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## Get in touch!

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### Welcome to my regular e-update Column which each month will highlight the key events and news for busy practice managers and administrators.

By the time you read this it will only be a few weeks to Christmas so let me first of all take the opportunity to wish you and your families a very Merry Christmas and a happy and prosperous 2013.

Every edition of e-update produced since its launch a few years ago has been carefully crafted for us through the editing skills of Vikki Harper and her colleague Vicki Gumbley - both of whom have also produced Practice Focus for us in recent years. Vikki and Vicki have decided to step down from their editorial roles with us in order to focus on other areas of their business. We thank them for the work they've produced for us in the past and wish them well for the future.

At the same time I'm delighted to welcome and introduce you to Ian Simpson, who now takes over from Vikki and Vicki. Over the past couple of years Ian has regularly provided support to ADAM not only in relation to e-update and Practice Focus but also on other ADAM related work, and we look forward to working more with him in the future.

As we look ahead to 2013 and our 20th Anniversary it's a time when many of us start to think about New Year Resolutions, like stopping smoking or doing more exercise.

Why not make your New Year Resolutions about ADAM and commit to becoming more involved with the Association that represents Practice Managers and Administrators? Not only is it great fun but, in my experience, the more you put into it, the more you'll get out!

And also why not commit to getting each and every member of your Admin team signed up as fully fledged members of ADAM?

This month's e-update is again full of thought-provoking items that I hope you'll find of interest. If you have any feedback please get in touch with [denise@adam-aspire.co.uk](mailto:denise@adam-aspire.co.uk)

Merry Christmas and Happy New Year!

Jill Taylor  
President



In this continuing series focused on YOU, this month we meet and ask questions of someone well known to many ADAM members, former Chairman Amelia Bray.

**Name:** Amelia Bray

**Age:** Not yet 40!

**Job:** Clinical Manager

**Where do you live?:** I live in Plymouth with my husband Miles, who is a dentist, and we work together in his practice within a converted barn set amidst an orchard of traditional cider apple trees - it's idyllic - and it's over the border in Cornwall (even better)!

**Hobbies:** My passion, outside of work, is baking cakes and decorating them!

**When did you first get involved with ADAM?** I first joined BDPMA - as it was then - back in 1999 after joining the profession five years earlier as a dental nurse. By then I was a professionally qualified Professional Practice Manager and I loved being part of BDPMA from the start - networking with colleagues, attending training events, the annual dinner, and a great source of information in what can be quite a lonely position.

**And when were you appointed Chairman?** I first became Regional Treasurer and then served on the National Council as Vice-Secretary, Vice-Treasurer, Treasurer, and Vice-Chairman before being appointed Chairman (now known as President) in 2010. It was a privilege to be able to lead the Association I loved so much! One of my primary aims during my tenure as Chairman was to broaden the appeal of the organisation to include and represent all members of the non-clinical dental team and I was proud to be able to oversee the transformation of BDPMA into the Association of Dental Administrators and Managers.

**And you received an honour last month?** Yes, I was thrilled and delighted a few weeks ago to receive the **Outstanding Commitment to ADAM and Practice Management Award** - I was so surprised when I heard the news and it's just wonderful to be honoured in this way by those within my own profession.

**What do you enjoy most about the job?** The dentist I work for is marvellous - he's so good, I married him! The setting for our surgery is so beautiful that it's a delight to come to work! And then there's the job itself, which I've always enjoyed, including meeting so many lovely people, some of whom have become more like friends over the years.

**And if you hadn't gone into dentistry, what would you be doing?** I always wanted to be a vet, but I didn't get the A-level grades, and I fell into dentistry by accident. At least our patients don't bite, scratch or kick! But I'd probably be running my own business decorating cakes, rather than fitting it in around the surgery!

**On behalf of all ADAM members we'd like to pass on our congratulations to Amelia for her award.**

**If you'd like to be in the Spotlight or to nominate a colleague then get in touch with [denise@adam-aspire.co.uk](mailto:denise@adam-aspire.co.uk) and we'll follow it up.**

**We look forward to hearing from you.**



**Amelia Bray**

### Oral Health Charity boosted by charitable donation

The British Dental Health Foundation has received a generous £2,600 donation after coming top of an online charity poll.

