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MAY 2015

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Practices optimistic despite contract doubts

PRACTICE OWNERS ARE more optimistic about their overall future than are general medical practitioners and pharmacists despite eight in ten of them doubting that the new NHS contract will be adequately funded, a survey by Lloyds Bank has found.

Nearly two-thirds expect their practice profits to increase over the next 12 months, a marked rise of 10% from the 2014 *Lloyds Bank Commercial Banking Healthcare Confidence Index* survey.

Key to this optimism could be that eight out of ten dentists now offer private services and four out of ten are planning to increase their provision of non-NHS work. One-quarter (26%) of dentists surveyed are now fully private and 62% expect private dentistry to become more profitable than NHS within five years' time.

Seven out of ten (69%) are planning to grow their business over the next five years, perhaps in part to combat the expected increase in financial pressures reported by eight out of ten (82%) questioned compared with 87% a year ago.

A further sign of confidence is that almost 62% would encourage their son or daughter to enter the profession, nearly double the number who responded positively in the last survey (34%).

Specialist dental accountant at Hazlewoods and a contributor to the Index Graham Rew said: "Dentists have seen an improvement in the profitability of practices over the past 12 months, and it is pleasing to see that the majority of practice owners are expecting to see this continue for the foreseeable future.

"Looking at the wider picture, it's clear that uncertainty surrounding the NHS continues, and I believe we can expect mixed and NHS practices to boost their revenues by providing further private treatments, capitalising on an increased public appetite for spending."

Head of healthcare, SME Banking, at Lloyds Bank Commercial Banking Ian Crompton said: "The latest wave of the *Healthcare Confidence Index* shows an increased optimism in dentistry, reflected by the 78% that are planning to expand, whether at their current site, or by branching out into more locations.

"There remains a lack of confidence that the long-anticipated new NHS contract will be adequately funded and there is the expectation that private dentistry will, in the near future, become the more profitable of the two options, and it will be interesting to see how this plays out over the next 12 months."

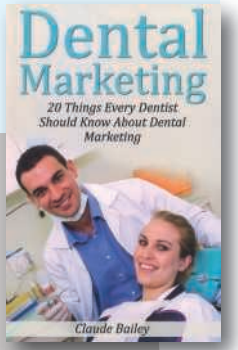
The *Healthcare Confidence Index* was first published in August 2011 and is now in its sixth update. It canvasses opinions of primary healthcare providers – general medical practitioners, dentists and pharmacists – over one to five years to provide an insight into their attitudes and opinions and levels of confidence.

For the full Index visit www.lloydsbank.com/healthcare and to take part in the *Healthcare Confidence Index* visit www.healthcareconfidenceindex.co.uk ◆

BOOK REVIEW

Meat leads to action

Dental marketing – 20 things every dentist should know about dental marketing
Claude Bailey
Weston Bailey LLC, 2014
ISBN: 978-1-4959-3681-4
£6.47



Question: When is a book not a book? Answer: When it's a pamphlet, writes BDA Librarian **Roger Farbey**. At a mere 30 pages, this little paperback certainly qualifies as a pamphlet. That said, its brevity could – in comparison with some turgid, unreadable business books – be considered a distinct advantage. But its paucity of information lets it down. The "20 things you should know" are arranged as chapterettes but rarely does the author expand these to more than two or three pages and some of these sections are really no more than headings consisting of just a few lines.

On the up side, it will take no more than an hour to read and, because the structure is straightforward with absolutely no padding, there is a lot of meat that translates into some useful action points. The section dealing with the essentials of a dental marketing plan contains a comprehensive four-page list of bullet points. These are presumably intended to stimulate ideas in specific areas and ask the reader questions such as "who are your customers and competitors?" and "where is your target market located and where can you reach them?"

Some of the content is not entirely original but at least the author has the honesty to reveal this when discussing the top-ten requirements for a search engine optimize (sic) website, when he says: "This information comes directly from Google" (and, specifically, its *Search Engine Optimization Starter Guide*). However, and usefully, he reminds the reader that website usage can be freely monitored using tools such as Google's Analytics. The author is American and therefore any mention of Return on Investment (RoI) is in dollars.

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

BDA fees 2015/16

AS FROM 1 June 2015, BDA membership fees will change, as shown below:

Essential – £375
Extra – £815
Expert – £1,125
Senior – £190
Students – £26

Uplifts have been kept to minimum and this is the first increase for Extra and Expert members since May 2013. ◆

SDPC re-elects senior officers

ROBERT DONALD HAS been re-elected chair of the Scottish Dental Practice Committee (SDPC) and David McColl re-elected vice-chair.

Four SDPC Executive sub-committee members have also been elected: Gerard Boyle, Jeff Ellis, John Glen and Derek Harper.

There will be a further election for the vacant Grampian, Highland, Western Isles Orkney and Shetland seats in due course. ◆

Minimum-wage rates

THE NATIONAL MINIMUM Wage rates from 1 October 2015, as recommended by the Low Pay Commission (LPC) will be:

- a 20p (3%) increase in the adult rate (from £6.50 to £6.70 an hour);
- a 17p (3%) increase in the rate for 18 to 20 year olds (from £5.13 to £5.30 an hour); and
- an 8p (2%) increase in the rate for 16 to 17 year olds (from £3.79 to £3.87 an hour).

The National Minimum Wage rate for apprentices will increase by 57p (20%) from £2.73 to £3.30 an hour. The LPC recommended an increase of 2.6% to £2.80 in the apprentice rate. ◆

NHS

Concerns about NHS root-canal provision

DENTISTS HAVE MAJOR concerns about access to NHS root-canal treatment, a survey has found.

The survey by the British Endodontic Society (BES) of 436 dentists found four main areas of concern.

Regarding access, 85% of dentists surveyed were not confident that patients in their area had access to specialist NHS endodontic treatment.

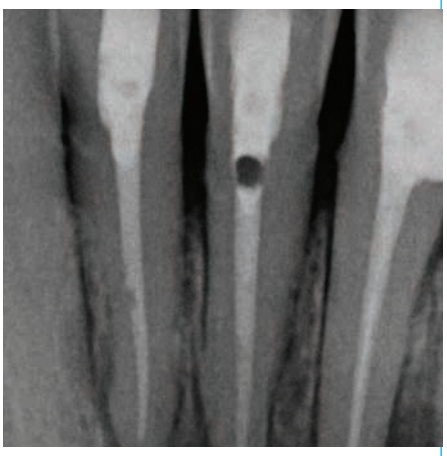
But 98% of dentists said they knew patients opting not to undergo root-canal treatment: 42% out of fear it would be too expensive; and 24% out of fear it would be too painful.

Patients appear to prefer extractions: 97% of dentists have experience of patients opting to have teeth extracted when they could be saved by root-canal treatment.

And 93% of dentists surveyed believe that the current dental contract does not recompense dentists fairly for the delivery of root-canal treatment.

The survey also found that, while many general dental practitioners are rightly hesitant about performing more-complex procedures outside their training, they do not have more-specialised practitioners to whom they can refer patients in the NHS.

There is currently no funding available for



dentists to enhance their endodontic skills. Any additional training has to be financed by dentists themselves and, in the current economic climate, the survey shows this can act as a significant deterrent.

Many respondents said that a lack of recognition of endodontic treatment within the current NHS-funding structure means that dentists lose money when they perform a root-canal treatment on the NHS once equipment, staff and surgery running costs are taken into account.

This survey has confirmed the BES' long-standing concern that root-canal treatment is underfunded within the current NHS. ◆

YDC NEWS

Young dentists elect chairs

THE NEWLY CONSTITUTED Young Dentists Committee has elected a chair, Harman Chahal, and two vice-chairs, Ursala Jogezai and Sami Stagnell. And Kevin Opoku-Dapaah has been elected to the YDC Executive.

Chair Harman Chahal said: "I'm honoured to be the first elected chair for the YDC and I really look forward to working with the committee on some of the big issues affecting young dentists.

"Times are getting ever tougher for young dentists, from the challenges of finding your first job through to trying to buy your own practice, all in an increasingly turbulent economic environment.

Left to right: Sami Stagnell, Harman Chahal, Ursala Jogezai

"This new committee will aim to represent a wide range of young dentists and to give advice and support on a range of topics and issues. We'd like all young dentists out there to get engaged with the Association and to help ensure the career path for dentists is secure and rewarding." ◆

STAFF TURNOVER

How to retain staff

OVER ONE-THIRD (37%) of workers plan to move jobs this year. This suggests the return of ambition to the UK workforce and is a dramatic increase from 2014 (19%) and 2013 (13%) according to a survey.

Ambition trumps salary, with nearly two-thirds (59%) hoping for increased opportunity for progression (see below). And 25% plan to move because they feel underappreciated, almost 10% more than last year (16%).

Of those who left their jobs in 2014, 35% cited greater opportunity for progression as their main motivation for seeking a new role – compared with only 12% who sought a higher salary. Now, in 2015, that has increased to 59%, meaning that increased opportunity is a job seeker's number one priority, beating a better salary (56%), a more-interesting role (50%) and better management (30%).

The Institute of Leadership & Management (ILM), which conducted the survey, says if companies are to retain staff in 2015, it is important for them to make sure structures are in place for workers to progress and to communicate these opportunities effectively.

Chief executive of the ILM Charles Elvin said: "With an improving economy and more-fruitful job market, it is important that employers realise that it's likely they will have to work harder to keep their talented employees.

"This means prioritising managing the talent pipeline within the organisation to make sure staff have opportunities to develop and progress.

"All staff want to feel that they are appreciated by their organisation so it's crucial that companies actively recognise the efforts and talents of their employees. Companies may want to adapt to this new improved climate, by acknowledging where staff have excelled and moulding opportunities for them to advance." ◆

What workers want

- More opportunity for progression (59%)
- Better pay (56%)
- More interesting job (50%)
- Better management (30%)
- More opportunity for training/ development (27%)
- More opportunity for flexible working (18%)
- Nicer people (5%)
- Better options for parental leave (3%)

Jimmy Steele to present BDJ/BDA Anniversary Lecture

THE BDA IS delighted to announce that Professor Jimmy Steele will be speaking on *Oral health, epidemiology and the British way of life* at the 2015 BDJ/BDA Anniversary Lecture. The event is exclusively for members and will be free to attend with tickets drawn from a ballot. Members should visit www.bda.org/anniversarylecture by 5 June to register.

During the lecture Professor Steele will discuss the changing state of British oral health, how we got to where we are today, and what this means for dentists. All members will be able to view a video, including verifiable CPD, after the event.

The BDJ/BDA Anniversary lecture will be held on 2 July, 6pm to 8.30pm, at BDA HQ, 64 Wimpole Street, London, and will include a drinks reception.

It is kindly sponsored by Henry Schein.

More information can be found at www.bda.org/anniversarylecture ◆

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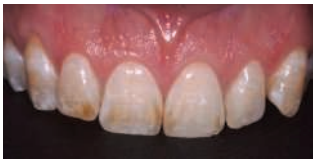

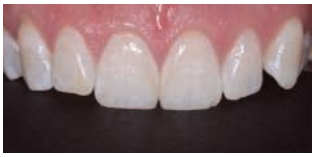

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Determined to get results

Newly elected GDPC chair Henrik Overgaard-Nielsen gives *BDJ In Practice* his views about contract reform, Vikings and how to fight the establishment – and win

Conversation with the 6'4", bearded, Danish-born and recently elected chair of the General Dental Practice Committee (GDPC) inevitably touches on his status as the profession's in-house Viking: "I do not play up to it but my appearance sort of gives it away."

Henrik Overgaard-Nielsen has a reputation. In part, it has been down to his appearance, but it is also a matter of tone. With over a decade spent on the front line of dental politics, it has been easy shorthand to cast the GDPC's new chair as such a Norse warrior. Yes, he is not a man to mince his words, but he is also determined to get results: in short, to secure a better deal for NHS dentists. And that will not be accomplished by banging tables or, indeed, rolling over to the latest Westminster initiative.

"Yes we need productive working relationships with government," he says. "But I'm determined to stand up for this profession and to make sure that our views are heard."

Henrik comes to the GDPC chair at a time NHS dentists face an uncertain future. It is a broad agenda: contracts and pay; regulation; and achieving much-needed clarity on what is actually available through the service.

Progress has been painfully slow, particularly on contract reform, but Henrik is clear that government owes it to both practitioners and patients to pick up the pace and bring real clarity to NHS dentistry.

"With over a decade spent on the front line of dental politics, it has been easy shorthand to cast the GDPC's new chair as such a Norse warrior. Yes, he is not a man to mince his words, but he is also determined to get results: in short, to secure a better deal for NHS dentists."

These are clearly topics close to his heart. His practice in Fulham, South West London, has been described as almost unique because it treats only NHS patients.

"It's called *NHS Dentist* and it does what it says on the tin," says Henrik.

But this is not a crusade. It harks back to that call for clarity, which is so conspicuous by its absence in parts of the service.

"Politicians can debate about whether they want an NHS dental system or not," he says. "But I believe that if there is one then we need to ensure it works properly, both for patients and dentists.

