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BDJ InPractice

SEPTEMBER 2017

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So, you've got skills and knowledge, but what about a voice?

By Stephen Skelton, *Elections Manager*

Many of you reading this may not know how the BDA represents you or how we work tirelessly on your behalf to improve your working life, pay, conditions, training, etc. You may also not know that we are the only organisation that believes in upholding dentistry as a valued healthcare profession in the UK alongside valuing the worth of dentists themselves.

It may be that you do know about the roles of the BDA but that, in light of work and other concerns and pressures you don't know how we look after your interests. It could even be the case that you are happy to go about your day to day life, doing what you do best – great dentistry – leaving others to steer the ship.

But I hope that some of you will care, and that you will consider stepping up and nominating yourself to take part as one of our small army of dentists that sit on our committees, councils and our executive board, and who contribute their skills, knowledge, and most importantly, their voice.

They make a difference. They give up their time to fight for what they believe in, not just for themselves, but for the future of the profession. General practitioners, young dentists, practice owners, associates, community dentists, hospital dentists, consultants in dental public health, clinical leads, dental academics, army dentists, private dentists, and dentists working in England, Northern Ireland, Scotland and Wales.

Your idea of committees may be dull. It's just meeting room sitting, paper sifting and being quarrelsome, right? Well, I'd say that's not entirely the case anymore. There is some meeting room sitting, yes, but these days we use electronic channels to send out communications; agendas, minutes, papers are sent out via email and can be read on the go, meetings can be quite dynamic. Yes, discussions are sometimes animated, but people are passionate and others are willing to listen to different viewpoints, they enjoy it and they get something out of it. People work together to help achieve common aims.

They learn how to negotiate. They make new colleagues and friends, or find career avenues open for them they didn't know existed. They grow and develop personally, and if they have the ambition, some have even gone onto become quite powerful people in dental politics in the UK.

We find we have a problem with getting our younger dentists to take part. We know that life can be challenging for young dentists today,. There are issues surrounding pay and career progression, the spiraling costs of indemnity and GDC fees, the difficulty of finding a career that is flexible, yet gives you progression, and that allows a good work-life balance.

We care about these things too, but we can't fight for positive changes to these issues unless you help us. You have to join in, your voice needs to be heard.

We want to ensure our representative structures are actually that, representative of gender, ethnicity, age, field of practice, cultural backgrounds of dentists practising today.

In spite of the fact that there are now a greater number of female dentists working amongst the under 44 year-olds across the UK, our representative structures are under-represented by women.

We need more women to help ensure we are truly representative of your working lives. We need to hear from you.

As dentists, you are all unique. But if you don't help us, then we can't help you. We can only help you make your career path better if you get engaged.

It's not just about paying the annual subscription fee, it's about telling us what your fears and hopes are, expressing your frustrations, showing us how you think it can be better, taking part.

Find your voice: www.bda.org/elections. ◆

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Pay restraint undermines progress on expenses for Scottish GDPs

The British Dental Association Scotland has responded to the Scottish Government's announcement of pay awards for 2017/18.

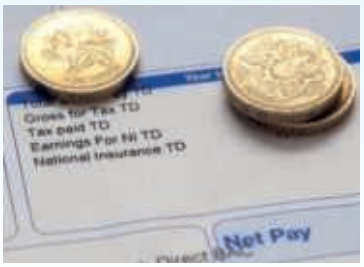
The Scottish Government has confirmed the DDRB's 1% uplift on pay for GDPs. Following negotiations, they have also announced a 2.25% uplift on item of service fees, up from 1.61% in 2016/17.

Earnings and expense levels for NHS dentists in Scotland have fallen by nearly 30% in real terms since 2009, for both practice owners and associates, while costs or regulatory compliance and registration have gone up by 1086% in the last decade. Scotland's dentists are currently the lowest paid in the UK raising concerns around recruitment, retention and access.

The Scottish Government is still considering when the uplifts will be implemented and the arrangements for backdating the pay award.

Robert Donald, Chair of the BDA's Scottish Dental Practice Committee said: 'We are pleased to have secured some concessions on item of service fees, but this will do little to change the direction of travel for general practice in Scotland.

'A decade of under-investment continues to fatally undermine recruitment, retention and investment across the service. The Scottish Government need to choose between their commitment to pay restraint and the sustainability of an NHS dental system on which our patients depend.' ◆



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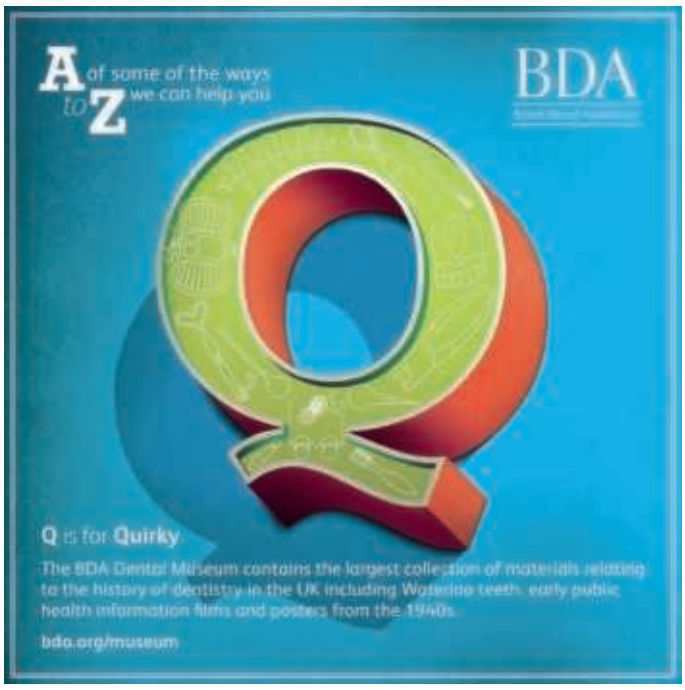


BOOK REVIEW

People with Purpose

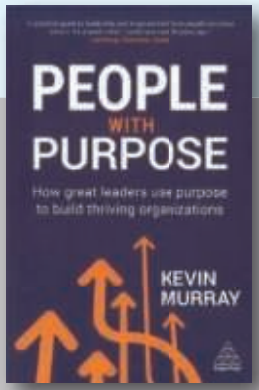
How great leaders use purpose to build thriving organisations

Kevin Murray

Kogan Page, 2017

ISBN: 978-0-7494-7695-3

£19.99



In a nutshell

The subtitle of this book is 'how great leaders use purpose to build thriving organisations'. So as if to act as a template for the succeeding chapters, it begins with a perfect example of how prisoners employed by the Clink Charity in conjunction with HM Prison Service have been motivated to successful rehabilitation by a sense of purpose. The specific example cited here, describes how prisoners work in a first class restaurant operated within the prison walls and open (by prior appointment) to the public. The book therefore shows how purpose can deliver engagement, loyalty and higher performance and illustrates its thesis with a succession of real life examples.

Who is it ideal for?

The book is ideally suited for those who want to understand just how staff are successfully engaged and positively motivated. In addition to providing case studies and key point summaries at the end of each chapter, the third part of the book deals with what leaders need to do in order to achieve the goal of a purpose-driven workforce. This section begins with an instruction to the manager or CEO to define their own purpose first, because without this initial, fundamental step, it's impossible to instil purpose into others. Some practical exercises helpfully given here act to facilitate this learning stage.

Why you should read it?

Kevin Murray is a highly experienced consultant specialising in strategic and leadership communications and in addition to this one has written two other successful books on a similar theme: The language of leaders and Communicate to inspire – a leader's guide, both also published by Kogan Page. Murray contends that companies can derive a competitive advantage by having a compelling purpose within the heart of their business strategy. This highly readable two hundred and sixty page paperback provides a valuable insight into the genuine benefit derived from integrating purpose with the values and goals of a company. ◆

For more about these books: www.bda.org/booknews

Follow the money...

New investment in NHS dentistry in Wales is welcome, but how does it square with up with the money lost from clawback? Katrina Clarke, Chair of the Wales General Dental Practice Committee, looks behind the headlines.

The BDA's response to the recent announcement by the Welsh Government Health Secretary, Vaughan Gething, that £1.3 million would be invested in NHS dentistry, was sceptical for good reason.

It's not because dentists don't welcome a much-needed cash injection in the nation's oral health – it's the fact that it was presented as 'new money' when the Welsh Government spokesperson failed to mention that this £1.3m is actually being funded from the increased patient charges.

This misrepresents the real picture when you also add on the whopping £6.6 million lost to NHS dentistry last year alone through clawback from general practice in Wales. In contrast the new money pledged to expand dental services only represents a fifth of this.

As I said in the BBC interview, we believe every penny that's allocated to dentistry should be spent on dentistry. The BDA has good evidence that the annual clawback is being used by some of the Health Boards to balance their books.

Of course, we welcome the purported commitments to spend the dental budget on dentistry - such as the promised 10,000 new NHS dental places in some of the most deprived parts of Wales – but we are disappointed that the allocation of the £1.3m misses those in greatest need, like large parts of North and West Wales.

The shocking extent of how much money has been taken out of dentistry was only revealed after the BDA analysed figures on clawback obtained from the Health Boards under the Freedom of Information legislation[1]. Betsi Cadwaladr University Health Board were unable to send information on clawback in time for our article, but the *Daily Post* reports this week that it's actually £2.94 million!

Realistically, how can the nation's oral health be turned around when the dental budget has in effect been slashed by £7 million or more each year?

This inevitably leads to poorer access for patients to NHS dentistry. As it stands there are currently only 4.7 NHS dentists in Wales per 10,000 population and many people face long delays on NHS waiting lists as a result, if in fact they can access NHS dentistry at all.

As in England, clawback arises where dentists fail to hit their UDA targets - not due to a lack of patients, but by spending greater time with patients most in need of treatment. This is a prime example of how the system fails patients, while other dentists, with spare capacity to see NHS patients, can't because of the perverse contract.

Mr Gething acknowledges that more work is needed to reform the dental contract. He could start by tackling the unfair UDA values and the pressures of clawback. There is nothing enshrined that says Health Boards have to take the clawback money, despite what the Welsh Government spokesperson would have the public believe.

He also needs to ensure that the Welsh Government does not wash its hands when Health Boards use money allocated to dentistry to shore up gaps in expenditure elsewhere - it must exert leverage on them to spend the dental budget on much needed improvements in dental health.

Health Boards can balance the books, but can they also balance their responsibilities and duties? That's the real bottom line.

1. *BDJ In Practice.* Is NHS dentistry at breaking point? The view from Wales, Caroline Seddon, Director, BDA Wales. May 2017.

Employment tribunal fees unlawful

The Supreme Court has ruled that Employment Tribunal fees – introduced in England, Wales and Scotland in 2013 – are unlawful. This has implications for dentists who have made or defended claims in the employment tribunals since these fees were introduced.

The immediate consequence of the decision is that those wishing to bring a claim in an Employment Tribunal (or pursue an appeal in the Employment Appeal Tribunal) will not have to pay any fees with immediate effect.

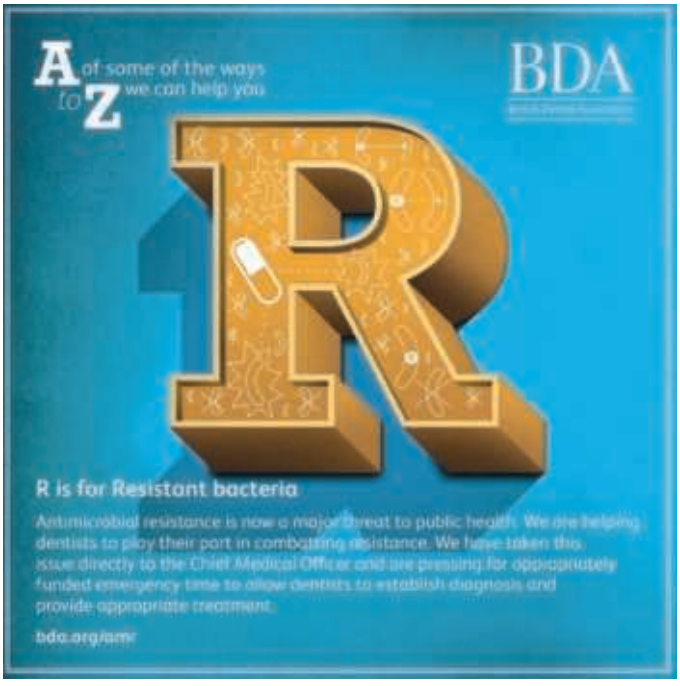
A further major consequence is that the Lord Chancellor must now reimburse all fees paid since their introduction on 29 July, 2013. This will be will be an administrative task of enormous proportions.

The impact of the unlawful fees ruling extends beyond those who brought claims to those who defended them. Claimants who accepted settlements or won their cases may have included the fees in the amount they recovered from their employers. For a case that was listed for a hearing this could be up to £1,800 plus interest, and more for appeal hearings.

The Employment Tribunals in England and Wales have distributed a short note to employment practitioners: they are aware of such issues and are working on the detailed arrangements of the refund scheme. The process will aim to be 'as simple and unobtrusive as possible for those who make an application, while refunds are only paid to those who are entitled'. The note indicates that there may be an announcement on the details of the refund scheme during September.

There is also a possibility that potential claimants whose cases didn't proceed because of the fees will now attempt to make such claims. Employment claims must usually be made within three months but Tribunals may extend this time limit because of the circumstances.

Extra and Expert members can contact us for advice at enquiries@bda.org or 020 7563 4574. ◆



BOOK REVIEW

Essential Leadership

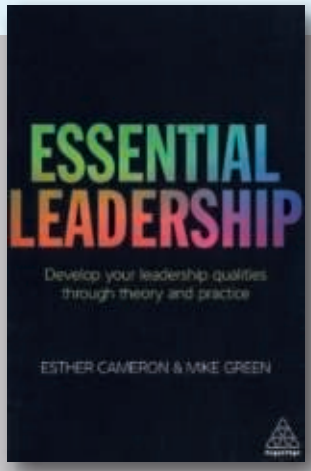
Develop your leadership qualities through theory and practice

Esther Cameron & Mike Green

Kogan Page, 2017

ISBN: 978-0-7494-7740-0

£39.99



In a nutshell

As the authors contend in their preface, there are tens of thousands of books covering the subject of leadership. These range from academically theoretical tomes to pocket-sized 'how to' paperbacks. It allows readers to discover and develop their own leadership qualities, mastering them through understanding, experimentation, feedback and reflection. It contains up to the minute research into Millennials in leadership roles and why their viewpoint may well differ considerably from the organisations that recruit them. It also deals with developing leadership maturity throughout life.

Who is it ideal for?

The book is aimed at anyone interested in improving their leadership abilities irrespective of their formal authority status. It is equally suitable for a leader of longstanding who needs a means of updating their knowledge on the subject or someone who is just starting out in the role and wants to assess their progress as a leader. The authors also state: 'readers are encouraged to use this book not just to pass exams or satisfy the boss, but to learn how to become more skilful and effective leaders who make a positive difference'.

