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The capacity to consent

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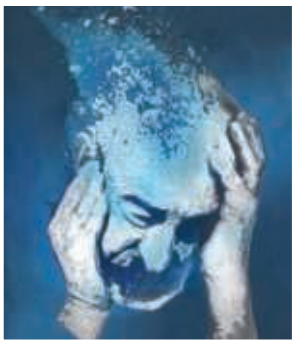
OCTOBER 2017



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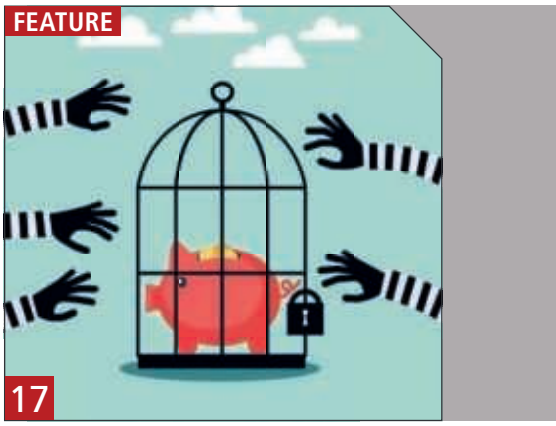

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The Dentistry Show and the British Dental Association announce major new collaboration

The British Dental Association and CloserStill Media have announced a major new collaboration that will see the British Dental Conference and Dentistry Show launched in May next year.

The new collaboration of the BDA's British Dental Conference and Exhibition, and CloserStill Media's The Dentistry Show, will take place on 18-19 May 2018 at the Birmingham NEC and will be the undisputed leader in dental events.

The BDA Conference & Exhibition has been running for over 100 years and is the BDA's annual flagship event for its members and the wider dental profession. The Dentistry Show will have been running for 11 years in 2018. The new event will now become the key date in all dental diaries with over 10,800 visitors attending the two day event. It will be free of charge and open to all.

BDA Chief Executive Peter Ward said: 'We're committed to offering our members and this profession the biggest and best event in the dental calendar. This collaboration with our friends at CloserStill Media will take our landmark event to the next level.

'Our British Dental Conference and Dentistry Show is now the one date every dentist needs in their diary. And we've opened the doors to the whole profession, to give them all access to the latest innovation, education and quality CPD.

'Our members are our number one priority. On top of one unmissable national conference, we are working to ensure they have access to more exclusive events in more locations across the UK.'

Alex Harden, Event Director of The Dentistry Show said: 'This is an exciting investment for us all. Between us, the team now running The Dentistry Show and The BDA Conference have been responsible for running some of the UK's fastest growing events over the last two decades. Our combined experience, sector knowledge and significant commercial and marketing resources will be focussed on delivering for both exhibitors and the audiences for these powerful brands.'

Asbestos reminder

Practice owners are reminded of their responsibilities for ensuring the safety of their premises in terms of asbestos. Under the Control of Asbestos Regulations 2006, dentists who are responsible for maintaining their premises must assess whether asbestos is present on the premises and its likely condition. Those parts of the building that are accessible should be inspected.

To work out if your practice is affected, building plans and the age of the building may be helpful. A record of the assessment should be maintained together with any subsequent reviews.

As a guide, the duty to manage asbestos requires the controller of non-domestic premises (usually the employing dentist) to systematically look at several aspects. They should take reasonable steps to find out if there are materials containing asbestos, its amount, where it is and what condition it is in. It must be presumed that materials contain asbestos unless there is strong evidence that they do not.

The practice owner should maintain records of the location and condition of the asbestos containing materials – or materials presumed to contain asbestos. If asbestos is present a risk assessment should be performed to assess the risk of anyone being exposed to the materials identified. Following this, the responsible person should prepare and implement a plan to manage the risks from these materials. They should periodically review and monitor the plan so that it remains relevant and up to date.

Finally, they must provide information on the location and condition of the materials to anyone who is liable to work on or disturb them.

Hep B Vaccine: Dentists should not face penalties after failure by big pharma

The BDA has responded to feedback from members impacted by the global shortage of Hepatitis B Vaccine.

Despite their high risk status, dental nurses have not been given priority access to the vaccine by occupational health clinics, leaving members at risk of missing contract targets.

Manufacturing issues at drugs giant GlaxoSmithKline have left health services worldwide facing supply problems.

BDA General Dental Practice Chair, Henrik Overgaard-Nielsen, said: 'The global shortage of Hepatitis B Vaccine is placing needless strain on UK dental practices, and any impact must be limited.

'We have contacted Public Health England to get nurses up the pecking order, giving them increased priority once supply restrictions ease. PHE appear to agree with us that dental nurses are at 'imminent and high risk of exposure', so should already fall into higher-priority groups alongside dentists who are able to access the vaccine now.

'However we know of members sending nurses to occupational health clinics to begin vaccination courses who have seen them turned away. So that priority access is, on the whole, not available as it should be. We have asked PHE for help establishing who might be responsible for suggesting to local occupational health providers that they can invoke an over-ride for people who fall into priority groups, including non-immunised dental nurses.

'We know many practices will be concerned about potential underperformance with nurses unable to work chairside. We have raised the issue directly with NHS England, and would encourage members to keep a close record of the impact on activity.

'Hardworking dentists should not face penalties because of failure at a pharmaceutical multinational.' ◆

Unmarketing

Unmarketing – everything has changed and nothing is different
Scott Stratten and Alison Kramer
Wiley, 2017
ISBN: 978-1-119-33500-9
£17.99

In a nutshell

The two Canadian authors of this 300 page paperback, nail their colours to the mast in the introduction. The greeting they received from a Las Vegas casino employee when attending a meeting there was so genuinely friendly that they were inspired to write about it. The key word here is authenticity. As the authors contend, 'being authentic means that you focus on what you bring to the table… if you are your authentic self then you have no competition'. This is the second edition of the book originally titled *Unmarketing: stop marketing. start engaging*, which was first published in 2010. Its original premise however remains the same which is to unlearn the old ways and consistently attract and engage the right customers.

Who is it ideal for?

All professionals who rely on customer satisfaction and concomitant word of mouth marketing should find many aspects of this book extremely useful. Equally, those also marketing by means of social media such as Twitter will find the authors' revelations extremely revealing, for example, Scott Stratten disillusioned with his paltry 2,000 Twitter followers and on the verge of abandoning the medium, gave it an all-out go, constantly Tweeting for 30 days. As a result he now has over 100,000 followers. The underlying ethos of unmarketing focuses on a 'Pull & Stay' method (pulling your market towards you and staying/engaging with them, leading them to naturally choose you for their needs) rather than a 'Push and Pray' system which often fails.

Why you should read it

Essentially the two authors are proposing a new paradigm shift in marketing habits and practices, distinguishing between old and new school behaviours. Their concept is not so much about techniques rather than a change in mind-set. Both the style of writing and the content are refreshingly different and the book can be usefully dipped into without being read cover to cover. However, the basic premise of the title, unmarketing, is made very clear on almost every page. The sixty one short chapters are written in informal, everyday language and contain often highly amusing vignettes within such titles as *'Why networking events are evil'* and *'The seven deadly social media sins'*. ◆

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

NHS dentists significantly unhappier than those in private practice

Dentists working in the NHS are drastically less happy than their private counterparts, according to a new survey by Practice Plan. Both NHS and private dentists were asked how happy they felt about seven aspects of their working life, and NHS dentists were much unhappier on every point.

The NHS Confidence Monitor survey showed that 81% of NHS dentists do not feel happy that they can provide the level of care they want to. However, when private dentists were asked how they felt about the level of care they could provide compared to when they were working in the NHS, 92% reported feeling happier.

The results also revealed that 89% of NHS dentists feel unable to carry out their work without feeling overly stressed, whilst 81% of private dentists said they were happier, compared to when they were working in the NHS, about their ability to carry out work without feeling overly stressed.

The results, gathered from more than 400 dentists, also highlighted that the majority of both NHS and private dentists are anxious about the risk of complaints/litigation. However, the figure is higher for those working in the NHS, with 95% saying they have some level of anxiety about this – and, within that, 71% said they were 'very' or 'extremely' anxious in this area.

In comparison, while 67% of private dentists reported some level of anxiety, less than half (43%) of those said they were 'very' or 'extremely' anxious.

Tony Kilcoyne, practising dentist and member of the BDA's Principal Executive Committee, said: 'These results are shocking but sadly not all that surprising. Private dentists simply have the time and resources to provide patient-centred care as it should be; this leads to both professional and life happiness. 81% of NHS dentists admit they simply don't have this and are unhappy and overly stressed in their job'.

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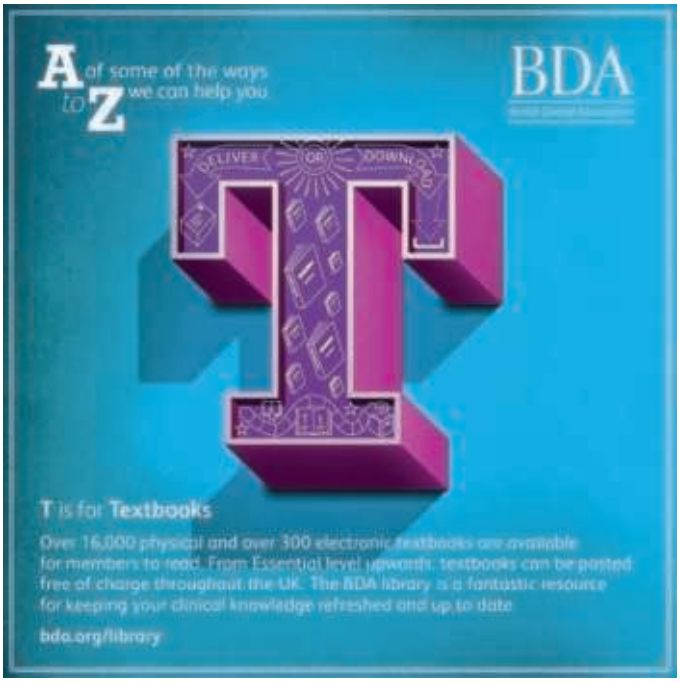
To see more of the results, please visit: www.nhsdentistryinsights.co.uk



BDA blogs come home

Want to hear the latest from opinion leaders in dentistry? BDA blogs are now available on the BDA's main website www.bda.org/blog

Our blogs were previously available on BDA Connect, a separate website. Following feedback from members, we have now moved the blogs onto our main website, to make them easier to find and access.

BDA Connect also featured a forum facility, which was not being used, and a private document sharing site for our Committees, Councils and Principal Executive Committee – these have now been archived.

For networking, we encourage members to make use of our Facebook and Linkedin pages and documents for our elected officers will now be available from a private link on our main website.

If you have any comments or questions, let us know, email digital@bda.org.

BOS launches 'Hold that Smile' campaign

A new approach to retention underpins a campaign launched by the British Orthodontic Society.

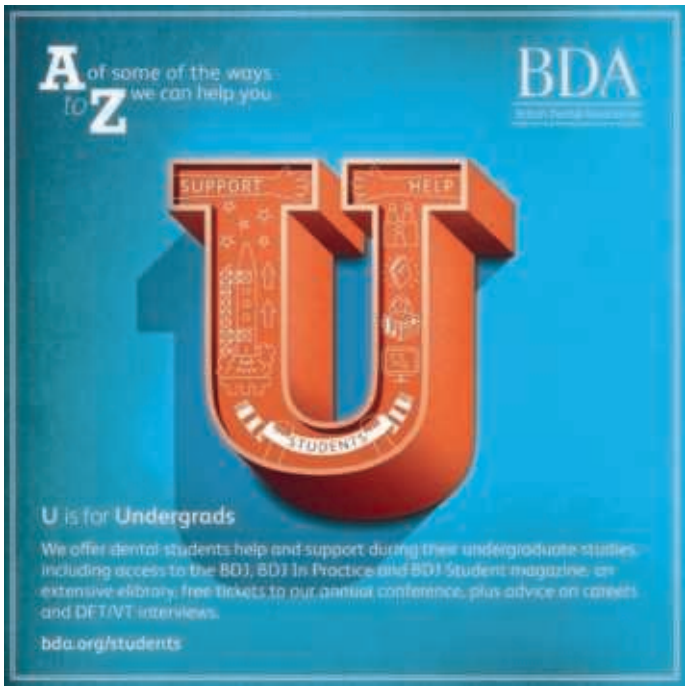
Backed up by video and animation, the intention is to generate a viral #HoldthatSmile campaign to build awareness that retainers are for life. The first phase aimed at the profession is now public via the BOS website reflecting the important role of teams in general dental practice who prepare and refer patients for their orthodontic treatment.

Simon Littlewood, the BOS authority on retention, says: 'I think we need to focus much more on retention than we have ever done. In the past we used to fit retainers for between just one and two years and the orthodontist would review the retainers. Now, because we are asking patients to wear retainers long term, we need to work collaboratively with our GDP colleagues.'

The BOS is asking dentists to check patients are looking after retainers long-term as part of ongoing dental care. Simon added: 'I think there are some misconceptions with retention. In the past, we used to think that once patients reached a certain age, their teeth would eventually be stable. Now we know that's not true, there is potential for teeth to keep moving throughout life – it's almost like a normal ageing phenomenon.'

He continued: 'Whether there is a problem with a removable retainer or a bonded retainer, it's important that something is done about it as soon as possible because, without that retainer, teeth will relapse.