"I personally also find it easier only to deal with one type of patient, not having to differentiate between NHS and private patients."

And from his chair in Fulham he has seen the real impact of a flawed contract. Back in 2007 he had to send staff home when health chiefs ran out of money to pay them. So has it got any easier in the past eight years?

"The challenges remain the same," he says. There are, in his mind, two simple reasons why dentists no longer usually run out of units of dental activity (UDAs).

One reason is that "Dentists have simply become better at pacing themselves so they hit their targets," he says. But the main reason is that it has become much more difficult to reach those targets.

"Commissioners are constantly moving the goalposts and taking a very heavy-handed approach when we claim our UDAs. This means that a lot of dentists are not claiming what that they are entitled to simply because they are afraid of getting onto the radar of the commissioners."

The GDPC now needs to win the argument with government. But Henrik's approach to getting things done is decidedly more *Borgen* than *Hagar the Horrible*.

"Mass murder," he quickly points out, "is not commonplace in dental politics."

The son of a Danish Member of Parliament, he spent his teenage years as a regular visitor at the Christianborg Palace – the "Castle" or "Borgen" that lends its name to the cult series and serves as the seat of all three of Denmark's branches of government.

When it comes to politics, Henrik has been no mere spectator. As an active figure in the successful Danish referendum campaign to reject the *Maastricht Treaty* in 1992, and chair of the *June Movement* that emerged from it, he has worked with people on left, right and centre, and successfully challenged the political establishment. And when it comes to fighting – and winning – there are lessons for dentists.

"There are certainly similarities between the EU and the Department of Health and NHS England (NHSE)," he says.

"I stood for chair of GDPC because I wanted to help make a difference on the way we're heading and I sincerely hope I do so."

"They are all bureaucratic machines and don't always listen to logic or common sense, yet have unfettered power over people's working lives.

"To fight the EU we needed to garner the agreement of the population and public opinion and for dentistry we need to garner the agreement of our patients and the public at large."

Securing change is not simply a matter of making noise. It's about understanding the terrain, marshalling support and constructing a winning argument.

The profession has, year after year, dutifully submitted evidence on pay to the *Review Body on Doctors' and Dentists' Remuneration* (the DDRB), and for many it has often felt like going through the motions. So with a 25% decline in real incomes since 2006 how can dentists make their case?

"The DDRB has failed miserably in its remit," Henrik says.

"Young dentists are coming out of dental school with huge debts and then facing such a reduction in wages. It is simply not fair.

"Making a case for more money for dentistry in an era of austerity is not easy but we have to do it. But we need to look at the intake to dental schools as well."

There is no magic money tree and Henrik is clear that the profession will have to choose its battles, and its arguments, carefully.

Contract reform will clearly be at the forefront. Shortly after his election in March, the Department of Health announced that 62 pilot practices will move forward to become prototype practices for the reformed contract in England. A further announcement will follow as some UDA practices also become prototypes. Two models are to be tested, yet both contain discredited the UDAs as well as payments for capitation and quality.

So is it a case of better late than never? Henrik is not quite that complimentary.

"Well we finally seem to be moving forward, but it is still too early to describe this launch as progress," he says.

"The two prototype options on offer are decidedly unambitious, as the Department has proved to be unwilling to make a clean break from UDAs. NHS dentists and their patients deserve a contract with a square focus on prevention and neither option being tested goes far enough in meeting that objective."

As a veteran establishment fighter it is familiar territory. "At the moment the bean counters at the Department of Health and NHSE are too worried to do anything that is too different. They still want to count beans," he says.

The contract needs to change, and clarity is needed on what dentists can claim for and what is actually available on the NHS. There is the enhanced skills framework to grapple with, and unfinished business on regulation and inspection.

"We need to reduce the amount of red tape and box-ticking we have to do," says Henrik. "And we need to get different agencies working together so dentists will have to follow one set of rules and be inspected once by a light touch and reasonable regime."

It is a difficult agenda, and clarity will not come easily. But the GDPC's new chair is sanguine.

"My parents' commitment to public service has definitely influenced me," he says.

"I stood for chair of GDPC because I wanted to help make a difference on the way we're heading and I sincerely hope I do so. I'm convinced that together we can secure working arrangements that will be good not only for our patients, but also for our profession." ◆

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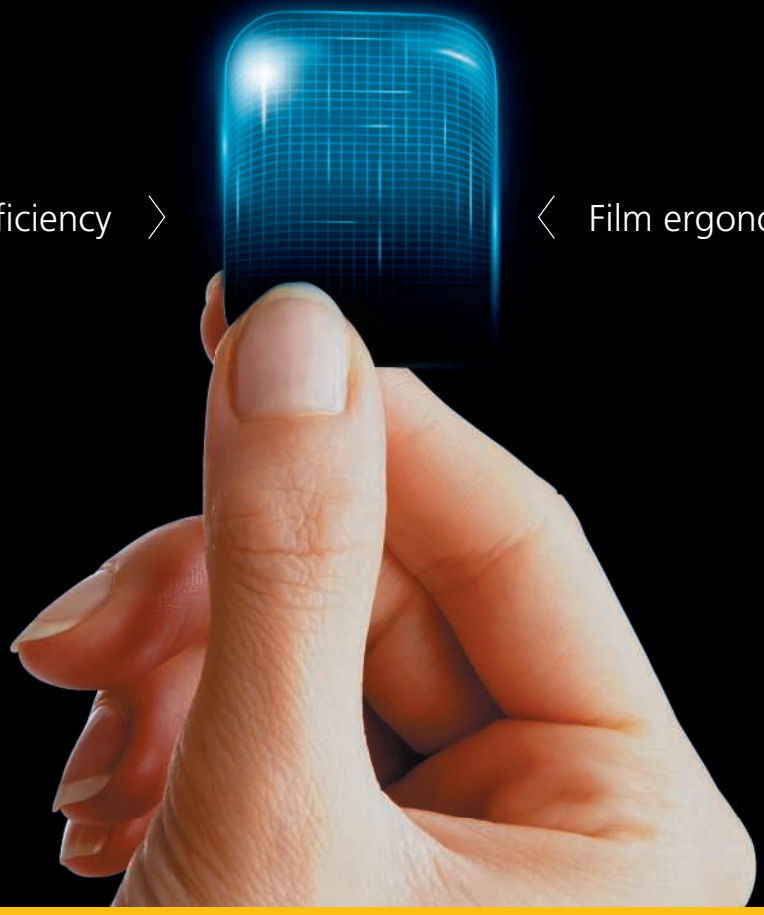

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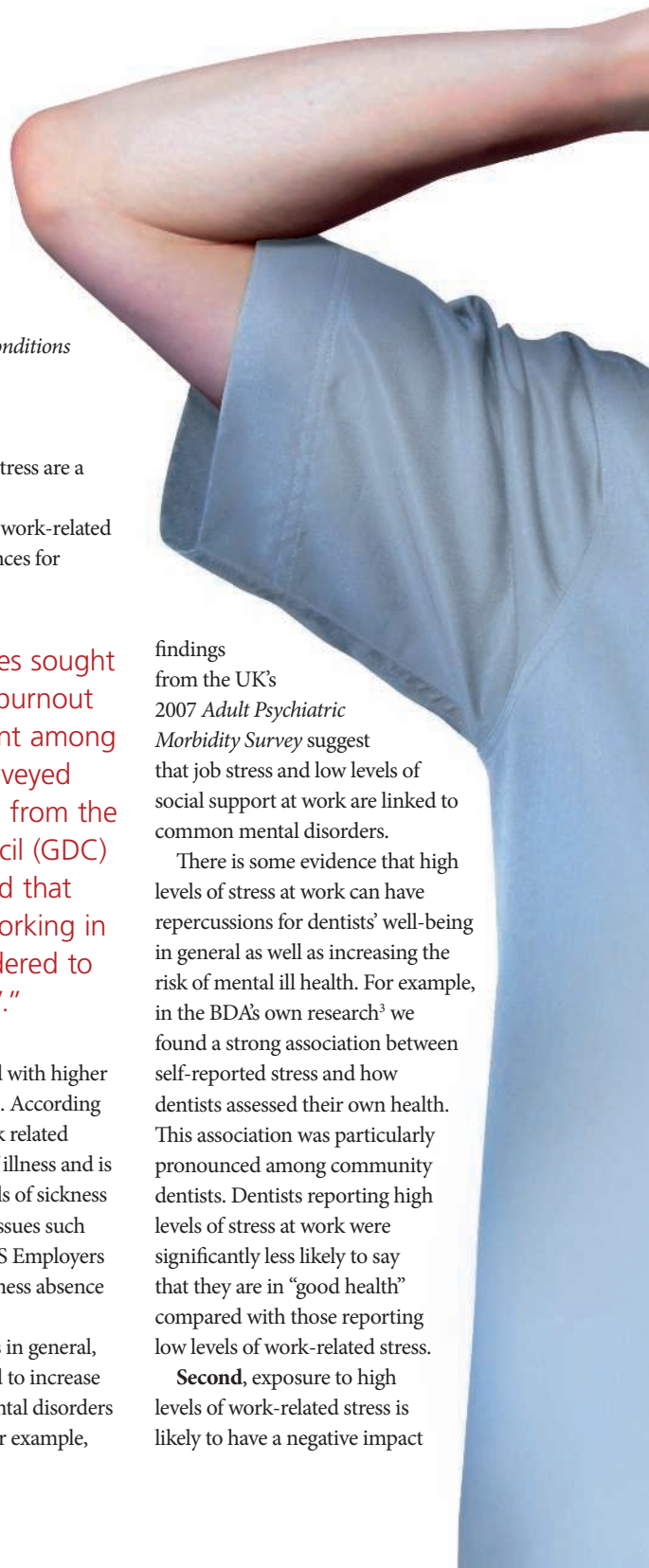
Dentists need help to combat stress

by Martin Kemp,
Research Manager, BDA



Dentists in the UK face challenging working conditions and are exposed to occupation-specific stressors, which put them at high risk of work-related stress. In June-July 2014, the BDA undertook two UK-wide surveys of BDA members to learn more about the relationship between their working conditions, job morale, and personal well-being. The first of these surveys focused on BDA members working as community dentists. The second was a survey of general dental practitioners (GDPs).

To estimate levels of work-related stress among BDA members, we incorporated an indicator of stress developed by Smith and colleagues (2000). This measure has been used in several national surveys of working conditions and health, such as the *Scottish Health Survey* and the Health and Safety Executive's (HSE's) *Psychosocial Working Conditions Survey* series. We asked dentists: "In general, how do you find your job?" Responses were given on a five-point Likert scale ranging from "extremely stressful" to "not at all stressful".

We found that both community dentists and GDPs report much higher rates of job stress compared with the wider working population in the UK. For example, among the 481 community dentists who took part in our 2014 surveys, 39% reported experiencing high levels of work-related stress. And among the 903 GDPs who participated, around one-half reported high levels of work-related stress. These figures compare with just 15% of British workers who reported high levels of stress in the last HSE's *Psychosocial Working Conditions Survey* carried out in 2010.

Why this is a problem

These high levels of self-reported stress are a problem for several reasons.

First, exposure to high levels of work-related stress can have negative consequences for employees' well-being.

> "Denton and colleagues sought to estimate levels of burnout and work engagement among UK dentists. They surveyed 500 dentists selected from the General Dental Council (GDC) register and estimated that '18.5% of dentists working in the UK can be considered to be at risk of burnout'."

Work-related stress is associated with higher levels of absence owing to sickness. According to the HSE: "Stress, including work related stress, can be a significant cause of illness and is known to be linked with high levels of sickness absence, staff turnover and other issues such as more errors".[1] For example, NHS Employers claims that more than 30% of sickness absence in the NHS is because of stress.[2]

In addition, among UK workers in general, work-related stress has been found to increase the risk of a range of common mental disorders such as depression and anxiety. For example, findings from the UK's 2007 *Adult Psychiatric Morbidity Survey* suggest that job stress and low levels of social support at work are linked to common mental disorders.

There is some evidence that high levels of stress at work can have repercussions for dentists' well-being in general as well as increasing the risk of mental ill health. For example, in the BDA's own research[3] we found a strong association between self-reported stress and how dentists assessed their own health. This association was particularly pronounced among community dentists. Dentists reporting high levels of stress at work were significantly less likely to say that they are in "good health" compared with those reporting low levels of work-related stress.

Second, exposure to high levels of work-related stress is likely to have a negative impact

on the satisfaction that dentists derive from their work and increase the risk of burnout.

In a study published in 2008, Denton and colleagues sought to estimate levels of burnout and work engagement among UK dentists. These researchers surveyed 500 dentists selected from the General Dental Council (GDC) register and estimated that "18.5% of dentists working in the UK can be considered to be at risk of burnout". Moreover, 42% of the GDPs surveyed reported levels of emotional exhaustion at the "highest level". In a more recent study of dentists in Northern Ireland, Gorter and colleagues (2011) reported that one-quarter of those surveyed were deemed to be at high risk of burnout, with GDPs being particularly vulnerable.

Third, high levels of stress at work may also have negative consequences for performance and patient care.