Why you should read it?

Over the course of its three hundred and seventy pages this highly readable paperback covers a multitude of topics. These include such subjects as situational leadership, change leadership and a whole section on the five leadership qualities framework which the authors themselves have developed over a number of years.

The book is punctuated with copious learning points, diagrams, reflective exercises, literature references and further reading and a useful subject index. Finally, the two authors, both management consultants and sometime academics, provide an appendix detailing the results of their 2007 research study into leadership qualities. This may just qualify as the definitive *vade mecum* on leadership for those actually involved in it. ◆

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Image of counterfeit products confiscated by the MHRA

Leadership

A principal's perspective

By Stephen Gates
CEO, Bright Light Leadership Ltd

Leadership is a quality that seems to be regularly in the news. An important contribution to the success and growth of your business can also be made through strong leadership. But how best to use it? What are the fundamentals of good leadership? And how will you know that it's having an impact?

All of these are important issues. In our work and social lives we've probably all dealt with people who we can see are good leaders – and experienced the negative effects when interacting with people who are poor leaders!

However, as a principal of a dental practice (and our next article will focus on associates and team members too!) it is vitally important that you can exercise and embed all the characteristics of great leadership. The success of your practice and business will be determined by how well-led your business is – and how well you are capturing the skills and enthusiasm of your team.

There are many definitions of leadership – which is probably one of the challenges when identifying 'how' to develop leadership. The biggest challenge is that you can't simply 'do' leadership – it's not something that you can turn 'on' and then turn 'off' and allow things to go back to how they were. Leadership is how you spend your time and your focus and your energy on a day-to-day and minute-by-minute basis. And this is what also makes it so difficult, and yet so rewarding too.

Leadership was once defined to me as 'What you do when you think no-one else is watching….'. At its very best, leadership is a quality that others ascribe to you, it is not something that you can 'generate' for yourself.

How to define leadership

So let's at least start with two important definitions of leadership, both of which summarise the key characteristics that you will be looking to exhibit. Leadership has been defined as 'The art of mobilising others to want to struggle for shared aspirations' (The Leadership Challenge, Kouzes & Posner) and 'The ability to influence a group toward the achievement of goals' (Abraham Zalezmik – Harvard Business School).

So the fundamental principle of leadership is the focus that it can bring to uniting every single person within the practice behind the vision and goals that you have for the practice. Sound powerful? Research for the Harvard Business School suggested that 15-20% of a company's performance could be determined by the quality – or lack of – their leadership. So there's a big prize to be grabbed.

However The Leadership Trust Foundation has what I've always felt is the most powerful definition of leadership;

'Leadership is using one's personal power to win the hearts and minds of people to achieve a common purpose – the minds by giving people a clear understanding of what they have to do, why and how it might be done – the hearts by generating feelings of challenge, involvement, ownership, commitment and excitement.'

So we can already start to see some key areas of focus:

- It's about hearts and minds – sometimes we tend to believe that a very logical and carefully thought-through plan is enough to engage our teams effectively: it might well engage their heads, but does it really engage their hearts too?
- Achieving a common purpose – the uniting impact of a leader is that the entire practice should understand exactly where it is that you want to go (and be big and bold in those dreams!), broadly how you want to get there and what part everyone will play in achieving this goal.
- Feelings of 'challenge, involvement, ownership, commitment and excitement' – wow! What a set of qualities to be able to see within your team. What an energised practice team environment this feels! And a crucial question to be asking in your role as leader – does everything that I do generate these feelings about the future of the practice?

> 'The success of your practice and business will be determined by how well-led your business is'

Key leadership elements

In developing the most appropriate leadership culture in your practice there are four key elements to work on. Each of them is important in their own right, however it's the combination of all the elements that has the greatest potential impact on how you lead your practice – so it isn't simply a matter of focusing on one at a time: leadership is about an ability to master all of these elements simultaneously. Which is why no-one ever

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.

said that leadership was easy, and why it's as easy to see many examples of bad leadership as it is of good leadership.

So, what are the pillars of great leadership?

Pillar 1: vision and purpose

This is the cornerstone of your leadership.

Having absolute clarity about;

- Where you want to practice to be in 5-10 years' time
- The type of qualities that you would like to be associated with your practice
- How you would like people (both internally and external customers) to feel about the practice (with 'feel' being an important word, especially where the heart is concerned – we 'feel' things with our heart, not with our mind…)
- What are the most important values for the practice?
- How you define what success looks like – and remember that financial goals may motivate the mind, but very rarely do they motivate the heart.
- The purpose of the practice – what are you seeking to achieve from running a dental practice? Is it about oral health improvement? Is it about playing your part within your local community? Done well this definition of 'purpose' can be incredibly motivating for your team – in a sense it's the 'higher goal' that you're aiming to deliver and the reason for existence of your practice.
- By providing real clarity in these areas you will give a sense of the 'excitement' that you have for your practice and what still needs to be achieved – which is important as, after all, how can you expect your team to feel excited about the future of your practice if you don't generate that feeling of enthusiasm too?

Pillar 2: Communication

It's no good having a great vision if no-one then knows about it. So great leaders communicate their vision and purpose on every occasion that they can. Even possibly to the point of personal boredom… However connecting activities and plans that are happening within the practice with your vision for the practice is crucially important in allowing everyone to understand the link between what they're doing and where the practice needs to go. Everyone needs to know and understand that they have a stake in the future of their practice and can play their part in helping the practice achieve their goals. So be clear with your team about crucial elements of your plan;

- What are your goals for the year?
- What are the key areas that you want people to focus on to really make a difference?
- How is the practice performing – both in terms of financial goals and in moving forward to achieve your vision?
- Where are there still improvements that need to be made?
- Ensure these items are a regular feature on team meetings – not an occasional visitor when there are difficult decisions to be made.

Pillar 3: Involvement

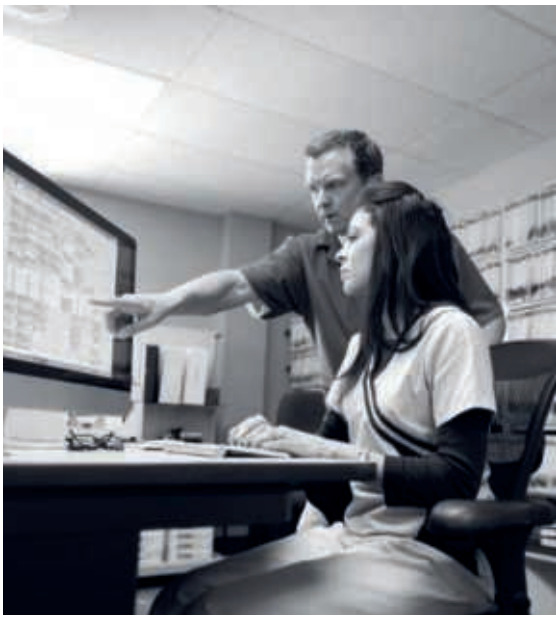
It's a common fallacy that leadership is a 'lonely place'. There are indeed decisions that only a leader can make and it is correct that, on occasions, making those difficult decisions and taking responsibility can be a solitary pursuit. However good leadership should be the exact opposite of this. By clearly communicating your vision for the practice and how things are going, your goal should be to seek the input of everyone in how to achieve those goals.

Great leaders don't have all the great ideas themselves (in fact that's a characteristic of poor leaders – the 'hero leadership' model). Great leaders may set out the grand plan but then encourage, support and develop their teams in coming up with the ideas and thoughts themselves. So neither seniority nor length of time at the practice are indicators of the quality of input to your future – encourage and support ideas from every quarter. Even ask your patients!

Pillar 4: Character

That important combination of courage, honesty, support and transparency are all key elements of your leadership.

In his seminal book on leadership ('From Good to Great'), Jim Collins identified that true leaders are a study in 'duality': great leaders have a true humility when talking about success (they rarely talk about their own contribution and readily identify the contribution of the team around them: often deflecting any talk about personal success to focus on team success) and yet they show tremendous professional strength in driving toward the achievement of their goals (where the ambition is for their organisation, and not for themselves). He noted that true leaders 'Look out of the window' when things are going well (to find others to ascribe success to) and 'Look in the mirror' when things are not going well (taking personal accountability when things don't go well, and never blaming bad luck or external factors).



©David Sacks/Getty Images Plus

Unfortunately, many supposed leaders display exactly the opposite of these qualities – the management writer Ken Blanchard once wrote 'Too many leaders feel that their main job is making other people feel unimportant…'

In concluding, leadership skills are as important to the success of your practice as financial skills and clinical skills. They will define how effective you are at unleashing the whole range of skills and talents that you have within your practice. They will define how your staff and customers talk about your practice – that it's a place that people want to work and customers WANT to attend.

They will define how, at a later point in your career, you are able to look back and identify whether you achieved all of the goals that you had for your practice – rather than simply existing.

So, use your leadership skills wisely… ◆

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What is mentoring and why is it important?

In the first of a new series, **Dr Janine Brooks MBE** talks about the ins and outs of mentoring…

By Dr Janine Brooks MBE
DMed Eth, MSc, FFGDPUK, MCDH, DDPHRCS, FAcadMed, BDS

Mentoring is by no means a new intervention or method. In one form or another it has been used in human interactions for thousands of years. This gives a reassurance that mentoring is not a fad nor a fashion and most certainly not an experiment.

So, even though mentoring has been around for some time, it is only fairly recently that mentoring has been more fully utilised within clinical healthcare, and specifically dentistry, as a relationship that needs to be undertaken by those with specific skills.

There are a number of definitions of mentoring but I like this definition from the leadership development organisation, Forton, as it includes both the mentoring relationship and the qualities that a mentor should possess:

'Mentoring is a developmental relationship where one person, typically older, or more experienced, or with more expert technical knowledge, willingly and freely shares their knowledge, skills, information and perspective to support the personal and professional growth of someone else. In some cases the mentor may also share their contacts or networks'.[1]

There is some excellent published work on the use and importance of mentoring within dentistry. A series of articles published[2-4] sets the scene for mentoring in dentistry. Work has been published looking at the use of mentoring in dental foundation training[5] and the roles that mentoring (and Personal Development Plans) play in postgraduate education[6].

It can sometimes be difficult to understand the distinctions between mentoring and other supportive conversations and interventions. These include coaching, teaching and supervision. The boundaries are often blurred as the interventions I have noted share some of the same skills. However, there are some basic differences that differentiate mentoring from other interventions/conversations. Here are four examples:

→ **A mentor** is most usually an individual from the same professional group as the person they are mentoring, (the mentee). They share the same professional background and environment. Within the mentoring relationship there will be a transfer of expertise, professional experience and practical advice. The mentor is often older, although this does not have to always be the case, as experience is the important attribute.

→ **A coach** does not have to share the same professional back ground as the person they are coaching, (the coachee). In fact, this can be a hindrance as the role of the coach is not to share their experience, skill or expertise. For those who do share the same background there is a danger for them of wishing to share wisdom and this is not how coaching operates. A coach sets the environment and supports the coachee to achieve their own goals using their own knowledge and talents.

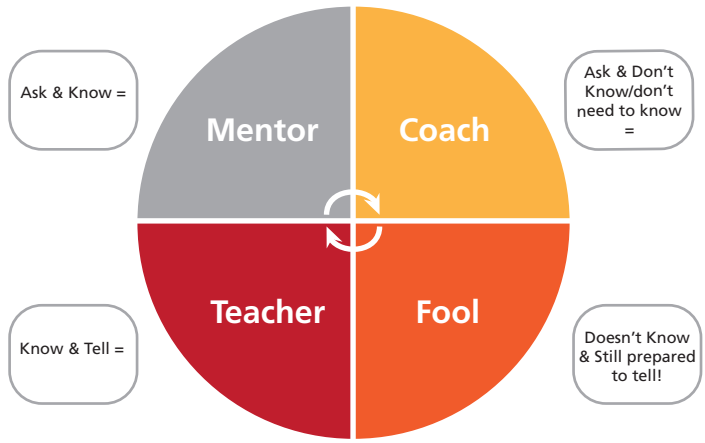
→ **A teacher/tutor** transfers knowledge to the individuals they are working with (the student). The student is developing their own knowledge in a specific field so the transfer is most often one way. However skilled teachers and tutors encourage students to find information for themselves and develop critical skills.

→ **A supervisor** oversees and monitors work, often of a qualified individual, (the supervisee) which could be clinical or educational supervision. Supervisors are often part of training pathways. They can also have a role to play in remediation programmes. Supervisors provide constructive feedback.

Mentoring has taken some time to gain

Janine Brooks
Janine is Director of Dental Programmes at the Dental Coaching Academy(DCA). DCA has launched two new mentoring qualifications: The PG Certficate in Leadership Coaching and Mentoring and the PG Award in Coaching and Mentoring for Advisors. Both qualifications are at Level 7. She has her own coaching and training consultancy – Dentalia and is co-founder of Dental Mentors UK.

Figure 1 – The 'Forton Transformational Coaching 4-Quadrant Diagram'.



a position of appreciation within dentistry. The time is here and now to get to grips with the real positives that successful mentoring offers to dental professionals, dentistry and importantly patients.

In 2015 the General Dental Council (GDC) published work commissioned from the University of Manchester – Evaluation of Remediation Support in UK Dentistry[7]. This work highlighted mentoring as one of the most common type of remediation support.

Earlier this year the GDC published their proposals to modernise dental regulation – *Shifting the balance:* A better, fairer system of dental regulation. The proposals outline four interlinked aspects. The first, entitled moving upstream, gives prevention of poor performance centre stage. There is a real opportunity here for skilled mentoring to support dental professionals before serious performance concerns develop.

The number of dental professionals who struggle is a constant concern – not only to the GDC as the primary regulator of dentists and dentistry – but should be to all dental professionals. Each and every one will struggle with performance at some point in their career. It is just not possible for any dental profession to constantly produce work of a good, acceptable standard every day of their working life.

Dental professionals are human; humans have complex lives with stressors and strains. There will be times when we all struggle. That said, I am not stating that all will be consistent poor performers; that's where mentoring can improve the outcome.

A factor that can minimise those times and make the struggle easier to combat is working with a skilled mentor. The earlier help and support is sought and given then the less likely serious issues are to develop. More on that important point later in the series.

Working with a mentor aids personal development in many ways. Mentoring conversations can be used to deepen reflective practice and allow individual dental professionals to gain more from the reflective activities undertaken.

A mentor supports the crafting of a meaningful personal development plan and can assist in choosing the right continuing professional development activities. Mentoring conversations are important when considering career paths and opportunities. An experienced mentor will have an extensive network across dentistry and can help in making introductions to new career opportunities.

Successful mentoring can be part of successful patient management. The skills that are acquired by a mentor can directly transfer to patient care and helping patients to manage their own oral health. How this can be practically achieved will feature in a future article.