'Dentists can prepare their patients before they are sent to the orthodontist by informing them about the orthodontic treatment but also about the need for retention too. There is almost no point in proceeding with orthodontic treatment unless the patient is willing and able to commit to retention long-term.'



Dentists blast 'second rate' effort to tackle decay among children

The BDA has accused the government of letting down children in England following the launch in Manchester of Starting Well – an unfunded programme to tackle child tooth decay which will operate within just 13 local authorities. Dedicated national efforts have existed in both Wales and Scotland for over a decade.

The scheme – delivery on a 2017 manifesto pledge to improve outcomes for deprived children – has targeted areas with high decay rates, and pre-existing oral health programmes. The BDA has expressed concern this initiative looks like a cynical bid to take credit for the good work of local authorities, without any additional investment from central government.

Dentist leaders say millions of children who need support will miss out as a consequence. The BDA understands that in Ealing children in just three council wards will benefit. The government has resisted calling these 13 schemes 'pilots', and stated they have no current plans to develop a national programme.

Tooth decay is the leading cause of hospital admissions among children across the UK. An estimated 160 procedures to extract teeth are performed each day under general anaesthetic in hospitals across England, costing the NHS over £35 million a year.

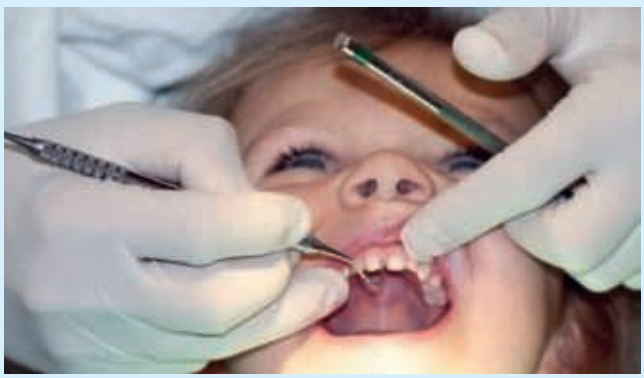
The BDA has long advocated the Scottish programme Childsmile as a possible model for England, a national effort with both universal and targeted components that has already reduced the bill for dental treatment costs by £5 million a year.

Answering a Parliamentary Question from the Shadow Secretary of State Jon Ashworth MP, Minister Steve Brine MP confirmed that the 'funding for this scheme would be provided within existing dental spend' and that it was 'not currently possible to determine the number of children who will benefit from the programme'.

The BDA's Chair of General Dental Practice Henrik Overgaard-Nielsen said: 'Tooth decay is the number one reason for hospital admissions across Britain. Sadly while devolved governments have set up dedicated national programmes, England is being offered a second rate option.

'Council leaders have been making progress in the fight against decay without resources or direction. These areas require new investment, not a new logo, and holding a few launch events while failing to offer a single penny of new money does not constitute a national effort.

'Targeting a handful of wards in just thirteen local authorities means millions of children will miss out on this important work.'



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Capacity to consent

By David Westgarth,
Editor, *BDJ In Practice*

I was recently watching a Rugby Union match, when during the game one of the players attempted a tackle, only to knock himself out in the process.

A stoppage period followed for the medics to treat the injured player, and following treatment, he was allowed to return to the game.

In the subsequent days this posed two questions. The first is that, given the player appeared to suffer a head injury, why was he allowed to return without being cleared by an independent neurological doctor after a HIA – head injury assessment? The second question has implications that stretch further than the rugby field. Who consented to the player returning? If it was the player himself, did he have the capacity to make the decision, given he appeared to have sustained a head injury? Was it the trainer? If so did he have all the facts before making a decision? Was he pressured into it by the player?

The same principles apply in the dental practice. The capacity to make decisions, the need for consent to carry out the proposed treatment and the relationship between the two weighs heavy on practitioners. With the increase in life expectancy[1], patients will be living longer. Analysis of the Adult Dental Health Survey told us patients are keeping their natural teeth for longer. Alzheimer's Society tells us cognitive-related diseases such as dementia and Alzheimer's is on the rise[3].

The bottom line? Dental practitioners will face an increasing number of complexities when treating patients, none more so than obtaining consent for the treatment to begin with.

Informed consent

Informed consent is a crucial concept in health and dental care provision. It specifically acknowledges the patient's personal autonomy over the care they receive. As a dentist, you have to avoid making assumptions about a patient's views, values or conduct.

Above all, patients must have sufficient information about the proposed treatment to allow them to make a balanced judgement on whether to proceed. They need to understand the reason for treatment, the treatment options available, the risks that each option presents, methods of pain control and the consequences of opting not to have the treatment. You have to give them the opportunity to consider the information and ask questions to help them to arrive

at a decision. The onus is on you, as the treating clinician, to ensure that the patient understands.

To show that you have provided sufficient information to the patient, a treatment plan and estimate can be a useful record of your discussion. Full notes are now more important than ever. You may also find it a useful tool in going through the issues and explaining the options. But they are only that, consent is the patient's ongoing agreement to having the procedure.

The patient has to give specific consent, which means that they expressly agree to each procedure to be undertaken. And for each procedure they must know what you are going to do and understand the precise nature of that treatment.

A key part of the information that must be provided is (as well as the benefits) a warning about the chance of success and any substantial or unusual risks involved with their treatment. This includes telling them about any consequences that commonly occur. Of course you will have to reach a judgement on what risks are material and require explanation. Judgements in previous medical negligence cases provide guidance on the approach to take. In general your actions must be supported by a responsible body of medical or dental opinion[3]. To show that you recognise each patient as an individual, be aware of each patient's situation and medical history and find out what they may want to know or consider significant or important – don't just go through the issues that are felt, by the profession, to be statistically significant[4]. Post-Montgomery, this is something dental practitioners need to consider.

A two-way dialogue where you record both sides of the conversation is vital. Furthermore, you need to be 100% confident that the patient fully understands every piece of advice that is given to them. Providing a leaflet – however comprehendible it may be – is no longer deemed sufficient.

These may seem simple. They may be what you already do, and do well. However, many experts forecast this process will no longer be as straightforward.

Future problems

By 2025, it is estimated that more than one million people will be diagnosed with dementia, and one in three people aged 65 or older will die from the disease. It is accepted that oral health care for individuals who have dementia is one aspect where improvements are necessary. The progressive nature of dementia means that the responsibilities may change as the disease impacts on the ability of individuals to contribute to the maintenance of their health through self-care. In other words, it is complex.

Mili Doshi, Consultant in Special Care Dentistry, East Surrey Hospital, founded and devised the Mouth Care Matters project, and I asked her how that project addresses consent with patients.

'Within Mouth Care Matters we are often asked about supporting individuals who are resistant to being supported with mouth care or for those individuals with challenging behaviour.

'We provide staff with training on how to deal with this situations, for example trying at different times of the day, using distraction or methods such as hand over hand, speaking to family or carers about how they provide mouth care, maintaining eye contact, facing the individual when providing mouth care. We stress the importance of recording in the care plans when people are refusing mouth care, not giving up after one attempt and working with the individual to support them in the least restrictive manner.

> 'It is accepted that oral health care for individuals who have dementia is one aspect where improvements are necessary.'

'We do talk about gentle holding but 'restraining' can be a grey area when carers sometimes get conflicting advice. We need to always work in the best interest of an individual and sometimes this does involve a degree of clinical holding. It is important to make staff aware that the failure to support patients with mouth care is a form of neglect.'

While this example relates to the oral care of patients in care homes, Dr Doshi believes it is important for all members of the dental team in general practice, community and hospital services to fully understand the principles of the Mental Capacity Act.

'With an increasing ageing population and a population with increasing complex disabilities we are all much more likely to come into contact with people who may not have the capacity to consent to dental treatment or may have fluctuating capacity', Dr Doshi added. 'Dentists in practice who are in regular contact with patients seeing them often over years may also be one of the first people to recognise changes in behaviours that may be a sign of early cognitive issues.

'There is still sometimes confusion within the dental profession about consent and often people think that family members are automatically able to consent for their husband/wide/son or daughter. However, this is not the case, and I believe that is why we need to fully understand the Act and its implications for dentistry.'

There are well-recognised signs at early and pre-diagnosis stage, many of which may be obvious to a dental practitioner. Some people will be living with it and putting it down to being forgetful. While stigma is preventing

people acknowledging the symptoms of dementia and obtaining the help they need to live the life they want to lead, it remains – and in theory will further increase – a chronically under-diagnosed disease.

Dr Panna Shah, Consultant in Special Care Dentistry, Kent Community Health NHS Foundation Trust, thinks community dental services have the edge over general practice when it comes to understanding the principles of consent.

'While we are all in a good position to understand the needs of patients with issues with consent, in community dental services where I work, we see large numbers of special care patients who have difficulties with consent, so have become very familiar with these issues', Dr Shah explained.

'We potentially also have more time to explore issues and also working within a large Trust there is much more support such as MCA leads, learning disability nurses and availability of second opinions. We may well have been seeing and treating a lot of our patients with learning disability from an early age. This enables us to get the opportunity to get to know these patients and their families quite well and hence have a better understanding of their capacity to consent. Whereas some groups of patients such as older people, or people with dementia are referred into our services only when their conditions have significantly deteriorated.

'These patients may well have good relationships with their GDPs who may be in a better position to understand their need which leads me to say that shared care and sharing of information is so vital. We are also contracted to provide domiciliary dentistry for those groups of people who struggle to get to surgeries. A huge portion of domiciliary referrals are from care homes or residences of older people and an increasing number have a diagnosis of dementia.

Seeing these patients in their homes often reduces the stresses of new environments and this may help facilitate discussions around consent and capacity.'

Dr Andrew Geddis-Regan, Academic Clinical Fellow and Specialty Trainee in Special Care Dentistry at Newcastle Dental Hospital and Dr Rebecca Wassall, Clinical Lecturer Special Care Dentistry at Newcastle University, agree.

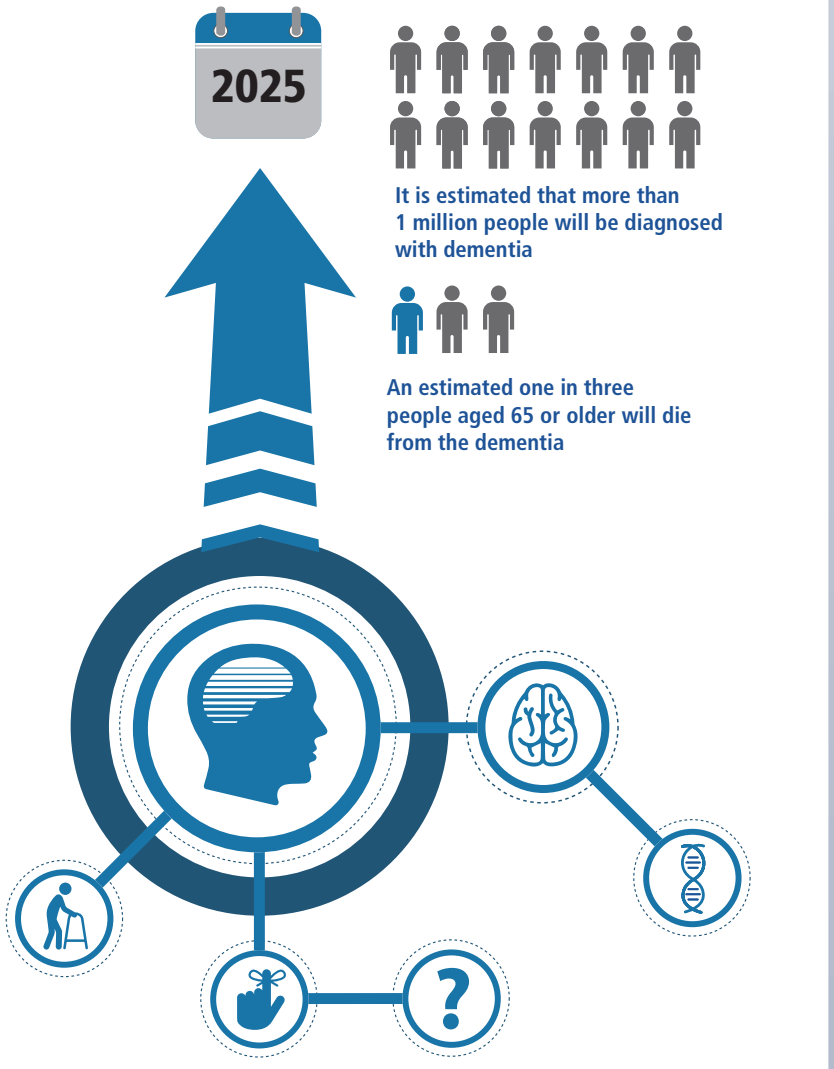
'The challenge in organising care for patients who may not have capacity to consent for treatment is that often the decision on the treatment required is complex, as well as the consent process' Dr Geddis-Regan said. 'Approaches such as general anaesthesia or sedation are often needed to help facilitate treatment and ideally the service which provides these approaches should be involved in assessment to facilitate a smooth patient journey. The ideal settings, therefore, are either CDS or hospital sites which often work in close collaboration.

'Assessment of capacity is often challenging and capacity to consent depends on the specific decision being made. Assessment takes time and can involve liaison with patients' next-of-kin or an independent advocate. To facilitate this, it seems unreasonable to expect a GDP on their remuneration system, without access to hospital services to provide treatment for patients whereby capacity is unclear or is lacking. CDS or hospital services are remunerated to afford adequate time to complete assessment and treatment for patients of greater complexity.