The money was donated by the British Dental Trade Association (BDTA) following a vote by 20,000 visitors to this year's Dental Showcase exhibition.

A total amount of £5,000 was shared out between three charities, following an on-line vote. The British Dental Health Foundation (53.6%) received over half of the votes, picking up £2,680 while Dentaid (23.9%) and Bridge2Aid (22.5%) collected £1,195 and £1,125 respectively.

Chief Executive of the Foundation, Dr Nigel Carter OBE, said: "On behalf of the British Dental Health Foundation I would like to thank the BDTA, and those that took the time to vote, for their generosity and support.

"Regular donations are a vital part of any charities fundraising efforts, these have become increasingly difficult during this time of financial instability so every contribution is very welcome. The Foundation continues to do exceptional work in helping to improve the nation's oral health and donations such as this go a long way in ensuring we can continue to fulfil our ambitions."

Contact David Westgarth of Dental Health on **01788 539792** or [davidw@dentalhealth.org](mailto:davidw@dentalhealth.org) for more information.

### GDC Annual Retention Fee Freeze "Inadequate" says BADN President

The GDC's decision to freeze the Annual Retention Fee (ARF) at £120 for dental nurses in 2013 is "inadequate" says Nicola Docherty, leader of the UK's 40,000+ dental nurses.

The decision, announced late on Friday afternoon, shows that the GDC is "out of touch with registrants" says Nicola. "We have supplied the GDC with detailed information on dental nurse salaries, showing that the £120 ARF causes considerable financial hardship to dental nurses. We have also requested that the GDC lower the ARF for dental nurses to a fee more in line with salaries - instead of charging dental nurses the same ARF as hygienists and therapists - and that they implement a special fee for those working part time.

BADN has always supported, and continues to support, registration in principle, as being in the best interests of the patient. However, the GDC's heavy handed and insensitive implementation, including the imposing of an unreasonable ARF, has alienated many dental nurses and must be rectified as soon as possible" said Nicola.

Contact BADN at [xs@badn.org.uk](mailto:xs@badn.org.uk) for more information.

### Dentaid launch portable Dental Surgery!

Building on the success of their portable chair, Dentaid have now launched DentaidBox which includes a portable light and suction unit along with an instrument kit and pressure cooker for sterilisation - and everything fits into a wheelie bin, making it a complete portable dental surgery!

The first Dentaid Box was donated to the charity Foodstep in Uganda by the Rotary Club of Kyengera in March 2012. At a cost of £1500, DentaidBox makes basic oral care possible in poor areas of the world, providing help to large numbers of individuals in a very cost-effective way.

An exciting programme of fundraising events has been organised for 2013 including dental volunteering trips to Uganda and Morocco; Trekathons; cycling, running and golf events for the energetic.

Dentaid can supply items to help you with your fundraising event, including posters. T-shirts, collection boxes, balloons, sponsor forms - and friendly advice!

Full details are available from [www.dentaid.org](http://www.dentaid.org) or email Jacqueline at [jac@dentaid.org](mailto:jac@dentaid.org)

### ADAM hits One Thousand 'Likes' on Facebook!!

Only a few weeks ago we hit this amazing milestone figure and whilst we're all absolutely thrilled to have reached this number we're keen to go even higher - so please keep spreading the word!

And just to remind you, you can find us on Facebook at ADAM.Aspire and on Twitter at @ADAM\_Aspire

### It's not too late to 'Have Your Say'

The GDC need the views of patients, dental professionals and other groups of people to help us make regulation more effective and proportionate. They have three consultations open and would appreciate your views on their proposals.

### Continuing professional development (CPD) Closing date: 31 January 2013

Keeping skills and knowledge up to date throughout a career is at the heart of what it means to be a dental professional.

Let the GDC know your thoughts on:  
Changing minimum hours  
Making all CPD verifiable  
Bringing in personal development plans

**GDC standards of conduct, performance and ethics**  
Closing date: 31 December 2012

Patient expectations are central in the new draft GDC standards of conduct, performance and ethics which all dental professionals will have to follow.