I hope this introduction to the series of mentoring articles has whetted your appetite for more. Working with a qualified mentor can help you improve your performance and help you gain your goals, whatever they may be. Working as a mentor is a deeply satisfying addition to your career and can increase your own motivation for dentistry. Both mentor and mentee gain from the conversation and relationship of mentoring. ◆

1. The Forton Group. Foundations in Mentoring: A Model and Resources for Mentoring. Available online at www.thefortongroup.com.
2. Holt V P, Ladwa R. Mentoring; A quality assurance tool for dentists. Part 1: The need for mentoring in dental practice. *Primary Dental Care* 2008; **15:** 141-146.
3. Holt V P, Ladwa R. Mentoring: A quality assurance tool for dentists. Part 2: What are mentoring and coaching? *Primary Dental Care* 2009; **16:** 19-24.
4. Holt V P, Ladwa R. Developing a mentoring culture in Dentistry: Making a difference in a changing world. *Primary Dental Care* 2010; **17:** 93-98.
5. Mauthe P W. Mentoring and Dental Foundation Training. *Primary Dental Care* 2010; **19:** 69-76.
6. Spicer R. Mentoring and Personal Development Training in Postgraduate Dental Education: a review. *Dental Update* 2004; **8:** 472-474 and 477-480.
7. General Dental Council. Evaluation of Remediation Support in UK Dentistry. Oral presentation: University of Winchester May 2015.

More about the mentor role

- → Mentors can help people to do a current job more effectively by offering advice into different ways of working or new techniques
- → They can offer insight into potential career paths or support the motivation or ambition of the Mentee
- → They may have, and be willing to share, access to networks and connections, or have insights into personalities or relationships, of potential value to the Mentee
- → The Mentor may offer their knowledge and understanding of the structural, political or social field of the profession and different working environments – both the visible and invisible structures – this can help the Mentee to be better able to be resourceful, influential and successful in the profession or that particular environment.
- → The Mentor may act, at times as a teacher or trusted counsellor, or at other times in a more coach-like way. Skilled mentors know when to flex their skills to be most helpful and supportive to their mentee
- → Mentors are often powerful and influential role models

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Shifting *whose* balance?

By David Westgarth,
Editor, *BDJ In Practice*

I think the very fact that many people reading the headline will instantly think about a document produced by the profession's regulator tells its own story. It's like seeing a photograph that triggers a past memory you'd rather not be associated with. The ability to box off what happened then and what is happening now is one we all have, to varying degrees of success. It is healthy to ask yourself if what has gone before you is adversely affecting what is happening now. It is healthy to ask whether what went on from nine to five adversely affects what happens when you leave the practice. There's a balance to life as a dental professional, yet unfortunately many don't have it.

Finding the right balance between work and life has always been important, perhaps more so now than ever before. Real term pay, 11 years of a contract unfit for purpose, the changing landscape of the profession due to the increased corporate presence. It would be easy to take all these things home. To an extent, it would only be natural. But

according to research conducted by the BDA, one is blurring the lines of the other.

In response to concerns about stress and difficult working conditions within community dentistry, the BDA surveyed members working in the UK community dental services in 2013[1]. The purpose of the survey was to investigate levels of well-being and occupational stress and to understand the links between high job stress, working conditions, and job satisfaction among dentists.

The survey found that 37% of community dentists reported experiencing high levels of work-related stress. Those community dentists who said they experience stress at work were also asked an open question about the sources of this stress. A systematic thematic analysis of this data was undertaken to identify the different sources of work-related stress in their accounts.

The most commonly identified sources of work-related stress were:

- Time constraints or pressures, with 27% identifying this as a source of stress
- Challenging patients – for example, patient or carer expectations, anxious patients
- Management – for example, poor quality management, managerial expectations, lack of support (21%)
- Administrative duties and other non-clinical responsibilities (14%)
- Workload – for example, too much work, work-life balance, working late (13%)
- Staffing issues – this includes staff shortages (where there are insufficient numbers of staff employed by the service) and understaffing (where staff are temporarily absent or unavailable, for example, due to illness) (12%).

Out of these six points, five relate to in-practice issues. It's the fifth point on this list that has the potential to be truly destructive.

According to the Health and Safety Executive (HSE)[2], in 2014/15, 440,000 people in the UK reported work-related stress at a level they believed was making them ill. That's 40% of all work-related illness. Psychological problems, including stress, anxiety and depression, are behind one in five visits to a GP. Some pressure at work can be motivating, but when it becomes excessive it can eventually lead to work-related stress. And that's when your balance becomes too heavily weighted towards work.

A balancing act

That's not to say every dental professional is the same. The work-life balance of a young associate will be very different to that of a seasoned practice owner with a young family. Depending on your circumstances, keeping work and home life separate might be a challenge, or not at all.

Claire Stevens is a paediatric consultant and media spokesperson for the British Society of Paediatric Dentistry. Those roles, together with being a mum to young children, mean keeping a balance is increasingly challenging.

'Since having my children I have become far more protective about my home life and have reduced my hours in order to be able to do the 'normal' mum things like taking my daughter to school when I am not working in Manchester', Claire explained. 'Usually I can take her to school three or four days a week.

'My salary took a big hit, but my well-being and general life satisfaction have dramatically improved. Over time I have found a balance that more or less works for me. I have protected work days where I start early and finish late and do not see my family, but these are balanced by days when I am home with the kids and my emails are unopened.

'My advice would be to ensure that you communicate your intentions to work colleagues. Let them know when you are available, and when you do not wish to be disturbed. I have found that most are respectful of this.

'That said, my media work means that I have to remain accessible at all times in case a story breaks and BSPD needs to comment. This has included briefing the BBC at midnight and back to back interviews on a Sunday. I see this as a small price to pay for the flexibility I have in my job plan. It wouldn't work for all, but it does work for me.'

Table 1 - Origin of the problems

Work conditions-environment	15
NHS work	14
Patients	8
No break-exhaustion	7
Physical condition	5
Bereavement	4
GDC	3
Workload	2
Drug-use	1
Relationship breakdown	1
Absence	1

Dr Ben Atkins is a practice owner and also has a young family. He said: 'For me, keeping work and home life separate isn't massively difficult. However, I put that down to making a commitment to myself – I have to say no.

'That doesn't mean not taking on new challenges. You have to prioritise what is important. If, as a young dentist, you have a mentor or a more experienced colleague you can relate to, take the time to listen to them. They have probably seen and done it all before. Things may have changed, but the basic principle of looking after your mental health has not.'

> 'Recently I saw a social media post from a dental professional with their schedule for the day. It involved them getting up at 5am and returning at 10.30pm, some 17 hours later.'

Anna Middleton is just setting out on her career in the profession, and as a young business owner, can relate to Dr Atkin's advice about saying no.

'I run my own business and I use to be terrible at it. I was doing too much and not managing my time effectively. While the money was coming in I was tired and falling behind on my work which meant my business wasn't growing or developing. I realised then only I could make the changes needed to correct this. I dropped a day in surgery so I could do admin and business development. I also reduced down to some half days which then freed up time for meetings, or if I'm honest, simply to do nothing and relax. I also stopped looking at my emails or working on the weekends unless I want to.

'It's only natural to come into the profession and be enthusiastic and want to do everything. You have to make your mark. Learning to say no sounds simple, but if – like me – you commit yourself to something, it can be very difficult to do.'

Simon Oldfield, a recent graduate, believes the problem is starting not when you enter the profession, but before you even get there.

'There seems to be mounting pressure at dental school to do more, achieve more and publish', he said. 'Living with other dental students, socialising with dental students, dentistry was obviously the hot topic. It does become extremely difficult to separate home and the course, so it can become all-consuming.

'For me, it is key to meet people outside the profession and keep up hobbies and sport. For me this meant frequent early mornings and late nights. As you continue through the years your passion for dentistry grows and you find yourself involved in research and projects on top of the course, but I think it's important to only get involved in areas of interest to you and learning to say no and turn down projects if they're not for you, something I struggled with.

'I think it is hard sometimes to remember we are just starting and our work may not compare to leaders in the field and work we are so frequently exposed to, which is often done in extended sessions, but that's okay and all we can do is keep working at it.

'If one has taken on too much, it is better to renegotiate your commitment rather than burn out.'

A burning threat

Burnout in dentistry, is thought to be multifaceted, with causal factors pointing to numerous aspects of job demands. The cause of burnout is still difficult to extrapolate, it may arise from the interplay between job performance and productivity, especially in current times where there is an augmented ageing population, reduced workforce in some areas and lower amounts of public funding in addition to increased public expectation of services.

While the manifestation of the problem – stress, burnout, anxiety, depression and mental health problems – requires some serious thought, research conducted by the BDA[3] sought to identify the origins of these manifestations (Table 1).

What is apparent is burnout is grounded in pressure and can take a number of different forms – dealing with anxious patients, having to decide on the correct treatment or procedure, allocating time for each patient. Each challenges a different aspect of working life, and therefore – as Simon mentions – has the potential to become all-encompassing, and can take its toll on a dentist and impact the profession more broadly.

Which begs the question, to what extent do stress and poor working conditions undermine job satisfaction and work engagement? What are the subsequent implications for dentists' productivity and patient care?

According to Ben, it's the people you surround yourself with that can make all the difference.

'Without my management team I think I would pop', he said. 'The threat of burnout for me is very real. I don't speak for the profession, but my circumstances aren't unique and there will be others facing the same issues as me. Too much time in the surgery and not enough time working on my business and career soon builds up. I can feel me getting short and angry quickly, which is why my management team is so important.'

It was a similar story for Anna and Claire.

'I have had a couple of times in my life when I felt extremely close to burnout', Claire told me. 'Experience has taught me when I need to slow down or say no. I try to schedule in regular holidays and when things are calmer I make sure to take time out.'

'I had my self-inflicted burnout about six to eight months after qualifying', Anna added. 'Finding my feet in the working world took time. I was doing six days a week at several practices, with little guidance and almost no sense of direction. This left me sore, exhausted and miserable.

'Then I remembered happiness is a choice. I took a long 17 day holiday to Thailand so I could revaluate my situation and when I returned I made the necessary changes.'

Even though Anna may be at the start of her fledgling career, perhaps her story serves as a word of warning. Young professionals, rather like their patients in some respects, think 'it won't happen to me'. Simon's experience at university can attest to that.

'There have been times at university where I have struggled and have seen many others around me struggle' he said. 'For me it was managing financial pressure and juggling paid work, the course and extracurricular activities. For others, it is the first time they had experienced failure or the first time living away from family. They may be issues relating to students, but for any professional looking to relocate, they will be real.

'It is hard for me to comment fully only just starting my career, however I can see how burnout is a real possibility. This is why we need to support each other and encourage not put down and criticise, as I have already seen and heard too often myself, in forums and on social media. For many people social media can be a release, and if it's mentally taxing, that individual will need to seek a different way of unwinding.

'The topic of mental health is the elephant in the room – it still appears to be a subject that is rarely spoken about. Many dentists appear stoic and talking through problems is a rarity, perhaps as we feel we are the caregivers not those that need to receive help or care. That paradigm has to change.'

Taking responsibility

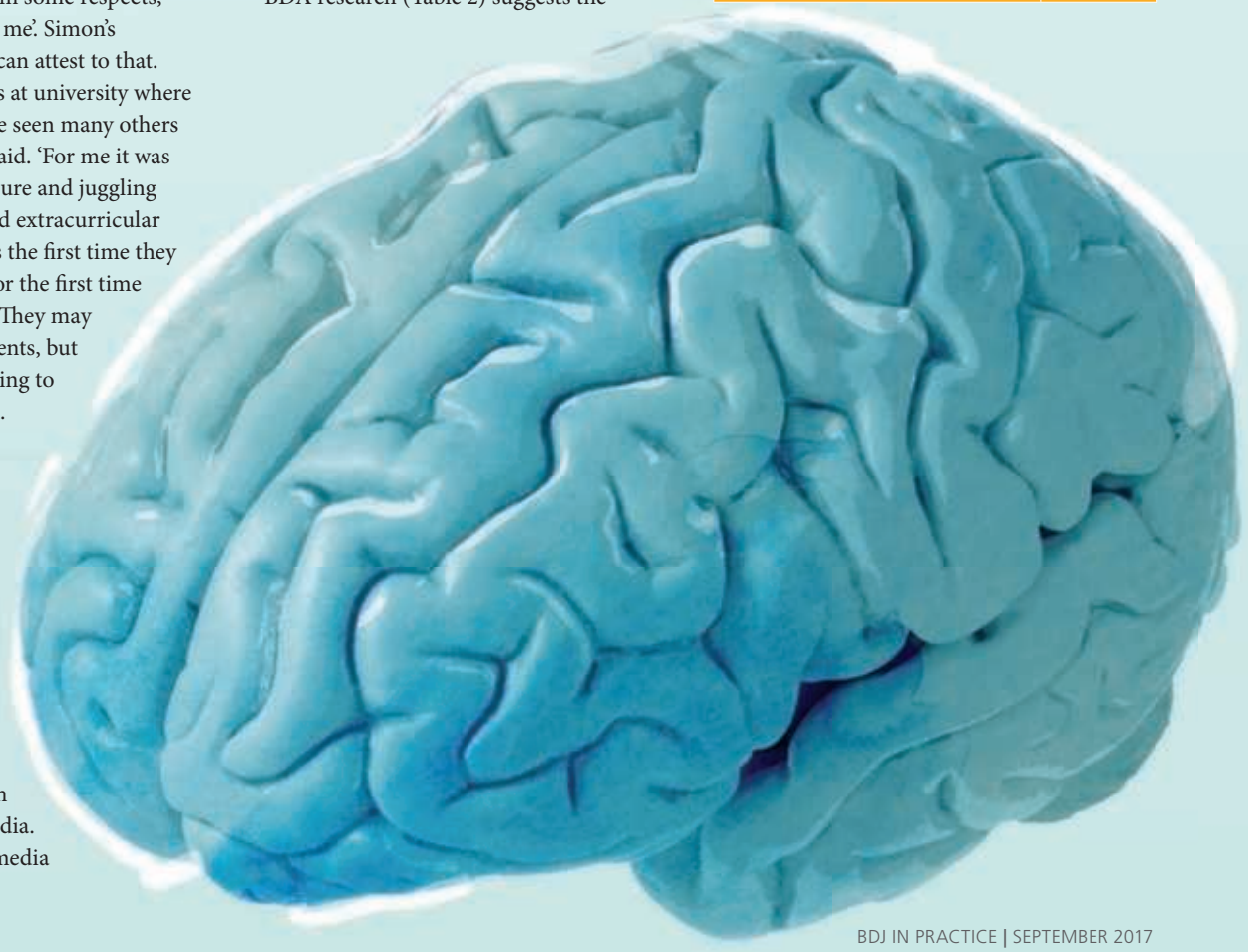
Recently I saw a social media post from a dental professional with their schedule for the day. It involved them getting up at 5am and returning at 10.30pm, some 17 hours later. And this got me thinking about the growing blame culture creeping into today's society. It is always someone else's fault. There is always someone to blame. Look at the increasing number of advertisements on TV featuring lawyers who will look into a workplace injury claim. 'Nah mate, they should not have let me climb this 11 foot ladder without correct supervision. Definitely their fault'.

