

PracticeFocus

quarterly magazine of the ADAM ■ autumn 2012

IN THE BEGINNING THERE WAS PRACTICE MANAGEMENT...

also in this issue:

- Two hours medical emergency CPD for the whole team p15
- How to help your patients and your practice p10



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PracticeFocus

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editorial

by **Jill Taylor**



contacts

Once again it's the time when practices are halfway through the financial year and the team starts getting restless about Christmas holidays. If, like me, you are on your final year of CPD then you'll be delighted to see that in this packed edition we have core CPD available via our medical emergencies article.

I hope that you are enjoying the free webinars that we are running right now with The Dentistry Business. These provide an easy and rewarding way to earn non-verifiable CPD – and from the comfort of your own desk! Feedback from the first webinar has been extremely positive and I am definitely looking forward to the next two. We have more webinars coming within the next few months – more news to follow soon.

Are you joining us for the practice managers' roundtable hosted by Denplan in association with ADAM? Hannah and I are really excited about being invited to speak at this event at BDTA Showcase on Friday October 5. We will be joining respected speakers from the industry for the roundtable, which addresses the fact that practice managers' roles are increasing significantly to encompass more of the daily responsibilities of the practice business. There is more information about how you can get involved on page 2.

ADAM vice president, Hannah and team members, Niki, Janine and Sarah will be available on the ADAM stand at BDTA and are

looking forward to meeting fellow members. Please take a few minutes to pop along and say hello. Your feedback is always welcome.

News travels fast and if you are aspiring to be practice manager of the year, treatment co-ordinator of the year or administrator of the year then all I can say is go for it!

The ADAM Awards, sponsored by Denplan, are now open to enter. This year's judging panel will consist of Hannah, Hew Mathewson our Honorary Vice President and Roger Mathews Chief Dental Officer for Denplan.

It's certainly been a busy few months, as soon as our Harrogate conference was over the executive team set to work organising the next conference. We have been extremely busy chatting to speakers and planning another action packed agenda for 2013. We hope that you enjoy this one as much as the last one and again find lots of interesting useful tools to take back to your practices.

To make certain you receive all our news, please ensure we have your most up-to-date email address and don't forget to follow us on twitter and like us on Facebook. And finally, keep the date: Friday 6th and Saturday 7th June. The ADAM Conference and Awards dinner is heading to Oxford – and we hope to see you there!

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the publication that promotes dental management

adamnews&information

ADAM invited to speak at practice management event at Showcase



ADAM President, Jill Taylor and Vice President, Hannah Peek, will join a host of highly respected speakers at a Practice Manager Roundtable hosted by Denplan at this month's BDTA Dental Showcase.

- gathering patient research and how best to use it through patient marketing
- products and services available to help practices adhere to regulatory standards
- Places are limited and members are urged to email miah@denplan.co.uk or call her on **01962 827931** as soon as possible to secure a place.



L to R: Hannah Peek and Jill Taylor

The free event for practice managers takes place on Friday, October 5 between 2pm and 4.30pm in London II Room, Novotel ExCel, and offers 1.5 hours of verifiable CPD. It addresses the issue that PMs' roles are increasing significantly to encompass more of the daily responsibilities of the practice business - including legislation requirements as well as marketing and customer services.

Alongside our ADAM dynamic duo will be key industry representatives, including Denplan's chief dental officer, Roger Matthews and a leading employment solicitor who will take practice managers on a journey covering:

- current regulations and what to expect from inspections
- training available to help with regulatory issues, such as data protection and confidentiality
- practical ways of adhering to regulatory requirements
- maintaining effective communications with patients and how to get the whole team involved
- training and information on employment law and recruitment issues

ADAM Awards deadline is revealed

We have listened to feedback from our members and this year's winners of the ADAM Awards will be announced at the ADAM Conference Dinner which, this year, will take place on the Friday night instead of the Saturday as it was last year.

By moving the day of the Dinner and Awards Ceremony, members will only have to consider one night's accommodation rather than two, helping them make a considerable saving.

So if you are a passionate practice manager, an ultra-efficient administrator or treatment

co-ordinator with oodles of flair, why not enter the ADAM Awards, sponsored by Denplan?

The winner in each category will win £500 and finalists will be invited to the ADAM Conference Dinner and Awards Ceremony at the Oxford Hotel, Oxford on 7 June 2013.

The ADAM Awards are very special. They are awarded by the industry body to individuals within the practice administration team who demonstrate commitment to their ever changing roles.

- Please download an entry form from www.adam-aspire.co.uk or visit the ADAM stand at Showcase and pick one up. The closing date for entries is 15 February 2013.



2012 ADAM Award winners with Denplan's Steven Gates and Roger Matthews

Tens of thousands of DCPs renew their GDC registration

Some 58,346 dental care professionals (DCPs) have renewed their registration with the General Dental Council (GDC).

The annual deadline to pay their retention fee of £120 passed on 31 July 2012. Being registered with the GDC is a legal requirement for DCPs in the UK. All dental nurses, orthodontic therapists, dental hygienists, dental therapists, dental technicians and clinical dental technicians must be registered.

Patients, members of the public and employers can check whether someone is registered by using the GDC's online register at www.gdc-uk.org. Assistant Director of Registration and Operational Excellence, Gurvinder Soomal, said: "The GDC works hard

to ensure that all dental care professionals know about their ARF deadline and understand the consequences if they don't renew their registration on time. But we are equally committed to making sure those who want to restore to our register are helped through this process. We are delighted with how this year's renewals process has been handled and have seen a drop in the number of people being removed from the register" (4,012 in 2012 compared to 4,339 in 2011)

4,012 DCPs have now been removed from the register. Those who didn't pay on time, but who wish to return to the register must:

- complete a form to apply for restoration (this will be sent through the post or can be downloaded at www.gdc-uk.org);
- have a medical examination and provide a

character reference;

- pay a fee of £144;
- give evidence that they have completed the required amount of continuing professional development (CPD);
- if they were practising overseas while off the Register, they must provide a letter of good standing from the relevant authority of the country/state in which they last worked;
- if they were working in the UK while their name was erased from the Register, they and their employer will need to explain the circumstances in a letter. If this has occurred they are advised to contact their solicitor or defence organisation before submitting their application.

- Further information can be found at www.gdc-uk.org or by calling 0845 222 4141.

Part-funding released for UMD Professional dental business course in London and Leeds

UMD Professional has announced that dentists and senior practice managers can benefit from part-funding towards their ILM dental business management course which starts in London, and, for the first time, Leeds in the early autumn. This unique course, which leads to the ILM Level 7 Diploma in Executive Management, offers a blend of practical workshops,



webinars and one to one management mentoring, and provides 90 hours of verifiable CPD.

The part-funding, which is available for a limited period, contributes £1200 towards the course fees, and a second delegate from the same practice can attend the course for half price.

Fiona Stuart-Wilson, Director of UMD Professional said, "We are very pleased to have secured this funding for what is one of the most comprehensive business management courses available in dentistry, at a time when investment in training is under pressure in many practices. In these challenging economic times, sound strategic management is crucial for long-term business success, and previous delegates tell us that this course has been of enormous practical help in ensuring that their practices thrive."

New 2-year certificate of higher education approved

The Dentistry Business is delighted to announce that it has been authorised to offer a 2-year Level 4 Certificate of Higher Education in Dental Practice Management. Following on from its highly successful 1-year, professional Certificate, the 2-year course allows students to implement specific projects in their second year and gain university credits for their achievements. In addition, this course is unique in allowing students to pay their fees via a student loan, providing financial flexibility over an extended period of time. The course will be offered initially in London and Manchester and other locations will be available, subject to demand.

- Contact Sim Goldblum on 0161 928 5995 or sim@thedentistrybusiness.com for more information.



