

August 2011

# e update



## How robust is your recall process?

Take our recall challenge and put your recall process to the test!

Before you rush off to spend a load of money marketing your practice to new patients, make sure you're making the most of the ones you've got.

Our simple yet effective recall challenge will assess if any of our top reasons for recall failure exist at your

practice and will give you some great ideas for how to put them right if they do.

Do not assume your appointment book reflects the times in which we live, take action to ensure your processes and your team are robust and working to good effect.

Turn to page 11 for more.

### Inside this edition . . .

Read all about it



For all the latest news in the world of dentistry turn to pp.4-5

Is your data safe?

**Win a risk assessment worth £834!**

Data breaches can cost thousands. Is yours safe? More on p.13

Tough cuts



Considering staff cuts to save costs? Expert advice is at hand. More on p.15

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www.apexezine.com



Apex February Issue

Apex, a monthly ezine for the whole dental team, provides you with the latest news in dental research, worldwide clinical updates, interviews with key opinion leaders, practice advice and details of new dental equipment.

Do you really need an X-ray?  
A simple solution for managing your practice  
The success of a practice  
The future of dentistry  
Overcoming challenges  
Sustainable programs invest in oral health



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# City takes a novel approach to filling NHS practices

What do you get if you cross Lady Godiva with Lady Gaga? Answer – NHS Coventry’s latest pop sensation.

Ladie Go’Diva is set to be an internet smash, with hundreds of fans already signed up to her Facebook page and her own Twitter feed.

The pop starlet is inspired by her historical namesake’s ‘grin and bear it’ attitude and is on a mission to improve the dental hygiene of Coventry’s student population.

Her YouTube video, filmed at Coventry University and a local dental surgery, was launched this summer by NHS Coventry in a bid to help students and young people in the city understand the benefits of a winning smile.

The video for Bad Nashers follows Ladie Go’Diva in her pursuit of perfect pearly whites and is being promoted on Facebook and Twitter, as well as being emailed directly to over 10,000 students.

“This tongue in cheek approach aims to break down some of the myths around NHS dentists,” says Kerrie Woods, Senior Commissioning manager at NHS Coventry.

“Contrary to popular belief, there are plenty of NHS spaces available in the city and



What do you get if you cross Lady Godiva with Lady Gaga? Answer – NHS Coventry’s latest pop sensation.

**Food for thought. [Click here](#) to watch Ladie Go’Diva’s tongue-in-cheek video ‘Bad Nashers’**

full-time students can access treatment for free.

“We find 18 to 24-year-olds are among the least likely to visit a dentist. At this age, your dental appointments have stopped being booked by your parents but you might not have

got into the habit of making arrangements yourself.

“We’re using the growing phenomenon of social media to highlight the issues and get young people thinking and talking about their dental health in a new way.”

## Showcase lecture & seminar programme is announced

The BDTA is delighted to announce the complimentary lectures and seminars available to visitors at this year’s BDTA Dental Showcase.

**Thursday 20 October**

\* Disinfection and Decontamination: W&H

\* Working Smarter - Combining new innovations for optimal outcomes in periodontal maintenance patients: Dr Wendy Turner (Oral B)

**Friday 21 October 2011**

\* Medical Emergencies: First for

Medical Training

\* Naked Dentistry - Shrug off the white coat of the past & embrace the future: James Goolnik

\* Floss or Die? Biofilms, Babies & Bypasses: Matt Perkins

**Saturday 22 October 2011**

\* Legal & Ethical Issues: Kevin Lewis (Dental Protection)

\* Teamwork and planning for Implant Placement: Larry Browne (ADI)

The programme, including profiles

of the featured speakers, is online at [www.dentalshowcase.com/cpd-and-seminars/seminars-and-lectures](http://www.dentalshowcase.com/cpd-and-seminars/seminars-and-lectures).

The lectures and seminars will be offered free of charge, and the time spent attending will count as verifiable CPD.

