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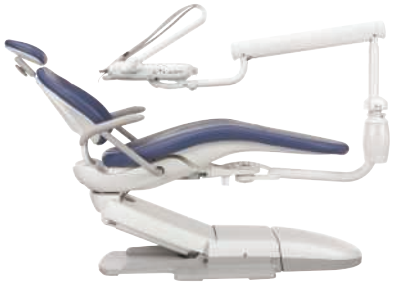

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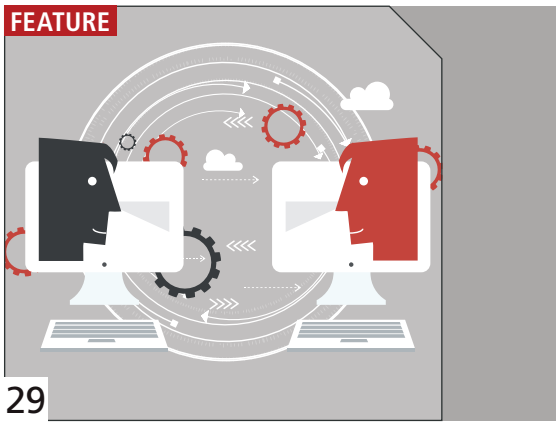

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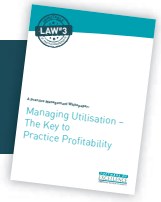

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Doubling fine fails to deter

Many employers and recruiters are still not assessing someone's right to work in the UK. This is despite the Government doubling the maximum penalty for those found to be employing illegal workers (from £10,000 to £20,000).

Data obtained by specialist-services-provider giant group under the *Freedom of Information Act* show that a total of 1974 *Notification of Liability* (NOL) notices for a civil penalty were issued to employers of illegal workers in the UK during the past year. The total cost of these penalties is £29.6 million.

Although, in comparison, between 2013 and 2014 there were 2148 NOLs issued and between 2012 and 2013 there were 1270 served, this does not tell the whole story, according to managing director of giant group Matthew Brown.

"At first glance the figures suggest that the Government's move to double the maximum penalty from £10,000 to £20,000 has paid off, with the figures for 2013 and 2014 revealing a reduction in the number of NOLs.

"However, the amount has only reduced marginally (by 174) and more importantly if we look at the statistics over a three-year period the number has actually increased by 704 since 2012. This is a significant rise given the high fine facing companies caught employing illegal workers.

"While we welcome any attempt by the Government to crackdown on firms employing illegal workers it appears that a lot more needs to be done to ensure this practice is stamped out once and for all. While the changes made to the maximum penalty a company can receive are certainly a step in the right direction, they have, as yet, failed to make any significant changes."

For a tip on how to avoid inadvertently falling foul of these rules, go to page 22.

Minimum wage goes up

The *National Minimum Wage* increased on 1 October 2015. Make sure you are using the new rates

- £ Aged 21 years and over, £6.70 an hour
- £ Aged 18-20 years, £5.30 an hour
- £ Aged 16-17 years, £3.87 an hour
- £ Apprentice rate (for approved apprenticeships) £3.30 an hour

From April 2016, a new higher band, the *National Living Wage*, will be introduced for employees aged 25 years or over. This will initially be set at £7.20 an hour.

Mix and match at *Careers Day 2016*

The largest annual careers event for dentists is now open for booking.

Co-organised by the BDA and UCL Eastman Dental Institute, *Careers Day 2016* will consist of over 30 bite-sized presentations (**right**), an exhibition and a one-to-one CV workshop. Attendees will be able to mix and match talks from leading speakers in dentistry, such as Dev Patel, Pranay Sharma and Nayeem Ali, who will draw on their experiences of the career paths available.

Careers Day's unique formula will provide guidance and inspiration to qualified dental practitioners, foundation dentists/vocational dental practitioners and any individuals considering their career options.

According to BDA president Nairn Wilson, this year's motto, *Planning your future – opportunities for dentists*, is as important to someone who is looking to make the most of their final 10 years in practice as it is to someone who is just starting out.

A drinks reception will close the event to allow attendees to catch up with friends, colleagues and the speakers.

Careers Day 2016 will be held on Friday 12 February 2016 at Senate House, London. Attendees can gain up to five hours of CPD.

For more information on *Careers Day* and to book your place visit www.bda.org/careersday or call 020 7905 1234. Early-bird discounts are available until 31 October.

Lecture highlights

- An update on dental contract reform, prototypes and dental commissioning guides
- Minor oral surgery in practice
- The importance of CPD and personal-development plans
- Interview skills and tips
- Getting into private practice
- Opportunities within NHS practice
- Specialist training and beyond
- Tips for getting your first dental job
- Pensions, taxation and managing personal finance
- Developing your career and work-life balance

STAFF

To stop staff behaving badly

Research has revealed the UK's top-ten workplace misdemeanours (**right**). The key to putting a stop to them is to have a high-trust, high-integrity working environment.

The survey of over 1600 managers by the Institute of Leadership & Management (ILM) found that almost three-quarters (72%) had witnessed employees lying to cover their mistakes, cutting corners, and delivering substandard work. A further 68% had seen people badmouthing team members behind their backs.

The findings are part of the ILM's *The truth about trust* report into trust and integrity in the UK workplace, which studies the business benefits of high-trust, high-integrity working environments.

Other common examples of dishonest behaviour included passing the buck for poor performance (67%), slacking off when no one is watching (64%) and taking the credit for other people's work (57%).

ILM chief executive officer Charles Elvin said: "At a time when organisations are bending over backwards to demonstrate their ethical credentials, we were surprised to see just how endemic some of these bad behaviours are in the workplace. Even relatively minor misdemeanours, if left unchecked, can poison a workplace culture and bring down trust and ethical standards across the workforce."

The research highlighted the importance of setting clear ethical guidelines for staff because bad or unethical behaviour was significantly lower in organisations that had a statement of ethical values. Organisations with a clear set of values were up to 11% less likely to experience unethical behaviour.

"As more and more organisations seek to embed a culture of ethical awareness and behaviour, it is crucial to set clear guidelines on what is and is not acceptable," Charles Elvin continued.

"Employers may be comfortable with people occasionally using the office printer for personal reasons, but far less so with employees telling lies or running down their colleagues behind their backs.

"Leaders need to set that benchmark by defining the types of behaviour that will not be tolerated by putting in place a clear ethical statement and leading by example."

Top 10 bad behaviours

- Cutting corners – 72%
- Lying to hide your mistakes – 72%
- Badmouthing colleagues – 68%
- Passing the buck (when you don't get your work done) – 67%
- Slacking off when no one's watching – 64%
- Lying to hide other people's mistakes – 63%
- Taking credit for other people's work – 57%
- Taking a sickie – 56%
- Lying about skills and experience – 54%
- Taking low-value items from work – 52%

The study highlighted the importance of trust in enabling organisations to raise ethical standards. In high-trust organisations people can own up to, and talk about, ethical breaches without fear, rather than hiding them from their colleagues. This was borne out in the results.

Those organisations where staff reported the highest levels of trust were also most likely to own up to their bad behaviours, meaning issues can be identified much earlier and dealt with before they become more serious problems.

"While it's important to deal with individual examples of bad behaviour, it's also crucial to understand the root cause," Charles Elvin said.

"If people are covering-up their mistakes, is this a sign of a blame culture that leaves people afraid to be honest? If people are routinely phoning in sick, is there an underpinning issue with stress and workload? In many cases these behaviours are symptomatic of wider cultural issues which, once uncovered, can be effectively addressed to improve morale and organisational performance and ultimately help to avert crises and better equip businesses for the future." ◆

Teeth-straightening drivers

Most people (over 85%) get their teeth straightened to boost their confidence, among other psychosocial reasons, a survey of orthodontic professionals has found.

Career prospects were also a key motivator. Other reasons given were an impending landmark event, all cited a wedding; and to improve personal relationships or dating prospects.

Of the 85% citing psychosocial issues, 42% hoped to improve their confidence and overcome shyness; almost 50% wanted to be able to smile more in photographs; and 9% wanted to smile without a hand in front of their mouths. A smaller group (3%) said their treatment was to tackle bullying and teasing.

Of people seeking treatment to boost their career prospects, 41% were looking to be taken more seriously in a professional working environment, while 36% wanted to perform better in the boardroom or during corporate presentations. One-fifth hoped that a corrected smile would help them to get a new job.

Compelling personal reasons driving orthodontic treatment include 73% doing so to improve their chances of appealing to a significant other and 22% hoping to attract a new partner after divorce or a relationship split. With a nod to the increasing significance of social media in relationships, 8% hoped to improve their chances of attracting a date through sites such as *Tinder*, where people are judged purely on their appearance.

The aim of the survey of its 20 member practices by The Invisible Orthodontic Group was to gain a deeper understanding of the motivations driving adults to seek straightening so they could develop treatment plans that address peoples' fears, desires, time targets and potential stumbling blocks, and offer treatment suggestions to address them. ◆

SOCIAL MEDIA

Your career questions answered

Social-media users were able to get one-to-one career advice at the BDA's live *Twitter* question-and-answer event in September.

Advice focused on career paths and further training as users used the hashtag #AskBDA to put forward questions about going into private practice, working abroad, specialisation and dental core training, demonstrating the wide variety of choices available. Practical answers were also given on units of dental activity (UDA) amounts, the importance of having a fair contract and what students can do if they are unable to gain a training place.

More careers advice for newly qualified dentists can be found at www.bda.org/startingout and social-media users can search #AskBDA for the full story. ◆

MEMBERSHIP

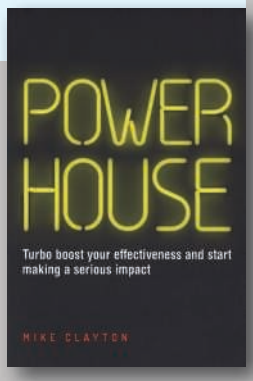
Move your practice forward with Expert Solutions

Expert Solutions, the replacement for the BDA Expert disk, is a comprehensive, online, practice-management tool. It is available exclusively to BDA Expert members. Expert members can now download up-to-date BDA advice, model templates and policies, relevant *BDJ In Practice* articles and practice-management guidance from the Expert Solutions Website (www.bda.org/expertsolutions). A search function is also available, making finding information easier. ◆

BOOK REVIEW

Overwhelmed? Make a list

Powerhouse – turbo boost your effectiveness and start making a serious impact
Mike Clayton
Capstone, 2015
ISBN: 978-0-857-08556-6
£12.99



Mike Clayton's latest, 200-page, paperback aims to describe how to be a "Powerhouse", writes BDA Librarian **Roger Farbey**. He does this over ten chapters that include topics such as relationships (working with people around you); perception (prepare for the unexpected); and growth (know when and where to stop).

He illustrates the term by a Venn diagram in which, he explains, the Powerhouse factor depends on the overlapping of three elements: the things you love to do, the things you are good at, and the things you like best about your work. Where these three elements intersect is the key to the Powerhouse.

In the chapter on leadership, Clayton uses the tried-and-trusted device of the acronym which authors on all business-related subjects seem to find irresistible. Here he talks about GRAM, which stands for the big-four motivators of powerhouse performance: Growth, Relationships, Autonomy and Meaning. All these factors, he explains at length, are fundamental to powerhouse leadership.