Join ADAM today for these benefits:

- Reduced rates for ADAM seminars and webinars – these are focused on providing you with the commercial skills necessary to run an effective and profitable practice*
- Free subscription to **Practice Focus**, your quarterly members' magazine – the only industry publication aimed specifically at the practice management team

- Monthly emailing about topical subjects*
- Free information and advice – ADAM is your one-stop contact for queries on employment contracts, health and safety law, finance and taxation, information technology and much more. Advice sheets are available to members*
- A range of advice sheets and templates specially designed to support your needs*
- Verifiable CDP in Practice Focus, at seminars and webinars*
- A free copy of The Probe and Vital
- The annual Recommended Pay Scale and Job Competences document*

- Free Legal Advice Service through Corporate Membership of Dental Protection
- 30% discount on The Dental Business Academy Practice Manager courses for ADAM full members
- Extensive networking opportunities with colleagues across the UK*
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MEMBERSHIP APPLICATION FORM

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Are you a Denplan practice? Yes No

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(include std number) _____

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I wish to apply for the Denplan discount# £60

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Method of payment

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Please debit my card with the amount of £ _____

Data Protection Act

Tick this box if you do not wish your name to be divulged to a third party

Tick this box if you do not wish your contact details to be shared with other members for the purpose of networking

Signed _____

Date _____

Please complete all sections, tick the appropriate boxes and then send this form and payment to:

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Managing the practice's cash flow

Cash flow has the potential to make or break a dental practice and for this reason should be taken seriously. As the practice manager your aim should be to maximise cash flow, which will ensure the business functions at its best. In order to achieve this you should be considering the following:

Patient fees

Ensure patients pay for the treatment they have received before they leave the practice. If patients are undergoing long term treatment then ideally they should pay in advance, or at least a proportion of the full amount up front followed by instalments throughout the treatment term (bearing in mind Consumer Credit Licence requirements). It may be worth using a finance company for high value work, as this means the practice will receive the full amount of money up front, with the patient repaying the finance company.

Who owes you money?

Do not be afraid to take a robust approach to patients who owe the practice money. If patients think you are relaxed with regards to collecting their fees then some will naturally push both your patience and cash flow to the limit.

Banking

Avoid allowing money to lie idle by ensuring takings are deposited on a daily basis. Few current accounts pay interest nowadays, so make full use of interest bearing deposit accounts. Automated daily transfers to maintain a minimum sum in the current account, therefore maximising deposit account interest, can be put in place. You should be aiming to put every penny to work.

Paying bills

Pay bills when they are due, not early or late. Paying bills late will affect your credit rating and could incur further costs, so should be avoided. For example, if PAYE liabilities are repeatedly paid late, even by just one day, penalties will be incurred and the more often this occurs the higher the level of penalties charged. Paying bills early means that funds leave the practice's account earlier than they need to when this money could be used elsewhere in the business.

Stock levels

It is vital to monitor stock levels. By holding the minimum level of stock required to meet treatment needs you will ease the pressure of payments due. Whilst it is possible to buy in bulk at discounted rates, remember this ties up cash and, depending on the items, could result in obsolete stock.

Bookkeeping

Consider using computerised bookkeeping packages. The financial reports that modern accounting software can produce could prove to be very useful tools in budgeting and managing practice expenses and cash flow.

Plan for tax payments

It is important not to leave the preparation of the practice's accounts and related tax return to the last minute. This reduces the time your accountant has to calculate tax payments so there is less time to plan for the liabilities and consider any tax planning which could reduce tax bills and aid cash flow.

Communication

If you are having difficulties with cash flow, talk to the practice's accountant and bank manager. They will be able to assist with cash flow projections, additional funding and help you plan for operational and capital expenditure. Your accountant can also help you to prepare budgets to help monitor practice expenditure. This will help to give you more control over practice finances and increase cash flow.

Conclusion

Whether trying to solve a cash flow problem or planning to grow the practice, following these simple steps will prove invaluable.

About the author

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Top ten insights to successfully grow your dental practice

By Vikki Harper

A recent survey undertaken by the British Dental Trade Association (BDTA) of 1,500 members of the public has identified ten insights into how to successfully grow a dental practice. To communicate the findings the BDTA is taking a lead role in the UK Dental Association Alliance, a collaboration of UK dental associations, launching a new initiative to support practices. In this short feature we highlight the results of the survey and how they can be used in your practice to best effect.

The feedback suggested that promotion via local media in the form of newspapers and radio, direct mail, door drops and via online sources was the most effective way to reach new and interested customers. It also suggested that relevant local businesses such as hairdressers and doctors' surgeries might present opportunities for promotion. But the vast majority of respondents found their dentist through word of mouth recommendation and this fits with ADAM's experience of dental practice marketing: word of mouth referral is the greatest source of new patients with the web a close second.

The research shows categorically that patients are happy with their dentist and trust plays an important role in this. The majority of all patients see the same dentist each time they visit and highlight it is important to them to do so (72% private : 61% NHS). Creating the right atmosphere; one that puts patients at ease is vital and having a clear and transparent pricing structure was also deemed of vital importance. The survey indicated that it was private patients on the whole who felt they got real value for money from their dental practice.

Knowing what is important to your patients is vital to getting your marketing



communications right and findings from this survey indicate that trust, value for money, a relaxing and friendly environment and the maintenance of good oral health are all key to patient satisfaction. And of course it is only satisfied patients who recommend you to their friends and families so if you have time for nothing else, you should focus on getting these aspects of your patient journey and your practice marketing right.

Spending time with patients is important to them but understanding what that means is also vital. Not everyone wants to spend an hour in a dental chair when 20 minutes is more than enough but patients also want to feel important, noticed and cared for, so the right balance is really important. From a friendly receptionist who knows your name and takes the time to greet you warmly, to a dentist who actually engages you and shows an interest, making the most of the short and infrequent time you have with patients is truly vital to leaving your patients feeling satisfied and valued.

There was a discussion on Dental Tubules recently about 'selling' with most dentist participants saying that it was ethically wrong yet this survey indicates that many patients are interested in discussing treatment options and are just waiting for someone, presumably the dentist, to explain the appropriate treatment options available. I recall plucking up the courage to ask about

whitening about 15 years ago when visiting my NHS dentist and I was told my teeth were white enough, end of discussion. Now I appreciate that we don't want a hard sell but there is a massive line between that and satisfying your customer.

We all know that dentists generally like to promote their special interests and their technology but the bottom line from patients is that a trusted, recommended dentist beats specialisms and experience any day. So next time your principal insists on changing your marketing communications to highlight the new course he has just completed, show him the survey data and ask him to reconsider.

Based on the research findings the UK Dental Association Alliance has developed the "Top Ten Insights to Successfully Grow Your Dental Practice" which make really interesting reading and we would encourage you to download the full details.

- Simply visit www.dentalalliance.org.uk and download the PDF – it's free, easy and takes less than a minute but we think the feedback will help you form marketing communications that work.

UK Dental Association 
ALLIANCE

prepared for anything

In the beginning there was

I traded reality for the virtual & I

The multi-skilled role of a dental practice manager provides superb foundations for a career outside the traditional dental practice. We love to hear from ADAM members who have taken the versatile skills employed day in and day out in the practice and applied them to new careers, volunteering and so much more.

Over the next few pages we hear from two such inspiring women. One ADAM member talks about how her early career in practice management gave rise to the development of her own business providing support services to the dental community whilst the other has newfound friends in high places after volunteering for the Olympics.

- If you have a story you would like to share, please contact Denise by emailing denise@adam-aspire.co.uk

● Tell us about your career in dentistry

I began working as a dental nurse in 2005 after leaving my role in the accounts department of a large blue chip organisation. My principal at the time decided that the skills I had gained in previous roles could be utilised in different areas of the practice, so after I qualified as a dental nurse and when the current practice manager left the practice, I was left holding the baby! I quickly learnt how to run an efficient reception desk, get the practice to comply with NHS and GDC regulations, and went onto create a completely new set of policies and procedures.

● What spurred you in 2010 to create The Dental VA?

I was contacted by a local private practice that had been following me on social media, who asked for help with getting their practice paperwork ready for their CQC inspection. The principal was doing all of the work herself, as well as running a four-day week clinic. I helped her through the initial stages of the CQC process and she felt good knowing that she had someone there to support her. She ended up having me back a number of times afterwards to organise procedures like recalls and debtors, I even helped her organise some of the

re-decoration of the practice. That planted the seed for me really. She said that every dentist could do with their own personal assistant, one that they could pick up and put down as and when they needed, to undertake a variety of tasks. I knew I always loved the administration part of practice management - the paperwork and policies, so it was always my aim to be more involved in that than any other aspect of management. I am happy that I can now provide the services I love to do, to people I like and to help them spend more time on what they are best at and like to do – dentistry.