BDTA Dental Showcase 2011 takes place between 20-22 October 2011 at the NEC, Birmingham. To secure your free of charge entry to the show, register for your ticket at [www.dentalshowcase.com](http://www.dentalshowcase.com).





## “Safeguard public health budgets & expertise”

Dental public health expertise and budgets must be safeguarded if the Government’s proposals for the reform of commissioning and dental services are to succeed. That’s the warning at the heart of a blueprint for dental public health published by the BDA on 26 July 2011.

Compiled by a team of leading dental public health experts from across England, Dental Public Health Futures identifies a number of crucial areas in which a failure to protect dental public health in the transition to new NHS structures and systems could create serious problems.

It argues that adequate advice from consultants must be available to the new structures and boards of the NHS, calling for every dental public health post that existed in 2010 to be retrospectively protected, including those which were vacant and being recruited to at the time. Highlighting the still-unresolved issue of the exact location of consultants in dental public health in the new NHS structures, it argues that they must be in positions from which they can lead the commissioning of dental services. Furthermore, it argues

that those working in dental public health must remain NHS staff.

The document calls for Government to ringfence budgets for each area of healthcare, including dental public health, arguing that defined budgets are the only way to ensure that services can be effectively planned and delivered. It also seeks clarification of how the proposed £4 billion public health budget has been allocated, warning that funding must be adequate to support the proposed range of activities.

Christopher Allen, chair of the BDA’s Dental Public Health Working Group responsible for the document, said: “The recent announcement of reforms to the Government’s proposals for the NHS suggests that healthcare professionals’ concerns are being listened to and taken on board. That must be the case with dental public health, a specialty on which much will rest as the reform of commissioning structures and the development of a new contract for GPs progress. Government must think carefully about the issues raised here as it fills in the all-important detail of its reforms.”

## GDC launches CPD review

The GDC has launched a review of its mandatory CPD scheme.

The GDC introduced compulsory CPD for dentists in 2002 and for DCPs in 2008 and believes the time is now right to undertake a review.

It will be considering the role CPD plays in helping registrants to stay up to date and to practise in accordance with its Standards; as well as exploring the most effective forms of CPD activity, and the best way of monitoring and administering it. A key aim is also to ensure that the CPD requirements are woven into a proportionate scheme of revalidation in due course.

The review process will include, among other steps, research and various forms of consultation with registrants and other stakeholders. A public consultation on any future proposals is planned for early 2012.

The GDC is keen to hear comments from registrants, CPD providers and other stakeholders about their CPD experiences. More information about the review can be found at [www.gdc-uk.org](http://www.gdc-uk.org), including how to respond to an open call for views. Any general comments can be emailed to [CPDReview@gdc-uk.org](mailto:CPDReview@gdc-uk.org)

More information about the CPD requirements for dentists and DCPs can be found at [www.gdc-uk.org](http://www.gdc-uk.org)



## Join B2A’s special bash

If you are planning to attend the BDTA Showcase in October, why not party the night away with Bridge2Aid on Friday 21st October at its annual B2A Bash?

This year, the dental charity event will include a live band, DJ, buffet and gambling in a Vegas-style Casino, thanks to support from its corporate friends for organising the event. For tickets and information contact Brian - [info@bridge2aid.org](mailto:info@bridge2aid.org) or 01243 780102.



Hosting a training course? Email [denise@bdpma.org.uk](mailto:denise@bdpma.org.uk)