I'm not for one minute suggesting stress and burnout is down to an individual. Far from it. However I do pose this question; who should take responsibility for the mental well-being of the profession?

BDA research (Table 2) suggests the

Table 2 - Improving support to dentists in distress

Regulation support	15
BDA support	14
Confidential and accessible help	8
NHS contract improvement - no UDA's	7
Dentist specific support, advice guidance	5
Group therapy - networking	4
More local support	3
Address financial strain	2
Helpline	1
Counselling-psychological services	1
Explore gender differences in accessing help	1
Measure stress-reduce stress	6
Increased research	3
Business experience	3
Minimise stigma	2
CPD	2
Better insurance	2
Family support	2
Clarity around dental treatment on offer	1
Mentoring	1
Politics	1



help of the GDC and the BDA would go a long way to improving support to dentists in distress. But does that support come before, after or at the expense of helping yourself first?

'In this profession you are responsible for your own indemnity insurance, your vaccinations, your professional conduct, so my question is why should mental and physical health be any different?' Anna suggested. 'We live in a society where people like to point the finger too often, but in reality we must all take responsibly for our own actions and health.

'It goes back to the ability to say no. Achieving that balance is so important. Without it you will constantly be eating away at 'you' time.'

Simon believes the responsibility should be shared.

'A collective approach is one I believe would assist the largest number of professionals', he said. 'Not just the BDA, the GDC or local occupational health teams, but individuals and team members too. We should all make ourselves more aware of mental health and its role in high pressure jobs.

'A culture of support and openness will breed better working conditions. Of course that needs to start at the top with regulators and large corporates taking the lead and setting the example, but we as individuals can do more to make people feel more attuned to their well-being and creating a supportive environment.

'If you feel like we need change then get involved; voice your concerns to the BDA, become a local rep, start a local study club to support and encourage each other. The message is that there are support networks and mechanisms out there. You're not alone.'

> 'The profession is having to work harder just to make the same as they did a decade ago. There are more patients coming through the doors than ever before, and with that comes the management of their expectations, let alone managing your own diary just to see them.'

Claire believes understanding and preparation starts at university, but ultimately lies within the profession.

'Universities should teach resilience-building and coping skills as part of the Undergraduate curriculum', she said. 'We need to understand the options available to us as early as possible, and that includes flexible and part-time working. Ten years ago, I was the first Consultant in my Division to work flexibly. At first, it was met with suspicion but now it is understood that I can deliver components of my job outside 9-5.

'As individuals we can choose how we wish to work and there are steps we can take to improve our mental wellbeing. The greatest responsibility lies with the profession.'

'Dentists are their own worst enemy for not looking after financial and mental well-being', Ben suggested. 'The façade on social media is very different to the reality. It might sound blunt, but by taking greater responsibility for your own mental health, other things will fall into place. The BDA, the GDC and occupational health teams are there for when your own systems and coping mechanisms don't work, but viewing them as the first port of call wouldn't be what I would advise.

'When I was involved with the Young BDA council, I would attend a number of the meetings with a view to picking the brains of the great and good in the room. As an ice breaker I would ask if they had one piece of advice to give a young dentist starting out in their career, what would it be, and the second would be which course they would advise me to go on. I remember it well, because they all said spend more time at home and don't miss out on your family and friends. No one said do more dentistry.'

It is perhaps that final sentiment of Ben's that is at odds with the lay of the dental land. The profession is having to work harder just to make the same as they did a decade ago. There are more patients coming through the doors than ever before, and with that comes the management of their expectations, let alone managing your own diary just to see them.

There are more associates now than ever before, and that presents its own set of challenges for that homogenous group. Will they find work? Will their UDA value be low? Do they need to be more qualified than the next applicant? Will they ever own a practice? These aren't necessarily challenges mentors or senior colleagues faced when they graduated, so are they in a position to offer the best advice? All pressing issues, each as serious and impactful on individuals as the last.

In reality, the truth of getting your work-life balance right lies somewhere in the grey area. Ultimately the responsibility lies on your shoulders to make decisions that benefit you, although sometimes those decisions may be made for differing reasons than mental health and well-being. Which is why we will continue to highlight that elephant in the room. It is why we will continue to encourage people to come forward and seek help if they haven't quite got their own balance right. Like a flickering candle, only you can decide when it's time to put out burnout. ◆

1. British Dental Association. Work-related stress among community dentists. Available online at www.bda.org/dentists/policy-campaigns/research/workforce-finance/sal-serv/sources-of-stress-among-community-dentists (Accessed August 2017).
2. Health and Safety Executive. Work related stress, anxiety and depression statistics in Great Britain 2016. Available online at www.hse.gov.uk/statistics/causdis/stress/index.htm (Accessed August 2017).
3. British Dental Association. The Mental Health and Well-being of UK Dentists: A Qualitative Study. August 2017.

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The world of capitation

Dental professionals are used to change. I've often heard the phrase 'the only constant in the profession is change', and to an extent that is correct. Minor change and seismic shifts, however, are different. One can go unnoticed, and one can change the entire landscape.

Caroline Coleman is Managing Director of Simplyhealth Professionals and is responsible for the strategic direction and growth of both the dental and vet businesses. She has worked for the company for almost 20 years across a wide range of operational business areas.

Henry Clover is Head of Dental Policy at Simplyhealth Professionals. Henry has been with the company for almost 20 years. Henry is a qualified dentist and used to run his own dental practice where he offered Denplan products to patients.

Sandy Brown is Director of Dentists at Simplyhealth Professionals. Sandy has been with the company for more than 25 years within the sales and marketing team.

When capitation plans were introduced, there's no doubt that this was a seismic shift. *BDJ In Practice* spoke to Henry Clover, Caroline Coleman and Sandy Brown from Simplyhealth Professionals to find out why and how they changed the landscape.

'I was employee 36 on the payroll, so I have the ability to see how things have changed from the beginning', Sandy explained. 'There were some early adopters of capitation, but it was mostly about setting up the concept and educating others about what it involved.

'It was a slow burner to start with. The profession had been used to working under the NHS model of 'care should be free and devoid of payment at the point of need'. Steve Noar, one of the founding members of the concept, realised we were all under constant pressure to deliver more for the same, and as a consequence his and his patients' needs weren't being met. He piloted a private capitation scheme so as patients were coming in, they weren't being faced with a decision whether they could afford the treatment or not. It worked well, and here we are today.'

The move to capitation was seen as new and innovative to many, which according to Henry prompted a significant number of dentists – himself included – to review their personal situation in practice.

'I worked in a virtually entirely NHS-funded practice and first came across Denplan in the late 1980s. The concept of clinical care being de-coupled from the financial implication of that care was an exciting one I wanted to pursue. A system where the needs of patients were aligned with the needs of the practice underpinned by a true preventive approach to oral healthcare was extremely attractive.

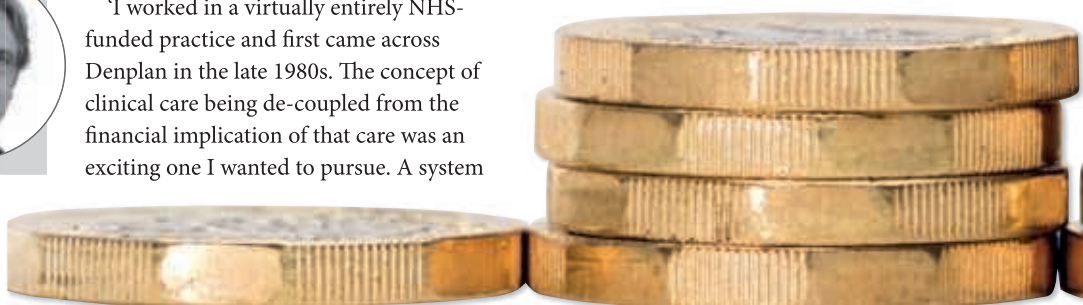
'Clinically, a fee-for-service model can encourage a transactional, episodic approach to care. The concept of true capitation encourages a relationship arrangement between the dental professional and the patient where there is equal commitment on both sides.'

Why is dentistry different?

Given dentistry is the only service within the NHS – bar prescriptions – that is not free at the point of access, doesn't that lead to a naturally different model already?

'Before the NHS was formed, medicine was widely accepted, but dentistry wasn't', Sandy explained. 'Even when the NHS was born it didn't embrace dentistry – it rather sat beside it than inside it.'

'Oral health in 1948 was appalling', Henry added. 'Access was very basic and limited. Dentists and the world they operated in was different too. In the early years of the NHS dentistry was free. Perhaps due to the extraordinary demand – in the first nine months of the health service, 30 million full sets of dentures were provided under the



NHS – unsurprisingly it could not cope. So in an attempt to limit demand, patient charges were introduced. The problem we saw up until 2006 started in those early years – how do you control the budget.'

So when did things truly start to change? Was it the introduction of the contract in 2006? Was it before that? Caroline believes it's a mixture of both.

'As a company, Denplan really started to take off around the time of the NHS contractual changes in 1990. Then with the introduction of an entirely new NHS contract in 2006, we saw massive growth in our business. We were inundated with dentists wanting to leave the NHS and offer their patients an affordable alternative. However our ongoing success is also built on providing a whole range of support and guidance in an increasingly regulated profession, supporting quality of patient care, staying close to the changing landscape of primary dental care and constantly innovating.

If change is a constant in dentistry, how can capitation plans be future-proofed to avoid a repeat of 2006?

'Capitation plans are just as relevant today as they were thirty years ago', Caroline said. 'However, over that period, dental care has evolved as decay rates have fallen and preventive philosophies developed further. So our plans have also evolved and will continue to do so.'

With the current dental landscape as it is, and the educated guesses they can make, does Henry believe capitation will increase in the future?

'Absolutely, yes', he said. 'You have to look at that statement in the context of the NHS as a whole. It faces enormous structural and financial challenges. The NHS dental budget is not exempt from those challenges. C Everett Koop, the former Surgeon General in America during the mid-80s made the point that you cannot provide quality, comprehensive healthcare and control the cost. You can do two, but not all three. If you look at our system, already we have a mixed market, with private and state-funded dentistry available.

'However, over that period, dental care has evolved as decay rates have fallen and preventive philosophies developed further. So our plans have also evolved and will continue to do so'

'It isn't solely dentists who go through change. The same can be said of patients. Patients generally have a great deal of trust and loyalty to their chosen dentist. If they can maintain that in a way their interests are aligned with those of the profession – i.e. a true preventive focus – coupled with a known monthly budget, then patients will increasingly find that attractive compared with the uncertainties of NHS dental care.'

NHS or private – or both?

The million dollar question is whether private work will replace, erode or combine with NHS work. After all, if Henry, Sandy and Caroline all suggest that capitation plans are increasing in part because of challenges with NHS provisions, so will there be a place for NHS work?

'Yes I believe there always should be some NHS provision', Henry suggested. 'However what form this takes is the key question. Decisions need to be based on the reality of

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what can be provided by the State combined with political honesty and what form and shape that will take. I can foresee a greater emphasis on public health measures and state funded programmes focused on children – Childsmile in Scotland is a great example of what can be achieved.

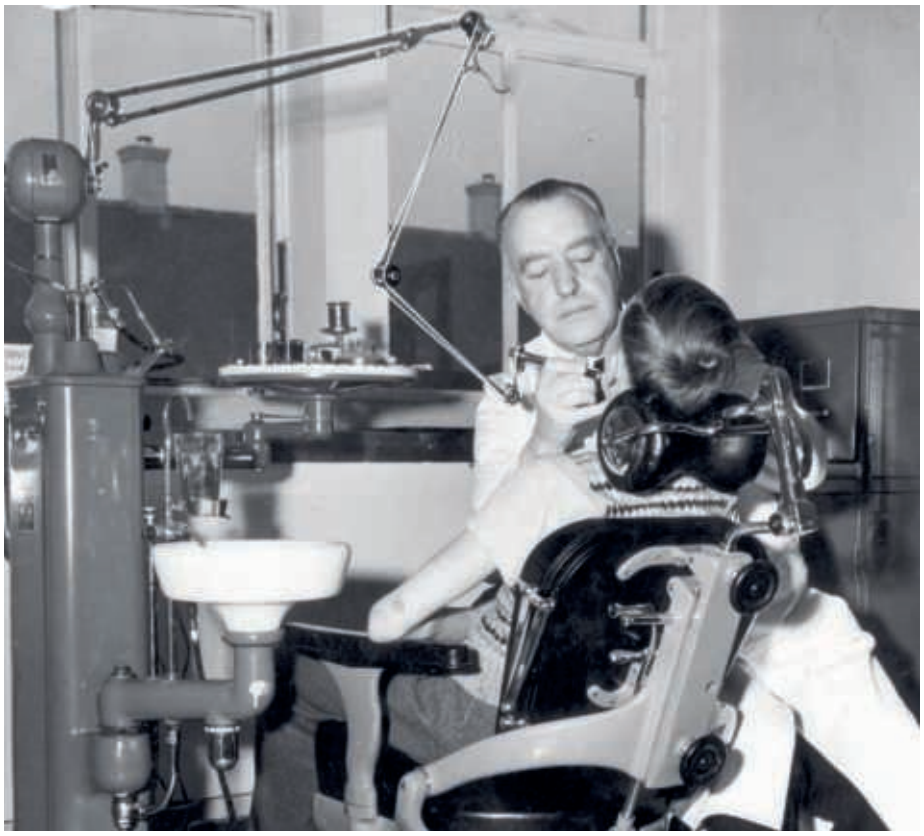
However from a patient's perspective, many want to maintain continuity of care, particularly those becoming increasingly aware of how their oral health impacts their overall health. Such a relationship approach perhaps lends itself more to the private sector.

Irrespective of the extent of NHS provision, to my mind what is absolutely essential is the level of support available to practices. Many feel isolated and threatened. There's an increasing amount of regulation that can feel like its posing a threat on all sides. Regulatory sanction and falling foul of legislation to the point where the clinical care of patients can be subsumed by a plethora of obligations that are inadvertently detrimental to the very care practice teams are there to provide. Safety in healthcare is of course paramount, however the approach needs to be more pragmatic and proportional to the risk. '

'Consumers as a whole have higher expectations than ever before', Caroline added. 'Allied to that they are far better informed now that they ever have been, and that's something I'm sure we will say again in 5 or 10 years' time. Patients want to have the opportunity to spread the cost of their treatment. It's an added layer of support for them – if they need treatment, cost won't stand in their way. There's an element of convenience tied to that too – if you need an appointment, you can fit it in. We're working harder, longer and live in a 'now' world. We hear stories about how people have had to wait months for an appointment with their GP. That's no longer acceptable, and dentistry has moved to ensure it isn't left behind.'