They have drafted nine principles covering a range of themes including communicating effectively with patients and making sure personal behaviour maintains patients' confidence in you and the profession.

### Direct access

Closing date: 31 December 2012

The GDC want your insights on their proposal to change their guidance on direct access to:

*"Registered dental care professionals should have the option to provide direct to patients any care, assessment, treatment or procedure that is within their scope of practice and for which they are trained and competent."*

**Closing dates are fast approaching** but you can still 'Have your Say' by going to: <http://www.gdc-uk.org/Aboutus/Researchandconsultations/Pages/Have-your-say-.aspx>

## Mouth Cancer Screening Accreditation Scheme to launch in April 2013

The above scheme launches in the spring of 2013 but the Mouth Cancer Foundation, the charity behind the scheme, is looking to recruit 60 dental practices to take part in a pilot scheme from February 2013.

The Mouth Cancer Screening Accreditation Scheme recognises dental practices that demonstrate a visible commitment to increasing public awareness of mouth cancer screening to all patients and to establish a documented referral pathway with a local specialist department.

Awareness is integral to achieving early detection of head and neck cancers, thus saving lives. The Mouth Cancer Foundation will accredit dental practices that routinely participate in oral cancer screening. The programmes will include professional development and training programmes suitable for all members of the practice team to ensure regular screening benefits practice patients.

The Mouth Cancer Screening Accreditation Scheme aims to improve outcomes for head and neck cancers in accordance with The British Dental Association's occasional paper for the early detection and prevention of oral cancer and NICE guidelines. It offers a realistic approach for dentists who seek to adopt best practice in oral cavity examination and opportunistic screening. The scheme embraces recent Care Quality Commission, Information Governance and Clinical Governance requirements and necessitates the recommendation by the

General Dental Council for continuous professional development for the management of oral cancer for dentists.

The **Mouth Cancer Screening Accreditation Scheme** is open to any dentist registered with the GDC or any dental practice whose clinicians are registered with The GDC. Dentists who take part in the pilot scheme will receive associate accreditation when the **Mouth Cancer Screening Accreditation Scheme** launches.

For more information or to take part in the pilot scheme please contact the **Mouth Cancer Foundation** via [info@mouthcancerfoundation.org](mailto:info@mouthcancerfoundation.org) or call +44 (0) 1924 950 950 for more information.

## GDC reminds patients to see a dentist when considering tooth whitening

As changes to an EU Directive came into force on in the UK on 31 October 2012, the General Dental Council (GDC), reminded patients to see a dentist first if they are considering tooth whitening treatment.

The GDC regards tooth whitening as the practice of dentistry and it must only be carried out by a registered dentist or a dental hygienist or dental therapist on the prescription of a dentist.

The amendments to the EU Council Directive (76/768/EEC) affect the strength of chemicals used in tooth whitening products. They do not change the position of who can carry out tooth whitening lawfully. The GDC will continue to prosecute individuals who carry out tooth whitening illegally under the Dentists' Act 1984.

The Chief Executive and Registrar of the GDC, Evlynne Gilvarry, said:

*"Tooth whitening undertaken by untrained and unregulated individuals carries significant risks. The only safe option is to consult a GDC-registered dentist. We have successfully prosecuted individuals for providing this treatment unlawfully and we will not hesitate to prosecute in future where there is evidence of unlawful practice."*

The GDC has a patient leaflet available online ([www.gdc-uk.org](http://www.gdc-uk.org)) and in print. It includes a useful list of questions for anyone considering tooth whitening.

Research carried out for the General Dental Council in December 2010 found that 8 out of 10 people would choose to have tooth whitening done at a dental surgery and think it should only be carried out by registered, trained and qualified dental professionals.