## Training & development diary

Date & location	Name of event & provider	Cost & notes	Contact details
August At your practice	Team working, ethical selling, customer care, complaints handling & more. UMD Professional	50% discount for BDPMA members £550 +VAT & travel	email penny@umdprofessional.co.uk
September London	ILM Level 7 Diploma in Executive Management. UMD Professional	£4,800 paid in instalments. 5% off for BDPMA before 30.9.11	email penny@umdprofessional.co.uk
9 September London	Management of medical emergencies for the whole dental team. BDA	£100 for practice managers	www.bda.org/training
14 September Bromsgrove	The health focused practice for patient care and profit. Sheila Scott with Practice Plan	£150. £50 for practices connected to PP or free for PP clients.	www.practiceplan.co.uk/events
16 September London	Health, safety & risk (am) and Quality assurance (pm). Dentabyte Ltd	£75 per module. Early bird offer	www.dentabyte.co.uk
22 September London	Assertiveness at work. Heather Dallas for the BDA	£100 for practice managers	www.bda.org/training
22 September Nottingham	The health focused practice for patient care and profit. Sheila Scott with Practice Plan	£150. £50 for practices connected to PP or free for PP clients.	www.practiceplan.co.uk/events
23 September London	Child protection; the dental team's responsibility. BDA	£100 for practice managers	www.bda.org/training
29 September Newcastle	The health focused practice for patient care and profit. Sheila Scott with Practice Plan	£150. £50 for practices connected to PP or free for PP clients.	www.practiceplan.co.uk/events
30 September London	Risk management and clinical auditing. BDA	£100 for practice managers	www.bda.org/training
Oct: London, Manchester, Bristol, Leeds, Scotland, Belfast	The Dentistry Business Accredited Programmes in Dental Practice Management	L4 is £2,100 and L7 is £2,500	www.thedentistrybusiness.com
4 October Birmingham	Information governance & data security good practice, reinforcing Data Protection Act requirements	£95+ VAT	www.datashielddirect.co.uk/transactions/DWR1.htm
5 October Manchester	Information governance & data security good practice, reinforcing Data Protection Act requirements	£95+ VAT	www.datashielddirect.co.uk/transactions/DWR1.htm
5 October London	The health focused practice for patient care and profit. Sheila Scott with Practice Plan	£150. £50 for practices connected to PP or free for PP clients.	www.practiceplan.co.uk/events
6 October London	Information governance & data security good practice, reinforcing Data Protection Act requirements	£95+ VAT	www.datashielddirect.co.uk/transactions/DWR1.htm
11 October Manchester	The health focused practice for patient care and profit. Sheila Scott with Practice Plan	£150. £50 for practices connected to PP or free for PP clients.	www.practiceplan.co.uk/events
13 October Bristol	The health focused practice for patient care and profit. Sheila Scott with Practice Plan	£150. £50 for practices connected to PP or free for PP clients.	www.practiceplan.co.uk/events
14 October Manchester	Reception and telephone skills for the whole dental team. Heather Dallas for the BDA	£100 for practice managers	www.bda.org/training
28 October Glasgow	Reception and telephone skills for the whole dental team. Heather Dallas for the BDA	£100 for practice managers	www.bda.org/training
3 November London	The health focused practice for patient care and profit. Sheila Scott with Practice Plan	£150. £50 for practices connected to PP or free for PP clients.	www.practiceplan.co.uk/events
4 November London	Business planning and financial management for owners & managers. Andy McDougall & BDA	£100 for practice managers	www.bda.org/training



## BDPMA news

### Early bird discounts offered for seminar

**What?** Finance, H&S compliance and employment law for the dental practice

**Where?** British Institute of Radiography, 36 Portland Place, London, W1B 1AT

**When?** Friday, November 4, 2011

**Topics?** Morning session: Matthew Rogers from Clear Vision Accountancy will be discussing profit and loss sheet, balance sheet and how to control the finances of a dental practice, followed by a Q&A session.

Afternoon session: Jane Hallas from Ellis Whittam will cover performance management, dealing with performance issues, the importance of documentation, the impact of social media, confidentiality & privacy disciplinary sanctions and how to protect your practice, followed by Q&As.

**CPD?** Each session is worth 2.75 hours of CPD

**How much?** £65 for half day (incl lunch) or £120 for the full day (incl lunch), with £5 from each booking going to Saving Faces, our chosen charity for the year.

**Special offers?** Early bird places booked by 10/10/11 are £50 for half day or £90 for the full day. Please call Denise on 01452 886 364 to book.

### Treasurer appointed

We are delighted to announce that Tessa Fielding has been appointed as our new Treasurer.