● In a nutshell, explain what your business does

The Dental VA is a virtual support service offered to dental businesses that require assistance with all areas of administration be it an ad-hoc project or long-term support.

● What practice management skills have been most useful to launching your own business?

It has to be communication and organisation: communication because it's important that people know I am human and available to talk if they want whether that be via phone, Skype, email or social media. I learned effective communication skills as a PM because I was communicating with all different types of people: patients, team members, owners, reps, electricians, engineers, you name it! Organisation for any business owner is imperative and this is something that I learnt pretty fast working in practice.

● What skills have you developed since launching your own business that you lacked as a practice manager?

As I work virtually, time management has to be very disciplined. Although I used to manage a team of nine in practice and had a very robust time management system;


www.thedentalva.co.uk

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practice management

love it!

working from home is much harder to get right. At first I found that I was answering emails and calls whenever they came through, even if this was at 8pm! I had to be careful and set boundaries to my working times so that I could also switch off. Even when I was in practice, I sometimes found it difficult to delegate, which meant I was the one staying the latest and coming in the earliest. I think it's important for PMs to be able to delegate tasks so that they don't find themselves overloaded and eventually feeling quite resentful.

- **Could you tell us a little about your clients? Who is your first point of contact?**

I work with dental practices, laboratories, individual dentists, trainers and recruitment consultants so the services I provide vary considerably depending on the client, except that they are all dentistry clients. This is fantastic for me as no two days are the same and I am able to apply my knowledge of dentistry to each person I provide a service to.

Normally the business owner contacts me directly, although where practices are concerned I speak with practice managers who are more than happy to share information with me and consider me an extended member of their team. Its nice for the PMs to know that I have

been in their shoes so appreciate the amount of work they have to cope with.

- **The dental industry is changing and gone are the days when a practice can close for lunch, as was the norm not so long ago. Practices are also expected to offer early and late appointments. Do you think this shift has caught some practices out?**

I love that dentistry develops and changes so much, but it does put a lot of pressure on principals, especially those with smaller practices who are fighting to keep afloat against the tide of corporate practices. I set up The Virtual Dental Reception for the practices that don't have enough team members to cover all of these bases including reception at lunchtimes, training days or during the evening. It also works well for squat practices as they may want someone working on their bookings before the practice opens the doors.

- **You obviously rate Software of Excellence very highly. What is it about this software provider that you most value? Have you looked at the capability of other software packages?**

Reporting on SoE is fantastic and it has to be the best way to find out all the information you need including productivity of the practice and team. Financial information is very important as

it can be used in team meetings to encourage the team to focus on weaknesses and where there is room for improvement. I have used SoE for years now and I personally couldn't use another software, although my other Virtual Receptionists use Kodak's R4. There are a lot of other serious competitors to consider though if you don't already have dental software in your practice and I would always advocate looking at all the options before making any decision.

- **You have been a member of ADAM (and formerly the BDPMA) for six years. What do you believe are the Association's strengths and what would you like to improve?**

In the early days I used to telephone the BDPMA a lot. As a new practice manager, who had little knowledge of how a practice runs, having them there was a great support to me. Knowing that being a member I was able to log into the website and download templates and speak to other PMs around the country about how they do things in their practices was a Godsend. The great thing about the Association is that they are a fantastic resource for any PM, even an experienced one, but if I had to pick something that needed improvement, it would be the direct contact between member and association, but otherwise I wouldn't hesitate in telling other PM friends about ADAM.



Virtual PA, Katey Lawson

preparedforanything

Practice management prepares you for anything!

My role as practice manager at a seven-surgery dental practice in beautiful Bourne End in Buckinghamshire is full of challenging but rewarding tasks. My career started as a dental nurse and I joined Bourne End Dental as their practice manager in 1995. When the Olympic Games was announced I decided the chance to be a part of it was something I would not get the opportunity to do ever again so I went for it.

Right to left, hygienist Katrin & practice manager Penny



So how did the volunteering start...? Over 18 months ago advertisements for the London 2012 Olympics started to appear. I thought it was a once in a lifetime opportunity and decided to apply telling myself I could always decline any offer that was made.

Having gone through the application and then subsequent interview process I was offered a position as Olympic Family Assistant. This came as a bit of a hit to our busy practice, especially as one of our dental hygienists, Katrin, had been picked to work in the dental department at Dorney. After several days of intensive training the moment finally arrived when I was to present myself at the Marriot, Park Lane, waiting to be activated by my prospective client – and the next 14 days were turned on their head!

At the beginning I was sitting around and waiting but being used to working in a busy dental practice it was definitely alien to my nature so I asked if there was anything I could do to help in the meantime. I was asked to answer some phones and 'troubleshoot' queries. Well the scenario of never knowing what's coming next you get from working the telephones in a busy practice had more than prepared me for this task. After two hours the London Organising Committee for the Olympic Games (LOCOG)

announced that I was wasted allocated to only one V.I.P client and asked me if I would be team leader for all the Olympic Family Assistants, looking after the National and International Olympic Committee members, Sporting Federation Leads and V.I.Ps. Talk about a rapid promotion!

The learning curve was vertical, although the thinking on my feet was second nature and all with a smile on my face (dental practice training!). In terms of the names I have on my 'speed dial', let's hope I don't ever get run over by a bus! At the end of my two week shift of 17-hour days living on adrenaline, as there was never any time to eat, I was faced with saying goodbye to the people I had come to count on in the same way you do your work colleagues. Many had become friends; we shared such a unique bond. This was very hard and some people were in tears. At least going back to the practice, I thought, I had learnt never to moan about my work schedule ever again.

I thought this was the end, however, the organisers begged me to consider helping them out in whichever way I could for the Paralympics. My brain screamed no, but at the same time my mouth said yes. Is this another characteristic of the dental practice manager?

Two weeks of respite at the practice (true to my word I did

not moan about my work load) and I returned for the Paralympics, this time based at ExCel (adding yet more time to my daily journey!). How wonderful to be reunited with old friends through a common cause. 'The Paras' were truly inspirational and humbling. Amazing people, both competitors and volunteers.

Throughout the experience I have learnt many lessons I will take back to the practice, which will be useful in my role as practice manager:

1. Delegation - never learnt the art in 32 years in practice, however, I had no option at the Olympics, I simply would have been working 24 hours a day unless I did.
2. Better people management - working with people who in many cases had never had a job or who were retired required lots of TLC especially when they appear in your office in meltdown having never experienced working long hours under pressure.
3. Systems - setting up systems that work and getting them in place FAST!

Do I regret volunteering? Never! I received a thank you card signed by the LOCOG organisers and I cried - their appreciative words were overwhelming. It just goes to show that being a dental practice manager prepares you for anything!

Development Focus

The escalating problem of oral cancer

By Vicki Gumbley and Nicki Rowland, project consultant at the Mouth Cancer Foundation and practice manager of Perfect 32, a dental practice in Beverley, Yorkshire

Oral cancer remains a fatal disease and is escalating to the point that it is now more common than cervical cancer in the UK. It is defined as a cancer that affects the lip, tongue and oral cavity but does not include cancers of the salivary glands, tonsil or oropharynx. There are currently over 5,000 new cases per year in the UK and around 1,850 deaths.

Oral cancer has a worse ratio of deaths to cases compared with skin, cervical, breast and prostate cancers and incidence is higher in men than women. The five year survival rate is ominously low with only 48-55 per cent of cases surviving. The problem is not only that oral cancer is being detected at an advanced stage but also that people continue to put themselves at risk through smoking, excessive drinking and exposure to the Human Papilloma Virus during sexual activity.

Oral cancer faces dentists and their teams with a big challenge and an opportunity to save lives. Dental teams have an important obligation to screen their patients for the disease and make timely and appropriate referrals to reduce delays to intervention and treatment. Early detection can increase survival rates significantly to around 90 per cent and can help in preventing the severe debilitation and disfigurement that can occur.

There has been media coverage recently of patients taking legal action against their dentist for allegedly failing to diagnose their oral cancer. Now is the time for dental teams to not only further secure their patients' oral health but also safeguard their professional responsibilities by reviewing their approach to oral cancer management in general practice.

Patients questioned for a recent survey carried out by the UK Dental Association Alliance said that an explanation of the role of oral health to their overall wellbeing was important to them.