'Therefore, the role of GDPs should be to signpost patients to appropriate services, or seek advice from them where needed.'

Dr Wassall added: 'Understanding the needs of older people with dementia often involves gathering information from a number of people, including the older person, family members and other health and care professionals. It takes time to gather this information and it takes expertise to assess the older person's capacity to consent and to synthesise the various pieces of information when required to make a best interest decision as part of the consent process for dental treatment. The GDS has a vital role in supporting prevention, sharing information and providing continuing dental care. However, a Special Care Dentist working in community or hospital would be the professional best placed to gather and synthesis the information and support the decision making and consent process for older people with dementia.'

Future projections[5]



Financing the needs

While there may be an agreement about the best pathway for patients to be treated, it boils down to having time to care for patients. Is adequate funding available? Is there – and will there be – effective commissioning? It may be that the patient's condition means that they require a referral to secondary care services, but those services must be available to provide this. It's no secret that community dental services are underfunded and overstretched as they are. Are they going to be able to provide the additional care which will be required in the future?

'At the moment, it is difficult to see the service being able to cope financially', Dr Shah said. Managing people with dementia requires a patient-centred approach, and perhaps more than anything it requires time. Time as we know equals money. The first appointment is more often not a simple dental treatment planning appointment, but it is really beginning to get to know the patient, to determine if they have capacity to consent, to understand the impact of dementia and any other medical conditions on their oral health and indeed general health.

> 'If a patient with dementia or Alzheimer's needs a 'familiarisation' visit to the practice, but no treatment takes place, can you and should you claim for a UDA?'

'Assessing capacity in this group of patients can be challenging. In my experience a number of patients with dementia exhibit a pattern of fluctuating capacity and it can take several visits to formulate a plan. It is important that the work force is trained to manage this group of patients. It is also important that resources are directed towards research in dementia and oral health which will enable us to provide evidence-based care.'

Dr Shah's point regarding the first appointment is an interesting one. If a patient with dementia or Alzheimer's needs a 'familiarisation' visit to the practice, but no treatment takes place, can you and should you claim for a UDA?

The answer, is quite simply, no. So how do you navigate the money equals time equation? Perhaps the answer lies in contract reform, which must take into account the future patient, not just a patient living with dementia. The BDA has long called for a system that suits patient. The level of oral healthcare that will make a difference to patients cannot be delivered in five minutes, and dementia patients require much longer. A contract that is redundant in five years' time because commissioners have not taken into account the changing needs of the population is of no use.

Dr Doshi points to a shortage of professionals equipped to cope. Dr Doshi added: 'In many areas funding for special care services has been drastically cut, which of course has an impact on the services provided. We should be funding preventive work, expanding the skill set of our dental team especially those who have an interest in treating patients with dementia. We need to increase the number of training posts in special care dentistry.

'We need more funding to provide domiciliary care, emergency care and dental services that people with dementia case readily access. There will be a greater need for services that can provide sedation or GA too. This all requires investment, and this will only hamper the care we can provide in the future.'

Prepared for the challenges

Besides the lack of financial investment, there's an ever more fundamental issue – with the number of dementia and Alzheimer's cases recorded increasing, will the profession be able to meet the challenges posed?

'Dementia is one of the greatest challenges facing both general and specialist dental services'. Dr Geddis-Regan added. 'For GDPs, many longstanding patients can develop dementia over time, and a point can arise where a different service or environment is more appropriate to facilitate their care. Specialist services are experiencing a simultaneous increase in the number of patients with dementia and complexity of treatment due to the retention of teeth into older age.

'GDPs and specialist services will need to work together to accommodate the growing number of patients with dementia. *A well-defined, patient*-centred pathway toward appropriate care will be needed to consistently optimise patients' experiences and to avoid unnecessary additional attendances.

'A clear referral process and a high standard of referrals from general practice to specialist services assists both teams in achieving their shared aim of providing patients with appropriate dental care. Looking forward, strengthening collaborative approaches and securing adequate funding to accommodate the expected increase in demand and complexity will be crucial.'

Dr Doshi believes enlisting a whole team approach – including dental care professionals – is the way forward.

'We should be utilising our dental care professionals more, as they make excellent leads for oral health promotion and preventative work. Within the Mouth Care Matters initiative Mouth Care leads made up of dental nurses, nurses and speech and language therapists have been rolling this programme out within their respective trusts and have done a fantastic job. We should be expanding the skillset of our dental care professionals to be involved in the care of patients with dementia.

'There is an awareness within the profession about the challenges that this group of patients bring in terms of their oral health needs, so yes, I think the challenges clinically can be met. Many older people with dementia will have had lots of restorative work in the past and this can quickly deteriorate as dementia progresses and levels of oral hygiene decrease. This combined with complex medical histories and behavioural changes can and will create a challenging scenario.

What is the Mental Capacity Act 2005

The following principles apply to the Act[7]:

- A person must be assumed to have capacity unless it is established that he lacks capacity.
- A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.
- A person is not to be treated as unable to make a decision merely because he makes an unwise decision.
- An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.
- Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

'We need to make sure that this group can access the most appropriate dental service for their needs. There is a real need for specialised services that can provide sedation and sometimes general anaesthesia for this group.'

Following on from Dr Doshi's comments regarding the complexity of their needs, Dr Shah believes this will pose the biggest challenge in meeting this group's needs.

'We are seeing people with complex dentistry such as crown and bridge work and even implant retained prosthesis' Dr Shah explained. 'Unfortunately in many cases due to the diagnosis of dementia the oral health has not been maintained and this complex work is failing. There are many reasons for this – ranging from loss of awareness of oral health measures, reliance on carers and family to provide oral hygiene, poor diets, to dry mouth as a result of medications or dehydration.

'Denture wear and care could also be compromised. Providing treatment for many patients with dementia particularly in the advanced stage is challenging. There are issues around consent, managing family expectations and other medical confounders. There are many factors to consider in risk benefit analysis and provision of holistic care.

'This is why awareness is so important. When I qualified a few years ago we did not understand much about dementia. It is really encouraging to see that recently qualified dentists and DCPs have so much more awareness of the disease and there are study days and articles dedicated to the dental management of older people. I think that we have such an important role in understanding how dementia may affect our patients, and being confident in having those difficult discussions so that there is the option that difficult and more invasive dental procedures can be managed whilst the patient can still cope, whilst they have capacity. It is vital that we show empathy and our environments cater for the needs of people with dementia.'

Dr Wassall believes the key to meeting the challenges lies within the approach.

'With the growing number of older people living with dementia the dental services will need to be re-designed to support integrated and collaborative working between health and care', she said. 'Key to this will be having funding models and digital tools to support integration working between professionals working in dental and care services.'

A joined-up approach

There have always been whispers that dentistry works in silos. Perhaps, given the sheer nature of a dental professional – it isn't surprising to know that a specialist treating one area of the body would find themselves in that position.

Even as far back as 2015, Chief Dental Officer for England, Dr Sara Hurley, identified that dental professionals are 'all too often operating in silos of excellence and this disconnection has resulted in a duplication of effort or fratricide of initiative'[6]. Dr Hurley went on to say that 'if we as a profession are going to move the oral health agenda forward we need to be exploiting every opportunity to construct comprehensive collaboration across inter-professional and organisational boundaries'[6].

> 'Dental professionals must now judge what is appropriate for each patient, bearing in mind how their judgement might be assessed by the courts in the event of a complaint'

Initiatives like Whittington Health NHS Trust's *forget me not* scheme can go a long way to providing a pathway for the joined-up approach highlighted by Dr Hurley. The scheme is designed to improve patient safety and wellbeing by helping staff to recognise when someone is experiencing memory problems or confusion due to dementia or delirium.

With care pathways as they are, and a missing joined-up approach, does dentistry need to step out of the silos more so than any other profession? Dr Doshi said: 'Yes it does, but also we need to work with all the other professionals including our medical, nursing and therapist colleagues.

'Very importantly oral health needs to be on the agenda for our strategic leaders, commissioners, local authorities and regulators of services. Poor oral health has a significant impact on general health, this is something that as part of the dental team we are all much more aware about.'

According to Dr Shah, it does, but it is just as important for many other special care groups.

'People with dementia often rely so much on family and carers for their general health and wellbeing including the provision of oral care and preparation of food and drinks', Dr Shah said. 'It is wonderful to see initiatives such as Mouth Care Matters that have really focussed on the importance of good oral care in hospital based patients. The NICE guidance on oral health for adults in care homes covers a broad base and it is important for coordination to be maintained between care homes, oral health promotion teams and community or general dentists so services are accessible for patients.

'It is important that we have good links with medical professionals so that safe care can be provided all round. An example is many older people with a diagnosis of osteoporosis are prescribed bisphosphonates which could impact on dental treatment provision. We also work in close liaison with speech and language therapists to ensure a safe swallow for those patient who present with risk of aspiration.

'There may be situations where a person with dementia requires sedation or general anaesthetic for dental treatment and this may require the input of several professionals to facilitate safe and holistic care.'

There may be a case for suggesting that overburdening a patient you believe may have difficulty making a decision and consenting to treatment is counter-productive. It could cause distress or leading them to make poor decisions after lengthy dialogue. Dental professionals must now judge what is appropriate for each patient, bearing in mind how their judgement might be assessed by the courts in the event of a complaint. There is no doubt that making sure patients understand all of the information you give to them will take longer. In a contract that restricts the time you have with a patient, it is far from ideal. It is up to us, collectively, to ensure the best interests of the patient remain at the heart of everything we do. Consent and the Montgomery Case will undoubtedly be drawn into ever-closer focus as time goes by. It is vital we have the infrastructure to cope. Will that happen? I will leave you to answer that. ◆

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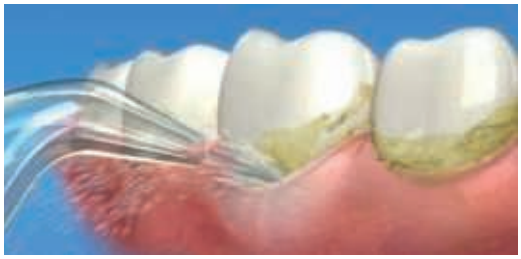
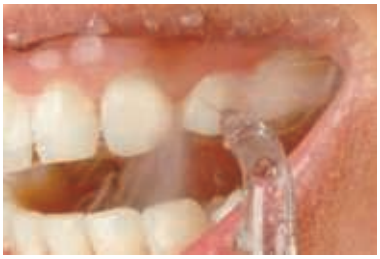
Further reading

To read more about mental health issues and dentistry, please visit the catalogue in the BDA's library at: https://www.bda.org/library/loans/Pages/packages.aspx


The Science of Oral Health

Modern dentistry is heavily based on science — only materials, technologies and products that have been proven effective by clinical study should be used to treat patients when available. Using the research available, professionals are able to ensure every aspect of a patient's care utilises an evidence-based approach.

Despite lack of solid evidence for string flossing, the removal of plaque, bacteria and food debris from interdental spaces remains crucial. Most dental professionals will therefore agree that effective interdental adjuncts in home care routines continue to be important for maintenance of good oral health.

As string floss doesn't seem to be the answer for many people, what else is available to recommend to patients?

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- More effective at removing plaque[4] and reducing gingival bleeding[5] than interdental brushes
- Significantly more effective at improving oral health than the Sonicare® Air Floss Pro[6]
- Up to three times as effective for removing plaque around braces[7] and twice as effective for improving gum health around implants,[8] compared to string floss

CONVENIENCE AND EASE OF USE

In addition to its proven effectiveness, the Waterpik® Water Flosser is also easy to use. Take the Waterpik® Ultra Professional Water Flosser – it features on/off water control on the ergonomic handle, a LED information panel, 30-second pacer and up to seven Water Flosser Tips. The innovative pulse-modulation technology maximises plaque removal in Floss Mode while enhanced gum stimulation and circulation are achieved in Hydro-Pulse Massage Mode.

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The world wide what?

David Westgarth
Editor, *BDJ In Practice*

In 2017, 90% of households in Great Britain had internet access[1]. In 2006, this figure was 57%[1]. If ever there's a statistic that highlights how digitally-savvy and online-ready we are, this is it.

Move that on a step to users. In Q1 of 2017, 89% of adults had recently used the internet[2]. Smartphone and on-the-go usage stands at 78% in the same timeframe.

That's all well and good, but it is only well and good if you have a digital presence. And based on the above figures, it's not a surprise to learn an estimated 1 in 10 dental practices in the UK do not have a website.

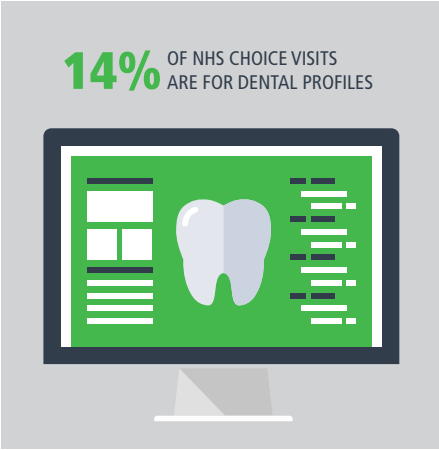
Essentially, the message is if you're not on the internet, it's the equivalent of not having a phone. From a business perspective, there's a whole world you're missing out on. NHS Choices had an average of 48 million visits per month to their site in 2016, and almost 14% of visits to the service directory are for dental profiles.