'We often forget what dentists do and what their daily life is like', Sandy said. 'They come into their office or their treatment room and spend all of their time there. Often the only interaction they have is with the dental nurse or the hygienist. It can be a lonely place. When you scratch the surface you discover why there are high levels of stress in the profession.

'That's where creating an environment whereby we can alleviate one of the major stresses – financial worries – can work, knowing there is the correct amount of funding to provide the care they wish to provide. That's the very starting point of why capitation can work.'



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'Oral health in 1948 was appalling. Access was very basic and limited. Dentists and the world they operated in was different too. In the early years of the NHS dentistry was free. Perhaps due to the extraordinary demand – in the first nine months of the health service, 30 million full sets of dentures were provided under the NHS – unsurprisingly it could not cope.'

With the increase in patient demand, budget cuts and dentists being asked to do more for less, how will that shape the future of capitation schemes?

'I think we're heading towards another period of seismic change', Sandy said. 'How that manifests is open to interpretation. As a result Henry and I spend a lot of time talking to groups of dentists to give them a broad overview of how we see the profession, how we see future developments and find out how those individuals think they fit into those developments.

'We know the profession has universally condemned the UDA system. We don't know what direction government decisions will finally take. It is important that dentists have options and the knowledge to make informed decisions. Just because you have been working one way all your life doesn't mean you have to do so for the remainder of your career.'

'We seem to have been waiting forever for change to happen', Caroline added. 'We keep being told it will happen. All we can do is be prepared so when that change happens we're in a position to help dentists through a decision they may or may not take. We know something is coming, we just don't know to what extent.'

Henry added: 'I suspect the Government and Department of Health learnt a lot in 2006 from the imposition of that new contract when 10-15% of the profession effectively left the service. All the indicators are, 11 years on from the introduction of the contract, that the pathway to what the proposed evolved contract will look like is still unclear, as access within the prototype sites remains a real issue. Whatever the future NHS contractual arrangements might look like, the reality is that a tax-payer funded system of healthcare cannot provide an all-inclusive service of the quality that patients deserve for the whole population and at the same time control the cost. Dentists are waiting, and I fear in vain.' ◆

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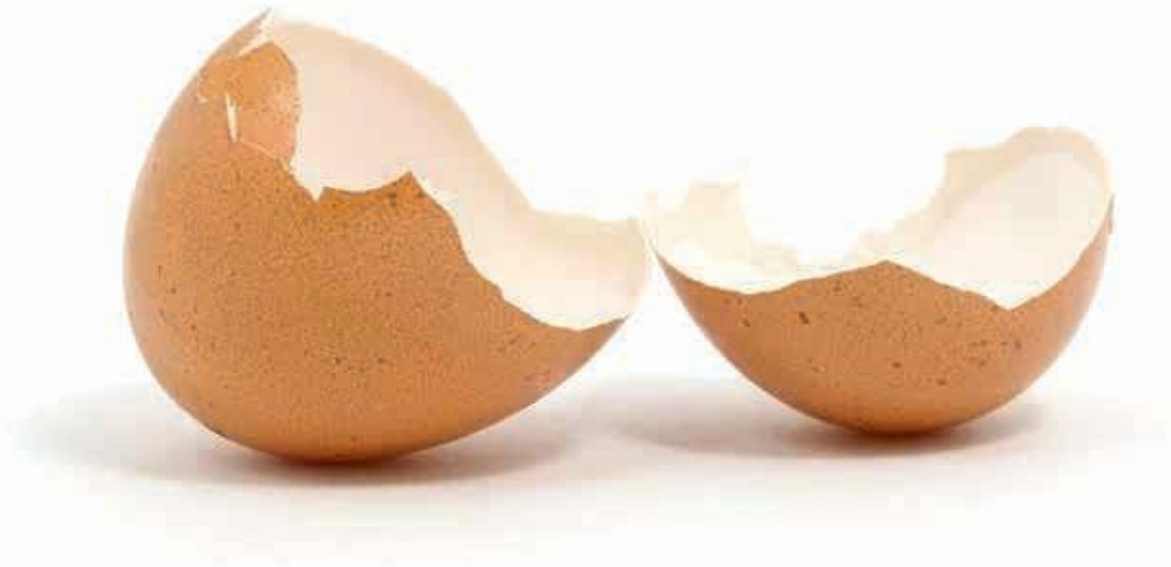
Starting out?



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The challenges of **treating autistic patients**

Autism UK states that over 700,000 people in UK are autistic, which means that 2.8m people have a relative on the autism spectrum. Those living with autism face some specific yet complex challenges, for patient, parents and family alike.

One of these challenges is undoubtedly a visit to the dental practice. After all, poking around in someone's mouth puts those without autism off – see the one in four who cite dental phobia. David Westgarth spoke to Dr Jacqui Shepherd, a Lecturer in Education at the University of Sussex, and Dr Jennifer Parry, a Paediatric Dentist Consultant for the Sussex Community NHS Foundation Trust Special Care Dental Service, about a small scale scoping study (funded by the University of Sussex) which they carried out with parents, dentists and some autistic children. They talked about some of the challenges faced for families and dentists – and the implications for every day practice.

'The underlying problem lies away from the dental practice', Dr Parry said. 'A report earlier in the year identified that just £4m is allocated for autism research, which is equivalent to roughly £6 per person in the UK. That is not acceptable. The annual cost of failing to support autistic people adequately in the UK is estimated to be £32 billion.

'Much of the funding is allocated to identifying a cause. More needs to be allocated to social care and supporting the growing number living with autism. There are pockets of research out there that offer information on what families should do when it comes to a visit to the dentist, but there's not a lot out there for practitioners. An autistic patient can be a real challenge,

Dr Jacqui Shepherd
Jacqui is a Lecturer in Education and is Course Leader for the BA in Childhood and Youth: Theory and Practice. She also co-ordinates the special needs training provision for trainee teachers within the department and supervises MA and doctoral research students with interests in special educational needs, autism, disability and inclusion.

Dr Jennifer Parry
Jennifer is a Paediatric Dentistry Consultant at the Royal Alexandra Children's Hospital, Brighton and within the Special Care Dental Service, Sussex Community Foundation Trust. She is also Oral and Dental Specialty Lead within the NIHR Clinical Research Network Kent Surrey and Sussex. Jennifer is collaborating with the University of Sussex and University of Cambridge on projects to improve dental experience for children and young people with autistic spectrum conditions.

particularly in general dental practice.'

'If you take an autistic child that has a cavity, a large part of the treatment process will surround their behaviour', Dr Shepherd said. 'Quite often you find general dental practitioners referring to community dental services or straight to general anaesthetic, simply because it would be easier than managing atypical behaviour. That convenience comes at a price – travel, inconvenience, secondary care costs. With better education, knowledge and awareness – particularly for those in the general dental setting – there could conceivably be fewer referrals out of general practice.

Sensory challenges, unpredictability and anxiety caused by the nature of a dental examination and environment can contribute to a 'perfect storm' for autistic children. Research has identified that they process sensory information in a different way, and sensory overload can be the main trigger for their anxiety. Their ability to express pain and response to it may be also different, which is a worry for parents and dentists alike. So who needs the higher level of support – parent, practitioner or patient?

'All of the above need help in certain areas of encouraging the child to visit the dentist. Better parent-practitioner communication before, during and after the visit would make a huge difference. The practitioner knowing how to set the right environment would be great on the back of that. If the parent remains calm and doesn't unnecessarily change routine, that would help keep the patient calm.

'A patient's behaviour will vary hugely according to where they are on the spectrum. One size does not fit all, so this collaborative approach is absolutely necessary. We know that autistic children may have impaired communication and additional co-morbidities, and it is a challenge for practitioners.'

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So how can treating autistic patients in the dental setting be improved?

'Hospitals and community dental services have a very detailed medical history form that often gives the option to list autism', Dr Parry added. 'While it is worth noting that community dental services have significantly more flexibility in the way they can treat patients compared to general dental setting, much of that flexibility comes from the work they do in the lead-up to an appointment. Systems of disclosure of autism should be made more transparent on medical history forms so that parents are clear where and when to disclose and so that dentists have a full understanding of the child's developmental condition and proclivities.'

> 'Of paramount importance is the success of the visit so that children are not scared to return'

Dr Shepherd added: 'Quite often practitioners in general practice need to rein in their expectations of what can be achieved during a dental visit. As part of their inherent professionalism, it is not surprising that dentists want to do a good job and fulfil their professional role to the highest standards but this does not always mean that every dental visit can be as successful as the last and particularly where autistic children are concerned. Of paramount importance is the success of the visit so that children are not scared to return and do not have negative associations with the dental practice. A pre-visit where no treatment takes place but introduces the patient to what a dental practice is like can have significant benefits in the long run.'

Building in successful strategies to dental visits is a theme both Dr Parry and Dr Shepherd were keen to stress would ultimately be a positive way to ensure that parents, children and dentists were able to feel that they had achieved something during the experience. However, both were also aware of the potential pitfalls for those working in general dental services.

'One of the barriers we have discovered is the UDA system', Dr Parry said. 'The pressure to meet targets, pressure to see as many patients as possible and therefore the pressure to use time wisely may see the need for a pre-visit fall by the wayside. Would a practitioner claim for a UDA if an oral examination is not possible? Would it be appropriate to do so? These are grey areas that need to be cleared up, and they're areas that community dental services don't have to consider.'

Perhaps the biggest advantage community dentals services has over general dental services is the ability to adapt. Children with autism are highly likely to have sensory processing difficulties in some or all areas including hyper-sensitivity to sounds, smells, touch, taste and light and this adds to the challenge for parents trying to support their children through dental visits. That is why Dr Parry would recommend adaptations to dental environments – where possible.

'We're not talking about huge changes that will involve investment. Adaptations to your current environment can be quite simple. This could include re-thinking the necessity of strong overhead lighting, whether operation equipment needs to be ever-present and whether for initial routine visits or check-ups, autistic children could be seen in a more relaxed setting and using more portable and more directed lighting. Waiting rooms could also be more inclusive spaces. A walk-through of your practice from entrance to chair, for example, would help you to gain a better understanding of these considerations. There's a pre-visit information-gathering resource available on the BSPD website for parents to provide information about likes and dislikes of their child that's really helpful too.'

'Ultimately the bottom line remains that the profession needs more education on autism', Dr Shepherd added. 'Whether through formal Continuing Professional Development mechanisms or by more informal local arrangements where there are chances to observe community specialist or consultant dentists at work, the knowledge gap needs to be plugged. We already know parents are very well informed. If practitioners reach anywhere near the level parents are at, it would make for a smoother experience for everyone.

'That's not to say there aren't pockets of excellence. There are many examples of good practice, both in the community and general dental setting. More research is needed, and above all else more funding to power the research and education.' ◆

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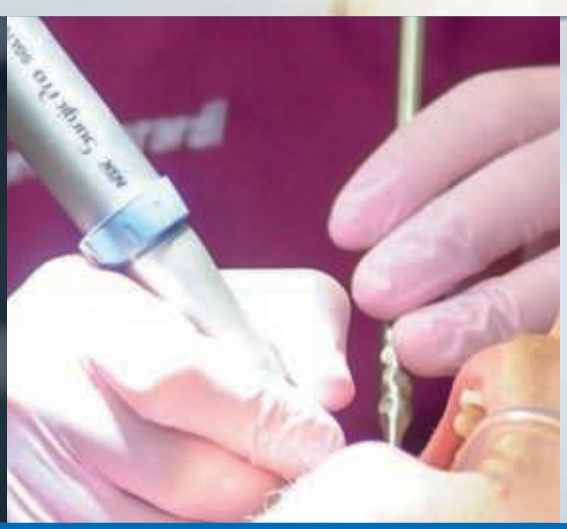
GUIDE TO INFECTION CONTROL



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The Challenges of Infection Control

Today's busy dental practices face a serious challenge; to maintain or increase productivity while ensuring that patient safety remains a top priority. At times, these may seem like incompatible goals. Advances in dental processing equipment, however, have empowered practices to develop safer processes while realising efficiencies and ultimately, saving money.

Despite these advances in safer and more robust processes, it is clear that handpieces will only last if they are cared for and maintained in an appropriate way and according to individual specifications. Alongside this, HTM 01-05 dictates that the cleaning and sterilisation of handpieces must take place after every use.

The key to prolonging the life of handpieces is to work towards correct and regular maintenance and cleaning, and in order to keep up with strict compliance and quality control, it is essential for all dental practices to use proven and reliable care and maintenance systems.

Handpiece maintenance and cleaning

When it comes to handpiece maintenance and cleaning, there are two principle options available. The first is straightforward manual cleaning using a spray cleaner and lubricant, which if properly applied, can adequately maintain handpieces in a good operating condition. However, the problem with modern dental handpieces is that within their construction there are a number of features that are difficult to access, making it almost impossible to sufficiently remove all deposits and residues. Manual

Mark Beckwith, Decontamination Product Manager, NSK UK discusses the need to be com pliant with today's infection control regulations.

cleaning is also time-consuming and insufficient cleaning ultimately leads to damage of the instruments.

The second and prefered option is automatic cleaning. Today, many handpiece manufacturers offer a choice of automatic handpiece maintenance units that are fast and easy to use and ensure that even the most hard to reach surfaces are cleaned and sterilised, keeping instruments compliant and free from damage.

One such unit is NSK's new iCare+, a fast automatic system that effectively cleans, disinfects and lubricates up to four instruments at a time without the need to use a washer-disinfector. iCare+ rotates the gears inside the instruments whilst injecting special treatment products into all the internal mechanisms and lumen to provide deep cleaning and disinfection, and a pressure spray simultaneously cleans and disinfects the external surfaces, ensuring full compliance every time.

High performance autoclaves

Autoclaves have long been an essential part of any dental practice, but they can take up a lot of space. The most advanced system manufacturers have taken this into consideration and there is now a choice of autoclaves that combine high performance within a compact and elegant design.

Fast instrument processing is vital in a busy practice, so quick cycles, large chamber volume and low power consumption are key. NSK's iClave plus has an increased chamber volume that is 20% higher than comparable systems, and combined with fast cycles of less than 20 minutes could make a considerable difference to your practice performance whilst saving time and money.

An essential part of the sterilisation process within autoclaves is the automatic heating system. The heat must be precisely controlled to allow an even temperature distribution to prevent any thermic differences, making it possible to sterilise wrapped or non-wrapped instruments.

Using three different temperature sensors to control the steam temperature helps eliminate the risk of early deterioration, which can occur in some lower-quality autoclaves. In order to be compliant, your autoclave should also be able to provide hospital standard sterilisation and perform the daily Bowie & Dick or Helix tests as specified in HTM 01-05.

Complete traceability

To be fully compliant with HTM 01-05 complete traceability of the cleaning process is required. All cycle parameters should be recorded along with details of routine testing and maintenance of equipment used. To simplify this process, software is now available that generates a serial number for every cycle and this data can then be transferred onto an external USB storage device. Transferring this data onto a computer then allows you to add serial numbers for individual instruments to specific cycle records in order to show total traceability.