In a recent survey of over 1000 employees carried out by the Institute of Directors (www.bda.org/bdj-in-practice, *SMEs, especially, find mental-health issues difficult*, March 2015 page 3), about one-third (32%) said that stress made it more difficult for them to get their work done.

In the BDA's own surveys of GDPs in June-July 2014, among practice owners who said they experience stress at work, 35% agreed that this had affected the patient care they provide. The corresponding figure among associates was 28%. Those GDPs who reported the highest levels of work-related stress were most likely to say it had affected patient care.

Sources of stress among community dentists

Action to prevent damaging levels of stress at work depends on identifying those working conditions that put workers at greatest risk. According to NHS advice on stress at work, the main reasons people give for stress at work include: "Work pressure, lack of support from managers and work-related violence and bullying".[4] These stressors are commonly faced by dentists. But the sources of stress they experience vary according to the contexts in which they work and according to their areas of practice.

HSE[5] has developed a set of standards to help organisations identify the main sources of stress faced by workers. The *Management Standards* relate to features of the working environment over which managers have some control (Clarke, 2005; Royal College of Nurses, 2012) and which are thought to represent "the primary sources of stress at work".[6]

In conjunction with the *Management Standards*, HSE has also developed a *Management Standards Indicator Tool* to help organisations identify the main stressors in the workplace, track changes in working conditions over time, and compare their performance with population-level data (HSE, 2012; Clarke, 2004). This tool consists of 35 items organised into a set of seven sub-scales broadly corresponding with the *Management Standards* (Clarke, 2005; MacKay and colleagues, 2004).

We incorporated this tool into the BDA's 2014 survey of community dentists to identify those aspects of their working conditions that place them at greatest risk of stress.

Demands
Time pressures and the intensive nature of community dentists' work were identified as common stressors. For example, almost one-half of community dentists said they "often" or "always" have to work under unrealistic time pressures; and two-thirds (63%) said that they "always" or "often" have to work "very intensively".

> "The researchers identified a number of sources of work-related stress, including, for example: patient demands; practice management and staffing issues; paperwork; complaints and litigation; relationships at work; clinical governance; and hours of work."

Control
Many said they are free to make decisions about *what* they do at work and *how* they do their work. For example, around four out of every ten said that they "often" or "always" have a say in deciding how they work and how fast they work (42 and 39% respectively).

However, many reported having little control over their *working times or how much work* they do. For example, one-half (52%) said that they are "never" or "seldom" able to decide when to take a break – and six out of ten (61%) said that they did not perceive their working times as flexible.

Management support
Lack of supportive feedback was identified as a common stressor, with 52% claiming they are "never" or "seldom" given supportive feedback by their line managers. In addition, four out of ten community dentists (42%) said they do not feel supported in emotionally demanding aspects of their work.

Peer or work-colleague support
On the one hand, most community dentists surveyed said they felt supported and respected by their colleagues: for example, six out of ten community dentists said they receive the help and support they need (61%) and the respect they deserve (62%) from their colleagues.

On the other hand, a substantial minority of community dentists do not feel properly supported by their peers: for example, almost one-quarter (24%) thought that their colleagues would not be available to support them if their work became difficult. In addition, one in five (19%) said that they "never" or "seldom" receive the respect they deserve from their colleagues.

Relationships at work
Many of those surveyed perceived that their workplaces are characterised by social disharmony. For example, one-half said that relationships (at work) are "often" or "always" strained and 37% said there is "often" or "always" friction or anger among their colleagues at work. One in five of those surveyed (101 cases or 22%) said that they are "always", "often", or "sometimes" bullied at work. And 30% said that they are "always", "often" or "sometimes" subject to personal harassment at work in the form of unkind words or behaviour.

Role
Community dentists are mostly clear about what is expected of them at work and understand their duties well. However, a minority indicated that they struggle to see how their own work relates to the strategic aims or priorities of the organisations in which they work. For example, around one in six said they were unclear about how their work fits in with these wider aims or indeed what these aims are.

Change
Most of those community dentists surveyed (57%) felt that staff at their place of work are not properly consulted about changes at work that affect them. More generally, around one-half said they do not feel they have enough opportunities to question managers.

In summary, it is not just that the type of work dentists do or the pace of work that puts them at risk of high levels of stress, but the quality of the working environments in which they practice can also increase the risk. In particular, poor quality management, lack of support, and the poor quality social environment at work may be responsible for the high levels of job stress reported by community dentists.

Sources of stress among GDPs
In one early study published in the *British Dental Journal* in 1987, Cary Cooper and colleagues at the University of Manchester surveyed 905 dentists selected from the BDA's membership database. Those who responded were asked to evaluate 40 statements describing their work-related conditions in terms of how much stress they felt these conditions caused them (on a five-point scale from "a great deal of stress" through to "no stress"). The areas most commonly rated as sources of stress were: emergency situations; unhappy or challenging patients; running behind schedule; and time pressures.[7]

Another study by Myers and Myers (2004) sought to investigate stress and health in a large survey of 2441 GDPs in the UK and explored the links between stress and a set of 30 "dental stressors" making up the *Work Stress Inventory for Dentists*. Running behind schedule, time pressures and challenging patients were the most common sources of stress identified by respondents. Other aspects of their work identified as stressors included: dissatisfied patients; medical emergencies; nervous patients; and constraints associated with doing NHS work.

In 2005, a survey of 1000 BDA members was undertaken to assess their occupational health (Kay and Lowe, 2008). The sample mostly consisted of dentists working in general dental practice. The researchers identified a number of sources of work-related stress, including, for example: patient demands; practice management and staffing issues; paperwork; complaints and litigation; relationships at work; clinical governance; and hours of work.

In the BDA's more recent surveys undertaken in June-July 2014, GDPs who said they experience some level of stress at work were asked about the sources of stress in their work. Here are the main sources identified by the 392 associates who responded to this question.

Administration and paperwork
Many associates identified the onerous amount of administration and paperwork as sources of stress. For example, they referred to "paperwork and recording notes" or "the amount of paperwork". Some said they struggled to find the time for note-taking and keeping patient records. Others said they had resorted to "writing notes at lunchtime" or "using lunch break(s) to make referrals or write up notes".

UDA system/targets
Associates commonly identified pressure to meet units of dental activity (UDA) targets as a source of stress. For example, they alluded to "pressure to reach UDA target(s)"; the "pressure of UDAs"; "constant pushing to meet UDA targets"; "pressures to achieve UDAs"; or the "daily pressure to meet UDA targets". Some described these targets as "unrealistic" or "unachievable", with one associate saying that they had difficulty in meeting their targets within National Institute for Health and Care Excellence (NICE) recall guidelines. Another associate identified the "NHS contract and pressures associated with delivery of contractual

obligation" as sources of stress, describing it as an "unfair system in which patient care is target driven".

High patient demand and patient numbers

Patient numbers were also identified as a source of stress, with associates alluding to "too many patients" or "pressure to see large numbers of patients a day to fulfil UDA targets set". Some associates alluded to long waiting lists or "waiting patients" as sources of stress. Another said: "Multiple patients waiting for me in [the] waiting room: [I] often don't have time to even go to the toilet in a 4-hour session!"

Challenging patients

Challenging patients were identified as another common source of stress: for example, patients who are "rude", "demanding" or "aggressive" or those described by associates as "high-need", "neglected", or "vulnerable". In some cases, difficulties arose out of patients' expectations of NHS care: for example, one associate alluded to situations where NHS patients refused treatment because of the cost involved. Others highlighted patients' poor time-keeping, double booking, or patients missing appointments as sources of stress.

> "Relationships at work are a common source of stress identified by associates: for example, they alluded to 'a lack of trust', 'office politics', 'bullying', 'lack of communication within practice', or to 'not working as a team'."

Patient expectations

Many associates referred to patients' expectations as common sources of stress ("unrealistic patient expectations"; "meeting patient expectations"). A few alluded to patients' expectations about what could be provided from NHS services, with some patients perceived as "expecting too much from NHS services".

Time pressures

"Time pressures", "lack of time", and "time management" issues were commonly cited sources of stress. Some associates linked such pressures with "patient volume" or the quantity of paperwork they had to do: for example, "not enough time, too many patients, no time for lunch or to catch up!"

A few referred to pressure to "keep to time" or "running late" or poor time-keeping among patients as sources of stress. And not having enough time for clinical work or patient appointments was commonly reported, with associates alluding to "1-min exam appointments", "appointments too short", or "lack of time available to spend with patients". One associate, for example, said that they found it "impossible to offer good quality due lack of time".

Workload

Other associates expressed the work pressures they felt put under in terms of workload ("too much work"; "too busy"; "overload") or having to work "long hours" as sources of stress.

Professional standards and quality

A key source of stress for some GDPs is not being able to deliver the best possible care for all patients because of the constraints they are put under. For example, some associates believed that they were unable to provide high quality dental care or "do the best job" for patients because of time pressures or because they could not afford to – for example, as one associate put it, "not paid enough to provide high quality care to all patients".

Fear of complaints or litigation

Patient complaints were a common source of stress identified by associates – complaints could be about waiting times, having to pay treatment charges, or other aspects of dental care. And a few associates expressed a fear of having a complaint referred to the General Dental Council (GDC) or of being subject to an NHS investigation. Others identified "fear of litigation" or "worry about getting sued" as sources of stress.

Staffing issues

Several associates identified practice staffing issues as sources of stress. This could take different forms: for example, high turnover of staff, staff not being deployed efficiently, insufficient staffing, or understaffing. Others alluded to the training or expertise of practice staff: for example, they referred to "poorly trained" staff or staff who are "unfamiliar with NHS dentistry" and an "inadequate knowledge of [the] system".

Relationships at work

Relationships at work are a common source of stress identified by associates: for example, they alluded to "a lack of trust", "office politics", "bullying", "lack of communication within practice", or to "not working as a team". Some identified pressure from their practice owner as a key source of stress: for example, pressure to meet targets. Others alluded to tension or conflict in the relationship with their practice owner or not receiving enough support from them.

Management as a source of stress

- Poor quality or "bad management"
- How they are treated by managers – "uncooperative owner and practice manager" or "always being criticised for any mistakes"
- Not feeling valued – "never being recognised/praised for good work by management" or "practice manager does not value what I do"
- Lack of support – "lack of support from the management of the practice"
- Not being involved in decision making – "opinions not listened to or valued"
- Pressure to meet targets – "UDA/financial targets imposed by management"
- Unreasonable demands – "required to attend meetings when not working" or "unscheduled practice meetings at lunchtime"

Management

Several associates cited the practice manager or "management" as a source of stress. These difficulties could take a variety of forms (see above).

Financial pressures

Financial pressures and worries about pay were common in associate's accounts. Some just felt that they are not remunerated enough for the work they do ("poor pay"; "inadequate remuneration for work done"; "reduced remuneration" or "reduced pay"; "being underpaid"; "not being paid fairly"). Others

alluded to the fact that their pay was being "reduced", "decreased" or "cut". For some, these concerns about pay were related to the NHS work they do ("poor pay in the NHS"; "limited" or "poor" remuneration from NHS) or their UDA rates ("My UDA rate and value is the same as 5 years ago as I work as an associate").

Some associates expressed concern that a consequence of low or reduced pay was that they could not always provide the best quality care for their patients.

For example, one associate alluded to a "lack of appropriate level of pay to support high level of professional care provided and therefore being underpaid to deliver dentistry to a level [that] is desired".

These concerns about levels of pay and income from NHS work are compounded by financial pressures linked to the expenses or costs associates incur in their work. Some associates said that increasing expenses and costs (for example, for materials and equipment) affected on the care they can provide. They explained that "cutbacks on pay are affecting materials we can use and quality of treatments for patients" or "reductions in pay affect materials that can be used" or that they are "unable to afford materials, equipment". These costs, in conjunction with inadequate pay, leave some associates "working for a loss" or "not earning enough to pay outgoings".

Equipment, materials and practice facilities

A commonly cited source of stress related to insufficient, "inadequate", poor quality materials, or unreliable or broken equipment. For example, some associates referred to "old or failing or poorly maintained equipment"; "equipment breaking down and not replaced or fixed"; and, in one case, equipment not being provided. In addition to these concerns, a few associates identified practice conditions as a source of stress, alluding to "cramped" surgeries, "not enough space", or facilities that fall short of patients' expectations.

Tackling work-related stress

Tackling stress means, in the first instance, understanding how and why it occurs, and then developing strategies to reduce it based on this understanding. Newton and colleagues (2006), for example, have pointed out that any help given to individual dentists to cope with stress should be supplemented by primary-prevention measures which aim to improve the working conditions of dentists. The findings from the BDA's research suggests that the improvements in working conditions that might help to reduce levels of stress among dentists are: providing them with good quality and supportive management; setting realistic targets; fostering positive and supportive relationships among staff; tackling bullying and harassment at work; ensuring that there are sufficient staff with the necessary skills and training; and reducing the amount of administration and paperwork that dentists are required to do.

Tackling the underlying sources of stress is not enough, however. Alongside preventive measures, dentists should also be able to access to one-to-one support when they experience difficulties at work that cause them to experience high levels of stress or distress.

