the future working relationship. Many will consider whether the position at the practice is really worth it.

Prospective associates may decide the best strategy is to walk away and move on to more productive negotiations with someone else. Whether this is the correct approach will depend upon the precise circumstances of the situation – the availability of alternative positions and the overall desirability of the practice.

Open communication

Contract negotiation can take time and effort. It is often best approached through open and positive communication with a focus on resolving issues not being hindered by them. If you are presented with an associate agreement that does not suit your needs, speak up and remember always that the process is not about winning or losing, but finding a position with which both parties are comfortable. By separating the issues and breaking negotiation down in to parts, each time agreement is reached between the parties it can help the feeling that progress is being made and avoid feelings of conflict and dejection.

BDA Practice Support can review draft associate contracts for you, send them to AskBDA@bda.org ◆

Seminar Series

BDA
British Dental Association

Whiter than white

Latest trends for achieving predictable whitening to grow your business and manage complex cases

This seminar will be delivered by a panel of expert speakers.

LEEDS | Friday 23 September 2016
LONDON | Friday 30 September 2016

6 hours
verifiable CPD

Learning objectives

- Confront teeth whitening myths and facts and know what actually works
- Treat discoloured teeth using safe, predictable and legal internal bleaching
- Consider how resin infiltration can be used in the treatment of superficial and deep white spot lesions
- Understand clinical issues for predictable whitening
- Use digital marketing to attract patients for whitening
- Make whitening the profit centre of your practice
- Discuss the latest whitening protocols – is power bleaching dead?

Supported by:

BACD British Academy of Cosmetic Dentistry

Book online:

www.bda.org/seminars

020 7563 4590 | events@bda.org

Proven to bond to any surface without primer

Looking for an adhesive that has a unique combination of total and self-etch properties? Then Scotchbond universal adhesive from 3M Oral Care is the product for you.

Multi-functional, it is proven to bond to any surface without primer, including enamel, dentine, glass ceramic and zirconia.

With no mixing required and only one coat needed, the adhesive is both effective and easy-to-use.

For a product you can trust, contact 3M Oral Care today, a leading manufacturer of dental adhesives.

For more information, call 0845 602 5094 or visit www.3Mespe.co.uk.

3M and Scotchbond are trademarks of the 3M Company.

Caries activity revealed

The Calcivis® Caries Activity Imaging System is the first device to allow dentists to see active demineralisation, a key step to them practising the preventive management of caries. The Calcivis system is a sophisticated medical device and consumable combination designed to transform the assessment and management of dental caries and other dental conditions.

Following the successful completion of the UK pilot study in 2015, Calcivis is on track to conduct two larger studies in 2016, including one to support the PreMarket Authorisation (PMA) filing to FDA and another in an orthodontic setting.

The Calcivis® Caries Activity Imaging System is an in-clinic device which combines a sensitive intraoral camera and application technology to deliver a precise amount of disclosing solution, containing a photoprotein, onto the tooth surface. The photoprotein binds calcium ions and emits a blue light signal proportional to the amount of calcium present. This exquisitely sensitive chemiluminescent system produces a 'demineralisation' map of the tooth enabling caries lesion activity assessment at a single patient visit and providing insight into other conditions including acid erosion.

For more information visit www.calcivis.com

Henry Schein heads the list

Henry Schein, Inc., the world's largest provider of health care products and services to office-based dental, animal health and medical practitioners has been ranked number one in the Wholesalers: Health Care industry on the FORTUNE® "World's Most Admired Companies" list for 2016. This is the third consecutive such ranking for the Company in its category, and the 15th consecutive year it has been named in the overall list.

Henry Schein also ranked first in its industry in all nine sub-categories that comprise the overall ranking: Innovation, People Management, Use of Corporate Assets, Social Responsibility, Quality of Management, Financial Soundness, Long-Term Investment Value, Quality of Products/Services, and Global Competitiveness.

For more information on the company and their dental inventory visit Henry Schein at www.henryschein.com, Facebook.com/HenrySchein and @HenrySchein on Twitter.