When it comes to the care, cleaning and maintenance of all dental instruments, it is important to carefully consider the right manufacturer you want to partner with. Always look to a trusted and reliable manufacturer who understands the requirements of any dental practice, backed by many years of research, and can offer warranty on all their products. It is also worth remembering that not using the recommended equipment and procedures can lead to any warranties being invalidated.

For more information on NSK's care and maintenance range contact Mark Beckwith on 07900 246529, contact NSK on 0800 6341909 or visit www.myNSKdecontamination.co.uk

Size does matter!

Lorraine McFadden, Senior Dental Nurse at Chorlton Private Dental Practice is delighted with the increased capacity of their new NSK iClave plus autoclave.

Fast instrument cleaning is vital in a busy practice, so quick cycles, a large chamber volume and low power consumption are key. But that's not all, as well as a fast turnaround it is essential to choose a highly effective autoclave that is kind to instruments, especially to prolonging the life of valuable handpieces and surgical equipment, and above all, is reliable.

Chorlton Private Dental Practice, Manchester performs a wide range of general, cosmetic and implant dentistry, resulting in multiple implant and surgical setups and instruments that need autoclaving all day, every day. A busy private practice, they cannot afford to be without a reliable autoclave, and Senior Dental Nurse Lorraine McFadden is delighted that NSK's Northern Product Specialist suggested that they took a trial run in practice of the NSK iClave plus.

Lorraine commented, "NSK have been working closely with myself and our practice team for a long time and they has been a terrific help to us in improving our handpiece care and maintenance routine and making our whole decontamination cycle run more efficiently. NSK were aware of the volume of instruments we need to process daily and thats why they recommended the iClave plus, so that we could benefit from fast cycles and the large chamber capacity. We have been really impressed with the iClave plus it's brilliant!"

"With our other autoclave we have to go through up to 4 cycles before we can get all our implant and surgical instruments through. With the iClave plus we can get everything all in one. It's used all day, every day and I have to say it has really made our lives a lot easier. It's fast, easy to use and the large chamber means we can process many more instruments at a time. We can't find anything not to like about it and overall we have been really impressed."

The iClave plus incorporates a copper chamber and differentiated heating, making cycles faster without the need for a steam generator and so increasing the iClave plus's reliability. It has an increased chamber volume that is 20% higher than comparable systems, and combined with fast cycles of less than 20 minutes can make a considerable difference to practice performance whilst saving time and money.

Combining a compact and elegant design with quick cycles and low power consumption, the iClave plus is very easy to use. Equipped with a powerful vacuum pump enabling total air expulsion, the iClave plus makes it possible to reliably sterilise any kind of material, including the internal surfaces of handpieces. Moreover, the pump generates forced ventilation and perfect drying. The iClave plus delivers hospital standard sterilisation and can perform the Bowie & Dick and Helix tests as specified in HTM 01-05.

As well as the iClave plus, Chorlton Private Dental Practice uses a range of NSK products, including a variety of NSK handpieces. The key to prolonging the life of handpieces are correct cleaning and maintenance and to ensure strict compliance and quality control, it is essential for all dental practices to use proven and reliable care and maintenance systems.

The first option for correct handpiece maintenance is manual lubrication in the form of an aerosol spray, such as NSK's PANA SPRAY Plus, a specially formulated and highly effective handpiece and air motor lubricant designed to be quick and easy to use for all major instrument brands.

The second and prefered option is automated cleaning. NSK offer a selection of automatic cleaning units including the new NSK iCare+ and iCare. The iCare+ is a fast system that effectively cleans, disinfects and lubricates up to four instruments at a time without the need to use a washer-disinfector. The NSK iCare is designed to clean and lubricate the mechanical internal parts prior to autoclaving to ensure prolonged life of all valuable handpieces.

"With our other autoclave we have to go through up to 4 cycles before we can get all our implant and surgical instruments through. With the iClave plus we can get everything all in one. It's used all day, every day and I have to say it has really made our lives a lot easier. We can't find anything not to like about it and overall we have been really impressed."

Lorriane McFadden, Senior Dental Nurse at Chorlton Private Dental Practice

Style, performance and great service

Dr Vittorio Gherardi DDS Dip Imp Dent RCS (Eng) discusses why he has chosen NSK equipment for his new practice.

After 15 years of practice in the City of London, last summer, together with a colleague, I moved into my new premises at 31 Harley Street to set up a whole new practice. We wanted to invest in equipment that, when properly looked after and well maintained, would last for a number of years and offer consistency of performance.

In the world of mechanics and engineering, we tend to believe that German technology will offer the best long-term quality. However, since moving to the UK in 2001, my experience of Japanese technology, in particular NSK, UK craftsmanship and American design has been extremely rewarding.

So when it came to planning and installing equipment in my new practice, I decided to use Dental Style (based in Somerset) for the cabinetry, A-Dec dental chairs fitted with NSK handpieces, and NSK surgical equipment.

I've always been a massive fan of NSK; like many Japanese technology companies, their engineering skills are exceptional and this results in products that offer reliability and durability in a highly cost-effective way. When I purchased my NSK handpieces, I also bought the latest NSK iCare+. This handpiece decontamination unit effectively cleans, disinfects and lubricates up to four instruments at a time.

I also equipped my decontamination room with an NSK iClave plus autoclave – a fantastic unit which facilitates our nurses' job in respect of the CQC regulations and makes sure our decontamination is of the highest standard.

Surgical synergy

I place and restore many implants a year, and two of my favourite 'toys' for implant surgery are the NSK Surgic Pro+ surgical motor and NSK VarioSurg3 ultrasonic surgical system. Both these pieces of equipment are exceptional and a dream to use for implant and oral surgery.

When performing implant surgery, there is a lot of equipment to be sterilised, and the iClave plus is perfect as it has 20% more capacity than a conventional autoclave. This extra capacity has reduced the number of daily autoclave cycles for the surgery, saving us time and money.

Superior all round

After many years of using NSK equipment, I can highly recommend them. Their customer service and support are exceptional, too, and they have an ethos of wanting to help dentists deliver the best results for patients, which I find very reassuring in the very commercial world we live in.

"I've always been a massive fan of NSK; like many Japanese technology companies, their engineering skills are exceptional and this results in products that offer reliability and durability in a highly cost-effective way.."

Dr Vittorio Gherardi DDS Dip Imp Dent RCS (Eng)
Harley Street, London

iClave plus

More Safety, More Capacity

Optimising handpiece performance with NSK's autoclave series

Even the best handpiece means nothing if you cannot use and decontaminate it safely. NSK leveraged the advanced know-how it has gained as a trusted global handpiece manufacturer to realise the potential of a handpiece-friendly autoclave through the iClave series.

Deploying a copper chamber to match the advanced Class B cycle sterilisation capacity and efficiency standards

Air turbines, contra-angles, and other dynamic dental instruments consist of high-precision micro mechanisms and therefore benefit from careful sterilisation to maintain performance. NSK choose to use a highly conductive copper chamber to satisfy Class B, Europe's strictest sterilisation standard. The system delivers outstanding efficiency despite its large capacity.

Copper chamber

20% more capacity than conventional autoclaves

The iClave plus can fully use its 18 litre capacity because it maintains even temperatures throughout the autoclave chamber and constantly controls the surface temperature. The iClave plus offers 20% more sterilisation space than a conventional stainless steel chamber of the same size, ensuring greater safety by reducing instrument overcrowding.

Stainless steel chamber

Highly thermal conductive copper chamber with even temperatures

Using copper to construct the chamber gives 18 times more heat conductivity than stainless steel. The copper chamber retains even internal temperature levels throughout despite its large capacity.

Advanced heating system leveraging excellent thermal conductivity

NSK's innovative heating system optimises the high heat conductivity of copper. Enveloping the copper chamber is a special heater which is also used in satellites, incorporating electro-thermal material embedded in silicone to heat the entire chamber evenly without heat loss.

NSK autoclave benefits include combining high heat conductivity of copper chamber with proprietary heating system

Faster sterilisation
The copper chamber and adaptive heat system allows sterilisation in 18 and 35 minutes under Class S and B standards, respectively. (Including drying phase).

Gentle handpiece sterilisation
Consistently even internal temperatures resulting from the use of a copper chamber and the adaptive heat system make it possible to control steam flow and eliminate heat fluctuations. With less thermal impact, sterilisation of air turbines, contra-angles and other instruments is gentler and safer.

More effective drying phase
In a conventional chamber, uneven temperatures cause condensation inside instruments, reducing drying efficiency. This issue is almost non-existent in the iClave plus when temperatures rise or fall.

More economical and environmentally friendly
A key factor in the greater efficiency of the iClave plus is that it can sterilise more instruments at a time. The iClave plus also lowers environmental impact because it consumes less electricity and water.

iClave Plus Tech Spec

An 18 litre model complying with the top sterilisation standard

Employing a copper chamber to minimise internal temperature fluctuations. Efficiently sterilising more instruments while minimising wasted space.

iClave plus Complete Set
MODEL: iClave plus 230V
ORDER CODE: Y1003077

External dimensions: W445 x D532 x H428 (mm)
Chamber dimensions: ø240 x 384 (mm)
Chamber capacity: 18 litre
Net weight: 55 kg
Maximum power consumption: 1,900 W
Supply Voltage CE: 230V - 50Hz
Air expulsion system: Vacuum pump 1, 3, 4 vacuum
Max Load: 4 kg (solid), 1.5 kg (porous)

External dimensions exclude protrusions

Programs		Parameters			Class
1	UNIVERSAL	134˚C	5 min	3 vacuum	B
2	DELICATE	121˚C	20 min	3 vacuum	B
3	FLASH	134˚C	3 min	2 vacuum	S
4	SMALL LOAD*1	134˚C	5 min	3 vacuum	B
5	PRION	134˚C	18 min	3 vacuum	B
6	CRITICAL 134˚C	134˚C	5 min	4 vacuum	B
7	CRITICAL 121˚C	121˚C	20 min	4 vacuum	B

- Bowie & Dick: 134˚C / 3.5 min / 3 vacuum
- Vacuum test: 20 min
- *1 small load: included hollow instruments type A and B (MAX 0.5 kg)

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iClave plus

20% MORE CAPACITY†

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NSK UK Ltd *www.nsk-uk.com* *0800 634 1909*

*Terms & conditions apply. This offer cannot be used in conjunction with any other discount or promotional offer. Offer ends 31/10/2017. †Than conventional autoclaves.

BDA
British Dental Association

We are dentistry

We are dentistry is a story about what dentistry looks like in 2017:
the clinicians, the teachers, the campaigners, and the innovators that make up our profession.

It's a story of the great work dentists do every day.

Sahar
Dentist and Postgraduate Student

Ben
Dentist and Innovator

Charlotte
Dentist and Problem Solver

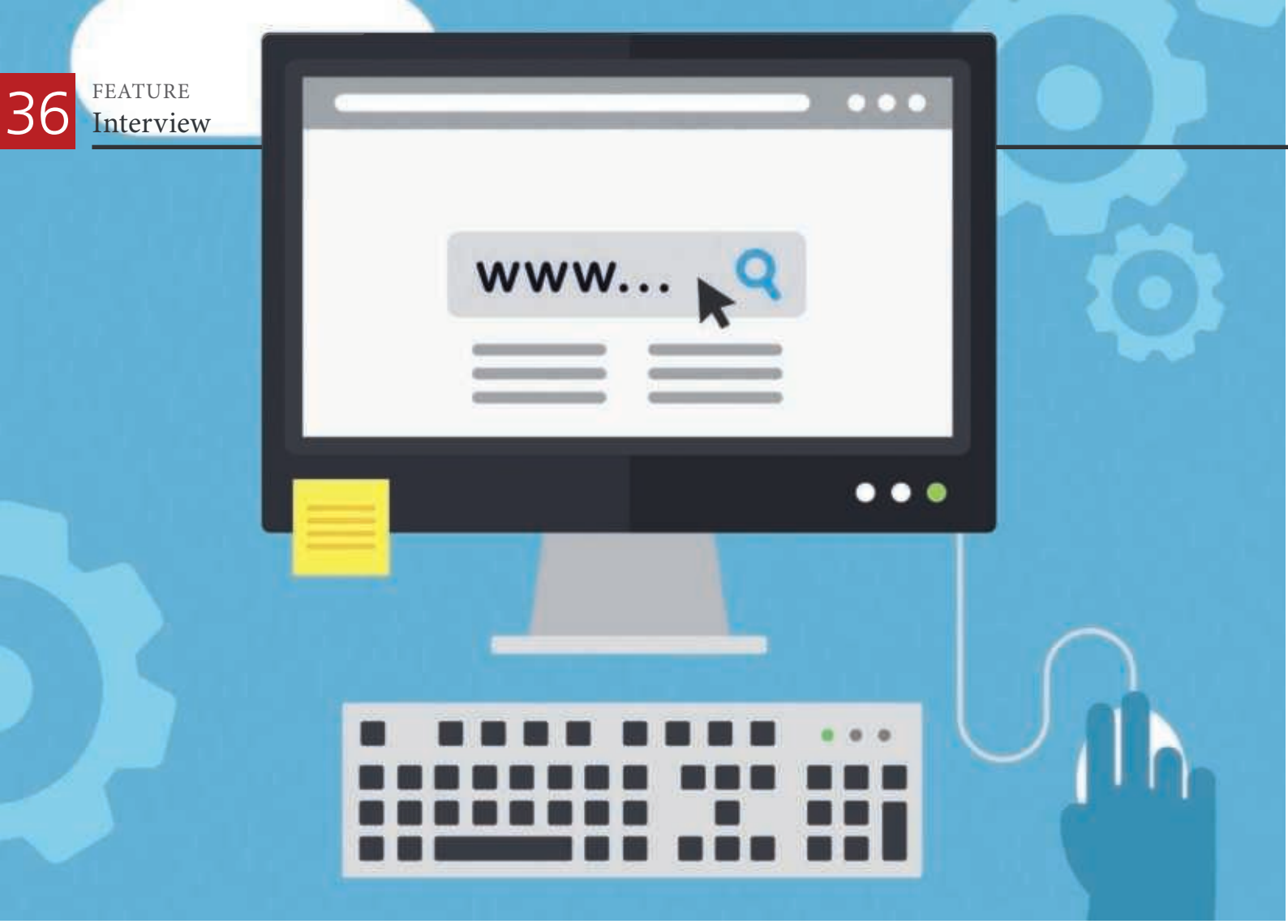
Amir
Dentist and Team Leader

Jo
Dentist and Teacher

Through our campaign, we want to celebrate the profession
by showcasing the work of our members.

Share your story too.

bda.org/wearedentistry



Data-driven decisions: Are you on board?