There are many useful ideas and coping mechanisms offered. Clayton talks about instigating an "Overwhelm" routine to negate the problems of the wholly subjective state of feeling submerged by work. The routine includes making a "now list" of everything contributing to the sense of being overwhelmed and, by using of different coloured pens, prioritising workload: crossing through unimportant items with a green pen; transferring items that can wait 24 hours onto a new "tomorrow" list with a blue pen; and marking items that will take less than five minutes to complete with a star in red pen.

For more: www.bda.org/booknews

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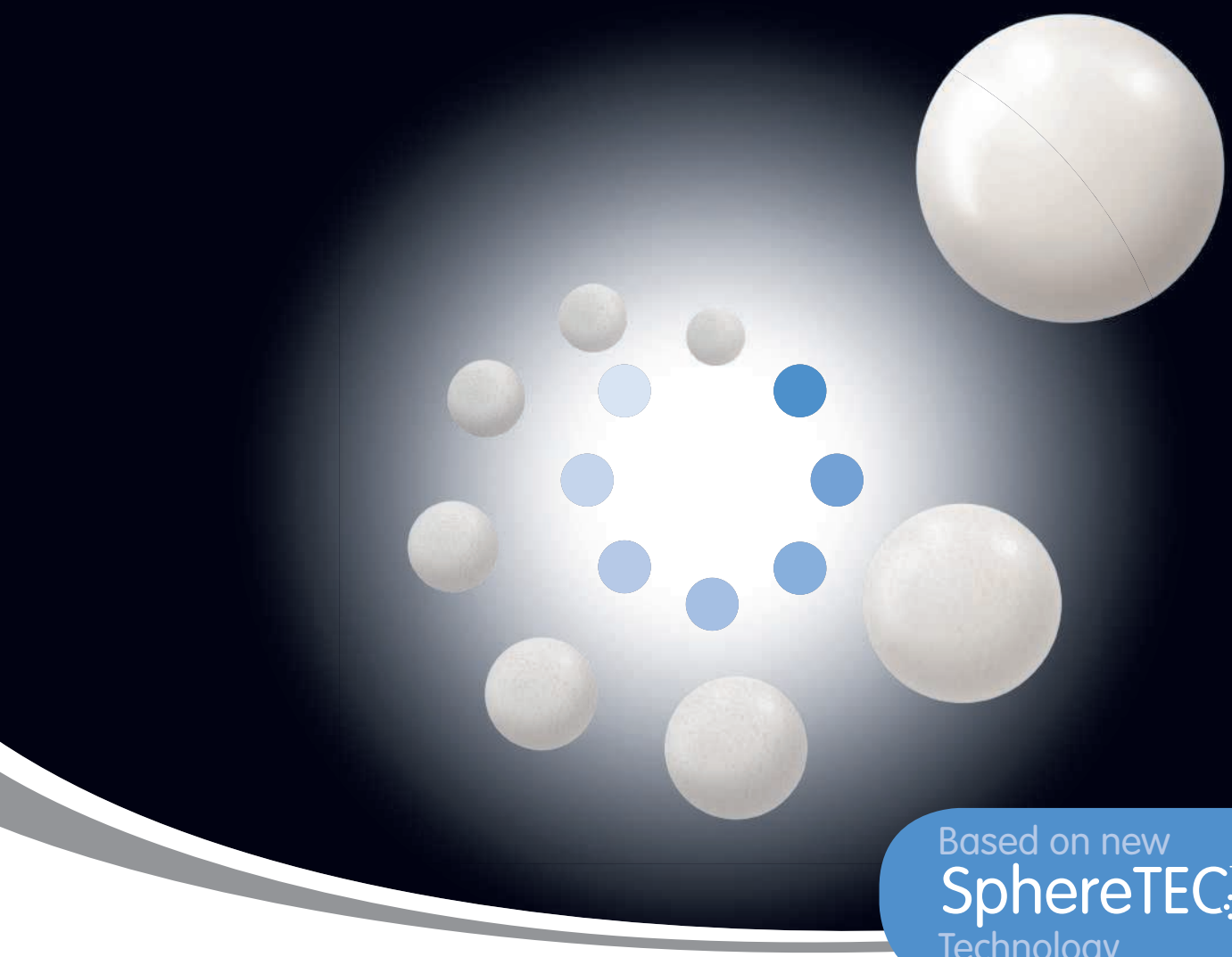

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4 tips for practice promotion

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

Practice owners clearly have an interest in promoting their practices. But what associates may not realise, they do, too. To do so may even be required by an express, or implied, term in their agreements.

Many associate contracts, such as the BDA template, available at www.bda.org/associates, contain a clause about working in the best interests of the practice. It could, of course, be argued that this is implied in all associateships even if not written down because, as a team member, albeit a self-employed freelance one, the associate must co-operate with their colleagues and do their best in treating patients.

And it is crucial for the success of any practice (as with any enterprise) that all its employees and associates work together to promote better overall performance in terms of profitability and patient experience. The resulting higher patient satisfaction can only strengthen the goodwill of the practice.

Practice owners should not be too prescriptive about how associates should behave while at the practice: a professional relationship needs give and take. But it is reasonable to expect both parties to behave in ways that do not unnecessarily and unreasonably damage the interests of the other. And there are four key ways an associate can promote the practice that are worthy of discussion: for the practice owner to accept feedback and the associate to understand.

1 Follow the business plan

Each practice owner will have a clear strategy, and priorities, for their business, be it to provide NHS care, specialist care, sign patients to a particular private capitation scheme or concentrate on a particular demographic. Associates should familiarise themselves with the practice owner's business plan so they can adhere to it. They should discuss its objectives with the practice owner and raise any questions they have to make sure they are happy with promoting the owner's ideas. Although associates are self-employed and have clinical freedom on treatment decisions they should not hinder the development of the owner's business.

2 Co-operate with the team

Team relationships are vital. Associates should concentrate on developing positive interpersonal relationships with their dental nurse, the receptionists and other support staff. While associates should expect, and have a contractual right to expect, the full support of colleagues, they, too, must show appropriate respect. Associates should also participate in team meetings, training and events. These are where ideas and experiences are exchanged, so there is a benefit to the associate personally as well as to the practice at large.

3 Be dedicated and courteous

Patient experience is fundamental to the success of a practice. Their journey through the practice – from booking appointments; in the waiting-room; in the dental chair; during examination, treatment planning, and procedures; through to billing – is the backbone of patient goodwill. Associates need to understand their role in the pathway and fulfil it with dedication and courtesy. They need know how the practice wants them to respond if appointments overrun, both for the current patient and the next. And they need to know how it wants them to react if a patient has concerns or is discourteous.

4 Avoid conflicts of interest

Especially if an associate works part time elsewhere, or has concerns about a colleague's performance, conflicts of interest can arise. Openness and a willingness to discuss the situation is generally the best way to resolve these matters.

When an associate works for more than one practice it is crucial that each practice owner knows about the other. This will reduce the chances of one practice owner claiming the associate is in breach of their agreement with them through the associate's activities at the other place.

Concerns about a colleague's performance, another associate's or even the practice owner themselves can arise. See www.bda.org/bdjinpracticeonline *When whistleblowing is not a dirty word* **bda**news October 2014, page 12; and *Whistleblowing – Don't risk your registration* **bda**news November 2014, page 15, for information on where and how to get support and the proper channels to follow. Acting to limit the damage to the practice's reputation that would be caused if the situation continued is, although it may not seem so at the time, a way to further the interests of the practice, too. ◆

Oral surgery and the extraction crisis:

What are we going to do about it?

by Megan Atkinson,

Megan graduated from King's College London (GKT) in 2012. Since then she has worked in private and NHS practices in Essex. She is the young dentists' representative for the Essex local BDA.

It's 10am and I'm in my surgery with a patient. She's in agony and has been for two days: bleary eyed, I can see the lack of sleep has started to take its toll on her. "Please can you just rip this thing out," she half whispers, holding her face.

After my examination it's clear she needs an extraction: her lower 7 has a mesio-distal vertical fracture and the tooth cannot be saved. I wait with baited breath for the radiograph but it's as I feared: long divergent curved roots with good bone. There's no way I can get this out.

But if I don't take on challenging cases now, then when will I? Worst-case scenario, I try, it breaks and I refer – at least it will look like I've tried. Best-case, I surprise myself, she's pain free and I skip home this evening feeling like a hero.

Then, having inevitably messed this up, I suddenly think of myself in front of the GDC (General Dental Council) asking if this was within my level of competency. I'm not sure "no but I just wanted to help" really holds up. Besides, it will take me at least an hour to attempt this and I'm already behind on my UDAs (units of dental activity). I can't be wasting time.

That's it. She's getting referred. I turn to explain the radiograph, pointing out all the difficulties involved. She's not looking up, in too much pain to concentrate.

"So, I think it would be in your best interests to have this treated by an oral surgeon," I say.

She suddenly looks up: "Well how long will I have to wait for that?" I shrug: "worst case – eight weeks". Tears fill her eyes and I feel like a complete monster.

"I can't wait that long," she sobs.

I think quickly: "Would you consider a private referral?"

She shakes her head: "I can't afford it."

Final chance. I take the radiograph down to my principal; maybe he can impart some wisdom. He takes one look. "Refer," he says, passing it back. He then goes on to point out that the roots are in "close proximity" to the ID canal and that I should refer on these grounds. Both he and I know that root isn't going near that nerve but he hasn't had his heartstrings pulled.

I curse myself for not taking on more as an undergraduate. It was so easy to call the consultant, who would take over your difficult surgical cases and still sign it off – he wasn't bothered. Where's that consultant when I need him now? Reluctantly, and after much comforting, the patient signs the oral-surgery referral and leaves.

I feel horrible. I came into dentistry wanting to help people, not to fob them off to make my life easier. I've always enjoyed challenges: they're exciting, invigorating and rewarding. But with the powers that be as they are, we are increasingly wary of taking on such challenges – especially when five hard years of training and a future career are at stake. I know I am not alone. There are hundreds of young dentists out there in the same boat, and we have the oral-surgery-referral waiting-lists to show for it.

I was urged to write this piece after attending a LDC meeting. I like going to LDC meetings. However, I came away feeling far less than content on this occasion. The committee had discussed the oral-surgery triage and how they've been bombarded by inappropriate referrals. The term "young dentists" was used constantly throughout the discussion. As young dentists' representative I was asked repeatedly: "Why can't young dentists extract teeth?" Before I could answer, they were drawing their own conclusions: "Young dentists aren't trained properly"; "Young dentists only think about UDAs"; "Young dentists can't be bothered." Are they right?

We aren't given the opportunities for training perhaps our predecessors were. I graduated just over two years ago, and to qualify I had to complete ten "surgical" extractions, which, having spoken to friends from other universities, I understand is quite a lot. These extractions could involve flap surgery, bone removal and sectioning. Did I raise any flaps? Perhaps one. Did I remove bone? Yes, with the consultant holding my hand all the way. Did I feel confident once I'd graduated? I most certainly did not.

> "I've tried to find oral-surgery mentors. I've emailed, called and spoken to a number of oral-surgery specialists. I've even gone and assisted a few in private practice and hospital. I'm not saying that I didn't learn anything, but there's nothing like doing it for yourself."

The lack of skills training has been highlighted before. Our current institutions are qualifying "educated" individuals rather than "trained" individuals, which is a big problem, especially when it comes to a specialty like oral surgery. In fact, a 2006 survey of vocational trainers and trainees found that both groups agreed oral-surgery training was either "poor" or "very poor".