Tessa has been a member since 1997 and has plenty of experience in finance, serving on the finance committee of a primary school and being involved in the presentation of tenders and award of contracts to three new NHS practices.

### Join our exec team

Would you like to help shape the future of the BDPMA? Then join the team! There are two newly-created vacancies on our Executive Team and the roles of Regional Team Mentor and additional Membership Co-ordinator also need filling. For details and an application form, email [denise@bdpma.org.uk](mailto:denise@bdpma.org.uk). **But hurry - the closing date is August 31!**

Welcome to my regular column.

Each month I hope to keep you informed about BDPMA news and to talk about issues that affect, annoy and delight us as practice managers and administrators.

*Jill*



## Join us at BDTA to celebrate ADAM

Here we are in the middle of August and the rush for check-ups before the schools go back in is well under way in my practice.

If your practice is a little quiet right now why not offer a 'summer holiday special offer' targeting families? Or organise an open day to keep your younger patients entertained? There are lots of ways to get that appointment book filled up!

A huge thank you to everyone who participated in the online feedback re CQC on our Facebook page. Practice management can often leave managers feeling isolated, so it's great to hear from you on Facebook and know that we are not alone.

If you haven't been onto our Facebook page yet, it's a buzz of activity. Our very own vice president Hannah is our social networking guru and is doing an excellent job! All you have to do is click on the link on page 3 to join our online support network.

BDTA is just around the corner and we are all especially excited because we have planned the official launch of ADAM. Details of the launch will be provided closer to the event but it will be on Thursday October 20 so please put the date in your calendar and plan to join us.

BDTA is closely followed by our London-based autumn seminar titled, 'Finance, health & safety compliance and employment law for the dental practice.' The seminar will be on November 4 at the British Institute of Radiology in London. As you will know only too well, the topic is fundamental to all of our success so we anticipate it being very well attended.



# business planning & strategic marketing



for dental practices *with*

## Andy McDougall

*Perfect for  
practice managers*



**If you are looking to gain practical advice on how to strategically manage your business, this is the event for you.**

Covering business planning and strategic marketing and headlined by Andy McDougall from Spot On Business Planning, whether you are just learning the business ropes or looking to expand your knowledge and tools, you will take away practical advice and tips on how to manage your dental practice.

### the course...

#### Find out how to develop a business plan by:

- Understanding why a business plan is so vital
- Discovering the principles for developing a plan
- Managing the results and focusing on what is important.

#### This event will develop your understanding of marketing:

- Where to focus your marketing efforts and how this fits into the overall business
- How to create and build your practice brand.

## Marriott Hotel Sunderland

Wednesday 23rd  
November 2011  
9.00am - 4.30pm

*Refreshments and lunch  
included*

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hours**  
verifiable  
CPD.

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rate for Practice Plan  
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50% off!

**To book your place contact Charlotte on...**

# 01691 684142

email: [charlotte.hampson@practiceplan.co.uk](mailto:charlotte.hampson@practiceplan.co.uk)

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**BDTA Dental Showcase 2011  
20-22 October 2011, NEC Birmingham**

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Hotline: +44 (0)1494 729959

Text: your name, postal address, occupation  
and GDC number to: **07786 206276**

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Scan the barcode  
with your phone  
to reserve your  
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BDTA Dental Showcase 2011 is organised  
by The British Dental Trade Association,  
Mineral Lane, Chesham, Bucks HP5 1NL  
Tel: 01494 782873  
e-mail: [admin@bdta.org.uk](mailto:admin@bdta.org.uk)

A £10 on the day registration fee will  
be charged to visitors who do not secure  
tickets in advance. Advance registration  
closes 17 October 2011.