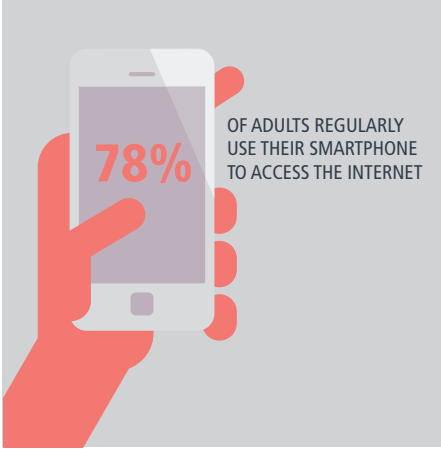
So why don't people see the need for a website? NHS Choices and Facebook are popular choices for alternatives, but are they – and can they ever be – as effective as the real thing? Amy Rose-Jones from Dental Design doesn't think so.

'It's a little bit of a stop-gap solution', Amy explained. 'Your practice will only have a limited online presence.

'Nowadays, it's expected that companies will have a website, and it is increasingly the number one thing a dentist needs to inspire trust in their patients. A website helps them build that trust as nowadays it's pretty much expected that a reputable company will have a website.

'You can't do as much with just social media and NHS Choices, for example. A





website gives you the platform to showcase everything you offer and give people the opportunity to contact you easily and directly. Its success is easily measured with Google Analytics, meaning practices can respond proactively to the needs of their patients.

'It's important to remember a lot of practices have a website, it's just not necessarily always a good one!

'Some practices rely on good old fashioned word of mouth. I have often heard practices say they feel they already have enough patients so don't need to attract more. Others may not have the technical know-how or the time to find someone who does. There are many reasons why people think they do not need a website.'

Once consumers realised the Internet was more than just for surfing and chatting to friends, digital needs, requirements and rules started to change. You could buy things online, watch movies, stream live sport and interact with the organisations you have engaged with. Take Facebook and Twitter, for example. If you want to leave a comment, or get in touch with the practice, a growing number of patients will seek out their social media profile to either complain and seek a follow-up conversation, or they will leave a positive comment for others to read. So why does Amy believe that isn't enough for dental practices in 2017 and beyond?

'Your website is essentially a virtual 'shop window'. If you're not online and your competitor is, common sense says they're more likely to get the business.

'We live in a fast-paced, digital age, and people like to be able to do things quickly and simply. Having a simple, easy to navigate website helps them do this. Can they call through to make a booking? Can they make an appointment online? These things are really important for patients.

'Again it goes back to being able to instil trust and build confidence in your practice. It's an effective way to convey your important marketing messages too.'

In-keeping with the demand for information now, how important does Amy think it is for a website to be mobile compatible?

'The majority of people now surf the web on their phones and on the go, and will get frustrated if a site isn't responsive. For that reason, it's really important.

'When users search on their phones, Google won't show any websites that don't have a mobile version. So, if a practice doesn't have a mobile site it means they won't rank on Google when users are searching on their phones.

'It is an investment, but you are potentially losing out on patients if your website doesn't tick these boxes. It can be easy to justify. A good website will generate more for the practice than it costs. That seems common sense, but to many it still is seen as an unnecessary investment.

'The same can be said for practices that have a website, but they haven't been edited in a long time. An up-to-date website is an effective tool for building your practice and attracting new patients. There are simple but effective ways of improving your content quickly – and it's not as hard as you think.

'Think of it this way – you wouldn't pay for a shop only to let it sit empty, so why do the same with a website?'

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Amy's five golden rules for a good, engaging website

- **Usability** – a good website should be easy to navigate
- **Good design** – it should be eye-catching, branded and clean, i.e. not too busy
- **Fast** – it's been found that users get frustrated if a website takes more than four seconds to load and will close the page!
- **It should use the right tone of voice and language, while being informative.** Keep your target audience in mind when building your website. What do they want to know? What benefits will appeal to them? Is the language you're using suitable for a layperson?
- **No silly mistakes!** There should be no grammatical/spelling errors or broken links. A good website should be kept up to date, ideally with a news/blog section. This is not only good for the user, but good for SEO. Google rewards websites with new, fresh and unique content.

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Tribunal case review:
Outline of a recent anonymised tribunal case

By Ayesha Khan

Ayesha Khan
Ayesha is a Practice Management Consultant in the BDA Practice Support Team. Ayesha advises general dental practitioners on associate contracts and a wide range of employment and other law

'We think our receptionist is stealing money, but we can't prove it.' So no action is taken. This is a shame, because the law does not require proof. You do not need several witnesses who all saw the theft. You do not need DNA evidence. You need a reasonable belief after a proper investigation. So you may well be able to act even if all you have is circumstantial evidence: such as the fact that money only goes missing on the days when the suspected employee is working, or that they are the only one left alone with the cash, or you have a patient reporting they were told the credit card machine was not working and had to pay cash.

Small practices can be particularly vulnerable to theft as they are less likely to have the resources to implement sophisticated audit systems and check the movements of cash. They rely on trust. And relying on trust is a risk. According to CIFAS[1], the UK's largest fraud prevention service, the most common type of fraud within organisations is their staff simply stealing cash.

A lack of direct evidence does not prevent you from taking disciplinary action if you can rely on sound circumstantial evidence. Circumstantial evidence can provide an employer with reasonable grounds to believe that an employee has been stealing from their practice and to therefore dismiss them for gross misconduct. It is important to remember that in any disciplinary case, it is the employer's reasonable belief, not the actual guilt or otherwise of the employee, that determines whether the dismissal is fair or not.

Following your disciplinary procedure – really engaging in the process, not just going through the motions – is as important as ever. The initial investigatory stage is key when there is no direct evidence of theft. You must think about the circumstances in your particular case, and investigate accordingly. Work out, as best you can, how the money could have gone missing, when and where from. Think about who has access to or responsibility for handling money. Speak to staff or others who may be able to shed light on the matter. Keep written notes, copy documents, or get statements if appropriate. Consider any innocent explanations – money being entered into your accounting system incorrectly, or added up wrong, or being used for petty cash. Challenge your own suspicions and try to see the allegations from the suspected employee's point of view.

A full and fair investigation will lay the foundations for a reliable disciplinary procedure and any sanction that follows. This is particularly important when you are making an allegation of theft that may result in the employee losing their job.

A dishonest employee may well claim that the lack of direct evidence means that the dismissal was unfair. In effect, the employee is rewarding their employer for showing trust by throwing that trust back

in the employer's face. But a claim of unfair dismissal based on a lack of direct evidence would be misconceived. If the employer has followed their disciplinary processes and given the employee an opportunity to answer the allegations, the employer may rely on circumstantial evidence when considering the allegations.

The BDA recently represented members in such a case in the Employment Tribunal. The claim was brought by an ex-employee who had been dismissed for stealing money. The BDA members owned a small, close-knit practice. A trusted, long-serving practice manager had been quietly taking cash from the till. No one saw her take the money. But over the years, tens of thousands of pounds seemed to be missing.

The owners were alerted by their accountants to large sums of cash going missing from their practice. Shock and disbelief were their initial reactions, but they acted fast and within days conducted a thorough investigation. They looked at patient payment histories, receipts, banks statements, private ledgers and the petty cash book. Even though their manager was the obvious suspect, they considered and then discounted the possibility of every other person – dentists, nurses, other contractors and the cleaner – being involved. They analysed months' worth of payments into and out of the practice, and identified the window of time in which cash disappeared, between being received and being banked.

This investigation confirmed their suspicions that the practice manager, who was the custodian of the cash in this window of time, had been siphoning off cash from patient fees received at the practice. The circumstantial evidence against the manager appeared convincing.

However, despite the seriousness of the case and the strength of the evidence, the practice owners did not bypass the disciplinary procedure. They followed each step – in letter and in spirit. After their initial investigation they wrote to the employee, giving her full details of the information they had so far. They took time to present the information in a way she could understand, and allowed time for her to prepare before the disciplinary meeting. In the meeting they presented all the evidence they had, listened to what their manager had to say, and made their decision after careful consideration of all the evidence. Ultimately they did not believe her denials, and believed that she had been stealing from them. Quite aside from their considerable financial losses, they felt that there had been a complete and irreparable breach of their trust. They decided to dismiss.

'Despite the seriousness of the case and the strength of the evidence, the practice owners did not bypass the disciplinary procedure. They followed each step – in letter and in spirit..'

They informed the employee of their decision in writing, giving a full explanation of their reasons. She appealed, claiming there was no evidence at all against her. The employers considered her objections and followed their appeal procedure but ultimately decided to uphold the dismissal – there was ample evidence, which they had presented and relied on as they were entitled to do.

Nevertheless, a tribunal claim followed. Allegations were made about the practice owners' failings, lack of fairness and credibility. Their honesty was called into question. In the face of this, the practice owners could rely on their thorough investigation from the very outset of the case, and adherence to a sound disciplinary procedure throughout. The judge had no hesitation in dismissing all of the employee's claims.

Although the hearing went well without any nasty surprises in evidence – it reminded me of some important lessons. Even the most obviously fair dismissals don't guarantee protection from a lawsuit. So if the practice owners had been complacent – by skimping on the investigation or skipping steps in the disciplinary procedure, or not really engaging with the employee's responses to the allegation – any procedural failing would have been pounced on in the hearing.

Our successful defence of the claim also showed that cases such as this are not won in court, but in practice owners' offices and surgeries. By investing your time and energy back at the practice – by drafting a good disciplinary procedure, keeping it up to date and following it – you will help us fight your corner in court.

This investment will also help you take decisive action if you are the victim of theft by one of your employees. You don't need incriminating finger-prints, eye-witness accounts, or to catch them in the act. A properly conducted investigation can bring up other equally reliable evidence which you can use to protect you and your practice from dishonest employees and spurious court claims. ◆

[1] CIFAS (previously Credit Industry Fraud Avoidance System), *Fraudscape* 2017: External and internal fraud threats – essential reading for fraud and financial crime strategists, 2017

Is a dismissal fair? What the law says

Employment Rights Act definition:
Employment Tribunals apply a 2-stage test to the question of whether a dismissal is fair:

The employer must show that the reason for dismissal is one of the potentially fair reasons permitted by law, such as the conduct of the employee.

If the employer succeeds at the first stage, the Tribunal will go on to consider whether the dismissal was fair or unfair.

Whether a dismissal is fair or unfair depends on whether, in the circumstances (including the size and administrative resources of the employer's undertaking) the employer acted reasonably or unreasonably in treating it as a sufficient reason for dismissing the employee.

This question will be determined in accordance with equity (i.e. fairness) and the substantial merits of the case.

The Courts have decided:
In misconduct cases, the question of fairness is decided by applying a 3-stage test:

- In all the circumstances, did the employer carry out a reasonable investigation?
- At the time of the dismissal, did the employer genuinely believe that the employee was guilty of misconduct?
- Was dismissal (rather than any lesser penalty) a reasonable response to the misconduct?

The Tribunal cannot substitute its own views for those of the employer. Rather, it must decide whether the employer's actions fell within the range of reasonable responses open to (a reasonable) employer in the circumstances of that particular case. One employer may take a different – harsher or more lenient – than another employer, but all within the range of reasonable responses'.

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Practice Managers – an evolution

Lisa Bainham
President of the Association of Dental Administrators and Managers (ADAM), Lisa considers the current concerns of practice managers...

Looking back on almost 20 years' experience as a practice manager, never before has there been as much responsibility on the shoulders of practice managers, and now more than ever, they are finally getting the acknowledgment they deserve. When I began as a PM back in 1998 at the age of 19, the role could be quite basic and there was not the level of compliance or responsibility that comes with it now. In those days I learnt as I went along, and quite frankly from the many mistakes that I made.

There cannot be too many careers in which one is expected to be an HR Manager, Marketing Manager, Compliance Manager, Business Manager, to name just a few, whilst also being an approachable, occasional shoulder to cry on and not forgetting referee! The role needs to be carried out to the highest of standards, often without any formalised, additional training, other than Core CPD.

However, it would be fair to say that the role has evolved at different rates in different practices. Following ADAM's 2017 Salary Survey, it demonstrated that there was a huge range of pay disparity that was often (although not always) dependent or linked to the scale of responsibility the PM was working at. So, is this the fault of practice owners not understanding, or PM's not asserting themselves and demanding the credit and pay that is due to them? Part of the problem for PMs is not being aware of what they don't know, and then finding out where they can gain the training and skills to equip them in their roles. There are often no allowances for error, and certainly not in areas such as HR and Compliance where there are legal implications.

In my experience, the majority of PM's are happy to take on a huge workload, but too often are also expected to be a receptionist one day and maybe a dental nurse the next in addition to their PM roles and often without the reflection in remuneration. Many dentists, are so busy treating patients, (which is as it should be), that they sometimes don't realise the extent of the workload or the systems that are in place and being used by the whole team, to ensure the smooth running and success of their practice.

I would like to say that I don't believe there is a vast swathe of PM's that are being undervalued, but for those grafting away and feeling overworked, underappreciated and underpaid, the quote, 'You get what you pay for' springs to mind.

Many of you may not know that Chris Barrow was involved with the BDPMA in the 1990s. I caught up with him and asked for his take on the massive changes in the role of a dental practice manager over the last 20 years.

'Back in 1997, when the BDPMA was representing the profession, I wonder what the reaction would have been if I had predicted that 20 years later the fully-functioning practice manager would have to demonstrate leadership and management skills in:

- Financial monitoring and analysis
- Branding
- Direct marketing
- Digital marketing
- Patient relationship management
- Treatment co-ordination
- Post-treatment follow-up
- The patient experience
- Clinical governance
- Compliance
- The complete HR function.