But how do you become "trained" in oral surgery? As a conscientious individual, aware that this has been a pitfall in my dental education, I have set out to try. I didn't fancy a DF2 job – and many would say I'd made a rod for my own back. However, I love general dentistry and, having just started, I really didn't want to give that up for an entire year. Having spoken to a number of colleagues who ventured into the world of maxillofacial surgery, I think I may have made the right decision. I was surprised to hear a friend undertaking an SHO job in a district hospital saying she would only have one half day a fortnight extracting teeth, with little support from her superiors. Finishing this, she's still lacking confidence. The situation was not dissimilar at a teaching hospital in London, where another friend claimed most of the cases were tackled by the registrars or consultants, and he was merely the human instrument tray. I understand that my close cohort are not entirely representative of the UK's DF2 but, speaking to more and more DF2s, it might be the case. How can we be expected to take out an entire year when there are no guarantees that we will achieve what's promised to us?

I've tried to find oral-surgery mentors. I've emailed, called and spoken to a number of oral-surgery specialists. I've even gone and assisted a few in private practice and hospital. I'm not saying that I didn't learn anything, but there's nothing like doing it for yourself and learning from your own mistakes, which is paramount for oral surgery. The private practices were understandably not going to let me "practice" on their paying patients and risk their reputation. The hospitals have strict guidelines and, although I was able to assist, they certainly weren't going to let me extract teeth. It seems that there is no safe place to practise oral surgery. Even if you join an NHS practice with a principal who is experienced in oral surgery, the current contract does not remunerate for surgical extractions, so why would a business-minded principal promote them?

I've been to numerous oral-surgery lectures, and I've endured presentations on *The Winters classification* for assessing lower 8s more times than I care to. I can read that in a book – it's not helpful. I've been to "hands on" oral-surgery courses, but chopping at pig's heads and suturing them back up again is a far cry from patients in the dental chair.

We may be moving forward with the FGDP certificate in minor oral surgery, for which I attended the open day, but my main concern is that this course is a preparation for implants rather than a focus on extracting teeth. I might be wrong, but I'm not willing to spend £5000 to find out.

The most promising oral-surgery training I have found came through *dental town*, an American online dental forum. Through this I found the course www.weteachextractions.com, which I am currently saving up the $3000 fee plus flights to attend.

Maybe we will have realised the desperate need for oral-surgery training in the UK in the meantime, and I won't have to fly across the pond to access it. ◆

for commentary go to page 10

The numbers

"Overall, how confident are you in your ability to carry out clinical work in dentistry?"

Average scores for specialism area from 0-10.

→ Paediatric dentistry	7.57
→ Periodontology	8.41
→ Removable prosthodontics	7.69
→ Crown and bridgework	7.26
→ Minor oral surgery	6.9
→ Molar endodontics	7.13
→ Special-care dentistry	5.83

Young dentists: in their own words

- → "Oral surgery is one of the areas I left dental school with less confidence – especially surgicals."
- → "My training practice didn't have the kit and my trainer lacked the skill."
- → "I have only completed one molar and two single-rooted endos this year so I don't feel very confident at all with them."
- → "Due to low experience levels I do not feel I have reached the critical capacity to say I am confident in all areas of dentistry."

COMMENTARY

Clinical confidence: cause for concern

by Penny Whitehead,
BDA Head of Policy

As soon as Megan Atkinson's blog appeared online, it began making waves across the dental community. She gave a very personal take on a situation that may be familiar to many young dentists, who did not believe they have gained the necessary experience in undergraduate or foundation dentist (FD) training.

So, in July this year, we set out to understand the scale of the problem. We asked BDA-member FDs at the end of their FD year to complete a survey on clinical confidence, and the responses were concerning.

While three-quarters of FDs felt confident or very confident carrying out clinical work, one-quarter were not very confident or moderately confident.

If new dental graduates are deemed to be "safe beginners" and those completing foundation training are fully prepared for independent practice, this finding may show that something is not quite right with undergraduate or dental foundation training.

Our perception was that FDs lack confidence in more complex procedures, so we wanted to know how confident they felt about specialist areas. We asked them to rate them on a scale of 0 to 10, with 0 being "cannot do at all" and 10 "highly certain can do".

Respondents were most confident in periodontology and least confident in special-care dentistry. Those with confidence levels below 5 were asked for the areas where they lacked confidence and minor oral surgery and molar endodontics were most commonly mentioned. Training practices had an important influence in increasing FDs' experience and confidence.

In July, the BDA's Young Dentists Committee focused their attention on clinical confidence among young dentists. The Committee believed there was a real issue for some young dentists and that the quality of education and training delivered at dental school in the areas of communication, stress management and substance misuse was not uniformly good.

The survey results will be considered by the BDA's Education, Ethics and the Dental Team Working Group this month. Questions about support for young dentists to improve their clinical skills if they believe these are lacking will be considered and if the results show some degree of failure in both undergraduate and post-graduate dental training.

If you have had experiences or have views on these issues contact: penny.whitehead@bda.org ◆

COMMENTARY

View from the YDC

by Ronan O'Flynn,
a member of the Young Dentists Committee

As young dentists, we are in the privileged position of having the opportunity to care for our patients with a knowledge and set of skills that were earned during a challenging five years of dental school. The reporting of three-quarters of dentists at the end of their degree and foundation programme of being confident or very confident in their clinical skills, can only pay tribute to their hard work and the commitment of their teachers and trainers during these early years.

Nonetheless, that 25% admitted to being "not very" or "moderately" confident in carrying out clinical dentistry is thought-provoking for the profession as a whole. Nobody can deny that this generation of young dentists is exiting undergraduate and foundation training with less experience than had our predecessors. Yet, few of us could look back and identify how a typical week could have included any more clinical exposure in dental school. The demands of a broader, more-comprehensive and regulated curriculum covering all aspects of patient care has led some to believe too much time is spent in lecture theatres than on clinics.

> "It is disheartening to see evidence that there are some of us who have had negative experiences and been restricted and unsupported."

To use the analogy of learning to drive a car: is it that as clinicians we will only begin to learn how to approach more-challenging aspects dentistry once we have gained the theoretical knowledge and passed the initial tests? If so, how can this demand for experience in the areas of concerns in this report be met?

As a current foundation trainee, much of treatment provided is based on the needs of the patients attending, the resources available and the support of your trainer. It is disheartening to see evidence that there are some of us who have had negative experiences and been restricted and unsupported in providing certain treatments for patients.

Surely this is completely contradictory to the ethos of the foundation programme. Perhaps with the introduction of satisfactory completion, greater scrutiny will be placed on cases like this and the current support networks for training will be utilised to pave the way for anyone needing the opportunity to develop their clinical skills. ◆

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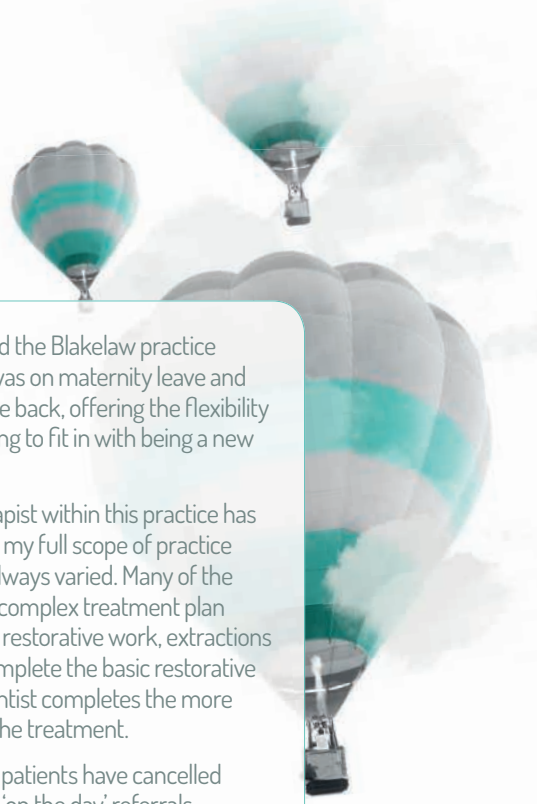


mydentist acquired the Blakelaw practice during the time I was on maternity leave and they welcomed me back, offering the flexibility of part time working to fit in with being a new mother.

Working as a therapist within this practice has allowed me to use my full scope of practice and my days are always varied. Many of the patients require a complex treatment plan consisting of basic restorative work, extractions and dentures. I complete the basic restorative work while the dentist completes the more complex parts of the treatment.

On the days when patients have cancelled or failed to attend, 'on the day' referrals allow these spaces to be filled, helping other members of the team deal with emergency appointments.

I really enjoy being part of the team at mydentist, it feels-very rewarding to work alongside my colleagues. I always feel supported by team members and look forward the continuing to work within this practice.

Amanda Brownlee
Blakelaw Dental Practice

How to spot a fake

by Tony Reed,
Executive Director of the British Dental Industry Association (BDIA)

The Internet is rife with counterfeit and sub-standard dental equipment. And, while we all love a bargain – it's human nature – don't risk your patients' safety, or your registration, for a cheap deal.

Most of us buy online almost daily now – from the weekly grocery shop to major purchases like holidays and cars, and there are, indeed, great deals to be had. But the Internet has also opened the floodgates to a problem that is growing in all sectors, including dentistry: the sale of counterfeit, sub-standard and even stolen goods. These are often virtually impossible to differentiate from the genuine product and are, at best, illegal and, at worst, downright dangerous.

The commonest cheap copies tend to be disposable items, but higher value products – such as handpieces, curing lights and even x-ray equipment, mostly made in China – are widely counterfeited and sold through sites such as Ali Baba, Amazon and eBay. And they are finding their way into dental practices around the UK.

The fakes are growing in sophistication. They appear to have CE marks, bar codes, serial numbers and holographic labels – all counterfeit. Even the accompanying documentation is expertly forged to be indistinguishable to the untrained eye.

A growing number of products that turn out to be copies are being sent to dental-equipment manufacturers with complaints about their performance or quality. Authentic items such as handpieces, which are especially widely counterfeited, are high-quality instruments developed by specialist manufacturers for professionals to use. The named brands are continually investing in research and development to ensure that they bring you innovations in handpieces so you can achieve the best treatment results safely – and this is reflected in the prices.

Cheaper, lower-quality copies can be bought online, but where quality is an issue, is it really worth staking a professional reputation for a price deal? The power and speed of a dental handpiece means it is critical that it is produced using high-quality materials and to a consistently high standard for durability and longevity: otherwise, you risk compromising the safety of your team and your patients.

> "Investigation-team leader at the Medicines and Healthcare Products Regulatory Agency Bruce Petrie has seen some shocking examples of items that not only break down almost immediately, but also are liable to disintegrate in the patient's mouth."

Managing director of handpiece manufacturer W&H Sonia Tracey said: "We use serial numbers and unique data matrix coding on each item, so can trace our products: dentists knowingly using illegal, non-compliant products risk both their patients' safety and their own professional registration."

Managing director of NSK United Kingdom Ltd Alex Breitenbach agrees.