# The Dentabyte Compliance Cloud

0208 297 9100

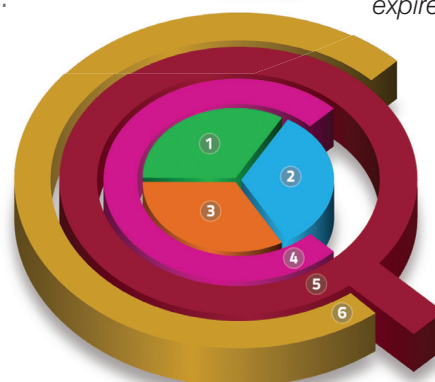


Example above of RAG report showing soon to expire certificates

Dentabyte launches the first **digital system** for maintaining compliance with **CQC**, a system that makes life easier for Practice Managers and owners as they balance performance management with practice success.

Key benefits of the Dentabyte Compliance Cloud:

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- **On line digital collaborative environment**
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- **Automatic reports and alerts**
- **Equipment maintenance and safety checks**
- **Mobile – use it from the office, home or on the move**



- 1 Involvement and information
- 2 Personalised care, treatment and support
- 3 Safeguarding and safety
- 4 Suitability of Staffing
- 5 Quality and management
- 6 Suitability of Management

To find out how the Dentabyte Compliance Cloud will take the pain out of keeping your practice systems up to date and future proof your practice please call or email Seema Sharma at:

[seema.sharma@dentabyte.co.uk](mailto:seema.sharma@dentabyte.co.uk)





# Have a go at our recall challenge!

## A failing recall system

Times are tough so if your credibility as a manager came under scrutiny because of increasing gaps in the appointment book, you might be forgiven. After all, everyone is experiencing the same problem of patients delaying or not booking their routine examinations – aren't they?

The simple answer is no. Not all practices are experiencing this trend because in some cases, savvy managers have reviewed their recall process, repaired gaps in their protocols, tightened their procedures and made sure that team members responsible were performing to expected standards.

In our experience it is common to find that what a manager thinks is happening at the coalface and what is actually happening there, bear little resemblance.

What may have once been a well-executed procedure is diluted over time until it no longer reflects the original methodology that the manager still thinks is being followed. During the good times we are not so aware of inefficiencies but when difficult times hit, it is crucial that we identify and repair these cracks – profit is falling through them!

So before you rush off to spend a load of money marketing your practice to new patients, make sure you're making the most of the ones you've got. Take our recall challenge to assess if any of our top reasons for recall failure exist at your practice.

## How robust is *your* recall process?

1. Do you actually have a patient recall process in place?

2. Do you have an overall policy in place for when patients are encouraged to make their dental, hygiene or denture appointments? Do you aim to get them to book when completing their last appointment or do you leave people to walk out without arranging their next appointment?

3. Is your team fully aware of your recall process and measured against it?

4. Is your recall process documented and reviewed frequently? Or does everyone do something different?



5. Are you still using recall letters that have not been reviewed for years?

6. Have you looked into the use of email and texting to complement or replace letters?

7. Do you send out one recall letter and leave it at that?

8. Do you monitor the number or recalls sent and measure the response?

9. Do you target your team to achieve a certain percentage of recall responses?

10. Do you audit that clinicians and/or nurses set the correct flags on your dental software?

11. Is a dedicated team member/s responsible for recall? Or is everyone responsible for recall, so no one does it?

12. Have you incorporated FTAs and cancellations into your recall procedures or do you miss these patients out?

If you have answered 'yes' to most of the questions, then well done. If not, then use these questions to reassess your recall system and make some changes.

Do not assume your appointment book reflects the times in which we live, take action to ensure your processes and your team are robust and working to good effect.

**For further details about Spot On Business Planning [click here.](#)**



# Dress policy: what are your standards?

**Dress policies – they're emotive things because we all have different ideas of what is 'suitable'. We like to think we're individuals with our own sense of style and we like to show off our uniqueness in the way we present ourselves to the world. But a dental practice is not the place for encouraging individualism.**

Within the practice you are not promoting individuality, you are selling your brand and therefore your dress policy must reflect the expectation set by your brand. At the very least, a patient's expectation is that the team is well presented in some sort of uniform and they appear clean; after all, a hygienic environment is a high priority for most patients.