> "This service involved an initial assessment by a counsellor, followed by 'problem-focused' and time-limited support and referral to more specialist assistance if appropriate. They concluded that such interventions tailored to the needs of GDPs can help to reduce their experience of distress."

Counselling support may have an important role to play here. For example, in a paper in the *British Dental Journal* in 2004, Hoad-Reddick argued that counselling has an important role to play in general practice settings to help reduce levels of stress among both dentists and patients. Newton and colleagues (2006) evaluated a support service in Kent specifically designed to support dentists experiencing high levels of stress at work. This service involved an initial assessment by a counsellor, followed by "problem-focused" and time-limited support and referral to more specialist assistance if appropriate. They concluded that such interventions tailored to the needs of GDPs can help to reduce their experience of distress.

A number of organisations in the UK provide dentists with support and advice on issues affecting their well-being at work, including stress and mental health.

The Dentists' Health Support Programme (DHSP)

The DHSP provides dentists with advice and support on addiction, mental illness and fitness-to-practise concerns affecting dentists. As a registered charity, it provides advice free of charge on a confidential helpline with trained support staff. Telephone: 020 7224 4671
Email: dentistsprogramme@gmail.com
Website: http://dentistshealthsupporttrust.org

NHS Practitioner Health Programme (PHP)

PHP is a London-based service that supports the health of healthcare practitioners. According to the PHP's website, the programme provides a "free and confidential NHS service for doctors and dentists with issues relating to a mental or physical health concern or addiction problem, in particular where these might affect their work". Services include confidential telephone advice, initial assessment, and psychological treatments. While PHP is mainly London-based, it does accept referrals from other parts of the UK on a cost-per-case basis. Telephone: 020 3049 4505; http://php.nhs.uk/

The BDA has identified sources of advice, guidance and help for both managers and individuals experiencing stress, emotional distress, or difficulties at work: www.bda.org/stress

A new research report by the BDA Research Team, *The Psychosocial Working Conditions of Community Dentists*, can be downloaded from: https://www.bda.org/dentists/policy-campaigns/research/workforce-finance/sal-serv/working-conditions-and-stress

BDA research on dentists' well-being is at: https://www.bda.org/dentists/policy-campaigns/research/workforce-finance/gp/wellbeing

References are available on request.

Notes

1 HSE. n.d. *Work related stress.* Available at: http://www.hse.gov.uk/stress/furtheradvice/wrs.htm
2 NHS Employers. 2014. *Stress in the workplace.* Available at: http://www.nhsemployers.org/your-workforce/retain-and-improve/staff-experience/health-work-and-wellbeing/keeping-staff-well/stress-in-the-workplace
3 BDA. 2015. Is there a Well-being Gap among UK Dentists? Results from the 2014 Dentists' Well-being and Working Conditions surveys. Available at https://www.bda.org/dentists/policy-campaigns/research/workforce-finance/gp/wellbeing
4 http://www.nhs.uk/Conditions/stress-anxiety-depression/Pages/workplace-stress.aspx
5 According to the UK Government, HSE is "the national independent watchdog for work-related health, safety and illness. It acts in the public interest to reduce work-related death and serious injury across Great Britain's workplaces" Source: https://www.gov.uk/government/organisations/health-and-safety-executive
6 HSE (n.d.) *What are the management standards?* Available at: http://www.hse.gov.uk/stress/standards/index.htm
7 Source: Cooper *et al.* 1987. "Job Satisfaction, Mental Health, and Job Stressors among General Dental Practitioners in the UK". *British Dental Journal;* 162(2): 77-81. Table IV, p.79 ◆

COMMENTARY

"Are you better off than you were ten years ago?"

by Peter Ward,
Chief Executive of the BDA

In the 1980 Presidential debates, candidate Ronald Reagan asked America a simple question: "Are you better off now than you were four years ago?"

New figures from the National Association of Specialist Dental Accountants and Lawyers (NASDAL) allow us to consider that question ourselves. Instead of just four years, we have a decade to go by, ten years that span governments.

On the face of it, the NASDAL report paints a picture of "green shoots". Profits for both NHS and private-practice owners have improved on the previous year. Both have seen increased fee income but private practices have managed to increase the benefits of that by also working from tighter overhead bases.

The result is that the report shows net profits for private practices rising from £124,086 to £131,000 for 2013/14 and in NHS practices from £125,958 to £129,000: increases of 5.6% and 2.4% respectively.

Associates, too, have seen an improvement in their pre-tax earnings. Far more modest, but nonetheless a move in the right direction with the average associate £700 better off than they were in the previous year.

Clearly, any improvement in the financial situation is not to be sniffed at, but sometimes the long game tells a more important story. NASDAL has been doing this analysis for some time and in their report they show the trend lines for the three groups back to 2001. The points on the graph are actual cash amounts and are unadjusted for inflation. If you re-work the figures using standard figures for the retail price index (RPI) the story looks very different.

Figure 1 Net profit of NHS Practice Owner

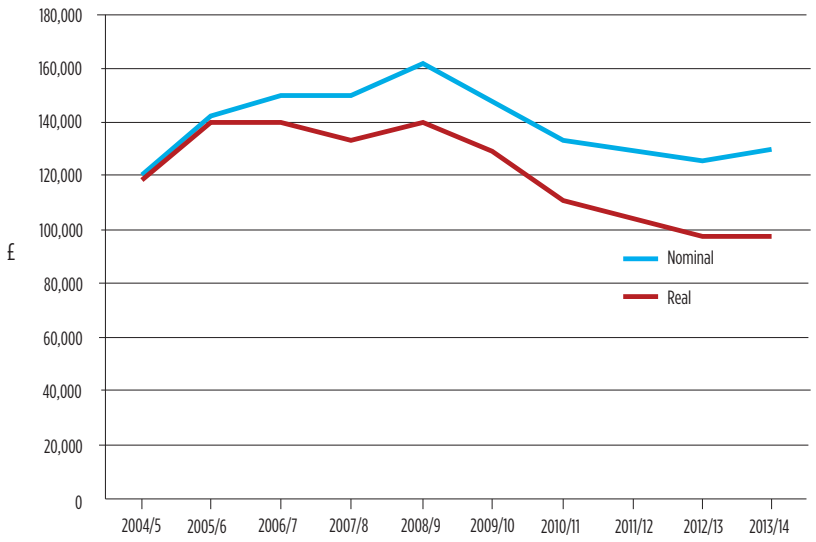
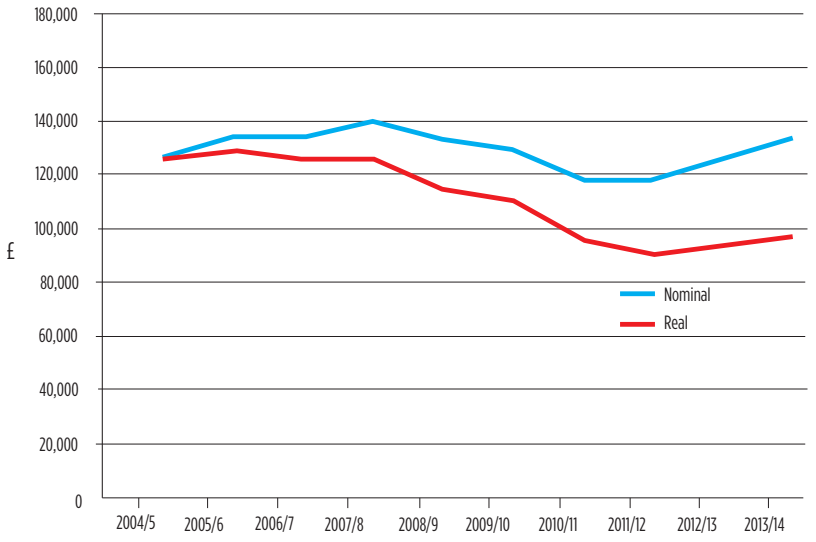


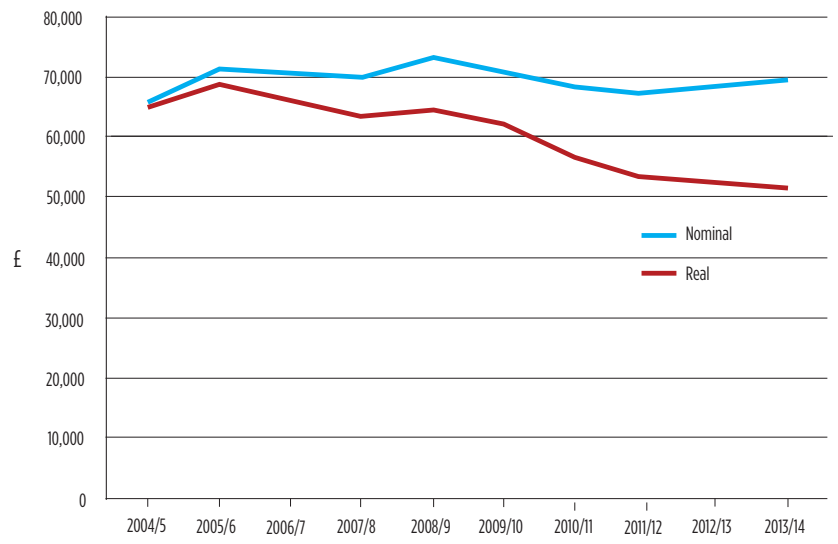
Figure 2 Net profit of Private Practice Owner



In all groups, the impact has been a dramatic reduction in dentists' disposable incomes. In relative terms, associates have seen a **25%** reduction in their pre-tax disposable incomes since 2004/5; NHS-practice owners have seen a **21.5%** reduction in profits; and private-practice owners a **18.3%** reduction.

These are not trivial amounts. The erosion over time is bound to have been felt

Figure 3 Net profit of Associate



and dentists must have found their relative spending power reduced.

There is, of course, the general argument that, across the economy, all groups have seen reductions in relative pay and the absolute pay rates for dentists make it hard to stir a sympathy vote on their behalf. But these are not insignificant developments. The relativities here are profound and the reductions are substantially greater than those in the general economy. What this represents is a fundamental repositioning of the earning power of dentists.

> "Only when the reality becomes clear can people both make the adjustments they need and accept the fact that "it's not just them". While the causes of stress are complex, this insidious erosion of value is likely to have had both financial impacts and challenges to self-worth."

The historic earning expectations of previous generations no longer reflect what is available now. The fact that this comes at the same time as the emergence of a graduate cohort with the largest-ever debt burden gives grave cause for concern. With debt up and incomes down, and a re-engineering of the way dentistry is delivered, there needs to be serious thought about long-term consequences. And that, in turn, leads us back to workforce planning.

Future cohorts entering our profession need to be clear about what's on offer before they begin the journey – not when they have arrived.

And for those currently in practice, there needs to be a clear understanding about what is happening.

The tendency to live to a lifestyle that you are used to is a natural human characteristic.

In the face of a sudden shock, people are aware that they need to make changes to what they spend.

But the changes that we have seen have been less overt and possibly disguised by an illusion of stability. It is likely that this process may have confused people and led them into unintended debt with attendant stress and anxiety. Only when the reality becomes clear can people both make the adjustments they need and accept the fact that "it's not just them".

While the causes of stress are complex, this insidious erosion of value is likely to have had both financial impacts and challenges to self-worth.

The BDA has committed to a major exercise that will seek to deal with stress in the profession. It is likely that this trend will feature as a major component of that work.

So, if you don't feel better off than you were ten years ago, you are probably not alone! ◆

Ben Fund can help

Whether owing to stress, accident, chronic illness, disability, mental health or bereavement, some dentists find themselves struggling to cope on their own. Here the BDA Benevolent Fund can help and is open to any UK-registered dentist and their family.

It offers financial support to help dentists in difficulties back on their feet with one-off or regular grants for essential living costs such as: food and clothing; household bills and fuel costs; help towards care-home fees; and replacing essential household goods.

One 43-year-old single female dentist, with depression, given an interest-free loan, said: "I have done some challenging things in my life, but picking up the telephone to make that initial call and enquiry to the Benevolent Fund was one of the hardest things that I have had to do.

"Having spoken to you I felt so much better, and the time you spent with me at home was invaluable. Although having to go back in time and explain about my experiences was very difficult for me, I think in the end it was quite cathartic. Perhaps I had to do it to allow me to move on.

"This has definitely been one of my most difficult years but there is a big light at the end of the tunnel and I am confident that I will come out at the other side. Thank you for your very professional help."

The Ben Fund provides £230,000 every year in charitable support. It relies solely on the support of the dental community to help others. Donations and legacies, however small, go directly to support dentists and their families in times of difficulty. Find out more at: www.bdabenevolentfund.org.uk ◆

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Image of counterfeit products confiscated by the MHRA.

Just GO!

by Shabana Ishaq, a practice management consultant in the BDA Practice Support Team. Shabana trained as a solicitor and advises general dental practitioners on associate contracts and a wide range of employment and other law

If things go wrong in an associateship, it may be best if the parties go their separate ways as soon as possible. But, by their very nature, these are highly emotional situations. I have often received telephone calls from associates wanting urgent advice as they are stressed because their practice owner has terminated the work relationship immediately; and from many practice owners who have reached the end of their tether and wish to let their associate go immediately.