The report found that: "By approaching the topic of lifestyle on a regular basis, dental professionals will know they have given patients the information needed to improve their health and wellbeing. Taking time to discuss a patient's smoking habit, alcohol consumption levels or poor diet is also important, as all of these are associated with the risk of developing mouth cancer."

It also found that the most important way to successfully grow a dental practice was to 'proactively and professionally promote your dental practice at a local level'. Of course, promotion can take many forms, such as TV, radio, newspaper and magazine advertising, but PR should also play a role. Newsworthy press releases will result in column inches for practices and editors will be interested in an article about a dentist who is playing an active role in addressing mouth cancer within their community. The final part of this special feature will illustrate the different approaches other practices have taken, to provide members with ideas and food for thought.

Self-diagnosis checklist

What should patients be told to look out for?

1. An ulcer or white or red patch anywhere in the mouth that does not heal within three weeks
2. A lump or swelling anywhere in the mouth, jaw or neck that persists for more than three weeks
3. A difficulty in swallowing, chewing or moving the jaw or tongue
5. A numbness of the tongue or other area of the mouth
6. A feeling that something is caught in the throat
7. A chronic sore throat or hoarseness that persists more than six weeks
8. An unexplained loosening of teeth with no dental cause



mouthcancerfoundation.org



Both images (above and to right):
mouthcancerfoundation.org



National campaigns help highlight

Each November two high profile dental health charities host national campaigns to help raise people's awareness of mouth cancer and provide support for those with the disease – namely **Mouth Cancer Awareness Week** and **Mouth Cancer Action Month**. The **Mouth Cancer Foundation** is the UK's leading mouth cancer charity. It was established by Dr Vinod Joshi in June 2004 to be a professional support organisation solely dedicated to helping patients and carers through the crisis of mouth, throat and other head and neck cancers.

The Mouth Cancer Foundation's main objective is the relief of sickness and the promotion of good health among those suffering or at risk of mouth, throat, and other head and neck cancers. It is focused on reducing suffering and saving lives through prevention, education, support, patient advocacy and research related to survivorship issues.

At the Mouth Cancer Foundation everyone understands that support can be a vital component of the healing process for head and neck cancer patients. It can have an enormous positive impact in meeting the psychosocial needs of patients as well as preserving, restoring, and promoting physical and emotional health.

The MCF's charity website www.mouthcancerfoundation.org is highly regarded as an important source of information for cancer patients trying to gain a better understanding of their illness and their lives. The website helps patients, carers and health professionals access free information and connect as a community via the online support group, which was originally set up over 10 years ago by Dr Joshi's cancer patients.

In addition, the Mouth Cancer Foundation strives to work closely with local head and neck cancer support groups across the UK and holds their bi-annual Mouth Cancer Foundation Support Group Awards to reward the incredible work carried out by the support group leaders and healthcare professionals, who give up their spare time to support and work closely with people affected by head and neck cancers.

Support groups have become a place of solitude for mouth cancer sufferers. It is a place where they can share their experiences, and ask questions in a relaxed and friendly atmosphere. It is also a place where carers, relatives and friends can go for help and advice. The Mouth Cancer Foundation recognises the impact they have and how they can help improve a patient's quality of life.

The Mouth Cancer Foundation is also committed to raising awareness of mouth, throat and other head and neck cancers. As not many people are aware of how debilitating mouth cancer is, every year the charity organises the Mouth Cancer Awareness Week and encourages all dental health professionals across the country to get involved. They

this killer disease

can join the Mouth Cancer Foundation in the battle against head and neck cancers by warning patients of the dangers of tobacco use and alcohol abuse; alerting their Asian patients to the risks associated with paan and gutkha chewing; screening patients for mouth cancer; and stressing the importance of regular dental checks. This year the Mouth Cancer Awareness Week is taking place between 11 and 17 November.

To mark the countdown to the Mouth Cancer Awareness Week, the Mouth Cancer Foundation organised its 7th annual sponsored Mouth Cancer 10KM Awareness Walk on Saturday, 22nd September in London's Hyde Park. The walk, which is growing year on year, is designed to increase awareness and through fundraising allows the charity to provide support for mouth cancer patients and carers. People travel from all over the world to support the walk, which is a fun day out for all the family and has raised in excess of £250,000 over the past six years.

- For more information about the Mouth Cancer Foundation and to see how you can help, please visit www.mouthcancerfoundation.org.

The British Dental Health Foundation also helps raise awareness of the risks and symptoms of mouth cancer in the world by organising its annual Mouth Cancer Action Month campaign to encourage everyone to find out more about the disease that has increased by approaching 50 per cent in the last decade.

The oral health charity estimates that over the next decade around 60,000 people in the UK will be diagnosed with the disease. Without early detection an estimated 30,000 people will die. Worldwide, over 460,000 people are expected to die from mouth cancer each year by 2030. Its message to everyone is please take action – 'If In Doubt, Get Checked Out'.

Mouth Cancer Action Month is sponsored by Denplan and this year the campaign will call on dentists, doctors and pharmacists to help educate members of the public about a disease that kills more people in the UK than testicular and cervical cancer combined. Latest figures show that one person dies every five hours from the disease.

Chief Executive of the British Dental Health Foundation, Dr Nigel Carter OBE, highlighted the importance of early detection in the battle against the disease.

Dr Carter said: "Performing a mouth cancer check should be part of every routine dental examination. If the profession can inform and urge patients that regularly attending check-ups increases the chances of mouth cancer being detected at an early stage, together we can help to raise awareness of this killer disease.

"The role of the healthcare professional, and particularly the dentist, is crucial in providing the patient with the information about the risks of



mouth cancer. Tobacco use, drinking alcohol to excess, poor diet and the Human Papilloma Virus (HPV), transmitted via oral sex are all risk factors than can be discussed with the patient."

Incidences of mouth cancer continue to increase every year, and nine in ten people survive mouth cancers caught early yet the five-year survival rate remains as low as fifty per cent. Encouraging patients to perform self-diagnosis such as looking for ulcers that do not heal within three weeks and red or white patches or unusual changes in the mouth, can also help towards early detection.

Promote your practice

Getting involved in **Mouth Cancer Awareness Week** or **Mouth Cancer Action Month** can lead to increased marketing and public relation opportunities particularly if the practice runs an event to raise public awareness.

Every year over 25 million adults visit a dentist in the UK. This is where the dental team can welcome the challenge of identifying lifestyle risks and educating patients about them. Smoking cessation advice, advice on moderate alcohol consumption, diet and the Human Papilloma Virus can also be given as well as a thorough examination of the oral cavity for early signs of cancer.

The growing medico-legal situation and case law already specify the duty of care and obligations of the dental team in oral cavity examinations. In addition to this, government smoking control initiatives and the rising media profile for oral cancer mean there is no better time for dental professionals to rise to the challenge of saving more lives. And let's not forget the proposed 2013 introduction of a mouth cancer element to the CPD programme.



These business cards were created for patients and included useful information about mouth cancer symptoms. Patients were urged to hand them to their friends to raise awareness of the disease and promote Perfect 32 Dental Practice in the process.

Practice Focus

New MCF accreditation scheme will assist dental practices

The Mouth Cancer Foundation is developing the Mouth Cancer Foundation Accreditation Scheme to assist dental practices in meeting their professional and legal obligations to screen and detect for oral cancer and is to be launched early next year.

The scheme underpins the principles of the BDA's occasional paper "Early Detection and Prevention of Oral Cancer: a Management Strategy for Dental Practice" and adheres to guidelines set out by NICE. It is a self-assessment, quality recognition programme that accredits practices that demonstrate a visible commitment to activism in increasing public awareness of this hidden killer.

The scheme requires that all patients are screened for head and neck cancer using a protocol that reaches a nationally recognised standard and that a documented care pathway is agreed with a local specialist department. The Mouth Cancer Foundation Accreditation Scheme offers many benefits to dental practices including the following:

- Assists in meeting specific Care Quality Commission, Clinical Governance and NHS further services criteria.
- Ensures that the dental team is meeting the level of continuous professional development for oral cancer management specified by the GDC.
- Assists in safeguarding clinical staff's professional and legal requirements to screen for head and neck cancers.
- Demonstrates to patients and the public that the practice maintains a nationally recognised standard for the provision of oral cancer management and assists in increasing practice footfall and conversion rates.
- Provides an additional revenue stream for practices that might decide to introduce and provide an adjunctive advanced screening tool.
- The Mouth Cancer Foundation is inviting practices to take part in the scheme and become one of the first batch of accredited practices in the UK. To register your interest, please send your contact and practice details to Liz at info@mouthcancerfoundation.org or call 01924 950 950.