'I also wonder what the reaction would be if I said the practices in which they work would include:

- Vast nationwide corporates with over 500 locations owned by healthcare insurers and financial institutions
- Rapidly growing sector of privately owned multiple location micro-corporates
- In-store dental chains owned by (or renting from) major high street retailers
- Economy, business and first-class environments
- The world in which they work would be dominated by the Internet of Things, bringing a digital perspective to every aspect of their work
- That private dentistry in the UK would have grown from £1 billion to £5 billion a year of sales (and that the £2 billion pound NHS dental budget in 1997 would be £2 billion in 2017).

'A good practice manager is integral to the running of a successful practice. Indeed, John Milne, CQC's Senior National Dental Adviser, recently said at a CQC Reference Group Meeting that the CQC inspection programme, to date, has found that 'a delegated and empowered practice manager is a key component of a well led practice.' Considering that the majority of failed CQC inspections are in the area of the 'well led' outcome, surely there is no better reason, to not only look after your practice manager but delegate, empower and reflect this in their salaries based on responsibilities.'

Anyone like to predict where we will be in 2037?! ◆

Leadership

An associate and team member's perspective

By Stephen Gates
CEO, Bright Light Leadership Ltd

'His men would follow him anywhere, mainly out of a sense of morbid curiosity' is how one Officer Fitness Report recorded the leadership skills of a First World War Lieutenant. Amusing surely, but certainly not how we would hope that key leadership skills are being displayed within modern dental practices!

In my last article we looked at leadership from the perspective of the practice owner/principal. We identified the critical role that this individual has to play in setting both the purpose ('why do we exist?') and vision ('where do we want to get to and how will we know when we get there?') for the practice. And we also highlighted the crucial importance that communication plays in bringing this to life – to ensure that it engages with both the head and the heart for all practice team members.

So does that suggest that once this is done then it's 'job done'? Absolutely not. Leadership is a fundamental requirement of all members of the practice team, and this article will explore the foundations on which team leadership can truly allow a practice to grow, thrive and differentiate itself from other local practices.

And what a goal that would be. Being involved in a practice where every single team member is focused on achieving the goals for the practice and patients who have a clear and implicit understanding of why this practice is special and why they should be recommending it to their friends and family….

True leadership must exist at all levels

It is interesting to see in the 2017 BDA Member's Survey that stress is recognised as a key issue that the dental profession needs to address. Although it is now 20 years old, the Marmot study[1] within Whitehall civil servants reviewed the underlying causes of occupational stress – with the two key stressors identified as high workload and low job control.

Both of these surveys demonstrate the importance of individuals both being in control and feeling as if they are contributing to the goals of the organisation that they work for – in our case, dental practices.

In terms of a direct business impact it is also estimated that 'dis-engaged' employees – where the employee does not believe that they are actively contributing to the success of the organisation – may cost UK industry as much as £70bn in lost productivity (with Gallup research[2] indicating that 83% of UK employees feel disengaged or ambivalent about their job and/or company).

So, working on the basis that the practice has clear leadership from the owner (including a wide understanding of the vision and purpose for the practice) what are the key foundations that will allow associates and team members to truly exercise their leadership skills and to have meaningful input into their working environment?

There are four key 'foundations' that we should consider as crucial attributes that team members can bring to the practice:

Foundation 1 – Taking responsibility for the achievement of goals

The purpose and vision for the practice is rightly the responsibility of the practice owner – as ultimately it's their money that has been committed to making the practice a success. However the Vision for the practice is unlikely to be sufficiently detailed to identify exactly how the goals should be achieved and where activities need further focus.

This is therefore the opportunity for everyone in the practice to get involved in

Stephen Gates
Stephen founded Bright Light Leadership to encourage the development and support of leadership skills in small and medium size businesses. Prior to this he was Managing Director of Denplan for 16 years.

identifying how the vision can be brought to reality. Everyone can, and should, be involved in 'interrogating' the vision for the practice and inputting into key question areas, including;

- What is the best and most focused way of actually delivering in key areas that will help the practice achieve its goals?
- Where can improvements be made that will have a really meaningful impact on the practice's success?
- How can I play MY part in achieving the practice's goals and what additional support could make me even more effective?

Foundation 2 – *To deliver*

Once there is clarity about the key goals for the practice and a more practical view of the plans that the practice needs to achieve then the real art of leadership also takes place – which is the hard work of ensuring that all activities that the practice undertakes are absolutely focused on delivering the goals.

If you had a football team whose goal was to win the Premiership then you'd expect the actions of each and every individual to be focused on that goal. Much of the success of the British cycling team over recent years is ascribed to an almost ruthless quest to remove any activity or approach that does not contribute to their overall goal.

That means knowing and understanding the Key Performance Indictors (KPI) for the practice – the important measures of success – and how your role contributes to them, and to challenge the practice owner to have the most appropriate form of measurements.

Practices I have worked with in the past have talked about an overall goal of improving oral health but never really measured whether they were achieving it. If the goal for your practice includes 'a great customer experience' then how are you measuring it and who are you comparing yourself to? And never forget that UDAs are simply a measure of 'input' (the dentistry that's being done) and are not an 'outcome' (oral health improvement, customer experience or profitability).

Foundation 3 – *Driving change*

We all accept that change can have both positive and negative connotations. Sometimes it can bring in an entirely new way of dealing with things and an opportunity within the team to develop a new range of skills. However the more painful type of change is one that occurs after a period (sometimes a substantial period, over many years) where the practice has been allowed to 'drift' – no-one has taken responsibility for offering their views on improvements to the practice, even if they've privately thought 'If I was in charge I'd do things differently…'

This is the key to effective team leadership - an ability to both identify where change can accelerate the practice in achieving its goals and actively implementing it.

Successful practices are those where everyone feels that they have a clarity of direction and are supported in making decisions as to how to improve things: Poor practices are those who only look to the 'boss' as a source of new ideas or inspiration. How much more effective can 12 heads be in identifying improvements and change – rather than just one or two?

Foundation 4 – *To feedback*

Without the additional responsibilities that come from practice ownership, it is often the associates and team members who can be closer to the needs and requirements of the practice's customers/patients. They are in an ideal position to provide input to key decisions that the practice is making by reflecting what they see on a day-to-day basis. The worst type of decisions are those that are made in isolation and therefore there's a vital requirement for all of the team to be (a) involved in decision-making and (b) bringing their own perspective and the perspective of the customers who they interact with.

So every member of the practice team has the chance to exercise their leadership skills. And these skills are especially important when you consider;

- Am I going to be actively involved in driving for the practice to achieve its goals – or am I going to be a passive participant who is simply 'swept along' with the direction that everyone else takes?
- Am I going to constructively challenge how the practice is performing and be involved in bringing forward recommendations on how to improve – or will I leave that to someone else and simply do the minimum that is required of me?
- Do I know and care about my fellow practice team members and genuinely understand how my own role contributes to the success of the practice – or am I comfortable to be isolated and removed from the practice and not a key player in the success of the practice?

Every single person working at the practice benefits from the success of the practice and therefore has the opportunity, and some would say 'the responsibility', to use their own leadership skills in constantly improving the practice and making it a 'beacon' within your local area – the one that staff want to work for and customers want to attend.

By actively engaging with the Vision and Purpose of the practice every single member of the team can make sure that their skills and knowledge are being used in the most effective way and that they are genuinely contributing their leadership skills to being successful. ◆

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1. Marmot M G, Stansfeld S, Patel C, North F, Head J, White I, Brunner E, Feeney A, Davey Smith G. Health inequalities among British civil servants: the Whitehall II study. *Lancet* 1991; **337:** 1387-1393.
2. Gallup. Work and workplace. Available online at http://www.gallup.com/poll/1720/work-work-place.aspx (Accessed September 2017).

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Is a portfolio career for you?

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The Cambridge dictionary defines a 'portfolio career' as 'having several part-time jobs at once, rather than one full-time job', or 'having a series of jobs, each for a short time, rather than one job for a long time.'

Research has shown that healthcare professionals want a good work-life balance as well as change and variety in their day to day working life. Therefore, it can be argued that a portfolio career, handling multiple responsibilities in and outside of the dental surgery, alongside maintaining pursuits outside of dentistry is now becoming more attractive.

Or is it? Are people choosing portfolio careers, or is the lay of the land simply guiding them into it in a subconscious way? We ask Neal McCormick and Nikki Patel what they think about portfolio careers.

Why portfolio careers might not be all they're cracked up to be

By Neal McCormick

Neal practices in an NHS and private practice in the North East of England. He is also an educational supervisor in foundation training and sits on the BDA Young Dentists Committee.

In recent years, I have heard 'portfolio careers are what dentists' want'. It is worth noting that is mainly mentioned by the generation of dentists that are retiring from the profession or in the later part of their career. It seems to be our chosen path as dictated by the powers that be. Anecdotally, I have come across an alternative opinion and it is one I myself hold.

My understanding of a portfolio career is a dentist working in several different clinical settings over the course of the working week, for example, one day in community dentistry, one day in a hospital setting, two days in general practice and a day in a teaching or administrative role. I am led to believe that in some cases, dentists are also working outside of dentistry entirely to supplement their income.

To understand the decision to operate within a 'portfolio career', we must first look at the factors affecting dentists' working lives and how they have led to a much changed landscape compared to when I started my undergraduate degree in 2006, coinciding with the start of the current dental contract.

It could be described as a chicken and egg scenario, where it is difficult to prove what the leading and definitive factor is in influencing the current working climate. However, I feel the portfolio career has been borne out of necessity rather than choice.

As A-level students, dentistry is only available to the highest achievers in the scientific subjects and therefore encompasses an intelligent and resourceful cohort of students that go into the profession at present. When you choose to study dentistry, the interest spans the ability to help people first and foremost, but also the ability to consider running your own practice, managing staff and having a level of control of your own working life. For the most part, this key area has been taken away from newly qualified dentists, with a crowded market of corporate and 'mini-corporate' practice owners. This has hugely increased the price of practice purchase and made it extremely difficult for an associate dentist to make the leap to practice owner. This move would have been considered the norm 10-20 years ago. In turn, the earning potential and salary ceiling has been greatly reduced, meaning an enthusiastic and conscientious dentist starting their career in recent years has to consider alternative options to fulfil their ambitions.

There is no doubt that within dentistry, increasing litigation that leads to higher indemnity fees, has added further stress to the situation. To couple that with the increased fear of over regulation and higher GDC fees, the outlook is appearing bleaker for the young dentist. At the point of writing, an associate dentist is likely to pay well over £5,000 per year to be allowed to work. Taking into account all of the above, it is then understandable that I have faced a level of low morale amongst many of my colleagues.

I feel we are seeing a direct response to this current climate. Is it a surprise that this resourceful, determined and intelligent group of clinicians are seeking to maximise their potential? Not at all but I fear the end

result is that the profession of dentistry and its patients are losing out. If some dentists are now seeking an alternative income, what does that say for our profession going forwards? Dentistry risks becoming unattractive to our top performers at A-level, as other fields provide a more stable working life with increased earning potential. We want to retain the talented and skilled students that are currently considering dentistry as a career.

So what is the answer you may ask? There is no doubt some obvious changes can be made within the profession to help morale and reignite the enthusiasm amongst young dentists. A supportive regulator, increased funding for specialist training and clarity on contract reform within NHS dentistry to name but a few. I am not sure I can offer a silver bullet but some understanding of the challenges facing dentists in the early stages of their career (and furthermore those yet to qualify) would be a good place to start. ◆

Why a portfolio career works for me

By Nikki Patel
YDC Committee member, Dentist and Fellow in Clinical Leadership, NHS England and Health Education England

For many decades, the majority of dentists graduated and then worked their way up from associates to practice principals. With practice ownership decreasing and the increasing costs of buying a dental practice, it is now much more challenging to follow this career path. More associates than ever will remain working as dental associates for their whole careers. This means that many associates are unlikely to extend their skill set to running a business and managing and leading teams. Some associates may yearn for opportunities that allow them to extend their skill set as their career progresses, and seek this in other ways than owning a dental practice.

People want variety in their job roles. Young dentists seem to be tired of the UDA treadmill earlier than their older colleagues did with the then fee per item treadmill. They seek more stimulation from their careers than UDAs provide. In 2015/16, 22% of principals had very high or high levels of self-reported morale, and 33% of performer-only dentists. There has been a reported correlation between increasing amounts of time spent on NHS work and poorer morale. This may stimulate dental professionals to look for other opportunities within and outside of dentistry to satisfy their career needs.

Traditionally, associates tended to work in one dental practice in the week, as full time posts were abundant. In recent years, the rise in part-time associate positions has enabled associates to seek additional job posts, be that in other dental practices and outside. This results in more opportunities and flexibility for dental professionals to seek a portfolio career.

The economic depression from 2008, may have fuelled multiple job roles as people took on additional part time roles to supplement their incomes.

There are now more opportunities than ever for a dental professional to pursue, within and outside of dentistry, however we still need to make more opportunities accessible. The chance to regularly step away from the stresses of day-to-day dental practice is prompting many dental professionals to seek alternative career paths that work in tandem with general dental practice. The dental industry market is expanding to meet changing consumer needs and there may be opportunities in digital dentistry, business consultancy, third sector, as well as in writing, editorial, law, trade union, Royal Colleges, teaching, research, commissioning and within the wider NHS system.