Date and location	Name of event and provider	Cost and notes	Contact details
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Commencing January 2013 Bristol	ILM Level 5 Diploma in Leadership and Management <i>UMD Professional Ltd</i>	Distance learning and modular courses also available	Penny Parry 020 8255 2070 or <a href="mailto:penny@umdprofessional.co.uk">penny@umdprofessional.co.uk</a>
Commencing January 2013 Birmingham	ILM Level 5 Diploma in Leadership and Management <i>UMD Professional Ltd</i>	Distance learning and modular courses also available	Penny Parry 020 8255 2070 or <a href="mailto:penny@umdprofessional.co.uk">penny@umdprofessional.co.uk</a>
Commencing January 2013 Leeds	ILM Level 5 Diploma in Leadership and Management <i>UMD Professional Ltd</i>	Distance learning and modular courses also available	Penny Parry 020 8255 2070 or <a href="mailto:penny@umdprofessional.co.uk">penny@umdprofessional.co.uk</a>
Commencing January 2013 London	ILM Level 7 Diploma in Executive Management <i>UMD Professional Ltd</i>		Penny Parry 020 8255 2070 or <a href="mailto:penny@umdprofessional.co.uk">penny@umdprofessional.co.uk</a>
11 January 2013 London	2-day Business Management Master classes <i>Dentabyte</i>	£300	Ring 020 3248 1100 or email <a href="mailto:ola@dentabyte.co.uk">ola@dentabyte.co.uk</a>
7 February 2013 Portsmouth	2-day Business Management Master classes <i>Dentabyte</i>	£300	Ring 020 3248 1100 or email <a href="mailto:ola@dentabyte.co.uk">ola@dentabyte.co.uk</a>
6 March 2013 Edinburgh	CPD Essentials covering: <ul style="list-style-type: none"> <li>• Infection Control</li> <li>• Ethics and Complaints</li> <li>• Medical Emergencies</li> <li>• CPR</li> <li>• Mouth Cancer</li> </ul> <i>Denplan</i>	Non-Denplan practices: £200 per delegate Denplan Practices: Contact the Denplan Events Team for a possible discount	Ring 0800 169 5697 or email <a href="mailto:eventsandtraining@denplan.co.uk">eventsandtraining@denplan.co.uk</a>
7 March 2013 London	2-day Business Management Master classes <i>Dentabyte</i>	£300	Ring 020 3248 1100 or email <a href="mailto:ola@dentabyte.co.uk">ola@dentabyte.co.uk</a>
7 March 2013 Leeds	CQC Overview including: <ul style="list-style-type: none"> <li>• Child Protection</li> <li>• Vulnerable Adults</li> <li>• Confidentiality</li> <li>• Data Protection</li> <li>• Equality and Diversity</li> </ul> <i>Denplan</i>	Non-Denplan practices: £200 per delegate Denplan Practices: Contact the Denplan Events Team for a possible discount	Ring 0800 169 5697 or email <a href="mailto:eventsandtraining@denplan.co.uk">eventsandtraining@denplan.co.uk</a>
12 March 2013 Crewe	CPD Essentials covering: <ul style="list-style-type: none"> <li>• Infection Control</li> <li>• Ethics and Complaints</li> <li>• Medical Emergencies</li> <li>• CPR</li> <li>• Mouth Cancer</li> </ul> <i>Denplan</i>	Non-Denplan practices: £200 per delegate Denplan Practices: Contact the Denplan Events Team for a possible discount	Ring 0800 169 5697 or email <a href="mailto:eventsandtraining@denplan.co.uk">eventsandtraining@denplan.co.uk</a>
15 March 2013 Leicester	CQC Overview including: <ul style="list-style-type: none"> <li>- Child Protection</li> <li>• Vulnerable Adults</li> <li>• Confidentiality</li> <li>• Data Protection</li> <li>• Equality and Diversity</li> </ul> <i>Denplan</i>	Non-Denplan practices: £200 per delegate Denplan Practices: Contact the Denplan Events Team for a possible discount	Ring 0800 169 5697 or email <a href="mailto:eventsandtraining@denplan.co.uk">eventsandtraining@denplan.co.uk</a>
21 March 2013, Portsmouth	2-day Business Management Master classes <i>Dentabyte</i>	£300	Ring 020 3248 1100 or email <a href="mailto:ola@dentabyte.co.uk">ola@dentabyte.co.uk</a>
27 March 2013 Coventry	CQC Overview including: <ul style="list-style-type: none"> <li>- Child Protection</li> <li>• Vulnerable Adults</li> <li>• Confidentiality</li> <li>• Data Protection</li> <li>• Equality and Diversity</li> </ul> <i>Denplan</i>	Non-Denplan practices: £200 per delegate Denplan Practices: Contact the Denplan Events Team for a possible discount	Ring 0800 169 5697 or email <a href="mailto:eventsandtraining@denplan.co.uk">eventsandtraining@denplan.co.uk</a>

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# Coping with Patient's Complaints



When you experience poor service or when a recent purchase isn't quite what you expected, do you complain?