Perfect 32's oral cancer initiative

Perfect 32 Dental Practice is a mixed practice situated in Beverley, East Yorkshire. An innovative approach has helped to grow the practice and demonstrate to patients how much the Perfect 32 team cares. The aim of the team is to maximise their service to patients and introduce initiatives that further secure their oral health. One such initiative has been the introduction of The Velscope (Visually Enhanced Lesion Scope www.velscope.com) and a protocol for the management of oral cancer. The practice had seen a substantial increase in the number of patients presenting with suspicious lesions of the mouth since it started trading in 2006.

Principal dentist, Dr Gary Rowland, said: "Last year 48 of our patients were referred to hospital. That amounts to a 50 per cent increase on yearly referrals made since 2008. Screening for breast, cervical and



Principal dentist Gary Rowland and practice manager Nicki Rowland (right) join Jacqui Alland, for whom mouth cancer screening is of paramount importance as her father died of the disease

prostate cancer has been in the media spotlight for many years. Government initiatives are in place to reduce the numbers of people affected by these types of cancer but there is no proposal to address the prevalence of oral cancer despite it being three times more common than cervical cancer."



In light of this, Perfect 32 has worked hard to develop its team and oral cancer screening and referral service. The team visits universities and colleges educating young people on the risk factors that possibly mean they fall into a higher risk category. In support of Mouth Cancer Awareness Week each year the practice offers free screening using The Velscope at the practice. A press release is sent to local newspapers, TV and radio stations inviting people to call the practice and make an appointment. People have given very positive feedback and many now book their annual oral cancer screening in advance. One patient said: "It reassures me to know that the practice has advanced oral cancer screening available. I ask for an annual review as it gives me peace of mind. I have now joined the practice as the team really cares about you."

Annual audits are run to monitor the efficiency of the service and outcomes for patients. The team receives on-going training for the management of oral cancer and Nicki Rowland, the practice manager, is now invited to speak on the topic of managing oral cancer in general practice.

Medical emergency equipment & drugs in the dental practice setting

By Chris Kurt-Gabel

It is an accepted principle that dental practice settings should have a minimum level of emergency equipment and medications in order to effectively respond to potentially life-threatening medical emergency situations. The need for the ability to respond and ensure that the correct medications are available was highlighted by the coroner's findings in the 2011 death of a patient in a dental chair in Brighton (BBC 2011).

Guidance and regulation

Prior to 2006, the emergency equipment and drugs that were held in the dental practice setting were locally determined with no standardisation or central guidance. In 2006, the Resuscitation Council (UK) published the first UK-wide guidance for dental care professionals as to the range of emergency medications that are required to be held by dental practice settings to enable practitioners to respond appropriately to medical emergencies (Resuscitation Council 2006). The guidance was endorsed by the General Dental Council; however, it was only a recommendation and this guidance was not binding on dental practices.

The use of intravenous drugs in a dental practice setting is not encouraged; where possible, drugs in solution form should be held in pre-filled, ready-to-administer syringes (Resuscitation Council 2006).

In a medical emergency, high flow oxygen (> 10 litres per minute) should be delivered through the correct oxygen mask until an ambulance arrives. A size 'D' cylinder will last approximately 25–30 minutes on full flow.

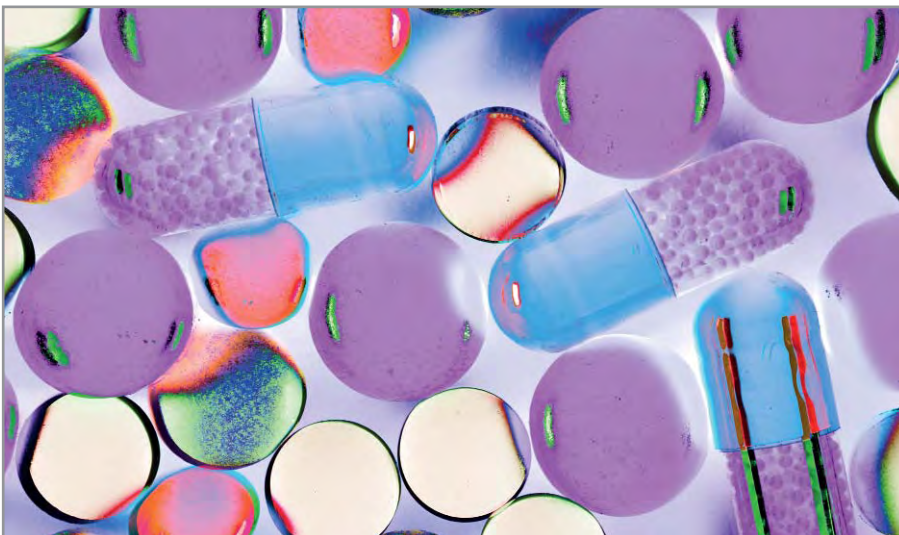
Recommended common medical emergency drugs & equipment that should be available (Resuscitation Council 2006)

Recommended minimum emergency equipment in a dental practice setting

- Non rebreath oxygen mask with tubing
- Oropharyngeal airways (sizes 1, 2, 3 and 4)
- Pocket mask with oxygen port
- Oxygen cylinder with flow meter
- Self-inflating bag valve mask (BVM) with oxygen reservoir and tubing (where staff have received relevant training)
 - Variety of face masks fitting both adults and children for attaching to the BVM
- Portable suction unit with suction catheters
- Single-use sterile syringes and needles
- 'Spacer' device for inhalation of bronchodilators
- Automated blood glucose measuring device
- Automated external defibrillator (AED)

Recommended emergency drugs in a dental practice setting

- Aspirin 300 mg (dispersible)
- GTN (Glyceryl trinitrate) spray
- Adrenaline 1 mg/ml 1:1000 IM
- Salbutamol aerosol inhaler 100 mcg/actuation
- Glucagon 1 mg IM
- Oral glucose gel/powder/ tablets



medicalemergencies

- Midazolam 5 mg/ml or 10 mg/ml (buccal or intranasal)
- Oxygen cylinder (minimum D size)

All drugs and equipment for emergency use should be checked regularly to ensure that they have not exceeded the expiry date. All drugs must be kept in their original packaging as dispensed or purchased. This is a legal requirement and drugs should never be decanted into alternative containers (*Medicines Act 1968*).

In April 2011, the Care Quality Commission commenced regulation of the dental healthcare sector and within their assessment framework, general principles relating to the provision of medical emergency medication and equipment came into force. Standard 9H of the published guidance states that 'People who use services receive care, treatment and support that: ensures medicines required for resuscitation or other medical emergencies are accessible in tamper evident packaging that allows them to be administered as quickly as possible' (Care Quality Commission 2010).

Emergency equipment

Oxygen face mask with tubing

These are used to deliver oxygen to a patient who is breathing. Some of these masks will have a reservoir bag attached which must be inflated prior to use and only used with a minimum of 15 litres per minute of oxygen flow. There is not normally an expiry date for oxygen masks, however they should be kept clean and free of dust. They are intended for single patient use only.

Oropharyngeal airways

These items of emergency equipment are designed to keep the tongue of an unconscious patient from falling back and blocking the airway. Because there are different types available, the use of colour to indicate size should not be used. They are only intended for use in the completely unconscious patient as they can induce gagging and therefore vomiting in a patient who is still conscious. They are measured by

identifying one that is equal to the distance between the patient's incisors and the angle of their jaw.

Pocket mask with oxygen port

Pocket masks are intended to allow rescuers to deliver expired air ventilation without direct contact with the patient. They are equipped with a one-way valve which permits air to flow from rescuer to patient but not the other way, reducing the risk of cross infection. The masks are transparent in order for any vomit or secretions to be observed. Many of these masks are supplied in hard plastic cases that are often difficult to open. As the masks are normally folded, they require pushing out before use.