Dentist to Dentist

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

Midlands

NPH REFERRALS
www.nphreferrals.co.uk

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

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

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

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

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

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

Inter disciplinary treatment planning where required.

Facilities include Cone Beam CT.

261047

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

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

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

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

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

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

236739

PARK ROAD DENTAL PRACTICE
www.parkroaddentalpractice.co.uk

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

Interests: Periodontics, Orthodontics, Implants

Dr Ayodele Soyombo
On Specialist List: Yes, Orthodontics

Dr Bola Soyombo
On Specialist List: Yes, Periodontics

Dr O Onabolu
On Specialist List: Yes, Periodontics

209439

Scotland

EDINBURGH DENTAL SPECIALISTS
www.edinburghdentist.com
www.tele-dentist.com

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

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

259506

BLACKHILLS SPECIALIST REFERRAL CLINIC
www.blackhillsclinic.com

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

266979

South East

LONDON SMILE CLINIC
www.londonsmile.co.uk

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

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

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

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

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

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

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

263521

TOOTHBEARY RICHMOND
www.toothbeary.co.uk

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

258051

WOODBOROUGH HOUSE DENTAL PRACTICE
www.woodboroughhouse.com

21 Reading Road, Pangbourne, Reading, Berks, RG8 7LR
Tel: 0118 984 3108
Email: referral@woodboroughhouse.com

Interests: Implants, Periodontics, Endodontics, Prosthodontics, Oral Surgery, Bone Augmentation, Sinus Lifts, I.V Sedation, Facial Aesthetics, CT Scanner.
On Specialist List: Yes Prosthodontics and Periodontics

266913

DENTAL SPECIALISTS ST ALBANS

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

239826

AYUB ENDODONTICS
www.ayub-endo.com

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

270171

DENTAL SPECIALISTS MK
www.dentalspecialistmk.com

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

209440

North

SPECIALIST DENTAL CARE
www.specialistdentalcare.com

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

261782

North West

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

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

261006

East Anglia

DEVONSHIRE HOUSE
www.devonshirehousedental.co.uk

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

Specialist Referral and Education Centre

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

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

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

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

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

Specialist Orthodontist:
Dirk Bister

269120

Business skills CPD

Q1: Which of the following is **NOT** an essential element of completing a practice purchase?

A Due diligence
B Legal advice
C Good interior design skills
D Careful business planning

Q2: When a proposed associate agreement does not suit your needs should you:

A Sign it anyway and take legal advice later
B Sign it after a delayed period for further thinking but then complain for the rest of the duration of the agreement
C Walk away
D Speak up and reflect that the process is not about winning or losing

Q3: In negotiating an associate contract which factors might you take into account?

A Market conditions local to the practice
B Why the practice has chosen you
C How quickly the practice needs a dentist
D All of the above

Q4: Newly qualified associates should receive a welcome pack for the NHS Pension Scheme from:

A The practice owner
B Their relevant UK NHS payment body
C The BDA pensions advice service
D The local branch of the GDC

Q5: Surveys are:

A A great way to find out what patients think about your care and your practice
B Of very little value as patients never tell the truth
C No longer viable due to consent procedures
D Only now permitted online

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

To complement the clinical CPD you can earn with our sister publication, the *British Dental Journal*, our CPD is designed to help dentists polish their business and practice-management skills.

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

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

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

Need help?

To access *BDJ In Practice* CPD online:

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

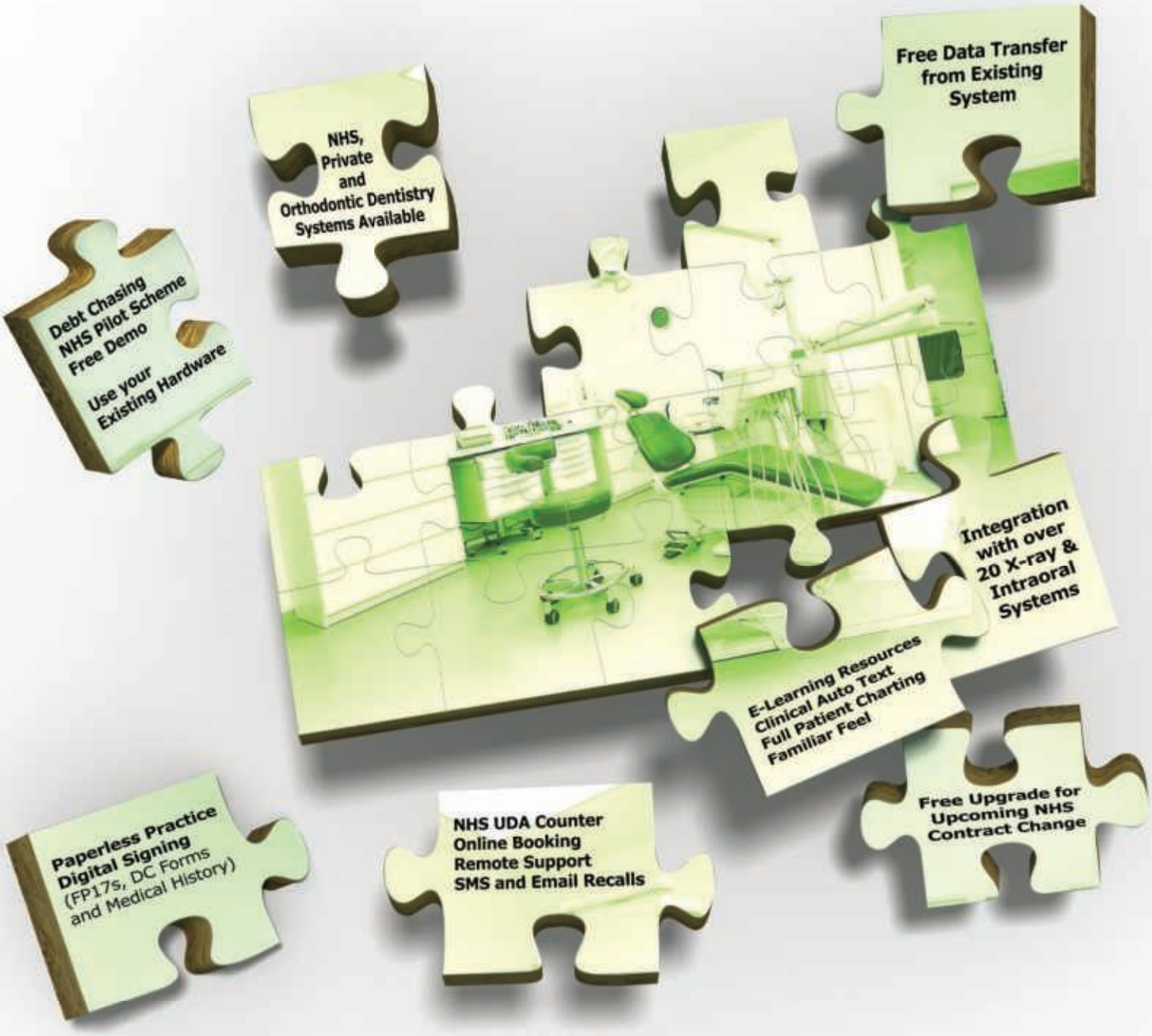
First-time user: select *BDJ In Practice* CPD on the front page of the CPD Hub and enrol for the service. You will automatically be taken to the *BDJ In Practice* CPD page.

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

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

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

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



Pearl Dental Software

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

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

Find out more at www.pearldentalsoftware.com

BHA software

OBTURATION INNOVATION

BioRoot™ RCS

Root Canal Sealer

Superior seal and so much more

We know that failure of a root canal treatment can have severe consequences for you and your patients.

With BioRoot™ RCS, move to a new generation of mineral obturation offering you an innovative combination of features:

- Outstanding Seal
- Antimicrobial properties
- Promotes peri-apical healing
- Easy obturations and follow-up

ACTIVE BIOSILICATE TECHNOLOGY

BioRoot™ RCS. Succeed.

For more information contact:
information@septodont.co.uk
+44 (0)1622 695520
www.septodont.co.uk

septodont