The associateship contract should have a clause that allows for immediate termination in extreme circumstances. This clause is to allow the parties to get out of the agreement if there is an irrevocable breakdown in their relationship. But take care when invoking this clause: the other party may claim for breach of contract and argue that they should have been given three months' notice.

Normally, an associateship can be ended with proper written notice so all the immediate termination clause does is allow the injured party to cut short this notice period. But this could be challenged. Consider if the circumstances are serious enough. Is there really no alternative but to end the agreement? Perhaps the situation can be rectified, in which case the other party should be given a chance to put things right.

Some of the reasons for immediate termination are clear and straightforward (**right**). The associate agreement gives wide powers to terminate the contract with immediate effect if the other party is disqualified or prohibited from working with children or vulnerable adults. Here they would not be able to continue working as a dentist at all. Ending the contract in the case of bankruptcy is less straightforward. Generally, this is to ensure that the other party, who would probably not be a secured creditor, is not put in financial jeopardy. Associateships should only be ended in these circumstances where there is a strong likelihood that the other party will not receive their fees or payments.

In the case of conduct that damages the other party's professional reputation or business, the parties need to think carefully about the situation, reflect, seek advice, and give the other side a chance to correct the situation. There are a number of scenarios that this could relate to: for example, allegations of inappropriate claims under the NHS or a private capitation scheme; sexual or racial harassment; or gross clinical incompetence.

An employer dealing with a member of staff in such situations would investigate the incident, hold a formal disciplinary meeting and decide if they should dismiss the employee. But, unlike in contracts of employment, these set procedures do not apply to self-employed associates: so you need proof to protect against a possible breach-of-notice claim. Ensure that you have clear evidence showing that the other party has acted in an inappropriate way. Generally, seek a meeting to discuss if the situations is as you think it is and if things could be improved. Finally, if you believe there is no other way forward the contract

should be terminated in writing, clearly setting out the grounds for ending the associateship.

In one case, I received a call from an extremely worried practice owner saying she had caught her associate copying patient data from the practice. She was worried this was a huge threat to her business. It was certainly a possible breach of data-protection regulations and unacceptable for her patients' privacy. Here the practice owner decided that she could not be sure that the associate would delete the data he had stolen and so had no choice but to let him go with immediate effect (with a demand for the return of all files and a stern warning about the legal consequences should any data be misused). The evidence that files had been copied was clear and the associate accepted his conduct was wrong.

Another associate told me of their concerns about practice equipment not being repaired. This seriously impaired their ability to provide proper care and there was clear proof that it was the practice owner's responsibility to arrange the repairs. But I advised the associate to give the practice owner one last chance to carry out the repairs before taking the drastic action of terminating the agreement.

I suggested the associate write describing the repairs that were needed; stressing the impact on patient care/risk to patient care; listing the clauses of the contract covering the provision of equipment and repairs; and saying they would be forced to end the agreement if this was not dealt with promptly. With full written correspondence between the parties and such clear evidence, a party may be able to walk away without the risk of a successful breach-of-contract claim against them.

The clinical needs of patients and their treatment plans must also be taken into consideration when either party is terminating an associate agreement. Generally, it would not be ethical to leave them without completed treatment or a plan for appropriate completion of their treatment. But sometimes the actions of the other party compromise you to such an extent that you have a strong case that you are behaving ethically by ending the associateship.

Ideally, it is better to terminate the associate agreement with the usual three-month notice or try mutually to agree an earlier release date. You may be able to end the agreement immediately if the situation is as bad as you believe it to be, but try to think objectively about this and get independent advice on what you should do.

See also: www.bda.org/associates515

Termination reasons

Immediate termination may be appropriate if the other party:

- is removed or suspended by the General Dental Council
- is removed or suspended by the NHS
- becomes bankrupt
- is barred from working with children or vulnerable adults
- commits a serious breach of the associate agreement that cannot be put right
- acts in a way that will significantly damage your professional reputation or your business interests

> "The associateship contract should have a clause that allows for immediate termination in extreme circumstances. This clause is to allow the parties to get out of the agreement if there is an irrevocable breakdown in their relationship."

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Seller's due-diligence checklist

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

Owners planning, or just thinking about, selling their practice need to get their house in order beforehand to save time and stress when the process begins. Once a buyer and seller have agreed to proceed with a transaction one of the first things the buyer's solicitors will do is send the seller's solicitor a due-diligence questionnaire.

The questionnaire is designed to allow the buyer to understand the business they are buying. Their professional advisers will use the seller's answers and the information in the documents provided to form the basis of the sale agreement between the parties. They will also look for any irregularities or misrepresentations by the seller. The questionnaire allows the seller to "show" the buyer their business and will follow a relatively standard format – it can be straightforward to prepare for it.

To respond, the seller will need to produce practice records, insurance documents, accounts and policies among other documents. To reduce the panic of having to collate this information to a short timescale, begin now. Sellers should ask their professional advisers what documents they will need to produce.

Be comprehensive

Give a full response to due-diligence questions from the outset. Where responses are incomplete or documents are missing a prudent buyer will ask further questions. This will increase the time the seller will need to spend responding to their enquiries and, potentially, also their legal fees. Make any admissions and disclosures before the transaction completes to reduce any potential liability post sale.

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Sort your paperwork

Begin the process now by sorting and compiling paperwork and making copies of the documents. Preparing papers early can help when the time comes to turn these over to the buyer. It will save time, reduce stress and allow the sale to progress more speedily and smoothly.

Property

If you hold the freehold or leasehold to your practice your legal representatives will need to know that you own it and in what capacity you own it – a process they refer to as deducing title. Therefore, you will need to dig out your title documents, if you hold them personally, or contact the solicitor who is holding them on your behalf. If you have a commercial lease, you will need to find your lease document and get the details of your landlord and their solicitor ready for your legal representative to contact them.

Compile any building regulations, planning permissions and consents and repair documents you have. If you have had any work done to the property, gather together copies of any guarantees. Think about anything a buyer might want to know about the property: such as, management-company contacts and contracts or details of any liabilities you have to maintain and repair roads or other utilities, such as sewers or drains or shared land.

If you have a mortgage against the property this will need to be discharged on sale. Collate the information about your existing mortgage and provide this to your legal representative.

Financial

As a minimum, a prudent buyer will ask for at least the past three years' final accounts as well as current management accounts. Try and ensure these latest accounts are prepared by your accountant as a priority and that your management accounts are up to date and presentable. Give thought to any obvious questions a buyer would ask about the detail of your accounts and be ready to respond to those questions and provide further information and documentation.

Commercial contracts

Your practice will hold many commercial contracts: for hire or leasing of equipment; servicing your equipment; waste disposal; and basic utilities. Gather together your commercial contracts and work out which can be transferred to the buyer on sale and which are personal to you. You may need to cancel some of your commercial contracts before sale but discuss this with your legal representative and the buyer before you do so.

Details of any private capitation scheme or NHS-care arrangements should also be provided. For the English and Welsh NHS systems, give details of the current contract values and performance targets: include vital-signs reports, contract variations and any breach or remedial notices that are in place against the contract.

Regulatory

The buyer will need to see proof of your regulatory compliance. Provide details of your, your associates' and your staff's General Dental Council registration and evidence of indemnity cover. Get together your insurance documents. Show how you have fulfilled the requirements of relevant quality standards regimes: England's Care Quality Commission; the Healthcare Inspectorate Wales; and Northern Ireland's Regulation and Quality Improvement Authority.

Paperwork volume will vary

The volume of documents produced vary wildly between practices: from a few lever-arch files of documents to several large boxes. This will depend on the size of the practice, its NHS and private-capitation-scheme arrangements, how many service contracts held with suppliers, how many sites the practice has, and how many staff it employs. Some buyers and their solicitors will accept electronic due-diligence documents but this is still not the most common format so do not rely on their doing so – however it never hurts to ask.

Details on all aspects of practice sales are covered at www.bda.org/advicesales515 in BDA Advice, *Buying and selling a practice*. And the BDA Business Team is running a seminar, *Preparing to sell your practice*, on 27 June 2015: contact BDA Events on events@bda.org for more details. ◆

Dig out this paperwork where relevant

- → Title documents to the freehold or leasehold of the practice or commercial-lease document
- → Documents relating to building regulations, planning permissions and consents and repairs
- → Details of any liabilities to maintain and repair roads or other utilities, such as sewers or drains or shared land
- → Mortgage documents
- → Past three years' financial accounts
- → Commercial contracts for hire or leasing of equipment; waste disposal; and basic utilities
- → Details of any private capitation scheme
- → Details of NHS-care arrangements
- → Proof of regulatory compliance
- → Details of associates' and staffs' registration with the General Dental Council
- → Evidence of indemnity cover

Focus on what makes your practice stand out

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

Competition for patients is intensifying in many localities and patient expectations have changed from what they were 20, ten or even just five years ago. So, most practice owners' very simple, traditional, reason for why they are in business – they are there to serve the dental needs of their local community – may no longer serve them as well.

Marketers have, for many years, talked about identifying your *unique selling point* (USP). Your USP summarises what makes you different from your competitors. It should be a compelling reason for people to choose your, rather than another, practice.

At its heart lies the idea of differentiation. If you are offering something that no one else does, you will stand out and people will notice and be attracted to your practice over others.

But, while a USP is an extremely useful concept if you have something unique to offer, it is often extremely difficult to find something that is truly unique to your practice.

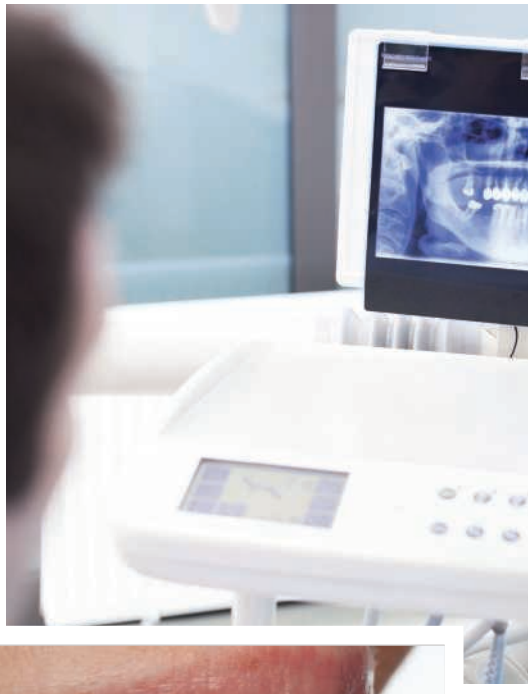
Dentistry is an evidence-based service and the treatments offered should conform to accepted scientific standards at every practice. A claim that you offer "high-quality dental care", while hopefully true, is hardly unique, and patients would find it very hard to judge if this was true or not. After all, everyone is properly trained and qualified.

"Marketers have, for many years, talked about identifying your unique selling point (USP). Your USP summarises what makes you different from your competitors. It should be a compelling reason for people to choose your, rather than another, practice."

A USP should also be enduring. If you are the only practice in your locality to offer extended opening hours you have something unique that patients will value. But because something like this is relatively easy to copy, your competitive advantage may be short lived.

Value crucial

And it is not just the uniqueness and durability of what you are offering that is important: how much it is valued by patients is crucial. If it is not valued by patients, then although it may be unique and hard to



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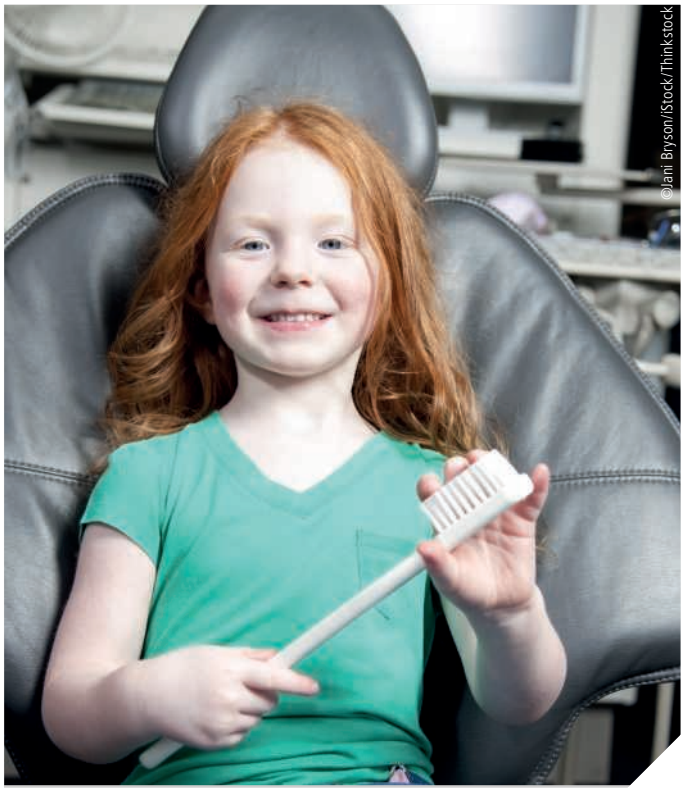
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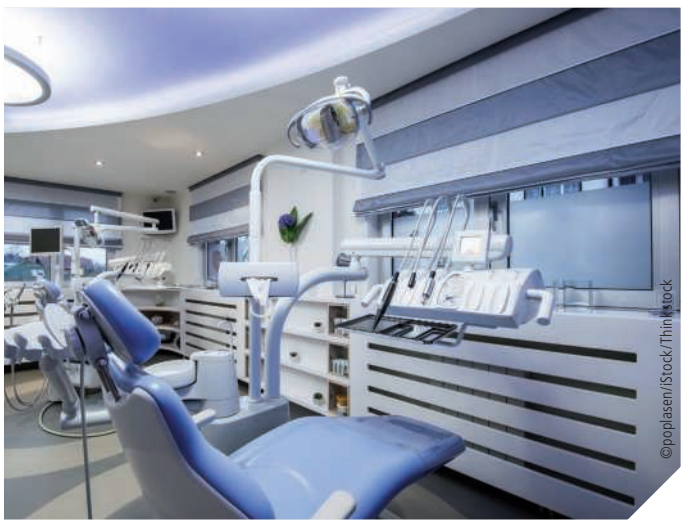
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emulate, it will not gain you many, if any, patients.