Outside of dentistry, the world is your oyster; any hobby or interest can be pursued as well as opportunities in business, property, media, health policy, humanitarian aid.

It could be argued that many career options are still yet to be invented. With advances in technology and artificial intelligence, who knows what opportunities may arise.

Portfolio careers can benefit dental professionals and their employers or teams they work within by offering flexibility, novelty and autonomy. Dentists may find that their interests get squeezed out as the pressures of working in the dental field take over. A portfolio career can redress this balance and bring personal satisfaction to reduce the risk of stress and burnout. The freedom to diverge, to give rein to disparate passions and interests rather than sacrifice most to invest in one, is one of the great joys reported by portfolio workers. Additionally, portfolio careers can make a career more interesting and varied and keep dental professionals highly motivated in all their posts.

The additional skills gained from other pursuits can benefit the employer or the team that the dental professional is working within, as it may increase productivity and an employee may even be less likely to take days off sick if personal satisfaction is high.

There is a risk that a dental professional could spread themselves too thin and therefore start to feel exhausted if they take on too many roles. Good organisation and flexibility will be required to counteract this. Loss of income needs to be considered if other posts are unpaid or paid at a lower rate than working in dental practice. Criticism from peers can also be encountered, especially if fellow dental professionals do not understand or realise the benefits of the other roles that are being undertaken. ◆

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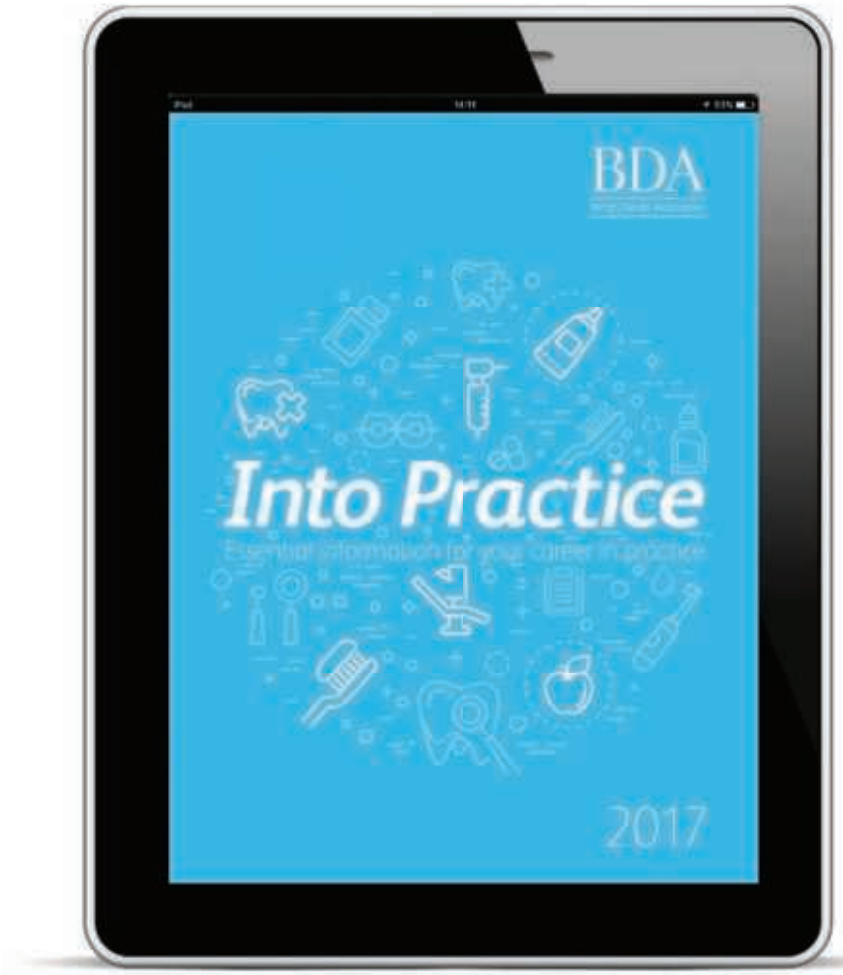

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Change management

By Paula Slinger
Paula is a Business Adviser, helping BDA members with all aspects of business planning, buying and selling practices, incorporation, conversion to private practice and other related areas.

Successful businesses constantly adapt. It is this ability to adapt which enables a business to survive change. In particular it is the ability to act quickly and embrace external influences over which they have no control that allows them to stay ahead. A well-established business may not be in favour of the external factors influencing them but you need to have the ability to accept that things will and do change. Businesses that fight against change either delay the inevitable or collapse.

Although totally unrelated to dentistry, Taylor's of Harrogate and its brand Yorkshire Tea is a fine example of a business that is willing to embrace change[1]. Their sales analysis showed a decline in the sale of traditional tea, yet sales of other teas such as green, fruit and herbal teas grew. Rather than continue solely with sales of traditional black tea and risk the loss of income they expanded their range by tapping into the specialty tea market. It has focused on ways to remain current and thrive in the industry in which they work. Their spokesperson said the company hopes that the new products will 'meet specific needs currently unfulfilled by black tea to address the trend among consumers who are switching out of the category'.

Another example is the closure of Blockbuster Video. They ignored the fact that people were moving onto on-line rentals. If Blockbuster Video had changed with the times and kept up to date with market trends, they may still be here now.

Dentistry is no different. It is possible to identify many factors which can affect your future. These could be developments in new treatments, changing patient attitudes to treatment, changes to the NHS or other regulations, new technology, developments in the role of the dental team or the general economic situation.

Anxiety

Change can be a major cause of anxiety. Humans tend to feel safe and secure when sticking with things with which they are familiar and dislike uncertainty or feeling that they cannot control events. But there are only two options: to make yourself feel worse by complaining about it and then getting caught out; or to look at what it means, consider how to meet it and prepare yourself.

Team work

People are key in any change. They can take on different attitudes and roles in response to the change – they are the planners, the drivers who champion the change, the helpers who organise it, the hecklers who criticise it and, at times, the blockers. But it is not an organisation that makes a change but the individuals in it. Success relies on each person adapting and doing their work differently from before.

Leadership

There needs to be an overall manager who identifies what change is required and can drive it forward. The role involves looking at the team and how people will have to adapt,

the resources required and all associated costs. They need to look at how training in any new skills or procedures can be arranged and how any new equipment or other materials can be acquired. They will also need to handle any legal requirements such as planning permission, health and safety law or consulting staff on any contract changes. Consider whether the change will lead to any down time at the practice, for example as building works are being carried out.

Involvement

Involving staff in change enables them to feel they have some sort of ownership over what is going on. Lack of control can add to the fear associated with changes in the workplace. It also allows you to get an early indication of who may try to block the changes you propose. They are the people you have to work on to get on-side.

Addressing fears rather than ignoring them can be a game changer. Try and remove the fear of the unknown. Be open with your team. Tell them why you are proposing changes and let them know what impact this change may have. Ask them what they think. They may have amazing ideas that you had not thought about. Make sure you tell them you value their input in your business. Demonstrate how important their opinion is; listen to them; ask them if they have any ideas that would make it easier for them. This approach, rather than dictation, is likely to keep your team on-side.

When dealing with people who may oppose or criticise change, ask them what it is they do not like about it. There could be fears around job losses, increased hours, additional workload, loss of money or even being judged on how they carry out new tasks with which they are not yet familiar. If they have particular strengths that could actually help in the process, identify these and give them ownership of certain tasks.

People and resources

Your plans will depend upon having your team onside and the right resources in place, both of which rely on the giving clear direction. Be very certain on what you have to achieve and the steps required. For more information see www.bda.org/advice for BDA Advice Business planning and managing change. ◆

1. FoodBev Media. News item: Yorkshire Tea to 'shake up' tea market with new speciality brews, 29 July 2016. Available at www.foodbev.com/news

Dealing with valid employee complaints

By Jacinta McKiernan

Jacinta is a Practice Management Consultant in the BDA's Practice Support team. Based in the Wales Office, Jacinta advises general dental practitioners on associate contracts and a wide range of employment and other law

Employee grievances are a safety valve allowing you to address employee concerns and to resolve them before they become out of hand. Sometimes you realise that your employee has raised a valid point and you will need to take action to put it right. The employee should be able to walk away from the process feeling that they brought up an issue, someone listened and something was done to solve the problem.

With any grievance you should take a common sense approach to dealing with it, how you actually handle a grievance is perhaps the most crucial aspect in terms of being able to achieve a satisfactory resolution. That you have responded positively towards them may go a long way to resolving the matter. Following a clearly set out grievance procedure (which should be included in the employee's contract, BDA Expert Solutions has a template that follows the principles set out by Acas[1]), hold a meeting to give the employee the chance to explain the issue but more importantly finding out what they want to be done to resolve it.

Find out what they want

Quite often when raising a grievance, the employee will only have described the problem. If they haven't mentioned their desired outcome, you will need to discuss at the grievance meeting what outcome the employee seeks. More than that, let them know before the grievance meeting that you want to discuss desired outcomes so that the employee has a chance to consider their response in advance.

Depending on the content of the grievance, an employee could ask for a number of things. These could include a simple apology for a situation where they feel they were treated badly. They may want you to reverse a management decision, for example when they can take holidays. A change in working practices to reduce their workload may be requested, or for you to take action against a manager or colleague who they feel has acted unreasonably.

What they ask for needs to be realistic. Even if they have made a fair complaint they may be asking for something that you cannot comply with, say the dismissal of a colleague or a massive wage increase. You could ask why they want these outcomes. There could be reasons behind those requests that could be answered by less radical solutions. You could promise to investigate fully and, if serious enough, take disciplinary action against that colleague. Rather than raise someone's pay, you may be able to deal with the reasons why they feel undervalued, by upgrading their job title or supporting them in formal training.

Conflict management

It would be understandable if you react to the situation by defaulting to a defensive position and view a grievance as a threat to your authority. In these situations, the main remedial action is to first curb any feeling of defensiveness or annoyance and to try and focus on the true nature and origin of the dissatisfaction in an open-minded way.

Once it has been established that the employee has a valid concern another meeting with the employee could be held to discuss the findings and what you propose to do about it. It is essential that the employee has an opportunity to consider what you suggest.

You need to look at ways of accommodating the employee's demands. Consider whether you can give them what they want. This will be easier if you perceive this as something minor that does not affect the delivery of care to patients. Nevertheless the concern will be important to the employee so this may be the best way to deal with it.

Another approach may be to collaborate with them to integrate their ideas with your ideas. Explore ways to combine them and discuss how each would work and whether that would be satisfactory to each of you. Focus on clarifying or redefining current work systems or your rewards for staff to resolve the dissatisfactions. Related to this is a straight forward compromise – offer the employee something in return for them giving up part of their position. However, this can lead to solutions that the employee (and you) only find acceptable rather than desirable.

It is not easy to shape employees attitudes and perceptions. Thus, methods of handling grievances that emphasise a problem-solving approach, rather than apportioning blame are more likely to end in a successful solution being found. It is less likely to result in resentment and further emotional reactions.

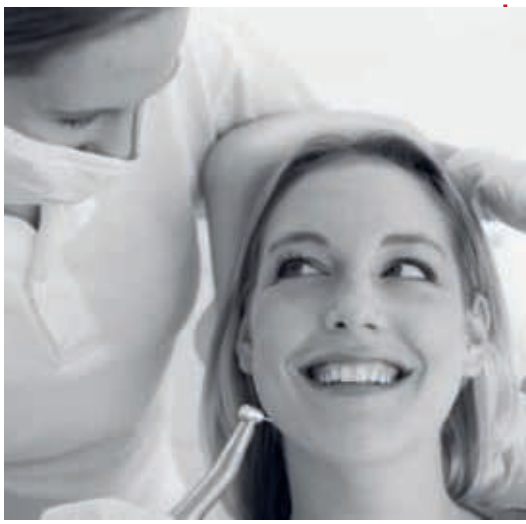
Written response

You must respond honestly and appropriately to a grievance. If your investigation shows that the employee's concerns are well-founded then you must acknowledge it and put it right. It will be important to discuss the matter face to face with the employee though afterwards ensure that they receive a written response.

The letter should accept the employee's concern and apologise for any distress that this has caused. Say you are sorry for the mistake and then outline the steps that you have discussed on how you will put the matter right. Sometimes saying those three little words - 'I am sorry' - is the right and responsible thing to do. ◆

1 Acas. Code of practice on disciplinary and grievance procedures, The Advisory Conciliation and Arbitration Service, March 2015

Five tips to improve customer service in your practice



By Sarah Cook
Sarah is an adviser in the BDA's Business Team, assisting members on a range of issues including practice management and NHS dental regulations.

You have a big impact on patient perceptions of dental practice in general and your practice in particular. The long recognised halo effect applies just as much in the healthcare setting as in other aspects of business or everyday life – put simply once you create a positive impression it carries through to the person's attitude towards all aspects of what you do. Creating and maintaining a positive image is not quite as important as always providing high quality clinical care but it's up there as one of the things that is vital to maintaining your reputation. Pay attention to the overall approach and delivery of dental care so that patients feel they are valued and that they are important to the practice. These five tips will help you focus on winning and retaining loyal patients.

1.Find out what your patients want

It will vary, from 'a good smile', to 'wanting toothache to go away' to 'having a quick check-up and being told they are fine until the next time'! The easiest way to find out what patients want, is to ask them. This can and should be through regular feedback surveys so you can assess what their experience has been. You can use the feedback to improve your service, address staff training requirements or even identify new product requirements. Surveys also demonstrate to patients that you're interested in providing quality care to them and that you are actively looking for ways to improve.