BDA also warns

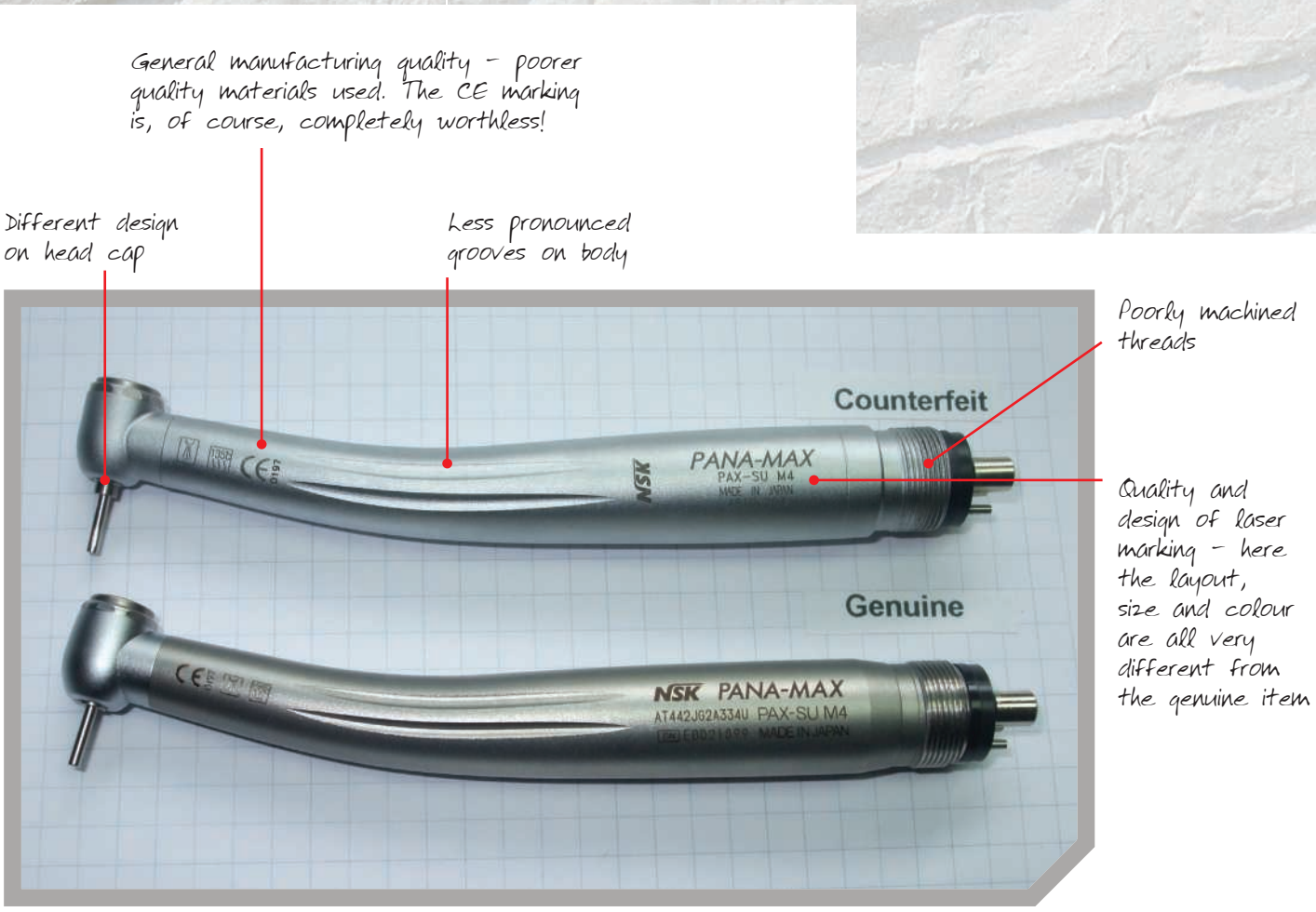
Chair of the BDA Mick Armstrong fully supports the initiative

"The BDA encourages all dentists to source equipment from legitimate, reputable manufacturers and suppliers who can demonstrate that the necessary legal requirements are being met. That will ensure both the quality of equipment purchased, and that dentists, their colleagues and patients are protected." See also: http://www.bsdht.org.uk/BDIA_launches_devices_initiative.html

Tips on spotting fakes

If you already have any equipment that you suspect might be substandard or fake, there are a couple of questions to ask yourself

- Did you pay a price that was drastically out of line with the normal price of the product?
- Did you buy it through an Internet dealer or supplier that you didn't know?
- Now compare it with a similar product you know to be *genuine*
- Check the weight – copies made with cheap alloy are often much lighter
- Finish – look for rough edges or poor-quality laser etching
- Has the item failed in use? Some substandard hand instruments have bent, or even broken, when put under some pressure
- Has the item been supplied with a UK charging/power plug – not a Chinese or European plug with adapter? If not, it is non-compliant
- Look at the CE mark – there usually is one, but are you sure it is genuine, or even the correct one?
- The paperwork – if it is in a huge number of languages, including Chinese, this can be a clue that it is a copy



"Where you buy from, and the price that is charged, should be your first clue it may be a fake," he said.

"Once the product is in your hand it's already too late to wonder whether it's not what it seems."

The Medicines and Healthcare Products Regulatory Agency (MHRA) has seized over 14,500 items since turning its attention to dental equipment, and the incidence is rising. Investigation-team leader at the MHRA Bruce Petrie has seen some shocking examples of items that not only break down almost immediately, but also are liable to disintegrate in the patient's mouth. He has even seen a batch of x-ray equipment that used cheap kitchen foil instead of lead to block radiation.

However, counterfeiters are growing increasingly clever and sophisticated, Petrie warns.

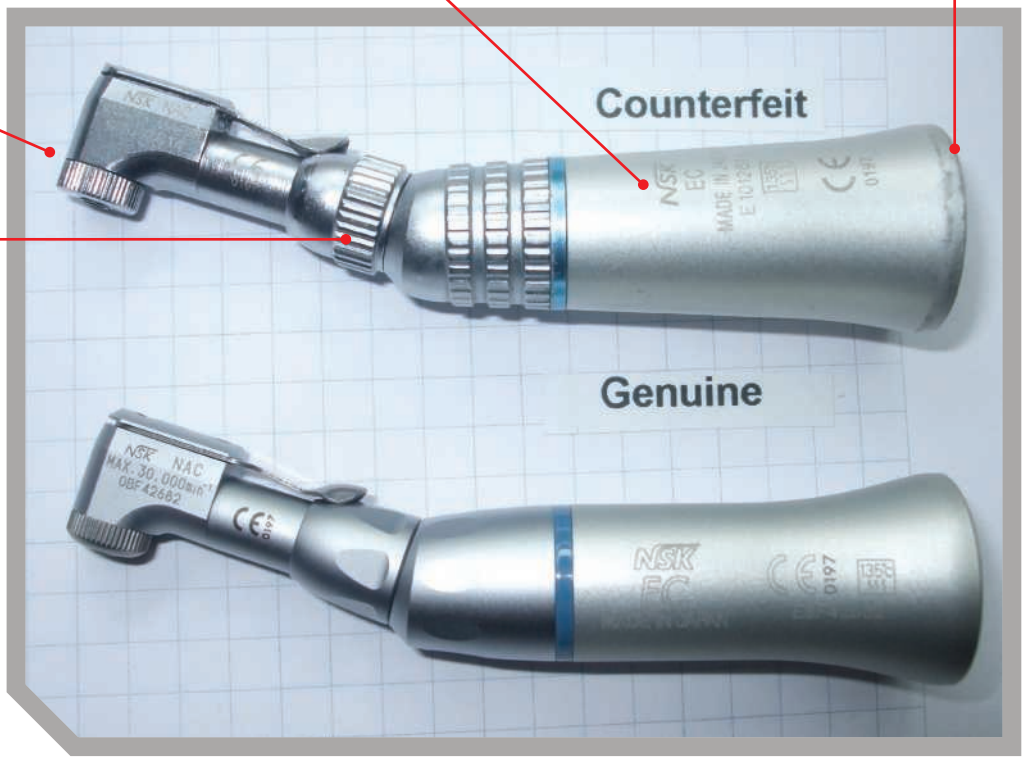
"Recognising a fake just by looking at it is very hard," he said.

"The time to suspect that an item is counterfeit or substandard is before you even purchase it. Check the chain of supply and look at where the product has come from. Websites can look very convincing but major manufacturers do not sell their products on eBay. *Caveat emptor* is entirely applicable here."

"Check the chain of supply and look at where the product has come from. Websites can look very convincing but major manufacturers do not sell their products on eBay. *Caveat emptor* is entirely applicable here."

The General Dental Council reinforces this advice and urges all registrants to: "carry out appropriate checks to ensure the products they are purchasing or commissioning are legitimate."

The problem of counterfeiting has become so rife that the British Dental Industry Association (BDIA) has launched the *Counterfeit and Sub-standard Instruments and Devices Initiative* (CSIDI) to fight it, to protect its members, the profession and the general public. There is more information on



the BDIA Website (www.bdia.org.uk), and an easy way to report anything suspicious is through www.bdia.org.uk/device-reporting.

The key is to get to know your suppliers. BDIA members adhere to a strict code of practice, which can give dentists the confidence that the products they buy are of guaranteed quality and provenance.

> "It is not worth risking your patients' or staff's safety – or your professional registration. Remember the adage: if the price is too good to be true – it probably is."

The bottom line is to buy from reputable suppliers and know where your product is coming from. It is not worth risking your patients' or staff's safety – or your professional registration. Remember the adage: if the price is too good to be true – it probably is.

The BDIA Dental Showcase exhibition, at the NEC in Birmingham from Thursday 22 to Saturday 24 October 2015, is an ideal opportunity to meet suppliers of every practicable dental product and build a relationship with them. You can also take advantage of *genuine* deals! ◆

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To register for your complimentary ticket to BDIA Dental Showcase, the UK's largest dental trade show, visit www.dentalshowcase.com or call 0843 178 1921. Alternatively, email: register@dentalshowcase.com or text your name, postal address, occupation and GDC number to: 07786 206276.