So, if you cannot identify a USP, do not despair. Trying to do so is still useful because it forces you reflect on what you do well and what you offer. It will help you identify something that makes your practice different, which can still be useful and give you a competitive edge.

Ask patients

A good starting point is to find why your patients choose you by asking them. Patient-feedback questionnaires are a valuable tool in customer relations and help improve service. Do not be afraid to ask simply: "Why did you choose our practice?" The responses will help you understand what patients find most appealing about your practice, which you can then use to promote it to potential patients.

> "A good starting point is to find why your patients choose you by asking them. Patient-feedback questionnaires are a valuable tool in customer relations and help improve service. Do not be afraid to ask simply: 'Why did you choose our practice?'"

One key element of patient goodwill is the customer experience. Dentistry is a highly personal service and, although at dinner parties you may just say you are a dentist, you, as an individual, are unique. So when promoting your practice emphasise how you welcome patients, the attention given to them, and the friendliness of your team. But advertising must be authentic to be believed: ask patients if they are willing to provide you with testimonials (make sure you have their clear written consent to use these in any advertising).

Simple selling points

Highlight the services you offer and the facilities available: simple things such as accessibility or plenty of car parking can make all the difference to some patients. Your practice décor and equipment may be a strong selling point for you. Or perhaps you are an early adopter of new technology or procedures, something that may appeal strongly to some patients.

If you do have an attractive USP you are in a strong competitive position and should build your marketing strategy around it. When running an advertisement in the local paper or on local radio, conducting a leaflet drop, creating a practice website or Facebook page – all activities that will generate interest and new patients – make sure your USP comes across clearly in all these communications.

If you cannot identify a USP, look for something that makes you distinctive. Think about what you want to be known for, your values, or concentrate on the strengths of your practice, what you are good at, and be responsive to what patients want. These are still good selling points and can still give you an edge over your competitors. ◆

Key message

If you do have an attractive USP you are in a strong competitive position and should build your marketing strategy around it. When running an advertisement in the local paper or on local radio, conducting a leaflet drop, creating a practice website or Facebook page – all activities that will generate interest and new patients – make sure your USP comes across clearly in all these communications.

TUPE looks for 3 key reasons

by Alan Pitcaithley,
a practice management consultant with special responsibility for Scotland and Northern Ireland. Based in the Scottish Office, Alan advises general dental practitioners on associate contracts, all aspects of employment law, and NHS regulations in Scotland and Northern Ireland

When you buy a practice staff contracts are heavily protected by law under the *Transfer of Undertakings (Protection of Employment) Regulations* or TUPE. This makes it difficult for the new owner to introduce changes to staff contracts or working conditions.

Transferred employees are entitled to continue working to the same contractual terms. This includes not only written terms, but also any implied terms that have been created by custom and practice. It will be as if the new owner has employed the staff since they first began working at the practice. If an employee is dismissed, or their contractual terms are changed, they may have grounds for a claim for unfair dismissal.

Changes connected to the transfer

Any changes made by the new owner are likely to pose problems if they are connected to the transfer. If the new owner gives staff a new benefit on the one hand but takes something away with the other, for example, the new benefit will stand while the old benefit potentially remains a term of their employment.

It is difficult to pin-down when a change is connected to a transfer despite the many legal cases that have discussed this issue. On one hand, a new owner who makes a change to suit the way they work will be making a change connected with their purchase of the practice. This is because, had the new owner not bought the business, the change would not have happened. On the other hand, if after a new owner has taken over a practice new regulations come into force that require a change to employees' terms of employment these changes would be unconnected with the transfer. A recent example is auto-enrolment in pensions, (see www.bda.org/bdj-in-practice *Get ready for pensions shake up*, March 2015, page 21).

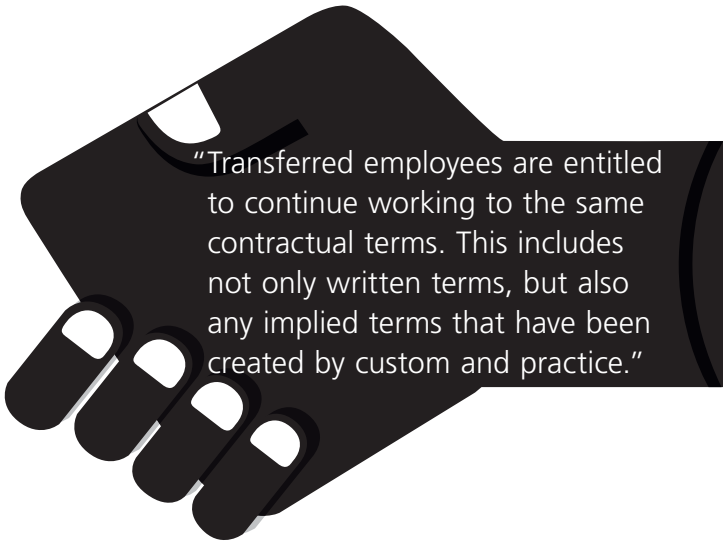
Nor does TUPE cease to apply after a certain time although it is easier to argue that proposed changes are not connected with the transfer the longer after the transfer the change takes place.

Changes allowed by TUPE

There are, however, exceptions where the new employer can change staff contracts when they take over a practice. TUPE says that changes are allowed provided that the new employer has one or more of three key reasons – economic, technical or organisational (**right**) – and the new terms "entail changes in the workforce". This latter part has been interpreted by the courts to include changes in the numbers employed or changes to the functions performed by employees.

A role change could be a requirement that an employee who held a managerial position moves to a non-managerial role or from a clinical to a non-clinical position.

To introduce a change you should consult with employees, explaining your reasons and asking for their comments. Listen to what they have to say and try to get them to agree to the change. TUPE requires both sellers and buyers to consult staff on the transfer of the practice and it is at this stage that any proposed



"Transferred employees are entitled to continue working to the same contractual terms. This includes not only written terms, but also any implied terms that have been created by custom and practice."

changes should be first raised. Although it is the seller who must consult staff, the buyer should co-operate by providing any relevant information needed to allow a proper consultation. If they do not, they may find that they cannot bring in any planned changes.

Changing opening hours

New owners often want to change or extend practice-opening hours. Even though this may result in extra pay for staff it is unlikely that the business case behind this would count as an *economic reason* under TUPE. And, unless you were going to reduce the number of staff, it would not count as a reason that entails a change in the workforce. So, in most cases, it will not be possible – from a legal point of view – to change the practice hours and force existing staff to change their hours.

Making changes anyway

Some new practice owners may decide to change terms of employment anyway. While there is a legal risk, there is also a pragmatic view that most staff will be open to change if, overall, they are not disadvantaged.

If you take the risk and implement change, you must ensure you have the employee's consent to the change. If you cannot reach agreement, you have to think again. But even if an employee agrees to a change, where TUPE has applied they can later request to revert to their original terms.

Further information on TUPE is available at www.bda.org/advice/TUPE515 in BDA Advice, *Employment contracts practice sales and TUPE.* ◆

3 key reasons

Economic reason – relating to a falling demand for the employer's service so that the business would become unprofitable (though becoming less profitable would not be enough)

Technical reason – relating to the nature of the equipment or production processes at the practice: for example, the buyer decides to computerise the practice, so fewer employees are needed or their roles change

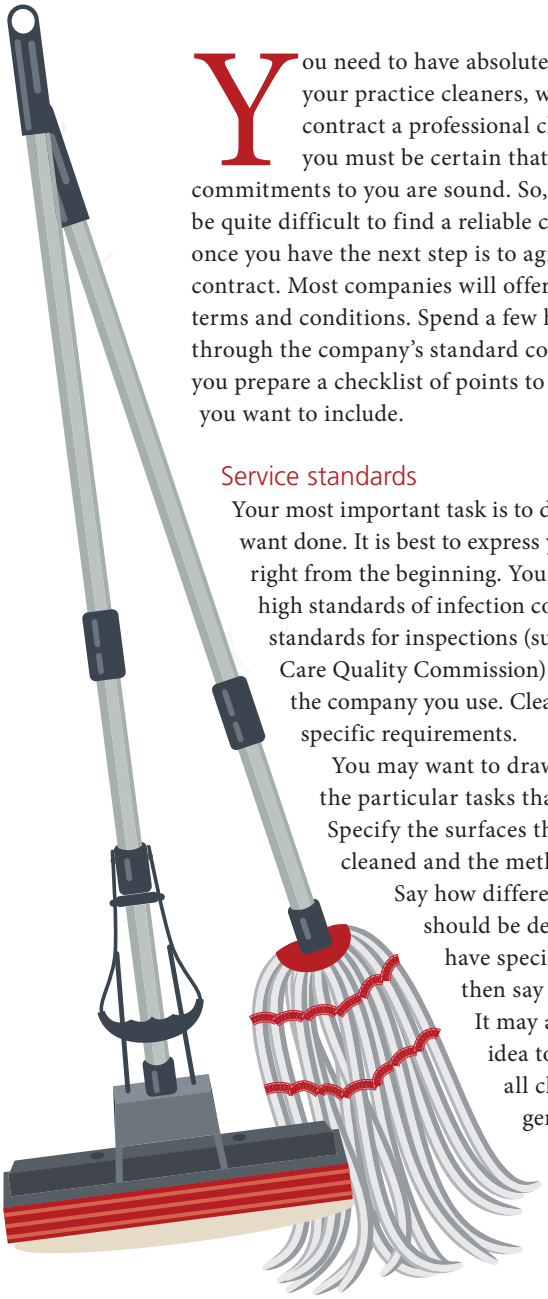
Organisational reason – relating to the management or organisational structure of the practice, such as the creation of new job roles

Key message

To introduce a change you should consult with employees, explaining your reasons and asking for their comments. Listen to what they have to say and try to get them to agree to the change. TUPE requires both sellers and buyers to consult staff on the transfer of the practice and it is at this stage that any proposed changes should be first raised.

Cleaning contracts

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



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You need to have absolute confidence in your practice cleaners, which means if you contract a professional cleaning company you must be certain that its contractual commitments to you are sound. So, although it can be quite difficult to find a reliable cleaning company, once you have the next step is to agree the terms of the contract. Most companies will offer you their standard terms and conditions. Spend a few hours going through the company's standard contract. It is better if you prepare a checklist of points to look for and items you want to include.

Service standards

Your most important task is to define the work you want done. It is best to express your expectations right from the beginning. You have to maintain high standards of infection control and quality standards for inspections (such as by England's Care Quality Commission) and so should the company you use. Clearly outline your specific requirements.

You may want to draw up a schedule of the particular tasks that must be done. Specify the surfaces that need to be cleaned and the method of cleaning. Say how different types of waste should be dealt with. If you have specific cleaning needs then say what they are.

It may also be a good idea to include a catch-all clause providing a general commitment on behalf of the company to do all appropriate cleaning to a defined standard.

Confidentiality

Since the practice holds sensitive information, you need to make sure that both the cleaning company and cleaner know this and agree to abide by your data-protection and security rules. You need to make sure that the cleaning company is responsible for the cleaner's conduct and that the cleaner, personally, understands, and signs up to, practice procedures (although patient-sensitive information should be securely stored).

> "You may want to draw up a schedule of the particular tasks that must be done. Specify the surfaces that need to be cleaned and the method of cleaning."

Breakages

Any damage caused by the cleaner should be covered by the cleaning company. Check to see what terms cover this situation. Ideally, it should be responsible for the cost of replacements or repairs.

Personnel

Find out if the company will provide a dedicated cleaner for your practice or if you could be sent any member of their team. In terms of practice requirements and policies, a dedicated person may be best. But you need to be sure that the company will provide cover when your cleaner takes holidays or is ill.

Practicalities

Work out the practicalities, such as how many hours the cleaner will work. Agree how they will get in and out of the practice. You need to decide if you will provide a set of keys or if you will be on the premises while they are working. Decide if the practice will provide cleaning materials and products. If the company provides its own

checklist

say if you have any specific requirements for the materials that it should use.