Self-inflating bag valve mask (BVM) with oxygen reservoir

This device, when used effectively, will provide the highest concentration of oxygen to a patient. It can be used even when there is no oxygen available. A bag valve mask should normally only be used with a two-handed technique to improve the quality of the seal and maximise the amount of oxygen delivered to the patient. This naturally requires two rescuers, as another person is needed to squeeze the bag.

Face masks for attaching to the BVM (fitting both adults and children)

Adult and child masks are usually ergonomically shaped with an air-filled cushion. Infant masks are usually circular in size and should be fitted over the mouth and nose, being careful not to interfere with the eyes or go over the chin. All masks should be transparent so that the colour of the patient is seen as well as any evidence of vomiting that may occur. It is important that the face mask is well fitting, covering the mouth and nose and ensuring there is a good seal with no 'leak'.

Portable suction

A fully working portable suction unit is extremely important when dealing with a medical emergency, when the airway is compromised. Suction should always take place under direct vision, ensuring that you

can see the tip of the suction catheter at all times. Care must be taken in the patient who is not completely unconscious as the gag reflex may be intact and cause vomiting if stimulated. A wide bore suction catheter, available in adult and paediatric sizes, will be the most useful to remove obstructions of liquid form (saliva, blood, vomit, secretions). The suction unit should ideally have removable liners for infection control reasons.

Single-use sterile syringes & needles

Many prefilled syringe products are available and should be encouraged for ease of use. If no prefilled syringes are available, a selection of sterile syringes (1 ml, 5 ml, 10 ml & 20 ml) and needles should be available. These should be checked regularly and a sharps box should be available at all times to ensure safe disposal of sharps.

'Spacer' device for inhalation of bronchodilators

Spacer devices have a chamber that receives the drug before it is inhaled. Their main function is to overcome difficulties in coordinating the timing of the inhaler actuation and inhalation. They are therefore especially useful when dealing with children. It is included in the recommended emergency equipment list to assist dental staff with the delivery of salbutamol inhaler.

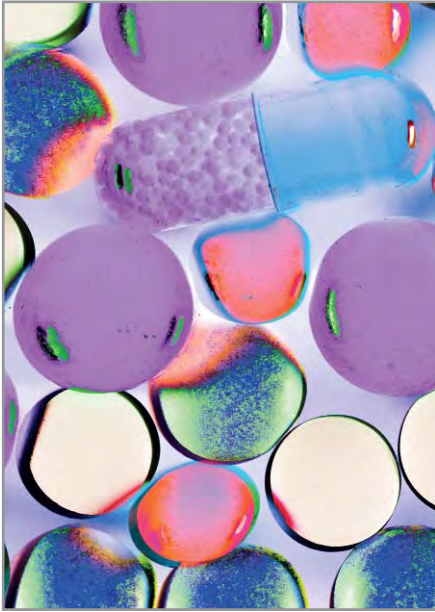
Automated blood glucose measuring device

There are many products on the market and in an emergency the most basic will be sufficient. Many diabetics may carry their own blood glucose monitoring device with them. Any member of staff who is expected to use a measuring device should receive specific training on that device before use.

Medications

Aspirin 300 mg (dispersible)

Aspirin belongs to a group of drugs called NSAIDs (Non-steroidal anti-inflammatory drugs). During a cardiac event it is given for its anti-platelet qualities. There is evidence to show that when administered to someone having a heart attack, it may improve their chances of survival (Resuscitation Council



2011). When being administered to a patient with a suspected heart attack it works best when sucked or chewed.

GTN (glyceryl trinitrate)

Glyceryl trinitrate is used to ease chest pain that is cardiac in origin. It is a powerful vasodilator (dilates the blood vessels). It is administered by applying one or two sprays under the patient's tongue. Patients may have a fall in blood pressure so it should be given to a patient who is sitting or lying down.

Adrenaline 1 mg/ml 1:1000 intramuscularly

This is used to manage patients who are suffering from a severe allergic reaction. It works by constricting the blood vessels to elevate blood pressure. It is the single most important medication in the initial management of a patient suffering from a severe life-threatening allergic reaction – anaphylaxis. Patients who have had this drug administered should be sent to the nearest emergency department for further review and management.

Salbutamol (Ventolin®) aerosol inhaler (100 mcg/actuation)

This drug acts as a bronchodilator. It opens the airway passages. Most asthmatics will carry one of these devices with them and will be well practiced in their use. They are blue in

colour. For anyone not familiar with using this device, it can be used with a spacer. The normal dosage is 2 sprays, however in a severe attack, 4–10 puffs may be administered.

Glucagon 1 mg intramuscularly

Glucagon is a medication that can be administered intramuscularly to a patient who is suffering from a hypoglycaemic (low blood sugar) attack. This medication is particularly useful if the patient has any impaired consciousness as a result of their low blood sugar and is unable to tolerate anything orally. Glucagon can have variable absorption, as it is given intramuscularly.

Oral glucose gel/powder/tablets

These products should be available to treat any patient who has a low blood sugar yet is fully conscious and orientated.

Midazolam (buccal or intranasal)

This is a powerful benzodiazepine medication in the same family as Valium. Its use in the context of medical emergencies is to stop fitting. The route of administration is under the tongue or in the nasal passage as it is felt that this will be the easiest for dental care professionals to achieve, especially if the patient is actively fitting.

The adult dosage of 10 mg has little in the way of danger associated with it. However midazolam may cause respiratory depression, dilated pupils, low blood pressure, drowsiness and may result in retrograde amnesia. Its use is only indicated where there is prolonged seizure activity or repeated seizures without any recovery (status epilepticus).

Oxygen cylinder (D size)

Oxygen administration is a common feature in the management of medical emergencies. In the dental environment it is important to have cylinders that are capable of delivering a flow rate of 15 litres per minute. As a general rule there are no contra indications to the administration of oxygen to a sick patient. It is emphatically clear that in any critically ill patient the initial administration of high flow oxygen (15 litres per minute) is the

correct course of action (British Thoracic Society 2008).

Conclusion

Now that increased regulation and inspection is being applied to the UK dental healthcare sector it is incumbent on practices and those registered professionals working in them to ensure that the correct medical emergency equipment and drugs are available and in date at all times. Given that robust guidance relating to the provision of response to any medical emergency in the dental practice setting has existed since 2006, there can be no excuse for them not to be readily available. Appropriate systems for checking and replenishment of medical emergency equipment and drugs must be in place in all dental care settings. Staff who may be called upon to use emergency equipment should receive training in how to use it correctly, as incorrect use could make a situation worse rather than aiding the patient suffering a medical emergency situation. Those practices failing to adhere to the guidance and failing to ensure that they have the appropriate equipment and drugs and checking systems, risk the safety of their patients and the registration of their practice.

- For more information contact
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02085174581

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coordinatingcare

A curriculum for great consent

by **Andrew Toy** MMedSci BDS MFGDP(UK),
Chief Executive Officer of the
Dental Business Academy.

This is the third article in our series on consent. The first article covered the modern definition of consent and how closely it relates to ethical marketing. Good consent builds a trusting professional relationship between the patient and the practice and is the basis of many patients' buying decisions. The second article explained how you could structure the consent process in your practice and what resources you may need. It is obvious that good consent takes time – sometimes more than the procedure itself. A dentist is a very expensive resource; it makes sense to delegate management of the consent process to a suitably trained and able team member – a Treatment (or Care) Coordinator (TCO).

This third article will cover the curriculum required to create a competent and confident team member in the TCO role.

 **The Dental
Business Academy**

Training is an investment, not a cost

Training a team member requires time and money. It is an unfortunate truth that the money spent on training in dental practices is often seen as a cost, not an investment. Ideally we should consider the purchase of training in the same way as, say, the purchase of Zoom bleaching light. Installing the Zoom allows us to offer a new service to patients for which we will receive a fee. There is an element of risk associated with the Zoom purchase of course. You have to attract enough patients and charge the right amount of fees, or the Zoom will lose you money. However, in general, spending money on the Zoom service should lead to an increase in gross income and profit in the medium term. The Zoom is an investment.

Training a TCO should be seen in the same light. An investment of time and money in training and facilities is necessary but the increased levels of service and treatment plan acceptance will easily cover the cost. In our experience, the cost of training is covered within just a few short months and the return on investment is many, many times that.

Whilst there is a clear financial benefit of investing in a TCO, we should not forget the added benefit of reducing professional risk. In our highly litigious society practices offering complex and cosmetic treatment are increasingly likely to face the threat of court action by a patient – often when the practice has done nothing wrong. I heard recently that dentists in the UK are twice as likely to be sued as their colleagues in the US!