But how far do you go in terms of curtailing individuality and what should you consider in terms of patient and staff protection? How do you go about creating a dress policy and how and when is it implemented?

Here are our thoughts on what your dress policy might include.

## Be clear from the outset

It should clearly state in writing what is and is not acceptable. It should be discussed with job applicants so expectations are clear from the outset and signed by new starters as part of their induction. It should be reviewed annually to take account of any changes in fashion, health & safety, GDC guidelines and so on, and it should be re-signed by team members following that yearly review.

## Consider protective clothing

It should clearly state the expectation regarding protective apparel: when it should be worn, by whom, when it should be removed, how long it should last, who is liable for damage and how it should be cared for.

## Inside versus outside

It should clearly state standards in terms of what to wear inside and outside the practice. Staff should change at work and not leave the premises in their uniforms. Should they have a spare uniform at work in case of emergencies? Uniforms should be ironed and clean. How frequently will new uniforms be issued? Whose property are they?

## Expressions of individuality

It should clearly state what is expected in terms of hair,



**Don't forget the feet - what may be appropriate for your front of house team won't be for others.**

jewellery etc. Hair should be clean, dry and tied back if it is longer than collar length. Are you going to put caveats on hair colour and style? No jewellery is to be worn in surgeries. Specify what this includes: rings, watches, piercings etc. What is your policy regarding tattoos?

## Don't forget the feet

What is your expectation regarding shoes? Are there particular colours and styles that are suitable? What about heel height, will you specify what is acceptable? Can shoes be worn outside the practice or must they be changed on arrival and before leaving?

## Cover role differences

Identify what aspects of your policy relate to clinical staff and what the expectations are for the administrative/reception team.

## State the consequences

And finally, clearly state the consequences of non-compliance with the dress policy and the process for raising a grievance regarding it. Everyone should sign their understanding and compliance on an annual basis.



# Why risk assessment is a good idea

The Information Commissioner now has the power to impose fines of up to £500,000 for a serious breach of the Data Protection Act. This is just one reason why information security risk assessment is a good idea, explains Datashield managing director Michael Fryer.

An enlightened manager once explained to me that “if you can’t measure it, you can’t manage it”. This lesson has stuck with me over the years and been proved right time and again in operations, projects and risk management that I have been involved with.

## Is your practice exposed to risk?

This goes right to the heart of operational risk management as it relates to the security of information within businesses. If you haven’t identified, analysed and prioritised the risks of data loss

within your practice you cannot hope to effectively manage the total risk to the business. You will have no idea which risks are most likely to materialise, and therefore where you should concentrate your resources for the maximum impact.

Failure to carry out a proper risk assessment and develop an action plan leads to a tactical approach to risk management resulting in piecemeal solutions that are often

## A risk assessment is essential

expensive and generate little real risk reduction.

The Information Commissioner (ICO) was granted increased powers in April 2010 to impose penalties of up to £500,000 for serious contravention of the principles of the Data Protection Act.

Within their own documentation the ICO cites “failure to carry out any risk assessment” as one key factor making the imposition of a monetary penalty more likely in the event of a data loss, on the basis that the data controller “knew or ought to have known” there was a risk of the incident occurring.

A common misconception is that information security risk relates only to information technology, whereas in actual fact there are many areas where risk needs to be considered such as governance, physical security, disposal, employee controls and third party contracts.

Conducting a full risk assessment across these areas will allow a strategic approach to developing an information security culture within the business and thus making a data loss incident less likely.

## Understand the risks you face

If a data loss does occur, the ability to show that a risk-

based approach has been taken and that risk is understood and actions are planned is a much better position from a regulatory perspective than one where there is no evidence of any attempt to manage risk effectively.

An established risk assessment methodology provides a structure within which standards can be applied, resulting in a consistent treatment of risks across the business. This structure leads to an objective categorisation of risk

which is crucial in understanding the priority of those actions that need to be undertaken to reduce risk.

Many organisations also value an independent external view as this allows impartial assessment of any measures already taken and gives the ability to make recommendations based on broad experience of information security risks across many organisations.