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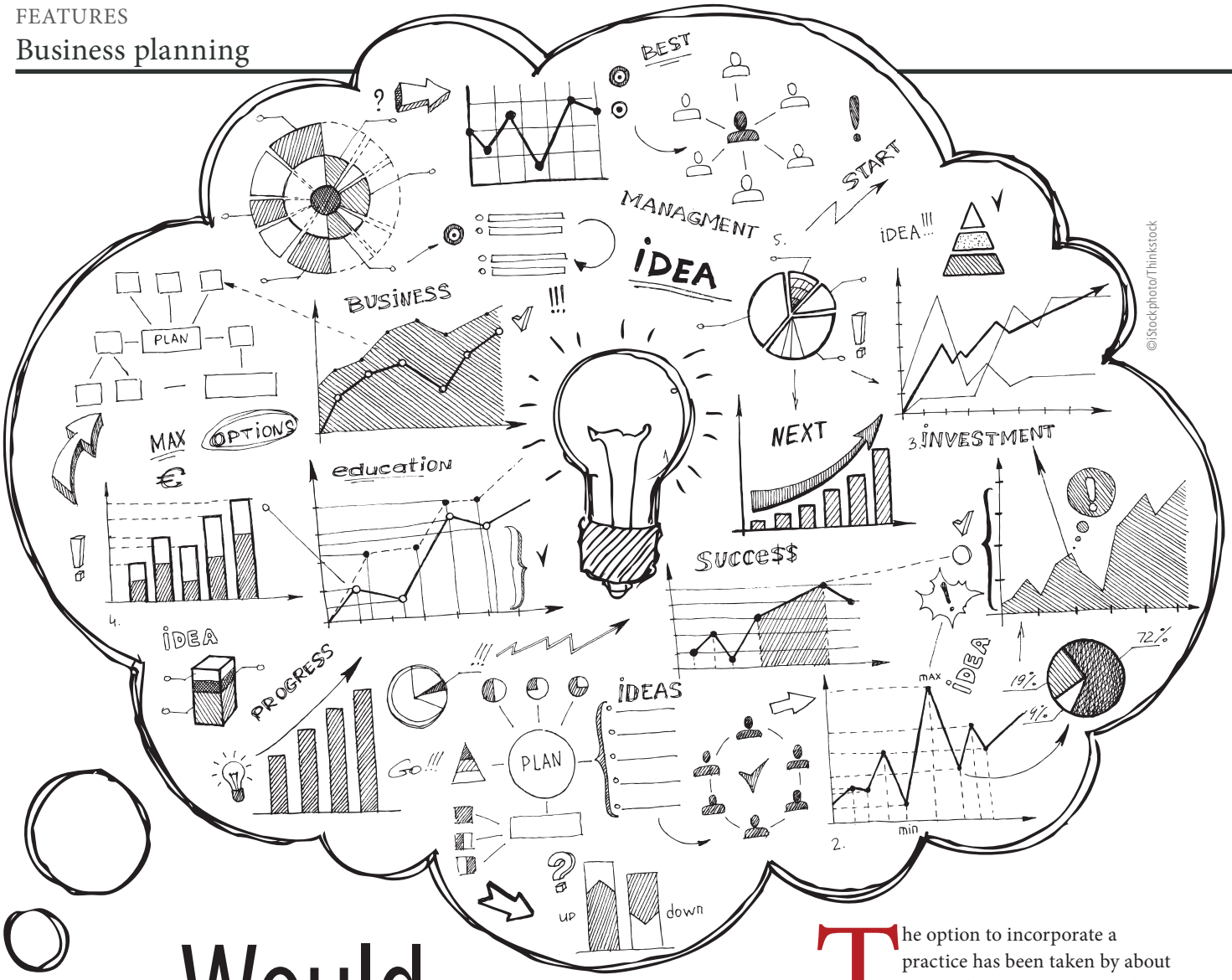


Would **incorporation** suit you?

by Paula Slinger,
a business adviser who helps BDA members with all aspects of business planning, buying and selling practices, incorporation, conversion to private practice and other related areas

The option to incorporate a practice has been taken by about one-in-five practices (according to figures from BDA Research). Choosing to operate as a limited company is something that appeals to many business owners because it provides a more-rigid legal framework in which to operate and is thought to confer tax savings (although this is not always the case). And to run a practice as a limited company there are a number of issues that need to be considered, including: practice identity and branding; the tax situation; governance and involvement in management of the business; staff contracts; premises; associates' pensions; and compliance with NHS regulations in England and Wales (**far right**) and in Scotland and Northern Ireland (**overleaf, top**).

Practice identity and branding

A limited company has a separate legal identity and must be registered with Companies House. It is considered to be a *legal person* in its own right. It is owned by its shareholders and managed by its directors but is a separate entity from those individuals.

The company must be registered under a name that is not already used by another company. This does not need to be the same as the practice's trading name but using the trading name or practice name can help to emphasise the practice brand. Further information is available in BDA Advice *Business names and brands* at www.bda.org/advice and in at www.bda.org/bdjinpracticeonline **bda**news June 2014, page 6.

Tax situation

There are various ways a limited company can provide tax savings but these are not always available to, or practical for, everyone. And tax rules change: so savings available today may not last beyond the next Budget. You must get tailored advice from your accountant on your personal circumstances.

Companies might qualify for tax savings through the differential rates that apply for corporation tax on company profits, tax on your salary as an employee of your own company, and the tax on dividends as a shareholder in your own company. You have to ask your accountant about the best way to arrange this so that you benefit.

When you incorporate you will usually need to have a valuation done of any assets that will transfer from you as an individual into the company. Your accountant might advise that tax savings could be made by the company buying the assets and then paying you back in staged payments. But you should ask them how this can be done legitimately because this could be seen as tax avoidance, something the Chancellor recently said would be cracked down on. So, you should always have a professional valuation done, ensure the valuation is accurate and not inflated, and keep it safe for at least seven years. And you must seek independent financial advice on how you should manage the transfer of assets upon incorporation.

Governance and management

A company's structure consists of a board of directors, who govern the business, and its shareholders, who own the company. In a small company, such as a dental practice, these are often the same people: companies can even be formed by a single person who is the sole shareholder and sole director.

Incorporation can also be used to bring a wider range of people into the business: family members or others with commercial, financial or legal expertise, for example. They can invest as shareholders or become involved in management as company directors. But the *Dentists Act* requires that there must be a majority of General Dental Council (GDC) registrants on the board of directors.

You need, upon incorporation, to make sure that the correct procedures are followed for issuing shares, appointing directors and notifying Companies House. You need to prepare and send to the Registrar of Companies at Companies House: a *Memorandum of Association*; *Articles of Association*; the address of your registered office; details about the first director(s), shareholder(s) and, if you chose to have one, the company secretary; and the appropriate fee. The *Starting a company* page on www.gov.uk has guidance how to do these things. Or you could use a professional formation agent or registration agent to do it on your behalf.

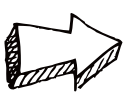
Companies have limited liability, which means that you are no longer personally liable for debts. So losses should the business not succeed are generally limited to the amount you have invested in your shares. The company structure can also provide commercial protection to a business because all contracts are now with the

England and Wales

When applying to your local area team or health board to transfer your contract upon incorporation of your business you need to stress why your incorporation will benefit patients, the area team or health board, and will improve access. Points you could make, depending on your precise circumstances, could include the following.

- Allows you to reinvest into the practice
- Allows you to rebrand
- Gives you the chance to remind the local population and other key healthcare providers of your presence
- The design and printing of new stationery allows for a new promotional push
- Allows you to have a more-thorough corporate governance system
- Should you be adding any other directors who are on the GDC Register, enables a greater future continuity of care
- Depending on your accountant's advice, will provide your business with further financial security
- Will provide a chance for a thorough review of all practice policies and procedures, staff skills and training needs
- Stress that the change will neither interrupt nor impact on service delivery
- NHS England has guidance for commissioners *Policy for the incorporation of primary dental contracts* at www.england.nhs.uk

"Companies might qualify for tax savings through the differential rates that apply for corporation tax on company profits, tax on your salary as an employee of your own company, and the tax on dividends as a shareholder in your own company. You have to ask your accountant about the best way to arrange this so that you benefit."



Scotland and Northern Ireland

- Incorporating in Scotland or Northern Ireland should only be made after full independent financial advice has been sought. Your contract to provide General Dental Services (GDS) is between you as an individual dentist and the relevant authority. In a multi-surgery practice, the practice owners and associates are all contractors: there is no practice-based contract. This can lead to complications in how the income of each contractor can be incorporated into the company accounts. If this is done incorrectly, it could be viewed as false accounting.
- You and your accountant will need to consider if patients registered under an associate's list number can be attributed, for accounting purposes, to the goodwill of the company.
- If practice owners decide to incorporate they will need to discuss in detail these issues with an accountancy firm that specialises in dental practices. Ensure that the accountant has a good understanding of the workings of the GDS Regulations, including the *Statement of dental remuneration*. Firms that are part of the National Association of Specialist Dental Accountants and Lawyers (NASDAL) www.nasdal.org.uk or the Association of Specialist Providers to Dentists www.aspd.co.uk should have the suitable expertise.
- The GDS Regulations allow for the listing of limited companies but any plan to incorporate must be discussed in advance with the health board. Extra consideration in Scotland will need to be taken by practices that currently hold a contract with the health board under the terms of the *Scottish Dental Access Initiative* (SDAI).

company rather than with an individual. If individuals move on, for example through retirement, contracts would still be held by the company.

> "Associates who work as an NHS performer in England and Wales will lose their right to be in the *NHS Pension Scheme* if they incorporate. This is because the provider now contracts with the associate's limited company rather than directly with the associate."

Staff contracts

As with any practice sale or purchase, staff contracts will automatically transfer to the new owner, in this case your company. But you need to make sure you follow the formalities for notifying employees and your new company. These requirements are set out in the *Transfer of Undertakings (Protection of Employment) Regulations* (TUPE): see www.bda.org/advice *Employment contracts, practice sales and TUPE*. The contracts with self-employed associates should also be re-issued.

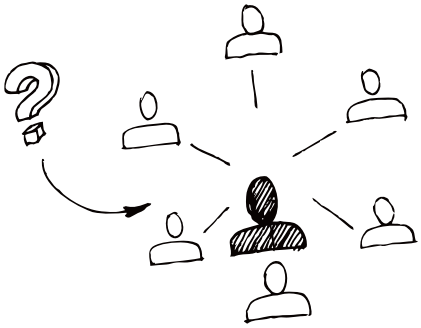
Premises

If the practice premises are to be transferred to the company, you will need a lawyer to carry out conveyancing work. Or you could retain personal ownership of the premises and grant an appropriate length of lease to the company (www.bda.org/bdjinpracticeonline *The long and the short of leases* **bda**news November 2013, page 17). Get a lawyer to draw up such a lease. You should also get independent financial advice about the tax implication of your company paying rent to you for the use of the premises. If you do not own the premises outright, then your mortgage lender may need to be consulted.

If you are a tenant, you are likely to need the landlord's permission to transfer the lease into the company's name or to sub-let the premises to your company.

Risk to associates' pensions

Associates who work as an NHS performer in England and Wales will lose their right to be in the *NHS Pension Scheme* if they incorporate. This is because the provider

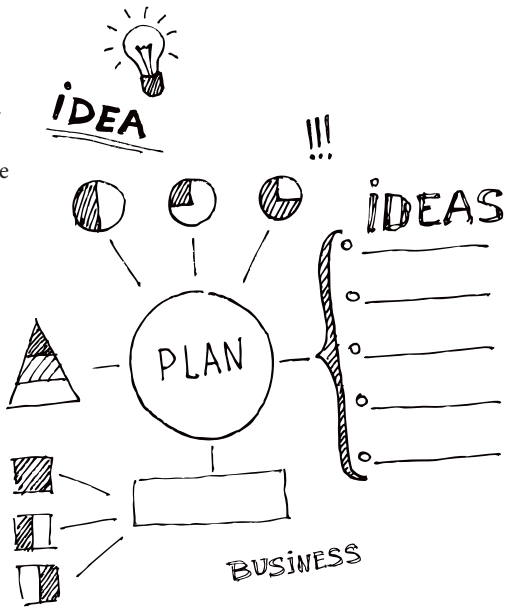


now contracts with the associate's limited company rather than directly with the associate. As an employee of their own company, an associate is then considered to be one step too far removed to be eligible to join the *NHS Pension Scheme*. So, the tax savings associates could potentially make in these circumstances may not be worth while when balanced against the loss of their accrued NHS-pension entitlements.

Word of warning

Be sure that incorporation benefits you. Your accountant should not recommend you incorporate because it is in their best interest to have your company as a client rather than have you as a sole trader or partnership. Their fees will usually increase when dealing with limited companies. There could also be legal costs involved in transferring your practice to the company.