For example, if you have a really disappointing meal in a restaurant what do you say to the waiter when he comes over to your table and asks if the meal was OK?

Do you say how lovely it was - even though it wasn't - and then leave vowing never to return?

Or do you tell him how poor it was and how disappointed you were with your visit?

## Rising Numbers of Complaint

Well if recent experience in the dental sector is reflected across society then it appears an increasing number of people are telling it how it is rather than feeling too awkward or embarrassed to say anything.

The Dental Complaints Service (DCS) recently reported that complaints about dental treatment were up by 17% for the year May 2011 to April 2012 and in just 11 months they received over 14,000 calls!

The most common complaints were about fillings, root canals, crowns and dentures with many cases being resolved by a combination of an apology, a refund, or remedial treatment.

So, are patients simply now more willing to complain or do these figures suggest something more sinister - is it an indication that the standard and quality of treatment provided by the dental sector is declining?

Thankfully not - in fact results from the 2012 British Social Attitude Survey show that whilst overall satisfaction levels with the NHS have dropped by 12% over the preceding two years dentistry is considered to have improved by around 5%.

So, maybe the rise in complaints really is an indication of a change in attitudes and that patients in future will be more willing to express their dissatisfaction.

## Coping with Complaints

If so, how should we respond to this new environment?

And is this new found openness - with patients more willing to complain - good or bad news for the dental profession?

Well, if a patient actually goes to the time and trouble of telling you what he or she didn't like about the standard and quality of the treatment you've provided this is a great opportunity for you to resolve their complaint and in the process retain their future business.

## What is a complaint?

But, what is a complaint? Does someone actually need to use the word - 'I wish to make a complaint' or 'I wish to complain'? Some people really do think that!

What if someone says 'I'm not very happy' - is that a complaint?

What if their complaint isn't justified? Does that count?

## Definition of a Complaint

There are probably many different interpretations of what constitutes a complaint but if you want to retain your customer's business then the best definition to use is the one that says '*a complaint is an expression of dissatisfaction, whether justified or not*'.

Using this definition means you'll identify many more complaints than you've ever done before but - crucially - it gives you an opportunity to rescue the situation and retain the patient's business.

Because those little niggles are from the patients who, otherwise, will simply walk away.

## Sorry isn't the hardest word!

It's amazing how an apology can make an unhappy patient feel so much better. Why not try it next time you hear an unhappy patient? And remember - saying sorry doesn't mean you're saying it was your fault.

## Fact: Satisfied patients keep coming back

It's a simple fact of life isn't it - if we're happy with something we're less inclined to look elsewhere. And also more inclined to recommend other people to go where we go or use what we use.

And if we're not happy - we tell everybody - it's often said that an unhappy customer tells ten times more people than a happy customer!

So if you have an opportunity to turn an unhappy patient into a happy one - take that chance in both hands, listen, empathise, try to resolve the problem and say sorry - even if it's 'I'm sorry you're not happy with ...'

And you should do all of this even if the complaint isn't justified - that's how to cope with customer complaints and coincidentally it's also how to retain more customers.

## Finally ...

When it comes to handling a formal complaint - do you and all of your team know and follow the proper procedures for handling patient complaints? If not, maybe it's time for some refresher training!

**For an Advice Sheet and model policy for handling patient complaints go to the members section of the ADAM website - [www.adam-aspire.co.uk](http://www.adam-aspire.co.uk) - and click on Advice Sheets - AS19 Patient Complaints.**

## Webinars v Seminars or Virtual v Reality Which one wins?

Over the years I've been to more Seminars than I care to remember, and as you might have experienced for yourselves, they come in all shapes and sizes and can be of varying quality. But the one common denominator seems to be that, more often than not, they take the best part of a day out of your already busy schedule. Not to mention the travel costs and they can certainly mount up!