2.Make sure patient pathways are clear

Patients need to have a great experience at your practice from start to finish. Booking an appointment sounds simple enough but it is important to get it right. The patient needs to be booked in for a time that is convenient for the patient and for the appropriate length of time so they do not feel as if they are being rushed out. If the patient has a positive experience with your reception staff then they will feel valued and it may mean you have fewer who fail to attend. Rather than asking the patient when they can attend and you saying 'sorry we have nothing at that time', try giving them at least two choices for their appointment time, so that the patient feels they have made the best choice for their schedule.

Consider how pleasant or aggravating the wait might be; put yourself in your patients' shoes by spending time in your waiting area. You will be bound by the confines of your building but think how you might improve it, from décor, whether they can see outside, having a range of up-to-date magazines that cover a range of tastes and interests or having a screen showing oral health education information.

In treatment planning value their opinion. You will obviously be focussed on how to obtain informed consent before embarking on any treatment. There are sometimes situations where you believe a certain treatment plan would be in the patient's best interest. However, if once you have explained the risks and benefits of various treatment options, the patient chooses to decline that course of treatment, then you must respect their opinion.

Tell your patients what happens next, whether it is the need for another appointment or how long it will be before their dental appliance is ready or when they can expect their next recall. Don't wait for them to ask you. The patient will then go off confidently knowing when to return and fully informed about their future care. And follow up where appropriate. They will appreciate that you want to know that things have gone well for them.

3.Purpose not function

Within your team think about why you do things and its importance to your practice and patient care rather than what the task involves. In this way you can respond better to what the patient needs. Sterilising and preparing instruments is a function and you cannot operate without it but the purpose is to provide safe clinical care. Sometimes safe clinical care may require your nurse to do another task first. They should be mindful of this, empowered to act and praised afterward for doing the right thing.

4.Flexibility

Showing flexibility to your patients can win you their appreciation. For instance be understanding if someone cancels at short notice, patients failing to attend dental appointments is frustrating but do not automatically refuse to see them again. There may be good reasons. Unforeseen circumstances arise in everyone's daily lives. Or in other cases saying sorry can be the best way to react if things don't go right.

5.Look around for benchmarks

Compare yourself to service providers outside the dental or healthcare setting. Your patient will also be a customer at the local hairdressers, gym or garage. They will talk to friends or comment on social media about their day-to-day experiences. So expectations of you will be set by their other daily interactions. Think about whether there are any approaches to customer care you could adopt. ◆

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BDIA DENTAL SHOWCASE PREVIEW

Sit down with the experts

For more than 50 years, A-dec has focused on providing dental professionals with innovative and reliable solutions for better practice. One of the most trusted names in dentistry, A-dec is responsible for creating some of the most highly acclaimed dental chairs on the market.

The team will be attending BDIA Dental Showcase, exhibiting on stand K20. Delegates will have this fantastic opportunity to speak face-to-face with the A-dec experts, to learn more about the world-class technology they have to offer.

This includes the all-new A-dec 300 LED light, a powerful but economical lighting solution, and the new A-dec 200 chair, a competitively priced entry-level system that has been manufactured to the highest standards.

If you want to learn more about these fantastic products, be sure to visit the A-dec team on stand K20 or www.a-dec.co.uk or call on 0800 233 285.

A must see!

Having been at the forefront of dental decontamination equipment design for over 50 years, Eschmann's Little Sister is a 'must-see' for any delegate visiting this year's BDIA Dental Showcase.

If you're interested in upgrading your washer disinfector, autoclave or handpiece cleaner, the Showcase is the perfect opportunity to find out more about Little Sister decontamination equipment, available from the UK's leading manufacturer.

While you're there, be sure to ask the team about Little Sister's Lifetime Breakdown Protection, free log book, CPD training and annual validation available with every purchase.

For more information on the highly effective and affordable range of decontamination equipment and products from Eschmann, visit www.eschmann.co.uk or stand G64.

An exciting time

After a successful launch of the new Black Is White To Go chewing gum with active carbon, this year's BDIA Dental Showcase is set to be the most exciting yet for Curaprox.

The chewing gum is the latest addition to the Black Is White family of products, designed to whiten teeth, prevent tooth decay and balance mouth flora for a fresh and beautiful smile.

Delegates can also expect to see a number of old favourites, including the extensive range of CS toothbrushes and CPS interdental brushes, as well as a number of Curaprox Baby products, which have proven to be a massive hit. The range of CURASEPT ADS® (Anti-Discolouration System) mouth rinses will also be on display, offering all the benefits of chlorhexidine with minimal side effects.

As always, there will be an opportunity for delegates to try the Black Is White toothpaste, so if you haven't yet witnessed the amazing results, be sure to stop by stand G50 and see for yourself.

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

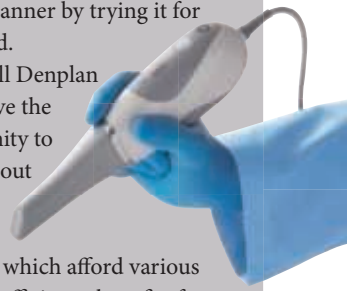
Interact @ Showcase

Dedicated to making your life easier, Carestream Dental provides an array of cutting-edge technologies and equipment to suit the needs of every dental practice.

To discover the latest from the company, meet the team and get involved, visit stands J58 and K60 at the BDIA Dental Showcase this October.

For everyone looking to better understand the practice workflow with Carestream Dental technologies and to find out how its potential can be optimised, a dedicated virtual reality experience will be available.

You can also get hands-on with the CS 3600 intraoral scanner by trying it for yourself on-stand.



Further still, all Denplan practices will have the perfect opportunity to find out more about the innovative DEPPA and CS R4+ integration, which afford various time-saving and efficiency benefits for both practice and patient.

For more information contact Carestream Dental on 0800 169 9692 or visit www.carestreamdental.co.uk.

Cutting edge technology

Dürr Dental will be exhibiting a range of their equipment at this year's event. Their brand is synonymous with leading edge imaging equipment. Their panoramic device is so easy to use you won't need a second take, as the first one will almost certainly be perfect.

Unlike other devices this unit does not rely on experience or expertise, in fact both are almost negligible! Come and experience the difference yourself. You'll also get a chance to experiment with a totally new piece of imaging equipment!

Visitors might also be interested 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.

Find out more at stand D30.

An enlightened event

Enlighten Whitening is the world's best performing tooth-whitening treatment, guaranteeing results to Vita Shade B1 for every patient – and the friendly Enlighten team will be at the BDIA Dental Showcase this October to tell you more.

Exhibiting on stand M2, the Enlighten team will be providing delegates with the latest information about their whitening products and its best practice. They will also be telling professionals about the Enlighten Regional Centres of Excellence programme, which is available to aspiring dentists who want to become the leading authority on dental whitening in their local area.

With more patients than ever requesting tooth whitening, the Enlighten team can provide you with all the skills and materials needed to deliver first-rate and long-lasting whitening treatments for every patient.

For more information, visit www.enlightensmiles.com, email at info@enlightensmiles.com or call the team on 0207 424 3270.

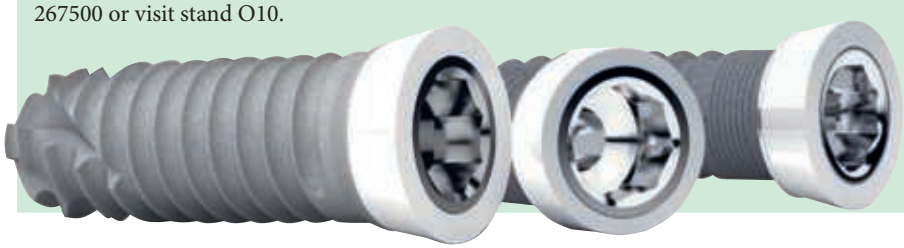
One of a kind

Exhibiting on stand O10, TBR will be showcasing the innovative Z1 implant, which is comprised of a unique combination of biocompatible materials – titanium and zirconia. The one-of-a-kind construction of the Z1 implant allows for great clinical results, including improved soft tissue management and aesthetics.

Available in the UK through exclusive dealers, Dental Express, the implant systems from TBR are among the most advanced in the world – and the team will be keen to demonstrate this to visitors at the stand.

With over 30 years' experience in the design and manufacture of dental implants, TBR has been at the forefront of the implant revolution. To find out more about the range of exceptional products, be sure to visit the team on stand O10 at the BDIA Dental Showcase.

For more information visit Dental Express at www.dental-express.co.uk, call 01246 267500 or visit stand O10.



Headline sponsor

Oral-B is once again the headline sponsor at this year's Dental Showcase.

Much interest is expected in the company's flagship power toothbrush, Oral-B Genius. By combining motion sensor technology located in the brush, and video recognition using a smartphone's camera, all areas of the user's mouth can be tracked so that they know exactly where they've brushed and where they've missed! Patients receive instant feedback on the brushing of each zone of the mouth via the Oral-B App 4.1, including guidance on pressure applied and brushing duration.

For further information visit stand L2 and K10.

Mixing classic with modern

Mixing classic with modern and renowned for its original designs, TANDEX will be at Dental Showcase 2017.

TANDEX is ideally suited to support your patients' needs with a variety of intra-oral aids, mouth rinses and interproximal gels.

Visit stand F54 to view the stunning product line and take samples to use in your practice.

You will find brushes for daily use, suitable for all age groups and dental needs. Also check out the FLEXI, a high-quality interdental brush that is more robust than many other brands on the market. With longer-than-usual filaments it will comfortably remove deposits from all sorts of tricky spaces.

You'll also find the PROXI, an interdental brush comprising of a metal tip enclosed by a plastic head, for no risk to tissue. Also TANDEX GEL, which is non-abrasive and contains 0.2% sodium fluoride.

TANDEX's products are perfect for any practice that wants their patients to achieve optimal oral health between appointments.

For more information on Tandex's range of products, visit www.tandex.dk

Is your dental practice thriving?

According to reports, independent private dental practices in Great Britain are declining in number, and have been since 2004 while corporate dental practices are on the rise, now embracing over 20% of UK dental practices. There are many factors experts attribute to this shift, some controllable and some uncontrollable. The Dentist's Advantage was started as a resource to enable the independent dental practice to improve their bottom line and thrive by taking control of some of these factors that are causing a decline in profitability.

Approximately 28,000 independent dentists in the UK are in the majority compared to those who work for a corporation. The reasons you choose to have an independent private dental practice diverge.

However, I will assume one of those reasons for many of you is that you want to be able to have some control and autonomy in your practice and your future. Perhaps, you want the opportunity to create a great business and build a lifestyle and retirement plan. For many of you, your practice is your largest investment. In essence, you are investing in yourself and the success of your practice.

The Dentist's Advantage will help you improve your profitability, however, it is up to you to utilise and access the resources we provide. I cannot emphasise this enough; the more members we have the more negotiating power we have and the more resources we can provide.

The Dentist's Advantage has negotiated preferred pricing with over 40 reputable alliance partners. To access this preferred pricing go to www.thedentistsadvantage.co.uk and set up an account, take some time to look at the member area and map out a plan of how you can implement utilising these savings in your practice. The more members we have the louder our voice becomes to negotiate preferred pricing for you.

For further information contact info@thedentistsadvantage.co.uk, www.thedentistsadvantage.co.uk or call 020 7099 2077.

A revolution in interproximal cleaning interprox

Brushing alone is not enough. 40% of the tooth surface resides in the interdental space and below the gum line. As a result, interdental brushes are an essential tool for mechanical removal of biofilm preventing tooth decay and gum disease.

Interprox interdental brushes are ergonomically designed with a flexible handle adapting to patient needs, improving access even in the most difficult and hard to reach areas.

Key features and benefits:

- Anti-slip groove for precision and comfort during brushing
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- Bi-coloured tynex bristles that provide high quality and durable, dislodges and detects plaque and bleeding
- Protective cap that guarantees optimal oral hygiene after use
- Plastic lined neck provides added protection, flexibility and anchoring of the wire
- Eight sizes featuring conical and cylindrical heads to facilitate all interdental spaces.
- Flexible handle and neck that optimises the positioning of the brush for effective controlled cleaning.

For further information please contact 0208 459 7550 or visit marketing@dentocare.co.uk.

Game-changing restorative solutions

VOCO would like to welcome Dental Showcase visitors to Stand M26 to meet their knowledgeable team of experts who'll be on hand to offer advice on all aspects of restorative, preventive and minimally invasive dentistry.

With dentistry rapidly moving into the digital realm, VOCO are excited to introduce their SolFlex 3D printer range, which allows users to benefit from the efficiency, accuracy and predictability of digital designs throughout the production stage.

Visitors to the stand will also get to discover VOCO's new Grandio blocs, guaranteeing outstanding aesthetic results and meeting the highest demands of same-day chairside CAD/CAM restorations. Indicated for crowns, inlays, onlays, veneers and implant-supported crowns, Grandio blocs are the strongest in their class, with a superior biaxial flexural material strength of 333 MPa and the highest filler content of any bloc on the market today at 86%.

Plus, there'll be a few VOCO favourites on stand too, including the light-curing, radiopaque Admira Fusion, showing the lowest level of polymerisation shrinkage (1.25 % by volume), as well as Profluorid Varnish, containing 5% sodium fluoride (22,600ppm fluoride) to protect teeth against acid attack, promote remineralisation and contribute to the formation of fluorapatite.