For more information see www.bda.org/advice for BDA Advice *Companies and limited liability partnerships*. ◆



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The Beauty of Dentistry

Beware this £10,000 mistake

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

How would you feel if you, as did a fellow dentist recently, received an official letter containing this paragraph? "The evidence above demonstrates that Baladeva Rajputs [name changed] was employed by you in breach of Section 15 of the *IAN Act 2006*. You have not established a statutory excuse, therefore you are liable for a civil penalty for the employment of this worker. The total penalty has been calculated to be £10,000 for one worker."

The letter was from the Home Office's Immigration Enforcement Agency. The IAN Act is the *Immigration Asylum and Nationality Act 2006*.

The letter set out the alleged infringement committed by the dental practice, which was not recording the date on which our member checked the passport of his part-time receptionist. The fine was not for his failing to check at all but for his not writing down the date on which the practice had checked their employee's passport. And £10,000 is only half the maximum potential penalty!

Take 3 simple steps

The Immigration Enforcement Agency will not accept any excuses. It says there is plenty of guidance for employers from the Home Office at www.gov.uk/check-job-applicant-right-to-work So, take these three simple steps to avoid this monetary risk (**right, top**).

1 Obtain original versions of one or more acceptable documents. The Home Office guidance gives a full list of such documents. These include a UK or EU passport; a certificate of registration or naturalisation as a British citizen; or a current passport from another country that has an appropriate stamp or visa issued by the Home Office.

It is your responsibility to check the document. But you are not expected to be an expert in detecting forgeries.

Home Office guidance says: "If you are given a false document, you will only be liable for a civil penalty if it is reasonably apparent that it is false. This means that a person who is untrained

Documents checklist

→ 1 Look at an original of the new employee's passport and, if necessary, any visas or permits issued by the Home office

→ 2 In the presence of the new member of staff, check that the document(s) is valid

→ 3 Make a clear copy of the document and record the date on which you made the copy

in the identification of false documents, examining it carefully, but briefly, and without the use of technological aids could reasonably be expected to realise that the document in question is not genuine."

2 Check the documents validity in the presence of the new member of staff to whom it refers. There are three straightforward things to look for. Compare the photograph with the staff member. Check the expiry date. Look for any obvious signs of tampering with the document.

3 Take a copy of the document and record the date you do this. The copy can be a hard copy or electronic.

The date is important because it was the lack of this that attracted the large fine for the dentist mentioned above. For a photocopy of the document, the date can be written on the copy. The Home Office recommends the wording: "The date on which this right to work check was made: [insert date]."

If you make an electronic copy, check that the date you conducted the check and copied the documents has been electronically recorded. But to be on the safe side, make a separate, non-electronic, note of this date.

Date the document

The Home Office guidance says: "We recommend that evidence is made easily available so that you can show it quickly in the event that you are requested to show it to us to demonstrate that you have performed a right to work check."

The practice was given the hefty fine because the dentist had recorded the date of the checks in the practice diary so they were not on the copies shown to the Immigration Enforcement Agency. The BDA helped the member challenge this notice and the penalty was cancelled. Writing the date of the check on the copy itself would have saved the practice a lot of hassle.

> "If you make an electronic copy, check that the date you conducted the check and copied the documents has been electronically recorded. But to be on the safe side, make a separate, non-electronic, note of this date."

The Press has reported there to be a great deal of public concern about immigration and the obligations for employers to carry out these checks are part of the Government's response to this concern. For official advice on your responsibilities and immigration law it is vital that you discuss these matters with a specialist lawyer or immigration adviser. ◆

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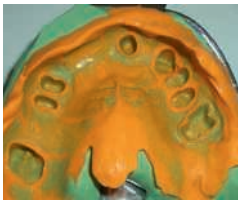

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Have a policy for emergency leave

by Jacinta McKiernan,

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

Should an employee suffer a burglary, fire or flood at their home, they may ask for time off to deal with it. Here they have no legal entitlement to leave but it would be unreasonable to penalise them for taking time off for such an urgent domestic problem. So, you should generally give reasonable consideration to these requests. But you need to be clear on when and why to agree to such time off, how long can be taken, and how the employee should notify and keep in contact with the practice.

Do the reasonable thing

If with one member of staff on holiday, another telephones first thing to say that their house has been burgled or damaged by fire or flood, the instinct may be to say: "Okay, stay and sort things out". But the practice is suddenly down another staff member, perhaps with a full appointment book to handle, and, unless the employee has been injured and is taking sick leave, they are otherwise physically fit. Allowing leave in these circumstances is nevertheless the reasonable thing to do.

A burglary, fire or flood can be an extremely distressing experience owing to loss of personal belongings, damage to property and the threat to personal security. It may even leave the employee temporarily homeless. Whatever the precise situation they will need time off work to sort things out and make any urgent arrangements. This could include waiting for the emergency services, contacting insurers or repairmen, or arranging temporary accommodation.

Burglary, fire or flood are but some examples: other incidents could need similar immediate attention, so each case has to be considered on its particular circumstances. The test is to ask yourself: "Have they suffered some form of major disruption and do they need to take practical steps that cannot wait?" Bear in mind, too, that if the employee has suffered any emotional harm they may take sick leave for stress. An employee who is emotionally distressed should be taking sick leave instead, if necessary signed-off by their doctor. They will be on an emotional rollercoaster and the chances are they will not be very productive at work.

Situations involving the illness or death of a close family member or dependent are covered by a specific right to take reasonable time off.

Empathise with the employee but also tell them clearly on what grounds you are granting special leave, how they should keep in touch, and the number of days being given to deal with the emergency. It is important to handle relations well to reduce the risk of further disruption to the business.

Leave is for urgent arrangements

Discuss how long the employee needs. While all reasonable employers should grant time off work to deal with such emergencies – and this can be recorded as "special leave" – the amount of time taken should only be as long as is necessary to deal with urgent arrangements. Ask what they need to do and how long they think it will take.

> "Empathise with the employee but also tell them clearly on what grounds you are granting special leave, how they should keep in touch, and the number of days being given to deal with the emergency.."

So, the time off needed could vary greatly according to the precise circumstances and the number of people with whom your employee needs to deal. But anything from a few hours to a couple of days should be enough. Ask them to keep in contact: better still, agree a time when you will contact them next. There could be someone else in the household who can make the arrangements.

Unreasonable requests can be refused

A request can be refused if it is unreasonable. Time off should be for urgent problems: a routine boiler repair would not count but cleaning up after a boiler leak might. A borderline example could be a sick pet. Issues to consider would be if the pet needs their owner's round-the-clock care, if a friend or relative could help, and if veterinary appointments could be scheduled outside working hours. Again the emotional angle is important especially if it is a serious illness or the pet dies.

You must give clear objective reasons if you do not allow time off. And you must be consistent between one employee and another and one scenario and another. This is why the criterion of considering if the situation is something that cannot wait or not is so important. Nevertheless, do try to keep an open mind and be sympathetic: sometimes the original situation becomes a bigger issue than was originally thought.

Unpaid or paid?

Because time off to deal with emergencies such as burglary, fire or flood is not a specific statutory right there is no entitlement for this leave to be paid. However, it may be in the interests of staff goodwill not to dock wages. But you must be consistent: if you pay an employee for one situation you must pay them on other occasions; and you must pay other employees in similar circumstances.

Be clear and consistent

It is better if staff understand the approach that you would take before any emergency occurs. Have a time-off-work policy that sets out the situations where emergency leave might be granted; the criteria that you would consider; the notification procedures for staff; how much time can be taken; and pay. A template is available for BDA Expert members. ◆

Key message

Because time off to deal with emergencies such as burglary, fire or flood is not a specific statutory right there is no entitlement for this leave to be paid. However, it may be in the interests of staff goodwill not to dock wages. But you must be consistent: if you pay an employee for one situation you must pay them on other occasions; and you must pay other employees in similar circumstances.

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2015-16

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Splint Therapy and Occlusion Seminars - Presented by Dr Barry Glassman

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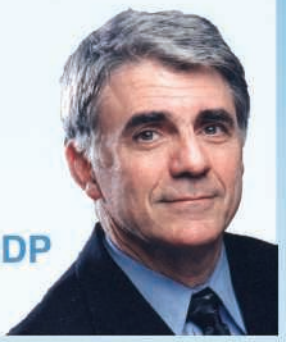
- Occlusion - when it matters and when it doesn't!
- Design of occlusal splints
- Non compliance of splints and how to avoid that problem
- Why restorations fail time after time
- The myths of dentistry that never really made any sense!
- Joint position when contemplating major dentistry – you'll be surprised!

DAY 2: Hands On Practical Session Learning Objectives:

- Patient selection
- Arch selection
- Splint design selection
- Improve your SCi (NTI-tss) construction technique
- How to monitor and adjust splints for optimum efficacy



☐ LONDON – 29 October – Myth Busting Occlusion For The GDP
☐ LONDON – 30 October – Hands On Practical Session

Snoring – A Role For The GDP - Presented by Dr Ama Johal

The course will cover:

- Understanding sleep related disorders, from Snoring to Obstructive Sleep Apnoea.
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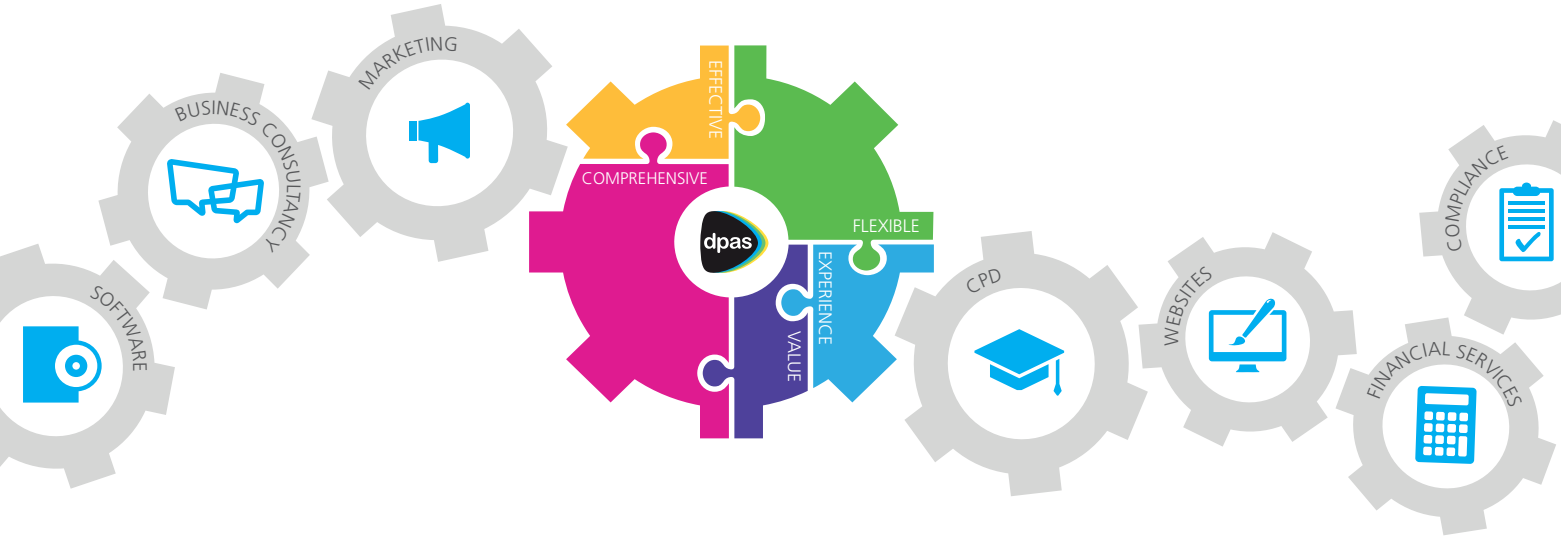