When the financial crash happened in 2008, it changed the landscape and profile of companies across the globe. People had to react, and retrospectively – although it's easy to say so now – those decisions would often prove to be make or break.Dentistry was not immune to this. Everything from patient NHS and private revenue through to suppliers, contracts and staffing numbers were affected. **Ben Flewett**, Managing Director, Software of Excellence International Group, which is part of Henry Schein Inc., spoke to *BDJ In Practice* about the crash, and the opportunity it presented for practice management software in the wake of new demands.

Ben Flewett
Managing Director, Software of Excellence International Group

Why was the financial crash such a defining moment for the practice management software industry?

In the decade preceding the crash the dental market in the UK had, for the first time, become heavily dependent on private revenue. Of course, the NHS was still fully functioning, but as a proportion of the overall market, this new dependency on private revenue was a substantial departure from the previous funding paradigm.

As a result, what you had was a situation where practice management software (PMS) was focused on clinical tools that would make the clinician's job easier in day-to-day surgery. When the crash hit, the dental market was hit by a very real and very material financial impact. The profession was in turmoil, and the net result is that almost a decade on, real-term net earnings are well below what they were prior to the crash. It was at this point we knew we had to adapt

to meet a different set of challenges that the profession would face.

What were those challenges?

Things would need to be done differently. The focus on clinical systems would need to incorporate business solutions. Our industry is first and foremost about healthcare, but I'm also a firm believer that to have great healthcare you need to base it on a solid financial footing. I'm often asked whether focusing on the financial aspects of dentistry is ethical; for me the two are joined at the hip – you can't have one without the other.

How would they be delivered?

In the clinical world, decisions are based on knowledge derived from scientific observations. We believe that business decisions should be made on a similar basis; best practice derived from observation and analysis. It is our ambition to understand what best practice looks like for a business using data. A lot of people talk about best practice, and what they mean is something from a regulatory handbook, which is fine for clinical work. We have a different view — best practice is the process of gathering evidence, understanding it, and replicating it. If you were to take any of the KPIs within a practice, we are able to tell you what the UK average is, what best practice in that area looks like and crucially we can tell you how you go about getting from where you are, to becoming one of the top performing practices in the country. I would add that we never observe our customer's data without explicit permission.

Is it too simplistic to look at the Delivering Better Oral Health toolkit and think you've put a business focus on it?

That's a good analogy. It works in a similar way. We believe it is possible to understand and identify core processes that contribute to best practice - it is possible to go from being a good practice to a great one. To do that, we would suggest doing one of the following three things.

The first is to automate best practice. Humans aren't as reliable as machines, however trustworthy they may be. A computer system can repeat something in a structured, repetitive way that will maximise the process. We do have some structured best practice recommendations, but if the customer isn't comfortable with these, the system can be altered in accordance with their wishes.

The second is to have a strong workflow management in place; directing staff to do something the same time on every visit. Without a streamlined and disciplined workflow process, practices cannot recall, remind nor communicate with patients running the risk that patients will lapse, fail to attend and be unaware of your services. Finally, where automation isn't possible, you need to have great, in depth reporting that provides insightful, actionable data that looks at everything in the practice and that can make a substantial difference. For example, look at every member of your practice – who is performing well and when do they perform well? Who isn't performing well and why that is the case? It is those tiny 'one percenters' that when added up can make a real difference, especially in this climate.

Is it easier to make behaviour changes in practice or easier to get people to embrace technology?

If you can get people to understand the concept of evidence-based best practice, you can get them to buy into the technology that provides it. Because we can measure KPIs, we can show success, failures and more importantly opportunities for improvement.

When it comes to behavioural change I have found the easiest way to turn attitudes around is to be able to say 'here's where you are within the strata of the UK dental market, which is a little bit below average, and here's how you can become a top performer. It gives practices something to strive for, and that drive and motivation can make a difference.

To what extent is this all driven by patient expectations and how they have changed over the years?

Patients are falling into defined categories, more so now than ever before. You have a group of patients that see the same dentist, and have done so perhaps for their lifetime. They have a lot of trust in that practitioner, so unless they're dissatisfied in some way, they're not going to move practice.

Then you have a different type of patient. This patient is digitally savvy, and doesn't know what life in an analogue world is. This patient can be classified into one of two further categories. They've recently moved, so they're looking for a new practice, or they are simply the type of patient that will shop around every time they want to see the dentist. Convenience, price, brand; these things are taken into consideration.

Irrespective of which category the mobile patient falls into, we know there are two predominant sources for new patients; online and word of mouth. What you will find is even if word of mouth comes first, the patient will often still use the web to contact them and to check their location. The changing nature of the patient means you must ensure you are driving referrals, maximising your online reputation and you absolutely must have a good web presence – all of these can be easily tracked over time to ensure you are always improving. We have teams at SoE that can help manage the online reputation of practices. That's how important we believe it is.

The move from 'providing functionality' to 'providing solutions' is clearly a big one, so what are the main differences?

Prior to 2008, functionality was all that was needed. Now we need to marry that software with providing solutions, because that is what the profession needs. The shift to data-driven best practice allows practitioners to clearly see areas of potential development and, in the current financial climate, this is a driving factor. Perhaps the revenue blend isn't right, the recall period isn't great, or there are gaps in the diary. These are all actionable areas. Small changes across the practice can deliver big opportunities and results. The key is to understand and recognise these opportunities, which is what our growing consultancy teams are here to help with.

Is that what it takes to make a successful transition from good to great?

I think so. The people who are most likely to run successful practices are those who are open to thinking, learning, testing new ideas and constantly looking for ongoing improvement. For these dentists, the sky is the limit.

Do you think dentistry leads or lags behind when embracing technology?

Compared to some of the other countries I work in, I think UK dentistry does lag a little in bringing newer technology to market. Perhaps that's due to funding challenges within the NHS sector, a reason that's often cited as the driving force behind this. But for me, if you are willing to experiment, embrace technology, change your thinking and attitude, then the rewards will come your way. There's a fine line between viewing software as unnecessary expenditure and an investment. Those practices that have a clear definition as to how and why they are different and execute their plans well, are the ones that will succeed. ◆

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Amalgam: The next steps

By Lynn Woods

Lynn is a health and safety adviser in the BDA's compliance team, helping members with all aspects of health and safety law, infection control requirements, practice inspections and compliance with professional regulations.

What you need to know, what you need to do

New UK-wide requirements have been agreed via the Regulation on Mercury to help protect the worldwide environment from mercury pollution. Once out in the environment, mercury can be transformed by bacteria into methylmercury which can then accumulate in fish and shellfish, and adversely affect human health through their consumption. Although dental amalgam makes only a small contribution to this pollution, a gradual phasing down of its use over several years will help minimise it further.

So, what do dentists need to do to ensure they play their part?

In reality, the new requirements should make little difference to dental practices in the UK as other regulations mean that many of the requirements are already in place.

That said, it is probably useful to look at the requirements in date order.

From 1 July 2018

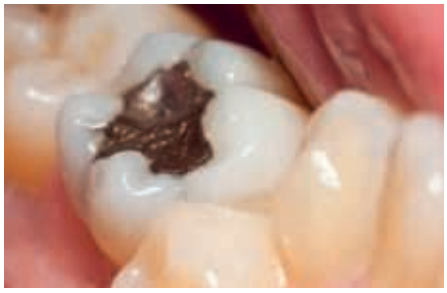
Dental amalgam should not be used for dental treatment of deciduous teeth, of children under 15 years and of pregnant or breastfeeding women, except when deemed strictly necessary by the dental practitioner based on the specific medical needs of the patient.

Q. Is the above based on health and safety concerns for these groups?

A. No, the new regulation is based entirely on environmental concerns. There is no evidence-based reason to restrict use in these groups on health and safety grounds.

From 1 January 2019

Amalgam separators put into service from January 2018 will have to provide a retention level of at least 95% of amalgam



particles (this will be extended to include all separators from 1 January 2021).

Q. As almost all dental practices in the UK will have had amalgam separators installed from around 2005 to comply with hazardous waste requirements, do these practices have to do anything at this point?

A. No, provided amalgam separators of the appropriate ISO standard and fitted in such a way that they capture any amalgam contained in wastewaters were installed at the time, practices have until 1 January 2021 to ensure a retention level of at least 95% amalgam particles. However, practices do need to ensure amalgam separators are maintained in accordance with the manufacturer's instructions.

Dental amalgam to be used only in pre-dosed encapsulated form. The use of mercury in bulk form by dental practitioners will be prohibited.

NB – To ensure compliance with COSHH (using a hazardous substance in a safer form), dental practices in the UK have been using pre-dosed capsules for a number of years.

From 1 January 2021

All amalgam separators in use will have to provide a retention level of at least 95% of amalgam particles.

The Regulation also requires that dental practitioners shall ensure that their amalgam waste, including residues, particles and fillings, and teeth contaminated by dental amalgam is handled and collected by an authorised waste management establishment or undertaking and that such waste is not released into the environment directly or indirectly under any circumstances. Again, these measures are already a requirement in the UK.

In the meantime, dental practice staff can ensure they are minimising the risk of amalgam reaching wastewaters by ensuring the following:

Amalgam carriers

Where recommended by the manufacturer, amalgam carriers should be dismantled to allow adequate cleaning (and to prevent amalgam particles reaching wastewaters via instrument washing sinks, ultrasonic cleaners and washer disinfectors). Members of the dental team should be appropriately trained to ensure competence in dismantling, cleaning, sterilising and reassembling.

Dental amalgam waste should be separated as:

- Dental amalgam, infectious, clinical
- Teeth with amalgam fillings; and
- Dental amalgam and mercury, non-infectious
- Spent and out-of-date capsules, excess mixed amalgam, contents of amalgam separators.

For further guidance on dental waste please see page 154 of the Department of Health's guidance 'Safe management of healthcare waste' – HTM 07-01. ◆

Advice

If you would like to contact us with regard to dental amalgam please contact advice.enquiries@bda.org or call on 0207 563 4572.

Disability access is an ongoing duty

By Sabina Mirza
Sabina is a Practice Management Consultant in the BDA Practice Support Team, advising general dental practitioners on associate contracts and a wide range of employment and other law.

With 13 million disabled people in the UK[1], approximately 1 in 5 of your patients could be covered by the legal protection from discrimination when accessing your service. As with other service providers, you have a legal obligation to make reasonable adjustments to remove the barriers which may be encountered by a disabled person when accessing your surgery. You should have already had a formal audit by a properly qualified consultant (from the National Register of Access Consultants) of your facilities so that you can understand how to meet your legal obligations. Their experts will have up-to-date knowledge of construction and be familiar with the appropriate building regulations as well as disability issues. A disability access audit is the easiest and most comprehensive way of making sure you meet the needs of your disabled patients and will help you review how you are going as you consider whether previously impractical adjustments should now be carried out.

The range of disabilities

It is important to remember that disabilities take a variety of forms and are not always visible. Also, a patient who is not disabled at time of registration with your practice may acquire a disability at some later stage in life. In order for you to provide reasonable adjustments to your patients, you must have an all-encompassing approach which understands these different disability needs and the impact of your dental service on them. The recent Equality and Human Rights Commission (EHRC) report[1] found that service providers fail 'to identify people with a learning disability in health systems so that reasonable adjustments can be made in advance'. If a patient has a learning disability, additional care needs to be given to make sure the patient understands what treatment options are available and to obtain their full consent. It is therefore vital to understand which of your patients are disabled and what reasonable adjustments they may benefit from.

Substantial disadvantage

The duty to make premises and service accessible applies in situations where a disabled person is placed at a substantial disadvantage compared with a person who is not disabled and it is reasonable for you to make changes to remove this disadvantage. The most recognisable way a disabled person may be disadvantaged is by a physical feature of your premises such as steps leading up to the entrance door, internal doors, narrow corridors or toilet. You need to look at feasible and practical steps you can take to accommodate a disabled person, such as installing a ramp, alternative entrances or treating the disabled patient in a surgery room located on the ground floor.

A disadvantage may also arise because of the way your practice operates, such as in a policy or rule which makes it more difficult for a disabled person to access or use your dental services. For example, requiring patients to come in and wait for an emergency appointment rather than telephone may significantly disadvantage a person who has a disability as it would make it uncomfortable for them. A possible reasonable adjustment might involve changing the policy, to allocate an appointment time a disabled person can attend without having to wait in reception. Or calling out the patient name in the waiting room to ask them to go through for treatment is unsuitable method for a person with a hearing impairment. Consider an alternative

method such as, if they agree, displaying appointments on an electronic screen or escorting the patient to the treatment room.

Sometimes a disabled person may need particular aids or equipment to help them access or use your dental services. In one situation, the EHRC helped a patient who was profoundly deaf in a claim of discrimination against NHS Tayside, after she spent seven days in hospital without a sign language interpreter being made available to her. This limited her ability to understand what treatment she was receiving, to participate in her care or even to ask questions. NHS Tayside admitted liability and entered into a formal agreement with the EHRC, resulting in a positive change for over 900 deaf NHS users in Tayside.[2] How this affects small practices will depend upon your situation, such what support is available from your local NHS or could they offer patients with a hearing impairment appointments during one specific session and book one sign language interpreter for it?

In all cases where a disadvantage is in place, the onus is on you to take reasonable steps to remove that disadvantage or adjust the way in which the service is provided to your disabled patients. You should not wait for the disabled person to ask you to do something. You are required to consider in advance what you need to do to make your services accessible to all disabled patients.

Reasonableness

Most people with disabilities are able to be seen at your dental practice, with minor modifications, if any. Where a physical feature makes it impossible or unreasonably difficult for disabled person to make use of your dental service, you have to take measures to remove or alter it. If this is not practical you need to provide a reasonable alternative method of making the service available.

When deciding whether an adjustment is reasonable, you can take financial costs of implementing the change into consideration. Larger organisations are expected to invest more than smaller ones. Other factors to consider can be practicality, health and safety factors, practice size, and whether the adjustment will achieve the desired effect. If making the reasonable adjustment for disabled people would lead to the service breaking a different legal obligation, you may not be required to do it. For example, if a dental practice is based inside a listed building, and you are considering the widening of doors for wheelchair access, there may be a conflict as you still need to meet planning regulations to preserve the character of a listed building. If you are considering a proposed ramp located on the public highway, this may be deemed to constitute an obstruction to other pedestrians.

If you decide against making an adjustment, you may need to justify your decision if someone claims that your premises are not accessible. You would need to show that you have made all the adjustments that were reasonably practicable and that you have objective reasons for not making the adjustment complained about. Your reasons could include onerous cost, the effect on other service users and whether the adjustment is necessary to provide the service. The audit helps show that you have considered all these points, though, ultimately, it is the courts who decide if something is reasonable or not.

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Access audits

For established businesses an existing audit should have covered all of the key physical areas which may create a barrier to access, such as car parking, entrances, reception area, corridors, lifts and stairs, internal doors, toilets, signage and wayfinding and means of escape for disabled patients in an emergency. It can also cover communication audits such as your leaflets and website to check for accessibility for users with visual impairments and learning difficulties and check your policies and procedures do not discriminate against disabled people.