**To be in with a chance of winning a free Datashield First Step Risk Assessment please click on the link above and complete a very short survey before the deadline of September 30. Datashield First Step Risk Assessments provide a fast and cost effective method to move from a tactical to a strategic approach with a series of planned actions that will deliver real risk reduction. A winner will be randomly selected and informed within 30 days of the deadline. To find out more visit [www.datashielddirect.co.uk](http://www.datashielddirect.co.uk)**

Win a  
**FREE Datashield  
First Step Risk  
Assessment worth  
£834! [Click here](#)**

“The blunt truth is that all organisations need to take the protection of customer data with the utmost seriousness. Getting data protection wrong can bring commercial, reputational, regulatory and legal penalties. Getting it right brings rewards in terms of customer trust and confidence.” Information Commissioner’s Office





# Planning, performance and profit

You may have a clear vision and you may have developed your business plan with budgets for the next 12 months. Now all that is left is to align the performance objectives of team members to the achievement of the practice's financial objectives. For many businesses that do plan, this is where the whole process usually breaks down. In this article we examine some of the more common reasons for the breakdown - will you recognise any of them?

## An integrated approach

Many practices go through the process of setting budgets, determining objectives, undertaking annual appraisals etc., but they don't understand that all these pieces of work must be integrated.

For instance often the setting of personal objectives bears no relation to the key activities dictated by the business plan so individual team members are targeted to achieve goals that do not contribute to the overall goals of the business! It is no wonder that the practice fails to achieve its objectives and managers question the point of undertaking all this planning and appraisal stuff.

## Specific measurement

The term performance management is the generic name given to various techniques that aim to keep everyone focused on the overall objectives. Firstly, ensure that all the objectives are allocated. Does each team member have appropriate targets? It is vital that objective setting is consistently applied across the team so that morale is maintained and any unjustified claims that reach a tribunal can be illustrated as such.

## What's the difference?

Many people confuse appraisal with performance management. An appraisal is only one part of the performance management process. It is usually undertaken annually (sometimes every six months) and represents a formal (twelve month) review. As such, an appraisal does not take place often enough to manage business performance as closely as required.

You will also need to set up another mechanism for review based on the frequency you consider appropriate. Because your budgets are broken down into monthly increments, it is reasonable to undertake monthly performance reviews.

You're now thinking, 'Oh no! It will take all my time as a manager to act this way.' But the truth is, as a manager there is nothing more fundamental than ensuring your



team is doing the right things and that you have a system for knowing members of the team are doing these things right.

## Feedback

The feedback can be a ten to fifteen minute activity and should therefore not prevent you from undertaking other responsibilities. If you get people doing the right things and doing them right, most of the other tasks you do will be simple because the business is running smoothly – and you are in control! When this process is managed properly you move from fire fighting and reacting to problems, to managing in a proactive way that is considerably less stressful and time consuming.

## Managing to success

By ensuring business objectives have been tasked out and that each person knows their part in the bigger picture, you are ensuring the business delivers its goals. Morale will be high because the team will be focused towards achieving a common purpose and their regular feedback ensures they stay motivated. That's what planning and performance management really is and those businesses and managers that do it well will continue to perform highly and profitably and will thrive despite market conditions beyond their control.



# Need to cut staff costs? Help is at hand

Jane Hallas, (pictured), Senior Associate Adviser at Employment Law and Health & Safety specialists Ellis Whittam, considers a few potential scenarios for practice managers.

## We need to consider cutting staff costs, what can we do legally?

First of all you can look at reducing costs across the practice, including any overtime payments, external services, or a hiring freeze.

If the employees' contracts contain a clause allowing you to reduce their hours of work you can use that to reduce hours. If there is no such clause, then you can try and get employees' agreement to reducing hours or even wages as an alternative to redundancy. If this can be done informally by agreement, get their agreement in writing.