Research has proven that a patient is very unlikely to sue their dentist if they trust them and they truly understand the risks associated with their treatment. The competent and confident TCO can play a key role in developing trust and helping the patient make an informed choice.

The TCO job specification

How do you select a team member for the TCO role? Any job specification can be broken down into a set of knowledge, skills and attitudes. Knowledge can be learnt and skills can be acquired through practice. Attitude, however, is a different kettle of fish!

Can you teach attitude? Not easily, is the short answer. Attitude depends mainly on



the personality and maturity of your team member. I think it's fair to say the right attitude can be developed by the culture of your practice. A TCO cannot be effective as a consent manager if the culture of the practice is not based on providing safe, ethical dental care. (By culture I mean the values you and your team work by. Are they values that focus on the care of patients, providing an ethical service, working as a team? Or do the values focus on squeezing profit out of the practice, or making life easy for the practice principal? This topic is too big to delve into here!)

So we would select prospective TCOs firstly on the basis of their attitude to their patients, the practice and life in general. I have listed some of the desirable attitudes for a TCO as a guide in Table 1. First and foremost, the prospective TCO must see the role as fantastic opportunity to help their patients and work more closely with them, improve the practice's service and further their own professional development.

Knowledge

The knowledge base of the effective TCO will of course include the common oral diseases and dental treatments. It is important that the information provided by the TCO and dentist is consistent and correct. The dentist is ultimately responsible for everything the TCO does and says, so it is a good exercise for them both to sit down and discuss the key points for each disease and treatment. A DCP who has worked with the dentist for many years will probably have all of this information, but the exercise is useful to confirm this. The TCO will find it helpful to create cue cards with the essential information as bullet points for a quick aide memoire before a TCO consultation.

The TCO will also need to have a good knowledge of the principles of consent. There is a risk that the TCO will slavishly follow a step-by-step approach to consent with little



regard for the patient in front of them (think of the service from an average fast food outlet). The principles are important as every patient will require a consent that is relevant to them and their treatment. The good TCO does not follow a rigid, unchanging plan. They will know that their consultation will need to be flexible but still cover certain key aspects of the consent process.

TCOs need to appreciate different personality traits. We know that different personalities have preferences for the way they communicate. A good TCO will be able to recognise the different personality types and use the appropriate means of communication. The DISC personality typing system is commonly used and a helpful framework for dental team members to apply to their interactions with patients. Dr Tony Allesandra is a strong proponent of the DISC system and

has developed his platinum rule of communication:

'Do unto others the way they would like to be done to'

Note the difference between this and the usual maxim:

'Do unto others as you would like to be done to'

A subtle but very important distinction!

Finally, in knowledge terms, we have to remember the TCO's role in marketing the practice's services. So the good TCO will know the differences between internal and external marketing and the variety of techniques available to deliver the practice's marketing programme. The knowledge required by a TCO is summarised in *Table 1* (overleaf).

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Table 1

Knowledge – You know about:	<ul style="list-style-type: none"> ● Common oral diseases ● Dental treatments (including advantages and disadvantages) ● Principles of consent ● Personality profiling ● Marketing techniques ● Clinical governance
Skills – You are able to:	<ul style="list-style-type: none"> ● Communicate well with patients ● Organise marketing activities ● Develop good team working ● Manage your time ● Create presentations using IT ● Monitor your performance using audit ● Use Scope of Practice skills
Attitudes – You want to:	<ul style="list-style-type: none"> ● Give patients the best chance of enjoying the benefits of good oral health (in terms of comfort, function, appearance and overall health) ● Ensure patients are provided with the best chance of making the right decision for them ● Be a really good team member ● Ensure the practice operates in an ethical and profitable way



Skills

Excellent communication skills are paramount to the competent TCO. Those who are experienced in this field know that it is actually listening rather than talking that makes a great communicator. So your prospective TCO may not necessarily be the most talkative member of your team!

The TCO must exercise good team working skills to ensure all of the different members of the dental team involved in the consent process are aware of their responsibilities and duties. Good records, clear procedures and regular meetings will aid the close working relationships the TCO will need to develop. This ensures the patient receives a high standard of service in their 'journey' through the practice.

Whilst your prospective TCO may already be skilled at team working, they may not have had the responsibility of operating their own list of patients or running marketing campaigns. Time management and organisational skills may be new to them (although, as I write this, I can hear the chorus of working mothers who manage to run their families alongside their practice duties – and keep smiling!).

As an aide to communication, the TCO will need to be able to use IT to create presentations or treatment plans or open evenings. Modern digital technology makes this a particularly exciting skill to acquire. When it comes to Scope of Practice skills, the GDC states that registered DCPs should: *.... only carry out a task or type of treatment or make decisions about a patient's care if you are sure that you have the necessary skills.*¹

Procedures such as radiography already have a recognised qualification applied to them. The situation for taking photographs and impressions is less clear. We recommend that any training has a credible form of assessment associated with it, verified by someone independent of the practice.

Finally, we should not forget the importance of building Clinical Governance into the TCO role. They should be involved closely with monitoring their effectiveness in managing a good consent process. These monitoring skills can also be applied to evaluating their marketing programme or their financial success, of course – helping turn the cost of their training into an investment!

In conclusion

Introducing the TCO role into your practice will bring benefits to the patient and practice through better professional relationships and greater case acceptance. Investing in your own practice 'Consent & Marketing Manager' will quickly produce a return – both financially and professionally!

The Dental Business academy is working with Laura Horton on a completely new Treatment Coordinator BTEC Level 3 Award.

- Register your interest at www.laurahortonconsulting.co.uk/elearning.html and be amongst the first to gain this prestigious qualification.

Reference

1. Scope of Practice: General Dental Council <http://www.gdc-uk.org/Newsandpublications/Publications/Publications/ScopeofpracticeApril2009%5B1%5D.pdf> accessed 25.08.12

ARE YOU A TREATMENT CO-ORDINATOR WITH STAR POTENTIAL? THEN ENTER THE ADAM AWARDS! DETAILS ON P.21



Are you a passionate practice manager, an ultra-efficient administrator or treatment co-ordinator with oodles of flair?

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The winner in each category will win £500. Finalists will be invited to the ADAM Conference Dinner and Awards Ceremony at the Oxford Hotel, Oxford on 7 June 2013 and the winners will be announced at the Conference Dinner. The ADAM Awards are very special. They are awarded by the industry body to individuals within the practice administration team who demonstrate commitment to their ever changing roles.

Please download an entry form from www.adam-aspire.co.uk or visit the ADAM stand at Showcase. The closing date for entries is 15 February 2013.

Denplan
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ADAM
Association of Dental Administrators and Managers

PRACTICE MANAGER

Denplan Practice Manager Roundtable

Invitation

Denplan has over **25 years of experience** working with the whole dental team and we recognise the importance of the **Practice Manager** role. Working with the **Association of Dental Administrators and Managers (ADAM)**, we've arranged a bespoke **Practice Manager Roundtable**, featuring a host of highly respected speakers.

The event takes place at this year's **BDTA Dental Showcase** - offering the latest regulatory support, interactive product news, and practical business and marketing training - all with **verifiable CPD**.

We'd love you to join us

Friday 5th October
2.00pm - 4.30pm

London II Room

Novotel ExCel London
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Royal Victoria Dock
London E16 1AA

RSVP

Spaces for this event are limited, so to book your place, please email miah@denplan.co.uk or call **01962 827931**



continuing professional development

Practice Focus is pleased to include a Continuing Professional Development (CPD) Programme for its ADAM member readers in accordance with the UK General Dental Council's regulations and the FDI World Dental Federation's guidelines for CPD programmes worldwide.

The UK General Dental Council regulations currently require all registered UK dental professionals to undertake CPD and provide evidence of the equivalent of verifiable CPD.

Although there is no mandatory requirement for dental practice managers or administrators who are not registered DCPs to undertake CPD, the ADAM encourages members to do so as a measure of personal development and professional commitment.

The questions in this issue of *Practice Focus* will provide two verifiable hours of CPD for those entering the programme.