The audit is intended to form the basis of a rolling plan of action to enable you to improve the accessibility of your building, environment or service over time. It is therefore equally important for an established dental practice to review your existing access audit to help you to identify any new barriers to disabled access or any new or different options which become available for removing these barriers. The audit report can help you decide upon the most reasonable option to implement taking into account the financial cost and other limitations for your dental service. By carrying out an audit and implementing changes which are feasible not only improves access for disabled persons but also enables you to demonstrate that you have adopted a reasonable approach.

There are also wider advantages to ensuring your premises are as accessible as possible. Making reasonable adjustments can have a positive impact on your overall reputation. Relatives will be pleased that a disabled family member can use your practice. Patients without a disability may also benefit from adjustments to the practice. Easy-to-use door handles and handrails are appreciated by older patients, ramps make access easier for parents pushing prams, or people using walking frames or aids. ◆

1. The Equality and Human Rights Commission, Being disabled in Britain: A journey less equal, April 2017.
2. BBC News, No interpreter offered to deaf woman during Perth hospital stay, 12 December 2014.

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Care and protection for orthodontic appliance wearers

During orthodontic treatment patients will experience difficulty keeping their mouths clean and are prone to high levels of plaque accumulation. This can result in, tooth decay, gum disease, bad breath and ulcers. The VITIS Orthodontic range contains a unique combination of 4 active ingredients which helps patients achieve exceptional all-round protection.

Cetylpyridinium chloride (CPC) is a broad spectrum oral antiseptic which reduces dental bio-film formation by eliminating bacteria. CPC is active against pro-inflammatory toxins released by bacteria, thereby preventing gingivitis.

Fluoride prevents caries by increasing enamels resistance to demineralisation and by increasing remineralisation of initial lesions. VITIS Orthodontic mouthwash and toothpaste contain the recommended level for adult teeth.

Allantoin stimulates cell proliferation, helping to produce rapid tissue regeneration of damaged tissues as well as protecting and exerting an anti-irritant effect on oral mucosa.

Aloe vera soothes inflamed gums and helps to alleviate gum pain associated with moving teeth.

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

Take care of it

Keeping dental unit waterlines free of biofilm can be time consuming, but with Nuview's Continu disinfectant, that doesn't have to be the case.

The first reason for this is that Continu is supplied ready to use so no time is wasted making up the solution.

Another benefit is that Continu is a weekly treatment, reducing the time staff have to spend disinfecting the system.

The product is also removed from the system after application so that no disinfectant makes contact with a patient's mouth during treatment.

Continu Disinfectant for Dental Unit Waterlines is HTM 01-05 compliant and Class IIa CE marked as well as being independently shown to achieve 99.999% effectiveness against Legionella to European test standard EN 13623.

A product that is highly effective, hassle free, easy to use and reduces risk – what more could you ask for?

Contact Nuview on 01453 872266, email info@nuview-ltd.com, visit www.nuview.co or 'like' Nuview on Facebook for further information.

A-head of the rest

Minimising the amount of dental equipment in a surgery makes sense financially as well as logistically. The VistaCam iX HD, from Durr Dental, does just that, since it has an interchangeable head so that you can use it for intraoral, extraoral and macro images (using the 'Cam' head) as well as to detect carious lesions and display plaque (courtesy of the 'Proof' head) in addition to early detection of proximal caries (using the 'Proxi' head). The concept is simple, the technology unrivalled, the possibilities endless.

An intra-oral camera can provide both dentists and their patients with a revealing window into the realm of dental disease, conferring greater transparency and more lucid communication. The Cam head of the VistaCam iX HD, delivers crystal clear high definition images, thanks to the variable autofocus, regardless of whether you require intraoral, extraoral or macro images.Videos can also be recorded in the same HD resolution. Twin LED's illuminate the oral cavity. The implications for patient communication and treatment are clear; seeing really is believing!

The Proof head detects any carious lesions, rates them on a colour scale and assigns them a numerical value ranging from green (0-1.0) for healthy enamel to yellow (>2.5) for deep dentine caries. This intuitive software spots early lesions and presents the evidence clearly for you to show patients. It can also be used to monitor the progression of disease, should a patient chose not to act in the early stages. It can also be used by hygienists for pinpointing plaque; no more messy disclosing tablets!

The VistaCam iX HD offers unrivalled functionality in a single device with multiple applications, perfectly complementing daily practice with an indispensable tool.

Find enlightenment

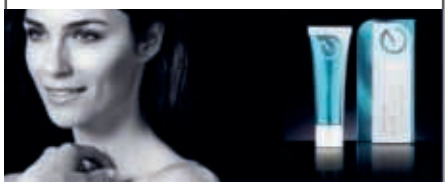
Marketing your dental practice is increasingly important in modern UK dentistry and if you underestimate how much it could affect your success, you will undoubtedly lose out.

This is where the Enlighten Regional Centres of Excellence programme comes in. By joining this limited-space scheme, practices can become the local expert in tooth whitening, using Enlighten's renowned whitening technology.

More importantly than this, however, is the marketing services that the Enlighten team will use to empower its member practices. They are dedicated to making sure each practice is on the map and will their extensive network of marketing contacts to improve exposure and bring patients in for treatment.

This combination of expert whitening services and professional-level marketing will help practices become the go-to for gold-standard whitening in a specific location.

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



State-of-the-art sharpness

If you want the very highest quality of image resolution in practice, you should consider the next generation of Sirona's ORTHOPHOS imaging systems.

Available from Clark Dental, the latest ORTHOPHOS models include the unique Sharp Layer (SL) technology, which allows the system to capture several thousand images in just one rotation. Indeed, the SL technology ensures that every detail is captured more than once, and then pieces together only the images that exhibit the best focus and resolution in order to provide you with an unprecedentedly sharp X-ray.

Available in both 2D and 3D, the ORTHOPHOS SL range offers you a wide diagnostic range – something that is accentuated by its unmatched level of volume depth. This ranges from 5x5.5cm up to 11x10cm which allows for perfect scans of the entire jaw, as well as utilisation in many different clinical indications, from endodontic issues to single implant planning and the diagnosis and subsequent treatment of sleep apnoea.

To discover the power of Sharp Layer technology for yourself, contact the team at Clark Dental on 01268 733 146, email info@clarkdental.co.uk or visit www.clarkdental.co.uk.

H2Olistic solutions

A new ecommerce service has been launched that bridges the gap between infection control and dental unit water systems (DUWS) for dental practices. DUWS can have problems with both bacteria growing in the water they use, as well as limescale preventing their optimum performance.

Suppliers of DUWS' focus on issues that arise from inorganic material that can affect water purity in DUWS (e.g. carbonates) and don't always appreciate how water purity and infection control need to work together to ensure HTM 01-05 compliance.

CleanCert specialise in providing simple infection control systems to remove any organic matter and infection control issues as well as those involving inorganic material and water purity. This co-ordinated approach helps with 'Best Practice' recommendations in HTM 01-05 and ensures your bacterial load on hard surfaces (TVC) and water quality levels (TDS) are reduced quickly, safely and cost-effectively.

Visit www.cleancert.co.uk to find out more.

Comprehensive cleaning

Are you looking for a comprehensive range of top quality cleaning and disinfectant products you can trust to protect your team and your patients from harm?

Then look no further than the new Steri-7 Xtra range from Initial Medical.

A breakthrough in the fight against infection, this innovative solution will kill 99.9999% of a huge array of pathogens, including Clostridium difficile, E.Coli, Hep C, HIV, Influenza, Legionella, MRSA Mycobacterium terrae (TB), Norovirus, Parvovirus, Salmonella and Streptococcus, to name but a few.

The Steri-7 Xtra High Level Surface Disinfectant Cleaner is available as a concentrate solution, a ready to use spray and as a surface wipe. Totally non-corrosive, it is suitable for use on nearly all surface materials.

The Steri-7 Xtra Personal Care Range includes a dermatologically tested, clinical grade hand wash and a hand rub, both with re-moisturising properties that are kind to the skin.

Highly effective against a huge range of pathogens and active for up to three hours after application, these products bring an extraordinary high level of hygienic protection to your everyday protocols.

For further information visit www.initial.co.uk/medical or Tel: 0870 850 4045.

Digital definition

Digital technology has enabled dental professionals to improve the standard of treatments – and nothing epitomises this better than the True Definition scanner from 3M Oral Care.

With a 99.7% rate of fit since launch, the True Definition scanner has proven to be the profession's most accurate leading intraoral scanner.[1] By using video imaging technology,[2] the True Definition can replicate the entire dental anatomy with optimum fidelity.[3]

This allows for more accurate restorations – and better results for patients.

Digital dentistry is the way forward. Take the first step with 3M Oral Care: contact the expert team today.

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

1. 3M Oral Care Internal Data: 99.84% fit rate. Claim 5640 (2016).
2. 3M Oral Care Internal Data: Unique video imaging technology (true definition). Claim 5371 (2012).
3. 3M Oral Care Internal Data: Replicate entire oral anatomy. Claim 5372 (2012).

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Hydroxyapatite has been found to have remarkable remineralising effects on initial lesions of enamel, protect against dental erosion, and can be used as part of an everyday oral care regimen to form a protective layer over the enamel.[1]

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In addition to the toothpastes 15,000-ppm hydroxyapatite, the Black Is White formula is SLS and Triclosan-free, supports salivary functions with 950-ppm fluoride and uses the absorption qualities of activated carbon to remove discolouration safely and effectively without abrading or bleaching.

And because it can be used daily without any limitations, Curaprox's toothpaste can ensure that patients' teeth are protected at all times – not just when they visit the dentist.

The all-round nature of the formula makes it a perfect toothpaste for anyone, but if you have concerns about a patient's enamel, then why not recommend the Black Is White.

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

1. Pepla E, Besharat LK, Palaia G, Tenore G, Migliau G. Nano-hydroxyapatite and its applications in preventive, restorative and regenerative dentistry; a review of literature. *Ann Stomatol (Roma)* 2014; **5:** 108-114.

Flush pockets clean!

The latest figures show that over 80 per cent of adults in England displayed some signs of periodontal disease, including deep pocketing of 4mm or more[1].

These deep pockets cannot be assessed by a toothbrush or most 'standard' cleaning aids, yet they provide the ideal environment for bacteria to grow and thrive.

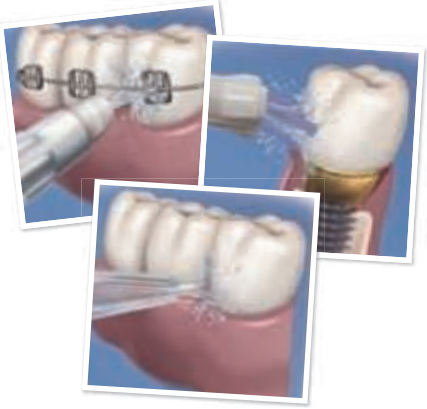
The Water Flosser from Waterpik International, Inc. is ideal for patients with periodontal pockets. The pockets will be flushed clean, quickly and efficiently, providing a comfortable experience for the patient. Research showed the Waterpik® Water Flosser to reduce bleeding by up to 81% in periodontal patients[2].

Various different tips are available to suit the individual needs of the patients. For example, the Pik Pocket Tip is designed specifically to clean periodontal pockets and furcations. The soft rubber tip delivers a gentle, low-pressure rinse below the gum line, clinically proven to access up to 90% of a 6mm periodontal pocket.

For more information about how your patients can benefit, professionals can sign up to Lunch & Learn presentations, which offer first-hand information through Waterpik's network of educators.

To arrange a Lunch & Learn, please call 0333 12 35677 or email ukcustomerservices@waterpik.com.

1. Adult Dental Health Survey 2009. The Health and Social Care Information Centre, March 2011. Found at: http://content.digital.nhs.uk/pubs/dentalsurveyfullreport09 (accessed June 2017).
2. Genovesi A M, Lorenzi C, Lyle D M et al. *Minerva Stomatol* 2013; **62:** 1-9.



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Mr Paul Stone BDS (Hons) Lpool, FDS RCSEd, FDS RCPS (Glasg)
Interests: Implant surgery, oral surgery, conscious sedation, bone grafting and sinus lifts.
On Specialist List: Yes, Oral surgery (60534)

Mrs Adela Laverick BDS (Hons) Lond, FDS RCS Eng, MSc Lond
Interests: Fixed & removable prosthodontics, dental implants
On Specialist List: Yes, Prosthodontics (66211)

Dr Marilou Ciantar BChD (Hons) Malta, MSc Lond, PhD Lond, MFDS RCS Eng, MFD RCS Irel, FFD RCS Irel
Interests: Oral surgery, implant surgery, tissue regeneration, periodontology, conscious sedation
On Specialist List: Yes, Oral Surgery and Periodontics (84070)

Mr Brian Stevenson BDS Glasg, PhD FSA (Rest.Dent.) RCSEd, MFDS RCSEd, FHEA
Interests: Fixed and removable prosthodontics, endodontics and dental implants
On Specialist List: Yes, Restorative Dentistry and Endodontics (77605)

Mr Graeme Lillywhite BDS Edin, MFDS, MSc, MRD, FDS RCSEd
Interests: Restorative Dentistry, fixed prosthodontics, dental implants
On Specialist List: Yes, Restorative Dentistry and Prosthodontics (68916)

Mrs Lorna Harley BDS Glasg, MFDS RCSEd, MRD (Endo) RCSEd
Interests: Endodontics
On Specialist List: Yes, Endodontics (79246)

Dr Donald Thomson BDS (Hons) Edin, FDS RCSEd, DDR RCR
Interests: Cone beam CT imaging
On Specialist List: Yes, Dental and Maxillofacial Radiology (70079)

266979

Midlands

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

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

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

East Anglia

J SMALLRIDGE DENTALCARE
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

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

If you wish to be included in these pages please contact Jamie Feek on 020 7843 4712 or Email jamie.feek@nature.com for a quote.

South East

AYUB ENDODONTICS
www.ayub-endo.com

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

270171

DENTAL SPECIALISTS 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

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 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
www.toothbeary.co.uk

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

258051

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
DR CHONG LIM - GDC No. 70007
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

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

Business skills CPD

Q1: What will the retention level of amalgam particles be from 1 January 2021?

A 80%
B 85%
C 90%
D 95%

Q2: How many sections will dental amalgam waste be separated into?

A Three
B Four
C Five
D Six

Q3: Who should carry out the formal disability audit of your practice?

A Practice owner
B Practice manager
C Principal dentist
D The National Register of Access Consultants

Q4: Why can calling patients into surgery be considered a disadvantage?

A It is not considered a disadvantage
B Patients may not be able to walk to the room due to physical impairment
C Patients may not be able to hear their name called due to a hearing impairment
D The waiting room may be unsuitable for those in a wheelchair

Q5: What proportion of people identified workload as a source of work-related stress?

A 13%
B 14%
C 21%
D 27%

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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

info@thedentistsadvantage.co.uk

phone: 020 7099 2077