## How do we make someone redundant?

You need to follow a fair procedure. If you have any staff with less than 51 weeks' service, and they are not in a protected category (for example, pregnant, disabled, from an ethnic minority, an older or younger member of staff, gay or lesbian) then it is easier and quicker to select them for redundancy without having to pool them with other staff or carry out a consultation process.

They cannot bring a claim for unfair dismissal if they have less than 51 weeks' service (if you dismiss in or near the 51st week of service then the Employment Tribunal

can add on a week's notice to give them eligibility to bring a claim).

## What procedure do we follow if we have longer serving or protected staff?

First of all decide which employees are at risk of redundancy. Do you need to lose office staff or dental hygienists?

Where employees are doing similar work, these should be pooled together for redundancy selection purposes.

Tell them they are at risk of redundancy, and then consult with them regarding the proposed redundancy selection criteria. Score the employees using the redundancy selection criteria.

You need to hold at least two formal meetings with them, a formal consultation meeting and subsequent redundancy dismissal meeting. The employee has a right to be accompanied by a colleague or trade union member at the redundancy dismissal meeting.

## Which redundancy selection criteria should we use?

You only need to use criteria where you have to pool staff. The criteria should be objective, measurable and non-discriminatory, for example, length of service, qualification and skill level, disciplinary record, punctuality.

## How much do we have to pay them?

Only employees with two or more continuous years of service are entitled to statutory redundancy pay. They are also entitled to notice and holiday pay.

**Ellis Whittam provides employers with fixed fee, unlimited support on Employment Law, Health & Safety and Human Resources. Many services such as webinars and monthly e-briefings are free. To find out more you can [email](mailto:jane@elliswhittam.co.uk) Jane Cuffin, call her on 0845 226 8393, visit the [website](http://www.elliswhittam.co.uk) and follow them on [Twitter](https://twitter.com/elliswhittam).**





# Evaluating your tweets' effectiveness

**Do you tweet on behalf of your practice? If so, have you considered how you will track your effectiveness? Whether your goals are to gain exposure for your practice or attract new patients, it is important to measure your efforts. Here are several metrics you can use to help determine how you are doing.**

## Number of quality followers

Note the word 'quality'. A quality community consists of followers who could potentially become patients or become a source of referrals for you.

## Mentions

One of the most important sections to check in your Twitter account are mentions (find this section within the "Home" tab of your account). Why? Because this is the area where you will see if anyone has mentioned your Twitter name. If you are never mentioned, that means no one is interacting with you. Hopefully you have several mentions per day or week—which means you are networking well with others.

## Interaction

Twitter marketing is all about networking. Review your Twitter profile which shows a history of all your tweets and you should see a blend of tweet topics. For example, some tweets may say to a specific new follower, "Thank you for following". In some cases you may compliment another Twitter user, answer one of their questions, or simply reply to another's tweet with a friendly hello. If your Twitter profile tab is filled with nothing but tweets about you, you are probably not making acquaintances or building relationships.

## Website traffic

Website traffic - a free tool like Google Analytics can tell you if your twitter efforts are resulting in increased traffic to your website. Likewise your Facebook Page could benefit from Twitter exposure resulting in increased traffic and new fans.

## New patients

Remember to distinguish exactly where on the Internet new patients have found you. Specifically ask them, "Have you seen us on Twitter?" You can add this question to your intake forms or verbally ask them and track the information.

## Think long term

Remember, as with Facebook, that Twitter is not a short term marketing campaign. Launching a Twitter profile is similar to committing to a weekly networking event. At a networking event, your most important objectives are to be friendly and meet others. Ask others about their business, get to know them, and in turn the people you meet will become interested in you and your business. The same is true for Twitter. Set your primary intentions to meet others, be friendly and patient. Always monitor your metrics to determine if you are on track or in need of improvement.



● **Rita Zamora is the BDPMA's honorary vice president and a leader in social media marketing for dental professionals. She offers a free 30 minute consultation to all BDPMA members. To find out more you can [email her](#), [contact her via Twitter](#) or [Facebook](#) or visit her [website](#).**





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