Visit VOCO on Stand M26 to hear about special show offers and a chance to see these products in action. Alternatively, if you are unable to attend please call the expert VOCO team today on international Freephone number 00800 44 444 555 or email service@voco.de.

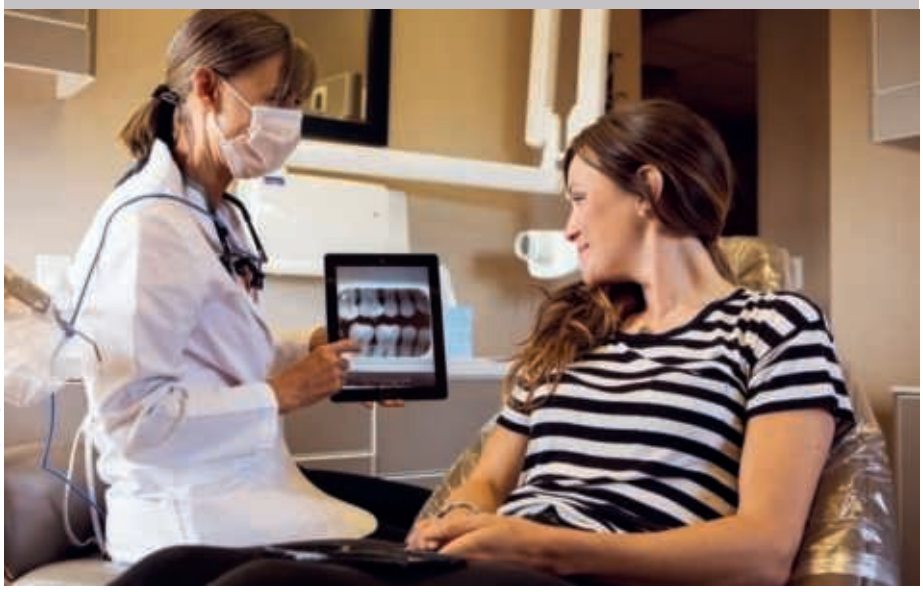
Providing a solution Wesleyan

Modern dentistry has evolved into a fast-paced digital age, influenced by rapid advancements in technology. 3D printers can produce highly accurate dental and orthodontic models, as well as castable crowns, bridges and partial denture frameworks in minutes rather than days. Furthermore, advanced computer-aided design (CAD) software can display scanned images of teeth for patients to view instantly, transforming efficiency.

According to research, incorporating new technology and specialist equipment into a dental practice can provide a strong return on investment as well as offering a competitive advantage. But how can dentists deliver the services which patients increasingly expect due to the high level of ongoing investment that is required?

Asset finance solutions, from specialist providers such as Wesleyan Bank, can help dentists to stay ahead of the curve. Tailored and flexible finance solutions include funding for a wide range of IT technology and dental equipment, including software and associated hardware and maintenance services.

As a result, dentists no longer have to dip into vital cash reserves and attempt to purchase new items in one lump sum. In doing so, they can spread the cost (usually over 1 to 5 years) to protect essential working capital while maintaining their existing banking lines.



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Will you start the fans please!

The A-dec team is delighted to be bringing the fun of 'The Crystal Maze' to the BDIA Dental Showcase this year.

Giving you something new to try, part of the stand will be transformed into the popular end game of the TV show. The aim of the game is to collect as many tokens in the allocated time as possible and the person with the highest score at the end of the Show will win the star prize – a Nespresso KitchenAid Coffee Machine!

There will also be an additional 'spot prize' each day of the Showcase for the lucky people who grab the 'special tokens', with all participants winning a little something as well just for taking part.

Plus, don't forget to have a look around the cutting-edge A-dec dental units on display, including the new A-dec 300 LED light and A-dec 200 chair.

Bring your A-game to the A-dec stand K20!

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Email: info@moorparkdental.com

Dr Joe Bhat BDS FDS RCS MClinDent MRD RCSEd
Specialist in Oral Surgery and Prosthodontics

Dr Lydia Hopkins BDS MSc Ahea
Specialist in Periodontics

Dr Nick Vyas BDS MSc FDSRCS Cert. Implantology
Specialist in Periodontics

Dr Norman Gluckman BDS Rand
Specialist in Endodontics

Dr Neeta Patel BDS FDS RCS
Specialist in Oral Surgery

Dr Sheetal Patel BDS MFDS RCS MSC Morth
Specialist in Orthodontics

Professsor Raman Bedi BDS MSc DDS honDSc DHL FDSRCS(Edin) FDRCS(Eng) honFDSRCS(Glas) FGDP FFPH
Specialist in Paediatric Dentistry

Dr Amanda Reynolds DDS LDS DDPH(Eng) MSc DPH Dip Endo, Cert Sed & Pain Management, CILT
Specialist in Special Care Dentistry

294230

AYUB ENDODONTICS
www.ayub-endo.com

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

270171

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

284695

DENTAL SPECIALISTS ST ALBANS
www.thedentalspecialists.co.uk

96 Victoria Street, St Albans, Herts AL1 3TG
Tel: 0172 7845706
Email: admin@thedentalspecialists.co.uk

Interests: Periodontics with a special interest in Peri-Implantitis and hard and soft tissue Regeneration, Orthodontics, Implants, Full Mouth Rehabilitation, Anti-Snoring Devices, Non-Surgical Management of TMJ problems

Specialists in Periodontics: **Dr Adetoun Soyombo, Dr Olanrewaju Onabolu and Dr Carol Subadan**
Specialist in Orthodontics: **Dr Ayodele Soyombo**
Special Interest in Orthodontics: **Dr Juanita Levenstein**
Special Interest in Prosthodontics: **Dr Richard Craxford**

239826

DENTAL SPECIALISTS MK
www.dentalspecialistmk.com

259 Queensway, Bletchley, Milton Keynes MK2 2EH
Tel: 01908 630169 **Email:** admin@dentalspecialistmk.com
Interests: Orthodontics, Periodontics, Implants, Peri-implantitis, Full Mouth Rehabilitation, Prosthodontics, Endodontics, Oral Surgery including TMJ , Restorative Surgery, Sedation and Snoring.
CT scanner and Zeiss microscope on site
On Specialist List: Yes, Orthodontics Dr Ayodele Soyombo, Dr Patel
Special Interest in Orthodontics: Dr Juanita Levenstein
Specialists in Periodontics: Dr Adetoun Soyombo, Dr Carol Subadan and Dr Olanrewaju Onabolu
Specialist in Prosthodontics: Dr Peter Yerbury and Dr Ulpee Darbar,
Specialist in Restorative Dentistry: Dr Ulpee Darbar
Specialist in Endodontics: Dr Neil Kramer
Specialist in Oral Surgery: Dr Tamer Theodossey, Dr Wale Towolawi and Dr Yinka Lesi

209440

TOOTHBEARY RICHMOND
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Dr Nicole Sturzenbaum
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358a Richmond Road,
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Tel: 0208 831 6870
Email: info@toothbeary.co.uk
Interests: Children

258051

ROOT CANAL DENTAL REFERRAL CENTRE
www.rootcanalcentre.co.uk

351 Richmond Road, Upper Ground Floor, East Twickenham TW1 2ER
Tel: 020 8050 0351 **Email:** info@rootcanalcentre.co.uk
Dr Nicolai Orsteen
DDS Oslo 2002
Specialist in Endodontics
GDC No. 175404
Interests: Endodontics
On Specialist List: Yes

293124

PERIO & IMPLANT DENTAL REFERRAL CENTRE

www.perionimplant.com

351 Richmond Road, Upper Ground Floor, East Twickenham, TW1 2ER
Tel: 020 8912 1346 **Email:** info@perionimplant.com
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BDS (National University of Singapore)
MSc in Periodontics (Eastman Dental Institute, UCL)
MSc (Distinction) in Dental Implantology (University of Bristol)
Specialist in Periodontics
Interests: Periodontics and Dental Implants
On Specialist List: Yes - Periodontics

293125

Midlands

THE PRIORS DENTAL PRACTICE LTD

www.thepriorsdentalpractice.co.uk

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

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

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

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

CT Scanner and dedicated implant suite on-site.

236739

DENTAL SPECIALISTS MM

www.dentalspecialistsmm.co.uk

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

Interests: Periodontics, Orthodontics, Peri-implantitis

Dr Ayodele Soyombo **On Specialist List:** Yes, Orthodontics
Dr Bola Soyombo **On Specialist List:** Yes, Periodontics
Dr Richard Craxford **On Specialist List:** No

209439

North

SPECIALIST DENTAL CARE

www.specialistdentalcare.com

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

261782

North West

ST GEORGE'S DENTAL PRACTICE

www.stgeorgesdentalpractice.co.uk

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

261006

East Anglia

DEVONSHIRE HOUSE

www.devonshirehousedental.co.uk

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

Specialist Referral and Education Centre

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

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

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

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

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

Specialist Orthodontist:
Dirk Bister

283787

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www.jasdental.co.uk

J Smallridge Dentalcare
Childrens Dentistry
82 Berners Street, Ipswich, Suffolk, IP1 3LU
Tel: 01473 550600 **Email:** jo.carey@jasdental.co.uk
Consultant Paediatric Dentists
Consultant Orthodontist
Clinical Psychologist
Specialist Prosthodontist for adults
Endodontist

289511

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- bankcommercialsales@wesleyan.co.uk
- 0800 980 9348

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wb_ad_bdj_asset 10/17

Business skills CPD

Q1: Why should you consider involving staff in change?

A They are important to the business plan

B Not doing so may lead to them leaving

C It gives them a sense of ownership

D You should not involve them

Q2: What should you do if an employee grievance is upheld?

A Acknowledge they were justified

B Put the situation right

C Provide a written response

D All of the above

Q3: What percentage of visits to NHS Choices are for dental profiles?

A 4%

B 14%

C 24%

D 34%

Q4: How many people will die from dementia, according to estimates?

A One in three

B One in four

C One in five

D One in six

Q5: How many principles need to be considered in the Mental Capacity Act 2005?

A 3

B 4

C 5

D 6

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

To complement the clinical CPD you can earn with our sister publication, the *British Dental Journal*, our CPD is designed to help dentists keep up with the latest developments in the profession.

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

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

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

Need help?

To access *BDJ In Practice* CPD online:

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

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

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

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

For support use: cpd.hub@bda.org

BDA
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Education for dental care professionals

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NEW Essentials of decontamination

This online certificate course will cover all the essential information you need to know to enable you to understand and implement effective decontamination procedures within your practice.

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This flexible, online course will help you learn the communication skills needed to educate your patients about their oral health.

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Happy 60th Birthday

to the High-Speed Handpiece and Modern Dentistry!

60 years ago in 1957, the S.S. White Company introduced the Borden Airotor, the first successful air-driven handpiece regarded as the precursor to the present generation of high-speed handpieces. This revolutionized dentistry making it more efficient, more comfortable and more profitable. This development presented a major improvement from the "belt-driven" handpieces that preceded them and represents one of the most significant leaps forward in the era of modern dentistry.

Real income for dentists steadily increased between 1957 and 2007 through the efficiencies of everyday dental tasks made possible by the Borden high-speed handpiece.

Over the years, high-speed handpieces have gradually been redesigned and upgraded to become the highly accurate and sophisticated tools they are today, further improving practice productivity.

Despite the many technical improvements in the high-speed handpiece and with the practice of dentistry, real income for dentists since 2007 has not kept pace with inflation and has fallen by over 30% - an average loss of £30,000/dentist.

Dentistry as we know it is changing. Surviving in dentistry today requires so much more than just a high-speed handpiece and expertise in dental procedures.

The mindset of "work harder and work more" is no longer a viable strategy. Not only is this a formula for early burn out and lower quality of lifestyle, but our industry, government regulations, and economy are all shifting, making it increasingly difficult for dentists to prosper.

Unless we get comfortable with adapting to change, thriving in change, looking at our businesses differently and acting quickly to correct our course, we will see the end of the independent practice of dentistry in the near future.

Our own pain and frustration, led us to develop The Dentist's Advantage which specializes in providing a membership discount program for dentists.

Members can access benefits and savings from exclusive alliance partners. Partnering with leading businesses, The Dentist's Advantage provides a comprehensive portfolio of the best products and services for members.

We have no doubt every single one of you can find savings through the deals we have personally negotiated on your behalf.

The Dentist's Advantage has negotiated discounts on the things you are already using in your practice to make it more profitable, including:

- Dental Supplies and Dental Equipment
- Dental Lab Services
- Insurances
- Marketing
- Merchant fee savings
- Office Supplies
- Utilities
- Waste Management
- Lifestyle Benefits such as golf, wine, vitamins, Virgin Experiences
- We are also investigating a new all-inclusive online ordering system for you to make your purchasing more efficient, more cost-effective and ultimately keep more money in your pocket.

We want to encourage more dentists to join The Dentist's Advantage. With more members, we will have more negotiating power to lower prices and ultimately make your practice more profitable.

The Dentist's Advantage is a service that provides a link between the independent dentist and top-quality products, supplies and services at a discounted price.

We bring you exclusive products, prices, and services on a day-to-day basis, allowing you to compete with the pressures of dentistry today, empowering you to succeed.

HOW CAN WE DO THAT?

There is power in numbers. **With your help, we can increase our member base, giving us more negotiating power to further reduce your overhead costs.**

TAKE ACTION TODAY!

Join us at:

www.thedentistsadvantage.co.uk

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