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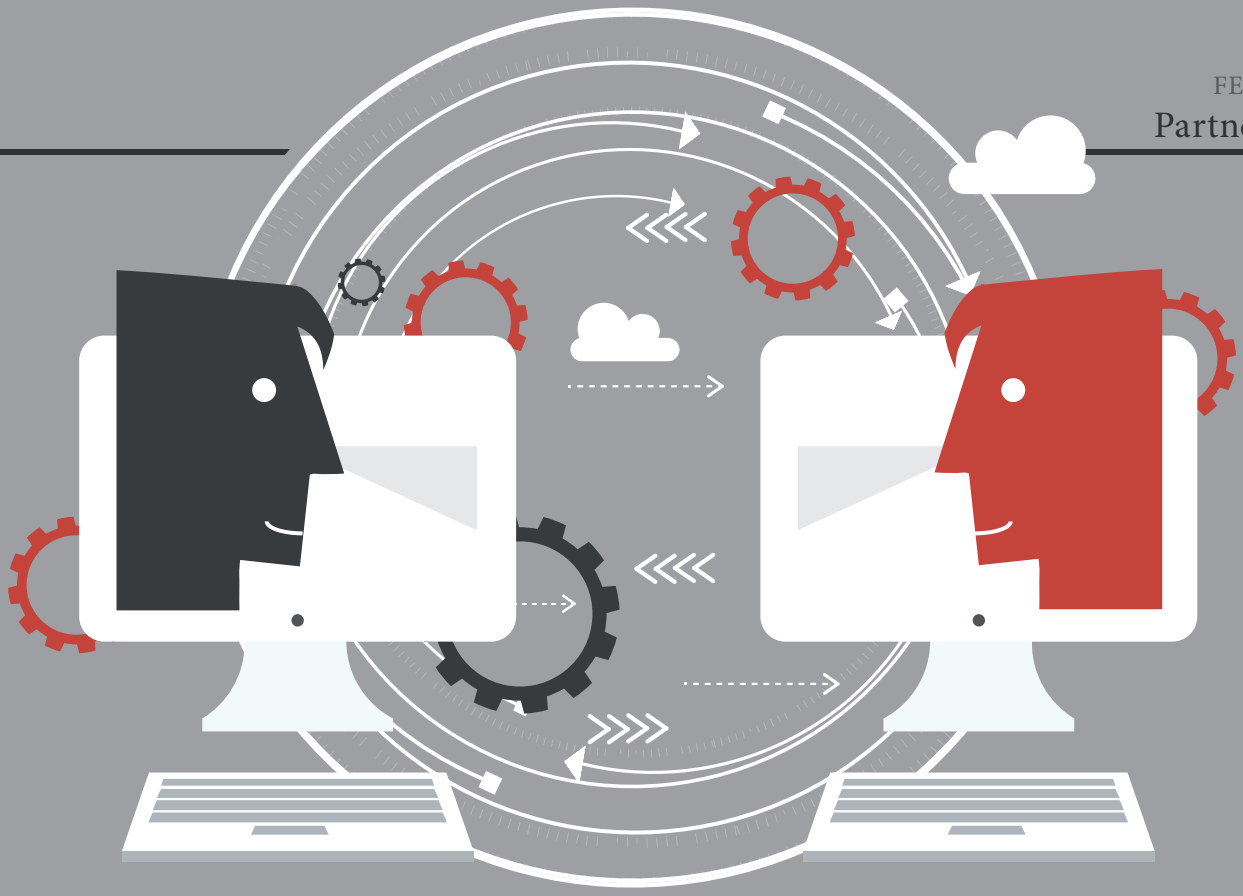

Sharing the business side of practice

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

Partnership enables dentists to work together in an open and co-operative way. They can share resources, expenses and profits by jointly owning and running a practice. Each dentist partner will, of course, be seeing their own list of patients but there are many practice-management tasks to share out. So, partners need to think about the business, regulatory and staffing responsibilities and decide who does what. And each needs to know what another is doing and when other partners will expect to be consulted before a decision is made.

Sharing

Each partner might have a preference for particular jobs. But the practice needs to make sure that everything is covered, including the mundane. So, sit down and discuss this in full.

If you are already an established partnership, you should regularly review your management so all the partners can be sure that everything is getting done. Reviews also give you a better understanding of what another partner is contributing behind the scenes. Get this job-share agreement in writing: the more detail the better. But even just getting the basics down in writing is a really good start. You may produce a checklist to add to your partnership agreement.

Regulatory responsibility and compliance

You can delegate among yourselves the partner responsible for the various areas of compliance. For example, you need to designate someone to be your Nominated Infection Control Lead, Radiation Protection Supervisor, and the Data Controller, among other roles. One partner might take on all these roles or they can be divided among the partners.

> "Each partner might have a preference for particular jobs. But the practice needs to make sure that everything is covered, including the mundane."

Bear in mind, though, that for most regulators the partners will be jointly responsible for compliance and such an agreement among the partners will not stop any partner from ultimately being liable to the regulator. So, it is important if you take on these jobs to tell your partners when they have been done.

Accounts

Maintaining the monthly accounts, ordering supplies, paying suppliers and managing payroll can be allocated to an individual partner or shared out. You may decide that these roles are best done by the same person or that there is a neat way within your practice to divide them out. But, again, any supplier or service provider will, unless told otherwise, assume they are contracting with the partnership as a whole and that all of the partners will be jointly and individually responsible for these contracts. Therefore, each of you needs to understand the parameters of the role.

Decide what supplies can be ordered and from which supplier or manufacturer. It is sensible to set limits on how much can be spent. And the accounts need to be open for all partners to check: better still, actively get together and regularly go through the accounts with one another.

Staff management

One partner could also be given responsibility for staff management. Each dentist will daily supervise their own nurse but decisions such as authorising leave, getting cover, organising training, appraisals, conducting disciplinary procedures and hiring staff could be the responsibility of one partner.

The staff will still be employed by all the partners but this may allow staff matters to be addressed more quickly and efficiently. One of you may have greater aptitude for personnel management. Famously, in the eighteenth century, in the Boulton & Watt Steam Engines partnership, of the two guys currently on the £50 note – if you are lucky enough to get one – it was Matthew Boulton who had to deal with staff matters, rehiring workers after James Watt had recklessly dismissed them!

> "The default position in partnerships is that the profits (or losses) of the partners are shared equally, so you must set out a variation in these terms to accommodate this approach clearly in a written agreement."

Marketing

Think about how you want to promote the practice: one partner may be more artistic and want to arrange your marketing or liaise with an advertising agency. But all partners need to be happy with the tone of any promotional activity and that it is suitably professional and promotes the image for the business that everyone wants. Again, everyone is responsible for advertisements complying with the Advertising Standards Authority and General Dental Council's rules on adverts being "legal, decent, honest and truthful".

Profit share and expense shares

Division of roles might affect partnership finances. If one partner is taking on more administrative tasks – which involves them working out of hours or being able to see fewer patients – this could be recognised by how practice income is shared out. This would ensure that they are remunerated for their extra input.

The default position in partnerships is that the profits (or losses) of the partners are shared equally, so you must set out a variation in these terms to accommodate this approach clearly in a written agreement.

Within dentistry, many partnerships share expenses rather than profits: therefore, you must decide if the administrative workload affects the proportions that each contributes.

Dentists who consider themselves sole traders and merely expense-share with another dentist on their premises must decide if they are, in fact, in a legal partnership with all the mutual obligations and responsibilities that this entails.

In all business arrangements you need a clear written agreement so you can confidently establish your legal status should any queries arise. It is possible that expense-sharers who divide out the administrative tasks within their practice are, in fact, partners to whom the terms of the *Partnership Act* will apply.

Written agreements

Once the partners have decided how they will share the responsibilities, the next step is to get it down in writing. A dental-specialist solicitor will be able to draft a comprehensive partnership agreement.

If the partners do not want, however, to set all of the above in stone for ever it is possible and practical to agree to discuss the share of responsibilities at regular intervals and reassign responsibilities annually or at other time intervals. This can be reflected in a partnership agreement, with the tasks merely being listed in a separate schedule to the main agreement. Ensure the intervals are sensible and, even if no changes are asked for or needed, that the meeting is still held and the existing allocations are confirmed. In any case, regular meetings and discussions can help to maintain positive relationships among partners, combat any contentious circumstances before they evolve into disputes, and satisfy everyone that everything that needs doing is being done properly.

More information is available at www.bda.org/advice in BDA Advice *Partnerships*.

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Making life easier

Dürr Dental will have its largest stand (**K195**) ever at this year's Dental Showcase and will therefore be able to accommodate even more of its equipment. Experts will be on hand from all areas of their business to discuss the company's most recent advancements.

Dürr products are designed to make your working life easier. This is evident in the latest networking systems that can be used with your compressor and suction system. By linking them to the network, practices can see the performance of each piece of equipment at a glance.

Linking the compressor, for example, to the digital network yields numerous benefits: current status, faults or messages, such as for filter changes, are immediately displayed and can be seen with a glance on the monitor.

Dürr's imaging products never fail to excite. Visitors will be able to see how VistaIntra, for example, works in perfect partnership with their image-plate scanner, VistaScan. The former is modern and slim in design and is easy to operate and position.

It is pre-programmed with exactly the right x-ray dose when using Dürr Dental image plates and sensors. This ensures it's ready for use and always delivers clear, perfectly exposed images.

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Test drive Expert Solutions

Visit the BDA stand (**G55**) at BDIA Dental Showcase this October to give Expert Solutions (www.bda.org/expertsolutions) a test drive. Expert Solutions, available exclusively to BDA Expert members, is our comprehensive online practice-management tool.

It has over 170 template models and policies; up-to-date content on which you can rely; is available 24/7 on any Internet-enabled computer; and a search function to help you easily find what you're looking for.

Ask one of our BDA Good Practice representatives about how you can further improve the team and management of your practice to meet BDA Good Practice standards.

Advisers will also be on hand to speak to you about your unique circumstances. Stop by the BDA stand and ask to speak to an adviser – a service available daily.

You and your team can also benefit from our great show discount offers.

- Save £50 on any future BDA clinical seminar including *Preparing for retirement* on 27 November in Birmingham (exclusions apply)
- Save £25 on any future BDA training essential course (exclusions apply)
- Save 10% off all BDA books and products as a BDA member

Out-of-view preparation

Belmont is challenging dentists to think about the way they work and how their treatment centre facilitates that process. Chances are many practitioners who haven't renewed their equipment in recent years will be unaware of the limitations of the traditional "over the patient" method of working. Belmont's "Below-the-Patient" delivery systems have been designed with the aim to increase efficiency of space, energy and time.

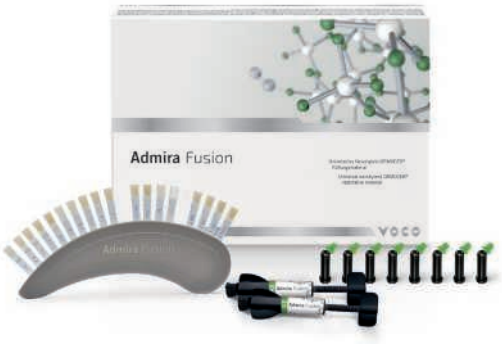
The operator-console's delivery arms are mounted below and behind the chair, creating the most compact, responsive and discreet dental-treatment centre possible. With the console in this position, all preparation can be done out of the patient's view, creating a calm, non-intimidating environment for the patient. Once treatment begins, the ergonomic design ensures an easier, more comfortable workflow and accommodates clear lines of communication between dentist and nurse.