I recently had the experience of attending a Webinar. It wasn't my first, but it did for the first time start me thinking about how it compared with the experience of attending a more traditional Seminar.



So, putting the content and quality of presenters to one side, I've put together my thoughts on the positives and negatives of Seminars -v- Webinars.

My scoring system is a simple one - on a scale of 1 to 5 where:-  
1 = very poor, 2 = poor, 3 = OK, 4 = good and 5 = great.

Let's see which one comes out on top for me, and then have a go yourselves.

Measure	Seminar	Score	Webinar	Score
<b>Travel costs</b>	Unless it's on your doorstep these can be quite significant	2	Nil	5
<b>Overall time taken to attend</b>	Travel time to and from the event can add a number of hours to the overall time spent attending	2	The only time taken is the time attending as you can do so from either work or home	5
<b>Network opportunities</b>	Great opportunity to catch up with friends and colleagues, which shouldn't be under-estimated	5	Nil	1
<b>Convenience</b>	Other than for the occasional event that happens to be close to where you live or work - not convenient	2	Very convenient - can be done from your desk at work or at home. But knowledge and reliability of the technology can be an issue for some people, although it's much easier to use and more reliable than it used to be	3
<b>Interactivity</b>	They can be interactive but in my experience tend not to be other than afterwards over a drink and a chat - except for the one or two people who ask questions before the formal part of the night wraps up	3	Much greater opportunity to interact - you can do so using a web-cam and mike or you can simply send in a message 'live' - meaning everyone has the chance to ask their 'burning question'	4
<b>Opportunities to attend</b>	Limited, because of the time and cost involved you tend to pick and choose quite carefully	2	Huge - because of the convenience and the savings in travel time and cost you can attend many more than before	5
<b>Total</b>		<b>16</b>		<b>23</b>

So, as you can see, using my scoring method Webinars come out way on top - they're cheaper; they take up less time; they're more interactive; you can attend more frequently; and they're incredibly convenient.

But to get a second opinion we asked Sim Goldblum, Director of Dentistry Business for his views, and he said:

*"I really like using webinars to communicate with groups of all sizes about topical dentistry matters - interactivity is much easier as questions can be asked easily and feedback given; results of voting on issues are available instantly to help the discussion along and the availability of a recording after the event allows you to check over points which you want to consider further."*

One final point from me - by attending Webinars you do lose out on networking opportunities - so, despite being my overall winners I'll still be attending some Seminars such as our own ADAM conference to ensure that I maintain existing relationships and develop new ones!

And Webinars have one added benefit that I haven't scored, namely that if the topic turns out not to be quite what you expected or the presenter is deadly dull, you can simply switch off your pc and go home - unless you're at home already of course!

## Question Time

Here it is - this is your opportunity to tap into the rich vein of talent that exists within the ADAM membership.

Whatever your burning question, the chances are that somewhere across the UK an ADAM practice manager or administrator has come up against the same issue - and resolved it!

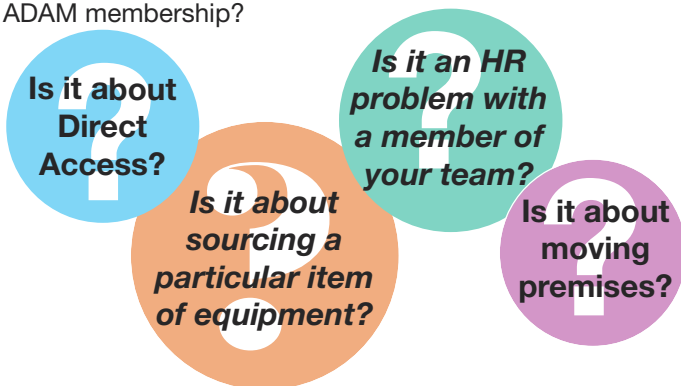
In future editions of e-update questions from members will be published here alongside the answers provided by experts in your field - the practice manager or administrators that make up the ADAM membership.