Solving problems

Think about how the cleaning company will deal with any problems. This includes a provision in the contract to address any concerns you have about the cleaner, the standard of cleaning or the company. Note how responsive the company is to your concerns while negotiating the contract. This is only a rough guide but if it is reluctant or obstructive in the negotiations its attitude may be unlikely to improve once you have signed the agreement.

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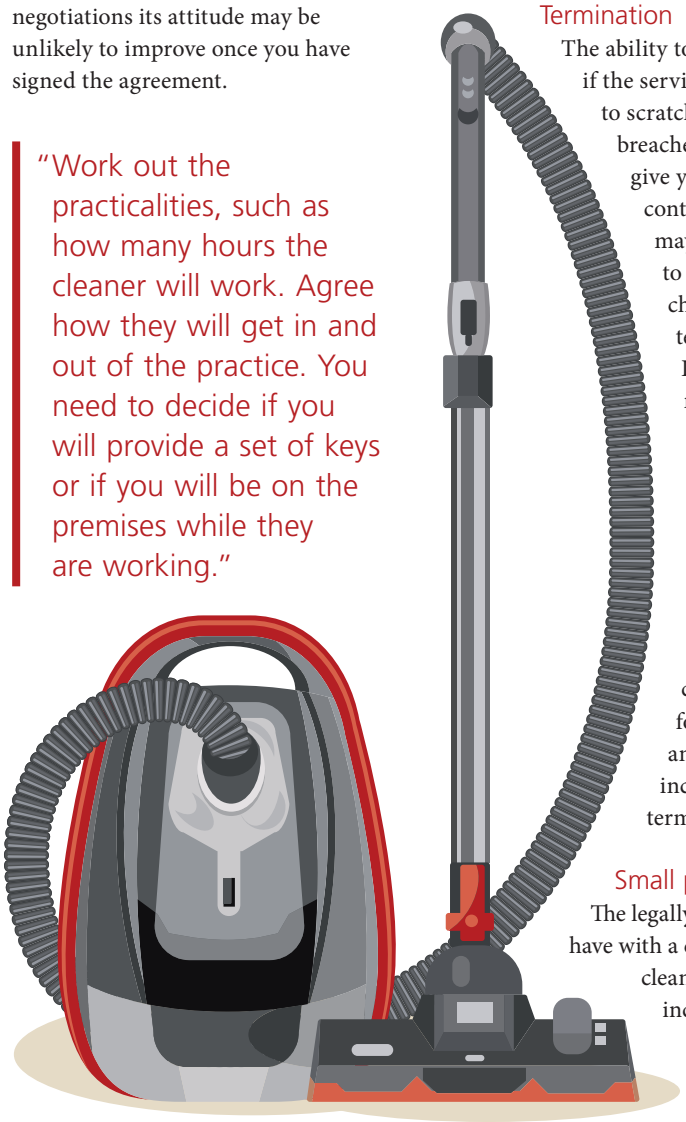


Sort out how the cleaner will be supervised. Day to day they will be working in your practice but the cleaning company is their employer with responsibility for appraising or disciplining its employee. Have an agreement for how you would address day-to-day issues directly with the cleaner and how you should raise more serious issues with their employer. To get the company to act it is better if you have strong terms in the agreement about its responsibilities for the conduct of its staff and the quality of work.

Termination

The ability to get out of a contract if the service provided is not up to scratch is crucial. Minor breaches do not automatically give you the right to end a contract: your only redress may be to take court action to seek compensation. So check the procedure for terminating the contract. Look to see how much notice you have to give and if notice must be given in a certain way or by a set date. A company's standard terms may make it quite difficult to terminate the contract: some types of contract can have you locked in for years. Be mindful of any penalties you may incur because of an early termination of the contract.

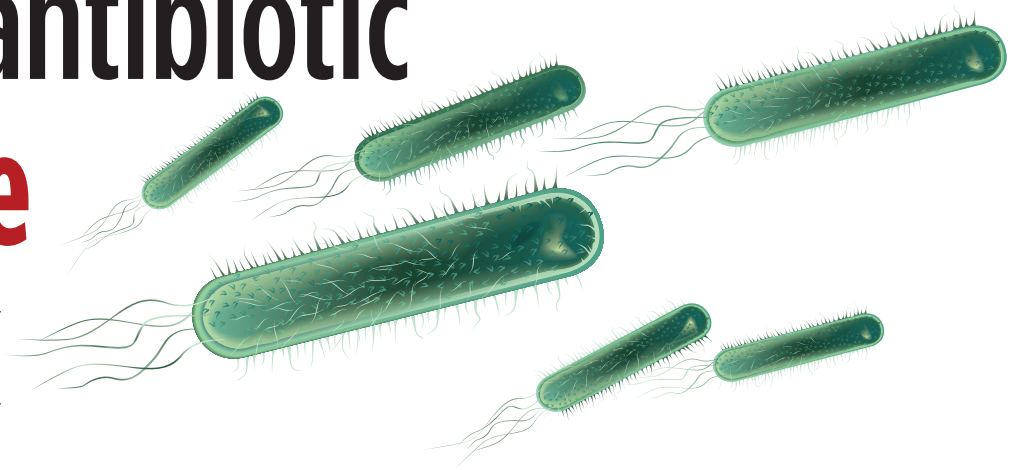
Small print

The legally binding terms you have with a contractor, such as a cleaning company, are those included in the contract. Written terms and conditions are vital: verbal promises could just be seen as part of the pre-contract negotiations and not be enforceable promises. If it is important – get it in your agreement and do not be vague. And check the small print to make sure there are no catches or get-out-of-jail-free cards that can be used to avoid obligations that you thought had been agreed. ◆

What to check for

- Don't just accept a company's standard terms and conditions. Take the time to check these give you the service you want
- Your most important task is to define the work you want done. It is best to express your expectations right from the beginning. Clearly outline your specific requirements
- Ensure that both the cleaning company and cleaner agree to abide by your data-protection and security rules
- Check who will be responsible for the cost of any damage
- If you have a dedicated cleaner, be sure the company will provide cover if they are unavailable
- Decide how the cleaner will get in and out of the premises
- Will the company provide the cleaning materials and do you have any specific requirements
- Agree how and by whom the cleaner will be supervised. Day to day it is better if you take responsibility but serious concerns should be raised with the company
- Check you can get out of the contract if the service is not up to scratch. Look at how much notice you would need to give and how. Watch for any financial penalties you might incur for early termination
- Verbal promises are not enforceable. Written terms and conditions are vital. And do not be vague

Tackling antibiotic resistance



by a *BDJ In Practice* reporter

Dentists account for as much as 10% of total antibiotic prescribing in the UK, and studies indicate that between 71 and 81% of antibiotic prescribing in general dental practice is inappropriate, Professor Damien Walmsley told an audience at the *Antibiotic use and resistance in dentistry: how can we do the best for our patients?* event at the BDA Conference this month.

In a teaser, the BDA's scientific adviser then asked the audience which of the following conditions needed antibiotics: a dry socket; acute pulpitis; prophylaxis for surgical procedures; or re-implantation of teeth.

Professor Walmsley pointed out that none of these necessarily need antimicrobials. He said that, to prevent just one case of dry socket, 38 people need to take antibiotics; while for every 21 people who receive antibiotics, an adverse effect is likely.

But what should dentists do when faced with patients with painful inflammatory conditions? Should the treatment be surgery or drugs? These are questions that will be faced by many practitioners during their careers, he said.

The difficulty is whether what is best for an individual patient should be balanced against what is best for the general population: specifically, how should dental practitioners be dealing with antimicrobial resistance (AMR) – now a global concern – and how should they be viewing the prescription of antibiotics?

In April the European Society of Clinical Microbiology and Infectious Diseases suggested 400,000 people across Europe have died since the emergence of large-scale antibiotic resistance in the past decade.

It may seem far-fetched to quote the recent Mirror soundbite of "antibiotic Armageddon", Professor Walmsley said, but there's no doubt AMR is one of the most serious threats there is to public health, acknowledged by UK governments and international organisations alike, including the World Health Organisation.

The BDA convened an expert summit last November to mark the European Antibiotic Awareness Day initiative. The summit, and today's event, he said, were part of the BDA's awareness-raising agenda to ensure judicious prescribing in dentistry and putting together an action plan to support the dental profession's reduction of antibiotic prescribing.

> "Between 71 and 81% of antibiotic prescribing in general dental practice is inappropriate."

Another key speaker at the event, professor of oral medicine and dean of the School of Dentistry, Cardiff University, Mike Lewis reinforced the importance of surgical intervention for treating acute dental infections, not least because research shows that many pathogens are already resistant to antibiotics. Susceptibility testing for antibiotic resistance in dento-alveolar abscesses revealed that one-third of isolates was resistant to antibiotics prescribed.

The findings from Professor Lewis' research were not a one-off, since this level of resistance concurs with similar studies in Japan, US, and Sweden. Inappropriate treatment of acute dental infections not only runs the risk of resistance, he warned, but also accounts for between 10 and 20 deaths a year in the UK.

So how, for example, should dentists treat dento-alveolar abscesses? Surgical intervention is the gold standard, Professor Lewis explained, and clinical guidelines are clear that antibiotics should only be used in the treatment of dental problems where there is evidence of a spreading infection, and only then in conjunction with operative measures.

There was a consensus among the speakers that antibiotics are being used in the treatment of dental problems in situations where they are not indicated. However, until recently, little was known about how antibiotics are being used on a day-to-day basis to treat dental problems by primary-care practitioners, an area that has been explored by clinical research fellow in dental public health Anwen Cope, also from the School of Dentistry, Cardiff University.

Diagnostic or prognostic uncertainty was implicated in some cases of inappropriate prescribing and some dentists reported a fear of complications arising from failure to prescribe, she said. However, the principal modifier of prescribing behaviour appears to be clinical time pressure, whether this is related to targets and/or profit.

Dr Cope also touched on the need to raise public awareness of how – unwittingly – they influence prescribing habits: research indicates that patient refusal of operative procedures was found to be a predictor of inappropriate prescribing.

The speakers concluded that a perfect storm was brewing over the worrying increase in AMR and the lack of new antibiotics.

However, they said that auditing practice and the feedback approach seems to be very successful in establishing appropriate antibiotic prescribing in dentistry. The BDA is working with a wide range of high-level stakeholders across the UK to help dentists play their part in stemming the tide of AMR. ◆

Unique occlusal analysis

The Tekscan T-Scan digital occlusal analysis device, exclusively available in the UK and Ireland from Clark Dental, provides a unique perspective on occlusal bite force dynamics.

No longer do clinicians need to use unreliable articulation paper to see the contact points of a patient's dentition. Instead a simple T-Scan sensor can be used to provide accurate information on the relative forces exerted over time.

The T-Scan sensor records a movie clip of the bite and release sequence, which can be played back frame by frame to reveal exactly what percentage of the entire bite force is placed on a single tooth or restoration at any given time during the bite process.

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Bring your ideas to life

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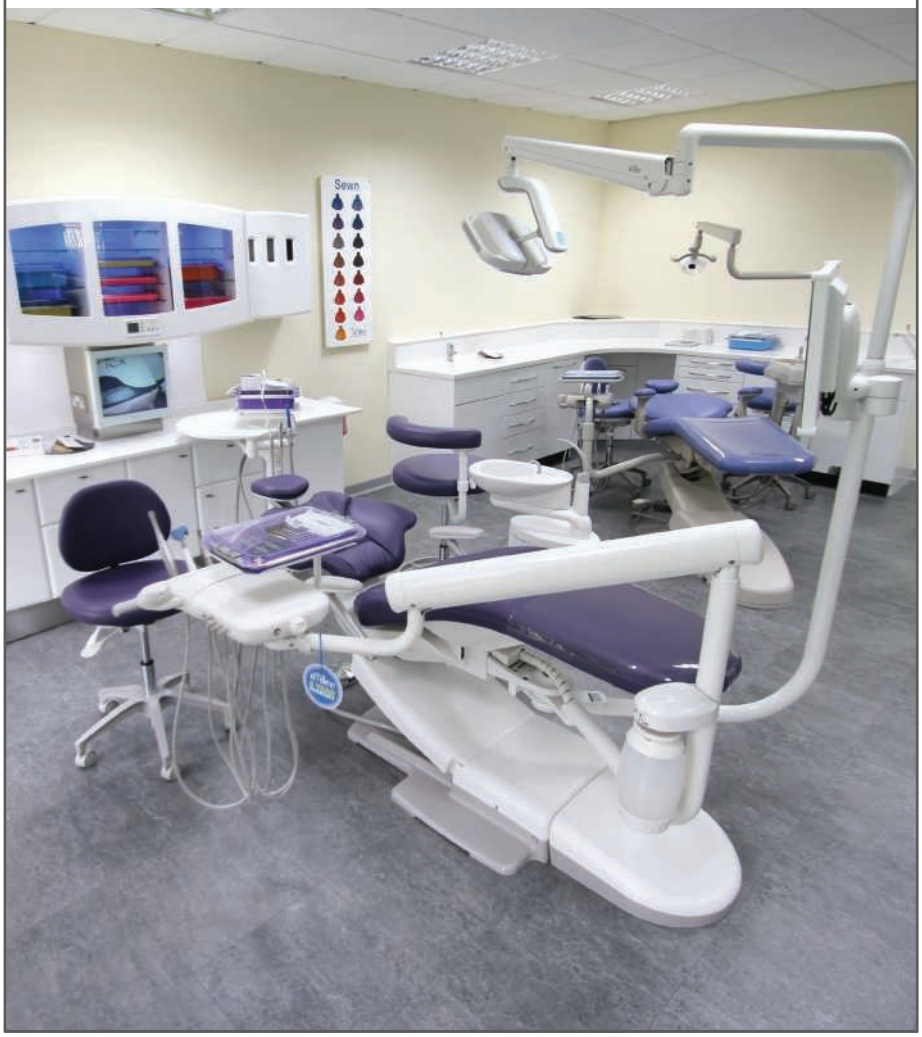
At the showroom you will find the complete spectrum of fully integrated high-quality dental chairs, award-winning innovative dental lights and ergonomic cabinetry solutions. You'll also be introduced to our A-dec difference display which shows the various high quality A-dec parts that go into every package. A-dec's design and engineering is often imitated but never duplicated.