Practice managers wishing to enter the programme can do so by completing the answer sheet on page 25 and sending it (or a photocopy if this is preferred, so as not to remove the page) to the ADAM head office address before **Monday 26th November 2012**.

ADAM members completing the programme will receive a certificate for two hours of verifiable CPD, together with the answers to the questions. Any non-members wishing to undertake the CPD must include a cheque for £15 made out to ADAM.

Aims and outcomes

In accordance with the General Dental Council's guidance on providing verifiable CPD:

- The aim of the *Practice Focus* CPD programme is to provide articles and material of relevance to practice managers and to test their understanding of the contents.
- The anticipated outcomes are that practice managers or administrators will be better informed about recent management advances and developments and that they might apply their learning to their practices and ultimately to the care of patients.

Please use the space on the answer sheet to provide any feedback that you would like us to consider.

ANSWERS TO THE SUMMER EDITION CPD QUESTIONS

Disinfection and decontamination CPD (one hour)

1.a, 2.b, 3.d, 4.c, 5.a, 6.d, 7.d, 8.a, 9.d, 10.d

General verified CPD (one hour)

1.c, 2.d, 3.b, 4.b, 5.a, 6.d, 7.c, 8.d, 9.a, 10.c

EQUIPMENT AND DRUGS IN A DENTAL PRACTICE SETTING CPD (TWO HOURS)

1. WHICH ORGANISATION WILL BE REGULATING AND CHECKING THE PROVISION OF EMERGENCY DRUGS IN UK DENTAL PRACTICES?

- A. Resuscitation Council (UK)
- B. Care Quality Commission (CQC)
- C. General Dental Council (GDC)
- D. Medicines and Healthcare Regulatory Authority (MHRA)

2. IN A DENTAL SETTING WHICH OF THE FOLLOWING IS NOT RECOMMENDED TRAINING?

- A. AED use
- B. CPR
- C. Airway management and oxygen administration
- D. ECG interpretation

3. WHICH OF THE FOLLOWING IS THE ONLY CORRECT ANSWER IN RELATION TO A NON-REBREATH OXYGEN MASK?

- A. Can be used multiple times
- B. Can deliver high percentage oxygen
- C. Should not be used in patients with COPD
- D. Should only be used if the patient's oxygen levels are proven to be low

4. FOR OROPHARYNGEAL AIRWAYS ...

- A. The size is indicated by a universal colouring system
- B. The size is indicated by a universal numbering system
- C. You measure the distance from the nose to the ear
- D. Completely protect the airway from the risk of inhaling vomit

5. WHICH OF THE FOLLOWING IS CORRECT REGARDING POCKET MASKS?

- A. Can have oxygen connected
- B. Do not have a one way valve preventing flow from rescuer to patient
- C. Do not have to be opened properly prior to use
- D. Are normally made from black rubber

6. SELF-INFLATING BAG-VALVE-MASKS:

- A. Have to have oxygen connected to work
- B. Can be used easily by one person
- C. Can be used to support ventilation for a person who is not breathing
- D. Can only deliver up to 40% oxygen

continuing professional development

7. IN AN ASTHMATIC EMERGENCY:

- A. A spacer device may be used to aid the administration of salbutamol
- B. Salbutamol inhalers are universally coloured brown
- C. Spacer devices are not recommended for use with children
- D. Spacer devices are much less effective than giving a nebuliser

8. BLOOD GLUCOSE MEASURING DEVICES:

- A. Require specific training for each type of machine
- B. Test the sugar level in the patient's arterial blood
- C. Are unreliable in measuring when the blood sugar is high
- D. Require cleaning in between patients

9. WHEN USING A SUCTION DEVICE WHICH ANSWER IS CORRECT?

- A. It will not stimulate the gag reflex
- B. The end suction catheter should always be visible when performing suction in an emergency
- C. It is not used to remove secretions from the airway to prevent aspiration
- D. It is not a recommended piece of emergency equipment in the dental setting

10. A SIZE D OXYGEN CYLINDER ON FULL FLOW WILL LAST FOR HOW MANY MINUTES?

- A. 10 - 15 B. 15 - 20 C. 20 - 25 D. 25 - 30

11. IN WHAT MEDICAL EMERGENCY WOULD YOU ADMINISTER ASPIRIN?

- A. Acute exacerbation of asthma B. Suspected (CVA) stroke
- C. Anaphylactic shock D. Myocardial infarction (heart attack)

12. IN A CASE OF ANAPHYLACTIC SHOCK, WHILST GIVING OXYGEN, WHAT IS THE FIRST DRUG YOU WOULD ADMINISTER?

- A. Intramuscular adrenaline B. Intravenous adrenaline
- C. Aspirin D. Chlorpheniramine

13. WHAT IS THE RECOMMENDED SIZE OF OXYGEN CYLINDER FOR A DENTAL PRACTICE/LAB SETTING TO HAVE IN THEIR EMERGENCY KIT?

- A. G B. F C. E D. D

14. WHICH IS NOT A RECOMMENDED DRUG FOR AN EMERGENCY DRUGS BOX FOR USE IN THE DENTAL PRACTICE/LAB SETTING?

- A. Arenaline (Epinephrine) 1ml of 1 in 1000 IM injection
- B. Chlorpheniramine IV injection C. Aspirin 300mg tablets
- D. Metered dose salbutamol inhaler and volumatic flask

15. WHAT DRUGS MAY BE ADMINISTERED FOR ASTHMA?

- A. Midazolam & oxygen B. GTN & oxygen
- C. Adrenaline D. Salbutamol/ventolin & oxygen

16. WHAT COLOUR IS A SALBUTAMOL INHALER NORMALLY?

- A. Red B. Beige C. White D. Blue

17. WHAT IS THE RECOMMENDATION FOR CHECKING EMERGENCY EQUIPMENT AND MEDICATIONS?

- A. Daily B. Weekly
- C. Monthly D. Quarterly (every 3 months)

18. WHAT MEDICATION IS RECOMMENDED FOR THE TERMINATION OF STATUS EPILEPTICUS?

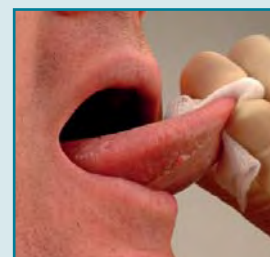
- A. Hypostop/Glucogel B. Midazolam
- C. GTN D. Adrenaline

19. WHAT IS THE CORRECT DOSE OF ADRENALINE FOR USE IN AN ADULT SUFFERING AN ANAPHYLACTIC REACTION?

- A. 0.15 mg B. 0.3mg C. 0.5 mg D. 5 mg

20. WHAT DRUG SHOULD BE CONSIDERED FOR A DIABETIC WHO HAS A LOW BLOOD SUGAR AND REDUCING LEVEL OF CONSCIOUSNESS?

- A. Aspirin B. Salbutamol C. Glucagon D. Midazolam



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CPD answer sheet: Practice Focus autumn 2012

Please PRINT your details below:

First Name* Last Name* Title

Address*

Postcode*

Telephone Email

GDC no.* (if relevant) ADAM Member: Yes No ADAM no.*

**Essential information. Certificates cannot be issued without all this information being complete.*

Remove this page, or send a photocopy to the ADAM at: ADAM, 3 Kestrel Court, Waterwells Drive,
Waterwells Business Park, Gloucester, GL2 2AT.

Answer sheets must be received before **Monday 26th November 2012**. Answer sheets received after this date will be discarded as the answers will be published in the **Winter 2012** issue of *Practice Focus*.

Answers

Please tick the answer for each question below.

Equipment and Drugs in a Dental Practice Setting CPD (two hours)				
Question 1: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	Question 2: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	Question 3: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	Question 4: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	Question 5: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>
Question 6: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	Question 7: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	Question 8: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	Question 9: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	Question 10: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>
Question 11: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	Question 12: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	Question 13: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	Question 14: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	Question 15: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>
Question 16: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	Question 17: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	Question 18: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	Question 19: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	Question 20: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>

Feedback

We wish to monitor the quality and value to readers of the *Practice Focus* CPD Programme so as to be able to continually improve it. Please use this space to provide any feedback that you would like us to consider.

Reasons to be Cheerful...



“ I am delighted I made the move to DPAS; it has been a very positive experience in which we have been able to reinforce the value of regular dental care to our patients. ”

Gill Haskell, Tutbury Dental Practice