So this is your chance to be part of e-update, either by submitting your question or by helping answer someone else's question.

Of course we can't promise to publish each and every one in e-update but those not published will appear on the website.

Other than that - it's over to you!

So what's the burning question you'd like to put to the ADAM membership?



It can be on anything and everything about dental practice management and administration - so ask away!!

Email your question to: [denise@adam-aspire.co.uk](mailto:denise@adam-aspire.co.uk)

### Members Q & A

Published here is a typical example of a Question submitted to the ADAM office Administration team by members, together with the Answers provided by ADAM members.

#### Question:

*We are a mixed NHS and Private practice and we are thinking of introducing private hygienist for our NHS patients. I was wondering if any of you manage to sell private hygienist visits to your NHS patients and if so how do you convince them in terms of price, hygiene benefits etc. Do you get many patients complaints or do patients generally accept this?*

#### Answer

We too are a mixed practice. The dentists would recommend a hygienist visit by explaining that hygienists are able to provide a dedicated appointment of either 20 or 30 minutes. During the appointment they will show you exactly how to etc. They specialise in this field.

Once the patient has had the appointment they usually appreciate why it is a private fee and will book again. The patient needs to understand the value in seeing a hygienist and not to feel 'passed on' by the dentist.

Hygienist leaflets are helpful.

#### Answer

Surely if they need a scale and polish on the NHS then they are entitled to see the hygienist on the NHS. I don't understand the concept of charging my NHS patients privately to see the hygienist if it has been prescribed on the NHS. All our NHS patients get a 20 min hygienist appointment if they need it.

#### Answer

Our hygienists used to work on the NHS, but as you know due to the current NHS contract and hygienists wages, there was no way we could continue.

Ours now work solely privately, except we still do fissure sealants on NHS.

A lot of our NHS that have been seeing the hygienist for years continued to do so, some couldn't afford it. We did have some complaints, but I find that's the way of the world today, patients think you are not a "business" and whatever changes you make they object.

Ours is very busy most days, so we don't find it a problem really. We charge £35 for an appt with her.

#### Answer

We are a mixed NHS/Private practice and have been treating patients privately for many years for oral hygiene treatment. Due to the hourly rate a hygienist gets it would not be viable to treat these patients on the NHS. Our patients are seen for 30 min appointments and we are booked up several months in advance. We find that hygienist appointments sell themselves and our patients are extremely motivated and we find this a very popular service.

We charge £44 for a 30 minute appointment.

#### Answer

If your NHS patients require the input of a Hygienist this should be provided for them under your NHS contract and it is unethical to make them pay privately for this.



We care for healthy smiles

# Win £1000 of shopping vouchers!

TePe announce their first patient and dental practice prize draw. To take part is as easy as interdental brushing! Your practice could win £1000 of shopping vouchers and one of your patients could be the lucky winner of £2500 of holiday vouchers.

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1. Increase sales
2. Increases your probability of winning £1000

#### How do I take part?

1. Order six boxes (min) of TePe Interdentals
2. Receive participants pack with every six boxes ordered
3. Participants pack includes: 'Sunshine Tickets', promotional showcard and stand

#### How does the promotion work?

1. For every two packs of TePe Interdentals purchased, give your patient a 'Sunshine Ticket'
2. Each 'Sunshine Ticket' has a unique prize code. The patient simply submits this code online
3. Both the patient and practice are entered together in the prize draw

#### When will the promotion be running?

The promotion will be running from the 1 November through to the 31 December 2012. 'Sunshine Tickets' will be valid up to 28 February 2013.

#### And the winner is...

The prize draw will take place on the 14 March 2013 and the winning patient and practice will be notified on the 15 March. Good luck!

**Terms & Conditions:** Minimum purchase of 6 boxes of TePe Interdental Brushes required. The prize draw is open only to bona fide dental practices operating in the UK. The prize draw is subject to normal terms and conditions and TePe UK/Molar Ltd reserves the right to remove or refuse entrants without notice. The draw will take place on 14/03/13 and the winner will be notified by phone or e-mail, on the 15/03/12. Scratch cards ('Sunshine Tickets') are limited and available only while stocks last. No cash alternative.



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