Each of our three "Below-the-Patient" treatment centres has unique benefits. For the surgery with limited space, the folding leg-rest of the Cleo II is an ideal feature. In addition to the compact footprint, the patient also has the benefit of unobstructed access: just like getting into a "normal chair". This is a great asset when accommodating elderly, young, disabled or anxious patients.

It wouldn't be a Showcase without a few surprises. For the latest offers and news be sure to stop by and see Belmont at stand **J115.**

Admira® Fusion – the first purely ceramic-based universal restorative material

VOCO presents several proven and innovative products at the BDIA Dental Showcase 2015: such as Admira Fusion, the worldwide first purely ceramic-based universal restorative material. Silicon oxide forms the chemical base for this new nanohybrid ORMOCER® restorative material not only for the fillers, but also for the resin matrix. This offers several remarkable advantages: Admira Fusion, in comparison with all restorative composites of market relevance, shows by far the lowest level of polymerisation shrinkage and extremely low shrinkage stress.



The ORMOCER®s used in the manufacture of Admira Fusion make it highly biocompatible, as there is no content of classic monomers. Admira Fusion has an 84% (by weight) content of inorganic fillers and covers a broad spectrum of indications. Admira Fusion's particularly high colour stability gives it an additional edge. This very homogeneous material offers outstanding handling and is compatible with all conventional bonding materials.

Admira Fusion and Admira Fusion x-tra are available in syringes and caps for direct application. The Admira Fusion set, optionally containing syringes or caps, is still available at an introductory price giving you a 30% discount. And for purchases of four syringes, or four packs of 15 caps, through a VOCO dental consultant, VOCO will supply one extra pack free of charge.

Manufacturer: VOCO GmbH, PO Box 767, 27457 Cuxhaven, Germany, www.voco.com, info@voco.com, tel. UK: 07500 769 613

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Tooth-whitening first

Philips Oral Healthcare's booth at the BDIA Showcase promises to be a one-stop-shop for clean, healthy, white teeth and two new show-stoppers being launched at the event make a visit to stand **K115** a must.

BDIA delegates will be the first in the UK to experience a completely new and highly innovative Zoom! tooth-whitening product that simplifies and will dramatically change patients' home tooth-whitening experience.

The new product whitens by four shades in four days, needs no preparation and minimal practice time. Forget trays, forget labs, forget strips.

Also new is a trail blazing new Sonicare brushhead – the AdaptiveClean – which it is not technique sensitive.

Program brushing routines

As Headline Sponsor of this year's BDIA Dental Showcase, visitors will not be able to miss Oral-B's stand (**J65** and **J95**). Taking pride of place will be their SmartSeries power toothbrush, which, in combination with the Oral-B App, allows dental professionals to program patients' brushing routines onto their mobile. Recently, the App has been improved to enable greater professional guidance and initial results indicate improved worldwide oral-care patterns of behaviour.

If you haven't already tried SmartSeries then you will be able to do so and experience the brilliant TestDrive trial programme, which allows both dental professionals and their patients the opportunity to try Oral-B's power toothbrushes without having to worry about cross infection. A sealing insert within the head helps prevent saliva entering the handle. To provide extra protection a disposable sheath covers the handle itself.

The mechanical benefits of Oral-B's power toothbrushes compliment the chemical efficacy afforded by their Pro-Expert toothpaste. Gum health through effective plaque control is just one of the many beneficial features of Oral-B's Pro-Expert toothpaste and it's the inclusion of stabilised stannous fluoride (SnF2) that makes the difference. Stannous fluoride was the first scientifically recognised fluoride and, in recent years, has been stabilised and combined with sodium hexametaphosphate to provide additional protection.

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Interests: Specialist Orthodontics, Mini-Screw, Lingual Braces
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Miss Karen Juggins BDS (Hons) MFDS RCS (Eng), MSc, MOrth RCS (Eng), FDS (Orth) RCS (Eng)
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Interests: Periodontics, Orthodontics, Implants

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

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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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Email: info@specialistdentalcare.com
Interests: Restorative and Implant Dentistry, Prosthodontics, Periodontics, Endodontics
On Specialist List: Yes, as above

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

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

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

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

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

263521

WOOD LANE DENTISTRY

www.woodlanedentistry.co.uk

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

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

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

Jessica Lee BDS (Wales) MFDS RCSEng DipDentSed

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

On Specialist List: Yes, Restorative Dentistry and Periodontology

257674

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www.aspectsdental.com

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

257244

DENTAL SPECIALISTS ST ALBANS

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

239826

AYUB ENDODONTICS
www.ayub-endo.com

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

230732

CRESCENT LODGE DENTAL PRACTICE
www.dentistsw4.com

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

We welcome your referrals.

255225

WOODBOROUGH HOUSE DENTAL PRACTICE
www.woodboroughhouse.com

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

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

266913

TOOTHBEARY RICHMOND
www.toothbeary.co.uk

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

258051

East Anglia

DEVONSHIRE HOUSE
www.devonshirehousedental.co.uk

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

Specialist Referral and Education Centre

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

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

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

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

Specialist Periodontist:
Trisha Whitehead

Specialist Orthodontist:
Dirk Bister

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254718

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www.grantadental.co.uk

Dr Helen Harrison
39 Newnham Road, Cambridge CB3 9EY
Tel: 01223 461381
Email: reception@grantadental.co.uk
Interests: TMJ, Occlusion, Splints for pain relief & reconstructive treatment planning
On Specialist List: No

237823

South West

THE CIRCUS DENTAL PRACTICE
www.circusdentalpractice.co.uk

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

239371

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

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

261006

DENTAL SPECIALISTS MK
www.dentalspecialistmk.com

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

209440

Business skills CPD

Q1: What is now the maximum penalty a business may incur if it employs an illegal worker?

A £10,000

B £20,000

C £25,000

D £50,000

Q2: Which should you *not* do when checking an employee's right to work in the UK?

A Compare the employee's photograph in any right-to-work documentation with that staff member's appearance

B Check the expiry date of the documentation

C Look for any obvious sign of tampering with the documentation

D Only record the date the checks were made separately from any copy you make of the documentation, in the practice diary, for example

Q3: By doing which of the following will an associate further the interests of a practice: a – participate in team meetings; b – be courteous to both patients and other team members; c – whistleblow any concerns about the practice owner's performance?

A a and b only

B b and c only

C a and c only

D a, b and c

Q4: Which of the following is true about "special leave" granted to staff should they need to take time off for an emergency?

A Staff have a statutory right to such leave

B There is a statutory right for such leave to be paid leave

C Such special leave does not encompass leave for situations involving the illness or death of a close family member

D Requests for leave to deal with emergencies cannot be refused

Q5: Which of the following is true when partners share responsibilities for the business side of a practice?

A The same partner must be responsible for all the nominated regulatory and compliance roles

B Giving one partner sole responsibility for the non-clinical management of practice staff is an inefficient approach

C Even if one partner takes responsibility for the financial side of the practice, suppliers will assume they are contacting with the partnership unless told otherwise

D If one partner takes on the role of marketing the business, only they are responsible for ensuring advertisements comply with ASA and GDC rules

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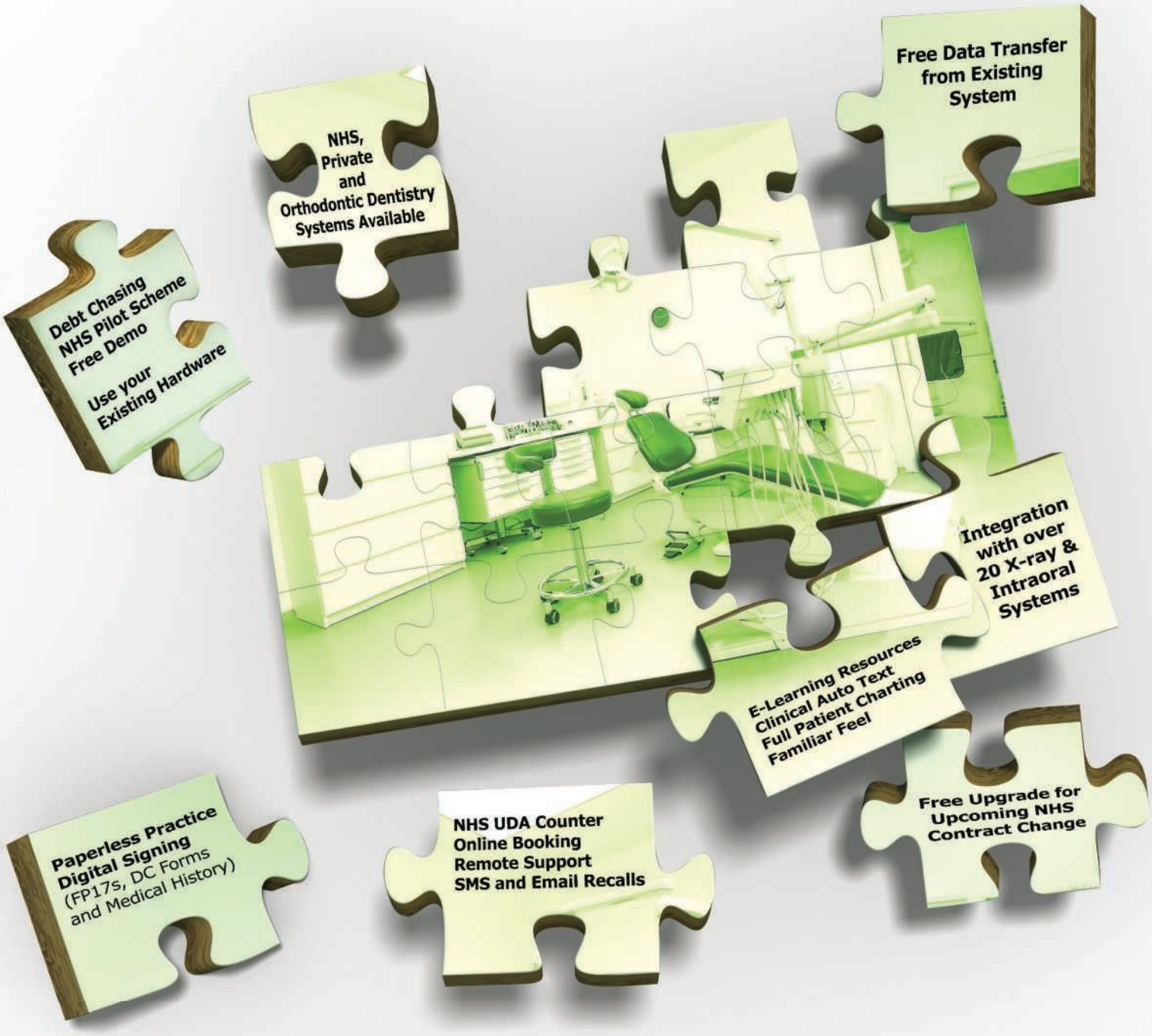

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*Source: Online Denplan / YouGov survey September 2015. All respondents (figures have been weighted and are representative of all UK adults aged 18+): 2077

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