You could spend over 26,565 hours with your dental chair throughout your career so it needs to work for you and your dental team. To see for yourself what makes A-dec different why not visit us at one of our four UK showrooms or call us on 0800 233285. For more information: 0800 233285; info@a-dec.co.uk; www.a-dec.co.uk



Workplace dentistry

Dental practices are being offered the chance to expand their reach into local business communities on a sessional basis with a mobile dental practice.

This is because the Onsite Dental model does not employ all the dental professionals to staff the mobile units but rather offers it to local providers to use as satellite sites for their practices. This enables affiliated dentists and clinical staff to focus on their core strengths providing clinical care while Onsite Dental handles all the back-office administration and workplace relations.

Onsite Dental is currently actively seeking dental professionals who are keen to partner with them to provide dental care at workplaces. It is reaching out to find additional clinical teammates including dentists, dental nurses and dental hygienists.

The touring dental practice is an ingenious construction that concertinas out from a 53ft pantechnicon to become a three-roomed dental practice – with space for a waiting room and educational area – which complies with all Care Quality Commission (CQC) regulations. It can be set up in a car park and plugged and plumbed in overnight to be up and running within hours of arrival on site.

Onsite Dental draws up plans with each company to publicise the presence of the clinics. For more information visit: www.onsiteservice.com/tour

Discount vouchers for SMEs

Voucher-codes website MyVoucherCodes has launched a programme designed to help SMEs reach new and existing customers through online vouchers – *MyVoucherCodes Launchpad*.

The programme offers smaller independent businesses, such as dental practices, the following benefits: free to sign up; no commission for first three months; opportunities for free inclusion in MyVoucherCodes' monthly newsletter and other marketing activities; social-media representation; listing on the MyVoucherCodes.co.uk site; and access to marketing expertise.

"As vouchers are responsible for billions of pounds of UK transactions every year, they are a critical piece of the ecommerce pie," MyVoucherCodes founder Mark Pearson said.

"Until now, the high barrier to entry meant vouchers were really only affordable for big-box merchants, so we are thrilled to now offer SMEs an affordable way to offer discounts and deals for their customers."

For more information, go to www.myvouchercodes.co.uk/#launchpad

Small-head toothbrush

New from Swiss oral-care expert Curaprox is the CS Smart. With a small and compact head, this innovative toothbrush is perfect for both children over the age of five and adults with smaller mouths.

Dental professionals have come to expect the gold standard in dental products from Curaprox and the CS Smart is no exception. It has been designed around the bestselling CS 5460 for optimal cleaning that is both efficient and extremely gentle. With 7600 CUREN filaments crammed onto a compact head it can reach all the hard-to-access areas, removing plaque while feeling incredibly soft and comfortable.

Great habits start early and the CS Smart makes it easy for you to teach your younger patients how to clean their teeth properly because the octagonal handle encourages precise brushing. With the CS Smart, their daily toothcare routine will no longer be a chore.

Dentists who recommend Curaprox products love how they combine gentle cleaning with amazing results. The CS Smart is just the latest addition to this popular range.

For more information, please call 01480 862084, email info@curaprox.co.uk or visit www.curaprox.co.uk

Hypoallergenic face masks

The new hypoallergenic mask from UnoDent is specifically made for those with sensitive skin. The masks are made without the use of the dyes, chemicals or colourants that can cause allergic reactions and they are latex and fibre-glass-free. The masks also feature a cellulose inner and outer surface to prevent uncomfortable moisture build-up and have excellent bacteria and particulate filtration efficiency. The 3 ply/4 fold construction coupled with elasticated ear loops make them very comfortable to wear.

For more information, contact The Dental Directory on 0800 585 586 or visit www.dental-directory.co.uk

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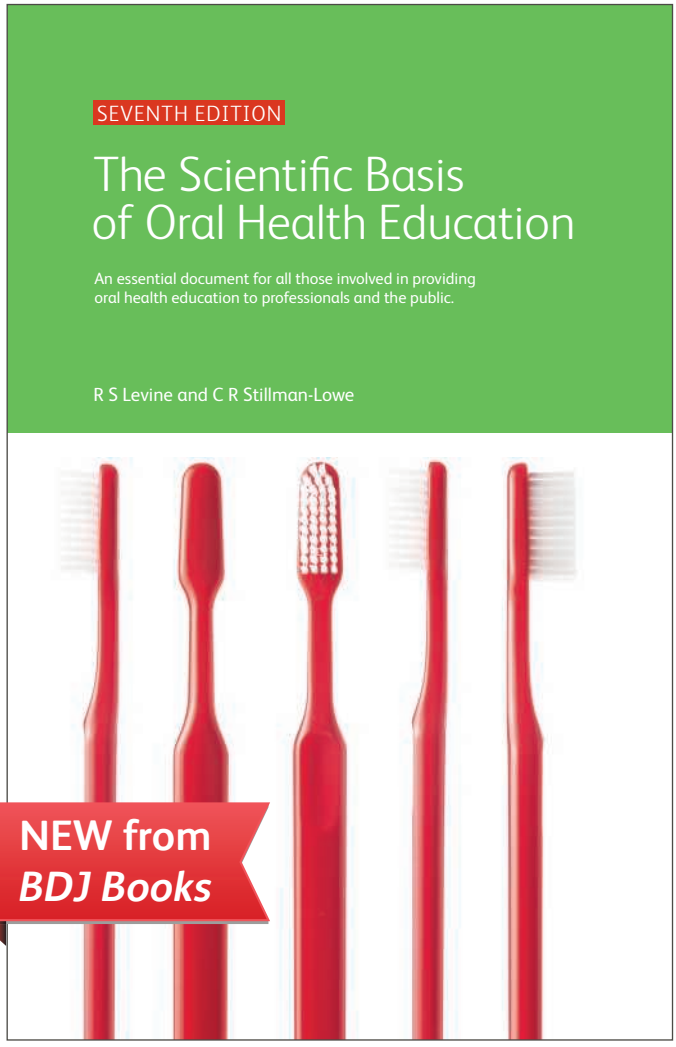

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Interests: Dental Implants, Fixed and Removable Prosthodontics, Bone Grafts, Sinus Lifts, Full Mouth Reconstructions, Periodontics, Occlusion, Restorative and Cosmetic Dentistry, CT Scanner, Implant Mentoring

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

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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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On Specialist List: Yes, Endodontics

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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
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

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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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239826

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

206654

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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

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On Specialist List: No

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Specialist Prosthodontists:
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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

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13 Circus, Bath, BA1 2ES
Tel: 01225 426 163 **Email:** reception@circusdentalpractice.co.uk
Interests: Fixed & Removable Prosthodontics, Implants, Bone Augmentation, Soft Tissue Augmentation, Endodontics, Aesthetic Dentistry, Treatment Planning Assistance, Study Club, Implant Mentoring.
On Specialist List: Yes, Restorative Dentistry, Prosthodontics & Endodontics

239371

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

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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

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Q1: Immediate termination of an associateship may be appropriate if the other party: a – is removed or suspended by the General Dental Council; b – becomes bankrupt; c – is barred from working with children or vulnerable adults

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

Q2: Which of the following would you be likely to be able to use as a long-term *unique selling point?*

A That you provide "high-quality dental care"
B That all clinical staff are properly trained and qualified
C That you are the only local practice to offer extended opening hours
D That you are the only local dentist with a particular skill-set

Q3: What is a job seeker's number one priority when looking for a new job, according to an Institute of Leadership & Management survey?

A Better pay
B More opportunity for progression
C More interesting job
D Better options for parental leave

Q4: The Low Pay Commission has recommended which of the following rates as the National Minimum Wage for an adult?

A £2.80 an hour
B £3.87 an hour
C £5.30 an hour
D £6.70 an hour

Q5: Which of the following would not in most cases qualify as an allowed change that a new employer can make under TUPE?

A Computerisation means practice needs fewer employees
B Requiring existing staff to change their working hours
C Moving an employee from a managerial to a non-managerial role
D Moving an employee from a clinical to a non-clinical position

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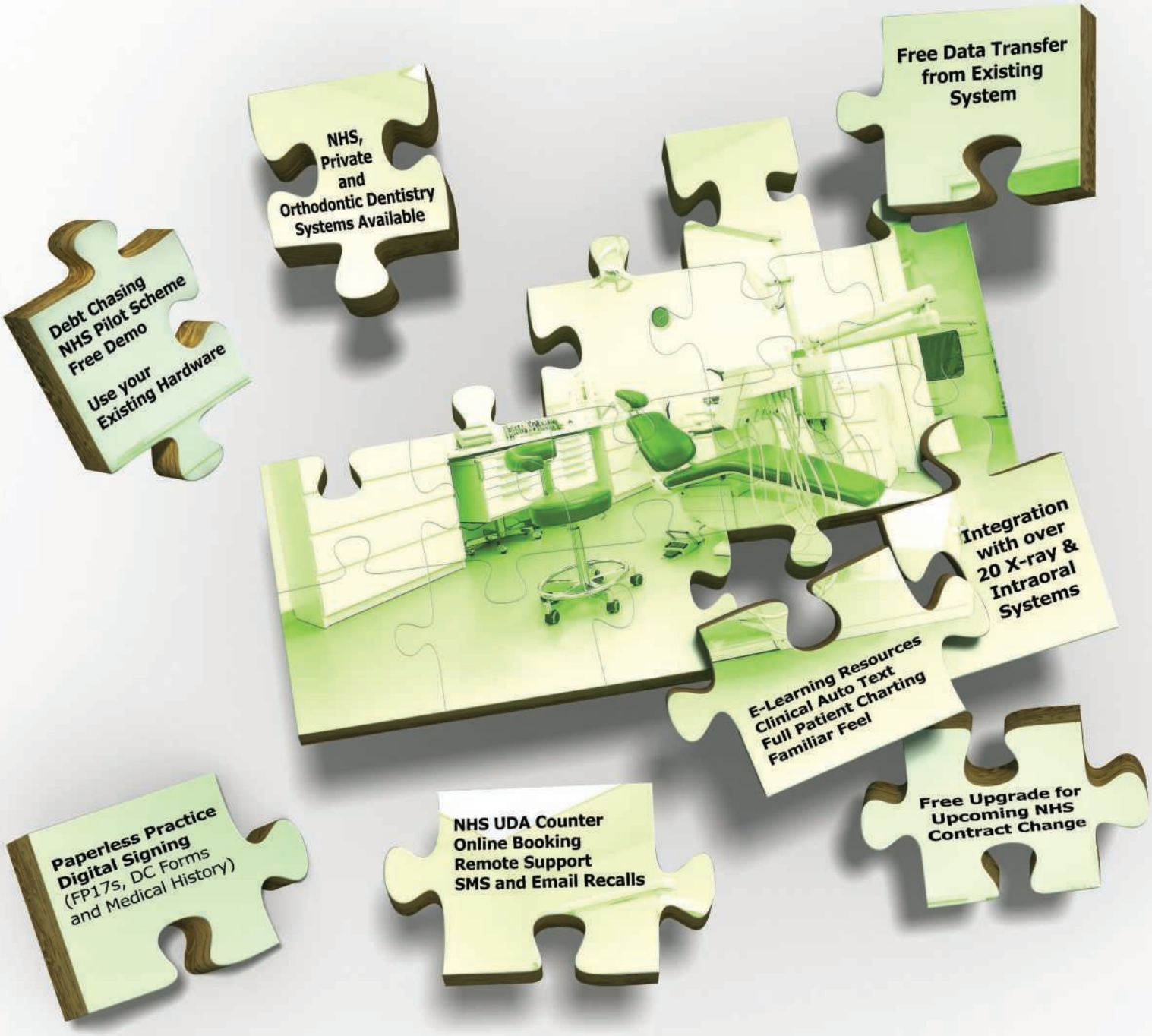

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